

**Council on Education for Public Health  
Adopted on October 7, 2017**

REVIEW FOR ACCREDITATION  
OF THE  
PUBLIC HEALTH PROGRAM  
AT THE  
UNIVERSITY OF NEW MEXICO

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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## Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at the University of New Mexico. The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in March 2017 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The University of New Mexico was founded in 1889 and is the primary source for instruction and training for the Albuquerque area and for the state. It is a Hispanic-serving institution (HSI). The MPH program was the first in the state of New Mexico. The program focuses on underserved populations, disparities, community and tribal partnerships, as well as social justice. The program provides a curriculum based on experiential learning and community outreach.

As of spring 2016, the university had approximately 25,000 undergraduate students and about 4,000 graduate students. Approximately half of the student body are enrolled part-time. The University of New Mexico caters to their student body, providing courses throughout the day, including evenings.

The program is part of the university's Health Sciences Center (HSC). The HSC is comprised of four schools/colleges: 1) population health, 2) nursing, 3) pharmacy and 4) medicine. In addition, the HSC also includes several hospitals and research centers such as the Children's Hospital of New Mexico, Children's Psychiatric Hospital, UNM Comprehensive Cancer Center, Mental Health Center, Carrie Tingley Hospital, Center for Non-Invasive Diagnosis, the Office of the Medical Investigator and the Center of Alcoholism, Substance Abuse and Addictions.

The MPH program was originally housed in the School of Medicine. As of July 2016, the MPH program became part of the newly formed College of Population Health (COPH). The COPH is also home to the new BS in population health.

The Council granted the program an initial five-year accreditation term in 1996 and its last formal review was in 2010. The program submitted interim reports in 2012 and 2014 related to degrees offered, competencies, joint degrees and faculty resources, which the Council accepted as evidence of compliance. The program also submitted one substantive change notice in 2016 related to relocating the program within the new COPH; this change was approved by the Council. This is the program's third accreditation review.

## Characteristics of a Public Health Program

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

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

These characteristics are evident, for the most part, in the public health program at the University of New Mexico. The program is part of an institution of higher learning accredited by the Higher Learning Commission. The program, its faculty and students have the same rights, privileges and status as other professional programs at the University of New Mexico.

The majority of the faculty are involved with community outreach programs, reflecting the program's and the university's commitment to community outreach and experiential learning. With the focus on disparities and social justice, the program provides students with applied learning experiences that will enable them to become effective public health professionals who have the cultural awareness to collaborate effectively across disciplines and communities. The program's clearly defined mission statement, goals and objectives are aligned with the university's mission, and the program uses the objectives to evaluate its ongoing planning and evaluation efforts. At the time of the site visit, the program does not have adequate faculty or staff resources to offer an MPH in three concentrations.

## **1.0 THE PUBLIC HEALTH PROGRAM.**

### **1.1 Mission.**

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

This criterion is met. The program has a statement of values and a mission statement encompassing the three major aspects of public health education: instruction, research and community service with a focus on the needs of constituent populations. The program's mission statement is as follows:

"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."

The mission statement is disseminated in program materials, the departmental website and program brochures, and it is presented during new student orientation.

Broad goal statements related to each major function: instruction, research and service, provide a context for the program's activities. These goals reflect a commitment to serving the diverse populations and needs of Southwestern regional communities; collaborating with public and private sectors; and developing and sharing new knowledge that emerges from research with various sectors to promote a healthy community. A series of measureable objectives with quantifiable indicators supports each of the goal statements. These objectives indicate the intent to produce well-trained graduates, perform collaborative research to improve population health and reduce inequities, expand and strengthen community partnerships and provide continuing education for public health workers.

The program began in 1994 when its first mission, goals and objectives were developed. In 1998, the MPH Academic Committee and the program's Advisory Committee reviewed and revised those statements and a second revision occurred in 2008-2009 after a faculty retreat. The most recent (2015) review produced few revisions, as the statements were judged to be appropriate. Program goals and objectives are reviewed at annual retreats attended by faculty and students, and by the relevant program committees each year. Strategic planning retreats in the summer and fall of 2016 did not result in additional changes.

The program's values statements are fully incorporated into the culture of the program and are reflected in the program's mission, goals and objectives. They show commitment to educational and research excellence focused on strong connections to the community and commitment to solving public health problems sensitively and collaboratively.

## 1.2 Evaluation and Planning.

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

This criterion is met with commentary. The program has a systematic, broad-based process for collecting and analyzing data relative to the goals and objectives of the program and making recommendations. The program has a sincere commitment to a comprehensive approach for measurement and improvement that has developed since the last site visit. The program's administration and faculty seem energetic and committed to strong evaluation processes.

The site team verified that a plan is in place for annually monitoring the mission, goals and objectives. Data sources for each of the program's measurable objectives are delineated along with the person, committee or group responsible for monitoring and evaluating it. Assessing the data and responding to issues identified is built into monthly meetings of the Executive Academic Committee, meetings of the full Academic Committee each semester, MPH Program Committee meetings and faculty retreats. Faculty, students, alumni, and community partners all have opportunities for input. In addition, the University of New Mexico provost has implemented an annual assessment of progress made toward meeting student learning goals and objectives.

Program performance data for each measurable objective collected over the past three years indicate that the program has clear outcome indicators and is meeting the objectives set. This is a mature program that has established maintenance, rather than aspirational, outcome expectations.

The commentary pertains to the need to revisit some of the existing objective targets. There are targets set for objectives in instruction, research and service that are exceeded consistently. Upward revision would provide a continuing stimulus for excellence. Examples in each section include the following:

- Education/Instruction
  - Percent of students maintaining a 3.0 or better GPA in their MPH courses.
  - Percent of MPH courses rated very good/excellent on course evaluations.
  - Percent of core courses requiring students to address issues using a social-ecologic approach to public health.
  - Percent of students completing the practicum experience within one year.
  - Percentages of faculty and staff from traditionally underrepresented minority groups.
  
- Research
  - Average number of current basic, applied and community-based research projects per primary faculty member.
  - Average number of articles submitted per primary faculty member.
  - Average number of presentations, etc. per primary faculty member.

- Service/Practice
  - Percent of primary faculty who have informal and formal working relationships with local, state, national, tribal, and international organizations.
  - Percent of current students who are from underserved and under-represented populations.
  - Percent of primary faculty who provide technical assistance to public agencies, community groups and tribes.
  - 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.

These objectives will be reviewed by the MPH Academic Committee as the curriculum is revised to meet CEPH's 2016 criteria.

The self-study process began in the summer of 2015. The director and associate director of graduate programs led a small working group, the Self-Study Accreditation Committee, which consisted of a faculty member, an alumnus, the program manager and the education program director, to develop a basic outline for the self-study and a timeline that was then reviewed by the Academic Committee. The working group then met weekly to develop drafts of language and data that were reviewed by affected faculty at committee meetings, full faculty meetings, two MPH program retreats and the college's Dean's Executive Council. MPH students, staff, alumni, the dean of the undergraduate programs and the dean of the college also reviewed sections of the report.

### **1.3 Institutional Environment.**

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

This criterion is met. The program is an integral part of an accredited institution of higher education. The University of New Mexico is accredited by the Higher Learning Commission in the North Central region since 1922. The university responds to a number of other accrediting agencies in fields such as architecture, nursing, law and engineering. Founded in 1889, the university is also a Hispanic-serving institution (HSI). The legislature designated the university 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."

