Ponce School of Medicine and Health Sciences

Public Health Program

PSMHS Self-study for CEPH

January 2013
# Table of Contents

1. **The Public Health Program**
   - 1.1 Mission
   - 1.2 Evaluation
   - 1.3 Institutional Environment
   - 1.4 Organization and Administration
   - 1.5 Governance
   - 1.6 Fiscal Resources
   - 1.7 Faculty and Other Resources
   - 1.8 Diversity

2. **Instructional Programs**
   - 2.1 Degree Offerings
   - 2.2 Program Length
   - 2.3 Public Health Core Knowledge
   - 2.4 Practical Skills
   - 2.5 Culminating Experience
   - 2.6 Required Competencies
   - 2.7 Assessment Procedures
   - 2.8 Bachelor’s Degrees in Public Health
   - 2.9 Academic Degrees
   - 2.10 Doctoral Degrees
   - 2.11 Joint Degrees
   - 2.12 Distance Education

3. **Creation, Application and Advancement of Knowledge**
   - 3.1 Research
   - 3.2 Service
   - 3.3 Workforce Development

4. **Faculty, Staff and Students**
   - 4.1 Faculty Qualifications
   - 4.2 Faculty Policies and Procedures
   - 4.3 Student Recruitment and Admissions
   - 4.4 Advising and Career Counseling

Resource File:
1 The Public Health Program

Ponce School of Medicine (PSM) was founded in 1977 as a part of the Pontifical Catholic University of Puerto Rico (PCU-PR). In 1980, the Council of Higher Education of Puerto Rico empowered the medical school to operate as a separate organization, the Ponce School of Medicine. In 1981, the Liaison Committee on Medical Education (LCME) accredited the school, authorizing it to grant an MD degree. In 1983, the school received a Minority Biomedical Research Support (MBRS) program grant and established a Research Centers in Minority Institutions (RCMI) program that same year. The RCMI program, now fully established, includes several public health research projects. The addition of these research activities made it possible for the school, in 1988, to institute a graduate program in biomedical sciences. Students graduate with a PhD in biomedical sciences. A decade later, in 1999, PSM began a doctoral level program in clinical psychology conferring a Doctor of Psychology degree (PsyD) for its successful graduates. In its continuing effort to prepare highly qualified professionals, Ponce School of Medicine began offering a Master of Public Health (MPH) with a general track emphasis in 2002. The purpose of this new program was to meet the public health needs of southern Puerto Rico, which had been underserved by existing academic institutions. In 2007, the Public Health Program (PHP) added MPH tracks in epidemiology and environmental health and a doctoral program in epidemiology leading to a DrPH degree. Reflecting this broadened academic offering, the school’s name was changed to Ponce School of Medicine and Health Sciences (PSMHS).

As of August of 2012, with a total student enrollment of almost 700, PSMHS’s student population breakdown is: 300 medical students, more than 250 psychology students, over 100 public health program students; and 30 biomedical sciences students.

The Public Health Program has grown in tracks, student body and in academic rigor. PSMHS PHP previously applied for CEPH accreditation (2008) but was not ready at that time. That attempt catalyzed many significant improvements culminating in the current program. A brief summary of these improvements and other major changes is in the Resource File (1.0 PHP Improvement Summary). Otherwise, historical information is only included in this self-study as pertinent to materials to be reviewed during the site visit.

PSMHS is located in the southern part of Ponce, a historically important city that is itself located on the south coast of the beautiful island of Puerto Rico. After the capital city of San Juan, Ponce is the second largest city in Puerto Rico, with a population of more than 165,000. It is known variously as “La Perla del Sur” (the Pearl of the South) and as “la Ciudad de los Leones” (the City of the Lions). Ponce is home to multiple other undergraduate and graduate academic institutions, including the Pontifical Catholic University, the University of Puerto Rico (UPR) in Ponce, and Inter American University. PSMHS’s Public Health Program (PHP) is, however, the only public health program in the southern part of the island and has the only DrPH epidemiology program anywhere in Puerto Rico. The students at PSMHS study and live in a rich and rewarding environment that features the physical beauty of a tropical island coupled with the skills and knowledge of a highly trained faculty.
1.1 Mission

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

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

**Mission**
The mission of the public health program at PSMHS is to provide the highest quality education, research & population-based services. This will be accomplished through an innovative, dynamic, responsive public health curriculum while preparing to be ethical competent professional public health practitioners and researchers so as to be able to excel in promoting and protecting health in the community and in a diverse, globalized society.

**Vision**
The PSMHS public health program commits and aspires to be a leader in preparing public health professionals, by excellence in academia and by building and expanding public health knowledge and competency, in order to improve the health of communities and populations locally and across the world.

Spanish Version

**Misión**
La misión del Programa de Salud Pública de la Escuela de Medicina y Ciencias de la Salud de Ponce es la de proveer educación, investigación y servicios basados en la población de la más alta calidad. La dinámica de nuestro currículo incorpora una aproximación innovadora en la preparación de profesionales e investigadores en salud pública orientados a la protección y promoción de la salud a nivel comunitario global.

**Visión**
El Programa de Salud Pública de la Escuela de Medicina de Ponce y Ciencias de la Salud está comprometido a ser líder en la formación de profesionales de la salud pública. El programa promueve la excelencia académica y trabaja en la creación y expansión del conocimiento y de las competencias en salud pública, para el mejoramiento de la salud de las poblaciones y de las comunidades tanto en el ámbito local como a nivel mundial.

b. A statement of values that guides the program.

**Public Health Program: CORE VALUES OF THE PUBLIC HEALTH PROGRAM.**

The following core values enlighten the institutional environment and guide us in the fulfillment of our mission and goals:

- Integrity
- Respect
- Diversity
- Service
- Evidence-based public health
- Population perspective
- Community empowerment
- Balance in competing priorities
**Integrity**
We value honest, ethical, and transparent practices and determine to have integrity in everything that we do.

**Respect**
We value the protection of the individual and collective rights, and promote the respect for social and cultural differences that distinguish human beings, as fundamental aspects of those rights and respect them as essential to achieving “Health for all”.

**Diversity**
We value diverse perspectives and the unique contributions that result from diversity, and promote caring, support, confidence, compassion, camaraderie and a “can do” attitude.

**Service**
We highly value the use of our health expertise and academic abilities, capabilities and resources in service to our students and the whole community.

**Evidence Based**
We value evidence as a sound basis for the development, implementation, and evaluation of effective programs and policies in public health. This evidence base is accomplished through the application of the principles of scientific reasoning, including systematic use of data and information systems, behavioral science theory and program planning models to build effective public health programs and policies.

**Population Perspective**
We value integrating a population perspective into all our research, service and teaching; the collective or “public good” is takes priority over the individual good.

**Community Empowerment**
We value community empowerment, which enables communities to increase control over their lives in their understanding of health and ability to protect their health and seek appropriate care.

**Balance**
In Public Health there are many competing “goods”. We value the careful assessment of these competing goods and strive to balance the alternatives to derive the most good for the most people.
c. One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.

<table>
<thead>
<tr>
<th>TABLE 1.1 Goals and Objectives of Evaluation Plan for the PHP at the PSMHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A: Research:</strong> Enhance intellectual and economic capital through growth in research. Public Health research that addresses the personal and social determinants of health, reduces social inequities, continues workforce development and builds healthy communities.</td>
</tr>
<tr>
<td><strong>Goal A.1:</strong> Research portfolio will grow.</td>
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<tr>
<td><strong>A.1.1:</strong> Increased grant funding acquired.</td>
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<tr>
<td><strong>A.1.2:</strong> Increased peer review journal articles &amp; books submitted and published.</td>
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<tr>
<td><strong>A.1.3:</strong> Research portfolio addresses environmental health and social determinants of health.</td>
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<tr>
<td><strong>Goal A.2:</strong> Portfolio will contribute to workforce capacity in research.</td>
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<tr>
<td><strong>A.2.1:</strong> Mentor to improve research methods in other health workforce professionals.</td>
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<tr>
<td><strong>A.2.2:</strong> Enhance PHP student capacity to conduct future independent research.</td>
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<tr>
<td><strong>B: Academic Excellence:</strong> Provide an learning environment that promotes student attainment of professional knowledge and skills to succeed locally or globally.</td>
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<tr>
<td><strong>Goal B.1:</strong> Ensure competency base to all academic public health activities.</td>
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<tr>
<td><strong>B.1.1:</strong> Ensure all course curricula are fully public health competency based.</td>
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<tr>
<td><strong>B.1.2:</strong> Show proficiency of students in core public health competency domains.</td>
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<tr>
<td><strong>B.1.3:</strong> Show students can appropriately apply academic public health learning to real world setting during practicum.</td>
</tr>
<tr>
<td><strong>B.1.4:</strong> Build skills required to acquire and succeed in public health job market through a broad-based competency approach.</td>
</tr>
<tr>
<td><strong>Goal B.2:</strong> Curriculum addresses community and public health disparity issues.</td>
</tr>
<tr>
<td><strong>B.2.1:</strong> Actively involve students with communities as part of their regular course work.</td>
</tr>
<tr>
<td><strong>B.2.2:</strong> Incorporate diversity &amp; social justice into regular curriculum.</td>
</tr>
<tr>
<td><strong>Goal B.3:</strong> Curriculum is innovative and dynamic.</td>
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<tr>
<td><strong>B.3.1:</strong> Retain currency of courses.</td>
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<tr>
<td><strong>B.3.2:</strong> Increase in use of distance learning.</td>
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<tr>
<td><strong>Goal B.4:</strong> Achieve and Maintain Academic Excellence.</td>
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<tr>
<td><strong>B.4.1:</strong> Recruitment of increasingly excellent students.</td>
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<tr>
<td><strong>B.4.2:</strong> Achieve and retain excellence in course content.</td>
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<tr>
<td><strong>B.4.3:</strong> Increase student satisfaction.</td>
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<tr>
<td><strong>Goal B.5:</strong> Provide students with training in ethics, professionalism &amp; leadership.</td>
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<tr>
<td><strong>B.5.1:</strong> Train students in ethics of academia and research.</td>
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</tbody>
</table>
### C: Service: Engages with communities, government and private sector to promote health

**Goal C.1:** Build vibrant collaborative relationships with local and global communities, government and private sector

- **C.1.1:** Service is responsive to the needs of the community.

**Goal C.2:** Public Health Program contributes to building professional work force capacity.

- **C.2.1:** The PSMHS PHP provides CME or other educational opportunities for external health professionals in diverse areas.

### D: Infrastructure Goals: Assure the physical, human, and financial recourses necessary for achieving the mission of the program.

**Goal D.1:** Ensure adequate infrastructure for carrying out the public health program activities

- **D.1.1:** Improved satisfaction with non-academic institutional support.
- **D.1.2:** Enhance distance learning infrastructure to suffice for distance learning implementation.

**Goal D.2:** Secure a stable resource base for enhancement and implementation of the public health program.

- **D.2.1:** Improve budget sufficiency to meet needs of program implementation.
- **D.2.2:** Increase the leadership & decision making authority of the PHP Director over PHP budget.

### E: Diversity & Disparities: Maintain diverse student and faculty bodies to facilitate local and global connectedness and to assist in reducing health disparities.

**Goal E.1:** Recruit diverse student body.

- **E.1.1:** Recruit ethnically and racially diverse students.
- **E.1.2:** Increase the proportion of students from outside of Puerto Rico.
- **E.1.3:** Reduce disparities by recruiting students from economically disadvantaged communities.

**Goal E.2:** Recruit and maintain a diverse faculty body.

- **E.2.1:** Recruit & maintain diverse faculty body.

**Goal E.3:** Strengthen the learning environment elements that values diversity and seeks to reduce disparities.

- **E.3.1:** PSMHS has policies and procedures that protect diversity and maintains a safe environment free from discrimination.
- **E.3.2:** PSMHS PHP incorporates diversity elements and cultural competence into PHP learning environment.
A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

**TABLE 1.1.2 Goals and Objectives of Evaluation Plan for the PHP PSMHS**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Indicators</th>
<th>Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A: Research:</strong> Enhance intellectual and economics capital through growth in research. Public Health research that addresses the personal and social determinants of health, reduces social inequities, continues workforce development and builds healthy communities. (Discuss in section 3.1)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Goal A.1:</strong> Research portfolio will grow.</td>
<td>% of faculty with some external grant or consulting funded income.</td>
<td>50% of faculty have funded research grants by 2015</td>
<td>Annual faculty evaluation</td>
</tr>
<tr>
<td></td>
<td>Total $ in grant or consulting $ acquired by PHP faculty &amp; students.</td>
<td>Increase of $100,000 year each year through 2018 from 2012 baseline.</td>
<td>Annual report- financial &amp; research sections</td>
</tr>
<tr>
<td></td>
<td>% of faculty with at least one publication of manuscripts published in professional journal; book in the previous 12 months.</td>
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<tr>
<td></td>
<td># of total number of manuscripts published in professional journals, book, and book chapters.</td>
<td>Average of two publications per year per faculty</td>
<td>Annual faculty evaluation</td>
</tr>
<tr>
<td><strong>Goal A.2:</strong> Portfolio will contribute to workforce capacity in population based research.</td>
<td># of environmental, behavioral, prevention or population-based research papers, posters or oral presentations done.</td>
<td>By 2018, 10 papers and 20 posters or presentations per year.</td>
<td>Annual faculty evaluation, Annual PSMHS report, Faculty CV</td>
</tr>
<tr>
<td><strong>A.2.1:</strong> Mentor to improve research methods in other workforce health professionals.</td>
<td># of health professionals, and external health-related students or trainees trained in research methods.</td>
<td>At least 250 persons trained/year</td>
<td>Annual faculty evaluation, Annual PSMHS report</td>
</tr>
<tr>
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<tr>
<td><strong>A.2.2:</strong> Enhance capacity to conduct future independent research.</td>
<td># of faculty with funded research portfolios that include funding available for PHP students.</td>
<td>By 2018, 50% faculty research includes student opportunities.</td>
<td>Annual faculty evaluation, Annual financial report – work-study</td>
</tr>
<tr>
<td></td>
<td># of PHP students hired as work/study or full-time researchers</td>
<td>By 2018, 10 students per year have opportunity for research work-study</td>
<td>Annual faculty evaluation, Annual financial report – work-study</td>
</tr>
<tr>
<td><strong>B: Academic Excellence:</strong> Provide an learning environment that promotes student attainment of professional knowledge and skills to succeed locally or globally.</td>
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<tr>
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<tbody>
<tr>
<td><strong>Goal B.1:</strong> Ensure competency base to all academic public health activities.</td>
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</tr>
</tbody>
</table>
| **B.1.1:** Ensure all course curricula are fully public health competency based. | • % of syllabi that have verbalized competencies. | • 100% of syllabi will have clear competencies listed by 2013 | • Syllabi review  
• Course evaluations |
|  | • % MPH students with a passing grade in comprehensive exam. | • 100% students who take the CE exam attain >70% on core exam. | • Exam scores |
|  | • % MPH graduating with achievement of PH competencies. | • 100% capstone projects scored show successful integration of core PH competencies. | • Capstone metrics |
|  | • % DrPH students with a passing grade in comprehensive exam. | • 90% students who take the CE exam attain >70% on core exam. | • CE Exam results |
|  | • % of entrants who graduate within time limits | • 70% graduates within time limits. | • Graduation approvals |
| **B.1.2:** Show proficiency of students in core public health competency domains. |  |  |  |
| **B.1.3:** Show students can appropriately apply academic public health learning to real world setting during practicum. | • % of students rated contributory to their host agency. | • 100% students rated competent & contributory to their host agency | • Practicum metrics |
|  | • % of students receiving satisfactory competent & professional rating from their practicum site preceptors | • 100% of students rated 5 in professionalism by site preceptor | • Practicum metrics |
| **B.1.4:** Build skills required to acquire & succeed in public health job market through a broad-based competency approach. | • % graduates to secure health related employment or continued graduate education within a year. | • 70% of students secure health employment. | • Annual Alumni survey |
| **Goal B.2:** Curriculum addresses community and public health disparity issues. |  |  |  |
| **B.2.1:** Actively involve students with communities as part of their regular course work. | • % of course implementation that include community interactions | • 20 % of required courses that include community interaction as part of teaching methods | • Syllabi review |
| **B.2.2:** Incorporate diversity & social justice into regular curriculum. | • % of courses that capture diversity, minority or unique aspects of Puerto Rico’s Hispanic population. | • At least 30% of courses include diversity, minority health or PR specific populations | • Syllabi review  
• Faculty survey |
| **Goal B.3:** Curriculum is innovative and dynamic. |  |  |  |
### Objectives

<table>
<thead>
<tr>
<th>B.3.1: Retain currency of courses.</th>
<th>Indicators</th>
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</thead>
</table>
| % of courses updated during past year to reflect changing health parameters, tools & technologies. | • % of courses updated during past year to reflect changing health parameters, tools & technologies. | • At least 33% courses updated annually with new information, case examples | • Faculty annual evaluation  
• Syllabi review |
| % that uses varied teaching methodologies including innovative technique. | • % that uses varied teaching methodologies including innovative technique. | • 100% of courses given moved to Moodle platform by 2014. | • Faculty annual evaluation  
• Syllabi review |

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<thead>
<tr>
<th>B.3.2: Increase use of distance learning.</th>
<th>Indicators</th>
<th>Target</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| % of courses using some distance learning modalities | • % of courses using some distance learning modalities | • By 2014, at least 40% of courses use some distance learning modalities. | • Faculty annual evaluation  
• Syllabi review |
| % of courses available completely via distance learning mechanisms | • % of courses available completely via distance learning mechanisms | • 2 new distance learning courses/year (beginning AY 2013). | • Faculty annual evaluation  
• Syllabi review |

### Goal B.4: Achieve and Maintain Academic Excellence

<table>
<thead>
<tr>
<th>B.4.1: Recruitment of increasingly excellent students.</th>
<th>Indicators</th>
<th>Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average student admission GPA.</td>
<td>• Average student admission GPA.</td>
<td>• 3.3 average or greater</td>
<td>• Admissions statistics</td>
</tr>
<tr>
<td>% of courses with average course evaluation is rated 3 or higher in all major areas.</td>
<td>• % of courses with average course evaluation is rated 3 or higher in all major areas.</td>
<td>• 100% of all courses rated above 3 of 5 in each area.</td>
<td>• Course evaluations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.4.2: Achieve and retain excellence in course content.</th>
<th>Indicators</th>
<th>Target</th>
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</tr>
</thead>
</table>
| % of courses or instructors with scores below 4 who receive feedback & faculty development training. | • % of courses or instructors with scores below 4 who receive feedback & faculty development training. | • 100% of faculty with scores below receives faculty development training in educational techniques. | • Course evaluations  
• Annual faculty evaluations & work-plans |
| % of courses with previous review < 4 that have improved at next course offering. | • % of courses with previous review < 4 that have improved at next course offering. | • 100% of courses or faculty that previously rated below 4 show improvement in following course offering. | • Course evaluations |

<table>
<thead>
<tr>
<th>B.4.3: Increase student satisfaction</th>
<th>Indicators</th>
<th>Target</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Average student satisfaction with professional training received at PSMHS. | • Average student satisfaction with professional training received at PSMHS. | • 4.5 average or higher | • Graduation survey  
• Grievance reviews |
| Average student satisfaction with student faculty interaction and advising. | • Average student satisfaction with student faculty interaction and advising. | • 4.5 average or higher | • Graduation survey  
• Grievance reviews |

### Goal B.5: Provide students with training in ethics, professionalism & leadership.

<table>
<thead>
<tr>
<th>B.5.1: Train students in ethics of academia and research.</th>
<th>Indicators</th>
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<tr>
<td>% of courses which includes leadership, ethics or social justice.</td>
<td>• % of courses which includes leadership, ethics or social justice.</td>
<td>• At least 30% of courses include social justice or ethics.</td>
<td>• Course syllabi</td>
</tr>
</tbody>
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### C: Service: Engages with communities, government and private sector to promote health.

<table>
<thead>
<tr>
<th>Goal C.1: Build vibrant collaborative relationships with local and global communities, government and private sector.</th>
<th>Indicators</th>
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<tbody>
<tr>
<td><strong>C.1.1:</strong> Service is responsive to the needs of the community.</td>
<td>Number of community assessments; and/or interventions conducted of/ with CBOs.</td>
<td>At least 6 community assessments or intervention/year.</td>
<td>Annual faculty report, Faculty CV</td>
</tr>
<tr>
<td></td>
<td>Service is provided globally as well as locally.</td>
<td>Increase global service to at least 2/year by 2014.</td>
<td>Annual faculty evaluation</td>
</tr>
</tbody>
</table>

**Goal C.2:** Public Health Program contributes to building professional workforce capacity

| C.2.1: The PSMHS PHP provides CME or other educational opportunities for external health professionals in diverse areas. | Number of continuing education (CE or CME) activities offered each year. | At least 3 CE or continuing education events/year. | Annual faculty report |
| | Number of different public health areas covered in the CE events or course | At least 3 distinct public health topics. | Annual faculty report |
| | Number of health professionals receiving CE, or additional health capacity training. | Total CE attendance 400 or more. | Annual faculty report, CME attendance form |

## D: Infrastructure Goals
Assure the physical, human and financial resources necessary for achieving the mission of the program.

**Goal D.1.** Ensure adequate infrastructure for carrying out the Public Health program activities.

| D.1.1: Improved satisfaction with non-academic institutional support. | % of faculty able to access needed computer, software, printing or laboratory resources. | 100% able to access basic resources. | Faculty & staff survey |
| | Average student satisfaction with infrastructure support. | 4.5 average in a scale of 5 points. | Student graduation survey |
| | % of faculty satisfied with MIS infrastructure. | At least 95% satisfaction. | Faculty & staff survey |

**Goal D.1.2:** Enhance distance learning infrastructure to suffice for distance learning implementation.

| % of DL activities able to be conducted without interruption. | At least 80% of time will faculty be able to conduct DL activities without interruption | Faculty survey |

**Goal D.2:** Secure a stable resource base for enhancement and implementation of the public health program.

| D.2.1: Improve budget sufficiency to meet needs of program implementation. | % of needed faculty included in budget. | 100% of current & approved additional faculty included in PHP budget. | Annual budget |
| | Average faculty salary as % of rank NIH maximum salary. | Average faculty is at least 75% of rank allowable maximum. | Annual budget |

<p>| D.2.2: Increase the leadership &amp; decision making authority of the PHP Director over PHP budget. | Program director included in budget decisions, has final authority on certain budget decisions within the current budget. | PHP director is fully engage in final program budget decisions. | Annual budget, PSMHS budgetary process &amp; procedures |</p>
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<td><strong>E: Diversity &amp; Disparities:</strong> Maintain diverse student and faculty bodies to facilitate local and global connectedness and to assist in reducing health disparities.</td>
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<tr>
<td><strong>Goal E.1:</strong> Recruit diverse student body.</td>
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</tbody>
</table>
| **E.1.1:** Recruit ethnically and racially diverse students. | • % of newly admitted students who are of non-Hispanic origin. | • At least 10% of incoming class is non-Hispanic. | Admissions application  
Student survey –race |
|  | • # of racial groups represented in newly admitted students | • At least 3 racial groups represented within incoming class | Admissions application  
Student survey –race |
|  | • % of newly admitted students who are of non-Hispanic origin. | • At least 10% of incoming class is non-Hispanic. | Admissions application  
Student survey –race |
| **E.1.2:** Increase the proportion of students from outside of Puerto Rico | • % of racial groups represented in newly admitted students | • At least 3 racial groups represented within incoming class | Admissions application  
Student survey –race |
|  | • % of students from mainland and other countries. | • By 2018, 15% of incoming students from mainland or other countries. | Current student survey |
| **E.1.3:** Reduce disparities by recruiting students from economically disadvantaged communities | • % of PR students coming from economically deprived circumstances. | • By 2018, 15% of incoming students from mainland or other countries. | Admissions information  
Student admissions |
|  | • % of student body hired for any work-study income opportunities |  | Annual financial report |
| **Goal E.2:** Recruit and Maintain diverse faculty body. |  |  |  |
| **E.2.1:** Recruit & maintain diverse faculty body. | • % of racial groups represented within the faculty body | • At least 3 racial groups represented within the faculty body. | Faculty HR information |
|  | • Female: male ratio within faculty. | • Gender distribution between 40-60% | Faculty HR information |
|  | • % of faculty born outside of USA | • 10% faculty born outside of USA | Faculty HR information |
| **Goal E.3:** Strengthen the learning environment elements that values diversity and seek to reduce disparities. |  |  |  |
| **E.3.1:** PSMHS PHP incorporates diversity & cultural competence into PHP learning environment. | • % of academic curriculum that maintain a learning environment that values diversity | • At least 50% of courses include Puerto Rico/Hispanic issues | Review of course syllabi |

*funded grants  **publications  ***oral/poster presentation*
e. Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

The original mission, goals and objectives of the Program were established in the years 2001 and 2002 by the Committee that created the Master in Public Health program. The Program revised its mission in 2007 when new MPH and DrPH tracks were being contemplated, reflecting the growing maturity of the program and capturing that expanding role in the mission, vision and goals. In 2011, PSMHS went through an institutional-wide strategic planning exercise and developed a revised PSMHS Mission and Vision. The PHP program revised their previous Mission, Vision and Values to reflect the public health contribution to attaining the new PSMHS mission and vision. The PHP also wanted to ensure that the program’s priorities were fully captured in the ongoing mission, vision and values. An extensive process ensued including all public health faculty and representatives from the public health students. The PSMHS and PHP mission and vision were examined side by side for coherence, and some missing pieces were identified, especially the desire for a global reach for both the institution and for the PHP. Brainstorming sessions identified key principles and lengthy list of adjectives that described what the PHP program strives to achieve. These were prioritized then consolidated back into Mission and Vision statements that now mirrored the institution mission and vision from a public health perspective. Others PSMHS departments input into the Mission and Vision during curriculum presentations. The PHP also piloted early versions printed into brochures and a banner during health fair outreach events, seeking at least some qualitative input on whether the key features were clear and resonate with external community and partners.

The participants of the strategic planning meetings captured a list of key principles from the mission and vision discussion that seemed to undergird how the PHP will accomplish its mission and vision. Again the PHP faculty and student representative, through a series of meetings, reduced the values in number, agreed on definitions upon and made final choices.

Student representatives also briefed their student colleagues, who had not participated in the development of the mission, vision and values. The PHP also conducted special curriculum revision consultations in full class settings. The administration reviewed the Mission and Vision for coherence with the draft Institutional Mission and Vision. A PHP faculty member translated the mission and vision into Spanish. The full faculty, plus representative students reviewed the translated version to ensure it also captured the essence of the mission and vision. The PHP faculty considered Input from all these different groups in the current final version. Additional input and dissemination, external to PSMHS, is being sought through the annual alumni survey, and through employer and partner surveys.

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

The PHP has shared broadly the new Mission and Vision in newly developed brochures, banners used during public events, the PSMHS course catalogue and the completely revised Public Health program webpage and new Facebook page. The PHP Director present and discuss the new mission and vision as part of open house activities and new student orientation. They are readily available and accessible to the students and to the community in general in written and internet material. Every effort has been made to ensure that the new versions are consistently incorporated into all PSMHS and PHP documents and promotional items.
The goals and objectives are still in draft and so have been less widely disseminated. Within the institution, the PHP has shared the goals and objectives as we have fulfilled annual reporting requirements and as we have requested changes to institutional procedures or documents – for example, requesting addition of race designation to student intake information.

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

This criterion is met.

**Strengths**

- The PHP, internally, used a very inclusive strategic planning process. Faculty and PHP students had multiple opportunities to input, comment and revise the mission, vision and values.
- The final version now reflects well the public health contribution to the institutional mission and vision.
- The revised PHP goals and objectives now match and directly contribute to measuring our achievement of the PHP mission and vision. The new mission vision and values have been shared with students, the PSMHS board and external stakeholders.

**Weaknesses**

- It was difficult to get significant external input into the mission and vision.
- The goals and indicators are newly formulated and extensive.
- It may be difficult for the PHP to regularly obtain all the data for the indicators that have been developed.

**Plan**

- The PHP program considers the objectives and indicators as draft. We intend during the fall of 2012 to solicit additional external input and continue to review the feasibility of the current set of indicators. Indicators with unreliable data or ones that do not actually contribute to assessing our goal achievement will be revised.
- At the end of each fiscal and academic year, most of the evaluation activities take place and program and faculty work-plans for the next year are developed. The PHP plans to use this regular evaluation time to also reassess whether the goals, objectives and indicators are still appropriate for the program. It is hoped that the mission and vision have captured a long term view and will need much less frequent review and revision, most likely every five years.
1.2 Evaluation

a. Description of the evaluation procedures and planning processes used by the program to monitor progress against objectives defined in Criteria 1.1d.

Faculty, students, staff, institutional officers, community and stakeholders are all essential contributors to PSMHS’ PHP regular evaluation process. The Program Director with the assistance from Public Health Evaluation Committee, Faculty and the Institutional Administrative Office for Evaluation are responsible for monitoring and evaluating program efforts. The routine monitoring encompasses review of curriculum; academic performance in courses as well as review of the practicum, student recruitment, satisfaction and retention; human and fiscal resources reports, the research portfolio and collaborative agreements with external partners. These are all needed in order for the PHP to practice public health and to provide ethical and professional services. The evaluation procedures, protocols, tools and committees seek to assure through their evaluation work that all of these essential elements are in fact occurring and are of high quality.

In the past, PHP performed evaluation as an intermittent process rather than an established regular procedure. The PHP was also relying on primarily institutional monitoring and evaluation procedures; functions which were dispersed among various committees across the program and institution. These various entities worked primarily in a problem-solving approach. The Program Director constituted a standing evaluation committee to oversee the monitoring and evaluation of the program and to provide recommendations for future planning.

The PHP Evaluation Committee is made up of three faculty members and a student representative. The chair of the PHP evaluation committee has also recently been asked to oversee the PSMHS institution-wide evaluation work. Using our mission, goals and objectives as framework the committee developed procedures, identified data sources and developed, as needed, additional data collection procedures or instruments. The committee is responsible for regular evaluation of all the indicators described in section 1.1 as well as compiling the PSMHS annual report and any additional ad-hoc evaluation needed for problem solving or strategic planning. The evaluation committee also reviews how well our evaluation tools are working in obtaining data on our desired objectives and indicators, making recommendations to the PHP Director and faculty as needed. The evaluation committee is committed to meet one time per trimester and one time at the end of the year. The evaluation committee meets more frequently that, as needed, for a specific task or particular situation. The evaluation reports out to the relevant PHP committees and the PHP Director on their specific areas of interest, so that the committees or PHP Director can take action as needed based on the evaluation results.

Monitoring Research: The research objectives and faculty research performance are monitored through the review of annual faculty evaluations and annual financial and administrative reports. The PHP director has access to this data and shares in summary form with the evaluation committee and in faculty meetings. Each faculty sets individual targets in their annual work plan according their interests. During individual and full faculty meeting, decisions are made to promote or modify strategies that help us to reach research targets. The research goals and objectives are evaluated on a yearly basis at the end of the academic year.

Monitoring academic excellence: Many different parties have responsibility for monitoring academic excellence and there are a variety of data sources. All coursework metrics (competency base, use of distance learning modalities, community based learning, community
assessments done) are obtained from review of syllabi that are the responsibility of the teaching faculty members, peer reviewed by other faculty members and status reported to PHP Director as part of the annual planning process.

Quality of coursework is measured by course evaluations which are done every trimester, reported to the PHP and the PHP Director. Performance that falls below the thresholds set in the metrics triggers individual follow-up from the PHP Director with the faculty. Continued quality problems would be referred to the curriculum committee to find alternative teaching resources. During the annual summer evaluation meeting, the PHP Director would share a one year summary level faculty performance with the evaluation committee.

Student quality and performance is measured at entrance to the program (by admissions statistics), during the program (by GPA and Practicum and CE metrics), at completion of the program (by graduation requirements and graduation rates) and after completion of the program (job placement success through alumni surveys). The relevant committees are responsible for the initial collection and review of the data, which is then shared with the evaluation committee at the trimester or summer evaluation committee meetings. The committee’s data collection timing matches the activity of the committee. Admissions committee reviews student data during the spring admission process. Graduation and alumni surveys are later spring during or immediately after graduation and before the summer evaluation meeting.

Monitoring Workforce & Service: The PHP program promotion committee plans the service and workforce training activities for the year. That committee plans, tracks and measures attendance at workforce and service events. Individual faculty also report all such activities to the administrative staff on an ongoing basis throughout the year. During the annual evaluations the faculty report separately to the PHP Program Director who then contributes this information to the evaluation committee during the annual evaluation and annual report writing process. The evaluation committee can cross reference the passive reporting system with the director faculty evaluation source to verify full capturing of the program activities in this area.

Monitoring Infrastructure Goals: The PHP assesses the infrastructure objectives once a year just before the annual evaluation reports must be done through student graduation and faculty survey. These surveys are scheduled usually between May and June. The Evaluation Committee is responsible for revising, scheduling disseminating (via administrative staff) and analyzing the surveys. The PHP director is responsible for the budget and budget process, but inputs to the evaluation committee on our qualitative (inclusion in budget process) and quantitative (budget sufficiency and faculty salary metrics) finance indicators.

Monitoring Diversity: The PHP captures diversity information with each new class admission and on hiring of new faculty. Admission Office gathers information of students at the beginning of each academic year regarding race, ethnicity and place of origin. Information about faculty is from human resource office when faculty is hired. PHP director requests access to this information for each annual review. The PHP measures inclusion of diversity, justice and cultural competency using the same timing and mechanisms as other academic goals and objectives.

The specific responsibilities are described as follows:

**The PHP Director**
The PHP Director is responsible for routine monitoring of curriculum development and revision, student recruitment and retention, academic performance, faculty recruitment and retention, the
development of collaborative agreements with partner agencies, practicum implementation, community outreach, program promotion, and management of the program's financial and physical resources. The PHP Director works closely with track coordinators to discuss issues related to curriculum planning, resources required and student progress. Faculty of each track meets periodically as needed to follow-up plans and curricular decisions.

**Administrative Staff**
They gather and appropriately file meeting notes, course evaluations. Course evaluations are input into an overall course evaluation matrix.

**Practicum Coordinator**
The Practicum Coordinator is the chair of the Practicum Committee. The Practicum Committee reviews all sites, MOUs, site preceptors; student practicum plans in advance of the practicum placement. The Practicum Coordinator with assistance of administrative staff compiles practicum logbooks and reviews them for completion and student performance achievement during the off-site practicum experience. The committee also evaluates any problems brought to their attention by students, preceptors or faculty advisors for appropriate and immediate resolution. At the end of the practicum trimester, the practicum committee reviews all student and preceptor evaluations and takes suitable action for upcoming practicum planning.

**Academic Advisor**
Each faculty member is responsible for following and problem solving student academic progress. Faculty advisors receive worries or complain that student cannot resolve with the course instructor. If the difficulties persist, the PHP director intervenes to mediate between parts. Academic Failures that cannot be resolved are referred to the student promotion committee for evaluation. The academic advisor is also responsible for mentoring and evaluating their student’s capstone projects with recommended grade (as per the grading metrics) recommended to the CE coordinator.

**Faculty Members**
Faculty members work together in regular faculty meetings (minimum of monthly with additional meetings as needed for special purposes). They review program performance and identify emerging issues. The first faculty meeting of the scholastic year and each trimester focuses on any student/academic challenges that need to be addressed. Spring faculty meetings assess student readiness for graduation and priorities for following year student recruitment as advised by the admissions committee. Reports on program performance, with appropriate recommendations, are regularly provided to the full faculty body from the various committees or individuals: tracks coordinators, practicum and promotion committees. PHP director may call faculty special meetings (for example, the retreat at which the Mission, Goals, and Objectives were drafted). The expectation is that all faculty meetings will be in person and attendance is taken. Several faculty members contribute intermittently via SKYPE. Final decisions are often reaffirmed after meetings via meeting summaries and the opportunity for the faculty to review, comment or approve of discussion conducted during faculty meetings.

**Admissions Committee**
Four faculty members representing serve on the Admissions Committee. The Admissions Committee is charged with drafting guidelines regarding the evaluation of potential applicants: qualitative criteria, including past work experience; and quantitative measures, including standardized test scores. The Admissions Committee also reviews applications and makes recommendations regarding admissions. Faculty members each submit a recommendation to a)
accept, b) accept conditionally, or c) reject, with comments on each decision (Resource File). Recommendations on student admission evaluation are forwarded to the PHP director from the chair of the admission committee, who reviews the recommendation and admission metrics compared to previous years. The final recommendations are then sent to PSMHS admissions office for action.

**Curriculum Committee**

The Curriculum Committee is charged with the regular evaluation of the MPH Program curriculum. This process includes determining the extent to which the MPH Program Competencies (see section 2.6 or Resource File) are addressed through coursework and practical experience and revising required and elective courses accordingly. Track coordinators lead on the review of the curriculum in their track area. The DrPH track coordinator leads a three person DrPH subcommittee for review of the DrPH curriculum. An MPH student representative also serves on the Curriculum Committee. The recommendations of the curriculum committee are reviewed, discussed during the curriculum portion of the faculty meetings. (Note: given the small faculty size and the involvement of all faculty in one or another track, most of the faculty participate in curriculum reviews and the “curriculum committee” is often conducted as part of the regular faculty meeting). As part of the updated the capstone experience the CE coordinator developed review metrics for the associated written documents. After training in the new metrics, each faculty is responsible for evaluating the capstone papers and presentations of students. The evaluation committee will review the metrics to ensure that are accurately tracking student achievement of desired public health competencies. Systematic problems would be returned to the curriculum committee for resolution. The recommendations were presented in a faculty meeting. Faculty approved decisions and the content of the capstone manual after discussed in three-faculty meeting.

**Administrative Office of Evaluation**

Through FY 2012, PSMHS had an office of evaluation under the Dean of Academic Affairs. The evaluation officer developed, implemented, analyzed and reported on all PSMHS-wide evaluation mechanisms, which include the faculty evaluation surveys and the annual report. This position became vacant in the spring of FY 2012 and the Dean has requested that the PHP program contribute their survey and evaluation expertise in filling this position on a consultancy basis to the Dean of Academic Affairs. The faculty member taking on these responsibilities will review and amend the current evaluation tools, fulfill all the functions named above using a work-study student and no more than half-day per week annualized.

The current evaluation tools (regular and intermittent) are described below. The current and regularly applied evaluation tools are described as follows:

**PSMHS-Wide Annual Report**

(Resources file) Which includes sections on faculty performance, research dollars, grants, publications & presentations external service (CME, professional training and community engagement), and financial performance.

**PHP Faculty Annual Work-Plan and Evaluation**

This includes courses taught and revised, research done and planned, service and workforce training accomplished and faculty development goals and activities. Use Moodle as tool to support the learning experience is also evaluated in the annual faculty evaluation. The annual evaluations are done during the summer near the close of the fiscal year and linked to the faculty annual work plan where any evaluation issues can be addressed in the upcoming work plan expectations.
**DrPH Comprehensive Exam**
Review of exam scores in public health competences particularly those related to epidemiology and biostatistics. Students are expected to pass with 70% or higher score. Passing the comprehensive exam is a requirement to register in the doctoral practicum and dissertation. No one in the first cohort of DrPH students passed this exam. After evaluation of the process and the resulting low scores, the DrPH Coordinator revised the exam orientation to clearly state the exam expectations so future students could prepare more thoroughly. This remediation of expectations, has improved the subsequent student cohort performance, as shown in the improved scores and pass rate. Students who failed some portion of the comprehensive exam are required to prove competency by taking and passing an independent study course in that specific competency area. Each independent study has learning objectives and specific evaluations to show competency proficiency. The DrPH coordinator also reinforces the independent study lessons by advising students in their areas of weakness and guiding them on continued learning and application during their dissertation work. The PHP uses the comprehensive exam as an evaluation tool to determine corrective action.

**Course Evaluations**
Students evaluate courses at the end of each trimester. The four areas evaluated are: course structure and organization, learning experience, teaching techniques and feedback.

**CE exam and Capstone Competency Evaluation Metrics**
**Comprehensive and track specific exam:** Review of exam score in the core competences and track-specific competences. Its expected the students pass both part with 70% or more.

**Capstone competency review tool:** An advisor review of fieldworks’ written documents identified coverage and integration of core competences, inclusion of health determinants (behavioral and environmental), community engagement, reflection of ethics or justice issues, importance of diversity or minority emphasis as culminating experience for years. The evaluation tools for 2013 capstone projects add a rubric for the oral presentation.

**Practicum Logbook Review**
Compilation of forms, and important documents related to students’ practicum. Preceptor’s student evaluation and student’s site evaluation are evaluation tools for academic excellence.

**Annual External Health Professional Survey**
Potential employers complete a survey about public health competences needed in the workforce every two years. The information is used to establish areas of continuing education and updated our curriculum according to skills and knowledge needed in public health practices. The PHP is gathering baseline data to have information about some indicators established.

**Annual Financial Report and Budget Proposal**
Review of finance and budget reports to evaluate research funds and monitor fiscal resources.

**Annual Faculty Evaluations**
Reviews faculty’s publications, continuing education and research development and compliance with agreed upon annual workplan.

**Faculty Survey**
Faculty answers a brief survey to evaluate incorporation of diversity, social justice, community assessment, distance learning modalities in the course content and development.
Admission Applications Records and Graduation Reports
Review reports to profile incoming students and determine graduation rates.

Grievance Reviews
At the beginning of the trimester, faculty talk about any concerns that students arise in advising process or any specific issues in the academic experiences. Also, explain actions taken for respond concerns. If any student submits a concern or complaint to the Office of Student Affairs, the incident and actions to resolve issues are kept in a written document. The Student Dean communicates PHP director findings and actions for improvement. No such grievances have been formally received.

Students' Surveys
- **Admission** – At the beginning of the academic experience, students complete a survey to provide information about the students profile for this year.
- **Annual Graduation Survey** - A survey in a Moodle platform evaluates satisfaction with the academic experience, student-faculty-administration relationships, student support-learning environment and educational program as whole. The planned time to take the graduation survey in may before the graduation ceremony. This
- **Alumni** - A survey related to job experiences, future areas of workforce development are administrated every two year to all alumni.

The intermittent evaluation tools are:

PSMHS Strategic Planning Exercise
Strategic Planning requires evaluation of the present in order to prioritize the strategic actions for the future. The PSMHS strategic evaluation was conducted using cross department working groups. Members reviewed documents using a matrix established by Steering Committee. Workgroups met and discussed suggestions and then made recommendations and changes. Focus groups by each area of the strategic plan were conducted to receive input from PSMHS community.

PHP Syllabi Review
All reviewed as part of curriculum review for CEPH self-study. The review tools were obtained from Elizabeth Rivera, the PSMHS curriculum development and faculty development coordinator). The training and tools were used to design a new template for all PHP syllabi, including competencies, teaching methods and evaluation methods. All required course syllabi have been reviewed and completion of review tracked. A quality assurance tool was developed (see resource file) and Doctor Lisa Norman reviewed all required course syllabi for compliance with the new template. Selective and elective syllabi will similarly be reviewed during the fall of 2012. Faculty will regularly review syllabi at 1) the preparation of each time the course is offered – reporting this during the annual faculty evaluation 2) in response to student course evaluations and 3) in response to gaps or improvements needed identified during the planned in depth course review (see below). This review helped the program assess our teaching techniques and students evaluation methods as well as our competency coverage in each course.

In-depth Course Review
For each course syllabus, an in-depth review is being conducted to examine in more detail, examining for consistency in learning objectives, competencies, and the course content, to ensure that the course is covering the material, which is stated in the learning objectives and
competencies. For those that are found to be incongruent with the listed learning objectives and course competencies, they are flagged and given back to the faculty member to edit the content accordingly. The first review was in academic year 2011-2012 for all courses. The following years a sample of 33% of the courses will be evaluate using this depth course review.

The PHP director regularly meets with committees chair to discuss progress and challenges. During faculty meetings, programmatic issues are discussed and actions are recommended. According the actions approved, issues could be referred to the pertinent committee or institutional body. The curriculum is constantly review and recommendations are incorporated to reflect a dynamic process.

**PHP Program Involvement in PSMHS -Wide Evaluation and Planning**

In 2010, PSMHS went through an institution wide strategic planning exercise to revise the former plan, review the institutional mission and vision, define core values and recommend new strategic goals and objectives to guide the institution until 2015. Under the leadership of President and Dean, a Steering Committee composed of faculty, students, board members, alumni, community representatives and administrators was designated to coordinate efforts to gather information and recommendation that reflects the ever-changing healthcare and science environments. During the process the steering committee designated five working groups in the following categories to work in the different areas of interest for the organization: (1) finances, growth and development; (2) academic facilities, technology, and teaching sites; (3) curricula and assessment; (4) student services and faculty; and (5) research. Working groups received recommendations from all constituents and did a series of focus groups to identify the areas that needed to be prioritized and to identify new projects that could be implemented. The PHP program had representation on most of the committees (research, curriculum and distance learning). The result of that evaluation and strategic activity was a revised institutional mission, vision, institutional goals and core values established for PSMHS. The strategic plan includes specific objectives for PHP as acquire CEPH accreditation, enhance public health research and conduct comprehensive revision of curriculum.

b. **Description of how the results of evaluation and planning are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality if program and activities.**

The PHP collects evaluation information through a number of tools (See resource files). The information collected from evaluation tools are used to identify gaps and address areas of needed improvement or challenge. Based on the information obtained, policies, strategies, procedures or activities are revised. The revisions may be modifications of current policies and procedures or require development of new ones.

Results of evaluation and planning are regularly used to enhance the quality programs and activities. The faculty body meet one a month to discuss situations and alternatives. Each committee meets according to assigned responsibilities. In faculty meetings faculty and committee reports on task or activities planned. As appropriate, results of evaluations are discussed during this monthly program meeting or in committee meetings. Each year, at least one-day long meeting, serves to plan the upcoming academic, research and service activities. Meetings provide an opportunity for faculty to review and discuss recently collected data. These data are used to inform changes to the programs and curricula. Data are regularly discussed when they can inform planning and decision-making.
The new more rigorous evaluation procedures are being actively used in PHP management and are already improving the PHP. Faculty evaluations and work plans have been an important tool the last two years for accountability and to prioritize faculty effort. The faculty course load has been distributed in more equitable and efficiently way. Some faculty has been able to reorganize schedule and have protected research time. The PHP director restructured the PHP committees in accordance with faculty preferences and expertise. Faculty members are only chair of one committee.

Faculty use course evaluations to improve course content and methods. The PHP director meets with faculty members whose course evaluations score below 4 of 5 in major areas of the student evaluations. Together they establish a plan to improve educational techniques. The success of the improvement plan is tested by follow-up of the next year’s course evaluation to determine if improvement occurred. Only one faculty required such intervention, AY2011 and he received materials and guidance in participatory teaching techniques. He improved significantly in both the quantitative and qualitative (student comment) measures in the subsequent evaluation. Measurements of faculty use of distance modalities have inspired faculty to learn from one another or to take training in use of distance learning. More faculty are now using the Moodle platform in AY2013.

c. Data regarding the program’s performance on each measureable objective described in 1.1d must be provided for each of the program’s last three years.