The university is centrally located in Albuquerque, a metropolitan area rich with traditions of American Indian, Spanish, Anglo and African-American cultures. As a university serving a minority-majority state, the university strives to achieve excellence in teaching, research and service, advancing health sciences with a focus on the priority health needs of its communities.

The student body of the university reflects the communities it aims to serve. As of spring 2016, the university had approximately 25,000 undergraduates, 52% representing underrepresented minorities and 4,000 graduate students, of which 32% represent underrepresented minorities. The majority of the graduate

students enroll part-time and the university provides additional assistance to their students, offering classes in the late afternoon, evening and online.

The university is also designated as a Carnegie Research University, with a very intensive research tradition. This tradition allows additional opportunities for students for hands-on training and practice. The university's health science center is also strategically positioned as the state's only academic health center. The health science center consists of four schools/colleges: 1) College of Population Health, 2) College of Nursing, 3) College of Pharmacy and 4) School of Medicine. As of July 2016, the MPH program is housed within the College of Population Health.

There are research centers and hospitals also associated with the university's health science center, such as the University of New Mexico Hospital, Children's Hospital of New Mexico, University of New Mexico Comprehensive Cancer Center, 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 and the Center on Alcoholism, Substance Abuse and Addictions.

In July 2016, the MPH program became part of the new COPH. In response to the Affordable Care Act, the college was founded to provide public health professionals training in administration, evaluation, services and care as listed in the new healthcare reform. The COPH serves as the main training, research, service and workforce development center for the state of New Mexico. In addition to the MPH program, the COPH is also home to the BS in Population Health program.

There are clear reporting lines within the HSC and program. The MPH program director reports directly to the dean of the college, who reports to the chancellor for health sciences, who reports to the university president, who reports to the University of New Mexico Regents. The MPH program director is also part of the college's Dean's Executive Council, allowing for regular weekly meetings.

The program's budget is included with the college's budget, and the dean is responsible for submitting budget recommendations for the university-wide process, in consultation with the program directors within the college. The college has a senior program manager, who oversees personnel recruitment, selection and advancement for faculty and staff with assistance from the university's human resources department. These responsibilities fall at the college level and faculty and staff recruitment, selection and advancement follow university-wide policies. The MPH program director oversees and is responsible for the academic curricula. Academic standards and policies originate at the program level and must comply with the broader university-wide policies.

#### 1.4 Organization and Administration.

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

This criterion is met. The program provides an organizational setting conducive to public health learning, research and service. The graduate program director is responsible for the MPH program and reports to the dean of the college of population health. A program manager for education assists the graduate program director.

The self-study provided numerous examples of how the program facilitates interdisciplinary communication, cooperation and collaboration, contributing to achieving the mission, goals and objectives. Faculty in the program teach across academic programs at the university, both within and outside of the HSC. In addition, faculty also have appointments split between academia and industry.

The addition of joint degrees with medicine and Latin American studies is another example of the university and program contributing to interdisciplinary collaboration. The university provides the program with access to various research centers and institutes to help achieve the program's mission, as described in criterion 1.3.

University leaders who met with site visitors provided information that was inconsistent with information the program provided, particularly related to resources. Site visitors probed the issues in various different ways, but ultimately, could not find consensus between information shared from the university leadership and from the program. As described in Criterion 1.7, the program lacks certain resources necessary for it to meet its mission, goals and objectives. University leaders acknowledged the program's resource concerns and acknowledged the burden faculty and especially staff are currently under; however, they stated they were also fully supportive of the program. For instance, with the transition of the program from the School of Medicine to the COPH, the program lost access to some staff and research support. University leaders stated that the HSC has a shared services model, so that these resources are available centrally for all programs included in the HSC. The program acknowledged the existence of these services but also added that there is such high demand, there are additional challenges to being able to use these resources, sometimes waiting months for assistance.

The site visit team also noted that there appears to be some miscommunication between university leaders and the program. For example, university leaders stated that there is a two-year plan to move the COPH to a different part of campus, providing adequate space, classrooms and room for the program's anticipated growth. University leaders stated they have communicated these plans with the college dean, however the

dean was not available during the site visit to verify the information. Program leaders were not aware of such plans.

### **1.5 Governance.**

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

This criterion is met. The program has clearly defined rights and responsibilities concerning program governance and academic policies. Faculty members are primarily responsible for reviewing and periodically amending the program's policies.

The program has nine standing committees. The Academic Committee is responsible for overall educational direction, policies, program planning and curriculum decisions. The MPH program director and the Academic Committee share responsibility for policy development, implementation and enforcement. Program policies must align with university-wide policies. This group is also responsible for program evaluation. This committee meets monthly and includes all primary faculty, other current teaching faculty, graduate student advisors and student representatives.

The Executive Academic Committee was created to address less substantive issues than the Academic Committee, such as minor curriculum changes, scheduling of courses, review of course syllabi, summaries of enrollment data and identification of issues for the full committee. This committee meets at least once a semester and includes the same members as the Academic Committee, except it omits the graduate student advisors and student representatives.

Each concentration has its own standing committee: the Community Health Concentration Committee; the Epidemiology Concentration Committee; and the Health Systems, Services and Policy Concentration Committee. These committees each review their respective concentration curricula and propose revisions, as needed, to the Academic Committee. These committees also oversee student progression within each concentration. The committees include primary and other teaching faculty involved with each concentration. These committees meet at least once a semester or more frequently if needed.

Budget and resource allocation occur at the college level, however the college's program directors, including the MPH program director are now more involved in this process, meeting regularly with the dean to discuss recommendations, needs and advice.

Student recruitment, admission and awards of degrees occur at the program level. The Admissions Committee oversees and reviews the admissions standards set by the program, reviews student

applications and selects new students. The committee comprises primary MPH faculty, external members from the community, alumni and the graduate student advisor. This committee meets every spring.

The Student Review Committee oversees student progression through the program. It meets at the end of each semester, or more frequently if needed. This committee includes primary faculty members, other teaching faculty, as needed, and the graduate student advisor.

The Self-Study Accreditation Committee met weekly during the self-study process. It included the MPH program director, primary faculty, other teaching faculty, alumni and staff.

Lastly, the Student Awards Committee meets every spring to review and revise the guidelines for student awards at graduation and to identify the awardees for the MPH Academic Achievement Award and the MPH Excellence in Leadership Award.

The self-study also provided examples of the program's ad-hoc committees. These committees are formed as needed and usually consist of the MPH program director and members of the Academic Committee. Examples included the Integrative Experience Committee, which met for one year to help develop and draft guidelines for the integrative experience course.

The dean of the college handles all recruitment, retention, promotion and tenure decisions that affect program faculty members.

The program is working to ensure community involvement in the program's governance. The program has been in the process of restructuring its MPH Advisory Council. This council, populated with community stakeholders, advises the program on the program's mission, goals and objectives and program policies and priorities. The council held its first meeting June, 2017 which included a range of community partners and discussions to obtain feedback for community involvement in the MPH. The Community Advisory Committee is the primary source for community stakeholders' involvement in the program's governance. In the meantime, the program has substituted feedback from preceptors for this source of feedback while the council's membership is finalized.

The program is working to ensure that students are aware of opportunities for their involvement in program governance. Students who met with site visitors were unaware of formal student involvement in governance. They were aware that previous students have served on standing committees but did not know if students currently served on committees. Students were also unaware that they could serve as student representatives on the standing committees. The program's response to the site visit team's report noted that the program informed new MPH students about these opportunities at student orientation. The Public

Health Student Association also provided information to new students on involvement opportunities at a special session during new student orientation.