The Criteria 1.1 a to c introduced indicators, targets and data source by each objective. Outcome measures were identified for each program area: research, academic excellence and service. Also indicators are developed in two additional areas; infrastructure and diversity/disparities. The PHP director developed a draft set of targets for each indicator based on experience and information available. The indicators and targets were circulated by email various times for faculty feedback and recommendations. The faculty approved preliminary indicators and targets and referred them to Evaluation Committee for feasibility assessment. The following table summarizes indicators, targets and performance against those indicators for the last three years:
TABLE 1.2.2 Outcome Measures, Indicators, Targets and Performance in Research for the Past Three Academic Years

A: **Research**: Enhance intellectual and economics capital through growth in research. Public Health research that addresses the personal and social determinants of health, reduces social inequities, continues workforce development and builds healthy communities. *(Discuss in section 3.1)*

<table>
<thead>
<tr>
<th>Goal A.1 Research portfolio will grow</th>
<th>Outcome Measure</th>
<th>Target</th>
<th>2009-2010</th>
<th>2010-2011</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.1.1: Increased grant funding acquired</td>
<td>% of faculty with some external grant or consulting funded income.</td>
<td>50% of faculty has funded research grants by 2015.</td>
<td>44.4%</td>
<td>30.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>Total $ in grant or consulting $ acquired by PHP faculty &amp; students.</td>
<td>Increase of $100,000 year each year through 2018 from 2012 baseline.</td>
<td>$211,638</td>
<td>$118,283</td>
<td>$130,826</td>
</tr>
<tr>
<td>A.1.2: Increased peer review journal articles &amp; books submitted and published</td>
<td>% of faculty with at least one publication of manuscripts published in professional journal; book in the previous 12 months.</td>
<td>50% of faculty has published in the last year.</td>
<td>33%</td>
<td>30%</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td># of total number of manuscripts published in professional journals, book, and book chapters.</td>
<td>Average of two publications per year per faculty.</td>
<td>Target 18</td>
<td>11</td>
<td>Target 20 Target 24</td>
</tr>
<tr>
<td>A.1.3: Research portfolio addresses environmental and social determinants of health</td>
<td># of environmental, behavioral, prevention or population-based research papers, posters or oral presentations done.</td>
<td>By 2018, 10 papers and 20 posters or presentations per year.</td>
<td>4 papers 21 (17-O 4-P)</td>
<td>11 papers 42 (31-O,11-P)</td>
<td>7 papers 38 (31-O,7-P)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal A.2 Portfolio will contribute to workforce capacity in population based research</th>
<th>Outcome Measure</th>
<th>Target</th>
<th>2009-2010</th>
<th>2010-2011</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.2.1: Mentor to improve research methods in other workforce health professionals.</td>
<td># of health professionals, and external health-related students or trainees trained in research methods.</td>
<td>At least 250 persons trained/year</td>
<td>193</td>
<td>248</td>
<td>259</td>
</tr>
<tr>
<td>A.2.2: Enhance capacity to conduct future independent research.</td>
<td># of faculty with funded research portfolios that include funding available for PHP students.</td>
<td>By 2018, 50% faculty research includes student opportunities.</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td># of PHP students hired as work/study or full-time researchers.</td>
<td>By 2018, 10 students per year have opportunity for research work-study.</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

B: **Academic Excellence**: Provide an learning environment that promotes student attainment of professional knowledge and skills to succeed locally or globally.

<table>
<thead>
<tr>
<th>Goal B.1: Ensure competency base to all academic public health activities</th>
<th>Outcome Measure</th>
<th>Target</th>
<th>2009-2010</th>
<th>2010-2011</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1.1: Ensure all course curricula are fully-competency based</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- % of syllabi that have verbalized competencies.  
- 100% of syllabi will have clear competencies listed by 2013.  
- 34.2% | 47.8% | 90.9%

### B.1.2: Show proficiency of students in core public health competency domains.

<table>
<thead>
<tr>
<th></th>
<th>% MPH students with a passing grade in comprehensive exam.</th>
<th>% MPH graduating with achievement of PH competencies.</th>
<th>% DrPH students with a passing grade in comprehensive exam.</th>
<th>% of entrants who graduate within time limits.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100% students who take the CE exam attain &gt;70% on core exam.</td>
<td>100% capstone projects scored on and show successful integration of core PH competencies.</td>
<td>90% students who take the CE exam attain &gt;70% on core exam.</td>
<td>70% graduates within time limits.</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>NA</td>
<td>83.3% (Field work review)</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>62.5% (Field work review)</td>
<td>75% (Field work review)</td>
<td>82%</td>
<td>80%</td>
</tr>
</tbody>
</table>

- **B.1.3:** Show students can appropriately apply academic public health learning to real world during practicum

<table>
<thead>
<tr>
<th></th>
<th>% of students rated contributory to their host agency.</th>
<th>% of students rated competent &amp; contributory to their host agency.</th>
<th>% of students receiving satisfactory competent &amp; professional rating from their practicum site preceptors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100% students rated competent &amp; contributory to their host agency.</td>
<td>100% of students rated 5 in professionalism by site preceptor</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>NA</td>
<td>23.1%</td>
</tr>
</tbody>
</table>

- **B.1.4:** Build skills required to acquire and succeed in public health job market through a broad-based competency approach

|                          | % graduates to secure health related employment or continued graduate education within a year. | 70% | 66.7% | 75% |

**Goal B.2:** Curriculum addresses community and public health disparity issues.

<table>
<thead>
<tr>
<th><strong>Outcome Measure</strong></th>
<th><strong>Target</strong></th>
<th><strong>2009-2010</strong></th>
<th><strong>2010-2011</strong></th>
<th><strong>2011-2012</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B.2.1:</strong> Actively involve students with communities as part of their regular course work.</td>
<td>% of course implementation that include community interactions</td>
<td>20% of required courses that include community interaction as part of teaching methods.</td>
<td>23.1%</td>
<td>19.6%</td>
</tr>
</tbody>
</table>

**Goal B.3** Curriculum is innovative and dynamic

<table>
<thead>
<tr>
<th><strong>Outcome Measure</strong></th>
<th><strong>Target</strong></th>
<th><strong>2009-2010</strong></th>
<th><strong>2010-2011</strong></th>
<th><strong>2011-2012</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B.3.1:</strong> Retain currency of courses</td>
<td>% of courses updated during past year to reflect changing health parameters, tools and technologies.</td>
<td>At least 33% courses updated annually with new information, case examples.</td>
<td>69.2%</td>
<td>73.9%</td>
</tr>
<tr>
<td><strong>B.3.2:</strong> Increase use of distance learning</td>
<td>% that uses varied teaching methodologies including innovative technique.</td>
<td>100% of courses given moved to Moodle platform by 2014.</td>
<td>7.7%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Outcome Measure</td>
<td>Target</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goal B.4:</strong> Achieve and maintain Academic Excellence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.4.1:</strong> Recruitment of increasingly excellent students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Average student admission GPA.</td>
<td>3.28</td>
<td>3.34</td>
<td>3.12</td>
<td></td>
</tr>
<tr>
<td>• 3.3 average or greater</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.4.2:</strong> Achieve excellence in course content</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• % of courses with average course evaluation is rated 3 or higher in all major areas.</td>
<td>90.1%</td>
<td>98.1%</td>
<td>97.8%</td>
<td></td>
</tr>
<tr>
<td>• 100% of all courses rated above 3 of 5 in each area.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.4.3:</strong> Increase Student satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Average student satisfaction with professional training received at PSMHS.</td>
<td>4.5 average or higher</td>
<td>3.8</td>
<td>4.2</td>
<td>3.8</td>
</tr>
<tr>
<td>• 4.5 average or higher</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goal B.5:</strong> Provide students with training in ethics, professionalism &amp; leadership.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.5.1:</strong> Train students in ethics of academia and research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• % of courses which includes leadership, ethics or social justice.</td>
<td>34.2%</td>
<td>31.1%</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>• At least 30% of courses include social justice or ethics.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goal C:</strong> Service: Engage with communities, government and private sector to promote health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.1:</strong> Build vibrant collaborative relationships with local and global communities, government and private sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.1.1:</strong> Service is responsive to the needs of the community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Number of community assessments; and/or interventions conducted of/ with CBOs.</td>
<td>1</td>
<td>5</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>• At least 6 community assessments or intervention/year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Service is provided globally as well as locally.</td>
<td>1 - Bolivia</td>
<td>1 - Bolivia</td>
<td>1 - Bolivia</td>
<td></td>
</tr>
<tr>
<td>• Increase global service to at least 2/year by 2014.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.2:</strong> Public Health program contributes to building professional work force capacity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.2.1:</strong> The PSMHS PHP provide CME or other educational opportunities for external health professionals in diverse areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Number of continuing education (CE or CME) activities offered each year.</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>• At least 3 CE or continuing education events/year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal D.1</td>
<td>Ensure adequate infrastructure for carrying out the public health program activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome Measure</strong></td>
<td><strong>Target</strong></td>
<td>2009-2010</td>
<td>2010-2011</td>
<td>2011-2012</td>
</tr>
<tr>
<td><strong>D.1.1:</strong> Improved satisfaction with non-academic institutional support.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- % of faculty able to access needed computer, software, printing or laboratory resources.</td>
<td>- 100% able to access basic resources.</td>
<td>78%</td>
<td>90%</td>
<td>91.7%</td>
</tr>
<tr>
<td>- Average student satisfaction with infrastructure support.</td>
<td>- 4.5 average in a scale of 5 points.</td>
<td>3.2</td>
<td>4.2</td>
<td>4.3</td>
</tr>
<tr>
<td>- % of faculty satisfied with MIS infrastructure.</td>
<td>- At least 95% satisfaction.</td>
<td>22%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>D.1.2:</strong> Enhance distance learning infrastructure to suffice for distance learning implementation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- % of DL activities able to be conducted without interruption.</td>
<td>- At least 80% of time will faculty be able to conduct DL activities without interruption</td>
<td>50%</td>
<td>47%</td>
<td>66.7%</td>
</tr>
</tbody>
</table>

**Goal D.2:** Secure a stable resource base for enhancement and implementation of the public health program.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D.2.1:</strong> Improve budget sufficiency to meet needs of program implementation.</td>
<td></td>
</tr>
<tr>
<td>- % of needed faculty included in budget.</td>
<td>- 100% of current &amp; approved additional faculty included in PHP budget.</td>
</tr>
<tr>
<td>- Average faculty salary as % of rank NIH maximum salary.</td>
<td>- Average faculty is at least 75% of rank allowable maximum.</td>
</tr>
<tr>
<td><strong>D.2.2:</strong> Increase the leadership &amp; decision making authority of the PHP Director over PHP budget.</td>
<td></td>
</tr>
<tr>
<td>- PHP director included in budget decisions, has final authority on certain budget decisions within the current budget.</td>
<td>- PHP director is fully engage in final program budget decisions.</td>
</tr>
</tbody>
</table>

**E. Diversity & Disparities:** Maintain diverse student and faculty bodies to facilitate local and global connectedness and to assist in reducing health disparities.

| Goal E.1: Recruit diverse student body | | | |
| **Outcome Measure** | **Target** | 2009-2010 | 2010-2011 | 2011-2012 |
| **E.1.1:** Recruit ethnically and racially diverse students | | | | |
| - % of newly admitted students who are of non-Hispanic origin. | - At least 10% of incoming class is non-Hispanic. | 0% | 0% | 0% |
| - # of racial groups represented in newly admitted students | - At least 3 racial groups represented within incoming class | 2 | 3 | 3 |
Explanatory Notes for Table 1.2.c

Note for Outcome measure B.1.2: Before May 2012 students fulfilled CE requirements through fieldwork with track specific competencies rather than capstone projects with core and track competences. The first cohort that will have comprehensive exam begin as an alternative for CE is the graduating class of 2013. (See Criteria 2.5)

Note for Outcome measure B.1.3: The preceptor evaluation of the practicum experience began in AY 2011-2012 when practicum was clearly separated from culminating experience (Criteria 2.4 and Criteria 2.5).

Note for Outcome measure B.4 .3: Institutional Administrative Office for Evaluation has the responsibility for administration of the students’ evaluation surveys. The PHP, while gathering data for self-study, identified a misinterpretation in the audience to which survey was supposed to be administered. In 2009-2010, rather than the graduating class, the survey was sent to a mixed of entering students, actual students and graduated students. PHP is reanalyzing the data separating each audience to calculate outcome measures base in the correct denominators.

Note for Outcome measure D.1.1: Same as above
d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, and representatives of the public health community.

The PHP applied for CEPH accreditation in 2008 and in 2010 withdrew after the site visit and the CEPH team report. During that accreditation time attempt, the PHP was in the process of adding two MPH track and beginning a doctoral program conferring a DrPH in Epidemiology. The PHP was not ready to provide the needed evidence for the new offerings that would meet CEPH criteria. In 2010, the President of PSMHS commissioned an external consult to make recommendations that would assist the public health program in becoming fully accredited by the Council on Education for Public Health (CEPH). Her input guided the PHP’s attention to key problem areas in the program itself and in the document preparation. Her advice to the PSMHS President encouraged some needed change in the administrative, finance and logistic areas. Both reports (CEPH and consultant) were used to improve PHP to fulfill CEPH accreditation criteria.

A sub set of faculty, led the PHP Director, Prof Velez and work-study students, reviewed the previous self-study, analyzed changes needed in the program and shepherded the options, decisions and approvals through the faculty body and through PSMHS review mechanisms. Because of the scope of the self-study task, all faculty were engaged in this process and decisions were primarily made in the full faculty meetings.

As expected, preparation for this CEPH self-study was an opportunity to review the PHP deeply, from a big picture as well as the detail perspective. The PHP has prepared its self-study document in accordance with CEPH accreditation criteria. This self-study document illustrates a process of gathering and analyzing information to provide evidence of fulfillment of CEPH accreditation criteria through qualitative and quantitative assessment methods. The process began 15 months ago and the written document took seven months to complete. During this process, the PHP has had the opportunity to update policies and make sure mission, goals, objectives and evaluation measures are consistent. Strengths and weaknesses of the program are included at the end of each section of this self-study, as well as the PHP’s plans to overcome identified weakness.

During this process, it was necessary to modify some programs and policies to clarify and assure that all official documentation is congruent. PSMHS institutional offices have been very responsive to PHP requests for information. All full-time PHP faculty members participated in writing the self-study documents under the oversight of the PHP director and the ad hoc CEPH committee. The faculty were divided into small work groups according to the four major areas in the accreditation guide. Each group agreed to establish its own working dynamic but every faculty was responsible to gather information and develop at least one section of the self-study. The PHP director monitored progress and integrated sections in a common voice, while verifying consistency through the document.

The responses to previous CEPH recommendations are summarized as follows:

- Lack of Consistencies in verbalizing Vision, Goals and Objectives: Revision of vision, mission, goals and objectives were completed with participation of all faculty members.
We have explained in section 1.1 how public health goals are different but contribute to institutional goals.

- Faculty/Student Ratio: This is a challenging issue but PHP has been doing an active recruitment for faculty filling the vacancies and increasing their adjunct resources, with four new faculty members hired in the last year. Section 1.7 details the student – faculty ratio and the PHPs actions and plans to continue to lower the SFR.

- Practicum and Culminating Experience were previously mixed: Now we have defined each with distinct and clear differentiation between the practicum experience and culminating experience. (see section 2.4 & 2.5).

- Previous CEPH concerns with lack of competency base and clarity in the general track and overlap of DrPH courses with MPH level courses has been addressed through a major curriculum review. PHP competences were identified as primary or reinforcing in each course that allows evidence consistency and coherence between curriculum and competence expectations. The management and behavioral science, previously the weakest areas, are reinforced with new faculty and course offerings. The MPH general track was revised to include more but broad requirements, developing it into a distinct and competency based track. The DrPH curriculum is now complete with only DrPH level courses.

- The research portfolio at the PSMHS PHP is acknowledged to be small. The PHP is working on expanding the research portfolio, with special attention to bringing our public health perspective to our collaborative research with clinical and biomedical partners. The actions taken since the last CEPH are beginning to show in the increased publications, increased proposals submitted and a recent $600,000 dengue surveillance award from CDC.

- The CEPH committee solicited external assistance in editing critical chapters from institutional editorial assets. The Academic Dean made her administrative assistant available for the final editing, printing and binding of the Self-Study to ensure a more professional final document.

- The PHP worked diligently to provide opportunities for input into this self-study document. There were three major mechanisms: through data collection, participating in writing the document and reviewing document for recommendations and editing. All constituencies participated in providing information through surveys, telephone interviews and individual or group meetings. Two work study students supported tracking documents, compiling data request and assembling the document.  The larger student body was updated regularly on progression towards completion of needed changes and finishing the self-study document.

- The draft self-study was posted on the PHP web-site with a special welcome from the PHP Director and a request to make anonymous comments to the program and directly to the CEPH (address posted). Separate chapters were posted, as well as the entire document, to make it easier for reviewers to choose areas of their interest. Announcements of the self-study posting were sent to the entire PSMHS community, the Board of Trustees, PHP community and professional partners. PHP students agreed to divide up responsibilities to review and comment on the self-study. An anonymous posting box received only a few comments. One reviewer made extensive content and editorial comments.
e. **Assessment of the extent to which criterion is met.**

The criterion is met.

**Strengths**
- The PHP has incorporated multiple methods of evaluating goals and objectives.
- Various constituencies, especially students, participate in the monitoring process and planning decisions.
- The strategic planning produced a clear continuum from mission to evaluation measures.
- The PHP has identified appropriate indicators and targets to measure the PHP’s progress towards our desired goals.
- The course and syllabi evaluation validated that the PHP does offer a competency-based curriculum. All required courses have clear learning objectives that contribute to the programs overall goals and objectives for student learning.
- The program has evolved from a problem-solving evaluation methodology to a planned evaluation strategy with a developed system for collecting, analyzing, interpreting and acting upon available data.
- A regular PH Evaluation process and committee is in place with clear evaluation time frames and review process that provide information for planning and problem solving in a prompt manner.
- There is a strong relationship between PHP and the Institutional Evaluation Office. This allows the PHP to respond quickly to any revised procedures and more importantly allows the PHP skills to improve institutional evaluation procedures as well.

**Weaknesses**
- Some processes are new and the program needs to analysis them to ensure the usefulness and the completeness of the data gathering.
- Some indicators are new. The baseline data is either from 2012 or will be available for the AY2013 academic year.

**Plans**
- The PHP evaluation committee plans to regularly present trimester and annual evaluation information to the faculty and other constituencies. Informing them about progress and problems identified.
- The PHP will consider developing an official External Advisory Committee to offer insight in the planning and evaluation process, as well as to identify gaps in information needed to make informed decisions.
1.3 Institutional Environment

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

The Public Health Program is an integral part of Ponce School of Medicine and Health Sciences (PSMHS), a non-profit corporation organized under the laws of the Government of Puerto Rico and of the internal Revenue service for the purpose of establishing and operating PSMHS. It is accredited by the Middle States Commission on Higher Education and the Puerto Rico Council of Higher Education.

The Ponce School of Medicine Foundation, a non-profit organization was established in January of 1980 for the purpose of providing continuity to the Medical Education Program (MD Program), originally developed by the Pontifical Catholic University of Puerto Rico in 1977.

In July 1980, the Council of Higher Education of Puerto Rico (CHE-PR) authorized the Foundation to operate the Ponce School of Medicine. In 1981, the Liaison Committee on Medical Education (LCME) accredited the school to grant the MD degree. The new administration, governed by a Board of Trustees, successfully launched the new free-standing School of Medicine.

Recognizing the need to establish a research program, the School applied for funds under the Minority Biomedical Research Support Program (MBRS) and the Research Center in Minority Institutions (RCMI) Program in 1983. The award of both grants permitted the faculty to undertake basic research activities.

The new campus for Ponce School of Medicine was inaugurated in January 1995. The facilities include a research building, a library building, classrooms, a teaching laboratory, and the Gross Anatomy building. By 1999 the campus has expanded to include the Clinical Psychology. Since July 2010 “Health Sciences” was added to its name to cover the disciplines that have been added such as Biomedical Sciences, Clinical Psychology, and Public Health. The Public Health Program moved to its new facilities in 2011.

PSMHS had a Fifth Pathway academic program that allowed foreign medical graduates a year of supervised clinical training that allowed them to be eligible for US residency programs accredited by the Accreditation Council on Graduate Medical Education (ACGME). The program began in 1971 and ended in 2010.

**Medicine Program**
The Medical Education Program at Ponce School of Medicine is a 4-year program with emphasis in primary care, and duration of 152 weeks. It grants a doctor of medicine degree (M.D.). The Program consists of two years of pre-clinical (basic science) courses in the core disciplines of Gross Anatomy, Histology and Cell Biology, Biochemistry, Physiology, Pathology, Pharmacology and Microbiology/Immunology, as well as Human Genetics and Neuroscience.

Courses in Pathophysiology, Introduction to Clinical Medicine, Behavioral Sciences and Basic Psychiatry begin to link academic content to clinical experience, as do longitudinal programs in preventive and community medicine, problem-based learning and medical ethics which are integrated throughout the program.

The third year provides the core clinical clerkships, Pediatrics, Internal Medicine, Obstetrics and Gynecology, Family Medicine, Psychiatry and Surgery. The fourth year complements these core
clinical experiences with Internal Medicine, Emergency Medicine, Radiology, Surgical Subspecialties and Primary Care Selectives. Five months of elective rotations provide additional clinical experiences in several subspecialty fields. A five year program is offered in which the first two years are extended to three. The program currently has 353 total faculty some of them with dual appointment with the Biomedical program and/or institutions and 279 students.

**Biomedical Program**

The Graduate Program in Biomedical Sciences was initiated in 1988, and in 1992 the Council of Higher Education of Puerto Rico (CHE-PR) accredited the PhD Program and authorized PSM to award PhD degrees in Biomedical Sciences. The Graduate Program in Biomedical Sciences is an integrated, multidisciplinary interdepartmental program designed to provide trainees with a broad-based two year core curriculum followed by advanced courses and dissertation research leading to the Doctor of Philosophy (PhD) degree. Most faculty in this program have dual appointment with the Medicine program. The Biomedical program currently has 28 students.

**Clinical Psychology Program**

The Clinical Psychology program was created in 1998, begun during the AY 2000 after authorization from the CHE-PR. This program was accredited in 2004 by the American Psychological Association (PEC). In January of 2000, the Program was accepted as Associate Member of the National Council of Schools and Programs in Professional Psychology. The American Psychological Association (APA) granted the program its accreditation in 2004. The program curriculum is based on a bio-psycho-social- systemic theoretical foundation and teaches its students the clinical practice needed to address the needs of diverse populations living in contemporary societies. The program currently has 24 total faculty and 232 students.

**Public Health Program**

In the year 2000, the Puerto Rico Council on Higher Education accredited a newly developed the Public Health Program at PSMHS Awarding the first 30 students with MPH degrees in August of 2002. This initial program was completed in two consecutive academic years organized in six trimesters. New MPH tracks in environmental health and epidemiology were added and in 2007 the Public Health program expanded its academic offer by developing a DrPH program in Epidemiology. As of August 2012, the PHP has a total of 15 primary and 26 secondary faculty and 121 students.

**Accreditation**

Ponce School of Medicine and Health Sciences and its programs are accredited by:

- The Middle States Commission on Higher Education (MSCHE)².
- The Liaison Committee on Medical Education (LCME)³.
- The Clinical Psychology Program is accredited by the American Psychological Association (APA)⁴.
- The Psychiatry Residency Program have Full Accreditation by the Accreditation Council for Graduate Medical Education (ACGME)⁵ effective October 29, 2004.

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² Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104. [http://www.msche.org](http://www.msche.org)
³ The Liaison Committee for Medical Education (LCME) is jointly sponsored by the Association of American Medical Colleges (AAMC) and the Council on Medical Education of the American Medical Association (AMA); Association of American Medical Colleges, 2450 N Street, N.W., Washington, DC 20037. [http://www.lcme.org](http://www.lcme.org); American Medical Association, 515 North State Street, Chicago, IL 60610
⁴ American Psychological Association, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC.
⁵ Accreditation Council for Graduate Medical Education, Suite 2000, 515 North State Street, Chicago, IL 60610-4322.
– The Continuing Medical Education Division is accredited by the Accreditation Council for Continuing Medical Education (ACCME)\(^6\) effective on July 14, 2006.
– The Master in Public Health Program is accredited by the Council on Education of the Commonwealth of Puerto Rico (CE-PR).

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

**FIGURE 1.3.1 Administrative Organizational Chart**

Ponce School of Medicine and Health Sciences

The Board of Trustees is the governing body of PSMHS. The Bylaws of PSMHS Foundation Inc. and the Rules and Regulations of the Board of Trustees were last amended on June 19, 2001 and are under review in 2012. They delineate the governance structure of the Ponce School of Medicine and Health Sciences and clearly define the authority, composition, duties and responsibilities of the board members and the President-Dean.

The Bylaws of PSMHS Foundation define the President-Dean as the chief academic and executive officer of the institution. The President-Dean is responsible for administering the affairs of the institution and exercising those functions, duties, and privileges normally associated with such position, such as setting policies, appointing all academic and administrative personnel and controlling the administration of the budget.

The organizational structure of PSMHS is shown in the following organizational charts. Figure 1 shows the organization of PSMHS and the relationship between the Board of Trustees, the President, and the three Deans and Provost: Dean of Medicine, Dean of Health Sciences/Dean for Academic Affairs, Assistant Dean for Administration and Finance, and Provost for Research.

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\(^6\) Accreditation Council for Continuing Medical Education, 515 N. State Street, Suite 2150, Chicago, IL 60610, [http://www.accme.org](http://www.accme.org)
c. Description of the program’s involvement and role in the following:

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

Annually the Director of the Program develops a budget that is discussed, sent to the Dean of Health Sciences and reviewed with the Budget Office and President/Dean (See section 1.6 finances). The Board of Trustees has final approval authority over the PSMHS institutional budget.

Most of the funds generated by the program are allocated directly to the PHP. Funds generated by tuition, minus the school fees, are used by the Program to cover its expenditures. In addition, payments made by hospitals of the consortium or other consultative services are included in income and distributed in expenditures to faculty providing consultative services. Research funds are only incorporated into program income revenue if the Primary Investigator is part of the PHP. Otherwise, only the salary component is reflected in the income and expenditures of the program. Allocation of some portion of the research indirect cost recoveries is currently under discussion between the PHP Director, the Dean of Health Sciences, the budget office and the acting President (see 1.6 finance and 3.1 research sections).

The PHP works with designated staff in the Office of the President and Budget Office on cost savings and fund-raising opportunities.
Personnel Recruitment, Selection and Advancement, Including Faculty and Staff
The Director of the Program together with the primary faculty, identify the need for new faculty based on the student faculty ratio, the course coverage needs and available funding. The chair of the PHP faculty recruit committee and the PHP Director develop a job description. The Program the Director requests the position based on the PHP needs and justifies it to the Dean for Health Sciences with review by the President/Dean. Subsequently a committee is appointed for the selection and recruitment of the new faculty. The recruitment process includes active national and international searches, advertisement in professional journals and websites. Sometimes, the PHP may identify faculty with a primary appointment in another department of PSMHS with education in public health or with broad experience in public health that may be interested in being part of the Program, usually as secondary faculty. Also, the Director of the Program recruits secondary faculty with experience in public health from the community to enhance the collaboration in teaching and research.

Once a list of candidates is obtained, curriculum vitae are reviewed and a short list of candidates developed for further evaluation, including personal interviews. Candidates are reviewed for their public health experience, degree qualifications and the extent to which they meet the program needs. During the interview process, the faculty recruit committee further investigates the candidate’s research interests, teaching capability and willingness to relocate and invest in the PSMHS PHP. Candidates approved by the faculty recruit committee are submitted to the Director of PHP with the recommendation for hiring. The Director reviews the candidate qualifications and conducts an interview. The PHP Director forwards the hiring recommendation from the committee, the position function description, CV and draft offer letter to the Dean of Health Sciences. The PHP director consults with her on the final position description, responsibilities and salary to be offered to the faculty candidate. The final offer letter is sent by the PSMHS President. Office staff is hired by with the Director of the PHP from candidates forwarded from the Office of Human Resources.

Evaluation of Faculty. All faculty members must be evaluated by their program annually (see 1.2 faculty evaluation form in Resource file). The evaluation is done following guidelines developed by the previous Office of the Associate Dean for Faculty and Clinical Affairs and the Associate Dean for Academic Affairs (which is now the responsibility of the Dean of Health Sciences). The evaluation must include evidence of participation by the faculty member in the following activities: academic, administrative, research and service. The regular annual evaluation will be used for promotion considerations and for recommending contract renewal and/or merit pay increases. The evaluation must be signed by the faculty member and the program director and is sent to the Dean of Health Sciences and the President/Dean for final approval. A copy of the evaluation report and the program’s recommendations must be filed within the faculty member’s program, and at the Human Resources Department.

Faculty Promotions. All nominations for faculty promotion originate with the program director. Each program must follow specific instructions as to the method of evaluation and specific criteria to be used within the program for promotion and retention. These methods and criteria must adhere to the general Ponce School of Medicine and Health Sciences guidelines. The recommendation for PHP faculty promotions is submitted to the Dean of Health Sciences. The Assistant Dean will then refer the recommendations for promotion to the PSMHS Faculty Promotion Committee for their evaluation and recommendation. The committee reviews all submitted recommendations at the next scheduled meeting and forward its recommendation to the President for approval. However, any faculty member whose promotion has not progressed at the Program level may in writing, request a special evaluation by the PSMHS Faculty
Promotion Committee. All recommendations by the PSMHS Faculty Promotion Committee will be submitted to the President for final approval. See section 4.2.c for further details.

**Academic Standards and Policies, Including Establishment and Oversight of Curricula**

The Office of Associate Dean for Academic Affairs, which resides within the Dean of Health Sciences oversight, is responsible for overseeing the curriculum of all programs at PSMHS. The Public Health Curriculum Committee approves any modifications of the PHP curriculum, this proposed modifications are then sent for approval to the Director of the PHP program and subsequently to the Academic Senate, which has representation of two faculty members and one student of the Public Health Program. The academic standards are governed by the policies outlined by PSMHS in the General Catalog and on the PSMHS website. The policies that directly affect the students of the Public Health Program are included in the same.

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

Not applicable

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

Not applicable

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

This criterion is met.

**Strengths**

- The Public Health Program is an integral part of PSMHS, an educational institution accredited by the Middle States Association of Higher Education. PSMHS and the Public Health Program are also currently accredited by the Puerto Rico Council of Higher Education. The lines of communication and accountability between the program and the institution are clear and functional.
- The policies and procedures are clear and permit the recruitment, retention, and development of the faculty, and students, and the development and evaluation of the curriculum.

**Weaknesses**

- Previously, institutional financial constraints led to limitations on opportunities for promotion and development of PHP faculty. Despite this, PSMHS has recently re-instituted promotion review but without an increase in compensation.

**Plans**

- Several faculty members have requested promotion review, which may now proceed.
1.4 Organization and Administration

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

The Master Program in Public Health was established in 2002, within the structure of PSMHS. In 2007 it was renamed as Public Health Program. In the past, the PHP Director had multiple direct reporting relationships: to the Associate Dean for Academic Affairs in subjects related to development, curriculum coordination, and evaluation, to the Associate Dean for Research and Graduate Studies in subjects related to search of external funds and research, to the Assistant Dean for Student Affairs in issues related to students’ grievance and policies of admission, to the Associate Dean for Faculty and Clinical Affairs in subjects related to recruitment, faculty retention and promotion and for issues related to hospitals affiliated with PSMHS, and to the Executive Dean for Administration and Finance in subjects related with finances and fund-raising. While these other Deans are still available for consultation, the reporting relationship has been simplified and clarified. In 2010, a Dean for Health Sciences was separated from the Dean of Medicine. Two programs, Clinical Psychology and the Public Health Program, then were assigned to the new Dean of Health Sciences with Bio-medical sciences and the medical school remaining under the Dean of Medicine. The PHP Director reports directly to the Dean of Health Sciences.

Administrative units of PSMHS continued to support programs under both Deans of Medicine and Health Sciences. Requests for assistance to Admissions, Budget or Human Resources would go through the Dean of Health Sciences. Major policy decisions or requests with significant monetary impact would go to the President/Dean of Medicine after review by the Dean of Health Sciences. This reporting structure reduced the domination of the medical school over the other programs since they now had their own Dean to represent their interests. This organizational structure also retained common access to appropriately shared infrastructure and administrative services. The small size of the school and collaborative cultural norms also promote easy access to other parts of PSMHS and flexible responsive problem solving, as needed.

The Director of the Program is the one responsible for the day to day administration of the Program. She leads strategic planning and the development planning of any new programs together with active participation of the faculty and student representatives. New policies and procedures are brought to the Dean of Health Sciences. If needed, the PHP Director and/or Dean of Health Sciences bring them for review or approval, to the President or other governing bodies of PSMHS.

The Responsibilities of the Director are

- Provide vision and strategic planning guidance to the PHP faculty and students
  - Instigate regular strategic planning that encourages full faculty participation in pursuing PHP goals or problem solving PHP challenges
  - Implement and develop the mission, goals and objectives of the Program in consonance with the mission and goals of the PSMHS
- Assure the quality of the education, research, and service
  - Guide program improvements:
    - Addressing PSMHS requirements
    - Addressing previous CEPH concerns
– Ensure that the curriculum incorporates public health competencies and that students achieve proficiency in the chosen competencies
– Plan the academic year.
– Review course evaluations every trimester and address any problems identified.

• **Oversee and manage the PHP resources**
  – Develop the necessary structure and resources in the PHP to ensure the success in the recruitment and retention of students, faculty retention, and development of the program evaluation and planning.
  – Prepare and negotiate the annual budget to ensure adequacy for upcoming year activities.
  – Manage expenses
  – Pursue income generating activities consistent with PHP goals and objectives
  – Report on PHP annual achievements and limitations through the PSMHS annual report.

• **Oversee, manage and mentor the PHP faculty**
  – Develop a stable faculty that permits the balanced development of the Program
  – Ensure that the faculty has the necessary knowledge and experience.
  – Work with faculty on annual work-plan including faculty development plans and evaluate faculty annually

• **Coordinate activities with other Programs and Departments of PSMHS, with institutions external to PSMHS and with public and private agencies at local, national and international level.**

• **Oversee accreditation process and maintain the accreditation standards once obtained.**

---

**FIGURE 1.4 Public Health Program Organizational Chart**

- **Dean for Health Sciences**
  - Dr. Olga Rodriguez, MD, FAAP

- **Director**
  - E. Anne Peterson, MD, MPH

- **Administrative Staff**
  - Ivette Ponce
  - Khrystle Feliciano

- **Epidemiology: DrPH & MPH**
  - Johnny Rullan, MD, MPH
  - Iván Iriarte, MD, MS
  - Diego Zavala, PhD, MSc
  - Lisa Norman, PhD, MA
  - E. Anne Peterson, MD, MPH
  - Brenda Rivera, DVM, MPH
  - Ruby Serrano, DrPH, MSc
  - Enijar Hassan, DrPH, MS

- **General Track**
  - Vivian Green, PhD, MSc
  - Rafael Bredy, MD, MB, MScCR
  - Miguel Marrero, PhD(c)

- **Environmental Health**
  - Mayra Roubert, MS, DrPH
  - Adalberto Bosque, PhD, MBA
  - Himilce Velez, DrPH(c)

- **Committees**
  - Admissions
  - Curriculum
  - DrPH
  - Practicum
  - Promotion
  - Evaluation
  - CEPH
  - Faculty Recruit

- **Support Staff**
  - Vivian Green
  - Miguel Marrero
  - Lisa Norman
  - Himilce Vélez
  - E. Anne Peterson

38
The management of the program is organized by academic units, each with a Coordinator. There is a coordinator for each of the three second year tracks and the DrPH program. Until fall of 2012, there was additionally a first year coordinator position that has now been consolidated with the General Track Coordination position. The track coordinators are available to advise students in track specific questions and they have a major responsibility to coordinate the development of track specific curricula and organize roster of teaching faculty for each year. The Track Coordinators have the responsibility of assuring their goals are met, and providing support to the Director of the Program.

**Role of First Year Coordinator**

Prof. Himilce Vélez was the first year track coordinator. During the first year and general track navigation revision she oversaw that process and guided students through the common first year and new faculty advisor system. She prepared, coordinated and conducted the PHP orientation for the incoming students. She teaches several of the first year courses, learns each student by name and background. During this first year, she has had an open door for advising, problem solving and encouraging the new students. Near the end of the second trimester of the first year, she administers a Moodle based survey about student interests and potential track choices. This is followed by individual meetings with every student to make recommendations to the PHP Director on appropriate faculty advisor assignments (See Section 4.4 student advising). As these change processes have been completed and given that the first year is essentially a general track year (students don’t choose their track until the end of this first year), the role of first year coordinator has been combined with the general track coordination position (see track coordinators below).

**Roles of Track Coordinators**

Many of the roles of the Track Coordinators are common to each track. Each track coordinator assures that the courses and course instructors are prepared for the upcoming academic year or trimester. In the past, the track coordinators were also the faculty advisor for students who chose their track. That advising is now addressed via the new advising system and track coordinators will be matched to students in their track of interest just as any other faculty member is matched to students by interest. The track coordinators also lead the other faculty members for that track in any curricular changes. If a change made in any track requires PSMHS Senate review, the track coordinator is responsible for coordinating the curricular review and making recommendations to the curriculum committee with all the necessary documentation. Similarly, in the recent updating or regularizing of course syllabi each track coordinator is responsible for completion of the revisions for courses within their track. The faculty within the DrPH and MPH epidemiology tracks are shared with the leadership of epidemiology discussions varying depending on the student body concerned. In addition, because of the size of the DrPH program this particular track has an associated committee. The DrPH track committee chairs that DrPH committee. The Epidemiology track is under the leadership of Dr. Diego Zavala. Dr. Mayra Roubert leads the Environmental Health Track. Prof. Miguel Marrero is now first year and General Track Coordinator. Dr. Vivian Green is the DrPH Track Coordinator.

**Role of Practicum and CE Coordinators**

These coordination positions require interfacing with all of the rest of the PHP faculty. The Practicum and CE Coordinator oversee their respective practicum and CE activities and are charged with the development and oversight of the revised culminating experience and practicum requirements of the PHP. The Practicum Coordinator chairs the Practicum Committee and the CE Coordinator interfaces with the standing Curriculum Committee. (see section 1.5 Governance). The Coordinators are also responsible for all faculty and student preparation and
the implementation and grading metrics of the CE and practicum. (See sections 2.4 Practicum skills and 2.5 Culminating experience)

Public Health Program Committees (See section 1.5 Governance)
Committees are a key ingredient to the work and functioning of the PHP program. Each committee includes several faculty members and usually at least one student. A designated Chair or Coordinator leads the committees. The PHP has six standing committees: curriculum, admissions, program promotion, DrPH, evaluation, and practicum committees. The PHP also has two ad hoc committees: faculty recruit and CEPH. The role of the standing committees is to meet regularly, discuss program successes and challenges and make recommendations to the PHP Director or raise issues to the faculty body for more general discussion or resolution. Each committee has specific tasks linked to the academic calendar year and key events. In addition, the PHP, the faculty body or the committee itself may request of its members additional tasks, reviews or problem resolution as situations arise, functioning in part as a problem solving working group for the larger faculty body.

The ad hoc committees are constituted for a period of time to address specific issues. The faculty recruit committee has become, de facto, a standing committee, as there is continued to recruit additional faculty to reach our full complement. Once the full complement is reached, this committee will meet as needed for recruits due to faculty turnover. The CEPH committee was constituted to meet the needs for leadership and oversight of the massive self-study review. This committee will continue until all CEPH concerns or actions have been addressed.

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

The Public Health Program promotes the participation of its faculty through participation in PSMHS institutional committees, shared teaching and joint research applications. In addition, sharing across programs of administrative issues, sharing of strategic ideas or results of pilot projects takes place during the monthly Dean and Directors meeting convened by the Dean for Health Sciences. The various activity areas below are supported and encouraged by the PSMHS leadership and the PHP Director.

Institutional Committees: The PHP faculty members participate in many institutional committees, in many, playing key leadership roles. These are opportunities for the PHP to contribute to the overall success of PSMHS and to build relationships across the institution. (See 1.5 Governance)

Collaborative Teaching: PHP faculty have taught research methods in the Biomedical (PhD), survey design for the PsyD program and regularly teach clinical, research methods and public health or community health courses in the MD Program. Faculty from the Psychology Department have taught mental health sessions for PHP students. PSMHS administrative staff teach, as guest faculty, writing and program courses for MPH students and research faculty have taught DrPH level grant writing courses.

Joint Research Proposals: PHP faculty member are key personnel on funded grants where the PI is in the biomedical sciences, contributing our epidemiology, biostatistics or social community expertise to larger grants. The PHP Director is PI on a recently funded CDC grant. This is a collaborative effort with medical school personnel and the nearby San Lucas hospital system. Other grant proposals have been submitted together with the Regional Extension Center, REC, on potential proposals for diabetes management using electronic medical records.
There are additionally on-going discussions about collaborative proposals with the REC together with Yale/New Haven. There are also joint proposals in process with other external partners. The environmental health faculty partner extensively with local entities, such as EPA, Environmental Quality Board and local CBOs, often receiving in-kind contributions to these collaborative environmental health projects. (see sections 3.1 research and 3.2 service). In addition, there are joint proposals underway with other institutions: a superfund environmental health grant with the University of Miami and obesity prevention and nutrition with the George Washington University.

Faculty members of the Program collaborate as advisors on research of the students of the Clinical Psychology Program and of the MD Program. The faculty members are also involved as advisors in projects for basic sciences research. Several more faculty represent PSMSHS on various committees and activities of the Puerto Rico Clinical Translational Research Consortium which trains, reviews and grants research proposals from all three participating institutions.

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

This criterion is met.

**Strengths**
- The responsibilities, administration and organization of the Program are clear and they are well defined in the context of PSMHS. The Program has gained independence and stature within PSMHS with the division of the Dean positions.
- The requisite structures, policies and procedures are in place to retain functionality as the program grows.
- The PHP's organizational structure encourages full faculty participation in program decisions; this facilitates flexibility and stronger ownership of decisions and change. The committee composition has recently been revised to better match faculty expertise to committee work, add students and incorporate new faculty into committee responsibilities.
- PHP faculty members are valued contributors to PSMHS committees, strategic planning and policy review.
- The policies and procedures to deal with the ethical problems, discrimination, and undesirable behaviors are written and they are clear. The students receive training in privacy, confidentiality, and ethics.

**Weaknesses**
- The PHP program had only interim leadership for two years until 2011. In order to build trust with faculty, the PHP Director opted for “over inclusiveness” in decision-making which reduced the pace of decision-making and needed change. Most but not all needed changes have now been accomplished.
- External input on strategic changes has been accomplished through consulting other parts of PSMHS, partner community organizations, other health related professional and the Board of Trustees. It has been difficult to engage these groups deeply. An advisory committee suggested previously has never been established and may be necessary.

**Plans**
- The PHP will seek to establish a reliable way to obtain external consultations on the PHP, including the possibility of creating an Advisory Committee made up of members of the community.
1.5 Governance

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

The faculty and students of the PHP participate in the committees listed below,

Standing
- Public Health Student Admissions Committee
- Public Health Curriculum Committee
- DrPH Committee
- Practicum Committee
- Public Health Program Promotion Committee
- Public Health Evaluation Committee

Ad hoc Committees:
- Public Health Faculty Search Committee
- Public Health Program Accreditation Committee

Public Health Student Admissions Committee
This Committee has the responsibility of maintaining the quality in the recruitment of the students and adhering to the policies of admission of the Public Health Program. Both, the policies of admission of the Program and of PSMHS are periodically reviewed. The Student Admissions Committee is shown in the table below. This committee meets in the month of July to review and approve/reject applications for admission to the PHP:

<table>
<thead>
<tr>
<th>Name</th>
<th>Constituency</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iván Iriarte, MD, MS (Chair)</td>
<td>Primary Faculty</td>
<td>Assoc. Professor PHP</td>
</tr>
<tr>
<td>Wanda Vélez, MD</td>
<td>Director of Admissions</td>
<td>Director of Admissions</td>
</tr>
<tr>
<td>Vivian Green, LND, MS, PhD</td>
<td>Primary Faculty</td>
<td>Assoc. Professor PHP</td>
</tr>
<tr>
<td>Mayra Roubert, MS, PhD</td>
<td>Primary Faculty</td>
<td>Assoc. Professor PHP</td>
</tr>
<tr>
<td>Miguel Marrero, PhD</td>
<td>Primary faculty</td>
<td>Instructor PHP</td>
</tr>
<tr>
<td>Siomara Pérez</td>
<td>M.P.H. Student</td>
<td>Class of 2013</td>
</tr>
</tbody>
</table>

Public Health Curriculum Committee
This committee discusses development, evaluation, and planning of the curriculum. The recommendations of new courses and tracks are subsequently dialogued with the students in the Director’s Hour. Once the decision to modify some component of the curriculum is made, a written report is submitted to the Curriculum Policy Committee of PSMHS. After approval by this committee, the report is submitted to the Academic Senate for final ratification and recommendations to the President/Dean. The composition of the Curriculum Committee of the Public Health Program is shown in the Table below. This committee meets once per trimester and more extensively in the summer to plan out the year’s course navigation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Constituency</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayra Roubert, MS, DrPH (Chair)</td>
<td>Primary Faculty</td>
<td>Assoc. Professor PHP</td>
</tr>
<tr>
<td>Vivian S. Green, LND, MS, PhD</td>
<td>Primary Faculty</td>
<td>Assoc. Professor PHP</td>
</tr>
<tr>
<td>Diego Zavala, MSc, PhD</td>
<td>Primary Faculty</td>
<td>Assoc. Professor PHP</td>
</tr>
<tr>
<td>Miguel Marrero, PhD Candidate</td>
<td>Primary Faculty</td>
<td>Instructor PHP</td>
</tr>
<tr>
<td>Lorraine Rios Martinez</td>
<td>Student</td>
<td>MPH 2013</td>
</tr>
</tbody>
</table>
DrPH Program Committee
This new committee divides the responsibilities of routine managing the DrPH track into three general areas headed by the designated faculty memeber of the committee. Dr. Green, as DrPH Track Coordinator, oversees the student logistics of tracking phase progression, grades, setting up proposal and final dissertation defense. Dr. Rullan guides the assessment of competency coverage and assessment including the planning and review of the comprehensive exam content and dissertation guidance. Dr. Serrano reviews, guides and assesses the quantitative aspects of DrPH courses, dissertation guidance and content. Strategic planning is guided by the PHP Director. Decisions, guidance or new directions can be brought by the appropriate faculty to the full committee for discussion and decision. Major recommendations of the committee are brought to the full faculty committee for review and discussion. This committee meets at least once per trimester and additionally as needed.

<table>
<thead>
<tr>
<th>Name</th>
<th>Constituency</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivian Green (chair)</td>
<td>Student Logistics</td>
<td>DrPH Track Coordinator</td>
</tr>
<tr>
<td>Johnny Rullan</td>
<td>Competency QA</td>
<td>Epi track faculty</td>
</tr>
<tr>
<td>Ruby Serrano</td>
<td>Quantitative QA</td>
<td>Epi Track faculty</td>
</tr>
<tr>
<td>Anne Peterson (ad hoc)</td>
<td>Strategic planning</td>
<td>PHP Director</td>
</tr>
<tr>
<td>Melissa Marzan</td>
<td>DrPH Student</td>
<td>DrPHc</td>
</tr>
</tbody>
</table>

MPH/DrPH Program Practicum Committee
The Practicum Committee was instrumental in the redesign of the PHP practicum, developing the policies and procedures and training materials. The committee will continue evaluating the current guidance and revising as needed. The on-going work of the Practicum Committee is to evaluate (accept or decline) all the practicum plans, site preceptors’ candidates and possible practice sites. Where applicable, the committee can make recommendations to the student, preceptor or site in order to deal with any problem that may arise. While independent from other faculty committees, the practicum manual endorsed the inception of the Practicum Committee. This committee meets once per trimester.

<table>
<thead>
<tr>
<th>Name</th>
<th>Constituency</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miguel Marrero, PhDc (Chair)</td>
<td>MPH Practicum Coordinator</td>
<td>Instructor PHP</td>
</tr>
<tr>
<td>Brenda Rivera</td>
<td>DrPH Practicum Coordinator</td>
<td>Ass. Professor PHP</td>
</tr>
<tr>
<td>Veronica Frasqueri Quintana</td>
<td>Student curricular representative</td>
<td>MPH Class of 2014</td>
</tr>
</tbody>
</table>

Public Health Program Promotion Committee
This committee is in charge of activities to recruit students and promote the PHP at universities and other public forums, including the use of social media. This committee develops promotional materials, plan outreach events and make sure that the PHP web-site and Facebook page are current and interesting. Public outreach activities include seminars and lectures about Public Health and job opportunities in Public Health. During these activities PHP promotional materials are distributed and all faculty are invited to participate. (See Section 4.3 student recruitment and admissions). This committee meets at least once per trimester and more frequently from January to May during the student recruitment season.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Norman (chair)</td>
<td>Event planning</td>
<td>Assoc. Professor PHP</td>
</tr>
<tr>
<td>Mayra Roubert, MSc, PhD</td>
<td>PSMHS Recruit rep</td>
<td>Assoc. Professor PHP</td>
</tr>
<tr>
<td>Adalberto Bosque</td>
<td>Outreach activities</td>
<td>Assis. Professor PHP</td>
</tr>
<tr>
<td>Diego E Zavala, MSc, PhD</td>
<td>Webpage</td>
<td>Assoc. Professor PHP</td>
</tr>
<tr>
<td>Alexandra Rodrigues</td>
<td>Student</td>
<td>MPH Class of 2013</td>
</tr>
</tbody>
</table>
**Public Health Evaluation Committee**

The PHP Evaluation Committee is made up of three faculty members and a student representative. The chair of the committee has also recently been asked to oversee the PSMHS evaluation work. The committee is responsible for regular evaluation of all the indicators described in section 1.2 as well as compiling the PSMHS annual report and any additional ad-hoc evaluation needed for problem solving or strategic planning. They also review how well our evaluation tools are working to obtain data on our desired objectives and indicators, making recommendations to the PHP Director and faculty as needed. This committee meets once per trimester and more extensively in the summer for the annual review.

<table>
<thead>
<tr>
<th>Name</th>
<th>Constituency</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Himilce Velez, PhDrC (chair)</td>
<td>PSMHS Evaluation Lead</td>
<td>PHP</td>
</tr>
<tr>
<td>E. Anne Peterson MD, MPH</td>
<td>Primary Faculty</td>
<td>Director</td>
</tr>
<tr>
<td>Rafael Bredy</td>
<td>Primary Faculty</td>
<td>PHP</td>
</tr>
<tr>
<td>Glenda Torres</td>
<td>DrPH Student</td>
<td>PHP</td>
</tr>
</tbody>
</table>

**Ad Hoc Committees**

**Public Health Faculty Recruit Committee**

The PHP has a constituted faculty search committee (see table below), that interviews potential candidates for faculty positions. This committee issues recommendations to the Director of the PHP who in consultation with the Dean for Health Sciences of the PSMHS ultimately decides on hiring new faculty including salary and benefits levels. Meetings are called as needed by the chair of the committee.

<table>
<thead>
<tr>
<th>Name</th>
<th>Constituency</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adalberto Bosque (chair)</td>
<td>Primary Faculty</td>
<td>Assistant Professor</td>
</tr>
<tr>
<td>Raul Armstrong</td>
<td>Associate Dean</td>
<td>PSMHS Academic Dean Representative</td>
</tr>
<tr>
<td>Johnny Rullian</td>
<td>Primary Faculty</td>
<td>Professor</td>
</tr>
<tr>
<td>Nancy Jimenez</td>
<td>Student</td>
<td>DrPH student</td>
</tr>
</tbody>
</table>

**Public Health CEPH Preparation Committee**

This committee was constituted to guide and oversee the current CEPH self-study process. Under the oversight of the program director, the CEPH committee divided up responsibilities for initial section drafts and review processes. The committee assembled, reviewed and sent final document to the PHP Director for final review. The committee chair corresponds with CEPH and responds to queries. The committee has met on a frequent but ad hoc basis for the last year and a half. It will remain in effect until final CEPH decision and all relevant actions are complete. The committee will be reconstituted about two years prior to the next CEPH SS.

<table>
<thead>
<tr>
<th>Name</th>
<th>Constituency</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Anne Peterson MD, MPH (chair)</td>
<td>Primary Faculty</td>
<td>PHP</td>
</tr>
<tr>
<td>Himilce Velez, DrPHc</td>
<td>Primary Faculty</td>
<td>Director</td>
</tr>
<tr>
<td>Alessandra Rivera</td>
<td>DrPH Student</td>
<td>Student</td>
</tr>
</tbody>
</table>

The following figure a shows the process of faculty input in policymaking and governance of PSMHS.
b. Identification of how the following functions are addressed within the program’s committees and organizational structure:

The Faculty Manual reflects the procedures and policies of recruitment, retention, and development of the faculty of the PSMHS, in which the faculty of the Public Health Program is integrated (see 4.2 faculty policies and procedures Resource File).

**General Program Policy development**

The Director of the Program in consultation with PHP faculty is responsible for general program policy development. Consultations take place when necessary through monthly faculty meetings. Full faculty meetings would discuss PSMHS policies applicable to the PHP program, priorities in faculty recruit, review of the major policies brought from each and all of the individual committees.

**Planning and Evaluation**

The PHP Director is responsible to establish planning and evaluation activities with the input of faculty body, students and institutional officers. The director reports directly to the Associate Dean for Academic Affairs in subjects related to development, curriculum coordination, and evaluation. The area related to students receives input from Dean of Students and financial resources from Budget and Administrative Office. The day-to-day management of the Program is the responsibility of the Director. PHP Committee oversees curriculum, program promotion and evaluation, In the monthly meetings, faculty dialogue about new lines of action and other issues of the Program as needed. The planning and monitoring is based in the three major areas of academic excellence,
research and service. In section 1.2 specific monitoring activities and parties involved were described. Problem solving planning can occur at any time during the year. If a particular problem arises that needs a systems response, policy or major programmatic change, that problem can be raised in a faculty meeting or directly to the Program Director. The Program Director in consultation with the appropriate faculty or other parts of PSMHS will then plan the assessment, define opportunities and plan for change implementation as needed. There are three main periods of planning within the PHP.

• Planning year course navigation. Track Coordinators make initial plans and then in their roles as members of the Curriculum Committee they merge schedule, resolve overlaps and set the course navigation for the year for all tracks. Problems in class coverage are brought to the PHP Directors’ attention. This occurs in June/early July and rechecked and if needed renegotiated before each subsequent trimester.

• Faculty annual work-plans. At the end of academic year, both the faculty members and the Program Director review the past year performance, successes and challenges, and plans for the upcoming year. Each faculty member review and revise the annual its work plan to reaffirm or change goals, targets or areas of personal faculty development to be pursued. As individuals are reflecting and revising their individual plans, collective plans for the program for the upcoming year are introduced, discussed and decided on by the faculty during summer faculty meetings. Programmatic plans may be initiated by an individual, the Program Director, an idea taken from the program “parking lot” of issues and opportunities or stem from a problem identified during evaluation. Large issues that need investigation or fleshing out are sent to the appropriate committee (standing or ad hoc) or individual then brought back to the faculty meeting at a later date.

• Strategic Planning. The PHP regularly engages is long term strategic planning, for itself and during Institution-wide strategic planning. Major strategic planning efforts are usually less frequent with major strategic planning taking place about every five years. But the PHP has been growing and changing rapidly. In response to this growth and to CEPH previous comments, there has been sequential and ongoing strategic planning in the PSMHS PHP during 2011 and 2012. Major strategic work has been done on the PHP purpose, mission and vision, as well as organizational processes and strategic planning in such areas as “catalyzing research” and improving PHP fiscal situation.

**Budget and Resource Allocation**
The Director of the Public Health Program is responsible for developing the annual budget taking into account the resources of faculty, staff, equipment, material and miscellaneous. Input is requested from all faculty members on non-salary items in the budget. The budget is submitted to the Dean for Health Sciences. Any changes in the PHP budget are negotiated between the PHP Director and the administration (Dean of Health Sciences and the Budget Office) before final approval by PSMHS President and the PSMHS Board. The Director in coordination with the faculty assigns the time/effort for every faculty member in annual faculty work-plans. (see Section 1.6 Fiscal Resources)

**Student Recruitment, Admission and Award of Degrees**
The Public Health Program has a new Program Promotion Committee described above. They develop promotional materials, plan outreach events and make sure that the web-site and
Facebook page are current and interesting. (See Section 4.3 student recruitment and admissions) The Public Health Program also has a Student Admissions Committee (see part 1.5a above). This Committee has the responsibility of maintaining the quality in the recruitment of the students and adhering to the policies of admission of the Public Health Program.

The Director of the Program together with the faculty of the Program monitors the requirements of admission in coordination with the office of the Associate Dean for Students Affairs. At the end of the second year, the Associate Dean of Student solicits student nominees from the PHP as to which students should receive the academic excellence award during the graduation ceremony. The Director of PHP and the faculty seek information about graduating students’ GPA, service in public health during their enrollment in the PHP program and other academic recognitions. In the past, track coordinators made the initial recommendations for the students in their track. In the future, all faculty members will make nominations of their most excellent students. Based on these recommendations and criteria above, the PHP Director with concurrence of the faculty select the most outstanding students, one student from each track, to receive the academic excellence award; other academic recognitions are granted annually depending on the GPA.

Faculty Recruitment, Retention, Promotion and Tenure
The Faculty Manual (see Resource File 4.2 faculty policies and procedures), reflects the procedures and policies of recruitment, retention, and development of the faculty of the PSMHS, in which the faculty of the Public Health Program is integrated. The PHP has a constituted faculty search committee (see 1.5a above), that interviews potential candidates for faculty positions. This committee issues recommendations to the Director of the PHP who in consultation with the Dean for Health Sciences of the PSMHS ultimately decides on hiring new faculty including salary and benefits levels.

Faculty retention and promotion are described in Section 4.2.c. Retention issues are closely linked to income opportunities, faculty development and work environment. These are primarily discussed in the research committee (re income), strategic planning process and evaluation committee (re faculty development and income tracking) then discussed in the full faculty meetings as issues arise.

Promotions were on hold at PSMHS for a number of years for financial reasons. The opportunity to seek promotion was reinstated by the President in the summer of 2012. Faculty desiring to apply for promotion request a review to the PHP director and initiate the promotion process described in section 4.2.c. At this time, faculty who are promoted will not receive increases in base salary but will be eligible for increased compensation through their external grants.

Academic Standards and Policies, Including Curriculum Development
The Public Health Program has a Curriculum Committee (see 1.5a above), which discusses development, evaluation, and planning of the curriculum. Minor revisions of courses, regular updates or incorporation of distance learning modalities within courses is handled within the PHP. The content and competency coverage is overseen by the individual faculty instructors, the track coordinators and the curriculum committee. Quality assurance is reviewed by PHP (faculty course reviews) and tracked by the evaluation committee during trimester and annual reviews.

The office of Associate Dean for Academic Affairs is responsible for curricula in general including the master course registrations. Minor course changes, course names or numbers or adding electives can be handled between the PHP and the Academic Affairs office. More
substantive changes, which would include changes in course requirements, require approval through the institutional process. The Curriculum Policy Committee of PSMHS includes a PHP faculty member and a PHP student. Once the decision to modify some component of the curriculum is made by the PHP curriculum committee, a written report is submitted to the director of the PHP for approval. Once approved a report to the Curriculum Policy Committee of PSMHS. After approval by this committee, the report is submitted to the PHP director for approval, who in turn submits it to the Academic Senate for final ratification and recommendations to the President. The Academic Senate has representation of two faculty members and one student of the Public Health Program. Major changes, as defined by the Middle States Education Board, may require submission to the Puerto Rico Council on Education. This body is currently being reconstituted and has a moratorium on all curricular reviews.

The academic standards are governed by the policies outlined by PSMHS in the General Catalog. Policies that directly affect the students of the Public Health Program are included in the same. (See Resource File)

**Research and Service Expectations and Policies**

PSMHS developed a research strategy during the 2011 strategic planning efforts. The implementation of this is under the auspices of the new Provost for Research. Each department contributes to the research strategy from their area of expertise, while joint research across departments is encouraged. Research and publication is a criterion for promotion, so the Director of the Program discusses and agrees with PHP faculty research and service expectations for inclusion in annual faculty plans. The Director reports directly to the Health Sciences in subjects related to search of external funds and research. This Dean may in turn arrange coordination of research work with the Provost for Research.

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

The policies and procedures of PSMHS appear written in the General Catalog and in the Faculty Manual. These and the PSMHS By-laws are available on the PSMHS website and in the Resource File.

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

PSMHS faculty has an adequate organization and is provided with mechanisms to allow them reasonable and appropriate influence into the governance and policymaking process of PSMHS. The faculty of the PHP are active members, sometimes leaders in PSMHS committees. They are also integrated in the ad hoc constituted committees. These are committees instituted temporarily by the President and Dean to complete specific tasks. The most recently constituted such committee is the PSMHS distance learning committee. The faculty also participates of external committees such as the Committee of Environmental Health of the Council of South Integral Development of Puerto Rico. The institution has a series of permanent committees, all with faculty member participation (see PSMHS committee list in Resource File).

PSMHS permanent or ad-hoc committees that include members of the Public Health Program are:
Primary faculty of the Public Health Program that participate in the institutional standing and ad hoc committees of PSMHS are:

**Ivan Iriarte, MD, MS**
- Academic Senate
- General Curriculum (Chair)
- PSMHS Promotion Committee
- President/Dean Search
- PRCTRC: Educational outreach committee

**Vivian Green, LND, MS, PhD**
- General Curriculum

**Diego Zavala, MSc, PhD**
- Internal Review Board
- Emergency Preparedness Committee

**Mayra Roubert, MS, DrPH**
- Middle States for Higher Education Accreditation Committee
- South Integral Development (interagency)
- PSMHS Senate (Chair)
- PSMHS Grievance Committee

**Himilce Velez, PhD candidate**:
- PSMHS Distance Learning Development Committee
- PRCTRC: Distance Learning Subcommittee

**Rafael Bredy, MD, MBE MSc**
- Internal Review Board
- Strategic Planning: research sub-committee (ad-hoc)

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

Public health students are integrated in the PHP committees *(described in section 1.5a)*:
- Public Health Program Student Admissions Committee
- Public Health Program Evaluation Committee
In addition, PHP students actively participate in the following PSMHS institutional committees (see Resource File):

- Academic Senate,
- Student Council,
- Class Officers

There are not yet student representatives on the faculty search and practicum committees. The practicum committee has been labor intensive and meeting frequently on an ad hoc basis during the design and set up phases. Students have been briefed and input received regularly but at a group level so that all could be informed and input into this critical effort. In the future, we anticipate adding a student to this committee.

The faculty search committee is an ad hoc committee that has never previously had student representation at the PHP level. This committee will discuss and make recommendations to the PHP director in January 2013. PSMHS has established procedures by which students elect their representatives on institutional committees. The PHP takes recommendations from class officers for the PHP committee position, then the chair of the committee seeks volunteers. Volunteers are reviewed for their interest and skill match to the committee work. The committee chair chooses the student representative with the concurrence of the committee. The student representative, on the curriculum committee, is chosen from the students already elected as curriculum representatives for their class.

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

This criterion is met.

**Strengths**

- PHP is governed by the PSMHS-wide policies and at that policy level has the same rights, responsibilities and ability to contribute to institutional policies as any other department. The PHP also has program specific governance rights and responsibilities for policies, plans and decisions that are public health program specific. The bylaws and other policies that determine the rights and obligations of administrators, faculty and students in governance of the program are written or in electronic format.
- The students participate in the decision-making process in an explicit form.
- PSMHS a series of committees that are building the policy, administration, development and procedures of the Institution and of the Public Health Program. The faculty of the Program is active in the committees existing in PSMHS and in many cases hold leadership positions on those PSMHS committees. As the PHP has grown it has become easier for greater and stronger representation on institutional committees.
- The oversight of the PHP has been separated from the medical school. There are now two Deans below the President: a Dean for Medicine and the Dean for Health Sciences who has oversight over the PHP, biomedical sciences and the clinical psychology program.
• The Program has internal committees that help maintain the quality of the Program. There are new and active committees for the DrPH program, evaluation and for CEPH self-study preparation. Faculty has been fully included in all PHP strategic and CEPH related decisions.

• The faculty recruitment, retention, and development are well specified as well as, the admission and retention of students.

• The roles and responsibilities of the PHP leadership positions are well defined and match expertise or skills. The Director allocates the distribution of work in committees and coordination roles according to interest, expertise and the needs of the Program. The track and committee responsibilities have been reshuffled to incorporate new faculty and more evenly distribute the administrative workload

Weaknesses

• With the continuing growth and development of PSMHS as an institution and the pace of change in the last year, it has been a challenge to maintain an optimal level of secondary faculty participation in the change process.

Plans

• Develop a mechanism for regular input from alumni of the Public Health programs to the Director of the Program and the evaluation committee.

• Student representatives will be chosen for those committees that don’t currently have student representation. The faculty committee will discuss and make recommendations to the PHP director on adding student representation.

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.

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

Budgetary Process: Annually, the PHP Director receives the revenue and expenditure report from the budget office in April, projected over the previous 12 months. The Director of the Public Health Program then compares the actual to the previously approved budget, correcting errors and assessing any under-expenditures or over-expenditures. Program faculty and staff are queried for any financial or commodity needs or changes from previous years. A PHP detailed budget (see Resource File) is developed to meet the economic needs of the program. The budget request is discussed with the Dean of Health Sciences and the Associate Dean of Administration and Finance (or his/her acting representative). PSMHS outlines a global budget for the entire institution and allocates the budget to the programs and departments according to their needs, taking into account the mission and goals of the institution and any special circumstances. Any required changes from the requested budget are discussed with the PHP director. Final budgets for the upcoming fiscal year are set at the end of the previous fiscal year (June/July), taking into account final quarter revenue and expenditures. Despite institution-level financial challenges, the administration has worked with the PHP in a transparent and responsive fashion. The PHP has received special consideration during the budget process, recognizing the need of the program to hire sufficient faculty to achieve CEPH accreditation. Additional funds, above the tuition-generated income, were made available in FY 2012 and FY 2013.

During the course of each year, all PHP expenditures, other than salary, are made via requisitions matched against the PHP-approved line-item budget. After the signature of the PHP director, if it is indeed within the budget, the requisition is approved by the Budget Office and disbursements made by the Finance Office. PSMHS’s income ebbs and flows with tuition payments which can affect the rate of requisition based disbursements.

Income: The Public Health Program was originally developed with institutional support, with the expectation that tuition revenues would eventually sustain the expenditures of the program resulting in an ensuing decrease in reliance on PSMHS institutional funds. These institutional funds come from grant indirect income, student fees, clinical services income and PSMHS loans. They are available to programs when pre-approved within the budget process in situations where expenses are expected to exceed program or department income. The advent of the DrPH program significantly increased the tuition revenue, and the program has become much less reliant on institutional funds. The PHP program is primarily supported by tuition revenue from the MPH and DrPH students. The number of MPH students has remained fairly constant over time. The number of DrPH students admitted each year has been recently and purposely reduced. The PSMHS board approved a 4% increase in tuition in FY 2012. This increase will go into effect in the current academic year, increasing tuition revenue modestly. This increase is not considered likely to reduce the number of applicants since the tuition is still competitive within Puerto Rico and is very inexpensive compared to the current tuitions of mainland US institutions, where PSMHS is planning active student recruitment. This very active recruitment of additional MPH students outside of Puerto Rico is expected to enhance tuition revenue in the years after FY 2013. No new DrPH students will be admitted in AY 2012-2013 and many DrPH candidates are moving into the dissertation phase, which brings reduced annual tuition. It is expected that revenues from DrPH-generated tuition will therefore decrease slightly in the upcoming year.
PSMHS collects a variety of fees together with the tuition from the students. These fees are set based on requests from the Budget Office and approved by the president and the Board of Trustees. Most of those fees go directly to the items for which they are billed, such as library fees that support the library and a “construction” fee that is used for building maintenance. Because the PHP pays rent to PSMHS and is in growth “construction” mode, this particular construction fee is considered to be allowable income and so forms part of the program’s revenue (see Table 1.6).

Faculty also may bring in additional salary (Y-component) for consulting activities from other departments within and external to PSMHS and through research grants. This income is included in the grants and consulting component of salary in the finance table. The PHP also has in the past, received “consulting” income through a Memorandum of Understanding with local hospitals. It was tracked as a separate line of income by the budget office but is otherwise similar to other consulting opportunities.

Research funds contribute to the PHP budget. These funds come from grants, consultancies, and donations from private companies. The finance office tags research funds according to who the Principal Investigator (PI) of the grant is. In general, if the PI is a PHP faculty member, all the grant income is included in the PHP revenue in the 2.6.1 budget table below. Other PHP faculty members, who are not the key personnel, but not the PI on the grant, have only their time and effort or “Y” component salaries included in the PHP research income line (see faculty salary explanation below under-expenditures). Research implementation funds are reported in the budget of whichever department houses the PI. In the grant-expenditures section, research funds are split between the operations cost of implementing the grant and the salary for PHP faculty. Grant activities for PHP PI research grants are noted in the operations line item. The total PHP research grant funding amount is captured in the new PSMHS annual report rather than in the program budget and is reported in the research section of 3.1. Because of this distinction between PI and non-PI grant-funding reporting, the PHP program budget in 2.1.1 does not exactly match the research fund reported in 3.1.

PSMHS receives a percentage of indirect costs for grants or external consultancies and other income brought in by the program. At this time, all the indirect costs of PHP program research grants go to PSMHS’s administrative expenses and not to the PHP budget. Increasing grant and consulting funding therefore can increase individual faculty salary but not cover PHP base salaries or expenses, leaving the program dependent on tuition or institutional funds. The established indirect rate negotiated between PSMHS and both the NIH and HHS is 79% of the salary portion of a given grant or consultancy. This can be negotiated on a case-by-case basis if the standard indirect cost recovery rate is a limitation to grant acquisition, in which case, indirect cost recovery is usually in the range of 15-20%, depending on the source of the funds and case-specific funding restrictions. The most recent, now-granted, proposal from the CDC had an 8% indirect-cost component, calculated based on the total proposal amount.

In the past, acquiring new research awards was hampered by faculty workload, lack of previous research experience, lack of seed money or a combination of all of these obstacles. In order to address the issue of seed money, the Dean of Health Sciences has made $25,000 available in both FY 2012 and 2013 from the institutional RCMI grant. Only $5,500 of that was spent in 2012, and that is the income reported in the program budget. Those small funds have been used to hire a work-study student to search out grant opportunities and to assist faculty in proposal development. The funds were also used to facilitate student participation in an unfunded collaborative environmental health research/service project. These activities are part
of a “catalyzing research” strategy that is expected to significantly improve faculty acquisition of grant funding in the future. The Puerto Rico Clinical and Translational Research Consortium, (PRCTRC), also provides some funding opportunities. Faculty who regularly represent PSMHS in the collaboration receive a modest compensation for their time and seed funding of $50,000 for pilot projects is available once a year for the University of Puerto Rico School, , PSMHS, or Universidad Central del Caribe (UCC) in Bayamon. These modest funding opportunities are expected to significantly increase the faculty’s ability in the future to succeed at external funding proposals, bringing in significant additional funding to the institution and to the faculty members salaries.

**Expenditures**

Most of the PHP expenditures are for faculty and staff salaries. “Professional services” captures the payments to secondary faculty who are hired on a contractual basis – most paid by the course or per lecture. Within PSMHS, the PHP has been prioritized for support to increase its faculty. The budget negotiated between the administration and PHP has within its FY 2012 and FY 2013 budgets sufficient funds for a total of 14 full-time faculty members. In FY 2012, we hired and lost faculty (see section 1.7 faculty and other resources), the timing of which resulted in unspent faculty salary funds which were used; in part to cover the professional services expenditures. These are the payments to secondary faculty that assist the program in meeting the academic teaching needs.

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

Tuition revenues increased significantly and steadily until FY 2011 with an expected small (7%) decline in the most recent fiscal year, due to decreased DrPH tuition revenue as explained earlier. This overall increase in tuition revenue matches the decreased reliance on institutional funds since FY 2009. Research funding levels were also increasing until FY2011. In 2011, several PIs were forced, during the grant renewal process, to reduce or remove the public health program’s contributions to their ongoing biomedical research. The consultancy revenue line represents training in clinical research methodology and research mentoring provided to hospital residents as described in 1.6.a. The revenue lapsed in FY2012 while the relationship was being renegotiated. In FY 2012-2013, the faculty will receive direct fee for service for this work, while the PHP and hospital entities redesign the collaboration and renegotiate the MOU.

Faculty salaries and benefits are the largest expenditure category, increasing with the increasing number of faculty. The proposed budget for faculty salary and benefits has been higher than expenditures each year because of challenges and delaying in hiring. It is anticipated that this budget item will increase significantly in FY 2013 and that the additional cost will be met by institutional funds if other PHP income-generating mechanisms do not bring in sufficient funds. The cost of hiring the secondary faculty for providing courses and DrPH mentoring is the primary component of the “professional services” line and really reflects funding commitment necessary to the achieving of sufficient faculty. The reliance on this line item of secondary faculty has reduced slightly in the last fiscal year, with the hiring of three new full-time faculty members and four more since June 2012.

Staff salaries and benefits increased slightly in the last fiscal year when PHP increased the staff support from 1.5 FTE to two full-time staff to support the increasing number of faculty and to accomplish the self-study administrative tasks.
TABLE 1.6.1 Sources of Funds and Expenditures by Major Category, 2007 to 2012

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<tbody>
<tr>
<td>Tuition</td>
<td>$374,582</td>
<td>$538,471</td>
<td>$552,051</td>
<td>$613,537</td>
<td>$585,703</td>
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<td>Construction Fee</td>
<td>28,839</td>
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<td>46,500</td>
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<td>49,000</td>
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<td>University Funds</td>
<td>234,647</td>
<td>187,048</td>
<td>15,479</td>
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<td>Research Seed Money</td>
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<td>5,500</td>
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<td>Grants/Contracts</td>
<td>57,282</td>
<td>72,572</td>
<td>137,783</td>
<td>88,604</td>
<td>90,195</td>
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<tr>
<td>Revenue from hospital workforce training</td>
<td>26,700</td>
<td>8,000</td>
<td>12,000</td>
<td>16,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$633,681</strong></td>
<td><strong>$712,991</strong></td>
<td><strong>$763,813</strong></td>
<td><strong>$767,141</strong></td>
<td><strong>$821,856</strong></td>
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<tr>
<td>Faculty Salaries &amp; Benefits</td>
<td>$472,918</td>
<td>$488,574</td>
<td>$480,943</td>
<td>$503,970</td>
<td>$597,333</td>
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<tr>
<td>Faculty Grant Salaries &amp; Benefits</td>
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<td>62,572</td>
<td>137,783</td>
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<td>90,195</td>
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<tr>
<td>Staff Salaries &amp; Benefits</td>
<td>57,192</td>
<td>40,891</td>
<td>22,557</td>
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<td>Operations</td>
<td>10,718</td>
<td>8,280</td>
<td>18,941</td>
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<td>6,232</td>
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<td>Travel</td>
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<td>7,092</td>
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<tr>
<td>Student Support</td>
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<td>5,500</td>
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<tr>
<td>Professional Fees</td>
<td>35,571</td>
<td>56,485</td>
<td>43,661</td>
<td>77,024</td>
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<td>Accreditation</td>
<td>8,997</td>
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<td>PSMHS</td>
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<td>2,285</td>
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<td>Rent</td>
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<td><strong>Total</strong></td>
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<td><strong>$712,991</strong></td>
<td><strong>$859,332</strong></td>
<td><strong>$767,141</strong></td>
<td><strong>$821,856</strong></td>
</tr>
</tbody>
</table>

Only a portion of the research portfolio is captured in this budget table. As described in 1.6.a, grants in which a PHP faculty member is the PI are captured on both the salary line and in the operations line for grant implementation funds. For other faculty who are not the PI on a given grant, only their salary is reported, both in the revenue and expenditure sections of the Table 1.6.1.

The student-support line item does not include financial aid, which most students receive, but does capture the new work-study program that provides students with a modest compensation while they learn and work assisting in PHP activities. We anticipate growing this program significantly, especially as faculty acquire more research funding and can hire students through this work-study mechanism.

The PHP program was previously housed in the MultiMed clinical site, a rented building, for which the program was charged by the square foot. The PHP moved to its current larger location in May of 2011 and has a reduced annual rent ($21006 for FY 2012).
c. **Collaborative fiscal input if sponsored by two or more universities**

Not applicable

d. **Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program’s three years.**

As for many public health programs, institutional support or public funding is needed to meet the expenses of the program. PSMHS has prioritized the funding of the PHP. In Table 2.1, the PHP reports on our indicators chosen to track the adequacy of our resources (D.2 indicators). As seen in the table, the PHP budget has been sufficient to cover all the basic expenses and additional funds to hire additional faculty for the last three years. The budget assigned to the program, even more so than actual revenues, is the marker for sufficiency of fiscal resources.

In addition, the new PHP Director has been fully included in the budget negotiations and in the last fiscal year has become the only program director that regularly requests and reviews all program expenditures to better control costs and prioritize program spending. This unusual qualitative indicator of transparency and director inclusion in budgetary process has already resolved many long-standing misperceptions and fiscal woes. It is considered important enough to warrant retain tracking of this recent and institutionally unique transparency.

Similarly, since low salary is an issue for current faculty and an obstacle to hiring new faculty, the PHP recently developed a new indicator. This indicator tracks the average faculty salary against a fixed US standard, NIH rank salary reimbursement levels. The average faculty salary as a percentage of the rank NIH maximum salary reflects the contribution from the program budget to the base salary and the faculty's own successes in acquiring external grant or consulting income.

The low salary is both a reality and, in part, a problem of presentation and perception. Faculty salary determination is similar in its components to that found in many other academic institutions. However, most institutions make their offers at the total salary level (base or X component +Y or potential external income), promising to meet that maximum salary for a designated period of time. After which point the faculty member becomes responsible for acquiring the Y-component or the individual’s salary drops to the X level. The distinction at PSMHS is that the offer from PSMHS is verbalized only for the X-component. The “X”-component wages (see table below) come from the PHP budget, which is primarily tuition based, and is low compared to other public health academic institutions. It is far less than the X+Y offer from other institutions and is often a shock to faculty applicants.

The other key difference between PSMHS and other institutions is that while the X-component is limited primarily by institutional policies, rather than real financial constraints, faculty members at PSMHS have the freedom to pursue additional funds up to the maximum salary within their rank. They may do this as soon as they are able and therefore have a potential salary, whatever their rank, which may be higher than that which might be offered elsewhere. The potential for very reasonable salaries exists, but this potential is limited by the initial “offer shock,” the challenge of acquiring grant funding in the current constrained environment, and the resulting workload challenges stemming from too few faculty, which in turn reduce the time available to pursue outside funding opportunities.
TABLE 1.6.2 PSMHS Salary ranges by Rank

<table>
<thead>
<tr>
<th>Rank</th>
<th>Base Income from PHP Funds=X</th>
<th>Research/Consulting Income=Y</th>
<th>X+Y Maximum Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td>$60,000</td>
<td>$0-$120,000</td>
<td>$180,000</td>
</tr>
<tr>
<td>Associate</td>
<td>$48,000</td>
<td>$0-$98,000</td>
<td>$146,000</td>
</tr>
<tr>
<td>Assistant</td>
<td>$36,000</td>
<td>$0-$74,000</td>
<td>$110,000</td>
</tr>
<tr>
<td>Instructor</td>
<td>$27,000</td>
<td>$0-$55,000</td>
<td>$82,000</td>
</tr>
</tbody>
</table>

It is possible for the PHP to offer a sign-on bonus but until recently, because of the previously perceived lack of funds for the PHP this often did not match applicants previous salary. About 1/3 of the current faculty received some kind of sign-on bonus (usually around $20,000 for two years) that originated from either PHP-budgeted funds or a research grant (RCMI). At the end of the sign-on period specified in the faculty contract, the additional funds are removed from the faculty salary and the salary reverts to the base X salary plus whatever research or consultancy income, “Y”-component, the faculty member has been able to acquire during this initial time period.

The retrospective analysis of the faculty salary indicator in Table 1.2 D shows a relatively flat line over the last three years (44%, 39% and 41% for FY 2010, FY2011 and FY 2012 respectively). While this is very significantly below our target of 75% of NIH maximum, this is a new retrospectively applied indicator and we are not surprised that there is not yet progress. We expect that tracking this indicator will serve as an incentive to improving faculty income above the baseline of 40% established in the retrospective analysis of the last three years. It is not feasible to ever reach 100% of the NIH maximum because new faculty will usually enter at lower base salaries and often with little research income. Overtime, individual faculty and the program overall will “mature” in salary and bring in additional salary as their research and consulting portfolio mature. The PHP choose an ambitious target of reaching 75% of the NIH maximum by 2018.

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

This criterion is met with comment. The program does have an appropriate and improved budgetary procedure and sufficient resources to sustain the current program. We will, however, be partly reliant on either new income or institutional funds when we are fully staffed. We believe that the increased income generation through research, consultancies, CME activities described elsewhere and the institutional commitment to providing additional funds (if needed) will allow us to continue to meet our fiscal needs, even as we expand the number of faculty.

**Strengths**

- The PHP has, for the last two years, had a much stronger and more independent role in managing its own budget. The PHP now can discuss, design, and submit a budget (to the administration) based on the program’s priorities. Modifications to that budget are negotiated by the administration and the program.
- Once the budget is agreed upon, the program has flexibility for reasonable shifts within the approved budget, limited mostly by cash flow rather than budget authority. This level of authority and fiscal responsibility is new in the last 2 years; addresses previous to the findings of the CEPH and has led to the discovery of budgeting errors (now corrected).
In the past 5 years, the public health program has become much less reliant on institutional funds to meet expenditures.

The new indicator of average faculty salary as percent of the allowable rank maximum helps us track not only institutional contributions to the base salary out of tuition dollars but the “Y” component that faculty themselves can pursue to improve their total salary.

Total faculty income (X+Y) is flexible at PSMHS, with salary increases possible based on the faculty’s own initiative in acquiring research and consultancy opportunities and is not entirely dependent on promotion in step or rank within the base or offered salary.

The PHP director, in consultation with the Dean for Health Sciences, has increased the sign-on bonuses for the most recent offers and extended the initial contract for some prospects to 3 years to give additional time to acquire external grants or contracts. In the salary discussions with potential applicants, “the PHP has revised its offer letter in order to clarify the difference between base salary and maximum potential salary. The PHP also outlines current and upcoming grant opportunities that could be available to incoming faculty who want to “jump start” their Y component. This information is given to them verbally and in writing by the PHP director so that all questions and misperceptions can be addressed. Current faculty have also been reminded about and encouraged to seek additional Y-component income for their own salary benefits and to demonstrate that the X+Y potential can be actualized.

**Weaknesses**

- The public health program has managed some of the fiscal challenges through low base salaries.
- The program relies heavily on the large number of DrPH students and their tuitions, leading to high student to faculty ratios. A non-diversified tuition-based revenue stream is risky for sustaining the program costs.
- Most of the research done by program faculty remains unfunded. The research or consulting income has therefore been steady but small, until the acquisition of the recent CDC dengue grant. Without a mechanism for grant funding to be an incentive in contributing to the PHP budget, we will continue to be reliant on tuition or institutional funds for our base budget.
- The institution’s overall financial situation has been challenging. As a private, not-for-profit institution, PSMHS does not receive public funds. The PSMHS medical school’s LCME was restored in February 2012, after the school showed significant improved financial status. The PSMHS Board is working closely with the president to ensure that the overall financial situation be addressed significantly and immediately. This is challenging in the short-term but enhances long-term financial stability for the school.

**Plan**

**PSMHS is actively addressing its financial challenges.**

- The board is requiring an active pay down of the current debt by improving efficiency, reducing expenditures, and developing new activities and revenue streams.
- The administration is pursuing cost savings through the assessment of efficiency, automation, and, especially, innovations to reduce utility bills which are greater than $1m/year. Ideas include switching the majority of the employees to a 4-day on-site work week, with one day off-site, which fits easily with the PHP class scheduling.
- PSMHS is also actively pursuing opportunities to increase revenues, catalyzing research through partnerships within PSMHS and between PSMHS and external partners, increasing enrollment by establishing relationships with institutions in other countries such as Panama. PSMHS is also exploring the policies and logistics needed to open up
PSMHS’s courses to non-degree–seeking applicants as another income generating activity that also contributes to health workforce capacity building.

- The PHP has offered to lead an innovations competition committee that would solicit both cost-reduction and money-making ideas. The committee would solicit ideas from across the school’s faculty and staff and provide incentives for ideas that prove feasible.

The PHP has also been very actively exploring a variety of avenues for addressing our financial challenges and increasing the diversity in our funding base

- Clarifying the program’s revenues and expenditures has already alleviated some of the program’s financial restraints. The active budget management by the PHP Director will allow close oversight of resources to expedite prioritized program needs.
- The PHP has a goal to increase MPH (not DrPH) class size to at least 50 students per year through aggressive recruiting of higher tuition paying students from outside the island (see Section 4.3 student recruitment and admissions). This will more efficiently use current faculty during the smaller second year MPH courses.
- Tuition has been very modestly increased recently and together with increases in MPH class size expected in 2013-2014 will contribute increased income.
- PHP is actively catalyzing research opportunities, hiring PHP students to scout grant opportunities, training faculty in grant writing through the Puerto Rico Consortium for Translational Research (PRCTRC), and facilitating the submission of grant applications through work/study support and dedicated time for research (see section 3.1 research). The PHP program is building partnerships with other academic institutions, such as Yale and the George Washington University, to pursue collaborative grant funding.
- Catalyzing research (see section 3.1 research), expanding the provision of CME (see section 3.3 workforce), and tracking this new indicator of faculty salary have all been designed to improve the total faculty salaries irrespective of any changes in base salary we might be able to negotiate with the PSMHS administration.
- By augmenting faculty research and providing new opportunities for consulting, we should also see a corresponding increase in revenue at the PHP level. If some portion of research and consulting indirect revenues could contribute to program income, this would provide additional incentive for faculty to expand their research and consulting opportunities and diversify our revenue sources. We have already been granted a new $600,000 (3-year) grant from the CDC, and we expect to begin to see the fruits of these catalyzing research efforts in 2012-2013.
- We also strongly believe that the PSMHS PHP’s ability to attract students and acquire grants will be facilitated by achieving CEPH accreditation which has been a priority activity during the last year.

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

**TABLE 1.7.1** Primary Faculty by Specialty/Area of Concentration for the Last Three Years

<table>
<thead>
<tr>
<th>Concentration</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Public Health</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>5</td>
<td>6</td>
<td>8*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
<td>12</td>
<td>14*</td>
</tr>
</tbody>
</table>

*Includes 1 faculty who begins on March 1 2013

The PHP has done significant additional hiring during the last three years. In 2010, one environmental health contract employee transferred to permanent status and another general-track faculty member was hired. At the beginning of 2012, two additional faculty members were added, the new PHP director (epidemiology) and our third environmental-track faculty. The PHP hired the third general-track faculty member in November of 2011, making three new hires in a single year and completing the core faculty needed for the environmental and general tracks. In 2012, the PHP lost two faculty members in the epidemiology concentration and then hired 4 new epidemiologists, including the former Puerto Rico State Epidemiologist (and twice Puerto Rico’s Secretary of Health). This active recruitment also includes searching for additional part-time secondary faculty to support mentoring for the DrPH program. We currently have three former faculty and full-time epidemiologists who continue to mentor DrPH students in their dissertations. Two new epidemiologists from the Centers for Disease Control (CDC) have joined us as secondary faculty in teaching applied epidemiology courses.

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

**TABLE 1.7.2** Faculty, Students, and Student-Faculty Ratios by Specialty Area – 2011-2012

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>HC Primary Faculty</th>
<th>FTE* Primary Faculty</th>
<th>HC Other Faculty</th>
<th>FTE Other Faculty</th>
<th>HC Total Faculty</th>
<th>FTE Total Faculty</th>
<th>HC Students</th>
<th>FTE Students</th>
<th>SFR by Primary Faculty FTE</th>
<th>SFR by Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>3</td>
<td>3</td>
<td>14</td>
<td>1.5</td>
<td>17</td>
<td>4.5</td>
<td>33</td>
<td>33</td>
<td>11</td>
<td>7.3</td>
</tr>
<tr>
<td>Env. Health</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0.3</td>
<td>6</td>
<td>3.3</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>1.8</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>8</td>
<td>8</td>
<td>12**</td>
<td>1.24</td>
<td>20</td>
<td>9.24</td>
<td>64**</td>
<td>63.3**</td>
<td>8</td>
<td>6.8</td>
</tr>
</tbody>
</table>
| *The FTE of the faculty is calculated based on teaching activity, research, clinical service, and other support to the program. See Section 4.1, Tables 4.1.1-3 for faculty LOE
** 64 students are enrolled (55DrPH & 7 MPH) but 2 are on 1 trimester LOA so they have been assigned 0.66 FTE = 63+1.3 for DrPH) p = 63.34

The PHP is small and therefore small changes in faculty make significant changes in the SFR. Thankfully, the recent loss of two epidemiology faculty was addressed with their rapid replacement with four new epidemiology faculty. Recognizing that we still have a high SFR, the PHP addresses this challenge in three ways.

First, all faculty contribute to the teaching and mentoring of PHP students. With a small faculty this is not only inevitable but necessary in sharing administrative and teaching workload. The large number of general track students actually represents primarily non-track designated first
year students and a handful of second year general track students who need faculty from all areas of core public health expertise. Epidemiology students also need training in other core public health competencies; therefore, assistance from faculty members, from other tracks, with the pertinent expertise is required. This is particularly true of our environmental health faculty, which has a very low SFR, one of whom devotes considerable portion of her teaching and mentoring time to epidemiology students because of her strong biostatistics skills can assist in study design and data analysis. Similarly, one of our general-track faculty members is the DrPH track coordinator, who uses her management skills to handle the logistics and tracking of both the students and the DrPH program as a whole.

Despite the small number of environmental track students, this track is still considered an important track for PSMHS PHP because of the importance of environmental health issues in Puerto Rico and because the table above does not capture the number of DrPH epidemiology students who are researching in the area of environmental health. The sharing of faculty across tracks keeps retaining this track viable. See Table 1.7.3 for SFRs if shared teaching perspectives are considered.

<table>
<thead>
<tr>
<th>Track</th>
<th>HC Primary Faculty</th>
<th>FTE* Primary Faculty</th>
<th>HC Other Faculty</th>
<th>FTE Other Faculty</th>
<th>HC Total Faculty</th>
<th>FTE Total Faculty</th>
<th>SFR by Primary Faculty FTE</th>
<th>SFR by Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology (for DrPH only)</td>
<td>8</td>
<td>8</td>
<td>12</td>
<td>1.24</td>
<td>20</td>
<td>9.24</td>
<td>55</td>
<td>54.3</td>
</tr>
<tr>
<td>Env + Epi (for DrPH only)</td>
<td>11</td>
<td>11</td>
<td>15</td>
<td>1.55</td>
<td>26</td>
<td>12.54</td>
<td>55</td>
<td>54.3</td>
</tr>
<tr>
<td>Env + Epid (for MPH &amp; epi, both tracks)</td>
<td>11</td>
<td>11</td>
<td>15</td>
<td>1.55</td>
<td>26</td>
<td>12.54</td>
<td>70</td>
<td>69.3</td>
</tr>
<tr>
<td>All Faculty/all students</td>
<td>14</td>
<td>14</td>
<td>29</td>
<td>3.05</td>
<td>43</td>
<td>17.05</td>
<td>103</td>
<td>102.3</td>
</tr>
</tbody>
</table>

Secondly mentoring our DrPH students is the perhaps largest faculty burden. Therefore, the PHP held off intake of DrPH student for the current academic year (2012-2013). DrPH candidates who applied were reviewed and, if accepted, will begin their DrPH program in next year (2013-2014). The workload required for DrPH mentoring is at its most intense at the beginning and end of the dissertation work. While the number of DrPH students is large, these students are at different levels in terms of their progress towards their degree. As of August 2012 the DrPH programs has 7 students in the first year, 7 students in the second year, 16 students in the third year, 16 in the fourth year, and 13 in the fifth year. Students in the first and second years are completing required course work and require mainly academic mentoring. The DrPH coordinator works with students and faculty to identify the DrPH dissertation chairs at the end of the second year of the DrPH program after students successfully pass the comprehensive exam. Faculty with several DrPH students will have students in various phases of the dissertation process to even out the total workload.

Third, we have recently developed a work-study opportunity for students. This program while designed to give students work experience in public health assists faculty with their teaching and research responsibilities.
Therefore despite the high student-faculty ratio for primary faculty, the PHP faculty has been and is able to meet its academic responsibilities. In teaching, the faculty has completed a thorough curriculum revision and expansion while continuing to provide excellent academic courses. The success of the academic program is measured by the competency coverage and student course evaluations (see section 1.2). In addition, the PHP faculty is performing very well on service and workforce capacity building (see sections 3.2 & 3.3. Research is the most impacted area but is beginning to show growth (see 3.1)

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

The administrative staff consists of one full-time administrative assistant (Ms. Ivette Ponce) and one full-time secretary (Ms. Krhystle M. Feliciano Pabon).

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

The physical plant of Ponce School of Medicine and Health Sciences consists of 13 buildings in which can be found a school library, a student lounge, a clinical and reference laboratory, outpatient clinics, behavioral health service centers, animal research (biomedical) facilities, academic and research facilities (dedicated both to the clinical and the basic sciences), the audiovisual, communication, and MIS departments (support staff), and the administration.

In the spring of 2011, the PHP moved its administrative and faculty offices into a large building that is shared with the Regional Extension Center (REC). This has greatly increased the space available to the program, increasing it from its original 800 sq. ft. to its current 4,333.33 sq. ft., which space is distributed in the following manner: There are ten closed offices, one open office, a small conference room and kitchen area, and the reception/lobby. (See Resource file for floor chart). The PHP environmental health lab, described below, is housed in the REC section of the same building. The PHP also has access to a larger conference room in the REC area that has been used for faculty retreats.

A list of PSMHS facilities regularly used by the PHP follows:

**The Academic Building (15,900 sq.ft.)**
This is a two-story building with three large classrooms and four smaller conference rooms, all equipped with audiovisual systems. Audiovisual services, a computer lab, and the school’s computer operations center (MIS facilities) are also located in this building. Two of the large classrooms are set up for distance learning. All PHP classes are conducted here with more than adequate space and facilities for the PHP classes.

**Research Building (28,500 sq. ft.)**
The research building is a two-story building that houses all laboratories and research activities of the institution as well as offices for the basic sciences departments. Two previous PHP faculty members had offices here for their research project, and a third faculty member obtains regular research support services here.

**Administration Building (8,000 sq. ft.)**
A single-story building that is located conveniently between the PHP’s offices and the classrooms in the academic building; this is where the offices of the president and dean, associate dean for academic affairs, and all administrative support personnel are located.
Administrative support, including human resources, finance, budget, and the Dean for Health Sciences (who oversees the PHP) are all housed in the administrative building. A small conference room in the administration building is used by the PHP for meetings with the Deans, other directors and deans, and outside visitors.

**Student Support Services Building (6,389 sq. ft)**
The assistant dean for student affairs, student service units, and the student lounge are housed in a building next to the administration building and within walking distance of the academic building where students take classes.

Other supporting facilities for the PHP include:

- **Administration Building Annex I (3,200 sq. ft.):** housing grant support
- **PSMHS Outpatient Building (22,500 sq. ft.):** PHP conducts outreach education activities regularly in this clinical setting
- **Behavioral Health Services Center (1,000 sq. ft.):** Faculty, students and patients offer PHP students opportunities to study and learn about mental health issues

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

The laboratory facilities that are for the exclusive use of PHP consist of an environmental science lab (741.5 sq. ft.) that is located in the same building as that of the program’s offices. Other laboratory facilities accessible to the Public Health Program include laboratories located in the research building and in the Clinical Research Center (Centro Ambulatorio de Investigaciones Médicas-CAIMED), which consists of 22,500 sq. ft. PSMHS has a leasing agreement with the Economic Development Corporation of Puerto Rico (PRIDCO), which has subsequently led to the development of this ambulatory clinical research center (to further enhance clinical research and teaching) and a clinical reference laboratory. With this new emphasis and the more readily available funding for clinical translational research, the existence of this clinical laboratory represents an as-yet untapped resource. On the first floor of the academic building, there is a multi-purpose teaching laboratory that houses facilities for microbiology, environmental sample testing, and histology as well as for a number of activities.

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

On the second floor of the library, there is a computer center that is for the use of our students: the Learning Resource Center. This area is exclusively designated for computer use and it has forty computers. Up to now, all students have been required to purchase student versions of SPSS. The computer center has 2 computers on which SPSS has been installed; both computers can be used by faculty members who want to teach students how to work with SPSS and/or who want to work with students on data analysis. This facility also has two printers available for student use. PSMHS has recently upgraded the wireless broadband capacity across the campus, increasing the students’ internet access and making distance learning modalities far more feasible. Several photocopiers and one OPAC (online public access catalog) station are available. Each faculty and staff member has a desktop computer in their assigned office space. Printers are shared via network.
f. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

The library is a two-story building. Circulation, a reservation area, a reference area, and one OPAC station are on the first floor. Also, it has a 24-hour study room equipped with study modules, eleven computers, one printer, and a photocopier. A collection of journals is located on the library’s second floor. The library also has two meeting rooms, both of which are equipped with monitors and audiovisual aids.

Students may access much of the library’s resources online; this portal also can be used to reserve the physical copies of books and journals. There is a good range of public health-oriented material, in terms of both texts and journals. The resource file contains a list of 53 scientific journals related to public health, all of which journals are available through the on-line library website, to PHP and other PSMHS students; here can be found the American Journal of Public Health, the Bulletin of the WHO, the Journal of Public Health Management, and others.

Access to full articles in electronic format is possible from library computers only. This allows students access to journals that PSMHS does not subscribed to. The PSMHS has cooperative agreements with State University libraries network and other private universities in Puerto Rico.

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

The PH program has agreements with different community organizations, including teaching hospitals, clinics, schools, and local and state agencies that collaborate for purposes of instruction, research, and service; they also serve as sites for our students’ practicums and culminating experiences (see Resource File).

PSMHS receives “in-kind” resources as a part of some of our inter-institutional or community projects when the goals and objectives of these projects are consistent with those of the institution. Examples of projects where the Public Health faculty received “in-kind” contributions are “Casa Pueblo” in the municipality of Adjuntas and “DISUR” (Project for the Socioeconomic Development of Southern PR). The EPA has provided extensive and expensive “in-kind” services by conducting all of the heavy metal water sampling analyses in 2012 for the Caño Martín Peña project.