All students are eligible to participate in the Public Health Student Association, which provides feedback to the program's committees, particularly the Academic Committee. The program also solicits feedback from students through online, anonymous surveys. These surveys gather data on student perspectives regarding courses and the instructor. The program also solicits feedback from students using informal means, with faculty advisors and course instructors regularly inquiring on how they can improve the program.

### **1.6 Fiscal Resources.**

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

This criterion is met with commentary. State funds allocated to the MPH program followed the program as it moved from the School of Medicine to the COPH. The COPH had also been provided with \$120,000 from the Health Sciences Center (HSC) to establish a dean position and to start a new college. The dean of the COPH worked closely with the HSC chancellor and HSC budget office to be sure that HSC funds were added to cover costs previously handled by the Department of Family and Community Medicine in the School of Medicine, the previous home of the MPH program. This was not evident to the site visit team, as it appears the program has lost resources since the move to a new college occurred.

As seen in Table 1, sources of income for the program come from tuition, course fees, a state appropriation, university funds from the HSC and grants/contracts.

During the second half of 2016 when the program moved from the school of medicine to the COPH, clinical revenue that had supported the MPH program stayed with the medical school and no new funds were provided to cover administrative expenses of the COPH. The program was told it would have to become more self-sufficient. Since that time, clinical revenue was replaced with instruction and general funds from the Health Sciences Center. University leaders have committed to continuing to replace the clinical revenue in the future to ensure the success of the MPH program. In addition, the program has benefited from a greater percentage of finance and administration funds from contracts and grants being awarded to COPH faculty. These funds support MPH administrative expenses.

The commentary relates to the lack of tuition monies made available to the program to meet its mission, goals and objectives. Tuition monies are listed in the budget for AY 2014-2015, however site visitors learned the monies were not made available to the program that year. Program leaders hoped that tuition income would fill the gap, but the program has just learned that MPH tuition will not be made available to the program until fiscal year 2019. Undergraduate tuition dollars became available starting in August 2017,

which creates pressure to increase undergraduate enrollment, even if doing so will stretch available resources further in the short run.

In general, funding in New Mexico is tight as further reductions in state appropriations are expected over the next two years. As of April 2017, the university's budget planning process is currently on hold as the state is waiting to see if the decision to remove all higher-education funding from the state budget is final.

	<b>2010-2011</b>	<b>2011 - 2012</b>	<b>2012 - 2013</b>	<b>2013 - 2014</b>	<b>2014 - 2015</b>	<b>2015 - 2016</b>
<b>Source of Funds</b>						
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 <sup>1</sup>	\$ 0 <sup>1</sup>	\$ 120,000	\$ 0 <sup>1</sup>
Grants/Contracts		\$ 53,225	\$ 488,003	\$ 428,498	\$ 579,595	\$ 554,233
<b>Total</b>	<b>\$ 990,153</b>	<b>\$ 1,510,842</b>	<b>\$ 1,364,390</b>	<b>\$ 1,488,773</b>	<b>\$ 1,640,011</b>	<b>\$ 1,664,330</b>
<b>Expenditures</b>						
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	\$ -	\$ 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
<b>Total</b>	<b>\$ 990,153</b>	<b>\$ 1,510,842</b>	<b>\$ 1,364,390</b>	<b>\$ 1,488,773</b>	<b>\$ 1,640,011</b>	<b>\$ 1,664,330</b>

<sup>1</sup> In FY 2012, FY 2014, and FY 2015, the dean of the school of medicine did not provide additional funding to the MPH program.

This situation increases the burden on faculty to support their efforts increasingly through grants and contracts. In the current atmosphere of a depressed State of New Mexico economy and the very limited fiscal resources, the HSC academic leaders pledged their intent to support the COPH at the same level as other units, however they did not offer specific plans. To improve efficiency, the institution is moving towards a shared services model that will centralize support resources across the HSC. The site visit team asked the program about the shared services model and faculty expressed that the current model does not work, sometimes waiting months for assistance. Furthermore, the current resources offered in the shared services model are not adequate to support all of the academic programs included in the HSC. The expectation is that support will improve as faculty adapt to this new model.

Given the need to rely more heavily on grants and contracts for income, the program has developed measureable objectives to assess the adequacy of its fiscal resources that focus on the number of grants and contracts submitted for funding and the number approved/funded. The program has exceeded its targets in each of the past three years, however those three years represented time when the program was administratively located in the medical school.

### **1.7 Faculty and Other Resources.**

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

This criterion is met. The program offers an MPH with three concentrations: community health; epidemiology; and health systems, services and policy (HSSP), and two structured joint degrees - one with Latin American studies and a second with medicine. Individual joint degrees are available with other disciplines upon student request. For academic years (AY) 2014-2015 and 2015-2016, the program has had three primary faculty in each of its three MPH concentrations. In the current academic year, there are only two primary faculty members for the HSSP concentration. Student/faculty ratios (SFR) for primary faculty are 3.89 for community health, 7.24 for epidemiology, and 3.36 for HSSP reflecting the lower numbers of students in Community Health and HSSP. SFR for total faculty are respectively, 3.38, 5.45, and 2.80.

During the site visit, reviewers noted that the minimum threshold for faculty resources (three primary faculty per concentration) was not met for the HSSP concentration. This concern was heightened by the planned retirement of one of the remaining HSSP primary faculty members at the end of this academic year. Program leaders noted that they anticipated hiring part-time faculty in order to meet teaching obligations. The program's response to the site visit team's report documented funding for two HSSP faculty positions in 2017-2018 and indicated that the interim dean has begun the process for filling the faculty lines. The program's also documented a revised arrangement of faculty resources to ensure appropriate coverage of all concentration instruction and advisement and demonstrate minimum compliance with CEPH's faculty resource requirements.

The faculty are clearly dedicated to the mission of the program but are struggling with the need to absorb tasks previously performed by support staff while increasing their pursuit of research grants and contracts, expanding their teaching assignments to cover the new population health bachelor's degree program (which is not included in the unit of accreditation) and expanding the availability of online courses. Faculty identify a need for research support, as noted in Criterion 3.1, as well as assistance with class preparation and teaching assistants. These issues will be complicated in the coming year when the program revises the curriculum to comply with new CEPH criteria.

Faculty pointed out to the site visit team that space constraints are significant. Current space availability requires all program staff and temporary part-time faculty to share office space. There is no office space for new faculty hires; requests for student laboratory space have gone unfulfilled; and the practicum director shares space with another individual, which presents challenges in maintaining privacy in student meetings. The program is housed in the first floor of the Family Medicine Center on the HSC campus. Two conference rooms and a student lounge with two computers and printers are available to the program in the same building. The lounge is small and does not allow for students to meet or collaborate. Large and small classrooms, including two computer classrooms, are available in other facilities. Some classrooms have state-of-the-art classroom technology. Available classroom space has been inconsistent, however, subjecting some courses to constantly changing venues on a regular weekly basis.

New construction at the university offers some hope of relief for classroom concerns. Fall 2017 classes have been assigned state-of-the-art classrooms in the new Domenici Center III, which eliminates the need for changing venues on a regular basis.

Health Sciences Center leaders informed the site visit team that a new building for the COPH containing offices and classrooms located at University of New Mexico West is included in the university's master plan for facilities and, if all goes well, might be under construction within two or three years. Teaching classrooms and laboratory space will be constructed in an additional building. This is not the ideal solution since it is a 45-minute drive from the main HSC campus. The new interim dean has been discussing alternative solutions with the chancellor of the Health Sciences Center.

All students, faculty and staff are eligible to have their own computer accounts and all may use the public computers on the ground floor of the library. Each faculty and staff member has a personal office computer, and desk top computers and printers are available for temporary, part-time faculty members. Two laptops and projectors can be used in the teaching classrooms and Wi-Fi is available in all HSC buildings. The HSC also provides a full range of IT services.

There is a classroom technology unit in the HSC that develops, promotes and supports the integration of technology, emerging media, collaboration and education in classrooms. The HSC Applications Group provides specific web and applications-related services in support of research and business efforts across the HJSC campus.

The Health Services Library and Informatics Center (HSLIC) is a 40,000 sq. ft. building that houses the largest, most advanced, and most comprehensive medical information resource in New Mexico. It licenses electronic databases, journals and books and purchases print and media materials that include 43,000 print

and electronic monographs, 2,200 health-related serials and over two million books and 25,000 journals. Access to PubMed and other search engines is offered as well.

Other resources available include the Clinical Translational Science Center, which works to advance research through its clinical research unit, investigator training programs, biomedical informatics tools, genomic technologies, drug discovery program, clinical research data warehouse and commercialization facilitation. The Comprehensive Cancer Center focuses on the diagnosis, treatment and research related to cancer with a focus on health disparities in the Southwest. The RWJF Center for Health Policy is focused on increasing the diversity of people with formal training in economics, political science, and sociology who engage in health services or health policy research. The bureau of Business and Economic Research provides demographic and economic information, analysis and projections for New Mexico. The New Mexico Indicator-based Information System is an on-line query enhanced source for data and information on New Mexico's priority public health issues.

Outcome measures used by the program to assess the adequacy of its resources include the student-to-faculty ratio of primary full-time equivalent faculty (target – 10.0) and the student-to-faculty ratio of total full-time equivalent faculty (target – 8.0). They are reaching their target with rates of 5.0 and 4.0 respectively.

Faculty and staff both expressed their continued commitment to the program, despite the challenges with resources. Faculty and staff praised the program director's leadership and dedication to ensuring the program's longevity and success. Stakeholders noted that the program director is responsive to concerns of faculty, staff, students and community constituents.

### **1.8 Diversity.**

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

This criterion is met. The program defines diversity as an evolving concept that respects individuals and groups, grounded in social justice. The university defines historically underrepresented populations (URM) as Hispanics/Latinos, American Indians, African Americans, Asian Americans and those graduating from a disadvantaged high school.

The MPH program's diversity mission and goals are consistent with the university in this area and are addressed through the UNM Division for Equity and Inclusion and the development of a university-wide strategic plan for recruitment, retention and support of URM faculty, staff and students. There is also a HCS Office for Diversity and a separate UNM Diversity Council that is creating "re-envisioned" ten-year actionable diversity plan.

Several key university written policies are in place such as the Regents' Policy Manual, UNM Administrative Policies and Procedures Manual and the UNM Student Handbook.

Diversity issues appear to be adequately addressed within the curriculum and various program courses. One of the core competencies of the program addresses the ability to interact sensitively, effectively and professionally with persons from diverse demographic, cultural, socioeconomic and educational, professional backgrounds and lifestyle preferences. Four of the five program's values address diversity and cultural competency. Three of the program's goals also address diversity and cultural competency. The program also offers many opportunities for students to work with diverse populations in their practical experience.

According to the self-study, in AY 2015-2016, target levels for American Indian and Hispanic/Latino newly admitted students and faculty were not met. Targets were met for newly admitted disadvantaged high school students and for Hispanic staff. Targets and metrics for African-American and Asian students and faculty were not given. The program recognizes the need to continue efforts to recruit both American Indian and Hispanic/Latino students and faculty, representing the communities they serve.

## 2.0 INSTRUCTIONAL PROGRAMS.

### 2.1 Degree Offerings.

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

This criterion is partially met. The program offers an MPH with three concentrations in 1) epidemiology, 2) community health, and 3) health systems, services and policy. The program also offers two joint degrees with Latin American studies (MALAS/MPH) and medicine (MD/MPH). Table 2 presents the program's degree offerings.

<b>Table 2. Degrees Offered</b>		
	<b>Academic</b>	<b>Professional</b>
<b>Master's Degrees</b>		
Community Health		MPH
Epidemiology		MPH
Health Systems, Services and Policy		MPH
<b>Joint Degrees</b>		
Latin American Studies		MALAS/MPH
Medicine		MD/MPH

In addition to the five core courses, MPH students are also required to complete a seminar and three additional courses: PH 501: Principles of Public Health; PH 508: Theory and Practice; and PH 511: Writing for Public Health Professionals. Students also enroll in a two credit course, PH 598: Public Health Practicum, to help prepare them for their practical experience, and students have the option to enroll in one of three culminating experiences, each with its own respective course sequence.

Site visitors reviewed the curricula for the degree program and verified that the program offers an appropriate depth of coursework for two of the three concentrations: epidemiology and HSSP.

The concern relates to the community health concentration, which was lacking an appropriate depth of coursework at the time of the site visit. Site visitors reviewed syllabi and course content and found that this concentration did not provide sufficient depth to be considered a concentration. The epidemiology and HSSP concentrations require a total of 12 credits (four courses) beyond the core requirements, while community health requires only six credits (two courses). Faculty who met with site visitors explained that the community health concentration has fewer required courses in order to provide students more flexibility and the opportunity to enroll in more electives. Students enrolled in the community health concentration stated they are not required to select their electives from a list of designated courses. Students noted that they may take the opportunity to enroll in more epidemiology and/or policy courses. Concentrations are intended to provide students with specialty knowledge and skills in a single area of public health practice. Electives that are not mapped to community health competencies do not help students reach that goal. Since the site visit, the community health concentration curriculum was revised so that the concentration now mirrors the other two concentrations in terms of the number of credits for the required core concentration courses. The revised curriculum was passed by the MPH AC and will be submitted to the UNM Faculty Senate for approval in fall 2018 with a decision expected in spring.

## **2.2 Program Length.**

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

This criterion is met. Credits are calculated based on a university-wide formula of 800 minutes of contact time per credit hour. One lecture credit hour represents one hour per week of scheduled class time and two hours of student preparation time. Fall and spring semesters are approximately 17 weeks long, and the summer semester is eight weeks in length.

The MPH degree requires completion of 42 semester credit hours. No student has completed the degree for fewer than 42 semester credit hours.

Site visitors noted that it appears to be possible to create a community health concentration plan of study with 40 credits. However, the program director told site visitors that this has never happened and would not be allowed. The faculty advisor is the first checkpoint to ensure this does not occur. The program director is the next checkpoint. Finally, the Office of Graduate Studies also reviews each student's progression, ensuring that requirements are met.

### 2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH and joint degree students complete required coursework in all five core areas of public health knowledge. These courses are prescribed and are identified in Table 3.

The five public health core areas are addressed through eight separate courses consisting of three or two credit hours each. In addition, all core knowledge areas are addressed by two one-credit hour courses for a total of 22 credits. The core courses are appropriate in each area for students to learn skills important for understanding and engaging in the broad practice of public health. The courses constitute the intellectual framework through which public health professionals in all specializations approach problem-solving.