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

There are two specific goals related to the adequacy of the PHP resources. These goals fall under the infrastructure goal and are stated as follows:
Goal D1: Ensure adequate infrastructure for carrying out the public health program activities
Goal D2: Secure a stable resource base for the enhancement and promotion of the PHP

For Goal D1, Objective 1-1, “Improve satisfaction with non-academic institutional support.”; The target is that 100% of the faculty are able to access basic resources and at least 95% of the faculty members are satisfied with the basic resources. Student satisfaction is measured on a 5 point scale. The data sources and target indicators used to assess whether the PHP has achieved this goal are obtained from the faculty-and-staff survey and the student graduation
survey. As reported in section 1.2, faculty members had significant issues regarding access to resources in 2009 and 2010. One faculty member did not receive a computer on her being hired and had to use her personal laptop. This was stolen out of the PHP office space and though the individual was compensated later, the theft resulted in a loss of files and functionality for a significant period of time. Other faculty members have had to purchase paper, ink and, in 2011, even their own office furniture; items that should be the responsibility of the PHP to purchase. In 2012, others have reported inadequate access to printers and scanners. An ongoing issue has been access to SPSS licenses because there is some uncertainty how many are actually needed and used by faculty. Students have, however, had access to adequate resources, and their satisfaction with the available services has increased during the last three years from 3.2 to 4.2 to 4.5 on their 5 point satisfaction scale.

The PHP has begun to resolve these faculty infrastructure and software-resource issues. The most significant improvement was achieved in the summer of 2012, when an in-depth budget review showed (as in section 1.6) that the PHP has more resources for its regular purchases and functioning than had been thought. Previously, both the program and the budget office had been under the inaccurate impression that the program was running large deficits and therefore all purchases were intensely scrutinized and many significantly delayed. It is now possible for reasonable purchases that fit within the PHP budget to be approved and paid in a timelier manner. Requisitions for reimbursements for faculty purchases have been sent to the budget office. A software comparative analysis is underway to determine whether an alternative software investment will meet academic and research requirements.

Almost 100% of the faculty also reported, in every year, dissatisfaction with email capacity. The email limit was so low that faculty often hit the limit. The emails were declined, never received once the backlog was cleared, and the senders did not receive “bounce back” messages informing them that the email messages in question were not delivered. Faculty used workarounds, such as automatic forwarding to a personal email account, which usually solved this problem. The PHP program also initiated the use of Dropbox for the exchange of large files. PSMHS has recently made a significant upgrade to its internet platform. As soon as the extent of this email problem came to light, the PHP director requested higher email quotas. MIS increased the email quota within days, resulting in immediate improvement. Other internet limitations, unreliable video-conferencing (experienced in 2009-2011) being chief among them, were substantially reduced in 2011-2012 with the improved infrastructure.

Goal D2 measures the adequacy of resources for the functioning of the program. As noted just above, there have been and are adequate resources in the budget for purchases, salaries and for additional recruited faculty. Despite the perceived PHP budget deficits, there have, in each of the past 3 years, been sufficient funds budgeted for the current complement of faculty and for the hiring of additional faculty (see section 2.1, Evaluation indicators D 2.1 and D2.2).

Our most significant resource limitation is associated with faculty resources, as demonstrated in the SFR discussion above. The program has been actively and now successfully pursuing the hiring of epidemiology faculty Most of the difficulty in hiring, as expressed by candidates who turned down job offers, was because of the low salary being offered. These salary issues and how the PHP is tracking and resolving the limitations caused by low salaries is discussed in section 1.6 fiscal resources.

i. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.
This Criterion Is Met with Comment.

The physical and academic resources are sufficient for the successful functioning of the PHP. We meet the required minimum for faculty resources for each of our track concentrations and have been able to provide the teaching, research experience, and service that are expected of a PHP. However, we realize that despite meeting the minimum requirements, our student-faculty ratio is a challenge.

Strengths
- The program has the staff, faculty office space, library resources, laboratories and necessary equipment sufficient to grow and to fulfill its goals.
- The physical resources and the faculty are clearly delineated and allocated according to priorities and needs. Smaller challenges in infrastructure resources and support have been or are being resolved.
- The PHP now has sufficient general track and environmental health faculty with extensive behavioral, policy, management, and program experience. This nicely fills previous gaps that not even secondary faculty had previously been able to fill.
- The program is much less reliant than in the past on secondary faculty for teaching the core courses. The faculty is committed to the mission and goals of the PH program.
- The administration of PSMHS has made a commitment to continuing to recruit additional faculty, especially for epidemiology. The administration is making available two to three-year signing bonuses to assist in attracting new faculty.
- Despite the loss of two epidemiology faculty, we have successfully hired four new epidemiology faculty.
- The student-faculty ratio is adequate, if yet less than optimally desirable.

Weaknesses
- Base salaries for faculty are very low; therefore, hiring faculty continues to be our greatest challenge, especially epidemiology faculty with biostatistics experience.
- The PHP is small and our SFR is high especially for the DrPH epidemiology track
- Small changes in faculty or students have a large impact on our SFR.
- We are also aware that we are still relying overmuch on other track and secondary faculty. We are, however, quite pleased with the recent changes to the secondary faculty, now boasting much improved public health and epidemiology experience. Faculty from other tracks do have quantitative and administrative skills to contribute to the epidemiology track. We believe that the coping mechanisms described above are appropriate and effective at maintaining a level of academic excellence that benefit the students.

Plan
- While we have reached our initial quota of faculty, we will have sufficient funds to hire at least one additional epidemiology faculty and therefore will continue active recruitment. We intend to continue to increase our epidemiology faculty resources and reduce our student-faculty ratio by the end of FY 2013.
- Also by the end of FY 2013, the first DrPH students are expected to graduate. Within that cohort, two or three DrPH students are interested and qualified to join the faculty after graduation. As recent graduates they also may be more amenable to existing PSMHS salary scales.
- General faculty members who so desire will be assisted to upgrade their epidemiology skills to provide greater flexibility in cross coverage of courses. We will pursue this as
part of the annual work plans faculty development goals. The PHP has examined the course work that is needed to acquire an epidemiology certificate at a variety of schools and for the CDC’s Field Epidemiology Training Program (FETP). We have already identified on-line and other additional academic epidemiology courses to facilitate this faculty development opportunity.

- The new indicator of average faculty salary as percent of the allowable rank maximum helps us track not only institutional contributions to the base salary out of tuition dollars but also the “Y” component that faculty members can pursue to improve their total salary. The PHP can now more positively verbalize this salary paradigm, which should assist in future recruiting.

- We expect that revising our verbalization of salary, making true salary increases, and reducing faculty workload will improve our ability to hire new, excellent faculty members in the near future.
1.8 Diversity

Puerto Rico is a veritable mosaic of diversity based upon the broad ethnic representation of its population, which include a cultural and racial mix of native Indians, Spanish heritage Caucasians and Black Africans. While the original Taíno Indians, who inhabited the Island when the Spanish colonized the Island, were largely decimated, those who survived sought refuge in the mountain areas of the Island. Eventually they inter-married with Spanish farmers and became known as jíbaros. Because of industrialization and migration to the cities, few identifiable jíbaros remain. Slaves, imported from Africa (Sudan, Congo, Senegal, Guinea, Sierra Leona, and the Gold, Ivory Coast and other African countries), were brought to work on the plantations and joined the island's racial mix. Fleeing Simón Bolívar's independence movements in South America, Spanish loyalists fled to Puerto Rico, then a fiercely conservative Spanish colony, during the early 1800s. French families also flocked here from both Louisiana and Haiti. As changing governments and violent revolutions depressed the economies of Scotland and Ireland, many farmers from those countries also journeyed to Puerto Rico in search of a better life. When the United States arrived in PR after the Spanish American War of 1898, American influence was added to this cultural mix.

Diversity is viewed very differently in Puerto Rico when compared to other USA jurisdictions. Race and ethnicity, as defined by Health and Human Services or in census definitions, does not describe well the categories and nuances used most often in Puerto Rico. Racial distinctions are of little significance, within the largely inter-racial Puerto Rican culture, with most people preferring to self-designate only by Hispanic ethnicity. This background makes interpretation of diversity in Puerto Rico different than the continental USA.

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

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

Given the history and composition of Puerto Rico's population, most Puerto Ricans could be classified as a part of a minority population either as Hispanics or by the low SES status. Given that a high proportion of the student and faculty body are Hispanic, the PHP specifically seeks diversity of other characteristics (see Tables 1.2 and 1.8.). PSMHS was begun specifically to address the scholastic needs of local Puerto Rican populations, particularly in the islands' southern region. Despite a new global focus, the commitment remains to meet local needs. Therefore, the PHP purposely recruits from local and economically disadvantaged communities from around Puerto Rico. Almost all students are eligible for and benefit from federal financial aid. Many also work part or full-time to support their graduate education. The PHP program does not request or track sexual orientation; however, recently gay and lesbian students began an association, the Straight and Gay Alliance (SAGA), which engages faculty and students, irrespective of sexual preference, in outreach activities on health issues to at-risk populations.

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

While the PHP does not have a stand-alone diversity plan, diversity elements are integral to the mission and vision of the program and therefore routinely part of strategic planning and program
evaluation. The PHP’s diversity goals were designed to capture diversity elements of the PSMHS’s mission, strategic plan and other institutional initiatives on diversity. The PSMHS Public Health Program mission makes strong statements about ethics and competency in local and global communities. The Program is also committed to being a leader in preparing public health professionals. This is only possible if faculty and students realize the ubiquitous influence of diversity on public health and learn cultural competency to address that diversity in our public health actions.

PSMHS tracks race, ethnicity, gender and other demographic variables yet at the Public Health Program diversity and objectives focus on cultural competence goals of the curriculum, the learning environment and the faculty and student body.

**TABLE 1.1.1 Goals and Objectives for Diversity**

<table>
<thead>
<tr>
<th>Goal B.2:</th>
<th>Curriculum addresses community and public health disparity issues.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.2.1:</td>
<td>Actively involve students with communities as part of their regular course work.</td>
</tr>
<tr>
<td>B.2.2:</td>
<td>Incorporate diversity &amp; social justice into regular curriculum.</td>
</tr>
<tr>
<td><strong>E: Diversity &amp; Disparities</strong>:</td>
<td>Maintain diverse student and faculty bodies to facilitate local and global connectedness and to assist in reducing health disparities.</td>
</tr>
<tr>
<td>Goal E.1:</td>
<td>Recruit diverse student body.</td>
</tr>
<tr>
<td>E.1.1:</td>
<td>Recruit ethnically and racially diverse students.</td>
</tr>
<tr>
<td>E.1.2:</td>
<td>Increase the proportion of students from outside of Puerto Rico.</td>
</tr>
<tr>
<td>E.1.3:</td>
<td>Reduce disparities by recruiting students from economically disadvantaged communities.</td>
</tr>
<tr>
<td>Goal E.2:</td>
<td>Recruit and maintain a diverse faculty body.</td>
</tr>
<tr>
<td>E.2.1:</td>
<td>Recruit &amp; maintain diverse faculty body.</td>
</tr>
<tr>
<td>Goal E.3:</td>
<td>Strengthen the learning environment elements that values diversity &amp; seeks to reduce disparities.</td>
</tr>
<tr>
<td>E.3.1:</td>
<td>PSMHS PHP incorporates diversity elements and cultural competence into PHP learning environment.</td>
</tr>
</tbody>
</table>

The Mission and Vision, in the recently revised version, also focuses on global outreach. Tracking students’ and faculty’s country of birth appropriately captures the desired global diversity and assists in achieving a greater cultural competence.

While most of our diversity indicators are new, PSMHS’ institutional commitment to the principles embodied by the new indicators is not. Teaching about diversity, addressing the health needs of minority populations, comprehension of ethics and social justice issues are essential to the training of ethical and competent public health practitioners, all of which are part of our mission and vision. Our commitment is reflected in our objectives to have specific courses on these topics, such as the Bioethics and Public Health course as well as required training on IRB protocols, Belmont and the APHA Public Health Code of Ethics. Regular inclusion of diversity, ethics and cultural competence is so important to the program that the PHP reports on diversity indicators within our measures of academic excellence (see table 1.1 and 1.2).

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

PSMHS has well established institutional policies on non-discrimination. The Nondiscrimination Policy, Interpersonal Abuse Policy and The Faculty Regulation Manual in The Academic Organization Policies and Procedures support a climate for working and learning in a diverse
setting that impact all aspects of university life for faculty, students and staff members. The Non-discrimination Policy states that the PSMHS, as an educational institution and employer, values equal opportunity, human dignity, and racial, ethnic, and cultural diversity. Accordingly, the school prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, political affiliation, disability, or US Veteran status. Furthermore, the school continues to take affirmative steps to support and advance its values consistent with the PSMHS mission as seen in policies addressing admission, students, employment, and access to and treatment in PSMHS programs and activities. This is a commitment made by the PSMHS and is in accordance with federal, state and/or local laws and regulations.

The PSMHS Interpersonal Abuse Policy states that inter-personal abuse will not be tolerated at PSMHS. Verbal, psychological or physical abuse such as speaking insultingly, engaging in schemes to undermine an individual's self-esteem, or any other such activity is not being tolerated. The Faculty Regulation Manual, under Academic Organization, states that respect for every individual is fundamental ethical behavior expected of any health professional. In this sense, teachers have a special obligation to ensure that students, interns and residents are always treated respectfully. Upon hiring, every faculty member or staff receives a copy of. Faculty, staff and student, recruitment, admission and retention, are required to be non-discriminatory, and to encourage diversity. The Dean of Academic and Students Affairs, the PHP Director, and Faculty members are all responsible for this non-discrimination policy.

The specific diversity related goals, objectives and indicators measure PHP priorities in promoting diversity and are implicit policies for the program and guide our inclusion of diversity in our teaching, research and recruitment goals for students and faculty.

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

Under the institutional policies, outlined above, discrimination is not condoned. Additionally, the PSMHS’s PHP strives to encourage exposure to diversity. Those most in need of public health services are often minority and underserved populations. Requiring students to develop cultural competence is essential to their future success in community interactions. The institution promotes a climate where students and faculty must practice how to learn and work with people from diverse backgrounds. While not an explicitly stated policy, a bilingual academic program at PSMHS promotes cultural understanding and acceptance of diversity as the standard of practice. Most classes are conducted in Spanish with written materials and tests in English. English speaking professors are welcomed and teach in English – itself a test of acceptance of the minority English speaking faculty. Student work can initially be done in Spanish or English, but by graduation, students, especially DrPH students, are expected to be able to conduct their work in English, skills necessary for any who seek employment in the mainland USA or who choose a career with required English grant-writing and publication skills.

The PHP has a specific goal is to increase students from outside Puerto Rico; thus, adding to student diversity and allowing incoming students to experience Puerto Rico’ Hispanic culture. The fact that PSMHS is an American, bilingual (Spanish/English) institution is useful in promoting a bi-directional cultural movement between Latin-America students seeking US training and appealing to US students seeking a stepping stone into a Latin American public health career. PSMHS also provides an opportunity for Puerto Ricans and others to study, work, conduct research and, serve the local Puerto Rican communities outside of PSMHS.
Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

The PHP has developed specific diversity indicators for our curriculum and for service activities. These flow directly from our commitment to local and global research and service as stated in the mission, vision and goals. The PHP recognizes the need for culturally competent public health professionals. We have indicators to measure how many of our MPH and DrPH courses address cultural competence, diversity, minority populations and social justice. There are also elective courses that are singularly devoted to addressing diversity such as the MPH Health Disparities course. As discussed above, we want to recruit both English and Spanish speaking students in attempts to establish our Institution as an interface between the US and Latin-American/Hispanic cultures. Public Health courses in both English and Spanish are being developed (using the Spanish medical program developed for the School of Medicine) to assist in achieving a truly bilingual and multicultural classroom environment.

In addition to the mission and vision emphasis on community engagement, there is an implicit policy that the PHP should engage communities through academic coursework, practicum deployments and community service work. The best service and research opportunities are among the neediest communities, which are often the marginalized, disenfranchised, and socially-deprived communities, and as such considered a high priority for the PSMHS PHP.

The chosen PHP core and track-specific competencies also include diversity indicators including cultural competencies that must be achieved by graduation. The individual courses include many additional ASPH cultural competency indicators (see Resource file 2.3 PH core knowledge). The PHP’s objectives and indicators include measuring how many courses address diversity perspectives or the health of minority populations.

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

The PHP program has expanded recruitment outside Puerto Rico through multiple public health job-posting websites. Applications have been received from African nationals, Syrians, Canadians, in addition to other diverse ethnic and racial groups. These applicants have included African Americans, Asians, Pacific Islanders, and Caucasians. Voluntarily, some of the applicants revealed their religious designation, which again shows to great diversity, with faculty applicants from Muslim, Jewish, Protestant, and Roman Catholic faiths.

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

We believe this sub-criterion is not applicable to the PSMHS PHP program. The program has only two staff. Living in an almost homogenous Hispanic population, both staff members are Hispanic and white. The PHP believes that to recruit for these positions emphasizing diversity over merit, is inappropriate. The current staff shows diversity in age, experience and training. As the need for new staff arises the PHP will consider applicants from various race, ethnicity, gender or other diversity indicators, consistent with our Institution’s Non-Discriminatory Policy.

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

The PHP has a stated policy: to expand recruitment from outside Puerto Rico, which automatically will add cultural diversity and in all likelihood, ethnic and racial diversity. The country of origin will
be tracked as part of our annual admission review (see section 4.3 student recruitment and admission).

The PHP retains diversity of its student body by ensuring that all non-discrimination PSMHS policies are adhered to and by fostering easy access and close relationships between students and faculty. While most faculty have posted office hours, most have an “open door” policy whereby students can contact faculty even on very delicate topics and receive non-discriminatory advice. The PHP promotes the bilingual classroom environment but also realizes that this is a challenge to students who may not be fluent in both languages, a potentially unintended discriminatory issue ensuing from one of our diversity strengths. Just as we would make accommodations for students with a disability, accommodations are made to help students succeed in the academic objectives of the course yet learn to effectively communicate in the new language. To promote learning of a new language while avoiding a potentially unintended discriminatory issue, we allow students to write in their preferred language during their initial coursework at PSMHS, while they attain full bilingual fluency.

Students are also encouraged to adopt and pursue priority public health projects. Activities directed to outreach to marginalized populations on delicate social or sexual issues, the outreach can be endorsed and supported by the program as long as the approach is consistent with evidence-based public health initiatives. Supporting these activities and opportunities has fostered goodwill and credibility with current and prospective students particularly regarding issues of respect and diversity in our Institution.

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

The PHP has an evaluation committee, described in section 1.2 and 1.5 that reviews all PHP indicators. The evaluation committee meets at a minimum every trimester and additionally holds a longer session for the annual summer evaluation activities. Most evaluations of the diversity indicators fall into this annual review cycle. Annual student and faculty evaluations help PSMHS Program review diversity plans and policies by assessing current research projects and courses specifically focused on or that integrate diversity. More intermittent and qualitative evaluations take place during events like student admissions, faculty searches and, strategic planning.

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

The best evidence of the success of the plans and policies is that PSMHS does have a diverse faculty and student body who feel at home at PSMHS and contribute with diverse perspectives in classroom and service opportunities. Faculty and students support projects that address health issues of disenfranchised women at risk of HIV/AIDS in housing projects, poverty-stricken neighborhoods located in potential brownfield sites, and student-led STI prevention education activities within the gay community, just a handful of some of the most recent research and field activities.

Our curriculum has a very strong emphasis on diversity, ethics and community service. More than half of our required and elective courses include attention to diversity or minority populations through direct instruction, case studies and/or examples. Students directly interface with communities around Ponce or San Juan in about 20% of the courses (see Table 1.2). PSMHS public health students in MPH program and DrPH have a full trimester three credit course in Bioethics. The introductory sessions explicitly cover cultural competence and respect for diversity (See Resource File section 2.2 syllabi). Our Faculty’s commitment to diversity is evidenced by
regular sharing of diversity resources, and for some specialized health disparities and bioethics training.

Encouraging a learning environment that welcomes disparity is not easily measured quantitatively. However, serious violations of PSMHS’s diversity policy would be referred to a grievance committee; the number of referrals would serve as a quantitative proxy. A limitation to this measure is anticipated under-reporting which is common in reporting of sensitive issues for potentially disenfranchised populations. To date, there have been no such violations reported.

A qualitative measure of a “diversity-welcoming” learning environment would be the successes the recent organization of the Straight and Gay Alliance (SAGA) by the MPH class of 2013. The goal of the group is to promote an alliance between people from all genders and sexual orientation in the school encompassed in an environment of unity, solidarity, respect, dignity and open-mindedness through the acceptance and recognition of human worth. In the past some of the most disenfranchised groups have been those reporting a different sexual preference and it is a measure of PSMHS’s diversity success that new students felt comfortable developing such an organization and inviting faculty as well as students to participate.

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

All PSMHS Public Health Program plans and policies, including diversity policies, were developed as part of a series of retreats and faculty meetings. Faculty and students participated in extensive discussions on what indicators would best capture the diversity intent of the Mission and Vision. The PHP diversity priorities were reaffirmed as the program’s values were reviewed and revised. Retreat participants unanimously agreed that diversity goals with several objectives and indicators were needed beyond the four indicators required by the CEPH; elements other than race and ethnicity were considered to bear more weight when addressing diversity within our Institution. Deciding on the diversity indicators sparked interesting and extensive debates among Faculty, giving rise to brainstorming sessions yielding an extensive list of potential indicators. These indicators were evaluated against their public health importance, impact in promoting diversity and cultural competence and, ability to easily and accurately measure progress. Consideration was also given to identifying indicators which would historically show success in promoting diversity (gender balance) as well as novel indicators that would challenge the PHP to continue to prioritize diversity (student country of birth and student SES status).

Although not a very sensitive indicator, the PHP currently identifies economically disadvantaged students by measuring the number of students from Puerto Rico who are eligible for and benefit from federal financial aid. One limitation is that a large proportion of the population in Puerto Rico has income below the federal poverty line; thus most of our student population qualifies for and benefits from financial aid. We are also exploring other economic markers such as percentage of students from municipalities with ≥ 60% of population reported below the poverty line and, percentage of students who graduated from public and private schools; these appear to be more sensitive indicators of financial need. We are working with the Dean of Academic Affairs to modify student admissions forms to better capture student race and economic status. Currently, these are obtained from either the financial aid office (without specific student identifiers) or in a student survey designed specifically to capture this information.
d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

At the institutional level, the Dean of Academic and Students Affairs, PHP Director and faculty members monitor plans and policies ensuring its implementation among staff, students and faculty. The diversity plan is embedded in the strategic priorities of the PHP and used by faculty, staff and students for recruitment priority identification for research proposals, field activities and course development. The PHP Director and the PHP evaluation committee use the Annual report as a mechanism to evaluate if approved policies are being implemented in a way consistent with success attainment. Student evaluation of courses and graduation surveys reflect on the PSMHS Program’s success for student achievement of diversity and cultural competency goals. Lack of success or exceeding previously set targets is an indicator that the diversity objectives and indicators may need to be revised. In addition, diversity and all other PHP goals, objectives and indicators are reviewed, and revised as needed, during PSMHS-wide strategic planning (intermittent) and PHP strategic planning (every 5 years).

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

<table>
<thead>
<tr>
<th>TABLE 1.8.1 Summary Data for Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>ETHNICITY</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Non Hispanic</td>
</tr>
<tr>
<td>RACE</td>
</tr>
<tr>
<td>Black or AA</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>American Indian</td>
</tr>
<tr>
<td>Multiracial or other</td>
</tr>
<tr>
<td>GENDER</td>
</tr>
<tr>
<td>Female: Male</td>
</tr>
<tr>
<td>Foreign Origin</td>
</tr>
<tr>
<td>Puerto Rico</td>
</tr>
<tr>
<td>Mainland US</td>
</tr>
<tr>
<td>not PR or USA</td>
</tr>
</tbody>
</table>

*Note: data is for primary faculty only

While Hispanic ethnicity is considered “diverse” in the continental US, Puerto Rico is almost 100% Hispanic and our faculty reflect that island norm. The PHP chose a modest target of at least 10%
of the faculty would be on non-Hispanic ethnicity. We have just met this target in each of our study years.

Four racial groups are represented within the faculty: African-American or black, white or Caucasian, other/mixed race and American Indian. The other/mixed race could in fact be two groups since a number of individuals made distinction between the two options. As noted previously, race is considered differently in Puerto Rico than in the mainland US. The recently hired faculty, included in the three year history above, are also of differing racial categories. The secondary faculty are also racially diverse reporting six white, one other and three mixed race (N=10) in 2009-2010 and 2010 and 2011 and four white, three other and three mixed race reported in 2011-2012 (N=10). We have more than met our target of three racial groups represented within our faculty and plan to continue to meet this racial diversity indicator for our faculty.

Faculty diversity is especially noteworthy in the diversity of countries of origin: Puerto Rico, USA (Dr. Lisa Norman), Bolivia (Dr. Diego Zavala), Canada (Dr. E. Anne Peterson), Mexico (Dr. Manuel Bayona), and Venezuela (Dr. Carolina Álvarez and Dr. Rafael Bredy). In addition, the PHP has part-time Faculty members who come from Spain and Costa Rica.

Our gender indicator is to keep a gender balance, with the male/female proportions in the 40-60% range with either gender predominating. This target has been achieved throughout the recent study period. The three most recent faculty hired are all women, swaying the balance to 57% women to 43% men, just barely within our desired range. The faculty gender ratio has changed from predominantly male to a nice balance of men and women, with women in many leadership roles – often a diversity challenge. Female leadership roles have been increasing during the last three years with a first-ever female PHP Director and women in leadership roles as Track Coordinators, and Committee Chairs. Women from the PHP have also been invited into leadership roles in PSMHS-wide committees including Chair of the PSMHS Senate.

As in many public health programs, maintaining a gender balance can be difficult. We value maintaining the gender balance and therefore will continue to track and seek additional male faculty if equivalently qualified.

<table>
<thead>
<tr>
<th>TABLE 1.8.2 Diversity Data for Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category/Definition</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Ethnicity: Hispanic/non-Hispanic</td>
</tr>
<tr>
<td>Race</td>
</tr>
<tr>
<td>Gender: % Male</td>
</tr>
<tr>
<td>AGE</td>
</tr>
<tr>
<td>20-29</td>
</tr>
<tr>
<td>30-39</td>
</tr>
<tr>
<td>40-49</td>
</tr>
<tr>
<td>More than 50</td>
</tr>
<tr>
<td>PR students of low SES</td>
</tr>
<tr>
<td>Place of Origin</td>
</tr>
</tbody>
</table>
We are reporting on race and ethnicity for students but these are new indicators and not key indicators that the PHP has chosen as measuring diversity within the student body. The ethnicity, not unexpectedly for a pre-dominantly Spanish speaking institution, is still 100% Hispanic. The racial diversity displays the usual mix of white, black and other/mixed racial designations. Since racial designation has not been regularly requested information during the admissions process, the PHP obtained the race data from current and alumni surveys, which may not be fully representative of the whole student body.

Women make up most of our student body as is increasingly common in graduate school programs. Men are notably under-represented within the PHP’s student population. A greater intake of males is desired but cannot be regulated, only encouraged and tracked. PHP program recruitment efforts are actively reaching out to men through Facebook, university and mall presentations and PHP open house events, in hopes of increasing male applicants to the PHP. The most recent MPH cohort admitted for fall 2012, have a much higher number of men: eight of 29 admitted students. There is also some diversity in the age distribution of the student body. Most students are between 20 and 29 years old, regularly making up 2/3 of our student body, but older students, even one student over 50 has been admitted into the PHP.

PSMHS is a private institution and so our tuition is slightly higher than public institutions in Puerto Rico that are subsidized and receive support from government funding. Still PSMSHS was founded to meet the educational needs of the south of Puerto which includes many disadvantaged communities; therefore tuition is kept as low as possible, financial aid, scholarships and the new work-study program are made available to students. The PHP has a target that at least 60% of students from Puerto Rico would come from economically disadvantaged circumstances. For the present, we are measuring this by the percentage of students who are eligible and receive financial aid. In every year reported, the percentage of students receiving financial aid far exceeds our target of 60%.

Student place of origin is a new indicator and we are establishing the baseline, knowing that in the past the vast majority of students came from Puerto Rico. Historical data on student place of origin has also been obtained through current student and alumni survey. The alumni survey did not have 100% participation therefore that data may not be completely accurate. This baseline will be used to measure the success of our future efforts to recruit students from outside of Puerto Rico. Both the US and global student outreach is just beginning. The PHP is pursuing a Panama partnership with potential for a significant number of students. PHP program is also working on an MOU with PAHO to train one or two of their staff each year. We expect regular annual increase and within five years that at least 15% of the PHP student body will come from outside of Puerto Rico, either mainland USA or other countries. Additional diversity is likely to be achieved as the PHP deploys new student and faculty recruitment strategies.

Diversity objectives are also measured relative to inclusion of diversity in course-work, research and community service. See table 2.1 for full details. More than 50% of required and selective courses include elements of diversity and around 20% of courses require community interaction as part of the routine coursework. The research (see 3.1 Research) and community service (see 3.2 Service) similarly includes significant attention to the health needs of diverse, impoverished or at risk populations. PHP faculty and students have conducted environmental health assessments in slum dwellers, research with violence perpetrators and HIV testing services for women at risk for HIV/STI in housing projects. These are just a few of many examples of cross-cultural, diversity oriented research service being conducted by PHP faculty and students.
f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met

**Strengths**
- The presence of a broad multi-cultural, multi-racial faculty drawn from multiple different countries of the world.
- A balanced gender ratio with strong female representation in the PHP’s leadership roles and in female leadership contribution to PSMHS activities.
- The outreach and inclusion of students from poorer parts of Puerto Rico has been consistent and strong.
- Puerto Rico, as a minority and health disparity setting, is a great base for diversity oriented learning, service and research. Lessons more easily learned in this predominantly Hispanic setting have great potential for transference to Hispanic populations wherein conditions make it harder to isolate and study the Minority populations.
- Having a bilingual program enables us to interest a wider range of diverse students and requires cultural and language sensitivity throughout the program implementation.
- Puerto Rico is almost exclusively Hispanic, a minority population among US States and Territories. The PHP reflects that norm though the non-Hispanic faculty has increased to greater than 20%. There is much greater racial diversity, which while required by CEPH, is not considered of much importance in Puerto Rico and, therefore, information on racial diversity is not yet institutionalized and must be elicited by surveys at the present time. The PHP has developed other diversity indicators that reflect better the mission and vision of the program: student socio-economic status, faculty country of origin, and faculty male/female ratio.

**Program Weaknesses**
- Diversity information about prior student cohorts is weak, especially for racial diversity, which was not regularly captured. This may be resolved through alumni survey information.

**Program Plans**
- Introduce racial designation into the regularly required student admissions forms.
- Encourage more English-taught courses within the curriculum.
- Expand the Program to mainland Hispanics and non-Hispanics and broaden student participation from Latin America.
- Continue active recruitment of diverse faculty
2 Instructional Programs

2.1 Degree Offerings

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

The Ponce School of Medicine and Health Sciences Public Health Program offer a general MPH degree and two MPH degrees with areas of specialization in Epidemiology, and Environmental Health. These three tracks contribute to a professional degree with courses designed to assure that graduates acquire the necessary competencies to work in these fields. The curricular sequence, order and content of the tracks, has been reviewed and revised for each track in the last year to fill previously identified gaps in the preparation of students in the core and supporting public health competencies. It is an evening program that lasts two academic years, divided into three trimesters and one summer trimester.

The Doctoral Program of Public Health Program (DrPH) at the Ponce School of Medicine and Health Science offers the Doctor in of Public Health in Epidemiology. The applied epidemiology doctorate has also been under revision in the last year, updating the entry requirements and revising the required, selective and elective courses that ensure the students receive instruction in the doctoral level epidemiology competencies in all the DrPH coursework. An instructional matrix presenting PSMHS degree offerings is presented in Table 2.1

<table>
<thead>
<tr>
<th>Degree Offered</th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master Degrees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master of Public Health, General</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Master of Public Health, Environmental Health</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Master of Public Health, Epidemiology</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Applied Doctoral Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor of Public Health in Epidemiology</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

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

PSMHS Course Catalogue
PSMHS degree offerings and all courses are listed in the PSMHS course catalogue, including the PHP master’s and doctoral program with course details. The last published version was 2006-2009 version published in January of 2007. This has been updated during the fall of 2012 to reflect recent changes in all the PSMHS degree programs. The draft version is available electronically (see Resource file 2.1 Degree offerings) and a final updated version is expected to be complete in January 2013.

PSMHS and PHP Website
The Public Health Program portion of the Ponce School of Medicine & Health Sciences Public Health Website has been completely redone in 2012; updating all program descriptions, entry
requirements. There are two access points through the school’s main website at http://www.psm.edu through the Academic Program tab or the Academic Affairs tag. In addition, the Public Health Program information can also be accessed through a link directly to the new PHP webpage at http://www.psm.edu/php/ so that students who identify the program through social media can easily access the correct and complete program information.

Our website includes information pertaining to the goals of the program, its mission and vision, educational objectives, admission, practicum experience and graduation requirements, and most importantly the curriculum for each professional degree.

**PHP Practicum Website**
The PHP has also developed a MPH Practicum Homepage which is accessed through the PHP website or at https://sites.google.com/site/psmpublichealthmphpracticum/. The practicum has been designed to provide the student with opportunities to gain practical experience in public health agencies or community settings. The practicum website includes information pertaining to its purpose, objectives and competencies, practicum manual, policies and procedures to enhance the practicum experience. All of the required practicum forms (e.g. Practicum Plan) for students and site supervisors and training materials will be available on this site.

**Admissions Brochure**
This brochure jointly designed by the PHP and the Admissions office, summarizes the degree offerings, admissions requirements and tuition information. It is used in all student recruitment events and has been updated in 2012.

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

**This criterion has been met.**

**Strengths**
- The PHP has clear degree offerings, three MPH tracks and a DrPH in epidemiology with appropriate coursework, clear navigation and sufficient staff to conduct the program.
- The Public Health Program portion of the Ponce School of Medicine & Health Sciences Public Health Website has been completely redone in 2012; updating all program descriptions, courses syllabus, entry requirements. There are two access routes through the school website (psm.edu) to the PHP webpages and links from the PHP Facebook page. The information is pertinent to students, faculty, practicum site preceptors and general public. The new webpage will improve the access to accurate information about the program and related activities.

**Weakness**
- Updating the webpage information is still slower than optimal. This is mainly due to multiple parties involved in the process: PHP faculty, staff, students and Management Information Systems (MIS) personnel.

**Plan**
- The PHP promotion committee now has a designated faculty member who will coordinate with a work/study or volunteer students to review and update both PHP website and Facebook page more regularly and rapidly to make the program website exciting rather than just complete.
2.2 Program Length

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

The Ponce School of Medicine and Health Sciences require students to complete 15 classroom/contact hours per class credit for our MPH degree. The number of hours/credit does not change in the summer trimester but the number of weeks is shorter.

The practicum requirements are the only exception to 15 contact hours/credit but are not classroom hours. The hours represent the total external workplace hours expected of students: 200 hours for 2 credits for the MPH students, 240 hours for 3 credits for DrPH students. The practicum hours but the designated hours represents total hours expected from the students. The summer practicum is 8 weeks long to give students more opportunity to complete their hours.

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

The Ponce School of Medicine and Health Sciences MPH degree requires students to complete 55 credit units. These credit units are usually completed over a period of two years. Each academic year is divided into three trimesters and students are usually enrolled in an average of nine credit units per trimester, with an optional summer session available for the practicum or an elective.

The Public Health Program curriculum is consistent with the Institutional Mission and with its own program Mission, Vision and Goals. The first year curriculum, which is identical for the three tracks (General, Epidemiology, and Environmental Health), includes required courses in the five core areas of Public Health. The 2012 curriculum and course revisions have strengthened the coverage of the chosen public health competencies across the course offerings and within each course. To receive the degree of Master of Public Health (MPH), every student must satisfactorily complete the assigned track curriculum requirements, with a minimum GPA of 3.0 on a four-point grading scale.

The 2012 curriculum instructional matrixes for the MPH tracks are presented in Table 2.2b.1 through 2.2b.4 while tables 2.2b.5 through 2.2b.7 present the selective and elective courses available for each track. Selective courses are courses that are track specific but interchangeable with each other relative to coverage of basic competencies. Students are required to choose a certain number within a small number of specific courses for that track. Elective courses are courses that could be taken by the student in any areas of their interest. MPH 7850 (practicum) will not be able to be repeated in lieu of an elective.

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

The Ponce School of Medicine and Health Sciences does not offer a professional public health master’s degree in Public Health for fewer than 42 semester credit units.
### TABLE 2.2.1 MPH Common First Year

**MPH FIRST YEAR – COMMON TO ALL TRACKS**

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamentals of Public Health</td>
<td>MPH-5101</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to Biostatistics</td>
<td>MPH-5102</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to Environmental Health</td>
<td>MPH-5310</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to Epidemiology</td>
<td>MPH-5103</td>
<td>3</td>
</tr>
<tr>
<td>Inferential Biostatistics</td>
<td>MPH-6202</td>
<td>3</td>
</tr>
<tr>
<td>Psychosocial Aspects of Public Health</td>
<td>MPH-5201</td>
<td>3</td>
</tr>
<tr>
<td>Public Health Management</td>
<td>MPH-5411</td>
<td>3</td>
</tr>
<tr>
<td>Bioethics and Public Health Law</td>
<td>MPH-5511</td>
<td>3</td>
</tr>
<tr>
<td>Communication and Informatics in Public Health</td>
<td>MPH-5600</td>
<td>3</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td>27</td>
</tr>
</tbody>
</table>

**SUMMER:**

PRACTICUM or Elective

<table>
<thead>
<tr>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH-7850</td>
<td>0-2</td>
</tr>
</tbody>
</table>

**Subtotal** 29

### TABLE 2.2.2 MPH General Curricular Sequence

**MPH SECOND YEAR – GENERAL TRACK**

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Trimester:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Policy</td>
<td>MPH-5502</td>
<td>2</td>
</tr>
<tr>
<td>Scientific Writing</td>
<td>MPH-5601</td>
<td>3</td>
</tr>
<tr>
<td>Program Planning and Evaluation in Public Health</td>
<td>MPH-7001</td>
<td>2</td>
</tr>
<tr>
<td>Health Promotion and Disease Prevention</td>
<td>MPH 6601</td>
<td>3</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

| **Second Trimester:**                                 |         |         |
| Introduction to Health Care Administration            | MPH-5401| 3       |
| Selective                                             | MPH-xxxx| 3       |
| Practicum or Elective                                  | MPH-7850, xxxx| 2-3   |
| **Subtotal**                                           |         | 8-9     |

| **Third Trimester:**                                  |         |         |
| Selective                                             | MPH-xxxx| 2 or 3  |
| Elective                                              | MPH-7900| 2 or 3  |
| Culminating Experience – Capstone                     | MPH-7900, 7910| 0-2   |
| **Subtotal**                                           |         | 7-8     |

**First & Second Year Total** 54-55
### TABLE 2.2.3 MPH Epidemiology Curricular Sequence

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MPH SECOND YEAR – EPIDEMIOLOGY TRACK</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First Trimester:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Epidemiology</td>
<td>MPH-7013</td>
<td>3</td>
</tr>
<tr>
<td>Scientific Writing</td>
<td>MPH-5601</td>
<td>3</td>
</tr>
<tr>
<td>Research Methods in Epidemiology</td>
<td>MPH-7333</td>
<td>3</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td><strong>9</strong></td>
</tr>
<tr>
<td><strong>Second Trimester:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistical Methods in Epidemiology</td>
<td>MPH-5212</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology of Infectious Disease</td>
<td>MPH-7753</td>
<td>3</td>
</tr>
<tr>
<td>Practicum-Elective or Selective</td>
<td>MPH-7850</td>
<td>2-4</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td><strong>8-10</strong></td>
</tr>
<tr>
<td><strong>Third Trimester:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidemiology of Chronic Disease</td>
<td>MPH-7073</td>
<td>3</td>
</tr>
<tr>
<td>Culminating Experience – Capstone or Exam</td>
<td>MPH-7900, 7910</td>
<td>0-2</td>
</tr>
<tr>
<td>Elective or Selective</td>
<td></td>
<td>0-2</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td><strong>5-7</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>55</strong></td>
</tr>
</tbody>
</table>

### TABLE 2.2.4 MPH Environmental Health Curricular Sequence

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MPH SECOND YEAR –ENVIRONMENTAL HEALTH TRACK</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First Trimester:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Safety</td>
<td>MPH-7064</td>
<td>2</td>
</tr>
<tr>
<td>Air and Hazardous Waste Exposure Assessment</td>
<td>MPH-7444</td>
<td>3</td>
</tr>
<tr>
<td>Water Quality Measurements</td>
<td>MPH-7454</td>
<td>2</td>
</tr>
<tr>
<td>Environmental and Occupational Diseases</td>
<td>MPH-7074</td>
<td>2</td>
</tr>
<tr>
<td><strong>Trimester</strong></td>
<td></td>
<td><strong>9</strong></td>
</tr>
<tr>
<td><strong>Second Trimester:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Epidemiology</td>
<td>MPH-7414</td>
<td>2</td>
</tr>
<tr>
<td>Environmental Toxicology</td>
<td>MPH-7024</td>
<td>2</td>
</tr>
<tr>
<td>Environmental Laboratory</td>
<td>MPH-7484</td>
<td>3</td>
</tr>
<tr>
<td>Select one of the following (2-3 Credits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRACTICUM or Selective or Elective</td>
<td>MPH-7850</td>
<td>2-3</td>
</tr>
<tr>
<td><strong>Trimester</strong></td>
<td></td>
<td><strong>9-10</strong></td>
</tr>
<tr>
<td><strong>Third Trimester:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>MPH-7434</td>
<td>2</td>
</tr>
<tr>
<td>Selective or Elective</td>
<td>MPH-xxxx</td>
<td>2 or 3</td>
</tr>
<tr>
<td>Elective</td>
<td>MPH-xxxx</td>
<td>2</td>
</tr>
<tr>
<td>Culminating Experience; Capstone or exam</td>
<td>MPH-7900, 7910</td>
<td>0-2</td>
</tr>
<tr>
<td><strong>Trimester</strong></td>
<td></td>
<td><strong>6-9</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>55</strong></td>
</tr>
</tbody>
</table>
### TABLE 2.2.5 Selective and Elective Courses: MPH General

<table>
<thead>
<tr>
<th>Selective</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific Basis of Health Interventions</td>
<td>MPH 5300</td>
</tr>
<tr>
<td>Qualitative Methods</td>
<td>MPH 6030</td>
</tr>
<tr>
<td>Survey Design (Test Construction)</td>
<td>MPH 6120</td>
</tr>
<tr>
<td>Nutrition and Public Health</td>
<td>MPH 7711</td>
</tr>
<tr>
<td>Risk Communication</td>
<td>MPH 7781</td>
</tr>
<tr>
<td>Methodology and Research</td>
<td>MPH 8003</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elective</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Disparities</td>
<td>MPH 6111</td>
</tr>
<tr>
<td>Aging in Public Health</td>
<td>MPH 7071</td>
</tr>
<tr>
<td>Behavioral Aspects of Health Disorders</td>
<td>MPH 7501</td>
</tr>
<tr>
<td>Global Health</td>
<td>MPH 7761</td>
</tr>
<tr>
<td>Humanitarian Operations</td>
<td>MPH 7771</td>
</tr>
<tr>
<td>Bioterrorism and Public Health</td>
<td>MPH 7791</td>
</tr>
<tr>
<td>Epidemiology course offering</td>
<td>Various</td>
</tr>
<tr>
<td>Epidemiology Track course offering</td>
<td>Various</td>
</tr>
</tbody>
</table>

### TABLE 2.2.6 Selective and Elective Courses: MPH Environmental Health

<table>
<thead>
<tr>
<th>Selective</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Information Systems</td>
<td>MPH-7032</td>
</tr>
<tr>
<td>Fundamentals of Industrial Hygiene</td>
<td>MPH-7701</td>
</tr>
<tr>
<td>Environmental Management and Regulations</td>
<td>MPH-7402</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elective</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health Consulting</td>
<td>MPH 7404</td>
</tr>
<tr>
<td>Environmental Microbiology</td>
<td>MPH 7494</td>
</tr>
<tr>
<td>Statistical Methods in Environmental Health</td>
<td>MPH 7474</td>
</tr>
<tr>
<td>Qualitative Methods</td>
<td>MPH 6030</td>
</tr>
<tr>
<td>Bioterrorism and Public Health</td>
<td>MPH 7791</td>
</tr>
<tr>
<td>Global Health</td>
<td>MPH 7761</td>
</tr>
<tr>
<td>General Track courses offering</td>
<td>Various</td>
</tr>
<tr>
<td>Epidemiology Track courses offering</td>
<td>Various</td>
</tr>
</tbody>
</table>

### TABLE 2.2.5 Selective and Elective Courses: MPH Epidemiology

<table>
<thead>
<tr>
<th>Selective</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster Epidemiology</td>
<td>MPH 5104</td>
</tr>
<tr>
<td>Injury Epidemiology</td>
<td>MPH 7043</td>
</tr>
<tr>
<td>Nutritional Epidemiology</td>
<td>MPH 7063</td>
</tr>
<tr>
<td>Forensic Epidemiology</td>
<td>MPH 7703</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elective</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survival Analysis</td>
<td>MPH 6302</td>
</tr>
<tr>
<td>General Track course offering</td>
<td>Various</td>
</tr>
<tr>
<td>Environmental Health Track courses offering</td>
<td>Various</td>
</tr>
</tbody>
</table>
d. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

**Strengths**
- All MPH students are required to complete 55 credits within a 4 year period of time.
- All credit hours represent 15 hours on faculty student contact.

**Weaknesses**
- None noted

**Plans**
- None needed
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.

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

The PH program assures that all MPH students develop the necessary competencies in the five core areas of Public Health. All of the MPH students are required to take the courses presented in the Table 2.3.1, regardless of their specialty track. The MPH program begins with Fundamentals of Public health (MPH 5101), which has an introductory session on each of the competency domains, including the 5 core public health competency domains. All of the five public health core areas of knowledge- have at least one 3 credit required course for all MPH students; Biostatistics has a total of 6 required credits dedicated to that public health area.

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>All competency domains-intro</td>
<td>Fundamentals of Public Health: MPH-5101</td>
<td>3</td>
</tr>
<tr>
<td>Biostatistics</td>
<td>Introduction to Biostatistics: MPH-5102</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Inferential Biostatistics: MPH-6202</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>Introduction to Epidemiology: MPH-5301</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>Introduction to Environmental Health: MPH-5310</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>Psychosocial Aspects of PH: MPH-5201</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>Public Health Management: MPH-5411</td>
<td>3</td>
</tr>
<tr>
<td>Variable</td>
<td>Practicum: MPH-7850</td>
<td>2</td>
</tr>
<tr>
<td>Integration of 5 core areas</td>
<td>Comprehensive examination or Capstone</td>
<td>0-2</td>
</tr>
</tbody>
</table>

During the second year, the different specialty tracks are designed to further develop the students’ knowledge and competencies in different areas. Students in the Environmental Health Track will further develop their knowledge in this domain. Similarly, students in the Epidemiology track will build on the first year core knowledge to develop additional expertise and application in the epidemiology competency domain. Students in the General track are required to apply their understanding of the 5 core areas as they study cross-cutting competencies such as policy and program planning. The description of the specific competencies defined for each specialty track can be found in Section 2.6 below.

In addition to the development of the core areas of Environmental Health and Epidemiology in the second year those specialty tracks will also apply knowledge of other core areas as they deepen their core knowledge. For example, a course such as Chronic Disease Epidemiology (MPH-7073) in the Epidemiology specialty track will also include interpretation of Biostatistics and addressing Social determinants of disease. Specific descriptions of the content of each course are available in course syllabi, which are available in the Resource File or on the PHP web-site.

The Practicum is designed to allow the students to apply the competencies learned in the academic setting to an external work environment. (see section 2.4). The Culminating experience requires students to show their proficiency in the five core competency domains to
be able to integrate those competencies. Both the comprehensive exam and the capstone review metrics are designed specifically to measure the student’s achievement of these core competencies.

DrPH students are also required to show mastery of the core competency domains. They must provide evidence of completion of courses in each of the five core areas prior to entering their DrPH. The PHP only offers a DrPH in epidemiology, so the DrPH students have extensive required and selective epidemiology courses and good biostatistics coverage during their first two years. The other core competency domains are woven through the DrPH program as case studies and applications during their epidemiology courses. The DrPH students also must pass a comprehensive exam at the end of the second year, which contains elements of all the core competency domains. (see section 2.10 for DrPH pre-requisite explanation)

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

This criterion is met.

**Strengths**
- The program includes core courses, required for all students regardless of specialty track, which cover the fundamental competencies related to the five areas: Biostatistics, Epidemiology, Environmental Health, Health Services Administration and Behavioral Sciences. In addition, all students are required to take courses in Fundamental Aspects of Public Health, Ethics and Informatics (not shown on the tables above), which are areas considered essential for any Public Health professional. Students going into the Environmental Health or epidemiology specialty tracks get additional expertise in their respective areas of competence. Students in the General Track will get additional expertise in the areas of Health Policy, Prevention, Scientific Writing, Research and Program Design and Evaluation.
- All course syllabi have been recently reviewed to clarify learning objectives, public health competencies covered, teaching and evaluation methods
- All students also are required to complete an external practicum that has specific learning objectives and requires application of academic course competencies to an actual public health setting.
- The culminating experience has been recently revised. It now specifically requires all students to demonstrate proficiency in the five core domains and the grading metric is designed to rate whether they have successful demonstrated that proficiency

**Weaknesses**
- The curriculum has just recently been revised to correct some of the former weaknesses. Several redundancies were identified in the content areas of several courses as they were offered in the past. These redundancies have been eliminated.

**Plan**
- In follow-up to the recent syllabi revision, all the courses themselves will be individually and peer reviewed to verify they teach and evaluate the material stated in the syllabi.
2.4 Practical Skills

Ponce School of Medicine and Health Sciences Public Health Program designed then implemented a new Practicum Experience as part of MPH and DrPH curriculum during the 2011-2012 academic year. Prior to that, students conducted a "Field Work" that serves as both: a capstone experience and as a practice experience. The "Fieldwork" was conducted over the course of three trimesters and ended with the delivery of a comprehensive document which included elements of an investigation (Capstone Experience) and an external Practice (Practicum). While the field work was specifically designed to give students practical skills outside of the academic setting, it did not show a clear distinction between the two CEPH requirements. Two MPH classes and some DrPH students voluntarily agreed to move to the new “CEPH-compliant” practicum experience. The new policies and standards are described below as well as the results of these first three groups of students experience with the new practicum protocol.

a. Description of the program’s policies and procedures regarding practice placements, including the following: site selection, methods for approving preceptors, opportunities for orientation and support for preceptors, approaches for faculty supervision of students, means of evaluating student performance, means of evaluating practice placement sites and preceptor qualifications, criteria for waiving, altering or reducing the experience, if applicable.

All MPH and DrPH students are required to complete a practicum as part of the curriculum. The Practicum is a 2-credit requirement in the case of the MPH students and 3 credits requirement in for the Doctoral Program, during which the student works in the field under the supervision of an approved site preceptor. It is intended to provide students with an opportunity to synthesize, integrate, and apply practical skills, knowledge, and training learned in courses, to gain professional experience in a public health work environment, and to work on public health practice projects that are of particular interest.

The Practicum is structured as a three-way partnership between the student, PSMHS, and a sponsoring agency/organization and each Practicum must be pre-approved, planned, supervised and evaluated in order for a student to receive credit. The program’s policies and procedures regarding the practicum experience are described in the Public Health Practicum Experience Manual.

As a program policy, no Practicum exemption or waiver is granted for students entering the MPH or PhD program. Students currently working in tasks related to public health as part of a regular job or a graduate research as project assistant must identify a separate practice, with specific learning goals, in order to receive credit practices.

**MPH Students Practicum Prerequisites**

To be eligible to begin the Public Health Practicum Experience, students must meet the following criteria:

- Have completed at least 27 credit hours of core and/or department required course work.
- Have a cumulative grade point average of at least 3.0 within the Public Health Program.
- Have applied for a 2 credits Public Health Practicum Experience (MPH 7850) with the understanding that the project will require logging at least 200 hours practicum.
Students must have prior approval from the Public Health Practicum Coordinator to enroll in Public Health Field Work Practicum Experience (MPH 7850).

**DrPH Students Practicum Prerequisites**
To be eligible to begin the Public Health Consulting Practicum, doctoral students must meet the following criteria:
- Have completed their second year and successfully passed the Comprehensive Exam or its equivalent.
- Have a cumulative grade point average of at least 3.0 within the Public Health Program; have applied for a 3 credits Public Health Consulting Practicum (DPH 7083) with the understanding that the project will require logging at least 240 hours practicum.
- Students must have prior approval from the Public Health Practicum Coordinator to enroll in the Public Health Consulting Practicum (DPH 7083).

Students must also complete the online IRB Training program, and complete the HIPAA training program compliance. Upon completion of these training programs, students are required to print the training confirmation forms. These forms must be returned to the Public Health Practicum Coordinator before a permission number will be provided for registration.

**Practicum Workshop**
The practical experience requirement is introduced to all MPH and DrPH students at the Practicum Workshop during the quarter before they are planning to begin the program. The workshop includes information related to policies and regulations of the practicum, prerequisites, criteria for the practicum sites, and criteria for site practicum preceptors. The Practicum Coordinator presents a power-point presentation, available in English and Spanish. The workshop is also an opportunity for students to meet and ask questions to the Practicum Coordinator. In this two-hour workshop the student also receives the Practicum Manual. The presentations developed for the student workshops are also available on the PHP practicum web-site for informing site supervisors of their responsibilities.

**Practicum Committee**
The Practicum Committee was created to address MPH and DrPH practicum issues. The committee reviews and evaluates (accept or decline) all the student practicum plans, site preceptors’ candidates and possible practice sites. If a student desired to waive the practicum experience, this committee would review their petition, but to date no such requests or waivers have occurred. Most practicum sites have pre-existing MOUs that are negotiated between the site agency and PSMHS’s legal advisor in advance of the practicum placement. Where applicable, the committee can make recommendations to the student, preceptor or site in order to deal with situations or problems. The committee also evaluates any problems brought to their attention by students, preceptors or faculty advisors for appropriate and immediate resolution. At the end of the practicum trimester, the practicum committee reviews all student and preceptor evaluations and takes appropriate action for upcoming practicum planning. While independent from other Faculty committees, the practicum manual endorses the initiation of needed program committees such as the Practicum Committee. Two to three members of the faculty compose the committee including the Practicum Coordinator as one of those members.

**Site Selection**
The MPH and DrPH Public Health Practicum offers students an opportunity to apply skills learned in the classroom in a public health Practicum setting. The Public Health Practicum Experience is not intended to be a research-based experience in an academic setting.
The student should indicate primary area of public health interest to his/her Academic Advisor. The student should find a site through his/her own networks, review sites and preceptors on PSMHS practicum website or meet with the Public Health Practicum Coordinator for assistance to find an appropriate site that matches his/her interest area. The Practicum Coordinator and the Faculty Advisor may also help the student to match his/her interest when recommending placement sites. A criterion for the endorsement of the site is that the PHP approve the site supervisor and that the project plan includes clear PH learning objectives. There are practicum sites available all across Puerto Rico, some in the mainland USA and hopefully in the future will include the possibility of international site placements.

**Site Preceptors**
Site preceptors must have adequate public health experience to oversee the learning objectives defined in the students practicum plan. The site preceptor must also be external to PSMHS, part of an approved site and themselves approved by the PSMHS coordinator or committee. The PHP developed guidelines on the definition of adequate Public Health experience or credentials for site preceptors. They are a combination of levels of academic training and public health experience. For lower levels of degree attainment, greater years of experience are required. Site Preceptors that have a doctoral level degree, such as a DrPH or PhD or MD, should also have a minimum 3 years public health experience in a relevant area. Preceptors with other graduate degrees should have at least 5 years public health experience in a relevant area. Preceptors with only a bachelor level degree are acceptable but should have extensive public health experience, 10 or more years of expertise in relevant public health area. PSMHS PHP has an environmental health track so environmentally related experience that contributes to improving health is acceptable.

A PowerPoint based training in Spanish and English has been developed for the Preceptor orientation. The Practicum Coordinator also provides support for the preceptors with an orientation meeting before the practicum experience and constant follow up during the process. Both Practicum Coordinator and student’s faculty advisors are ready to support the preceptors in their work.

**Preceptor Responsibilities**
The preceptor’s responsibilities are; helping the student to meet goals and objectives for the Practicum experience. The preceptor must also give assignments that balance "student work" with more substantive public health learning tasks. The preceptor monitors the student’s activities through regular meetings and provides feedback. He/she should provide adequate resources and materials to allow the student to complete assigned tasks. The practicum is an ideal opportunity for students to learn about career opportunities. Preceptors must show appreciation for student’s efforts, are encouraged to provide professional career path advice and to introduce the student to others who can inform or assist the student to explore career opportunities. Since the practicum is still intended to be a learning experience, even as a student begins to work and use already acquired skills, the preceptors are instructed to give the student the opportunity to learn new skills.

**PHP Faculty Responsibilities**
The student’s assigned faculty advisor meets with the student to discuss practicum opportunities that are available and of interest to that student. The faculty member may assist in identifying practicum sites or projects but it is primarily the responsibility of the student The faculty advisor does review and approve the practicum plan including learning objectives and competency area of the proposed activities. The faculty advisor, together with the practicum
coordinator is available to address problems or concerns that arise during the practicum experience.

**Project Plan**
Students develop their project plan during initial discussions with the site supervisor. The plan must include the competencies the student will focus on, specific learning objectives and a short description of the activities and tasks the student will perform. This plan must be reviewed and approved by the student’s faculty advisor and the Practicum Coordinator prior to beginning to log hours. When possible, it is advantageous to design projects that allow the student to take part in a project from beginning to end, even if it is a sub-project contributing to a larger, longer endeavor. Preceptors are responsible in submitting monitoring and evaluation reports. The preceptor evaluates the student on multiple performance areas and in the MPH or DrPH Program Competencies (*see practicum evaluation forms in the practicum manual*).

**Conducting the Practicum**
The student is expected to follow the plan previously outlined, participate in the activities planned and log hours. The student must submit an interim report to their faculty advisor and the Practicum Coordinator, once they have logged 50 hours. This is in order to address any issues that either the student or preceptor have discovered. Students or preceptors may call their advisor or the Practicum Coordinator at any time for problem resolution. In the past, one site was initially problematic in giving students too few hours per week of work and potentially jeopardizing the student’s ability to complete the needed hours during the practicum trimester. This was successfully resolved through discussions with the Practicum Coordinator and resulted in one of the best practicum experiences reported by the students. Students are also expected to conduct themselves as working professionals at all times during their practicum.

**Process of Evaluating Student Performance**
One of the preceptor’s responsibilities is to help the public health student develop the expected entry-level professional and public health competencies by guiding their supervised practice and by providing constructive feedback regularly. The Public Health Program has developed, an evaluation (*included in the practicum manual*) for use by the preceptors in assessing the student practicum performance. In order to grade the practicum the student performance evaluation would be evaluated.

**Student Feedback**
The students should present a site evaluation and a preceptor evaluation at the end of the practicum experience. Each student evaluates the experience as a whole and the preceptor and site in particular, using the Student Final Practicum Evaluation form found in the Public Health Practicum Experience Manual. This information is considered and evaluated by the Practicum Coordinator in establishing and recommending future Practicum sites and preceptors.

**Requirements for Practicum Completion**
The student must have registered officially for the practicum course and have fulfilled all prerequisites before beginning the practicum hours. The Public Health Practicum Experience must include at least 200 contact hours for MPH students and 240 contact hours for DrPH students. Public Health Practicum Experience hours are to include time spent in the actual work setting or performing duties assigned by the site preceptor. During the Practicum Experience, the student will send an initial and a mid-project update on the Practicum experience to the faculty advisor by e-mail.
It is strongly encouraged that students present a summary of their experience to the Academic Community. The student would present a poster describing their Practicum experience during a “Walking through the Practicum; Sharing the Experience” event at the end of each practicum trimester (summer and 2nd trimester) at the University Academic Building. The hosting agencies are welcome, but the event is primarily for the practicum students to be able to verbalize what they learned during their practicum and for other students to see what kind of practicum opportunities are available to them with real input from students who have finished their practicum.

**Reflection Paper and Site Description**
A reflection paper and site descriptions are also required from the student. The reflection/learning paper should be presented as the final contribution to the hosting site. The site description paper and the preceptor evaluation form are submitted to PSMHS to help the academic advisor and the Public Health Practicum Coordinator evaluate whether the site and the site preceptor are adequate for future fieldwork experiences.

**Course Evaluation**
The Practicum experience is graded as pass/fail based on meeting or not meeting the previously described completion requirements. The Public Health Practicum Experience Site Preceptor must complete an Evaluation of Student’s Performance Form. The student faculty advisor would receive the final hour log (with preceptors signatures) and the Students performance form. A copy of this form is to be completed and returned to the Public Health Practicum Coordinator by the Academic Advisor before the end of the academic term. With this information (Evaluation of Student’s Performance Form, final hour log, and the practicum final report) the Faculty Advisor would send the practicum grade to the Practicum Coordinator.

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

The PHP has a growing list, greater than forty, of partner agencies and potential practicum sites available for students. They are listed on the practicum website for the students to explore. As students avail themselves of these opportunities, the student assessment of these will be available to inform future student planning. The recent placements for MPH and DrPH students are shown in Tables 2.4.1 and 2.4.2. Full details on project plans and site evaluations are available on request.

Four students, during the most recent summer practicum period, conducted their practicum in mainland US. The three MPH students received George Washington Center internships with financial support or regular salary. The DrPH who worked with FDA in Washington has already been offered continuing paid employment as a result of her summer practicum.

Nine students had the opportunity to do their practicum experience in EPA based on the agreement of collaboration between PSMHS and EPA to work with communities near Caño Martín Peña. This is a huge project and involved seven communities (around 20,000 people). Students were assigned to work on different aspects of the project. The Engineer Martinez, who has a master's in public health and over 30 years working in the EPA, coordinated and supervised the nine students by assigning them different roles, responsibilities and tasks within the main project.
<table>
<thead>
<tr>
<th>Student Name</th>
<th>Site</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Year 2011 - 2012</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abigail Medina</td>
<td>Depto. de Salud, Mayagüez</td>
<td>Laura Castro, MPH</td>
</tr>
<tr>
<td>Alberto Bonilla</td>
<td>Ashford Presbyterian Community Hosp.</td>
<td>Pedro González, JD</td>
</tr>
<tr>
<td>Alexis Díaz</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td>Diana Guzmán</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td>Doris Andújar</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td>Eileen Soberal</td>
<td>Depto. de Salud Oficina Regional de Mayagüez</td>
<td>Laura Castro, MPH</td>
</tr>
<tr>
<td>Frances González</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td>Liz Colón</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td>Mayra Gaztambide</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td>Patricia Vázquez</td>
<td>San Juan Arthritis &amp; Research Center</td>
<td>Dr. Mareli Colón</td>
</tr>
<tr>
<td>Shaila Montero</td>
<td>Depto. de Salud Madres, niños y adolescentes, Ponce</td>
<td>Dr. Begoña Chavarri</td>
</tr>
<tr>
<td>Sharon Torres</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td>Yamilé Sampoll</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td>Yanisa Pons</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td><strong>Academic Year 2012 - 2013</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alexandra Rodríguez</td>
<td>VA Medical Center, Michigan</td>
<td>Abraham Poston</td>
</tr>
<tr>
<td>Dalia Luciano</td>
<td>CDC Dengue Branch, Hosp. San Lucas, Ponce</td>
<td>Olga Lorenzi, MS</td>
</tr>
<tr>
<td>Darilly Torres</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
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<tr>
<td>Edithmar Gustavo</td>
<td>CDC Dengue Branch, Hosp. San Lucas, Ponce</td>
<td>Olga Lorenzi, MS</td>
</tr>
<tr>
<td>Janice Fraticelli</td>
<td>Depto. de Salud Epidemiología, Región Sur</td>
<td>Dr. Sally del Toro</td>
</tr>
<tr>
<td>Jesús Hernández</td>
<td>Pathstone Corp., Ponce</td>
<td>Angela P. Reyes, JD</td>
</tr>
<tr>
<td>Johanna Corchado</td>
<td>Depto. de Salud CPT Mayaguez</td>
<td>Dr. Ramón Ramirez</td>
</tr>
<tr>
<td>Jomairy Torres</td>
<td>Consejo Renal de PR</td>
<td>Yadira Guilloty, MPH</td>
</tr>
<tr>
<td>Jonathan Sánchez</td>
<td>CDC Dengue Branch, Hosp. San Lucas, Ponce</td>
<td>Olga Lorenzi, MS</td>
</tr>
<tr>
<td>Katherine Díaz</td>
<td>Consejo Renal de PR</td>
<td>Yadira Guilloty, MPH</td>
</tr>
<tr>
<td>Lorraine Rios</td>
<td>Consejo Renal de PR</td>
<td>Yadira Guilloty, MPH</td>
</tr>
<tr>
<td>Mariela Pacheco</td>
<td>Clínica Psicológica CAPSI, PSMHS</td>
<td>Dr. Rosa Rivera</td>
</tr>
<tr>
<td>Mayda Ríos</td>
<td>Depto. de Salud Ambiental, Ponce</td>
<td>Glorimar Santiago, MS</td>
</tr>
<tr>
<td>Melissa Avilés</td>
<td>Regional Extension Center (REC), Ponce</td>
<td>Dr. Axel Arroyo</td>
</tr>
<tr>
<td>Natalie Ortiz</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td>Pedro Ruiz</td>
<td>NIH, Maryland</td>
<td>María Radulovic, CMI</td>
</tr>
<tr>
<td>Roberta Lugo</td>
<td>Atlantis Health Care Group</td>
<td>Damaris Vázquez, MS</td>
</tr>
<tr>
<td>Ruth Cruz</td>
<td>Hosp. San Lucas II, Ponce</td>
<td>Wanda Lledó RN Epi Nurse</td>
</tr>
<tr>
<td>Siomara Pérez</td>
<td>CDC Dengue Branch, Hosp. San Lucas, Ponce</td>
<td>Olga Lorenzi, MS</td>
</tr>
<tr>
<td>Sydney Echevarría</td>
<td>Hosp. San Lucas II, Ponce</td>
<td>Wanda Lledó RN Epi Nurse</td>
</tr>
<tr>
<td>Jermary Lastra</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
</tbody>
</table>
Table 2.4.2 DrPH Student, academic year, Practicum Site & Practicum Preceptor

<table>
<thead>
<tr>
<th>Student</th>
<th>Site</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Year 2010 - 2011</td>
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<td></td>
</tr>
<tr>
<td>Gloribell Ortiz</td>
<td>UPR – RUM Titulo X Programa</td>
<td>Rosie Torres, MS, CTTS</td>
</tr>
<tr>
<td>Iris S. Martinez</td>
<td>Correctional Health Service Corporation</td>
<td>Rosa M. Rivera, MS</td>
</tr>
<tr>
<td>Melissa Marzan</td>
<td>Puerto Rico Health Dept – HIV Surveillance Office</td>
<td>Sandra Miranda, MPH</td>
</tr>
<tr>
<td>Paula Lorán</td>
<td>Administración de Instituciones Juveniles</td>
<td>Maria del C Torres, PhD</td>
</tr>
<tr>
<td>Solangie Pagán</td>
<td>UPR – RUM Titulo X Programa</td>
<td>Rosie Torres, MS, CTTS</td>
</tr>
<tr>
<td>Yaritza Diaz</td>
<td>Puerto Rico Clinical and Translational Research Consortium (PRCTRC)</td>
<td>Cynthia Perez, PhD, MS</td>
</tr>
<tr>
<td>Yeidily Vergne</td>
<td>Adm de Instituciones Juveniles – CTS Niñas</td>
<td>Frances Rodríguez, MPH</td>
</tr>
<tr>
<td>Zaira Kianes</td>
<td>Administración de Instituciones Juveniles</td>
<td>Maria del C Torres, PhD</td>
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<tr>
<td>Academic Year 2011 - 2012</td>
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<tr>
<td>Luisa Morales</td>
<td>San Lucas Hospital</td>
<td>Wanda Lledo, RN Epi Nurse</td>
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<tr>
<td>Madelyn Toro</td>
<td>Puerto Rico Health Dept</td>
<td>Johnny Rullan, MD, MPH, FAAC</td>
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<tr>
<td>Sharon Rodríguez</td>
<td>San Lucas Hospital</td>
<td>Wanda Lledo, RN Epi Nurse</td>
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<tr>
<td>Zaida Lopez</td>
<td>Puerto Rico Asthma Project</td>
<td>Jose A. Bartolomei Diaz, MS, PhD</td>
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<tr>
<td>Summer</td>
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<tr>
<td>Mirna Arroyo</td>
<td>FDA, Washington</td>
<td>Danica Marinac-Dabic, MD, PhD</td>
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<tr>
<td>Academic Year 2012 - 2013</td>
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<tr>
<td>Frances M. Comas</td>
<td>Depart de Educacion – Programa Salud</td>
<td></td>
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<tr>
<td>Glorivette Figueroa</td>
<td>Junta de Calidad Ambiental</td>
<td>Ana Rivera, MS</td>
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<tr>
<td>Jehyssa M. Rigual</td>
<td>CDC Dengue Branch, Hosp. San Lucas, Ponce</td>
<td>Olga Lorenzi, MS</td>
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<tr>
<td>Liza A. Rosado</td>
<td>EPA</td>
<td>Ing. Jorge Martínez</td>
</tr>
<tr>
<td>Zylkia I. Irizarry</td>
<td>MED Centro Consejo de Salud de P.R.</td>
<td>Dora M. Álvarez, MSN, RN</td>
</tr>
</tbody>
</table>

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

No waivers have been granted at this time. No Practicum exemption or waiver is granted for students entering the MPH or PhD program. It could be considered on an exceptional basis, after review by the practicum committee and approval by the PH Program director. There are sufficient very good learning opportunities that almost every student will benefit by participating in some practicum experience different than they’ve done previously.

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

Not applicable. PSMHS has a strong medical school program and faculty links to nearby residency program in other clinical disciplines. Once the PHP is fully accredited, there is great interest in developing a Preventive Medicine Residency but it has not begun development yet.

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

**Strengths**

- The Program has assigned high priority to practice and service as an essential element for faculty members and students.
- Guidelines and policies for the Practicum are clear and accessible and now meet CEPH requirements.
- There are comprehensive systems to assist students in formulating and reaching their learning goals.
- The Practicum Program has benefited from the fact that the Public Health Program has a Practicum Coordinator who is also an instructor of first year courses MPH and DrPH, knows the students and can guide them into best fits for their practicum.
- Students have access to all the potential sites with a webpage link. There are functioning relationships and sites outside of Puerto Rico, broadening the students’ experience and opportunities. The students also have access to evaluations of the sites, the project and the preceptors.
- The PSMHS / Public Health Program has developed relationships with a number of preceptors at appropriate sites for students to conduct their field experiences. The current sites are extremely varied in kind of agency, type of public health work possible and kinds of public health problems addressed. This allows significant scope for students to tailor their practicum experience to their learning and career goals.
- Students are receiving job offers coming from their practicum placements and contributions to the host agency.

**Weaknesses**

- The practicum as distinct from academically supervised “field work” is relatively new, with one graduating class following the new practicum guidelines. Both student and faculty are still learning how the program works and what the requirements and responsibilities are. A PowerPoint based training in Spanish and English has been developed for student, preceptors and faculty orientation.
- Our academic programs are evening programs, where a high percentage of students work full time during the day. This limits the number of available sites for some of our students due to scheduling difficulties. This is especially a challenge because PSMH PHP is on the trimester rather than semester system. We have tried to mitigate this challenge by keeping the minimum logged hour requirement to 200 hours – less than some schools but above the minimum. We have also eased the time pressure by scheduling most practicum experiences either in the summer or the 2cd trimester, both of which allow more time flexibility than the other trimesters.

**Plans**

- Develop webinars with the student’s practicum orientation, and preceptor’s responsibilities.
- Provide an internal web page section with the sites and preceptors evaluations to guide future students.
- Provide FAQs on the practicum web-page for students, faculty and site
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.

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

MPH Culminating Experience

The PHP program has recently redesigned the CE requirements which will apply to the current MPH class of 2013, but the self-study review captures the previous “field work” style CE. The “Field Work” course was used to demonstrate proficiency in the basic core competencies for graduate class 2010, 2011 and 2012. It was spread across the year in three courses of public health research. Students in MPH general track had to complete 12 credits (4 credits/each trimester). Students in Epidemiology and Environmental Health Tracks completed 6 credits in Field Work similarly distributed in three courses (2 credits/each). The project could be worked individually or in groups. During the first trimester, they developed the proposal. In the second trimester they gathered their data and began the descriptive analysis. In the third trimester they applied the inferential analysis or deeper examination of the results, wrote the final document and did an oral presentation. The final product was a written document in a thesis format with a formal oral presentation at the end of the third trimester.

The Field Work was evaluated on a pass or fail basis. To pass, the student must have completed the written document according to the manual and communicate results in an oral presentation to the PSMHS community. The fieldwork did not include the requirements to cover public health competencies. PHP faculty conducted a retrospective analysis of completed field works to review the documents submitted in the last three years to evaluate for evidence of inclusion of basic competences and integration across those competencies. Summary of the findings is showed in Table 2.5.

Table 2.5 Outcome measures of Public Health Competences in the CE (Field Work)

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<th>2010-2011</th>
<th>2011-2012</th>
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<tr>
<td>Coverage of basic competences</td>
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</tr>
<tr>
<td>Biostatistics</td>
<td>6/6</td>
<td>5/8</td>
<td>5/5</td>
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<td>Environmental Health</td>
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<td>1/5</td>
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<td>Epidemiology</td>
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<td>6/8</td>
<td>3/5</td>
</tr>
<tr>
<td>Policy/Management (Health Services Administration)</td>
<td>2/6</td>
<td>1/8</td>
<td>2/5</td>
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<tr>
<td>Social and Behavioral</td>
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<td>4/8</td>
<td>4/5</td>
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<tr>
<td>Integration of core competences</td>
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<td>Research Focus</td>
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<td>Community Participation</td>
<td>2/6</td>
<td>3/8</td>
<td>1/5</td>
</tr>
<tr>
<td>Community Assessment</td>
<td>0/6</td>
<td>1/8</td>
<td>1/5</td>
</tr>
<tr>
<td>Ethics and Justice</td>
<td>3/6</td>
<td>3/8</td>
<td>3/5</td>
</tr>
<tr>
<td>Diversity and minority</td>
<td>5/6</td>
<td>3/8</td>
<td>2/5</td>
</tr>
<tr>
<td>Total number of written documents</td>
<td>6</td>
<td>8</td>
<td>5</td>
</tr>
</tbody>
</table>
The data in the shaded areas are important CEPH requirements for the CE. The other data tabulated are areas that the PHP program wants to track in the future and used this retrospective analysis as a baseline for indicators of community service, ethics, and diversity. The focus of the previous field work was on the specific track competencies and achievement of that is documented in the table. Integration of the core competencies was not then a requirement, but is evident that many students did indeed show integration across the core competencies as is evident in many of the field work documents during the retrospective review. The most often neglected competency was the Health Services Administration (Policy/Management) competency domain. This omission has been rectified in the new CE guidelines described below.

The curriculum was significantly revised during academic year 2010-2011. Although Field Work accomplished most of the requirements of a culminating experience that integrates public health skills and knowledge, the curriculum revision provided the opportunity to address critical shortcomings and clarify the distinction between the CE and the Practicum. Four findings were apparent in the evaluation of the Field Work as a culminating experience. The credits assigned to the Field Work were high, especially in the general track (12 credits). The practical experience that is also required by CEPH for public health students was either embedded within the Field Work under PSMHS oversight or taken as an elective on an informal basis not fulfilling CEPH practicum requirements. As constructed, Field Work was mostly a research-oriented project and excluded other types of public health projects such as policy analysis, program design or evaluation. And finally, these extensive, often group projects were often submitted late, the final written document sometimes received up to a year late.

A curriculum that separates practicum and culminating experience was proposed to improve the academic experience and address the findings in the curricular revision and previous CEPH concerns. The Academic Senate approved the changes in September 2011. The decision assures that the two experiences (practicum and CE) could be linked, but now have procedures and policies established that are clearly distinct. Second year MPH students, who enrolled in PSMHS PHP under the previous curriculum, were given the option to move towards the new curriculum. After multiple briefings, the entire class agreed to a transition year plan. For the transition year (2011-2012), students registered in the Field Work in 2 trimesters and then a final Field Work trimester serving as their culminating experience but they also registered in a distinct practicum course. The first year MPH class (2011-2012), who had also entered under past curriculum expectations, agreed unanimously to transition completely to the new CE and Practicum curriculum. The new CE guidelines will apply for this class graduating in March 2013.

The program offers two alternative types of culminating experiences to demonstrate the mastery and integration of the core public health competencies: 1) a “Capstone” Public Health Project and 2) written comprehensive master’s examination. These two options are common across the three program’s tracks. The CE Coordinator in consultation with PHP faculty, developed guidelines and a CE manual that outlined all the new expectations (see Resource File Section 2.5 CE). The first opportunity to take the comprehensive exam will be offered in the spring of 2013. The PHP Culminating Experience (CE) is one trimester. The new CE requirements are designed to require and assess the student’s ability to use and integrate the basic public health competencies learned during their academic experience. Students may only do their CE after they have completed the majority of their course requirements. The culminating experience is scheduled for the third trimester in the second year. To be eligible to begin the CE, students must be in good academic standing and have completed most of their coursework; 27 credits from the first year and at least 18 credits of track coursework. Also, students either must have completed waived or are concurrently completing the Public Health Practicum in order to
register for their CE. Students select which type of culminating experience they prefer and then register for either MPH 7900: Capstone Project or MPH 7910: Comprehensive Exam. Successful completion of the CE is a requirement for graduation for the Master in Public Health.

**MPH Comprehensive Exam**

The comprehensive exam as CE is designed to reflect general public health program learning objectives as well overall concentration learning objectives. The exam is also designed to test the students’ ability to integrate across their coursework. The exam consists of two parts: core and concentration. The comprehensive exam is designed to test the students’ ability to integrate and apply the public health competencies tested. A draft CE exam will be available by final submission of the self-study.

The core part of the exam is developed by faculty who consistently teach the core courses and is administered to all students taking the exam regardless of their concentration. This section tests mastery related to all of the five core areas –biostatistics, epidemiology, health policy and management, environmental health and social and behavioral sciences as applied to health. The core section of the CE exam also includes questions on crosscutting competences as bioethics, communications and informatics and general aspects of public health regarded as essential for all public health graduates. Preparation for the comprehensive exam is self-directed. Students are advised to establish a study schedule in order to perform well on the comprehensive examination. It is a closed book examination and consists of a number of objective questions, one or more required essay questions and one or more selective essay questions. The student is allowed four hours for the core section of the exam.

The concentration part of the CE exam tests mastery of track competencies with specific and different concentration exams for each of the three MPH Track faculty develop their track specific CE exam questions under the unifying guidance of the CE coordinator. The track coordinators will advise students of the exam format.

The comprehensive exam is graded on a pass/fail basis. A satisfactory performance in each part is required. All students are required to take and pass both parts of the Comprehensive Exam with a grade of 70% or better. One retake of each part is permitted.

**MPH Capstone Project**

The capstone project is an independent public health project in which the student demonstrates mastery of the core public health competencies and the ability to integrate across competencies and apply them in a specific public health project. This replaces the previous Field Work which was often a group project. At the end, students must do an oral presentation and written manuscript. The student must identify a project that has a scope of work that can be completed in one trimester (10 weeks). Projects may take different approaches based on the particular experiences and interest. It is highly recommended that the project is related to the student’s MPH specialty area, but students must show that they can integrate and synthesize across other public health competences. The project could be related to or develop from their practicum experience.

The student must submit a capstone proposal and timeline for the activities necessary to complete the project prior to registration to their faculty advisor. The capstone project is self-directed, with the student’s faculty advisor as a resource and a facilitator of the learning process. The Capstone Project has a flexible structure in order to allow students to address the various types of public health projects reflecting the diverse public health interests of, and challenges faced by, the students. The types of projects may include, but are not limited to,
analysis of secondary data, surveillance reports, outbreak investigations, and studies to identify risk factors related to disease development or worsening. Some examples of acceptable types of projects include but are not limited to the following:

- Public policy analysis
- Program Planning or Development
- Program Evaluation
- Community Assessment
- Capacity building project
- Survey Development and Implementation
- Applied Research Investigation - quantitative or qualitative data approaches to address a public health research question.

Data-based projects should include developing an analysis plan, conducting the analysis, interpretation of the data analysis and write-up of the findings and conclusions. Other kinds of capstone projects should use their appropriate frameworks (program plans use program plan framework). The student must summarize their project by writing a formal, 40 pages manuscript comparable to those submitted to a public health peer-reviewed journal. The manuscript will include the following sections: Title, abstract, introduction, methods, results, discussion, conclusions, acknowledgements and references with guidance on content presentation and formatting available in the new CE policy manual. Each student prepares a 20 minutes presentation open to students, faculty and other interested parties. In the oral presentation students must include a reflection of how public health competences had been fulfilled within the capstone experience.

The capstone project has three evaluations: faculty advisor process assessment, manuscript quality and 3) oral presentation. The advisor assesses the compliance of the student with the activities related to their capstone project during the process of CE completion and this counts for 20% of the grade. The faculty advisor also completes the manuscript evaluation using an evaluation metric examining key features such as: coverage of core competencies and integration of core competences. The evaluation metric also captures optional elements, such as community engagement in the project and diversity that the PHP desires to track. Grammar, quality of writing, illustrations and overall presentation are considered when evaluating the paper. Each element will be evaluated in a 5 point-scale. Passing grade is 3.5 or more. The manuscript evaluation counts for 50% of the grade. Two faculty not related to the project will also evaluate the oral presentation in addition to the faculty advisor. Students must show proficiency in public health competency domains, integration of concepts and capacity to communicate results. The oral presentation counts for 30% of the grade. All students are required to pass Capstone Project Course with a grade of 70% or better. The first students to be evaluated in the manner will be the graduates of the 2013 class.

**DrPH Culminating Experience**

The culminating experience for doctoral students is a dissertation (18 credits). The product will be a manuscript and evidence of submission of three original articles in peer-review journals. The doctoral students register in the dissertation after completing the required course and passing the doctoral comprehensive exam or its equivalent.

The student will be mentored during dissertation by the Dissertation Committee (DC). The DC consists in three members; the chair and two additional members. The PHP director in consultation with the DrPH coordinator assigns the DC chair. The designated chair should be a fulltime or part time faculty member of the Public Health Program of Ponce School of Medicine
and Health Sciences. The DC President along with the student will name the others two members of the Dissertation Committee. The members are selected according to experience in the research subject matter, familiarity with the study population and methodology aspects.

**Responsibilities of the members of the Dissertation Committee**

<table>
<thead>
<tr>
<th>President</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Name the members of the Dissertation Committee along with the student.</td>
<td>- Read, edit and give recommendations to written document according to the area of expertise, particularly the proposal document the dissertation document and the journal articles.</td>
</tr>
<tr>
<td>- Convene meetings with the students and with Dissertation Committee.</td>
<td>- Attend meetings and be available for consultation when is needed.</td>
</tr>
<tr>
<td>- Coordinate proposal and dissertation defense once DC approve it for presentation.</td>
<td>- Participate in the oral defense of the proposal and formulate questions related to the topic and research process.</td>
</tr>
<tr>
<td>- Oversee IRB process, data collection methods and analysis of data from the study</td>
<td>- Revise documents, processes and methods to comply with the moral, ethical values and conduct expected during an investigation.</td>
</tr>
<tr>
<td>- Evaluate oral defense of the proposal and dissertation. Grade as approved or not approved in each quarter and</td>
<td>- Participate in the defense of the dissertation and give opinion to the president to approve it.</td>
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<tr>
<td>- Recommend the appointment to the doctoral candidate in written form</td>
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</tr>
<tr>
<td>- Advise the student during the process of dissertation (seven phases) and journal articles writing.</td>
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<tr>
<td>- Comply with administrative procedures and forms to evidence student progress.</td>
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</tbody>
</table>

The dissertation process has seven phases summarize below: *(see section 2.10 DrPH for specific details)*

1. Selection of dissertation theme: In this step the Dissertation Committee is created. An introduction with preliminary objectives and annotated bibliography is required.
4. Data gathering – Obtain the IRB approval, gather data and work with data base.
5. Analysis of Data
6. Conclusions and Recommendations
7. Dissertation Defense- Oral defense, finalize manuscript and provide evidence of submission of three articles.

The dissertation chair reports on progress to the DrPH Coordinator will evaluate each phase. Students have one trimester to finish each phase and have to complete one phase before moving to the next phase. If they do not complete what is expected for the trimester, they receive an incomplete and have one additional trimester to complete the work. The students can move to the next phase in an accelerated time frame, as soon as they complete the prior phase work. The dissertation chair certifies fulfillment of the task related to each phase. The oral presentation of dissertation proposal is evaluated based on the following criteria: knowledge of the research problem, rationale, research methodology, coverage of core public competences.
and organization. Each criterion is evaluated in a 5-point scale for the president of the dissertation committee.

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

**This criterion is met.**

**Strengths**
- The recent curriculum revisions were specifically developed to overcome weaknesses detected in the program curriculum evaluation and previous CEPH review.
- The PSMHS culminating experience has been carefully designed to provide a final opportunity for students to integrate theories, concepts and skills and core competencies learned in academic course work and practical experience. The guidelines and the evaluation mechanisms stress the integration and application aspects.
- There are two types of culminating experiences, which provide students with the different options to show their mastery of public health. Clear guidelines and procedures are developed for students to complete each of the two culminating experiences.
- Capstone projects have a broad spectrum of public health modalities allowed, reflecting the inter/multidisciplinary competencies in the field.
- The majority of projects in the past were community-orientated projects offering an opportunity to provide community service while pursuing an academic requirement. This focus on the health of communities is a key piece of the mission and vision of the PSMHS PHP. Faculty will continue to encourage students to find capstone projects that are community based. The variety of project types expands the community-based opportunities.

**Weaknesses**
- Faculty/student ratio for mentoring students in their capstone project is still high, particularly at the doctoral level.

**Plans**
- The program will further reinforce the schedule that allows time for faculty review and feedback so that the student may complete all capstone or dissertation requirements in a timely manner. Students CE interests will be matched to faculty to make the mentoring relationship most efficient. If appointment of a new faculty advisor is needed for the capstone project, this will be allowable with the agreement of both faculty advisors involved.
- The PHP has budget for additional faculty, particularly epidemiology faculty, and will continue to try to recruit sufficient faculty to oversee the capstone projects of MPH and DrPH. Meantime an expanding group of very qualified contract faculty and others serve on dissertation committees.
### 2.6 Required Competencies

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

#### Table 2.6.1: MPH Core Competencies

<table>
<thead>
<tr>
<th>A: Biostatistics:</th>
<th>B: Environmental Health:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A7</td>
<td>B1</td>
</tr>
<tr>
<td>Apply descriptive and inferential methodologies to different study designs to answer Public health questions</td>
<td>Describe the direct and indirect human, ecological &amp; safety effects of major environmental &amp; occupational agents.</td>
</tr>
<tr>
<td>A9</td>
<td>B3</td>
</tr>
<tr>
<td>Interpret results of statistical analyses found in public health studies</td>
<td>Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues.</td>
</tr>
<tr>
<td></td>
<td>B4</td>
</tr>
<tr>
<td></td>
<td>Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C: Epidemiology:</th>
<th>D: Health Policy and Management:</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3</td>
<td>D1</td>
</tr>
<tr>
<td>Describe a public health problem in terms of magnitude, person, time and place.</td>
<td>Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.</td>
</tr>
<tr>
<td></td>
<td>D2</td>
</tr>
<tr>
<td>Apply different epidemiologic study designs to address Public Health problems.</td>
<td>Describe the legal and ethical bases for public health and health services.</td>
</tr>
<tr>
<td></td>
<td>D8</td>
</tr>
<tr>
<td>Draw appropriate inferences from epidemiologic data.</td>
<td>Apply &quot;systems thinking&quot; for resolving organizational problems.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C9</td>
</tr>
<tr>
<td>Apply principles of Epidemiology to prevention of Public Health problems and diseases.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E: Social and Behavioral Sciences:</th>
<th>F: Communication and Informatics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>F1</td>
</tr>
<tr>
<td>Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.</td>
<td>Describe how the public health information infrastructure is used to collect, process, maintain, and disseminate data.</td>
</tr>
<tr>
<td>E2</td>
<td>F8</td>
</tr>
<tr>
<td>Identify the causes of social and behavioral factors that affect health of individuals and populations.</td>
<td>Use information technology to access, evaluate, and interpret public health data.</td>
</tr>
<tr>
<td>E8</td>
<td>F9</td>
</tr>
<tr>
<td>Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.</td>
<td>Use informatics methods and resources as strategic tools to promote public health.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G: Diversity and Culture:</th>
<th>H: Leadership:</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2</td>
<td>H2</td>
</tr>
<tr>
<td>Explain how professional ethics and practices relate to equity and accountability in diverse community settings.</td>
<td>Describe alternative strategies for collaboration and partnership among organizations, focused on public health goals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J: Professionalism:</th>
<th>K: Program Planning:</th>
</tr>
</thead>
<tbody>
<tr>
<td>J5</td>
<td>K5</td>
</tr>
<tr>
<td>Promote high standards of personal and organizational integrity, compassion, honesty and respect for all people.</td>
<td>Differentiate among goals, measurable objectives, related activities, and expected outcomes for a public health program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L: Systems Thinking:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>L1</td>
<td></td>
</tr>
<tr>
<td>Assess the strengths and weaknesses of applying the systems approach to public health problems</td>
<td></td>
</tr>
</tbody>
</table>

The PHP completed an extensive one-year, internal review of the MPH program’s curriculum to ensure that the core public health competencies were included in the core courses. Following this review, faculty revised their syllabi to evaluate what competences are covered in primary or reinforcing way. Faculty members then revised the learning objectives and material in their core courses to reflect competences. The core competencies are essential for all MPH graduates, regardless of track specialization. The PHP used a selection of those recommended by the Association of Schools of Public Health (ASPH) as a guide for the PSMHS PHP core competencies.
The PHP has one doctoral degree (DrPH) - in Epidemiology. The PHP has chosen core competencies that a student with a Dr. PH in epidemiology should master before graduation.

Table 2.6.2 DrPH Core Competencies

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td><strong>Advocacy:</strong></td>
</tr>
<tr>
<td>A2</td>
<td>Influence health policy and program decision-making based on scientific evidence, stakeholder input, and public opinion data</td>
</tr>
<tr>
<td>B</td>
<td><strong>Communication:</strong></td>
</tr>
<tr>
<td>B2</td>
<td>Employ evidence-based communication program models for disseminating research and evaluation outcomes.</td>
</tr>
<tr>
<td>C</td>
<td><strong>Community/Cultural Orientation:</strong></td>
</tr>
<tr>
<td>C2</td>
<td>Conduct community-based participatory intervention and research projects.</td>
</tr>
<tr>
<td>C3</td>
<td>Assess cultural, environmental, and social justice influences on the health of communities</td>
</tr>
<tr>
<td>C4</td>
<td>Implement culturally and linguistically appropriate programs, services, and research</td>
</tr>
<tr>
<td>C5</td>
<td>Develop collaborative partnerships with communities, policy makers, and other relevant groups</td>
</tr>
<tr>
<td>D</td>
<td><strong>Leadership:</strong></td>
</tr>
<tr>
<td>D2</td>
<td>Collaborate with diverse groups.</td>
</tr>
<tr>
<td>D8</td>
<td>Demonstrate a commitment to personal and professional values.</td>
</tr>
<tr>
<td>G</td>
<td><strong>Professionalism and Ethics:</strong></td>
</tr>
<tr>
<td>G2</td>
<td>Differentiate among the administrative, legal, ethical, and quality assurance dimensions of research and practice.</td>
</tr>
<tr>
<td>G3</td>
<td>Design strategies for resolving ethical concerns in research, law, and regulations.</td>
</tr>
<tr>
<td>G4</td>
<td>Develop tools that protect the privacy of individuals and communities involved in health programs, policies, and research.</td>
</tr>
</tbody>
</table>

b. Identification of a set of competencies for each concentration, major or specialization identified in the instructional matrix.

In addition to the core competencies that every MPH student is expected to master during the first year, and which are reinforced during the second year courses, each track has track specific competencies as outlined below.

**General Track Competencies**

1. Identify the main components in the policy process and actions to implement policies that improve population health and eliminate health disparities.
2. Develop community and organizational health initiatives through implementation of program planning, evaluation and management principles.
3. Integrate appropriate partners, stakeholders and constituencies by using collaborative strategies in the design and implementation of health policies, interventions and programs.
4. Describe the importance of social, behavioral, biological, environmental and community determinants in the population health outcomes from the onset to the solutions of public health situations.
5. Identify resources, methodologies and application of community-based participatory research.
6. Communicate as a leader to share communities’ needs and advance public health initiatives.
7. Distinguish ethical principles and considerations that apply in public health service, policy and research at individual and population level.
8. Use program planning and evaluation data to develop or improve public health programs and initiatives.
9. Apply the system approach to public health problems taking in consideration socioeconomic and demographic context, history and culture.

**Environmental Health Competencies:**
1. Identify sources, means of exposure, and control methods for the principal chemical, physical and biological agents that affect human health.
2. Develop designs and interpret risk evaluations for human health.
3. Develop effective risk communication techniques.
4. Evaluate the impact of environmental intervention on human health.
5. Develop preventive measures and environmental control for public health.
6. Write reports related to field investigations.
7. Use appropriate statistical tools for each individual situation.
8. Establish pertinent recommendations after analyzing data of a research project.
9. Recognize environmental health problems as an indispensable component of public health.
10. Apply ethical and legal values in any public health investigation.

**Epidemiology Competencies**
1. Use different types of indicators in order to implement strategies to address public health problems.
2. Design, conduct and evaluate interventions and health programs that are consistent with existing health needs.
3. Adequately describe the health needs of a population by the appropriate interpretation of indicators of risk, morbidity, disability and mortality.
4. Design, implement, interpret and evaluate systems of epidemiologic surveillance and use the results to support decisions about public health.
5. Appreciate the importance of the natural history of diseases for the implementation of prevention interventions and disease control.
6. Manage and interpret the role of risk factors in the causation of health problems in the population.
7. Conduct epidemiologic studies during disease outbreaks that will allow addressing the disease in its epidemic form.
8. Develop an ethical commitment as a health care professional.
9. Develop critical thinking capacity.
10. Develop capacity for team-work.
11. Appropriately relate to relevant organizations and to the development of human resources in Public Health.

**Doctoral Epidemiology Competencies**

E1. Evaluate and assess risk and protective factors associated with public health problems.
E2. Select and apply appropriated biostatistician methods and applications to support research and evaluations in the core areas of public health research and practice, including; epidemiology, environmental, community and behavioral health, occupational health, public health management, policy and outcomes research.
E3. Develop health surveillance systems to monitor population health, health equity, and public health services.
E4. Demonstrate knowledge of the issues of bias, error, confounding, effect modification, sampling, and how they relate to the interpretation of study results.
E5. Carry out appropriate sample size and power calculations to ensure that a study is sufficiently powered to achieve the scientific aims or address a specific research hypothesis.

E6. Educate and update other health professionals on epidemiologic methods and epidemiological information.

E7. Conduct and analyze surveys of public health events and report the results for decision-making.

E8. Translate basic research into epidemiologic applications.

E9. Use computer software for data entry and data base management and for summarizing, analyzing and displaying research results.

E10. Critically review and interpret the scientific and statistical methods presented in public health and medical literature to identify strengths and weaknesses, and identify potential biases in these studies.

E11. Apply underlying scientific and statistical principles and methods to design, plan, and conduct a variety of public health and biomedical studies including cohort, case control, cross-sectional, and clinical trials.

E12. Describe the principles of screening and of surveillance systems to design and coordinate systems to track both chronic disease screening and epidemiologic outbreaks.

E13. Use methods of measurement – design data collection forms; determine the validity of the instrument; identify the presence and magnitude of measurement error; adjust for measurement error.

E14. Understand the global, cultural, and social context of health problems and how these influence the conduct, interpretation, and dissemination of research studies.

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

TABLE 2.6.3 Competencies Covered in First Year Common to all MPH Tracks*

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<tbody>
<tr>
<td>A. Biostatistics</td>
<td>I</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>V</td>
<td>V</td>
<td>P</td>
<td>P</td>
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<tr>
<td>B. Environmental. Health</td>
<td>I</td>
<td>P</td>
<td>V</td>
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<tr>
<td>C. Epidemiology</td>
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<td>R</td>
<td>P</td>
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<tr>
<td>D. Health Policy</td>
<td>I</td>
<td>R</td>
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<tr>
<td>E. Social &amp; Behavioral Sciences</td>
<td>I</td>
<td>R</td>
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<tr>
<td>F. Communication and Informatics</td>
<td>I</td>
<td>R</td>
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I=Introductory, P=Primary, R=Reinforcing, V=Variable

* see Resource File for Matrix at individual competency granularity
The following tables present matrices of coverage of track specific competency within required courses by specialty tracks. Courses that are selective or elective are not included because not all students will take those courses with those course competencies. Selective courses are designed to build on track specific competencies while electives cover an array of public health competencies.