<b>Core Knowledge Area</b>	<b>Course Number &amp; Title</b>	<b>Credits</b>
Biostatistics	PH 538: Biostatistics Methods I	3
Epidemiology	PH502: Epidemiology Methods I	3
Environmental Health Sciences	PH 506: Environmental Occupational Health	3
Social & Behavioral Sciences	PH 501: Principals of Public Health and	3
	PH 552: Public Health Program Planning and	3
	PH 508: Theory & Practice	2
Health Services Administration	PH 507: Health Care Systems or PH 510: Public Health and Health Care Management	3
All Core Knowledge Areas	PH 513: Public Health Seminar	1
	PH 511: Writing for Public Health Professionals	1
	<b>Total</b>	<b>22</b>

Site visitors reviewed the core course syllabi. The syllabi demonstrate adequate evidence of the sufficiency of depth and breadth of coverage of the five core areas of public health knowledge. Core courses are not waived unless transfer credit is approved. The college provides specific guidance for transferring courses that are completed before entering and while enrolled in a program of study. The program director is responsible for approving transfer credit and for confirming equivalency based on competency analysis.

## 2.4 Practical Skills.

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

This criterion is met. The practicum is meant to give students direct, hands-on experience suitable for someone with an advanced public health degree, placed in an organization with a project that is aligned with his/her area of study.

All MPH students are required to complete 160 fieldwork contact hours for the practicum (two credit hours), and waivers are not permitted, though more experienced students (five or more years of full-time public health experience) can waive 80 hours of the 160 practicum hours. This option has been exercised by approximately 20% of the total student population. Faculty that met with site visitors explained this waiver is appropriate given the richness, experience and skills these students bring to the program. These students also complete the same deliverables as those students completing the 160 hours as well as have to conduct a practical experience different from their regular job responsibilities. The program director approves the waiver on a case by case basis. The faculty advisor works with the student to identify the competencies they are to attain during the practical experience, which the program director also has to approve. During the meeting with alumni, community representatives and preceptors, a recent graduate of the program who took advantage of the reduced hour option relayed how positive an experience it was for her. This option also allows the program to cater to its working professional students.

Prerequisites for the practicum experience include completion of 20 MPH course credit hours, the Theory and Practice Seminar (PH 508) and completion of an approved practicum proposal and signed learning contract. Among the goals of the public health practicum is applying at least one of the three core functions of public health (assessment, assurance/intervention and policy) and reflecting on how the other two functions could be addressed.

The process for selection of the practice site is detailed in both the self-study and reference materials. Students are made aware of potential practicum sites through weekly emails from the graduate student advisor and a formal presentation in the required Theory and Practice class. Given that there are more practicum site opportunities than there are students to take them, the student is responsible for identifying potential programs/agencies that match his/her area of interest, learning objectives and tasks, though the practicum director assists in identifying and making contact with potential preceptors. The practicum director makes contact with all prospective practicum organizations to assess their ability to support a student, and the practicum director also supplies a copy of the practicum handbook.

A new HSC Practicum/Field Experience Agreement was developed this past December 2016. For all MPH students, the practicum site preceptor, identifies a field supervisor, who assists the preceptor, with providing on-site supervision for the student. Every practicum site supervisor must have an MPH or other advanced degree in public health or five years' experience. Once the preceptor and field supervisor are identified, the student completes a practicum proposal that is signed by the practicum director and student's faculty advisor that becomes the basis for a negotiated learning contract agreement between the preceptor/field supervisor, practicum director and student. Upon completion of the practicum experience, the student must submit a final practicum paper, give a presentation and receive formal evaluations from both the preceptor and field supervisor. The preceptor and practicum director evaluate the students on their competency attainment. The student is also able to evaluate the experience from his or her perspective.

It was apparent during the site visit in separate meetings with students and preceptors that the practicum has been an enriching and rewarding experience for all concerned.

### **2.5 Culminating Experience.**

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

This criterion is met. There are three options available to students in each of the three MPH concentration areas: 1) the public health integrative experience course, 2) professional paper, and 3) master's thesis. It is also a requirement that all students complete an oral comprehensive master's examination. The program has developed an extensive formal process and detailed documents describing responsibilities of the student, faculty and others involved for each of the culminating experience options and for the master's comprehensive examination.

The three-credit public health integrative experience course is designed to allow the student to apply theory and principles in a professional public health practice situation. Individual students or teams of students are assigned a public health/health care project and work with course directors, MPH faculty and other students to address it in a final paper and other assignments assigned throughout the course. They are expected to use a socioecological framework to identify and integrate epidemiological, social, behavioral and environmental; and systems, services and policy-related aspects that impact the issue. If working in a team, each student addresses a separate aspect of the problem and completes his or her own work, which is graded independently. Both classroom and field experience activities are incorporated into the final paper, which must meet criteria on content and format that are as rigorous as those applied to work done in a professional public health setting. The final paper is then presented orally at the master's examination. Extensive learning outcomes are identified by the course instructor. The paper may be research-based, conceptual or a critical analysis and must be at least 2,500-3,000 words in length, typed, and written in a style in accordance with American Psychological Association or American Medical Association standards. The final paper is also evaluated based on the students' level of competency attainment.

The professional paper course runs for at least two semesters and requires the student to develop a technical manuscript based on an investigation using either primary or secondary data, or a critical analysis of the literature. The first semester (one credit) is spent developing a proposal which requires not only selection of the topic, but also the establishment of a Professional Paper Committee which approves the written proposal, and human subjects review, if appropriate. During the second semester (two credits), after the study is completed, the student submits the professional paper to their committee. The student also prepares an oral presentation. The final paper is expected to be a scholarly, professionally written document 30 to 50 pages in length that develops a persuasive argument and addresses a public health issue of import. Guidelines for makeup of the Professional Paper Committee, content of the professional paper proposal, paper approval process, content of the final paper and evaluation process are extensive and definitive, including evaluating students' competency attainment.

The self-study notes that a student may choose a pass/fail option for the professional paper course. This option is rarely used. The same process described above must be used to be sure all credits for the course are earned, and because the Office of Graduate Studies limits how many times a student can choose such an option, most students elect to take the grade.

The master's thesis option (six credits) is available, but students are not encouraged to pursue it. The program believes that the two options described above provide the best scholarly experience appropriate for an MPH student. Successful thesis completion requires the submission of a thesis that demonstrates the ability to do sound research – a single, written document that presents original scholarship. The program has been under the impression that the university's graduate studies policies required this thesis option, but they have learned that is not the case and intend to remove the master's thesis option from their policies.

The oral master's examination involves the establishment of a committee who will hear an oral presentation of the student's work (either the professional paper or the integrative course paper) and asks questions about the presentation; audience members may also ask questions. For students completing the professional paper, the Master's Examination Committee is the same as the Professional Paper Committee. During the question period the committee may also ask questions related to core or concentration-specific competencies. At the end of the question period, the committee meets in private to evaluate and grade the student's performance.

## **2.6 Required Competencies.**

**For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify**

**competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).**

This criterion is met. The program has clearly stated competencies that guide the development of the degree programs. The program has a defined set of eight competencies divided into the following domains: 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. The program also has an additional set of competencies for each of the concentrations. The eight core competencies are mapped to the core courses. The concentration competencies have been mapped to the required coursework, respective for each concentration.

Program faculty, guided by the Academic Committee, developed the MPH competencies. Faculty took into consideration feedback from the last full accreditation review; the changing criteria for CEPH; input from community stakeholders, students, faculty; and information from the Framing the Future Task Forces led by the Association of Schools and Programs of Public Health. The competencies are regularly evaluated by the program director, faculty and the Academic Committee.

MPH competencies are made readily available via the program's website, UNM Blackboard and UNM Learn (course site that serves as the repository of all resources related to the program), as well as in the student handbook. MPH competencies are also introduced and reviewed during new student orientation.

Site visitors noted that some of the concentration competencies, for each of the three concentrations offered, are written at a level that does not always accurately illustrate the advanced-level concentration courses. Faculty who met with site visitors indicated revising the concentration competencies so that they accurately reflect the advanced knowledge students attain in the concentration coursework, sufficient to constitute an area of specialization.

At the time of the site visit, visitors noted a lack of understanding of the linkage between competencies and learning objectives among both faculty and students. Faculty who met with site visitors acknowledged inconsistencies among instructors in how they explain the relationship between competencies and learning objectives to their students. Some faculty review the syllabus each term and explain the relationship of the designated learning objectives to competencies, clarifying which competencies are matched to which learning objectives. Other faculty indicated that they review learning objectives but assume that students are aware of the link to competencies, since new student orientation addresses the competencies. Students who met with site visitors were aware of core and concentration competencies, but could not articulate the link between competencies and course-level learning objectives. Since the site visit, a workshop on competencies and learning objectives was developed and offered in August 2017 to instructional faculty.

The workshop was based on the new 2016 MPH foundational competencies; these were mapped to course learning objectives.

### **2.7 Assessment Procedures.**

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

This criterion is met. The program has implemented four procedures for monitoring and evaluating student progress in achieving expected competencies including grades and coursework; student progression; the practicum experience; and the culminating experience.

Classroom activities such as midterms and final exams, oral presentations, research projects and group projects provide mechanisms to evaluate student performance and competency attainment. Any student receiving a grade of B or lower in a course is considered to have not met the competencies for that course. If a student falls below this average, the student is placed on academic probation and works with the faculty advisor to develop a plan of study.

Student progression towards the degree includes several checkpoints. The program has a Student Advisement Checklist that faculty advisors use to monitor student progress and ensure all requirements are being met. There are different checklists for the core courses and the concentration requirements. The program director also reviews these checklists. The last checkpoint is the Student Review Committee, which reviews these checklists and monitors the progress of students placed on academic probation.

The program assesses students' competency attainment in the practicum. Students must complete weekly journals that the practicum director reviews. These journals are self-reflective, including regular assessments of the experience, the preceptor, the project, the program and competency attainment. At the end of the practicum, preceptors complete the Preceptor Evaluation Form, evaluating students based on competency attainment and whether learning objectives have been fulfilled.

The program also assesses students' competency attainment in the culminating experience. In the Public Health Integrative Experience course, the practicum director reviews the paper and assesses competency attainment. For the professional paper option, the student's committee reviews the paper and assesses it in terms of students' attainment of competencies and learning objectives as well as the integration of knowledge from the core courses and required concentration courses. Finally, the program uses the Master's Examination Rubric for the oral examination. The rubric includes questions mapped to the core and appropriate concentration competencies.

Faculty and preceptors expressed satisfaction with the level of competency attainment expressed by students. Alumni also expressed satisfaction with their competency attainment, feeling well prepared for successful post-graduation outcomes. Students conveyed the same sentiments, stating that the program allows them the opportunity to interact with the community and attain competencies through real-world settings.

The MPH program allows seven years to graduate, since the majority of their students enroll part-time and are working professionals. Two of the three cohorts reported in the self-study that have reached the maximum time to graduation have met the minimum threshold of 70% (75% and 84%). For the other cohort, which entered in AY 2011-2012, the cumulative graduation rate was 64%. Faculty who met with site visitors explained that this was a very small cohort (11 students), and students withdrew due to many reasons not related to the program, such as family, medical or personal reasons.

The program has reached or surpassed the minimum threshold for post-graduation outcomes for two of the last three years. In AY 2012-2013, the job placement rate was 75%, with only three unknowns. Faculty who met with site visitors also expressed this was a small cohort issue (16 students). The following two years, the job placement rate has been 100%.

The program uses an alumni survey, given every three years, to gather feedback on the program and on alumni perspectives of competency attainment and overall preparedness for successful post-graduation outcomes. Alumni also serve on the MPH Advisory Council, as preceptors and employers of graduates. Alumni who met with site visitors expressed the continued collaboration with the program once they leave, expressing this as one of the many strengths of the program.

The program also uses employer interviews of 12 open ended questions on the program and graduates' ability to perform successfully in a work setting. The interview also solicits feedback on how to improve the program.

The program has identified several outcome measures relating to student success. For example, the percent of students maintaining a 3.0 GPA or better in their MPH courses, percent of graduates who completed the degree in five years, percent of graduates stating on the alumni survey that the program definitely or somewhat provided the skills and concepts they needed as a public health professional, percent of students completing the practicum experience within one year, and the frequency of feedback regarding student performance from faculty and practicum supervisors. It has met or exceeded its targets for the past three years, with the exception of AY 2013-2014, in which the percent of students completing the practicum experience within one year with an approved summary paper was only 45%. Faculty that met with site visitors explained that year was an anomaly.

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

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

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

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

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

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

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

This criterion is not applicable.

## **2.9 Academic Degrees.**

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

This criterion is not applicable.

## **2.10 Doctoral Degrees.**

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

This criterion is not applicable.

## **2.11 Joint Degrees.**

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

This criterion is met with commentary. The MPH program is offered as part of two joint degrees, as shown in Table 2, as well as an individualized joint degree option. Students in each of the joint degree programs must complete the same requirements as students enrolled in the traditional MPH program.

The individualized joint degree offers the option of an integrated course of study, combining the MPH with another master's degree program available at the University of New Mexico. Students follow the University of New Mexico guidelines for creating a course of study outlining the requirements for each degree and must receive approval from the program director or department chair of both programs. The student must also submit a rationale for the joint degree, including listing the competencies to be attained. The MPH program director, in consultation with the other program director, approves the individual joint degree and approves all credit sharing, using a competency-based analysis and reviewing syllabi. Credit sharing is limited to a maximum of six credits, which can count only toward MPH electives. This option is rarely used. Examples of individualized joint degrees include MPH/MS nutrition and MPH/MS in dental hygiene.

The joint degree with Latin American studies works with the Latin American Institute to ensure that students receive at least 13 credit hours of public health content with a focus on Latin America or Latin American immigrant communities. Students in this joint degree must complete a total of 63 credit hours, with 42 of those being the MPH degree. These students must also complete the MPH practice experience and culminating experience. The practical and culminating experiences combine public health with a Latin American emphasis, allowing the students to apply and integrate knowledge from both degree programs. There is no credit sharing with this degree.

The commentary relates to apparent challenges in communicating policies to students enrolled in the MD/MPH degree. A total of six credits are allowed to be shared between the two degree programs. These credits represent the elective credit requirements for the MPH degree. The program director, with assistance from the student's faculty advisor, ensure alignment with competencies. Students enrolled in this degree program who met with site visitors expressed inconsistent policies regarding credit sharing, adding that they are unaware if credit sharing was allowed. Students suggested that different advisors may provide different answers. Furthermore, students added that knowing the correct policies would help them integrate the degree programs, especially when they already face challenges given that the academic semesters of both degree programs are misaligned. For instance, when completing the first year of the MPH degree, if students wish to enroll in a clinical experience for the MD degree during the summer semester, they must enroll and pay tuition for both programs during the spring semester, despite only taking courses for the MPH degree during that semester. Students also expressed concern that the epidemiology and biostatistics courses required for the MPH degree cannot be used to satisfy the epidemiology and biostatistics requirements for the MD degree, despite acknowledging that the courses taught in the MPH program provide more depth of coverage in these areas.