Table 2.6.4 Competency Coverage In 2cd Year MPH General Required Courses

<table>
<thead>
<tr>
<th>General Track Competencies</th>
<th>MPH-5502 Health Policy</th>
<th>MPH-5601 Sc Writ</th>
<th>MPH-7001 Pr. Planning</th>
<th>MPH-6601 Hlth.Prom</th>
<th>MPH-5401 Int.HlthC Adm</th>
<th>Practicum MPH-7850</th>
<th>Summary</th>
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P=Primary, R=Reinforcing, V=variable

TABLE 2.6.5 Competency Coverage In 2cd Year MPH Environmental Health Required Courses

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P=Primary, R=Reinforcing, V=variable
### TABLE 2.6.6: Competency Coverage In 2cd Year MPH Epidemiology Required Courses

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P=Primary, R=Reinforcing, V=variable

### TABLE 2.6.7: DrPH Core Competency Coverage In Required Courses

<table>
<thead>
<tr>
<th>DrPH Comp</th>
<th>DPH-6010 Epi-Rsch</th>
<th>DPH-6253 Survey Q</th>
<th>DPH-6203 Clinical Tri</th>
<th>DPH-7015 Biostat in Epi</th>
<th>DPH-7002 Adv. Biostatics</th>
<th>DPH-7047 Epi Data Analysis</th>
<th>DPH-6601 Grant Writing</th>
<th>DPH-6103 Epi Des. of Major</th>
<th>DPH-7083 Practicum</th>
<th>DPH-8005 Dissertation</th>
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P=Primary, R=Reinforcing
d. Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

Table 2.6.3 summarizes the competencies that should be acquired by all MPH students regardless of specialty track at the domain level. The detailed competency-learning objective by course is in the Resource File. Each course syllabus lists the competencies covered in the course. The matrix records whether they are covered to an introductory, primary, reinforcing or variable level of proficiency at the competency domain level during the teaching of the course. There are other public health competency domains that are partially covered in a particular course at a reinforcing level and not listed as individual competency learning objectives. Several courses introduce new topics but not at a deep enough level to be considered primary coverage of the competency. The Fundamentals in Public Health course is an example where all the competencies are introduced and integration between them is explored but none are covered in depth. This distinction and depth of coverage delineation seems valuable and is just beginning to be used by the PHP.

For the practicum and the culminating experience – capstone project, some of the competencies covered will vary depending on the practicum site and tasks or capstone project chosen. The practicum has some competencies that are covered in essentially every practicum, especially in the areas of leadership, professionalism and understanding organizations. Otherwise, the competencies covered depend on the plan and the practicum agency. The individual practicum competencies are then specified in the students’ project plan and learning objectives and are therefore recorded as variable in the table above. The CE: Capstone or
Exam or the DrPH Dissertation have not been included in the matrix of competency coverage. Variable coverage is not included in the summary column.
The final column of each table summarizes the cumulative coverage of that particular competency. It is possible that a competency covered in a number of courses with R ratings for individual courses could in summary reach a P rating for full proficiency coverage over the course of the program. By the time a student has completed all the required courses, they will have covered all required competencies at a primary level.

Tables 2.6.4 through 2.6.6 describe the relationship between competencies and courses for the specialty tracks. The general track has increased the number of required courses in order to better ensure coverage of general track competencies.

Table 2.6.5 describes the matrix of courses that are required for graduates of the DrPH Program for in the general non-epidemiology competency areas. Table 2.6.6 describes their epidemiology-focused competencies. Courses that are selective or elective are not included because not all students accomplished the competencies developed in those courses.

The analysis of competency coverage done for this self-study reaffirmed the already increased required courses in the DrPH track. The DrPH program realized they could not rely on selective or elective courses for their competency coverage, so the number of competencies was reduced. The analysis also provided another opportunity to explore whether our chosen competencies will help students become the practitioners we say in our Mission and Vision that we want to help them become. The PHP faculty debated whether to increase competencies in program design or add public health biology to the MPH competencies and courses. The program also realized that despite honing and reducing our number of competencies that there are still many. We can measure that we teach all these competencies but we may find it difficult to measure student’s attainment of them at this level of specificity.

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

As part of the 2011-2012 strategic planning, all the MPH tracks and the DrPH program were reviewed relative to the competencies that are or should be mastered within the particular track. The competencies that were defined as necessary for all MPH students, regardless of track, were developed by carefully studying the competencies recommended by the ASPH. We selected those that seemed consistent with our mission and goals, and with our curriculum. It seemed entirely reasonable to use these already defined competencies as a springboard.

The PSMHS PHP previously did not have general track MPH competencies defined and therefore the PHP paid special attention to redesigning this track curriculum to have clear competency and learning achievements taught and measured. All competencies are consistent with the Program’s Mission and Goals. A priority in choosing the competencies for this track is that the second year course work would build on the strong foundation of the core competencies of the first year and in the second year focus on courses with breadth of coverage in the cross-cutting competencies as well as with strong application of core competency skills mastered in the first year. The general track competencies were also developed from those recommended by the ASPH competency list, selecting those that seemed to be at a higher level of performance than the core ones. (See Resource File).
Core faculty in Epidemiology and Environmental Health specialty tracks had previously developed specific competencies. They were reviewed again and approved by track and full faculty consensus during the recent review process.

The DrPH had competencies developed during the initial design of the DrPH program. Many requirements, pre-requisites and required courses, have changed since that initial design. This self-study provided an opportunity to review whether the previous DrPH competencies were still appropriate. A number of the previous competencies are now covered in pre-requisites before the DrPH program begins and therefore the revised competencies, chosen by the primary DrPH teaching faculty, reflect a much stronger epidemiology focus.

Students participated in the strategic planning process and the curricular redesign and the competencies therefore covered were presented at multiple points in the planning process. They have been available to students via the PHP website or through the program office. Also every required course syllabus includes the specific competencies that should be accomplished after completing the course. In the course of this self-study review, it was noted that several courses did not mention within their syllabus, desired competencies that would be taught and assessed. The professor for each of those courses has revised and clarified in the syllabi, both the competencies covered and the mechanisms within the course by which they will be taught. Modifications in the content of courses have been made to ensure that all the competencies are addressed in at least one course or curricular component. While redundancy has been minimized, some redundancy is considered to be desirable, in order to reinforce the most important competencies, and to build proficiency and additional opportunities for application.

Competencies were defined at the inception of the program. They were reviewed recently while conducting the Self-Study for CEPH accreditation. The Program plans to reevaluate the competencies during the next calendar year and then every five years or as the program or needs changes as discussed below.

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

The program is continually evolving and growing. With each change there is a need to revisit if we are still accomplishing our mission, vision and goals and whether our day to day tools, such as the syllabi, still capture the intended knowledge, skills and information practitioners currently need. Much of the regular reassessment of this will automatically occur during the annual evaluation and planning processes conducted by the PHP director and the evaluation committee. There are faculty meetings planned for once a month but occur more frequently during strategic planning and CEPH self-study preparation. This provides multiple opportunities in which the educational, research and service successes of the program are constantly evaluated.

The PHP ensures that public health competencies guide our practice and research by:

1. Assessing the changing landscape of public health practice. For example, the practice of Public Health every day depends more on access to information that is available on digitalized databases and the Internet. Recent reviews of our program added competencies and a new course in the domain of Communication and Informatics and enhanced content in the public health management courses. Being in touch with the needs of the communities and professional partners we serve many of our chosen competencies are about collaborative public health approaches and application of public
health skills to public health problems and settings. Examples of this are our involvement with endeavors to control Dengue, and community involvement in “Caño Martin Peña”.

2. Tailoring our service and research to addressing the key public health issues coming out of our professional collaborations as well as quantitative and qualitative assessments. The Program Director and faculty keep abreast of the current trends and events related to public health in Puerto Rico and globally by keeping up-to-date on disease trends, public health publications on evidence and interventions and participating in national and international professional societies. The program receives valuable input from working relationships with different sectors of the community such as hospitals, municipal agencies, and other institutions. Input is also received from current students and from graduates who are working in different sectors of public health practice. An additional source of input is the graduation exit questionnaire, in which graduates provide feedback about the appropriateness of their education in relation to their perceived future practice and the alumni survey that assesses their preparation for the post-graduate professional work.

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

This criterion is met:

**Strengths**

- The general track course work has been revised and clarified. The general track competencies now represent a broad proficiency in core and cross-cutting competencies.
- The curriculum is under constant monitoring to ensure that all the chosen competences are relevant to our program and our student's professional training needs. At present, the analysis of the competencies matrix shows that all of the chosen competencies both core and track specific are covered.
- A general public health management course, with skills needed in managing any kind of public health project or collaborative work has been designed and incorporated into the common first year navigation. The narrower management focus of the healthcare administration course has been moved to the second year general track requirement.
- Students demonstrated their ability to apply their acquired public health knowledge in their final fieldwork documents. Most of the students did demonstrate proficiency in the core competency domains in their previous field works.
- The new CE guidelines are explicit about verifying core competency proficiency and integration and metrics are established to review the students culminating work.
- Finally, in the practicum experience, site supervisors rated the students highly for their competence and contribution to their service site

**Weakness**

- In the recent past, some gaps were identified in the areas of management, leadership, and communications and informatics.
- Other modifications have been made in the curriculum, including addition of courses (MPH-5600), and changes in the content of others (MPH-5101, MPH-7850) to ensure the remediation of these limitations.
- The competency list is still long and may achievement of proficiency may be difficult to measure at this level of granularity.
**Plans:**

- The PHP will review the competency matrices during the summer evaluation phase, once we have the AY 2013 graduation and alumni surveys and our first cohort of students taking the CE exam and testing those metrics.
- A full course content review is planned on a sequential basis over the next two years.
2.7 Assessment Procedures.

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

The three major areas for complete academic experience are courses, practicum and culminating experiences.

Courses
Each course established competences covered, learning objectives, and evaluation methods to evaluate students’ learning. The PHP uses a variety of assessment methods to evaluate learning experiences: oral presentations, written assignments or projects, review papers, case studies, field work activities or intervention. Majority of courses required a final exam or a project to demonstrate proficiency in course learning objectives. The measures assess the student understanding of the material and public health concepts but also provided an opportunity to apply those concepts to address a specific public health problem. Faculty members review their courses every year and assure that they teach the necessary competencies for each course according to the competency matrix. The evaluation methods included in the course syllabi are designed to assure faculty that the students have achieved the necessary competencies. Since May 2012, at the end of the first year a brief survey about first year experiences and second year expectations are completed to planning practicum, selective, electives and culminating experience for the second year. In this survey, students are asked about their perception of acquired competence in the five core areas during their first year. The 2011 students cohort perceived acquiring more skills in behavioral science (4.6 of 5-point scale), epidemiology (4.2), management and environmental health (3.9) and biostatistics (3.4) (See Resource File).

Practicum
The satisfactory completion of the practicum is based on a metrics designed for this purposes. Process evaluation is conducted during the students’ practicum experience via students report, submitted after completion of the 50 hours and 100 hours. Practicum coordinator and faculty advisor receives reports to identify any challenges and be sure that practicum is providing the competences established in the practicum plan. As described in section 2.5 preceptors evaluate student’s performance at the end of the practicum experience. The evaluation forms that are used, which are presented in the manual, are designed to document the students’ attainment of competencies in the domains of Professionalism, Leadership, diversity and culture, Communication, and Systems Thinking. The attainment of competencies in other domains will be evaluated in variable degrees, depending on the specific practicum experience. Students are required to complete a report with all the practicum documentation, including a final reflection and have a poster presentation in an activity open to academic community. The practicum is graded as pass or fail basis.

Culminating Experience
Students select either a Capstone Project or Comprehensive Exam as their culminating experience. The capstone project shows the student’s ability to summarize public health learning and proficiency in analysis a public health issue through a research or professional problem-based paper. Students must discuss implications of the project in public health area and integration of competences in an oral presentation. Students are also encouraged to publish or make scholarly presentations of their manuscript.
Capstone Project. All students are required to pass the capstone project course with a grade of 70% or better. The evaluation process for the capstone project is described in the manual as follows:

- **Capstone Advisor’s evaluation:** Capstone Advisors are expected to complete and submit an evaluation form that assesses the compliance of the student with the activities related to their capstone project.

- **Capstone Paper or Manuscript:** A formal 40-page paper that summarizes a student’s examination into a public health problem. A capstone review metrics has been developed to rate student’s demonstration of each core competency domain and the integration across competencies within their manuscript.

- **Capstone Oral presentation:** Each student will be expected to prepare a presentation of his/her capstone project open to students, faculty and other interested parties. In the oral presentation students must include a reflection of how public health competences had been fulfill with the capstone experience. The capstone oral presentation will be grade by capstone faculty advisor and other faculty member from the public health program.

CE Exam. The evaluation process for the CE exam is described in the manual as follows:

- **Core Part:** This section is developed by faculty who consistently teach the core courses and is administered to all students taking the exam regardless of their concentration. This is a closed book examination and consists of objective questions and open-ended questions. The student should expect to spend four hours taking this part. This part is scheduled on campus by mid-trimester in the third trimester.

- **Concentration Part:** The MPH concentration part will be developed separately for each concentration area by faculty of each track. Students may learn the exam format from their track coordinator. Each track faculty will work with the coordinator in developing the exam for students from that concentration. This part is scheduled on campus by week 10 or 11 in the last trimester.

The comprehensive examination is graded on a pass/fail basis. A satisfactory performance in each part is required. All students are required to take and pass both parts of the Comprehensive Exam with a grade of 70% or better.

The progress towards degree is monitor through the satisfactory academic progress policy. Academic progress is measure by cumulative grade point average. The student must maintain a minimum 3.00-point GPA. A grade of “F” is not allowed and must be repeated. No more than 2 failures are allowed in the MPH program. The academic progress is reviewed on a yearly basis, at the end of each academic year. If a student fails to maintain the required GPA, he or she will be referred to the PSMHS Students Promotion Committee. This committee will put the student on academic probation and establish conditions to regain satisfactory academic standing or recommend expulsion from the program. Students’ faculty advisers are also notified and attempts are made to work with the student so he/she can regain required academic standing. Students’ assessment of their own learning and level of knowledge of competencies is monitored through graduates’ and alumni surveys. In addition, courses are evaluated by students to assess their applicability and level of knowledge gained. Each of these mechanisms was described in greater detail in section 1.2. Results of these surveys will be available in the resource file.

The assessment mechanisms for the DrPH program are as above for coursework and practicum. The comprehensive exam for the DrPH students is distinct and the assessment and requirements for that and for completion of the DrPH dissertation is described in section 2.10.
b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program’s performance against those measures for each of the last three years.

**TABLE 2.7.1** Degree completion: MPH Students By Cohorts Entering Between 2008 & 2011

<table>
<thead>
<tr>
<th>AY</th>
<th>Cohort of Students</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Students entered</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># Students withdrew, dropped, etc.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># Students not finished their requirements</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># Students graduated</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cumulative graduation rate</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009-10</td>
<td># Students continuing at beginning of this school year</td>
<td>17</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># Students withdrew, dropped, etc.</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># Students graduated</td>
<td>13</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cumulative graduation rate</td>
<td>68%</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010-11</td>
<td># Students continuing at beginning of this school year</td>
<td>3</td>
<td>25</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td></td>
<td># Students withdrew, dropped, etc.</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td># Students graduated</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cumulative graduation rate</td>
<td>68%</td>
<td>82%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2011-12</td>
<td># Students continuing at beginning of this school year</td>
<td>3</td>
<td>1</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td># Students withdrew, dropped, etc.</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td># Students graduated</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Cumulative graduation rate</td>
<td>74%</td>
<td>86%</td>
<td>68%</td>
<td>0</td>
</tr>
</tbody>
</table>

The PHP has multiple measures for assessing student’s academic and professional achievement. See Goal B in section 1.2 for multiple indicators used to measure academic excellence at PSMHS PHP. Some of these are new indicators for which we will not have data for MPH comprehensive exam until the first cohort of students takes the exam. Other indicators can be partially assessed retrospectively. The capstone measure shows that around 80% of previous field works demonstrate the core competencies and integration across them, even though the previous guidelines did not require it of them. Practicum site preceptors rated all students as professional and contributory; some students have been offered jobs even before completing their degree (see section 2.4). Other indicators, such as course evaluations, student graduation rates and graduation, alumni and employer surveys have been ongoing to some extent.

Graduation rates are recorded in Table 2.7.1. In the cohort of students who entered in 2010 there are two students who have not yet graduated. Another two students completed the requirements in October 2012 and are included in the 2012 graduation rates. Of the two who have not yet graduated, one student went on leave of absence (LOA) and should graduate in 2013 and the final student interrupted her PH studies to start medical school. In the cohort of students who entered the program in 2008-2009 there are two students that are still pending graduation because of LOA, due to health and personal problems. All students have either finished or withdrawn from the program before reaching the maximum time period allowed. The maximum allowable time to complete the MPH degree is four years (two additional years from the expected two). The maximum allowable time to complete the DrPH degree is nine years.
(four additional years from the expected five). However, when the students are granted a LOA, the time is automatically extended by the time of the LOA.

The initial response rate to the alumni survey was small and the survey information was supplemented by personal calls. The PHP has information on 13 of 14 of the 2010 graduates and 19 of twenty four 2011 graduates and 100% of the most recent graduates. Only one 2010 graduate was unable to find employment within a year of graduation. All of the graduates, for whom we have information from the 2011 graduating class, are either in graduate school or employed. The most recent graduating cohort finished only 6 months ago and three or (23%) are still seeking employment. We expect that many or most will either be employed or in graduate school by the end of the first year. At least one of those two would like to pursue a DrPH degree in PSMHS and is waiting for the next admission cycle.

<table>
<thead>
<tr>
<th>Destination of Graduates by Employment Type</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>6</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Continuing education/training (not employed)</td>
<td>5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Actively seeking employment</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Not seeking employment (not employed &amp; not continuing education/training, by choice)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14</td>
<td>24</td>
<td>11</td>
</tr>
</tbody>
</table>

No students have yet graduated from the DrPH Degree, though some have already obtained part-time employment based on their PSMHS academic or practicum experience (see section 2.10). DrPH students are expected to graduate five to six years after entering the Program. The DrPH program has instituted a phased approach to progress on the dissertation including new tracking forms and a database. This allows the DrPH coordinator to track and recognize faltering progress each trimester. See section 2.10 for table of DrPH progression towards graduation.

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

An alumni survey was done 2008-2009, using the Moodle platform, included responses from graduates of the classes of 2004-2008. In that survey, of the 24 respondents, 75% stated they had not had any previous experience in public health before doing their MPH degree, and 62% of respondents reported being employed in a job related to their MPH education. One half of the respondents (50%) reported being enrolled in an educational program pursuing a higher academic degree. The vast majority (92%) were located in Puerto Rico. Among the respondents, 71% rated their educational experience in the program as excellent, while another 25% rated it as good.

In June 2012 another survey was conducted to include graduates from the years 2010-2012 using an updated version of the 2008-2009 questionnaires. Like the previous survey, the response rate was low (21 respondents), and the survey tool didn’t capture graduation year so we have no denominator. This omission will be corrected in future surveys. In this survey, 62% stated they had not had any previous experience in public health before doing their MPH degree. The alumni located in Puerto Rico were reduced to 62% reflecting an increase in USA as place of employment. Among the respondents, 72% rated their educational experience in the
program as excellent or good. The results of employment status for 2010 to 2012 graduates were obtained by follow-up personal inquiries. Results are presented in Table 2.7.2 above. Results of these surveys will be available in the resource file.

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

At present this element does not apply to our program. Our graduates so far have not been certified by any agency. In the future, once the program achieves CEPH accreditation, we expect our graduates to be certified by the National Board of Public Health Examiners (NBPHE).

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

In a survey to the alumni courses and fieldwork/capstone were the best learning experience (35%, respectively) during MPH at PSMHS. Forty-three percent of the alumni reached, evaluate the educational experience in public health as excellent, 43% rated as good and 14% as fair. The surveys ask about the types of activities predominant in their post graduate professional work. Teaching or education is the most common activity with 33.3% of the alumni stating this is a major activity in their current work. Teaching is followed by research (24%), Data Collection (17%) and Management (17%). Fifty-nine percent of participants stated that the program was good preparation for their current professional career, 17% rated as excellent and 21% as adequate.

In June 2012, employers, health partners and the Board of PSMHS were surveyed on their experience with PMSHS graduates, their perceptions on the role and future in public health and a request for their input on the PHP revised Mission, Vision and Values. (See Resource File employer survey). Only two external partners responded to the letter and email requests for input so PHP faculty and students followed up with phone interviews. An additional, thirteen employers and stakeholders respond to the phone call interviews surveys. The interviewees gave their opinion about areas that recent graduates are well prepared for the public health career. Few gave substantive feedback on the mission, vision or values that were on the survey and part of the phone interview. The employer responses are summarized in the following table:

<table>
<thead>
<tr>
<th>Area</th>
<th>Students well-prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology &amp; Biostatics</td>
<td>80%</td>
</tr>
<tr>
<td>Education and Behavior Change communication</td>
<td>46.7%</td>
</tr>
<tr>
<td>Program planning and evaluation</td>
<td>40%</td>
</tr>
<tr>
<td>Management</td>
<td>33.3%</td>
</tr>
<tr>
<td>Professional ethics &amp; leadership</td>
<td>26.6%</td>
</tr>
<tr>
<td>Policy &amp; advocacy</td>
<td>26.6%</td>
</tr>
<tr>
<td>Health Information technology</td>
<td>26.6%</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

Employers can make multiple selections from the list so the sum of these options is greater than 100%. They did not evaluate each area on a scale of importance so these responses represent
their choice of which areas are important enough to note graduates performance. Epidemiology and Biostatistics was the area most often named as areas graduates were well prepared in. Environmental health was identified less often but this may be because of the respondents interest areas rather than student’s proficiency in environmental health. PHP will investigate further with our external advisors, alumni and follow-up employer discussions about these findings for planning curriculum and workforce development.

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

This criterion is met with a comment:

Strengths

• Our program ensures that the students earn a degree only when they have demonstrated mastery of necessary knowledge, skills, attitudes and competencies.
• Procedures for measuring attainment of competencies include not only evaluation of performance in individual courses, but evaluations from practice placements, written projects, and comprehensive examinations.
• Our MPH graduation rates are high with a cumulative rate of 82% (51/66) in the last three years including the two students that complete their graduation requirements in October 2012 from the cohort of 2010-2011.
• Data from alumni and graduation surveys demonstrate that our graduates are satisfied with their educational experience. Most alumni are employed or continuing higher education.

Weakness

• No doctoral students have graduated yet. The first ones are expected to graduate in 2013.
• The program has to improve on the task of obtaining data from current or prospective employers, in order to evaluate the job performance of graduates.
• We currently cannot determine response rates and the survey instrument may not be capturing adequacy of graduates preparation for the professional work.

Plan

• The PHP will revise the graduate and alumni survey to capture graduation dates and therefore be able to calculate response rates by year of graduation. The survey should also better clarify the difference between gaps in preparation from areas of greater importance to the respondents.
• Develop a strategy to strengthen the alumni database to facilitate regular alumni feedback on the relevance and appropriateness of PHP curriculum.
• Develop a plan to conduct employer surveys on a regular basis and redesign the survey to obtain clearer data on student professional preparation assessment.

2.8 Bachelor’s Degrees in Public Health

PSMHS has no Bachelor level degree in Public Health.

2.9 Academic Degrees

PSMHS has no Academic degree program in Public Health.
2.10 Doctoral Degrees

a. Identification of all doctoral programs offered by the program, by degree and area of specialization.

The Ponce School of Medicine and Health Sciences offers a Doctorate, DrPH, in Epidemiology (see Table 2.1a). Admissions requirements for our DrPH program can be found in the admission section of the school’s main website at http://www.psm.edu, through the Academic Program tab or the Academic Affairs tab, on the PHP webpages and in the admissions brochure previously described. Previously, 15 credits of “pre-requisites” had been considered part of the first year of the DrPH program with classes given at the MPH level. This option was very confusing and is no longer being offered. Beginning with students admitted in AY 2013, students, who do not have the required master’s level pre-requisites, must complete the 21 credit pre-requisites as presented in table 2.10a1, either at PSMHS or another institution, before they can begin the DrPH program. They can be accepted in a conditional status, while they fulfill these pre-requisites, if they are otherwise qualified. Accepted students, meeting all the pre-requisites begin the 63 credit doctoral program for the fall trimester. The DrPH entrance changes, upgrading of the curriculum and course length and timing have been submitted to the Puerto Rico Counsel of Education. The Council has been in the midst of restructuring and has not yet reviewed the PSMHS DrPH revisions. No students have been admitted for the fall of 2012, pending the Council review and approval. Should the Council not review the DrPH entry changes before the spring of 2013; PSMHS will give preference to any student applicants who meet the new requirements. They will then complete the new DrPH 63 credit curriculum described in 2.10.d.

TABLE 2.10.1. PSMHS: Public Health Program-DrPH in Epidemiology Prerequisites

<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Introduction to Environmental Health</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Psychosocial Aspects of Public Health</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Introduction to Epidemiology</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Health Policy and Administration</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Bioethics</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Total Credits</strong></td>
<td><strong>21</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

The PHP has revised the dissertation syllabus and manual to better guide the students and their committee on expectations for the DrPH program and dissertation. The DrPH dissertation chair and the dissertation committee mentor the students with their thesis and the DrPH coordinator tracks and prods progress through the dissertation phases. The new DrPH practicum coordinator assists with identifying and overseeing practicum plan, placement and project. As for all students at PSMHS, the Student Affairs office provides counseling and career advice as needed or desired.

DrPH students are eligible for work-study opportunities which provide a financial stipend while providing work experience under the supervision of PHP faculty; three DrPH students participated in research funded activities through this program to date. The PHP is also working
on necessary approvals and funding sources for our work/study program to support DrPH students in teaching opportunities. For DrPH students who go into academia, teaching skills will be essential.

Financial assistance is available to DrPH students to the maximum federal allowance, which usually covers about 5 years of DrPH studies. The work-study program provides additional small funding. As grant funded research expands we expect additional funded research opportunities for DrPH students.

c. Data on student progression through each of the program’s doctoral programs include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program.

Progress during the first two years of the DrPH program, is based on successful completion of their coursework. At the end of the second year, DrPH students must pass their comprehensive exam in order to progress to the dissertation phase.

Those who do not pass the first time are required to take an “Independent Study” in the failed area. In the past, progress during the dissertation was halting and hard to track. In order to track student’s progression during their dissertation period a new phased approach with didactic guidance and trimester goals has been developed. There is an expectation that each phase should take one trimester. The DrPH Coordinator keeps a tracking sheet for each DrPH student (see 2.10 Resource File DrPH Phase tracking form). The dissertation chair and the student are now able to track the progress made toward the completion of the dissertation requirement.

| TABLE 2.10.1 Doctoral Dissertation Student Tracking Form |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Registered | 18 | 17 | 17 | 6 | 8 |
| Total enrolled | 18 | 33 | 50 | 56 | 64 |
| Coursework Completed | 12 | 16 | 16 | - | - |
| Comprehensive Examination | 15 | 17 | 17 | 4 | - |
| Individual Studies (if needed) | 15 | 3 | 3 | 1 | - |
| Phase Progression review | **12** | 15 | 14 | - | - |
| Practicum | 1 | 11 | 2 | - | *** --- |
| Proposal | - | 3 | - | - | - |
| Final Evaluation | - | - | - | - | - |
| Expected Graduation | 2 | 05/2013 | 2 | 05/2013 | - | - |

*Two students withdrew from the doctoral program. **Two students were dismissed from the doctoral program
*One student withdrew of the doctoral program, °° One student is on leave of absence, LOA
∞ One student was dismissed from the doctoral program

The table above is a minor modification of the CEPH template 2.10.1 that better captures the phases that are part of our program. As can be seen in this table all 15 of the first cohort (2007 to 2008) failed the exam; they did not understand the complexity and importance of the exam. DrPH students must pass a comprehensive examination, or demonstrate mastery of equivalent material before they can proceed to the third year. If a student does not pass the comprehensive exam, they must enroll in six credits of independent study, in whichever areas of the exam that they failed. If the student fails in the independent studies they are referred to the PSM&HS Student Promotion Committee. The promotion committee makes recommendations for dismissal of the student or on remedial processes if the student is to be reinstated. Of the fifteen (15) students in the first DrPH cohort all enrolled in six credits of independent study.
Eleven passed the independent studies, making up the deficit areas they failed on the exam. Four students were referred to the PSMHS Promotions Committee for failure to maintain adequate academic standing. Of these four, two students went on LOA and the other two were dismissed from the program by the PSMHS Student Promotion Committee.

<table>
<thead>
<tr>
<th></th>
<th>Degree, By Cohorts Entering Between 2007 and 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007-08</td>
</tr>
<tr>
<td># Students entered</td>
<td>18</td>
</tr>
<tr>
<td># Students withdrew, dropped</td>
<td>2</td>
</tr>
<tr>
<td># Students LOA</td>
<td>0</td>
</tr>
<tr>
<td># Students graduated</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td>0.0%</td>
</tr>
<tr>
<td># Students continuing at beginning of this school year</td>
<td>16</td>
</tr>
<tr>
<td># Students withdrew, dropped</td>
<td>0</td>
</tr>
<tr>
<td># Students LOA</td>
<td>5</td>
</tr>
<tr>
<td># Students graduated</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td>0.0%</td>
</tr>
<tr>
<td># Students continuing at beginning of this school year</td>
<td>11</td>
</tr>
<tr>
<td># Students withdrew, dropped</td>
<td>0</td>
</tr>
<tr>
<td># Students LOA</td>
<td>5</td>
</tr>
<tr>
<td># Students graduated</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td>0.0%</td>
</tr>
<tr>
<td># Students continuing at beginning of this school year</td>
<td>12</td>
</tr>
<tr>
<td># Students withdrew, dropped</td>
<td>3</td>
</tr>
<tr>
<td># Students LOA</td>
<td>1</td>
</tr>
<tr>
<td># Students graduated</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td>0.0%</td>
</tr>
<tr>
<td># Students continuing at beginning of this school year</td>
<td>12</td>
</tr>
<tr>
<td># Students withdrew, dropped</td>
<td>0</td>
</tr>
<tr>
<td># Students LOA</td>
<td>1</td>
</tr>
<tr>
<td># Students graduated</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td>0.0%</td>
</tr>
<tr>
<td># Students continuing at beginning of this school year</td>
<td>12</td>
</tr>
<tr>
<td># Students withdrew, dropped</td>
<td>0</td>
</tr>
<tr>
<td># Students LOA</td>
<td>1</td>
</tr>
<tr>
<td># Students graduated Expected</td>
<td>2</td>
</tr>
<tr>
<td>Expected Cumulative graduation rate</td>
<td>11%</td>
</tr>
</tbody>
</table>

Each trimester doctoral thesis directors are required to submit to the doctoral coordinator a dissertation phase evaluation form for each of the students they supervise. See the form in section 2.10b. This form lists the seven phases of the doctoral dissertation. It provides information about the progress of each student and when the forms are aggregated the DrPH coordinator can track the total number of students that are in each of the phases and whether both individuals and the program as a whole is progressing well.
A data base has been created in order to track DrPH student’s progressions in the program toward their degree accomplishment as presented in table 2.10c. It is anticipated that the first DrPH student will be graduated in May 2013 with several more finishing their dissertation in the fall of 2013. See Table 2.7.1 below. The PHP has chosen to also present our DrPH progression data using data template 2.7.1 because no students have yet graduated and it better shows the number of students who take LOA and then return to their studies. The information is slightly different than the previous table, with the primary focus on cumulative graduation rates. The PHP is expecting our first graduates in May of 2013, well within the allowable time frames for completion of the DrPH.

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

The 63 credits of DrPH course work includes the dissertation and is usually completed over a period of four to six years with a maximum time allowed for completion of the program of 8 years. Each academic year is divided into three trimesters and students are usually enrolled in an average of nine credit units per trimester. Doctoral courses are divided in “Core Courses” (24 credits), selective courses (9 credits) out of which 6 credits will be in Epidemiology and 6 credits in Biostatistics, Electives (9 credits), Practicum (3 credits) and Dissertation (18 credits) as presented in table 2.10a2. Elective courses will be taken from the list of courses (table 2.10a.)

<table>
<thead>
<tr>
<th>Required Concentration Course</th>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPH 6010</td>
<td>Epi - Research Methods</td>
<td></td>
</tr>
<tr>
<td>DPH 6253</td>
<td>Survey Questionnaire Design in Public Health; Epidemiology -Test Construction-</td>
<td></td>
</tr>
<tr>
<td>DPH 6203</td>
<td>Clinical Trials</td>
<td></td>
</tr>
<tr>
<td>DPH 7015</td>
<td>Biostatistics for Epidemiology</td>
<td></td>
</tr>
<tr>
<td>DPH 7002</td>
<td>Advanced Biostatistics</td>
<td></td>
</tr>
<tr>
<td>DPH 7047</td>
<td>Epidemiology Data Analysis</td>
<td></td>
</tr>
<tr>
<td>DPH 6601</td>
<td>Grant Writing in Epidemiology</td>
<td></td>
</tr>
<tr>
<td>DPH 6103</td>
<td>Epidemiology of Diseases of Major Public Health Importance</td>
<td></td>
</tr>
<tr>
<td>Practicum</td>
<td>DPH 7083</td>
<td>Consulting Practicum</td>
</tr>
<tr>
<td>Dissertation</td>
<td>DPH 8005</td>
<td>Dissertation Research</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selective Courses</th>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics (choice 3 select 1)</td>
<td>DPH 7163</td>
<td>Sampling</td>
</tr>
<tr>
<td></td>
<td>DPH 7201</td>
<td>Meta-analysis</td>
</tr>
<tr>
<td></td>
<td>DPH 5601</td>
<td>Writing Papers in Public Health</td>
</tr>
<tr>
<td>Epidemiology (choice 6 select 2)</td>
<td>DPH 7173</td>
<td>Social Epidemiology</td>
</tr>
<tr>
<td></td>
<td>DPH 6133</td>
<td>Epidemiology of Work Related Diseases</td>
</tr>
<tr>
<td></td>
<td>DPH 6153</td>
<td>Epidemiology of Transmissible Diseases</td>
</tr>
<tr>
<td></td>
<td>DPH 7193</td>
<td>Cancer Epidemiology</td>
</tr>
<tr>
<td></td>
<td>DPH 6123</td>
<td>Cardiovascular Epidemiology</td>
</tr>
<tr>
<td></td>
<td>DPH 7113</td>
<td>Mental Health Epidemiology</td>
</tr>
</tbody>
</table>
### TABLE 2.10A.3 DrPH: Elective Courses

<table>
<thead>
<tr>
<th>Electives Courses</th>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DPH 7103</td>
<td>Genetic Epidemiology</td>
</tr>
<tr>
<td></td>
<td>DPH 7153</td>
<td>Epidemiology of Arthritis, Autoimmune &amp; Musculoskeletal Disease</td>
</tr>
<tr>
<td></td>
<td>DPH 5734</td>
<td>Fundamentals of Pathophysiology</td>
</tr>
<tr>
<td></td>
<td>DPH 7133</td>
<td>Environmental Problems &amp; Solutions in Epidemiology</td>
</tr>
<tr>
<td></td>
<td>DPH 5502</td>
<td>Health Policy</td>
</tr>
<tr>
<td></td>
<td>DPH 6300</td>
<td>Public Health Advocacy</td>
</tr>
<tr>
<td></td>
<td>DPH 6310</td>
<td>Legal Issues in Epidemiology</td>
</tr>
<tr>
<td></td>
<td>DPH 7024</td>
<td>Toxicology</td>
</tr>
<tr>
<td></td>
<td>DPH 7043</td>
<td>Injury Epidemiology</td>
</tr>
<tr>
<td></td>
<td>DPH 5503</td>
<td>Bioethics in Public Health</td>
</tr>
<tr>
<td></td>
<td>DPH 7014</td>
<td>Environmental Epidemiology</td>
</tr>
<tr>
<td></td>
<td>DPH 7023</td>
<td>Applied Epidemiology and Surveillance</td>
</tr>
<tr>
<td></td>
<td>DPH 7010</td>
<td>Epidemiology Communicable and Tropical Diseases</td>
</tr>
<tr>
<td></td>
<td>DPH 6320</td>
<td>Teaching Epidemiology</td>
</tr>
<tr>
<td></td>
<td>DPH 7184</td>
<td>Demography</td>
</tr>
<tr>
<td></td>
<td>DPH 7200</td>
<td>Bias</td>
</tr>
<tr>
<td></td>
<td>DPH 6330</td>
<td>Health Economics</td>
</tr>
<tr>
<td></td>
<td>DPH 6340</td>
<td>Health Services Administration and Management</td>
</tr>
<tr>
<td></td>
<td>DPH 7700</td>
<td>Independent Study: Special Project</td>
</tr>
<tr>
<td></td>
<td>DPH 7123</td>
<td>Laboratory Rotation</td>
</tr>
<tr>
<td></td>
<td>DPH 7183</td>
<td>Post Market Surveillance</td>
</tr>
<tr>
<td></td>
<td>DPH 7181</td>
<td>Public Health Education</td>
</tr>
<tr>
<td></td>
<td>DPH 7143</td>
<td>Epidemiology of Tobacco</td>
</tr>
<tr>
<td></td>
<td>DPH 7300</td>
<td>Applied Public Health Project</td>
</tr>
<tr>
<td></td>
<td>DPH 7710</td>
<td>Journal Club</td>
</tr>
<tr>
<td></td>
<td>DPH 7073</td>
<td>Epidemiology of Chronic Diseases</td>
</tr>
<tr>
<td></td>
<td>DPH 6350</td>
<td>Planning and Evaluation Health Programs</td>
</tr>
</tbody>
</table>

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

This criterion is now met with comment.

**Strengths**

- The DrPH program has been significantly revised to address previous CEPH concerns.
- The entry criteria are clarified and a stronger set of applicants is expected from these changes.
- All classes are now at the doctoral level, with more appropriate and a broader set of both epidemiology and general public health courses, and are available to the students.
- There is now a much higher success rate in passing the comprehensive exam than initially, reflecting successful curricular changes and clearer student understanding of the exam expectations.
- The PHP program has established a work/study program, which allows the DrPH student a work oriented scholarship, with research and some teaching experience that will be available to the DrPH during the dissertation phase.
- The dissertation phase design has provided students with better instruction on doing their research dissertation, clarity on expectations and better accountability for progress.
towards completion of their degree. We expect fewer students stalled in their progress and improved dissertation products.

Weaknesses

- The first cohort of students was not strong. They struggled with the comprehensive exam and on moving expeditiously to completion of the dissertation. The program design and students admissions and expectations have matured so that later cohorts are more successful and rapid in their progression.
- We do not yet have any DrPH graduates, but expect our first graduates in May of 2013 with several students from the two initial cohorts.

Plans Related to These Criteria

- The DrPH program will wait until August 2013 to enter the next DrPH applicants in order to not further stretch faculty/student ratios. This will allow time for review of the DrPH changes by the Puerto Rico Council of Education and also allow time to review and revise the DrPH courses not revised during 2011/2012.
- We will continue to encourage and mentor our DrPH students in anticipation of our first graduates completing their dissertation in AY 2013, with many more DrPH reaching completion in AY 2014.

2.11 Joint Degrees

PSMHS does not offer any joint degree programs. In the past, there was a joint bachelors and MPH program called the “5th Pathway” which has not been offered since…

We also have some students who are simultaneously attending medical school at PSMHS while enrolled in the MPH program. Most of these students apply for and begin medical school while already enrolled in the MPH program. These cases are rare and it is not considered a joint MPH/MD program. The student must fulfill all the requirements for both programs. Their course schedule is individually tailored to help them meet the combined academic challenges.

2.12 Distance Education

PSMHS had previously verbalized a very ambitious plan for developing a distance education curriculum. That has been revised to a more modest piloting of distance learning modalities within the current course track offerings. The needed information system platform has been upgraded with the successful piloting of distance learning classes. Since there is not a distinct distance learning track offering, this criterion is not applicable to the PSMHS PHP.
3  Creation, Application and Advancement of Knowledge

3.1  Research

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

The PHP develops research activities according to the approved policies, procedures and practices of PSMHS consistent with the following international, national, or PSMHS policy and procedural documents (see Resource file):

- Belmont Report
- Code of Federal Regulations, Title 45 – Public Welfare, Department of Health and Human Services, Part 46, Protection of Human Subjects
- PSMHS Policy on Ethical Standards and Misconduct in Research

The PHP enthusiastically endorses the concept of institutional integrity in research and actively seeks to provide an appropriate environment that promotes an attitude of inquiry in faculty and students, especially for the importance of establishing an evidence-base for all public health work.

**Strategic Planning**

The PHP has begun a "catalyzing research" initiative. The PHP has done an assessment of the challenges to scaling up funded research, and a strategic plan for catalyzing research was developed and approved by the administration under the research section of the new PSMHS strategic plan.

The Public Health Program research activity purposely pursues research in areas consistent with the program’s stated mission commitment to "promote excellence, building and expanding public health knowledge and competency…". The community orientation of the PHP mission and vision shows itself in the number of community-based research projects conducted by PHP faculty and students to promote the determining factors that affect the health of the population, with the purpose of reducing the prevailing mortality rates.

The PHP has adopted the Community Based research definition that proposes the Center for Community Based Research, formerly Centre for Research and Education in Human Services (CREHS) as follows:

*Community based research is research that strives to be: Community situated -begins with a research topic of practical relevance to the community (as opposed to individual scholars) and is carried out in community settings; Collaborative -community members and researchers equitably share control of the research agenda through active and reciprocal involvement in the research design, implementation and dissemination; and Action-oriented -the process and results are useful to community members in making positive social change and to promote social equity. See Resource File for further description of community-based research.*

**Procedures**

Public Health Program research activities are developed by faculty and students members based on their areas of interest and available funding sources. Faculty members often conduct unfunded research activity as part of their mentoring of student research projects.
PSMHS has made available twenty-five thousand dollars (per year) of seed money for the program to promote new research. The PHP developed policies and procedures for the use of this seed money. The seed money may be used in three primary ways: for work-study students, for editorial assistance or for small expenses in unfunded research projects. The PHP has hired current and recent PHP students as “work-study” students who assist in the preparation of grant proposals, background literature reviews or assistance with grant implementation activities. The work-study students assist faculty with the labor-intensive writing of grant proposals. This assistance will minimize the faculty time required to submit grant proposals. One grant has already been received with the assistance of this mechanism. The second use of the seed money is to hire editorial assistance either for grant proposals themselves or to more successfully publish existing work in peer review journals. Assistance in written English language skills is seen as a significant contribution to faculty research success. Also, seed money can be approved for funding pilot projects that build relationships, methodology or data that will allow the faculty member to more successfully pursue external grants. Short proposals, funding less than $3000, are submitted to the PHP Director be eligible for this seed money. PHP director and Dr. Jose Torres (PSMHS RCMI director) review for potential to lead to external funding and the feasibility of the proposal.

When applying for external grant opportunities, PHP works closely with the grants management office. PSMHS has standard operational procedures for grants management that support research and scholarly activities of all Departments and Programs, including the Public Health Program (see Resource File).

**Practices**

The PHP research team does an extensive unfunded public health and local community research. The amount of funded research at PSMHS PHP is still low but beginning to increase despite the recent economic downturns and cutbacks in government funding; nevertheless, acquiring new research funding has become even more challenging. Faculty members have increased the numbers both of peer-reviewed publications and of presentations made at national and international conferences, which publications and presentations were of both the funded and unfunded research. Public Health Program Faculty and Students actively participate in community-based research projects to promote the determining factors that affect the health of the population, with the purpose of reducing the prevailing mortality rates.

Collaborative research between the PHP and clinicians or biomedical sciences researchers has remained strong, with an increasing emphasis not only on assisting the participants to improve their research skills but also on promoting public health risk assessments or prevention research perspectives within these collaborative projects. Faculty members participate in broad research-related activities and provide research and advice, not only inside PSMHS departments but also to different residency programs associated with PSM&HS Consortium.

PSMHS is also part of a three-institution collaboration the Puerto Rico Clinical and Translational Research Consortium [PRCTRC] that has significant funding for research capacity building in “translational research.” Several faculty members have availed themselves of grant training from the PRCTRC, and several are preparing proposals for the $50-thousand pilot grants that are available once a year.

**Research Activities**

Public Health Program research activities are developed by faculty and students members. Faculty participate directly both funded and unfunded research activity and also mentor research activities of the PHP students. Faculty members providing research mentoring not only
inside the program but also to different residency programs associated with PSMHS Consortium.

The signature fields of research activity in PSMHS Public Health Program are: HIV/AIDS, Cancer, Injury & Violence, Obesity and nutrition, Environmental Health and Dengue.

The PHP is actively developing proposals in multiple areas. The PHP program, participated in a $20m proposal to CMS on utilizing electronic medical records for communicable disease surveillance, diabetes management and patient preventive education and outreach. It was not funded but together with Yale University we are continuing to build that proposal into proposals for other upcoming RFAs.

The PHP is also in collaborative discussions with the George Washington University on collaborative research on nutrition and obesity prevention. With their large faculties and PSMHS’ minority institution status and close by at risk populations we should have very good chances at significant research funding.

The number of proposals and funded grants is expected to increase significantly as the catalytic strategies of the last year begin to come to fruition.

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

As part of the “community core” of the RCMI grant, the PHP has an ongoing investigation related to social epidemiology of HIV risk among women who living in public housing in Puerto Rico. Dr. Lisa Norman also developed an associated project related to HIV/STI testing among the same high risk population, funded by Pfizer.

Several faculties have been involved in different aspects of cancer research. Professors Vélez and Marrero together with MPH students have been working on breast cancer survivorship. A non-funded project on breast cancer survivors produced four MPH culminating experience papers. Research activities included involvement with breast cancer survivor’s supports groups, community leaders and governmental officers in the municipalities of Peñuelas, Cidra and Trujillo Alto and NGO as American Cancer Society. Dr. Manuel Bayona and Dr. Carolina Álvarez, who were long time faculty members until June of 2012, had contributed the public health and statistical expertise on a U-56 grant, a collaborative grant between Moffit Cancer in Florida and PSMHS. This grant funded the examination of breast cancer epidemiology and DNA repair capacity. U-54 Collaborative Cancer Research Project between Ponce School of Medicine and Health Sciences (PSMHS) and Moffitt Cancer Center (MCC) was awarded in September 2012. In this grant, Dr. Iván Iriarte is a member of the Internal Advisory Committee (IAC) in the area of Outreach. The IAC and the Administrative Core of the Project are involved with systematic data collection and evaluation of the ongoing activities of all components of the Partnership. Prof. Himilce Vélez is a co-investigator of the Outreach Core and Outreach Pilot Project of the U-54. The Outreach Core will develop educational activities on cancer control and prevention, to develop a community advisory committee and to organize capacity buildings activities for researchers. The Outreach Pilot Project will identify cancer health communication channels for Hispanic audiences. Professor Vélez’s responsibilities are primarily related to capacity building and evaluation for the Outreach Core and data analysis for the pilot project.
The PHP has significant interest in the injury and violence prevention area. Dr. Diego Zavala, recently finished and published an analysis of homicides in Puerto Rico from 2000 to 2011. A previous PHP Director and current secondary faculty, Dr. Juan Carlos Orengo, is examining the same issue considering the variable of years of potential life lost. This was also a community situated, collaborative and action-based project. Since 2009, Dr. Zavala has also guided an injury surveillance system at San Juan de Dios Hospital in Tarija, Bolivia. Professors Marrero and Peterson are developing a relationship with the Psy D department to help analyze their extensive data on interpersonal violence.

The environmental research area demonstrates strong community-health research working with local communities such as of El Caño Martín Peña and with communities of the Municipality of Peñuelas a town near our institution, MPH students mentored by Dr. Roubert and Professor Vélez conducted, in AY 2011, an environmental epidemiology study about respiratory diseases. The Peñuelas Project arose in response to health concerns stemming from the presence, in the past in this municipality, of the Commonwealth Oil Refining Company, Inc. (CORCO). This was an oil refinery established more than 50 years ago. The refinery is located in an 800-acre (3.2 km²) site, close to residential sites and the bay. It consists of numerous storage tanks and waste treatment units typical of petroleum refineries. CORCO has been inactive since 1982, and now functions as a terminal for the marine transportation and land-based storage of crude oil and petroleum product. The environmental group Comité Pro-Salud Desarrollo y Ambiente de Tallaboa participated with insight about the environmental background of the area and helps the PHP with data collection logistics.