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

**If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise;**

**b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.**

This criterion is not applicable.

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

#### **3.1 Research.**

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

This criterion is met with commentary. The program's research goals are clearly stated and reflective of its mission. Research plays a central role in the faculty's activities and is clearly documented in the self-study report. Areas of research strength include health care services, health and safety issues in farming, health equity, substance abuse, maternal and child health, sex education, high school injuries, teen pregnancy and health policy. All primary faculty are actively engaged in research, and efforts are largely focused on the needs of marginalized populations in the Southwest and other Latin societies. Much of this research is carried out in collaboration with local, state, national and international health agencies and community-based organizations.

The program's total grant funding over the past three years has totaled \$3.5 million during 2014, \$4.3 million during 2015 and \$3.9 million during 2016. The program demonstrates a strong record of external research support, although tightening budgets are driving expectations that the amount of funding from grants and contracts can be increased in coming years. Research productivity is high with faculty publications in peer-reviewed journals averaging, per member, 4.1 in AY 2013-2014, 3.7 in AY 2014-2015 and 2.7 in AY 2015-2016.

The Office of Research in the HSC supports MPH program faculty members and emphasizes collaborative research activities. Core facilities in the Office of Research that support faculty research endeavors include the following:

- The Clinical and Translational Science Center builds consortiums and collaborations that aim to accelerate the impact of health discoveries to improve lives in New Mexico communities and the rest of the Mountain West. Resources and services are described in criterion 1.7.
- The University of New Mexico Comprehensive Cancer Center provides shared resources to advance cancer research.

- The Human Research Protections Office provides support, guidance and education to facilitate ethical and scientifically sound research.
- The Sponsored Projects Office that provides reviewing, approving, negotiating, and advising services to investigators seeking external funding.

The commentary relates to an apparent lack of institutional support for research activity. Faculty who met with site visitors expressed significant concerns about future research activities related to the move of the program from the school of medicine to the CPH. Research resources did not move with the program, so there is little pre-award or post-award help with research grants. The faculty appear to be at capacity with impending increases in their teaching loads due to development and expansion of the undergraduate program and research responsibilities. Due to the funding model resulting from the split from the medical school, faculty report difficulty in getting their research done and providing opportunities for students to participate in research. They fear that, without some additional resources in this area, what is now difficult but doable will become impossible. Health Sciences Center academic leaders suggested to the site visit team that once the faculty adapts to a centralized support systems model, some of these concerns will likely be mitigated.

The program has identified appropriate outcome measures used to evaluate the success of their research activities. Over the past three years they have met, or in most cases, exceeded targets.

Student involvement in research is substantive. Involvement occurs largely through research and project assistantships as part of faculty research contracts and grants, and through student practicum projects, professional papers or independent research efforts. The MPH program continuously receives requests from state agencies, community groups and other regional entities for student assistance in research projects. These requests are sent to the student listserv on a regular basis. Students who met with site visitors expressed ample opportunities to engage in research.

### **3.2 Service.**

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

This criterion is met. The program pursues service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice. The program fosters an environment of experiential learning and community service.

Service to the university, profession and community is part of the overall mission of the university and program and is one of the main areas of evaluation for faculty appointment and annual review. The self-study provided examples of recent and past service activities for both primary and other faculty, demonstrating a range of activity at both the professional, regional and community levels. All targets for

faculty performance in service/practice activities at local, state, national, tribal and international levels have been surpassed.

Students who met with site visitors expressed their satisfaction with the level of opportunities for service, with an emphasis on community outreach. They expressed the continuous encouragement by the program's faculty to engage in service. A recent survey showed that six out of every 10 students were involved in one or more outside activities, many through the Public Health Student Association, which was revived in 2011. Students also have the opportunity to have community exposure through their course work and other curricular activities.

Community constituents who met with site visitors also expressed their satisfaction with the level of service the program provides to the local community and the state of New Mexico. Community partners relayed how essential the program is to New Mexico, meeting the needs of many of the underserved and underrepresented populations of New Mexico.

### **3.3 Workforce Development.**

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

This criterion is met. The program engages in activities that support the professional development of the local community and public health workforce.

The MPH program addresses workforce development mainly through four avenues – the Region 6 Public Health Training Center, the Maternal Child Health Graduate Certificate in Public Health, an annual CBPR Workshop open to the public and public health seminars. In particular, the MPH program received funding from HRSA in 2014 to develop and offer the New Mexico Maternal and Child Health Public Health Training Institute (MCH-TI), which provides training to rural and isolated MCH professionals through a certificate program. The program offers a two year sequence of 12 credit hours of graduate level courses through distance learning modalities. There were seven graduates in the first cohort and 17 currently in the second.

The most recent assessments of the public health workforce came in 2014 from the Region 6 Public Health Training Center assessment of the workforce needs in the Region 6 states and information gleaned from statewide workshops offered in 2010-2013.

Community partners who met with site visitors expressed satisfaction and praised the program for its responsiveness to the needs of the community, especially in a low resource environment such as New Mexico. The program is an opportunity to receive additional training, especially for those professionals who are not able to attend school or pursue a degree.

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

### **4.1 Faculty Qualifications.**

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

This criterion is met. There is a clearly defined, multidisciplinary faculty with excellent qualifications and relevant backgrounds to support the program's defined areas of curricular focus. Of the eight primary faculty, all hold terminal degrees: six have PhD degrees; two have DrPH degrees; and one has both a PhD and an MD degree. Six also have MPH degrees. There are 28 other faculty who have a wide range of expertise, including many with public health degrees, and the total faculty complement is well qualified to support the instructional concentrations the program offers.

Several of the primary faculty members and many of the other faculty members have public health practice experience, allowing them to integrate perspectives from practice in their approach to teaching. The practice perspective is also represented by part-time faculty who are currently employed by public health agencies at the local and state level, by guest lecturers who act as instructors and mentors and by the research activities of faculty members whose research partners come from a variety of community organizations.

The COPH has developed its own process for appointing or promoting clinical, adjunct, or community faculty members. Several types of faculty appointments to the COPH are available for public health practitioners depending on the nature of their contribution(s) to the program. If they teach a course, appointment is as temporary, part-time faculty for the involved semester. Appointments are made for two year periods.

The program has established a set of measurable objectives for primary faculty to assess qualifications of its primary faculty complement and has met all of its performance objectives.

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

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

This criterion is met. Policies and procedures that govern faculty appointments are published in the University of New Mexico Faculty Handbook. Until new guidelines are approved by the COPH faculty, the program will continue to follow the tenure and promotion guidelines from the school of medicine. The site visit team was informed that new COPH Bylaws had just been approved (March 2017). The new faculty compensation plan and faculty promotion and tenure guidelines are under development, and approval is expected during late 2017.