Proyecto Caño Martín Peña is an ongoing research. In this project the MPH Environmental Track responded to a community request to conduct a health study. The community needs scientific evidence to understand how the canal pollution is detrimental to the health of their community. Dr. Mayra Roubert and Professor Vélez designed an environmental epidemiology study with the participation of the community and PHP students. Enlace, a community-based organization that included the leaders of the 8 communities in the Caño Martín Peña participated actively; they provided information, reviewed the proposal and questionnaire and assisted in the logistics for conducting the data collection. In this project EPA support was essential for the heavy metal laboratory analysis and the Puerto Rico Quality Board conducted the microbiological analysis. We received support also for shipping the samples to EPA from a local private environmental laboratory. The first project was done with the help of many MPH students and now we are working in two additional projects with doctoral students. The findings of the first project were presented in two-local conference and will be presented in an international conference in March of 2013.

Dr Mayra Roubert. Dr. Peterson and Professor Himilce Vélez are working on a grant proposal for the Superfund Hazardous Substance Research and Training Program (P42) at the National Institute of Environmental Health Sciences (NIEHS). The University of Miami invited PSMHS PH Program to lead this Research Translational Core. Superfund Research Program (SRP) Centers grants will support problem-based, solution-oriented research. Projects should consist of multiple, integrated areas representing both the biomedical and non-biomedical disciplines; as well as cores tasked with administrative, community engagement, research translation, research support, and training functions. The scope of the SRP Centers is taken directly from the Superfund Amendments and Reauthorization Act of 1986, and include: (1) advanced techniques for the detection, assessment, and evaluation of the effect on human health of hazardous substances; (2) methods to assess the risks to human health presented by hazardous substances; (3) methods and technologies to detect hazardous substances in the environment; and (4) basic biological, chemical, and physical methods to reduce the amount...
and toxicity of hazardous substances. The research site will be at Guánica Bay, Puerto Rico South area, assessing PCB’s water pollution and health impact of the local fishing community. The proposal will be submitted in April 2013 and the starting date, if accepted, should be on April 2014. The Research Translation Core could be a maximum of $150,000 Direct Costs.

The program has just been awarded a CDC dengue surveillance award that will be recorded as part of FY 2012-2013. Dengue is potentially fatal viral hemorrhagic disease that has been growing significantly across the globe in the last decade. Puerto Rico has experienced recent large outbreaks with deaths. The CDC dengue branch is located in San Juan and this sentinel surveillance grant is one of two designed to actively identify dengue cases and study the risk factors for developing severe dengue and evaluate clinical management of cases to reduce case fatality rates. The PHP Director is a co-PI with investigators from the local hospital system and the PHP assists in the grant by guiding nested epidemiology studies and performing the monitoring and evaluation of the ongoing data acquisition. This dengue surveillance system is layered on top of a new acute febrile illness surveillance system and gives the PHP and our students the opportunity to study other infectious diseases in the south of the island.

PHP faculty are involved in multiple translational research activities through the PRCTRC consortium. The PRCTRC is a multidisciplinary and collaborative effort between three major academic health care institutions in Puerto Rico: the University of Puerto Rico Medical Sciences Campus, Universidad Central del Caribe and Ponce School of Medicine and Health Sciences. This program is inclusive, incorporating leadership from all participating institutions at several levels of administrative responsibility. The representative for the key functions Collaborations and Partnerships and Research Design, Biostatistics, Data Management and Clinical Research Ethics (DBE) are PHP faculty. This provides a unique opportunity to incorporate resources and have an impact across a state-size territory composed primarily of a minority population. Dr. Rafael Bredy submitted a proposal to PRCTRC for $50,000 to conduct a pilot project on Gut microbiota and Obesity in Puertorican population. Previously, Dr. Bayona and Dr. Álvarez had collaborated in the study of the genetic epidemiology, gene expression and epidemiology of endometriosis with Basic Science Researchers in PSMHS. Dr. Manuel Bayona in collaboration with Dr. Caroline Appleyard worked in the experimental epidemiology project of experimentally induced stress and severity of endometriosis in rats.

Multiple faculty have been involved in behavioral risk factor research using the CDC’s Puerto Rico Behavioral Risk Factor Surveillance System (PR-BRFSS). Faculty have conducted studies on the prevalence and major risk factors for coronary heart disease, obesity, colon cancer screening, and alcohol consumption in Puerto Rico.

A list of concurrent research activities of all primary and secondary faculty.

The program previously, received a significant proportion of the annual research funding through collaboration with biomedical sciences. The overall portfolio is becoming more diversified with a greater number of environmental health and behavioral risk factor research conducted by our faculty and students. Dr. Lisa Norman has continued a strong funded research in social and behavioral risk factors for low income women in housing projects.
### TABLE 3.1.1 FUNDED Research Activity from 2009 to 2012

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Principal Investigator &amp; PHP Key Personnel</th>
<th>Funding Source</th>
<th>Funding Period Start/End</th>
<th>Amount Total Award</th>
<th>Amount 2009-10</th>
<th>Amount 2010-11</th>
<th>Amount 2011-12</th>
<th>CB*</th>
<th>SP**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social epidemiology of HIV risk among women who living in Public housing in PR</td>
<td>Lisa Norman* (Epidemiology)</td>
<td>RCMI, NIH</td>
<td>1/1/2009-1/1/2013</td>
<td>$500,000</td>
<td>$100,000</td>
<td>$100,000</td>
<td>$100,000</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>HIV/STI testing among residents of public housing in PR</td>
<td>Lisa Norman (Epidemiology)</td>
<td>Pfizer</td>
<td>8/2007-8/2009</td>
<td>116,000</td>
<td>$58,000</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Study of the eating patterns of infants from 4 to 24 months of age</td>
<td>Vivian S. Green (General)</td>
<td>PR Gerber Company</td>
<td>2009</td>
<td>$10,000</td>
<td>$10,000</td>
<td>_</td>
<td>_</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Puerto Rico Nutritional Survey</td>
<td>Vivian S. Green (General)</td>
<td>PR Legislative Funds</td>
<td>2009</td>
<td>$10,000</td>
<td>$10,000</td>
<td>_</td>
<td>_</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Induced stress and severity of endometriosis in rats</td>
<td>PI-Caroline Appleyard Manuel Bayona, Carolina Alvarez (Epidemiology)</td>
<td>NIH</td>
<td>2011-2013</td>
<td>$424,216</td>
<td>_</td>
<td>_</td>
<td>6,600-PHP ($199,333)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Breast Cancer DNA Repair Capacity</td>
<td>PI- Jaime Mata (PSMHS)</td>
<td>NIH-MBRS-SC</td>
<td>2010-2013</td>
<td>Annual award</td>
<td>$26346 PHP ($144,213)*</td>
<td>$13382 PHP ($347,118)</td>
<td>$24226 PHP ($348,629)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Genetic Factors in Endometriosis</td>
<td>PI- Dr. Idhaliz Flores, Manuel Bayona, Carolina Alvarez (Epidemiology)</td>
<td>NIH-Ro1</td>
<td>2006-2011</td>
<td>$366,129</td>
<td>$7292 PHP ($366,129)</td>
<td>2700+2201 = 4901 PHP ($366,451)</td>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Dengue Sentinel Surveillance Puerto Rico</td>
<td>E Anne Peterson, Ivan Iriarte (Epidemiology)</td>
<td>CDC</td>
<td>9/2012-2015</td>
<td>$600,000 New</td>
<td>_</td>
<td>_</td>
<td>$200,00_</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td><strong>PHP Totals</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$836,000</strong></td>
<td><strong>$211,638</strong></td>
<td><strong>$118,283</strong></td>
<td><strong>$330,826</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*CB= Community Based, ** SP=student participation

** Total award amount for that year is in parenthesis, PHP faculty amounts only are included in the table summary
TABLE 3.1.2 NON-FUNDED Research Activity from 2009 to 2012

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Principal Investigator &amp; PHP Key Personnel</th>
<th>CB</th>
<th>SP**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding Rates in Puerto Rico and Uruguay: Influence of Baby-Friendly Hospital Certification</td>
<td>Carina Fernández-Golarz; Juan C. Orengo, (Epidemiology) Vivian S. Green, (General) &amp; Elizabeth A. Barranco,</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Instrument for measuring recidivism in juvenile correction</td>
<td>Vivian S. Green</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Injury Surveillance System, Tarija, Bolivia</td>
<td>Diego E Zavala (Epidemiology)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Disaster Assessment. American Red Cross Puerto Rico Chapter</td>
<td>Diego E Zavala (Epidemiology)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Homicide Risk in Puerto Rico</td>
<td>Diego E Zavala (Epidemiology)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Factors Associated To Health Care Among Breast Cancer Survivors</td>
<td>Himilce Vélez Almodóvar (Environmental)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Prevalence of Respiratory Diseases In The Communities Encarnación, Seboruco, Juncos And Tallaboa Alta In The Municipality Of Peñuelas, Puerto Rico</td>
<td>Mayra Roubert &amp; Himilce Vélez Almodóvar (Environmental)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Environmental factors and Health: The Caño Martin Peña Project</td>
<td>Mayra Roubert &amp; Himilce Vélez Almodóvar (Environmental)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Learned Helplessness Among Other Psyco-Social Factors As Predictors And Modulators Of Health Compliance Among Breast Cancer Survivors</td>
<td>Miguel E. Marrero (General)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Socio Demographic and Health Profile of Homeless People in the Southern Area of Puerto Rico</td>
<td>Miguel E. Marrero (General)</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

*CB= Community Based, **SP=student participation

d. Measures to evaluate the success of research activities.

The PHP has clear metrics for success in research as outlined in the evaluation section 1.2. The measures to evaluate success in research are focused on growth in funding, research dissemination and development of successful research skills. Acquiring significant external funding is a long-term process, therefore the program is tracking intermediate measures of improvement such as the percent of faculty with some amount of funded research, increased number of papers and poster and increased number of peer review papers and publications. The PHP is encouraging faculty to include student opportunities in faculty research with seed money to facilitate hiring of students in the proposal stage. Some of the research activities indicators are new indicators, and therefore a baseline is being established in order to monitor the PHP improvement in the research activities. Other indicators are on-going or have been ascertained retrospectively.

Funding for research has been small and variable. The new $200,000 per year CDC grant is a large boost to the research income and is one of the first grants where PSMHS PHP is the PI. As above there are a number of collaborative grant proposals in process, including far more than previously in the core public health areas of social-behavioral and environmental health, with expectation of growth soon in research funding levels. The number of publications and scientific presentations are already increasing.

Student participation in research is far larger than captured in our metrics. More than 30 students participated in the Proyecto Caño Martín Peña in an unfunded capacity and six students are already working in the new dengue project and will be recorded in the AY2013 indicators.
Description of student involvement in research.

In addition to the faculty-led research described above, students have also conducted significant research as part of their CE requirements. Until the graduating class of 2012, the PHP CE “field-work” required a research-oriented final document. These projects could be individual or group. Students were responsible for and directly involved in the research design, data collection and data analysis. The student interest areas were diverse and included: asthma, women reproductive health, drug resistance health complications, behavioral risk factors, obesity, infectious diseases, HIV, Hepatitis C, injury among others. The research activity of our students has been presented at national as well as local scientific events, such as the Ponce School of Medicine and Health Science Annual Scientific Meetings. Table 3.1.4 summarizes research-oriented projects by students.

<table>
<thead>
<tr>
<th>TABLE 3.1.4 Student research- projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td><strong>2009-2010</strong></td>
</tr>
<tr>
<td>Irizarry M.; Santiago A.; Velazquez M.</td>
</tr>
<tr>
<td>Evelyn Vega</td>
</tr>
<tr>
<td>Jorge Torres/ Carmen Ortiz</td>
</tr>
<tr>
<td><strong>2010-2011</strong></td>
</tr>
<tr>
<td>Villot A. and Argüello M.</td>
</tr>
<tr>
<td>Figueroa M. and Pabón K.</td>
</tr>
<tr>
<td><strong>2011-2012</strong></td>
</tr>
<tr>
<td>Medina, A. &amp; Soberal, E.</td>
</tr>
<tr>
<td>Bonilla, A.</td>
</tr>
<tr>
<td>Sampoll, Y.</td>
</tr>
<tr>
<td>Patricia Vázquez &amp; Shaila Montero</td>
</tr>
</tbody>
</table>
Besides work-study opportunities, students were involved in voluntary or course related research activities. MPH public health students from Research Methodology class participated as interviewers and data entry after an appropriate training for this project. These students received a letter for their resume as evidence of participation in the study. A Psy D student from our institution is currently a volunteer research assistant to Professor Marrero and Professor Vélez. She works in literature review, administrative forms, and data entry. Students from Environmental Introductory class participated in taking environmental samples and as health survey interviewers in the Caño Martín Peña project. In one project two undergraduate volunteer students from Catholic University helped research factors associated with access to health care among breast cancer survivors.

The Public Health Program seeks to provide opportunities for students to participate in work-study learning opportunities through seed funding and through grant funded faculty research projects. These opportunities benefit the student by allowing them to build experience and expertise in public health as well as earn some remuneration as they do so. A work-study program benefits PSMHS because it expands the “scholarship” opportunities that PSMHS can offer students and it also support the functioning of the public health program (see work study letter in resource file).

f. Assessment of the extent to which this criterion is met.

This criterion is met with comment.

Strengths

- The PHP developed a “catalyzing research” plan during the 2011-2012 strategic planning. The program assessed obstacles to acquiring and implementing externally funded research and has been systematically addressing each of the obstacles.
- Community and population health, guide the priorities for research activity in PSMHS. PHP has strong collaborative research associations with clinicians and biomedical science professionals. We are working in new collaborations with University of Miami, Yale University and Georgetown University.
- PSMHS PHP, funded through Puerto Rico Translational and Clinical Research Consortium PRCTRC, has recently begun a modest seed fund for pilot projects leading towards externally funding grant proposals. The use of the first of those funds for hiring students within a work-study program has already assisted in acquiring a new $600,000 grant from CDC.
- Additional seed funding is newly available also through the PRCTRC for pilot projects up to $50,000.
- The PHP faculty members have diverse research interests, which allow seeking grant funding from a much larger universe of funders. The PHP is not just reliant on NIH funding but is eligible for CMS, CDC and EPA funding opportunities.
- Service agreements with clinical residency programs associated to PSMHS Hospitals Consortium bring an extraordinary possibility for the development of translational research with PHP.

Weaknesses

- The PHP has focused on smaller unfunded research and not have time, structure and resources to apply for external grants. The work-study and seed funding for pilot projects is already beginning to overcome this reluctance.
• The Spanish-speaking faculty members have had a more difficult time having their manuscripts submitted more for language than content reasons. The editorial assistance is also already beginning to improve publication success.

Plans
The PHP will continue to implement its “catalyzing research” plan including
• Utilizing the work-study program for background work for grant proposals
• Identification of protected time for research.
• Identify more funding both for community research and for environmental sciences research.
• Continue to develop cooperative agreements with other research institutions within PSMHS and outside institutions.
• The PHP will seek every opportunity to encourage Faculty members to have students participate in faculty research activity.
3.2 Service

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

With the mission of providing population-based health services of the highest quality to the community, the PSMHS Public Health Program supports and encourages service by faculty members and students, especially to community organizations. PSMHS Faculty Regulations Manual (see Resource File) state in the section 2.11.2 (Community Service) that as professionals, PSMHS faculty members are uniquely qualified to make useful contributions to the community. Their involvement not only benefits society, but also adds to the prestige of the faculty member and of the PSMHS. Faculty service serves a key role in keeping the program connected to the community and its needs. PSMHS PHP has more than 45 active institutional agreements in places that provide and encourage faculty and student participation in service. (see Tables 3.2-1 & 3.2-2). (MOUs available at site visit)

The Public Health Program has consistent, regular participation in community service projects. During the years 2010 and 2011 our program carried out health education activities aimed at more than 200 female patients and survivors of breast cancer and their families, as part of a project to strengthen coping with cancer, and self care. Among other activities, our program also served in a consulting capacity on various areas of public health, organizing and supporting multiple health fairs around the island, often in conjunction with other parts of PSMHS such as the medical school. The program has offered workshops and health advice on issues of current concern such as: prevention, recognition and treatment of dengue, HIV testing and AIDS education activities. The PHP is also very active in environmental health forums highlighting risks and actions needed in Puerto Rico’s many environmental hazard sites, etc. The research projects in Caño Martin Peña community previously described are also service to those communities. The program has also offered voluntary consulting and evaluation services related to air pollution in communities such as Peñuelas on the south side of the island. At this time there is a developing relationship with the president of the Health Commission of the Senate of Puerto Rico, Senator Angel Martinez, to support, evaluate and offer feedback on projects related to community health in the island.

A key priority for the PHP is also student involvement with the community. The economic disparities, numerous environmental hazards and burgeoning chronic disease trends in Puerto Rico provide fertile ground for community-based public health outreach and services. Students are encouraged to participate in public health community service and to make contact with public health practitioners in external organizations. Students get hands on community experience linking classroom Public Health competencies to real world settings. Guided by faculty members, they are encouraged to get involved in the legislative process and learn to represent the public health needs of communities in advocacy and action. The practicum is an institutionalized part of the program that regularly provides an opportunity for students to perform service activities outside of the PSMHS while learning and experiencing public health in a real world setting.

b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.
Provision of community service is written into each faculty’s contract and job description. The PSMHS faculty manual states, in the section 2.5 on Evaluation and Promotion of Faculty, that community service involvement, as documented by peers, program director and/or recognition and awards by community organizations, are considered important criteria for faculty promotion. The participation in service projects is one of the principal areas of evaluation reviewed in each annual faculty evaluation and planned for as part of each faculty annual work-plan.

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

<table>
<thead>
<tr>
<th>Faculty member</th>
<th>Role</th>
<th>Organization</th>
<th>Activity or Project</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. E. A. Peterson</td>
<td>Board Member (to 2011), Program &amp; Governance Committees</td>
<td>Catholic Medical Mission Board</td>
<td>Global AIDS &amp; Child survival projects</td>
<td>2005 to present</td>
</tr>
<tr>
<td>Dr. E. A. Peterson</td>
<td>Board Member</td>
<td>Medical Missions for Children</td>
<td>Global Telemedicine and tele-training NGO</td>
<td>2005 to present</td>
</tr>
<tr>
<td>Dr. L. R. Norman</td>
<td>Director of the research group</td>
<td>International Network of People of Who Use Drugs</td>
<td>Drug use research</td>
<td>2010-present</td>
</tr>
<tr>
<td>Dr. L. R. Norman</td>
<td>Board Member</td>
<td>Harm Reduction International</td>
<td>Harm Reduction International Board</td>
<td>2010-present</td>
</tr>
<tr>
<td>Dr. L. R. Norman</td>
<td>Board Member</td>
<td>Caribbean Drug Abuse Research Institute</td>
<td>Provide policy guidance &amp; TA on impact of drug use on health</td>
<td>2010-present</td>
</tr>
<tr>
<td>Dr. D. Zavala</td>
<td>Disaster assessment during hurricane season</td>
<td>American Red Cross</td>
<td>Hurricane tracking &amp; preparedness</td>
<td>2009-present</td>
</tr>
<tr>
<td>Dr. D. Zavala</td>
<td>Analyze homicide forensic data</td>
<td>Institute of Forensic Science</td>
<td>Data analysis</td>
<td>2009-present</td>
</tr>
<tr>
<td>Dr. D. Zavala</td>
<td>Consultant on violence and human rights</td>
<td>Amnesty International</td>
<td>Policy &amp; data analysis</td>
<td>2009-present</td>
</tr>
<tr>
<td>Dr. R. Bredy</td>
<td>Advisory Board Member</td>
<td>LifeLink of Puerto Rico</td>
<td>Donors recruitment</td>
<td>2008 up to present</td>
</tr>
<tr>
<td>Dr. R. Bredy</td>
<td>Consultant on research &amp; bioethics</td>
<td>PSM&amp;HS Residency Programs Consortium</td>
<td>Advise &amp; teach Research methodology and Bioethics</td>
<td>2006 up to present</td>
</tr>
<tr>
<td>Dr. R. Bredy</td>
<td>Consultant on bioethics law</td>
<td>University of Puerto Rico and Puerto Rico Physicians License Board</td>
<td>Update physicians in bioethics for license renewal</td>
<td>2012</td>
</tr>
<tr>
<td>Prof. H. Velez</td>
<td>Technical assistance (TA), RCM-UPR</td>
<td>RCM - Multiple Projects on breast cancer</td>
<td>Since 1997</td>
<td></td>
</tr>
<tr>
<td>Prof. H. Velez</td>
<td>Consultant on focus group design &amp; survey implementation</td>
<td>H. Lee Moffitt Cancer Center &amp; Research Institute</td>
<td>Multiple Projects - data analysis., focus group moderation &amp; questionnaire design</td>
<td>2006-2009</td>
</tr>
<tr>
<td>Prof. H. Velez</td>
<td>Grant writer &amp; program planning TA</td>
<td>San Juan Municipality</td>
<td>Title I, Ryan White Act. Grant writing &amp; 2 year program planning</td>
<td>2004-2009</td>
</tr>
<tr>
<td>Prof. H. Velez</td>
<td>Education volunteer &amp; lecturer on cancer</td>
<td>Susan G. Komen</td>
<td>Volunteer Program</td>
<td>2012</td>
</tr>
<tr>
<td>Prof. M.E. Marrero</td>
<td>Quality Of Life &amp; Survivorship Committee Member</td>
<td>PR Comprehensive Cancer Center</td>
<td>Development for the PR Comprehensive Cancer Plan.</td>
<td>2007 - 2011</td>
</tr>
<tr>
<td>Prof. M.E. Marrero</td>
<td>Consultant on psychosocial aspects of health</td>
<td>PR Corp for Public Broadcasting, WIPRM</td>
<td>Multiple radio programs</td>
<td>2007 - 2009</td>
</tr>
<tr>
<td>Prof. M. E. Marrero</td>
<td>Consultant about psychosocial aspects of health</td>
<td>WKVM Radio Paz. Metropolitan Archdiocese of San Juan de PR</td>
<td>Multiple radio programs</td>
<td>2007 - 2009</td>
</tr>
</tbody>
</table>
Table 3.2.2  Service activities, including identification of the community groups, student participation and nature of the activity, over the last three years.

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Activity Name</th>
<th>Organization</th>
<th>Description Of Service</th>
<th># benefit</th>
<th>SP*</th>
<th>#SV**</th>
<th>#SV*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Year 2009-10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof. H. Velez &amp; Prof. M. E. Marrero</td>
<td>Conference - Living After Breast Cancer</td>
<td>Community – Breast cancer survivors &amp; caregivers</td>
<td>Coordination and speaker for Women: Living After Cancer in Peñuelas, Cidra, Cayey, Trujillo Alto</td>
<td>&gt; 200</td>
<td>Yes</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Dr. V. Green</td>
<td>Introduction to disease tracking</td>
<td>Casa Pueblo, Adjuntas</td>
<td>Basic concepts of epidemiology for Junior Epidemiologists</td>
<td>15</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. V. Green</td>
<td>Introduction to disease tracking</td>
<td>Colegio Ponceño</td>
<td>Basic concepts of epidemiology for Junior Epidemiologists</td>
<td>40</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Academic Year 2010-11</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof. M. Marrero</td>
<td>Stress &amp; Health</td>
<td>Colegio Santa Maria del Camino</td>
<td>Conference about the health implications of stress.</td>
<td>30</td>
<td>No</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Prof. M. Marrero &amp; Prof. H. Velez</td>
<td>Talking about cancer</td>
<td>Community American Cancer Soc</td>
<td>Day workshop about coping with cancer.</td>
<td>30</td>
<td>Yes</td>
<td>--</td>
<td>4</td>
</tr>
<tr>
<td>Prof. M. Marrero</td>
<td>Forum - Economic Crisis and its Implications for Public Health</td>
<td>Community</td>
<td>Forum – open to the community about: Economic Crisis and its Implications for Public Health</td>
<td>More than 50</td>
<td>Yes</td>
<td>7</td>
<td>--</td>
</tr>
<tr>
<td>Prof. M. Marrero &amp; Dr. L.R. Norman</td>
<td>World AIDS Day Event</td>
<td>PSMHS community</td>
<td>Offered HIV testing and information regarding HIV and AIDS</td>
<td>50</td>
<td>Yes</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Prof. H. Velez &amp; Dr. M. Roubert</td>
<td>Air pollution &amp; respiratory diseases</td>
<td>Community</td>
<td>Community briefings on air pollution prevalence in Penuelas</td>
<td>23,947</td>
<td>Yes</td>
<td>6</td>
<td>&gt;20</td>
</tr>
<tr>
<td><strong>Academic Year 2011-12</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. A. Peterson</td>
<td>Career talk to college students about public and global health</td>
<td>Keystone college - Pennsylvania</td>
<td>“Careers In Global Health: New Job Could Be So Much Fun?”, May 30, 2012 to prospective students</td>
<td>30</td>
<td>Yes</td>
<td>--</td>
<td>2</td>
</tr>
<tr>
<td>Dr. A. Peterson</td>
<td>Middle school talk</td>
<td>Stuart Middle School, Dalton, VA,</td>
<td>Civics: How Civics And Legislation Are Part Of Global Health, Jan 6th,</td>
<td>200</td>
<td>No</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Faculty Member</td>
<td>Activity Name</td>
<td>Organization</td>
<td>Description Of Service</td>
<td># benefit</td>
<td>SP*</td>
<td>#SV**</td>
<td>#SV*</td>
</tr>
<tr>
<td>--------------------------------</td>
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<td>-------------------------------------------------------------------------------------------------------------</td>
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<td>------</td>
</tr>
<tr>
<td>Dr. A. Peterson, Dr. M Roubert, Dr. L. Norman, Prof. H. Velez</td>
<td>World Hand washing Day</td>
<td>PSMHS</td>
<td>Campaign to motivate and mobilize academic community &amp; clinic outpatients to wash their hands with soap.</td>
<td>&gt; 200</td>
<td>Yes</td>
<td>--</td>
<td>10</td>
</tr>
<tr>
<td>Dr. EA. Peterson, Prof. H. Velez, Prof. M. E. Marrero, Dr. I Iriarte</td>
<td>PSMHS Open House</td>
<td>Open to Public interested in public health program</td>
<td>2 talks: Public Health Careers &amp; PSMHS Public Health Program; Asthma from a Public Health Generalist perspective, June 16th 2012</td>
<td>30</td>
<td>Yes</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Dr. R. Bredy</td>
<td>Organ &amp; Tissues Donors Recruitment</td>
<td>Life Link of PR, Damas Hospital</td>
<td>Breifing on benefits of Organs and Tissues donations to donor &amp; potential transplant recipients</td>
<td>92</td>
<td>Yes</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Prof. H Velez</td>
<td>Cancer survivor education</td>
<td>Cancer Survivors</td>
<td>Sexuality for Cancer survivors</td>
<td>50</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof. L. Norman</td>
<td>AIDS Summit</td>
<td>Ponce Community</td>
<td>Gave lectures on HIV to interested community members</td>
<td>20</td>
<td>Yes</td>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>Prof. L. Norman</td>
<td>National HIV Testing Day</td>
<td>Housing Project Comm</td>
<td>Gave information regarding Proyecto MUCHAS</td>
<td>128</td>
<td>Yes</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Prof. L. Norman</td>
<td>UNODC Stimulant Use Guide Expert Technical Meeting</td>
<td>UNODS</td>
<td>Discussed the development of a technical guide focusing on HIV prevention among stimulant users</td>
<td>30</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Prof. L. Norman</td>
<td>International AIDS Conference</td>
<td>IAS</td>
<td>To provide a talk on crack cocaine among women in the Caribbean</td>
<td>50</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Dr. V. Green</td>
<td>CDC sponsored PH education</td>
<td>Colegio Ponceño</td>
<td>Teaching for CDC high school scholarships students</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof. M. Marrero, Dr. M. Bayona, Dr. C. Alvarez, Prof. H. Velez</td>
<td>PSMHS &amp; Plaza del Caribe Mall Health Fair</td>
<td>PSMHS</td>
<td>Health fair with &gt;20 stations, talks,clinics on prevention, screening &amp; Rx of common diseases</td>
<td>&gt;300</td>
<td>Yes</td>
<td>9</td>
<td>&gt;20</td>
</tr>
<tr>
<td>Prof. M. Marrero &amp; Prof. H. Velez</td>
<td>School science fair</td>
<td>Colegio Santa Maria del Camino</td>
<td>Organize the judging panel of the school Science Fair.</td>
<td>40</td>
<td>Yes</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dr. M. Roubert &amp; Prof Velez</td>
<td>Caño Martin Peña Env. Health Assessment</td>
<td>Enlace, EPA</td>
<td>Collaborative research and community briefings on impact of canal on community health.</td>
<td>~27,000</td>
<td>Yes</td>
<td>8</td>
<td>50</td>
</tr>
</tbody>
</table>

*SP=Student Participation,**# of PHP Student Organizers, # of PHP Student volunteers
d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years.

In section 1, the PHP defined goals, objectives and targets for service as well as other essential areas. One of our academic excellence goals is that students will be actively involved with communities as a part of their regular coursework. Our goal is that 20% or required courses at the MPH level will include community interaction as part of the course teaching methods. In the last three years the percentage of courses that in fact did include community service were 23.1% in 2009-2010, 19.6% in 2010-2011 and 19% in 2011-2012. This is a new indicator that intends to capture our long-standing community service priority. Given that the indicator is new and very challenging we are very pleased with our success in this area in the last three years.

We have five domains within our goals; the third domain area is service which states “Engages in partnership with communities, government and private sector to elevate the quality of life”. The first objective is C1.1 Community service is responsive to the needs of the community and it has three indicators:

- Number of community assessments or interventions done. This could be through course work or outside of course work assessments and interventions. Many of the individual service events described above contribute to this indicator. The actual number has increased from one to five to twelve during this reporting period. This does now give us the magnitude of the number of people reached or to what effect but is a good process measure to regularly reassure ourselves within the program that we have not lost sight of our community orientation.

- Number of courses which include community assessment or interventions is similar but not the same as the course indicator in the academic excellence goal. This measures, not so much the students’ experience in going out to the community, but the community benefit from the coursework. This indicator 23.1%, 23.9% and 28.6% of courses in the last three years contributed some kind of assessment or intervention for the community.

- Consistent with our expanded mission to serve globally, we have begun to track our global outreach. At this time it is singularly one faculty member who has on-going work in Bolivia but we would like to have at least two global outreach projects by 2014.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2009-2010</th>
<th>2010-2011</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses will include community interaction as part of the course teaching methods.</td>
<td>20% or required courses at the MPH level</td>
<td>23.1%</td>
<td>19.6%</td>
<td>19%</td>
</tr>
<tr>
<td>Courses will include students’ experience in going out to the community as part of the course.</td>
<td>20% or required courses at the MPH level</td>
<td>23.1%</td>
<td>23.9%</td>
<td>28.6%</td>
</tr>
</tbody>
</table>

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

Students are an integral part of PSMHS PHP’s commitment of to service to communities through a variety of service projects. The many needs, of Puerto Rico’s poor communities, provide multiple opportunities for students to get involved in providing public health service to the community. Their service participation may be volunteer service offered on an individual level (i.e. working with a voluntary organization or coalition on an issue of personal interest or
summer internships); volunteer educational activities (i.e. organization of outreach or educational forums, preparation of community tailored educational material); or it can be a more formal part of the student’s academic training such as a project for a course or part of their practicum experience. All MPH and DrPH students are encouraged to engage in voluntary community service either as individuals or in groups. As part of the commitments of the program students are encouraged to participate in various types of activities in public health service. Some of these activities are collaborative projects between the program, the faculty members and community groups and / or state or federal organizations, as well as NGOs. The program also encourages students to design and organize their own voluntary initiatives such as projects and interventions by assigning teachers and counselors for their projects.

Here is a sample of some of the service activities where our students have participated during the last three years;

**2009 - 2010**

**2010-2011**
- Forum - Economic Crisis and its Implications for Public Health – 7 doctoral students participated in the organization of this open community forum in pollution study in Peñuelas – 6 students participated as researchers and more than 20 participated as interviewers and volunteers.

**2011-2012**
- World Handwashing Day – several students participated in preparation & distribution of soap and educational materials on PSMHS campus and to clinic patients.
- World AIDS Day Event – 6 students participated as volunteers in an activity aimed to offer HIV testing and information regarding HIV and AIDS to Ponce community and students.
- Caño Martin Peña Research – Community based study about water contamination and gastrointestinal diseases in a community with limited economical resources. 8 students participated as researchers and 50 participate as interviewers and volunteers.
- PSMHS & Plaza del Caribe Mall Health Fair – with more than 20 stations on health risks, testing and information, plus series of loudspeaker educational sessions, dramas. 9 students participated in the organization and more than 20 participate as volunteers. Hundreds of shoppers lined up for information and testing.
- Epi-Aid Team – 27 MPH students participated in the EPI-AID team; a student committee created and conducted educational activities for schools and communities on topics such as dengue, infectious diseases and general health.
- Vieques Island Health Fair – 4 MPH students participated in a community health fair offering conferences and education about; dengue and STI.
- HIV/STI prevention intervention, peer educator training, anonymous HIV testing in a recognize Ponce gay bar. Organized by 1 student with10 other MPH students participating as volunteers.
f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Consistent with its mission, the PSMHS Public Health Program strongly encourages the participation of its faculty and students in service activities. Through these activities, faculty and students, contribute to the promotion of public health practice and improved health of communities at the level of Puerto Rico and internationally.

**Strengths**
- PSMHS emphasizes service to the profession and the community in its bylaws, and polices for all faculty members, in its promotion guidelines, and in annual faculty evaluations and assignments.
- Faculty members enthusiastically and actively participate in wide variety of service activities to a spectrum of communities, rural, urban, and disenfranchised or at risk communities.
- High percent of the faculty are involved in significant levels of service activities.
- Students are also motivated to organize and participate in service projects. They have consistently not only participated in faculty led or academically based service opportunities but have gone beyond that to organize their own efforts as individuals and as class groups.
- The community engages with the PSMHS Public Health Program as partners in research and educative activities and increasingly is seeking out PSMHS PHP to assist them in addressing their community health concerns.

**Challenges**
- Many of the faculty service activities are not documented or documented only once a year as part of faculty evaluations.
- Student participation in service activities is documented only when it is directly related to projects organized by the faculty or Public Health Program.
- Due to the fact that most MPH and DrPH students are working full-time limiting weekday outreach activities, it has been challenging to develop student organizations aimed to work in public health service projects.

**Plans**
- To develop a system to document service activities of faculty members and students.
- To improve documentation of student involvement in service.
- Plan a calendar of timed health outreach on key “health days” or seasonal priorities that proactively address major issues of concern to Puerto Rico populations.
3.3 Workforce Development.

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

The mission of the public health program at PSMHS is “to provide the highest quality education, research & population-based services. This will be accomplished through an innovative, dynamic, responsive public health curriculum while preparing to be ethical competent professional public health practitioners and researchers so as to be able to excel in promoting and protecting health in the community and in a diverse, globalized society. Considering our mission, an important part responsibility is not just the future competence of our students but to assist also in the public health competence of those outside our academic setting. The program considers workforce development as part of community service, which is a fundamental part of our mission and values.

In order to periodically assesses the continuing education needs of the community or communities our program use the data from different sources. Among the instruments and strategies used are the Alumni Survey and the Employer and partner survey. These two instruments provides information about their workforce needs in order to design and develop continuing education activities and strategies. We also regularly obtain qualitative information about the workforce needs of our partners during practicum negotiations, research collaborations and service events.

The PHP recently conducted a survey of public health organizations in PR. This survey suggests that the main gaps in the current public health workforce or public health training that should be addressed are:

- Program planning and evaluation (36% of the participants)
- Policy & advocacy (36% of the participants)
- Management (29% of the participants)

When we ask what skills do they think public health practitioners will need in the future, the survey participants suggest that public health professionals need:

- Skills in the area of program evaluation, epidemiology, data analysis, management, technology, public policy, planning and finance. Also in Problem solving with a focus on primary prevention.
- To understand how to develop communication strategies.
- Mastery of the various mass media for health promotion.
- Practitioners must have knowledge about program design and especially on how to design interventions to change behaviors in culturally diverse communities.

The information gathered in this survey will help our program in the development of educational strategies, and workforce training to support the professional development of the public health workforce.

b. A list of the continuing education programs, other than certificate programs, offered by the program

Thus, faculty are encouraged to establish and develop external relationships with community groups and organizations, public health departments, labor organizations, and other government agencies as partners where community knowledge is brought to the classroom and
academic skill sets to the public health workforce and the community. The PHP now has workforce related goals and objectives in both the research and service domains. We have begun offering new workforce training opportunities; conducting in the last year a Summit on AIDS, a jointly offered Obesity Symposium (together with the Puerto Rico Pathophysiology Society) and co-hosted with the Department of Health’s Biopreparedness department, a Hospital Preparedness Disaster Summit. These alone reached nearly 900 health professionals on topics of great interest and urgency in Puerto Rico. In addition, the PHP regularly trains and mentors medical students, residents and the faculty of the medical school and nearby hospitals in clinical research methodology, risk factor research and scientific writing. The PHP plans to continue these now established workforce training opportunities in AIDS, obesity and disaster preparedness and will also seek funding for additional Workshops / seminars / CME on other urgent topics such as dengue, diabetes, environmental health issues. We are also planning to expand our PHP workforce training opportunities in additional areas of identified workforce need.

The PHP will open up our PHP classes to health professionals seeking continuing education classes (not degree seeker) in their areas of identified workforce need such as infectious disease epidemiology, disaster response or health management courses.

To fulfill their workforce development responsibilities, faculty in the PHP are involved in a wide variety of workforce development activities based on their expertise, interest and community relationships. Table 3.3.1 presents some of the permanent participation of our faculty members as instructors or collaborators in continuing education of other programs, organizations or institutions.

**TABLE 3.3.1 Faculty as regular CE instructors with partner organizations**

<table>
<thead>
<tr>
<th>Professor</th>
<th>Institution</th>
<th>Years</th>
<th>Service provided to the institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. H. Velez</td>
<td>AIDS Task Force- San Juan Municipality</td>
<td>2004 to Present</td>
<td>Speaker, Small Groups Discussion Moderator, Trainer in Grant Writing Proposal</td>
</tr>
<tr>
<td>Prof H Velez</td>
<td>EPA</td>
<td>2010 to Present</td>
<td>Coordinator of Educational Activity, Recruitment of Participants</td>
</tr>
<tr>
<td>Dr. Rafael Bredy</td>
<td>San Lucas Hospital system, Damas Hospital</td>
<td>2010 to present</td>
<td>Research design Mentoring</td>
</tr>
<tr>
<td>Dr. Ivan Iriarte</td>
<td>PSMHS medical school: community medicine</td>
<td>2002 to present</td>
<td>Research design Mentoring</td>
</tr>
<tr>
<td>Dr. Rafael Bredy</td>
<td>PR Physicians Society</td>
<td>2012 to present</td>
<td>Bioethics training for physician licensing</td>
</tr>
<tr>
<td>Dr. V. Green</td>
<td>Pontificia Universidad Católica de Ponce</td>
<td>2011</td>
<td>Research Methods Workshops</td>
</tr>
<tr>
<td>Prof. M. Marrero</td>
<td>Higher Professional Consultant – Department of Education</td>
<td>2005 – to present</td>
<td>Speaker and workshops about health</td>
</tr>
</tbody>
</table>

**Continuing Education Events, Offered By The Program:**

**AIDS Summit**
The Public Health Program of Ponce School of Medicine and Health Sciences (PSMHS), with collaboration of the PRCTRC, sponsor the first AIDS Summit. A day conference that include invited speakers that have had decades of experience, covering every aspect of the AIDS epidemic, across the globe and to the highest levels of US AIDS policy and decision making. The aim of the summit was to offer public health professionals from around Ponce, a full
spectrum on what has been learned in the 30 years of the HIV/AIDS epidemic and how we can use that learning to transform the future of AIDS in Puerto Rico.

**Obesity Symposium**
Together with the Puerto Rico Pathophysiology Society the PHP hosted this meeting, which brought together a diverse group of medical and public health professionals, practitioners, academicians, researchers, and students (post-doctoral, graduate and undergraduate) from across the Island and the U.S. to explore the science and impact of obesity on the population as well as highlight recent advances in physiology. The PHP hosted a full afternoon of concurrent sessions on public health approaches for obesity, highlighting successful programs from the US and Puerto Rico by various stakeholders including:

- Department of Education,
- Department of Sports and the
- Municipality of Ponce.

**Hospital Preparedness Disaster Summit**
This meeting was co-hosted by PSMHS and the Department of Health’s Office of Disaster Preparedness: Public Health Response (Oficina de Preparación y Coordinación de Respuesta en Salud Pública). Dr Peterson, the PHP Director, represented the President of PSMHS at the conference and was also an invited speaker. The meeting brought together hospitals personnel, Puerto Rican health associations, the PR Department of health, including the current Secretary of Health, along with the public health and emergency management communities, in order to offer continued education and information about disaster preparedness in Puerto Rico. Speakers at the Summit came from PAHO, Yale and Johns Hopkins University.

**Ponce School of Medicine and Health Science Residency Program**
PSMHS PHP believes that training of residents and medical students in public health perspectives and in how to population based research is enhancement of the public health workforce. Without the understanding and cooperation of clinicians, public health practitioners do not have the data, surveillance or partnerships to track, analyze health problems or design interventions (that are often disseminated through clinical practitioners). We do not include in this section training of med students or residents in clinical disciplines but do track as workforce training and mentoring of students external to the PHP program, namely medical students, residents and the faculty of the medical school and nearby hospitals in clinical research methodology, risk factor research and scientific writing. Two of our PHP faculty regularly trains 193 professionals in 2009-2010 academic year, 248 health practitioners in 2010-2011 academic year and 259 health professionals in 2011 – 2012 academic year. This results in improved clinical and transformational research and significant numbers of collaborative research which we track in our evaluation metrics.

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

Not applicable.

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

In section 1.2, the PHP defined goals, objectives and targets for support continuing education and workforce development strategies. A very important goal for our program is to provide CME
<table>
<thead>
<tr>
<th>Year</th>
<th>Course Offered or Activity Name</th>
<th>Brief description</th>
<th>#</th>
<th>Health Workforce Reached</th>
<th>Credits for CE</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>Prof. H. Velez</td>
<td>Risk Assessment: Perspectives A four-hour forum to present and discuss the use of environmental risk assessment from different perspectives: academia, community and agencies</td>
<td>60</td>
<td></td>
<td>No</td>
<td>Forum</td>
</tr>
<tr>
<td></td>
<td>Dr. I. Iriarte &amp; Dr. R. Bredy</td>
<td>Ponce School of Medicine and Health Science Residency Program - research methodology, risk factor research and scientific writing Training and mentorship</td>
<td>193</td>
<td>Medical students, residents and the faculty of the medical school and nearby hospitals in clinical research methodology, risk factor research and scientific writing</td>
<td>--</td>
<td>Training and mentorship</td>
</tr>
<tr>
<td>2010-2011</td>
<td>Dr. E. A. Peterson</td>
<td>“Working In Government”, Annual Conference, Maryland, June 10, 2011.</td>
<td>20</td>
<td>International Public Health Practitioners</td>
<td>No</td>
<td>Christian Connections In International Health</td>
</tr>
<tr>
<td></td>
<td>Dr. E. A. Peterson</td>
<td>“Health role of military and fragile state”</td>
<td>500</td>
<td>Global health humanitarian worker: civilian &amp; DoD</td>
<td>No</td>
<td>US Institute of Peace</td>
</tr>
<tr>
<td></td>
<td>Dr. E. A. Peterson</td>
<td>“Government work as a calling”, Consultation On Global Child Hunger</td>
<td>150</td>
<td>US &amp; global child health &amp; food security, missions organizations</td>
<td>No</td>
<td>Bread for the World, NAE &amp; Dallas Baptist University</td>
</tr>
<tr>
<td></td>
<td>Dr. E. A. Peterson</td>
<td>“Global Health: Small World, Giant Challenges, Application To Medical Practice In Puerto Rico”, Puerto Rican hospital Association conference</td>
<td>300</td>
<td>Health care practitioners</td>
<td>Y</td>
<td>HIMA, San Juan Puerto Rico</td>
</tr>
<tr>
<td></td>
<td>Dr. E. A. Peterson</td>
<td>“Health Role Of Military And Fragile States”, Health in Conflict and Fragile State: Challenges For The Next Decade Conference</td>
<td>500</td>
<td>Global health practitioners: USAID, DoD, NGOs, FBOs</td>
<td>No</td>
<td>US Institute of Peace</td>
</tr>
<tr>
<td></td>
<td>Dr. M Roubert &amp; Prof. H. Velez</td>
<td>Ambiente 40 x 30 Treinta años del Programa de Superfondo: Saneamiento de Lugares Extremadamente Contaminados An 8-hour conference about regulations, strategies, programs and case studies regarding Superfund sites in PR.</td>
<td>160</td>
<td></td>
<td>No</td>
<td>Conference</td>
</tr>
<tr>
<td>Year</td>
<td>Course Offered or Activity Name</td>
<td>Brief description</td>
<td>#</td>
<td>Health Workforce Reached</td>
<td>Credits for CE</td>
<td>Type</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
<td>--------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>2011-2012</td>
<td>Dr. I. Iriarte &amp; Dr. R. Bredy</td>
<td>Training and mentorship of medical students, residents and the faculty of the medical school and nearby hospitals in clinical research methodology, risk factor research and scientific writing</td>
<td>248</td>
<td>Medical students, residents and the faculty of the medical school and community hospitals</td>
<td>--</td>
<td>Training and mentorship</td>
</tr>
<tr>
<td>Dr. V. Green</td>
<td>Obesity Summit</td>
<td>Initiatives and efforts to prevent obesity</td>
<td>30</td>
<td>Health Professionals</td>
<td>Yes</td>
<td>Conference</td>
</tr>
<tr>
<td>Dr. V. Green</td>
<td>Nestle Nutrition</td>
<td>The nutrition as an important factor in the development of the infant</td>
<td>50</td>
<td>Health Professionals</td>
<td>Yes</td>
<td>Conference</td>
</tr>
<tr>
<td>Dr. E. A. Peterson</td>
<td>&quot;Why Global Health Is Important&quot;</td>
<td>1 hour introduction to PH and global health</td>
<td>20</td>
<td>PSMHS medical students</td>
<td>No</td>
<td>Dean’s hour</td>
</tr>
<tr>
<td>Dr. E. A. Peterson</td>
<td>Global pandemic history and US involvement in global AIDS response</td>
<td>PSMHS First AIDS Summit</td>
<td>15</td>
<td>International &amp; National level speakers, Local PH and clinicians</td>
<td>Yes</td>
<td>PSMHS: PHP</td>
</tr>
<tr>
<td>Dr. E. A. Peterson</td>
<td>Moderator &amp; respondent on how public health can assist in hospital disaster preparedness</td>
<td>Hospital Preparedness Disaster Summit: SIMPOSIO 2012. La Respuesta de los Hospitales ante un Desastre, ¿estamos preparados para enfrentarlo?,</td>
<td>450</td>
<td>Public health, hospital systems &amp; clinicians International, US &amp; PR</td>
<td>No</td>
<td>PR Department of Health Disaster Preparedness &amp; PSMHS</td>
</tr>
<tr>
<td>Dr. E. A. Peterson</td>
<td>Successful Obesity Related Programs in the U.S.</td>
<td>Obesity summit: plenary and concurrent public health sessions</td>
<td>T-450 &gt;50 PH</td>
<td>Clinicians, local Public health practitioners &amp; students (PH &amp; Medicine)</td>
<td>Yes</td>
<td>PSMHS</td>
</tr>
<tr>
<td>Dr. E. A. Peterson</td>
<td>Making the Case for Impact of Leadership and Management: Evidence from a Case Study Series</td>
<td>CDC Evaluation Forum Sustainable Management Development Program, CDC, Atlanta GA, May 2, 2012</td>
<td>45+</td>
<td>CDC evaluation epidemiologists</td>
<td>No</td>
<td>Conference</td>
</tr>
<tr>
<td>Dr. E. A. Peterson</td>
<td>Making the Case for Impact of Leadership and Management: Evidence from a Case Study Series</td>
<td>Congressional briefing, &quot;Reaching Vulnerable Populations: How Faith-Based Organizations Make a Difference in Global Health&quot;,</td>
<td>80+</td>
<td>Congressional staff, global public health practitioners from USAID, NGOs, FBOs</td>
<td>No</td>
<td>Hill briefing sponsored by Christian Connections in International Health Washington DC</td>
</tr>
</tbody>
</table>

146
<table>
<thead>
<tr>
<th>Year</th>
<th>Course Offered or Activity Name</th>
<th>Brief description</th>
<th>#</th>
<th>Health Workforce Reached</th>
<th>Credits for CE</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr. I. Iriarte &amp; Dr. R. Bredy</td>
<td>Ponce School of Medicine and Health Science Residency Program - research methodology, risk factor research and scientific writing Training and mentorship Training and mentorship of medical students, residents and the faculty of the medical school and nearby hospitals in clinical research methodology, risk factor research and scientific writing</td>
<td>259</td>
<td>Medical students, residents and the faculty of the medical school and community hospitals</td>
<td></td>
<td>Training and mentorship</td>
</tr>
<tr>
<td></td>
<td>Dr. R. Bredy</td>
<td>Bioethics and Professionalism update</td>
<td>340</td>
<td>Puerto Rico Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof. H. Velez</td>
<td>AIDS Task Force, Statistical Application to Healthcare Quality Assessment Presentation of statistical concepts and basic measures used to evidence quality in health care settings particularly for health professionals and case/program managers working with HIV+ population.</td>
<td>120</td>
<td>Health professionals and case/program managers working with HIV+ population</td>
<td>Yes</td>
<td>Seminar</td>
</tr>
<tr>
<td></td>
<td>Prof. H. Velez</td>
<td>AIDS Task Force, Grant Writing An 8-hour workshop about writing a competitive proposal to obtain Ryan White funds.</td>
<td>40</td>
<td>HIV Proposal developers</td>
<td>No</td>
<td>Workshop</td>
</tr>
<tr>
<td></td>
<td>Prof. H. Velez</td>
<td>AIDS Task Force, How to evaluate a grant proposal A lecture and small group discussion about evaluating service grant proposal</td>
<td>15</td>
<td>Health professionals and case/program managers working with HIV+ population</td>
<td>No</td>
<td>Workshop</td>
</tr>
</tbody>
</table>
or other educational opportunities for external health professionals in diverse areas. Among the indicators used to evaluate this goal are; the number of CME courses or CME credits offered each year, the number of different public health areas covered in the CME courses, and the number of health professionals receiving CME, or additional health capacity training. In section 1.2 we report that the number of workforce training events in the last three years were 1.6 and 7 events respectively with a growing diversity of topics being covered in those events. The number of health practitioners reached in those events increased from 298 in 2009-2010 to over a thousand (1878 and 1364) in the most recent two years. In the area of research, our program provides training in research methods to health workforce trainees or professionals. In the last three years the number of health professional mentored have been growing. The number of health professionals and medical students mentored by the program during the last three academic years where: 193 in 2009-2010, 248 in 2010-2011 and 259 in 2011-2012.