The program has many opportunities available for faculty development. Challenges facing individual faculty members are reviewed at annual meetings of each faculty member with the dean of the COPH and the director of graduate programs. Faculty development and support solutions to identified faculty challenges can be activated. Faculty development opportunities include workshops offered by the Office of Academic Affairs. Topics include annual performance plan preparation, dossier preparation, management and mentoring. Training in educational leadership and scholarship is available, as are trainings on new developments and best practices in education offered by the Office of Medical Educator Development and the Center for Teaching Excellence.

Funding to support faculty travel is available intermittently, depending on resources. This current fiscal year, each primary faculty member has been allotted \$1,000.

Under current tenure and promotion guidelines, each primary faculty member in the tenure track has an annual performance review that includes a meeting with the director of graduate programs to review teaching documents, course evaluations and accomplishments in education. This is followed by a meeting with the COPH dean, the director of undergraduate education and the director of graduate programs to review the wider goals and accomplishments related to the COPH, including teaching, scholarship and service. Finally, the dean and faculty member discuss progress and problems, and agree upon goals for the coming year. According to the school of medicine guidelines for faculty tenure and promotion, advancement depends on adequate qualification in three areas: teaching, scholarship/research/creative work and service and/or administration. Promotion and tenure require established excellence in at least two of the three areas and at least some level of competence in the third. It is expected that accomplishments are reviewed by peers outside of the University of New Mexico and create regional, national or international recognition.

Following the policies of the school of medicine (COPH is still developing new tenure and promotion policies), probationary (non-tenured) faculty serve on annual contracts. The length of their probationary period is established with the chair at the time of hiring. A mid-probationary review is required followed eventually by reviews for tenure and promotion. The process for these reviews begins with the timely submission of a dossier by the faculty candidate. The dossier is reviewed by the department chair and other tenured faculty members. Recommendations are then forwarded to the dean of the college who then forwards her/his recommendation on to the provost's office. Recommendations of the provost are sent to the vice president for health sciences for final decision. Faculty members may appeal unfavorable decisions to the Academic Freedom and Tenure Committee.

Promotion to full professor is based on excellence in scholarship/research/creative works and requires clear evidence that the individual has an established national or international reputation in the area of scholarly emphasis. Further, there should be documented evidence that the individual has been an effective mentor of at least one other faculty member.

Students evaluate each course at its conclusion by rating the qualities of the instructor, teaching methods, strengths of the course and instructor and recommendations for the next course iteration. These evaluations are reviewed by the director of graduate programs, and the director meets with any faculty members who receive poor reviews. Those who receive poor reviews are referred to workshops intended to help them improve.

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

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

This criterion is met. The MPH program has been actively engaged in student recruitment and has taken advantage of venues and personal networks, such as alumni, practicum sites and local communities, to increase enrollment of qualified students.

Brochures are disseminated to various off-campus sites, and the graduate student advisor attends various types of recruitment fairs, Welcome Back Days and health fairs throughout the university system and community. Recruitment materials are made available through the UNM catalogue, the MPH section of the COPH website, the UNM Graduate School website, MPH Student Handbook and program brochures.

Admissions procedures through SOPHAS are detailed on the program's website and catalog, and required documentation includes undergraduate course grades, a narrative of intent, resume or CV and three letters of recommendation.

The self-study provides quantitative data on the number of applicants applied, accepted and enrolled for the last three academic years for all three program concentrations, as well as head counts and FTEs for full and part-time enrollment for each concentration for the past three years. Targets set for entering students GPA, students maintaining a GPA  $\geq$  3.0 in their MPH courses and percent of graduates completing degree within five years were all exceeded.

The program continues to review additional recruitment avenues, particularly for recruiting disadvantaged and underrepresented students.

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

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

This criterion is met. The program offers a clearly explained and accessible academic advising system for students, as well as readily available career advice.

Advising begins with pre-admission counseling from the graduate student advisor and a mandatory orientation session for new students held at the beginning of each fall semester. Newly accepted students are also encouraged to meet with their assigned faculty advisors before enrolling in fall courses in their first semester. Primary faculty advisors are required to meet each semester with their assigned students, and other regular meetings are emphasized to the student.

Progress towards the MPH degree is monitored by a Student Advisement Checklist, and students work closely with the graduate student advisor, who receives regular information on students' performance from the Office of the Registrar and the Graduate School.

Career counseling is offered through several venues, including the university's Office of Career Services and career development facilitators that assist students with preparing for interviews, creating a resume and other career activities. Students and alumni receive regular emails regarding job announcements from the director of the graduate program and other faculty. Based on a 2016 survey of current students, overall student satisfaction with advising and career counseling is high, although inconsistencies in information provided by different advisors was reported, which the self-study indicates will be addressed through the Academic Committee and primary faculty meetings. Students who met with site visitors also confirmed inconsistencies among advisors. The program is aware of the concern and is addressing the issue through mandatory training workshops for faculty and consistent use of the Student Advisement Checklist.

Students have access to grievance policies and adequate opportunities to file both formal grievance and informal complaints. There have been no student complaints in the past three years.

## Agenda

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

#### University of New Mexico Public Health Program

March 23-24, 2017

#### Thursday, March 23, 2017

- 8:30 am        Request for Additional Documents
- 9:30 am        Break
- 9:45 am        Meet with Program and Department Administration  
Kristine Tollestrup  
Celia Iriart  
Victoria Sanchez  
Deanna Wall  
Pam Sedillo
- 10:45 am       Break
- 11:00 am       Meeting with Faculty Related to Curriculum and Degree Programs  
Kristine Tollestrup  
Celia Iriart  
Lisa Cacari-Stone  
Alexis Handal  
Andrew Rowland  
Victoria Sanchez  
Francisco Soto-Mas  
Nina Wallerstein  
Will Athas  
Lily Dow  
Jon Eldredge  
Frankie Perry  
Noell Stone
- 12:00 pm       Break
- 12:15 pm       Lunch with Students  
Issac Armistead  
Ellen Burgess  
Ivy Cervantes  
Marissa Elias  
Nina Greenberg  
Nick Karnezis  
Derek Lin  
Ihsan Mahdi  
Rachel Mnuk  
Nica Taylor  
Hayley Thomas  
Greg Fahl
- 1:15 pm        Break
- 1:30 pm        Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues  
Lisa Cacari-Stone  
Alexis Handal  
Andrew Rowland  
Victoria Sanchez  
Francisco Soto-Mas  
Nina Wallerstein  
Will Athas  
Lily Dow

Johnathan Eldredge  
Frankie Perry  
Noell Stone

- 2:30 pm Meeting with Kristine Tollestrup, Pam Sedillo and Deanna Wall
- 2:45 pm Resource File Review
- 3:45 pm Break
- 4:00 pm Meeting with Alumni, Community Representatives and Preceptors  
David Broudy  
Sarah Coffey  
Courtney Fitzgerald  
Nicole Katz  
Sandra Heimerl  
Steph Jackson  
Rita Kie  
Twila Kunde  
Angela Meisner  
Maria Otero  
Linda Penaloza  
Meredith Root Bowman  
George Schroeder  
Sarah Shrum  
Laura Tomedi  
David Vigil  
Erin Phipps
- 5:00 pm Adjourn

**Friday, March 24, 2017**

- 8:30 am Meeting with Institutional Academic Leadership  
Richard Larson  
Leslie Morrison  
Cameron Crandall
- 9:15 am Break
- 9:30 am Executive Session and Report Preparation
- 11:30 am Working Lunch, Executive Session and Report Preparation
- 12:30 pm Exit Briefing
- 1:15 pm Adjourn