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

TABLE 3.3 Educational institutions or public health practice organizations with which the school collaborates to offer continuing education

<table>
<thead>
<tr>
<th>Educational Institutions or Public Health Practice Organizations</th>
<th>Type of Organization</th>
<th>Puerto Rico, USA, International</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Red Cross</td>
<td>NGO</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td>Damas Hospital</td>
<td>Hospital</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td>Episcopal San Lucas Hospital, Ponce</td>
<td>Hospital</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td>Episcopal San Lucas Hospital, Ponce</td>
<td>University</td>
<td>International, Chile</td>
</tr>
<tr>
<td>Faculty of Medicine, Universidad de la Frontera (Chile)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifelink PR</td>
<td>Private Organization</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td>Puerto Rico Department of Health</td>
<td>PR Government</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td>Puerto Rico Institute of Forensic Sciences</td>
<td>PR Government</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td>Colegio Santa María del Camino – Science and Health Faculty</td>
<td>Private Organization</td>
<td>Puerto Rico</td>
</tr>
</tbody>
</table>

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

This criterion is met.

**Strengths**
- The Ponce School of Medicine and Health Science, Public Health Program, makes an important contribution to the continuing education and professional development of personnel engaged in public health practice in order to advance their knowledge and skills. The program initiatives include the development of educational activities like summits and forums, and the expertise of our faculty teaching courses, developing activities and mentoring health professionals.
- The Public Health Program has strong and vibrant relationships with our colleagues in the medical school resulting in improved clinical and translational research and greater success for residents and medical students in publications.
- Medical students feel free to come to PH faculty for mentoring in research projects.
- We have already ongoing relationship with various residency programs
Weaknesses

- It would be good to have stronger collaboration with our clinical psychology colleagues in PsyD. This is at an exploratory phase and shows great promise for joint work in mental health and building their capacity for population based analysis of mental health issues including high priority areas like domestic violence and PTSD

Plans

- PHP will continue joint workshops on AIDS, Obesity and disaster preparedness.
- We are developing distance-learning modules for our clinical research training and scientific writing mentoring with medical students and residents to better capture busy consulting faculty.
- Seeking funding to also conduct additional workshops/seminars/CME on other urgent topics: dengue, diabetes, and environmental health issues.
- Open up PHP classes as CME to health professionals, in their areas of interest
Faculty, Staff and Students

2.0

3.0

4.0

4.1 Faculty Qualifications

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

The Primary Faculty of the Public Health Program consists of fourteen (14) members who specialize in different areas of public health. The Secondary Faculty is composed of fourteen members: seven (7) members from other departments within the Ponce School of Medicine and Health Sciences and seven (7) members from other institutions a number that varies depending on the courses being offered in a given year. In addition, the Public Health Program includes 13 more public health professionals, for support of the Dr.PH dissertation mentoring. Another roster of previous faculty who are not currently teaching or mentoring are available if needed.

The primary faculty is made up of those individuals whose primary responsibility is to the Public Health Program. They are responsible for teaching or coordinating the core courses and required courses. The primary faculty consists of three Full Professors, six Associate Professors, three Assistant Professor and two Instructors who are due to become Assistant Professors in Feb of 2013. All of the faculty hold advanced degrees in a field of public health. Their experience covers all the academic areas within the PHP curriculum. Table 4.1.1 summarizes the qualifications, FTE, teaching areas and research interest of these primary faculty members.

In the narrative below, we briefly highlight the faculty members track specific qualifications.

Epidemiology Track Faculty

Dr. E Anne Peterson is board certified in Preventive Medicine with MPH focus on epidemiology and behavior change within Emory's global health track. She is recertified for PMR boards every 7 years, which means studying for and passing the extensive epidemiology and biostatistics of those board exams. She must do at least 60 CME every two years, most of which are CDC MMWR ones which are focused on the epidemiology of disease. Dr. Peterson has worked, researched and published in Chronic Disease surveillance, intervention effectiveness epidemiologic studies and conducted outbreak investigations. She overseen and managed the Virginia Department of health, including the State Epidemiologist and the epidemiology department and was responsible in that State for tracking, controlling and preventing disease for the citizens of Virginia. She was instrumental in the anthrax response of 9/11 which required emergency mobilization of VDH epidemiologist to identify and respond to the episode of bioterrorism. Similarly, as Assistant Administrator for global health she was responsible for the health research programs in global health at USAID and oversight of all disease prevention and control programs. She has taught epidemiology within the CDC epidemiology case study series, scientific basis of global health interventions (burden of disease & evidence review), as well as other courses more policy and programmatically focused that require epidemiology as a base. She has been a full professor at George Washington University for five years and is now the PSMHS PHP Director and a contributing epidemiology faculty.
Dr. Johnny Rullán is an eminent public health expert and epidemiologist. He recently retired from his position as Puerto Rico's State Epidemiologist and has been State Health
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<td>M.D. MPH FACPM EIS</td>
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<td>Family &amp; Preventive Medicine Global Health</td>
<td>Scientific Basis PH Applied epi Policy Management Program design</td>
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**General Track**

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<td>MSc Ph.D</td>
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<td>Rafael Eduardo</td>
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<td>Bredy Dominguez</td>
<td>Instructor</td>
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<td>1.0</td>
<td>PhDc MS (DEA) MPH</td>
<td>U Complutense de Madrid, Benedictine U</td>
<td>Psychology Health Education &amp; Promotion</td>
<td>Social- behavioral Epidemiology</td>
<td>Mental Health Cancer</td>
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Commissioner in Puerto Rico twice. Originally from Puerto Rico and a graduate of UPR medical school (MD degree), he has had extensive training also in the US at Northwestern University for his bachelors and Johns Hopkins for his Master’s in Public Health (MPH) and Preventive Medicine Residency. As a graduate of CDC’s elite Epidemiology Intelligence Service, he has had a close working relationship with CDC and a deep grasp of the Puerto Rico’s disease trends.

**Dr. R. Iván Iriarte** has worked in academia, teaching Epidemiology to public health and medical students, and residents, for more than 25 years. He is a medical doctor with formal training in General Preventive Medicine and Family Medicine. He received strong research and epidemiology training during his Robert Wood Johnson Foundation Family Medicine Research Fellowship and while achieving his Master of Science Degree in Preventive Medicine at the University of Iowa. He became Board Certified in General Preventive Medicine in 1993, which requires proficiency in both epidemiology and biostatistics and their applications to public health disease prevention and research. He was the epidemiology track coordinator for many years.

**Dr. Diego E Zavala** has a PhD in Epidemiology from the University of Texas Public Health, an MSc degree in Epidemiology from Tulane University and a MSc degree in Medical Demography from the London School of Hygiene and Tropical Medicine. Dr Zavala worked, researched and published in cancer etiological studies, surveillance systems for cancer and injury and asthma research. His current research is focused on the epidemiology of violence and he has completed an analysis of homicide deaths in Puerto Rico in collaboration with Puerto Rico’s Forensic Institute. He oversaw and managed Puerto Rico’s Department of Health Surveillance Epidemiology Division that encompassed the: Cancer Registry, BRFSS and Telarche Registry. He was the author of the cancer report in Vieques and reviewed reports submitted by ATSDR on environmental hazards in Vieques. He was an invited editor to a CDC’s special publication on injury prevention. He is the current epidemiology track coordinator.

**Dr. L. Norman** has PhD in social epidemiology from Emory University and is also a DrPH candidate currently via distance learning at Walden University. She has additional training in advanced biostatistics. Dr. Norman has taught undergraduate and graduate social epidemiology and statistic courses including advanced biostatistics (e.g., survival analysis; multivariate analysis, biostatistics, health informatics). She is one of our most prolific and well published research professors, working in the area of HIV and risk factors for HIV acquisition in high risk populations, housing project residents, victims of interpersonal violence and MSM.

**Dr. Ruby Serrano** has a Dr.PH in Public Health (Environmental Health) from University of Puerto Rico and an MSc degree in Epidemiology also from University of Puerto Rico. Dr. Serrano has worked, researched and published on the topic of chronic conditions in Puerto Rico, using the Puerto Rico BRFSS. She was professor at the Metropolitan University teaching and designing courses in environmental health. At PSMHS, she has taught doctoral level biostatistics courses and mentored DrPH dissertations. She is one of our newest faculty and fills the gap in biostatistics coverage that occurred to the loss of one of our primary faculty in June of 2012.

Dr. **Brenda Rivera** has a Doctoral degree in Veterinary Medicine from Iowa State University, and an MPH from The University of Iowa, Collage of Public Health. Her epidemiology training was enhanced during her Applied Field Epidemiology Fellowship with the Puerto Rico Department of Health and University of Puerto Rico School of Medicine. Dr. Rivera worked as Surveillance Coordinator Epidemiology and Research Office, Puerto Rico Department of Health,
San Juan, Puerto Rico. She has been the Acting State Public Health Veterinarian overseeing the tracking and Department of Health’s response to zoonotic diseases in Puerto Rico.

Dr. Encijar Hassan has a DrPH in Public Health with a concentration in Environmental Health, from the University of Puerto Rico and an MSc degree in Epidemiology also from UPR. Dr. Hassan worked as Statewide Coordinator of the Foodborne and Waterborne Diseases and Outbreaks Surveillance System at Department of Health. As Instructor at Catholic University, Ponce, PR, she teaches the course of MPH level Environmental Risk Assessment. Dr. Hassan has researched on foodborne and waterborne outbreaks in Puerto Rico. She is joining the PSMHS PHP faculty in March and will teach epidemiology methods, applied epidemiology and environmental health risk assessment courses.

General Track Faculty
Dr. Rafael Bredy is a medical doctor from Venezuela with additional postdoctoral training in Clinical Research Sciences, MSc, from the University of Puerto Rico. He also has a Master’s Degree in Bioethics from the Pan-American Health Organization, Pontifical University Complutense of Madrid-Technological Institute of Santo Domingo consortium. Dr. Bredy is in charge of the Bioethics Department at Hospital Damas in Ponce, Puerto Rico and, participates as Bioethics advisor of LifeLink, Organ Procurement Office for Puerto Rico and Virgin Islands. Dr. Bredy has been teaching (both at PSMHS and UPR) Bioethics and Ethics in research and public health practice, cultural competence and the role of diversity in Public Health Programs in Puerto Rico. Dr. Bredy has also been teaching research methodology and has worked for more than 6 years as an advisor in the design of research projects in ACGME accredited post graduated programs in southern Puerto Rico.

Dr. Vivian S Green has a PhD in public health from the University of Las Palmas de Gran Canaria, Spain and she is a registered dietitian with MSc from the University of Puerto Rico, School of Public Health. She has completed two fellowships, one in Social Marketing from the National Training Collaborative for Social Marketing (which includes University of South Florida, CDC and Association of American Medical Colleges); and another fellowship on Nutritional Intervention in neonates on ICU ventilation, from the University of Puerto Rico. She has conducted independent courses in the areas of legal and forensic epidemiology. Dr. Green is also FEMA certified by the Independent Study Program Office, Emergency Management Institute, National Emergency Training Center.

Professor Miguel Marrero undergraduate training in sociology, a DEA (Master’s level degree) in Psychology from Spain’s Complutense University of Madrid and most recently an MPH in Health Education and Promotion from the Benedictine University in Chicago. He is currently completing his doctoral dissertation in cognitive / health psychology also from the Complutense University. During the past ten years, Prof. Marrero has supplemented his education thorough courses from various academic institutions in Puerto Rico and Spain, focusing primarily on health and psychology. At PSMHS PHP, he teaches the health behavior, behavior change, communications, social epidemiology and cultural competency courses. He is regularly awarded “Best Faculty” award by graduating students. He is currently the general track coordinator.

Environmental Health Faculty
Dr. Mayra Roubert has a MS and a DrPH in Environmental Health from the School of Public Health at the University of Puerto Rico, Medical Science Campus. During her academic training she obtained expertise primarily in water quality and non-hazardous waste management. She has experience as a bio-molecular and environmental laboratory technician, beginning in 1995
taught environmental sciences at the Pontifical Catholic University of Puerto Rico at bachelor and graduate degree level. At PSMHS PHP she teaches such courses such as: Environmental Problems, Water Quality, Solid Wastes, Microbiology, Environmental Health, Environmental Laboratory Practices, Industrial Hygiene, among others. Since 2002, she has been mentoring MPH and DrPH students interested in the field of environmental health research. In 2007, as an Associate Professor, she was appointed environmental health track coordinator.

**Dr. Adalberto Bosque** received his PhD in Environmental Science and an MBA from the Turabo University, Puerto Rico and, a BS in Chemical Engineering from the University of Puerto Rico at Mayagües. He has 27 years of experience in the environmental field, working with the US Environmental Protection Agency (EPA). He has ample experience in all areas of project and program management including: planning, budgeting, scheduling, personnel administration, reporting, economic evaluations, contract administration, interagency relations, team work and, community involvement activities. Dr. Bosque is a Registered Environmental Manager (REM), a Certified Environmental Auditor (CEA) and, a Certified Environmental and Safety Compliance Officer (CESCO) from the National Registry of Environmental Professionals. He brings this extensive practical environmental health experience to his classroom teaching and mentoring of DrPH students interested in environmental health epidemiology.

**Professor Himilce Vélez** is currently completing her doctoral dissertation in Environmental Health at the University of Puerto Rico where she previously received her MS degree in Epidemiology from the School of Public Health. She has participated in cancer, environmental epidemiology and, health literacy community engagement research. At the PSMHS she teaches Biostatistics, Environmental Epidemiology and Risk Assessment. She is the PSMHS evaluation coordinator and the culminating experience coordinator for the MPH program.

**b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.)**

The secondary faculty members (see Tables 4.1.2&3) are composed of 14 faculty who contribute to teaching and another 13 who assist in mentoring DrPH students, but could be available for course work if needed. Seven of the teaching faculty are PSMHS employees who have appointments in other departments at PSMHS, and six (6) are from other institutions; one (1) is retired from a Federal Agency, and two (2) current CDC – Dengue Branch epidemiologists. They represent various health settings including universities, pharmaceutical companies, hospitals, health and environmental agencies. Secondary faculty members teach electives and some required or selective courses. Table 4.2.4 is a table of faculty members who have taught intermittently in the past. They are not included in our head-count but are a valuable back-up resource. Participation for some was limited by distance from San Juan to Ponce and the PHP has purposefully decreased reliance on secondary faculty, especially those with less public health experience.

PHP secondary faculty members all have earned advanced degrees in areas related to public health and expose students to critical skills in public health. The advanced degrees include eight (8) Ph.D one (1) with a doctorate of education (EdD), two with MD/ MPH, one (1) MPH, one (1) MBA and one (1) with a Master in Health Administration Service (MHAS). Areas of expertise covered by the secondary faculty include epidemiology, demography, occupational health, health administration, and environmental and occupational health.
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<td>Dissertation Research</td>
</tr>
<tr>
<td>Carolina Alvarez</td>
<td>Visiting Professor</td>
<td>Food and Drug Admin.</td>
<td>10%</td>
<td>F</td>
<td>MD SCP Dr.PH</td>
<td>Medicine Epidemiology</td>
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<tr>
<td>Carmelo Carmona</td>
<td>Visiting Professor</td>
<td>Michigan University</td>
<td>10%</td>
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<td>Marcia Cruz Correa</td>
<td>Visiting Professor</td>
<td>U(R Cancer Center)</td>
<td>10%</td>
<td>F</td>
<td>MD PhD</td>
<td>Medicine Clinical Investigation Genetic Epidemiology</td>
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</tr>
<tr>
<td>Katherine Tucker</td>
<td>Visiting Professor</td>
<td>Northeastern University</td>
<td>10%</td>
<td>F</td>
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<td>Nutritional Sciences</td>
<td>Dissertation Research</td>
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<tr>
<td>Jose F. Rodriguez</td>
<td>Visiting Professor</td>
<td>Fundación de Diego</td>
<td>10%</td>
<td>M</td>
<td>BS Ph.D.</td>
<td>Chemistry</td>
<td>Dissertation Research</td>
</tr>
<tr>
<td>Cynthia Perez</td>
<td>Visiting Professor</td>
<td>University of Puerto Rico</td>
<td>10%</td>
<td>F</td>
<td>MS PhD</td>
<td>Biostatistics Epidemiology</td>
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</tr>
<tr>
<td>Jaime Mata</td>
<td>Professor PSM&amp;HS</td>
<td>PSM&amp;HS</td>
<td>10%</td>
<td>M</td>
<td>MS,DSc PhD</td>
<td>Toxicology Clinical Cancer Research</td>
<td>Dissertation Research</td>
</tr>
<tr>
<td>Nelson Varas</td>
<td>Visiting Professor</td>
<td>University of Puerto Rico</td>
<td>10%</td>
<td>M</td>
<td>PhD</td>
<td>Social Work</td>
<td>Dissertation Research</td>
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</tbody>
</table>
TABLE 4.1.2 Secondary Faculty AY 2008 to 2012: available but not currently teaching/mentoring in the PHP.

<table>
<thead>
<tr>
<th>Track Expertise</th>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>General Track</td>
<td>Lcdo. Esdras Velez, J.D, MPH, MHL</td>
</tr>
<tr>
<td>General Track</td>
<td>Dr. Pedro Amador, MD, MPH - PSM&amp;HS Faculty</td>
</tr>
<tr>
<td>General Track</td>
<td>Dr. Luis Rivera Pomales, MD, MPH, MBA - Physician</td>
</tr>
<tr>
<td>General Track</td>
<td>Dr. Cintia Batis, PsyD PSM&amp;HS Faculty</td>
</tr>
<tr>
<td>General Track</td>
<td>Dr. Geletiza Caraballo, PsyD- PSM&amp;HS Faculty</td>
</tr>
<tr>
<td>General Track</td>
<td>Prof. Raúl Figueroa, MS</td>
</tr>
<tr>
<td>General Track</td>
<td>Dr. Joxel Garcia, MD, MBA, Former PSMHS President &amp; former US HHS ASH</td>
</tr>
<tr>
<td>Epidemiology Track</td>
<td>Dr. Ernesto Rosario, PsyD, PhD - PSM&amp;HS Faculty</td>
</tr>
<tr>
<td>Epidemiology Track</td>
<td>Dr. Angeles Rodriguez, MD, MPH</td>
</tr>
<tr>
<td></td>
<td>Former State Epidemiologist &amp; Director of Bioterrorism</td>
</tr>
<tr>
<td>Environmental Track</td>
<td>Dr. Julio Cádiz, MD, MPH, zxPR EIS Office</td>
</tr>
<tr>
<td>Environmental Track</td>
<td>Prof. Vanessa Quiñones, MS</td>
</tr>
<tr>
<td>Dr.PH Track</td>
<td>Dr. León Ferder, MD, Director PSMHS biomedical Research</td>
</tr>
<tr>
<td>Dr.PH Track</td>
<td>Julio Collazo, MPH –UPR Part time Faculty</td>
</tr>
<tr>
<td>Dr.PH Track</td>
<td>Dr. Gloria Ascensio, PsyD - PSM&amp;HS Faculty</td>
</tr>
<tr>
<td>Dr.PH Track</td>
<td>Dr. Ana Quintero, MD, MPH - PSM&amp;HS Faculty</td>
</tr>
</tbody>
</table>

c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The core and secondary faculty members of the Program have a wide variety of non-academic experience in the fields of public health including within health departments, NGOs and in, community service, and research. Examples of activities in which our primary and secondary faculty have been involved are presented below.

E. Anne Peterson, MD, MPH. Dr. Peterson has 25 years of public health practice before entering academia. She is a long time public health professional whose career prior to joining academia has spanned the globe. She has participated in almost every public health practice arena from teaching “barefoot doctors” in rural African villages to participating in political, policy and decision making roundtables in Washington policies and politics. Dr. Peterson has an extensive background in U.S. and international public health. She has conducted foodborne outbreak investigations in Georgia, researched and developed community education materials for patients with elephantiasis for WHO and, designed youth AIDS prevention programs in Africa. Dr. Peterson was Assistant Administrator for the Bureau for Global Health at the U.S. Agency for International Development from 2001 to 2005 and was in charge of all health policies and programs for that agency spanning 80+ USAID recipient countries. Before her work with the
federal government, Dr. Peterson served for three years as Health Commissioner for the State of Virginia and was responsible for assessing and tracking Virginians' health, coordinating preventive health services such as family planning and immunization for low income populations, responding to emerging disease outbreaks (West Nile), responding to the 9/11 Pentagon and anthrax attacks, to name a few. She recently led a strategic refocusing of the World Vision’s health programs in over 100 countries. Dr. Peterson has also served as a consultant to the Centers for Disease Control and Prevention and the World Health Organization in Haiti and Brazil. For almost six years, while living in sub-Saharan Africa (Kenya and Zimbabwe) she focused her expertise on community development, public health training and AIDS prevention, in addition to performing U.S.-based research in chronic disease prevention, outbreak investigations and food safety. She continues her involvement in public health practice, while in academia, conducting a US government sponsored health assessment in Afghanistan, consulting with NGOs on better monitoring of food security programs and, helping redesign NGO national strategic plans in Rwanda.

Lisa Norman, PhD. Dr. Norman worked nine years at CDC, in the HIV Prevention Division, as a public health analyst, as well as, a behavioral scientist. In Jamaica, she collaborated with the National HIV/AIDS Program at the Ministry of Health and the Jamaica AIDS Support-an NGO in the development of programs to be implemented for at-risk populations. Since arriving in Puerto Rico, she has conducted three funded projects “Proyecto MUCHAS”; focusing on women residing in public housing, examining HIV social and behavioral risk factors and implementing HIV/STI testing.

Diego E Zavala, MSc, PhD is a long time epidemiologist whose career prior to joining academia involved multinational, etiological cancer research projects (Colombia, Uruguay, Costa Rica, US). In 2007, he led a multinational pilot project for hospital based injury surveillance system in five African countries (Zambia, Uganda, DRC, Kenya and Nigeria); he is currently supporting a similar project in Bolivia. Dr. Zavala is member of the International Collaboration Effort on Injury Prevention. Dr. Zavala is also a volunteer of the American Red Cross Puerto Rico Chapter where he leads a team of volunteers and staff on disaster assessment every hurricane season in Puerto Rico. He participated in the humanitarian mission to Haiti in March of 2010 with the renowned local community organization, Iniciativa Comunitaria. Dr. Zavala has served as a consultant to the United Nations Development Program at two regional meetings on the prevention of armed violence in Latin America held in 2011. He has been a member of Amnesty International (AI)-USA for 31 years and, is Mexico’s country specialist. His work with this organization has taken him in two official missions (visits) to Mexico meeting with detained individuals, persecuted for their non-violent beliefs and community leadership to protect the forests in the State of Guerrero, Mexico. He has served on the AI Board of Directors for 11 years and has participated in three consecutive AI International Council Meetings where key policy decisions are made.

Ruby Serrano, MSc, Dr.PH Dr. Serrano served as Puerto Rico BRFSS Program Director & State Coordinator, Puerto Rico Department of Health. She works in collaboration with others Programs in Puerto Rico Department of Health, universities and organizations in projects related with chronic diseases and their risk factors. Dr. Serrano develops the Surveillance and Research areas for the study of renal conditions in Puerto Rico and she was the Co-Project Officer, Respiratory and Allergic Conditions in School Aged Children with Residence in the Cataño Air Basin Area Study, Cataño Workshop and Environmental Risk Assessment Division.

Brenda Rivera, DVM, MPH Dr. Rivera served as an Assistant Director Puerto Rico Field Epidemiology Training Program, Puerto Rico Department of Health. She was a Consultant to
Puerto Rico State Epidemiologist and Consultant to Puerto Rico Secretary. She works in the study design of Puerto Rico Childhood Blood Lead Prevalence and Healthy Housing Study, / PRDoH, CDC. Dr. Rivera was part of the team for the development of the Influenza Surveillance System for Schools, Animal Bite Registry and Rabies Surveillance System, West Nile Virus Surveillance System (animal component) and the Leptospirosis Surveillance System, Puerto Rico Department of Health. She continues to be active in dengue planning and response with the CDC – dengue branch in Puerto Rico.

**Hassan, Encijar, MSc, Dr.PH**  Dr. Hassan served as Statewide Coordinator of the Foodborne and Waterborne Diseases and Outbreaks Surveillance System in Puerto Rico. She works in collaboration with the epidemiology Program in Puerto Rico Department of Health, Universities and Organizations in projects and educational activities related food safety. Dr. Hassan and the USDA participate in refresher trainings on foodborne diseases outbreak investigation offered to the environmental health and the epidemiology staff around the Island.

**Vivian Green, LND, MSc, PhD.** Dr. Green served as a consultant to the Puerto Rico Secretary of Health in nutrition and nutrition policy, where she was responsible for establishing, developing and implementing health policy, educational and research projects in nutrition and public health for Puerto Rico. She designed, implemented, and directed a program to modify behaviors related to nutrition and physical activity based on local ecological modeling, and using social marketing strategies. She also served as an advisor to the Assistant Secretary of Promotion at the Department of Health (PRDOH), particularly on methodology and analysis of health promotions projects on nutrition, wellness and exercise. She has held multiple representative and liaison roles between the PRDOH and nutritionally high risk communities, eg WIC recipients. In 2002 to 2004 was the consultant for nutritional research in public health for the Puerto Rico Education Department, conducting nutritional clinical research for the GAMMA Project, Pediatric ACTU at University Pediatrics Hospital and as part of the Outreach Team in Collaboration with Moffit Center (Tampa) Grant U56 of NIH. She is member of the Committee on Healthy People 2020 for Puerto Rico Department of Health and editor of the Journal “Medicina y Salud Pública”. Dr. Green mentors selected junior and senior high school students at the Colegio Ponceño in Puerto Rico on epidemiology and research projects.

**Mayra Roubert, MS, DrPH** has been practicing in the environmental field for about 21 years. Her environmental laboratory expertise combined with her position as the environmental health office director at the Albergue Olimpico of Puerto Rico has been instrumental as a non-academic experience in applied public health. During her five years as director of the environmental health office at the Albergue Olímpico, she supervised the following areas: green areas, irrigation, private drinking-water system, wastewater treatment plant, aviary, occupational health concerns, food safety, and swimming pool water quality compliance, among others. Additionally, Dr. Roubert was in charge of the development and submission of environmental documents to state regulatory agencies as the Environmental Quality Board, Puerto Rico Department of Health and Department of Natural Resources. During the 2007 dengue outbreak in Puerto Rico, she coordinated the PSMHS Epi Aid Teams an educational collaboration with the Puerto Rico Department of Health in promoting preventive and vector control practices to the general community.

**Miguel E. Marrero Medina, DEA, MPH, PhDc,** has a broad background in social sciences and psychology particularly in health, behavioral, social, and political issues. Since 2007 he has served as Committee Member, Partner and Ad-Honorem Consultant for the Puerto Rico Comprehensive Cancer Plan. His work with this group has been towards development of island-wide integrated and coordinated strategies that might reduce cancer burden, maximize limited
resources, in efforts to provide cancer patients and access to a full range of cancer services. Since 2005, Prof. Marrero has served as a private consultant to public and private organizations designing and conducting trainings and workshops on various health and psychosocial topics. Since 1989, he has worked in multiple research areas such as: environmental microbiology (water quality biological indicators of fecal contamination), HIV treatment adherence, health promotion and program evaluation, cognitive and health psychology (cancer survivorship and emotions), culture and gender, psychosocial research (anxiety and gender) and cognitive and developmental psychology research, studying the possible influence of genetic over suggestibility; a study with twins. Prof Marrero was also contributor in psychosocial health broadcasts on the 940AM radio station. He also collaborated as psychologist for the San Juan Archdioceses Radio Station 81AM in a weekly program.

Adalberto Bosque PhD, MBA, has served as a member on the EPA Region 2 Environmental Justice Work Group; the Environmental Justice Small Grant Evaluation Committee and, the Science Consortium initiative. Dr. Bosque is also the executive officer of a nonprofit organization name Medical Cadet Corp (MCC) that provides community services to low income communities and enhance training opportunities to youth. As part of his duties as the Executive Officer of the MCC he organized Medical clinics as well as recreational activities for low income communities and youth. He is certified as a First Aid Instructor Trainer by the American Safety and Health institute and, the Emergency Care and Safety Institute; as such, he provides and organizes First Aid Trainings, Disaster Response Operation Trainings, as well as First Responders training. These experiences have been allowed him to work with nongovernmental officials (NGOs) as well as, federal agencies, Commonwealth government departments, and the general public. He has also participated in EPA multi-disciplinary investigations and emergency response situations or groups such as: Caribbean Regional Response Team (CRRT), Area Planning Committees (APC), Waste Disposal Alternative Committees, Interagency Hazard Mitigation Team, Puerto Rico Drought Task Force, the Cataño Initiative, Puerto Rico Electric Power Authority (PREPA) multimedia case, Morris Berman Oil Spill response, USVI Chemical response, Local Emergency Planning Committee meetings and criminal investigations conducted within the Caribbean.

Himilce Velez. Professor Velez helped the Municipality of San Juan, write the grant proposal for Ryan White funds for their AIDS Task Force providing technical assistance on the design and implementation of evaluation procedures, development of indicators and, data use for healthcare quality assessment for this Ryan White proposal. She also works with and provides public health evaluation expertise for a NGOs like La Perla del Gran Precio, on programs like Healthy Relationships which works with people living with HIV/AIDS in low income and underserved communities. Prof. Velez advises community and/or agencies regarding research methodologies, interpretation of data and environmental health issues and, participates in design and validation of questionnaires for cancer patients information needs (H. Lee Moffit Cancer Center). She has moderated the American Cancer Society’s activity “Talking about cancer” held in Ponce and often serves as a coordinator and resource in the activities for “women, living after cancer” in the municipalities of Peñuelas, Cayey, Cidra and Trujillo Alto. Prof. Velez offered leads conferences to several communities interested in understanding STIs, environmental health hazards and epidemiologic studies on respiratory diseases.

Rafael Bredy, MD, MSc, Post Dc Dr. Bredy’s non-academic public health practice is focused on efforts to increase the number of organs and tissues donors in Puerto Rico. Puerto Rico has large numbers of patients with end stage renal disease as a result of high rates of hypertension and diabetes. Dr. Bredy actively participated in the development and maintenance of an electronic registry of donors in Puerto Rico, launched in November 2011.
d. Identification of outcome measures by which the program may judge the qualifications of its faculty complement, along with data regarding the performance of the school against those measures over the last three years.

In section 1.2, we report the many the objectives, indicators, targets and performance for measuring the quality and performance of the faculty over the last three years. Some objectives and indicators, such as student evaluations of courses, are long-standing, though the past reporting, reviewing and acting on the evaluation measures was sometimes spotty. Some of these are new indicators but based on well verbalized previous expectations of faculty in teaching service and research. Some objectives and indicators of faculty performance are completely new and based on new priorities in global outreach and use of distance learning.

All of the Objectives under the Research goal A and most of the associated indicators measure faculty performance in research. The size of the research portfolio and lack of growth are explained in Research section 3.1. There have been time and funding challenges to growing the research portfolio that are now being addressed. Therefore, we are specifically tracking now, the percentage of faculty successful in acquiring at least one externally funded research award. This will be a measure not only of the quality of the faculty but the program’s success in making the time and tools available for them to succeed. Research funding is expected to increase significantly with the new CDC award and as the catalyzing research and faculty professional development activities in research skills begin to bear fruit.

The areas more within faculty control, submission and publication of papers and presenting in scientific meetings has grown over the last three years. During the year 2009-2010 the PHP faculty published only three articles which increased to seven articles 2011-2012. A similar increase is observed in manuscripts published in book chapters and professional journals. The number of presentations and poster has remained high. In the recent PSMHS scientific meeting there were significantly more submissions from the PHP and accepted presentations and posters nearly tripled, with one of the PHP presentations receiving an overall scientific award as judged by the external independent panel. There is also an increase in the environmental health and social behavioral (core public health research) in contrast to the more basic biomedical done in earlier years. This reflects growing responsiveness and strength of the faculty to pursue research in their core areas.

In the area of academic excellence, the core measure of quality of faculty is whether the students in fact learn the skills needed to be successful in their public health careers. We measure that, as reported in the student section, in their achievement of competencies and success in employment of on-going graduate education. We do not yet have CE exam grades for the MPH students but there is a distinct upward trend in the performance of DrPH students on their comprehensive exam. Intermediate measures of quality of faculty in teaching are captured in student evaluations of courses, the currency and competency base of courses and the faculty’s use and proficiency in using varied, new and innovative (at least for us) technologies to enhance the classroom environment and keep current with advances in teaching methodology. In order, to ensure that any course faculty issues raised are dealt with, the PHP specifically designed an indicator to report on actions taken and improvements in course evaluation on next course offering. Only one course had a below threshold rating (2.5 of 5), during the 2010-2011 offering, and as hoped improved significantly, after faculty development action, when offered the following year by the same professor (4 out of 5). This is
a measure of “teachable” faculty, faculty development opportunities and quality improvement management of the public health program.

The PHP is actively seeking to expand its use of new tools and technology and distance learning. To track that, several new indicators were developed. The PHP now measures the percentage of courses at least partially offered online and the number of courses fully in a distant learning format. Table 1.2 shows significant increase in percentage of faculty using Moodle for course support or other new tools when we compare the years. More courses are using some distance learning modalities or sessions. In spring of 2012, two primary faculties moved to mainland US and finished their course instruction entirely via internet connection with the students. The course evaluations, by the students were very positive, despite the unexpected method of course delivery. No courses are fully in distance learning format but once PSMHS finished the institutional distance learning policies and procedure design, we expect one to two courses taught fully via distance learning methodology.

Quality of faculty members also measured by theirs commitment to the mission and vision of the program as demonstrated by theirs service in communities and theirs dedication to health workforce training. In sections 3.2 and 3.3 you can see the extensive activities conducted by this small sized faculty in these two areas.

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

This criterion is met.

**Strengths**

- All of our primary faculty members have the practical and academic experience in the different public health fields. All have obtained a degree of MD, MPH, MS, PhD, or Dr.PH, and our support faculty members hold a doctoral degree (MD, MPH, MS PhD, or other).
- The PHP faculty is multidisciplinary with educational backgrounds and strengths that complement one another.
- The PHP faculty members are active in their own professional development, regularly pursuing opportunities to stay current and learn, especially in the epidemiology through courses, training, attending conferences or by distance learning. The faculty are dynamic, engaged and targeted toward professional growth.
- The PHP faculty members also have vast practical experience in a variety of areas within public health. This enriches their teaching and guides their research and service to areas of greater usefulness and need. Before starting the academia, many of the faculty has worked in non-academic institutions or organizations. This helps the faculty members relate well to the health needs of the community and produces and keeps strong partnerships alive between the PHP and the professional and lay communities we serve.

**Weaknesses**

- It is a challenge to hire sufficient faculty with the above mentioned academic degrees and experience in public health. This is especially true for epidemiologist and biostatisticians.
- While publications are beginning to increase, funded faculty research has still been a challenge.
**Plans**

- The PHP will continue the recruitment of qualified faculty, especially in the area of epidemiology and biostatistics. The administration has been committed continued base salary funding for at least 2 more faculty members in Public Health Program. In order to become more competitive for recruitment, financial resources are being added from RCMI recruitment funding.

- The new available seed money is very small and shared, but it is hoped it will allow faculty to be more competitive in externally funded small grants of pilot funding such as PRCTRC projects. Several large collaborative programs are in design phase. If funded, these will establish a sound financial platform for senior faculty to support and mentor junior faculty with research funds as they are hired on.
4.2 Faculty Policies and Procedures

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

The Public Health Program adheres to the collected rules and regulations promulgated by the Ponce School of Medicine & Health Sciences. Policies governing recruitment, retention and promotion of university are outline in detail in the Ponce School of Medicine & Health Sciences, Faculty Regulations Manual (see Resource File of PSMHS webpage). All Public Health Program faculty members must follow the rules and regulations set forth by this document. Each new faculty member is given this handbook and different policies when they are hired. These policies are contingency plan, internet user policy, and employee agreement policy; wireless network policy, security manual, discrimination policy and domestic violence. The protocol must be read and signed by incoming faculty.

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

The PSMHS and Public Health Program strongly support the development of faculty in all three areas of teaching, research and service. PSMHS has a full-time faculty development coordinator. She provides workshops, presentations and materials aimed at the development and improvement of the teaching-learning process and she was instrumental at guiding the recent syllabi review conducted by the PHP. Support for research, grant acquisition and success in scientific publication is available through PRCTR grantsmanship workshops.

The PHP has designed and implemented an active faculty development program with the mission of improving skills in teaching and evaluation of student achievement, and introducing innovative, more effective, student-centered learning strategies. Every faculty member must state their personal professional development goals during the development of their annual work plans. Evidence of professional growth and development is reviewed against that annual work plan during the annual faculty review and is submitted to the PHP director to be included in the faculty member’s file. This information will be available for review by the Faculty Promotions Committee.

Another forum to identify professional growth needs and tools comes from of the curriculum committees meetings. Here, the committee discusses all the aspects related to the education process of learning, curriculum changes and courses content. The PHP Director, course coordinators, secondary faculty and participating students raise issues in teaching and curriculum that may require faculty development. In these curriculum meetings, the committee identifies educational skills needed by the faculty such as better ways to assess students, and the program can do peer evaluation of the courses syllabus against the expected competencies.

The action plan covers the following objectives:

- Enhance large group presentation skills of the faculty
- Develop effective, small group, case based teaching skills
- Develop more effective skills of student evaluation and feedback
- Develop the skills to become an effective preceptor in the community and research setting
- Enhance the ability of the faculty to utilize advanced teaching and computer technology
Newly appointed faculty members are interviewed by the Academic Dean and PHP Director with the specific purpose of identifying special needs in the areas of teaching and/or research skills development. Outcomes of this meeting will determine recommendations for participation in teaching skills and evaluation faculty development workshops. Monitoring of performance and effectiveness in teaching is carried out through periodic evaluation by supervisors, peers and students. Results of student evaluations are discussed in curriculum committee meetings with the purpose of identifying areas in need of improvement and planning specific faculty development activities.

Long term program for maintenance of teaching skills and introduction of innovations in education includes the following:

- Attendance to national and regional meetings will be facilitated. Information gathered at these meetings will be shared with the whole faculty at faculty meetings. Travel reports will be required from all participants for documentation of the experiences and dissemination of the information to other faculty.
- Academic membership fees to corresponding academic societies for department chairs and key faculty.
- Selection of faculty members to attend other meetings of national and regional academic societies based on curricular needs.
- Sponsoring workshops presenting innovations in public health education, education technology and other topics identified as faculty development needs.

Also, throughout the academic year, the Associate Dean for Research organizes conferences related to basic research to demonstrate the excellence of PSMHS research and to provide opportunities for faculty in all departments to know the on-going research, learn from one another and explore potential collaborative research endeavors. Some presenters are from the Ponce School of Medicine and other invited lecturers come from other local universities, the Puerto Rico Clinical and translational Research Consortium (PRCTRC) or from outside Puerto Rico. PSMHS has a CME/CE office which administratively supports conferring credit in continuing education for these events, providing another official measure of faculty development. These workshops and meeting focus on ways to enhance and promote the research capacity across the institution. The Ponce School of Medicine & Health Sciences hosts an annual Scientific Forum, Aids Summit, and Obesity Summit that includes a public health component. Both students and faculty member’s present conferences and research projects at this forums. This annual scientific event provides faculty as well as students the opportunity to demonstrate their retention and growth in research and presentation skills.

As part of the plan to strengthen the epidemiology capacity of the PHP, (see section 1.7 for discussion of faculty resource issues) this area has been selected for additional faculty development attention. A PHP program faculty member was commissioned to evaluate the coursework and experiential training needed for epidemiology certification within other institutions and in the CDC epidemiology training program. A matrix of core courses, primarily in epidemiology and biostatistics, and number of credits in each were identified. The other public health competency domains were more variably covered in the different programs. PHP faculty members then self-rated and matched the coursework and experience against those metrics. We reviewed previous academic training and the regular continuing education done in epidemiology and/or biostatistics as well as experience in the practical application of those epidemiology skills within a public health work environment. We found far greater strengths than even we had anticipated.
In addition, on-line resources to provide additional training opportunities for faculty were explored and tabulated. Most of these courses are taken individually from and through the internet. Many of these courses are available through CDC, WHO, PAHO and universities with professional development or continuing education credits. One faculty member has already registered for additional biostatistics training. Other faculty development commitments in these areas will be negotiated in the upcoming annual work-plans.

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

The Ponce School of Medicine & Health Sciences wide procedures that governs faculty hiring, promotion, and tenure are available online to all faculty members (see Resource File or PSMHS webpage)

Policies On Recruitment And Appointment

The recruitment and appointment of faculty members of the Ponce School of Medicine are based on the individual qualifications and capabilities of the candidates without regard to race, creed, color, national or ethnic origin, age, gender, political ideology or physical challenges.

Recruitment:
The Ponce School of Medicine & Health Sciences seeks as candidates for its faculty, individuals who are committed to the intellectual, cultural and moral development of their students, and who may be relied on to work with other faculty members in an open-minded environment. Once selected for a faculty position, they will be expected to support the PHP scholastic, administrative and research work of the School, to work constructively toward their improvement, and to conduct themselves with propriety at all times.

The following criteria will guide the selection of candidates for a faculty appointment:
1. The quality of the candidate’s academic background, degrees earned and professional accomplishments since graduation.
2. The candidate’s mastery of the subject matter and the ability to integrate and communicate effectively the subject matter with related fields of study.
3. The candidate’s capabilities for scientific/educational investigation
4. The candidate’s success in prior teaching experiences.
5. The candidate’s record of publication, grantsmanship or other special endeavors.

Search Process:
It is the responsibility of the PHP Director to initiate the faculty search by appointing an ad hoc search committee after receiving previous approval by the PSMHS President. The committee is composed of two faculty from the PHP and the PSMHS Dean of Faculty. The chair of the faculty recruit committee is a member of the PHP and is appointed by the Public Health Director.

All faculty members in the PHP cooperate and actively nominate candidates during the search process. The primary responsibility for vetting a candidate for faculty appointment lies with the faculty recruit committee, who solicits and reviews all applications. The responsibilities of this committee are: to prepare the job description, post the job description in appropriate media outlets both at national and international level, evaluate applicant CVs, interview potential candidates and make a recommendations on the candidate to fill the job to the director of the program. The director of the program presents the recommendation of the committee and the candidate qualifications to the Dean of Health Science and the Dean of Academic Affairs for
approval. (Note: The position of Dean of Academic Affairs and the position of Dean of health sciences are two different administrative positions. These positions are occupied by Dr. Olga Rodriguez, Dean of Science of “Health and Acting President of the Ponce School of Medicine and Dr. Georgina Aguirre Dean of Academic Affairs). The budget office must verify sufficiency of funds within the PHP budget to make the offer and then final approval from the President of PSMHS is required. Once approved by the administration the PH director will then proceed with a job offer to the candidate. Any salary or position requirement negotiations include the candidate, the PHP director and the Dean of Academic Affairs. The entire review process and its outcomes are confidential.

Please refer to the following Faculty Recruitment/Appointment Flowcharts:

**Salaried (FT & PT) Faculty recruitment process flow chart**

Faculty Promotions
A faculty member may initiate a request to be considered for promotion, but all nominations for promotion originate with the PHP Director and follows specific PSMHS’ processes and methods of evaluation reflecting on specific criteria for promotion and retention. The faculty member is responsible for assembling all documents necessary for the academic promotion. The recommendation will be submitted to the Associate Dean for Faculty and Clinical Affairs. The
Associate Dean for Faculty and Clinical Affairs (ADFCA) screens petitions for faculty credentials and makes recommendations to the President and Dean on faculty personnel decisions. In these decisions the ADFCA will consider the recommendations of the Committee on Faculty Promotion. The ADFCA also monitor institutional affiliations and consortia. In the organizational charts it is located under the Dean of Medicine. The Dean will then refer the recommendations for promotion to the Committee on Faculty Promotions for their evaluation and recommendation. The committees will then act at the next scheduled meeting and forward its recommendation to the President and Dean for his approval. However, any faculty member whose promotion has not progressed at the Department level may in writing, request a special evaluation by the Faculty Promotion Committee. All recommendations by the Promotion Committee will be submitted to the President and Dean for final approval.

The following Faculty Promotions Flow Chart visually explains the above process:

<table>
<thead>
<tr>
<th>PSM&amp;HS FACULTY PROMOTIONS PROCESS FLOW CHART</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Origination of Request for Promotion</strong></td>
</tr>
<tr>
<td>PHP Director or Faculty Member &amp;/or Academic Dean</td>
</tr>
<tr>
<td>Dean of Faculty Clinical Affairs</td>
</tr>
<tr>
<td>Committee on Faculty Promotions</td>
</tr>
<tr>
<td>Dean Faculty &amp; Clinical Affairs</td>
</tr>
<tr>
<td>Boards of Deans</td>
</tr>
<tr>
<td><strong>Promotional Committee Decisions</strong></td>
</tr>
<tr>
<td>Board of Trustees</td>
</tr>
<tr>
<td>PSM&amp;HS Presidents and Dean</td>
</tr>
<tr>
<td><strong>Final Promotional Decision and Notification</strong></td>
</tr>
</tbody>
</table>

Last Review April 28, 2008. Note some position names have changed

**Eligibility for Promotion**
Time in Rank before Eligibility for Advancement Minimum time to be completed in rank before consideration for promotion:
- Instructor to Assistant Professor: 3 years (evaluation and recommendation after 2nd year) or fulfillment of the requirements of the next level
- Assistant to Associate Professor: 4 years (evaluation and recommendation after 3rd year)
- Associate to Professor: 5 years (evaluation and recommendation after 4th year).

Time in rank at another medical school or accredited institution of higher learning may be considered in this time table with the approval of the Public Health Program Director and the Committee on Faculty Promotion. However, faculty must fulfill all criteria for promotion and appointment for the higher rank to be recommended.
Criteria for Promotion

Three tracks have been identified to characterize the academic endeavors and professional developments of the PSMHS faculty. These are a) the Clinician/Teacher, b) the Investigator/Teacher and c) the Investigator Tracks, each containing specific criteria set forth to guide the general expectations of the faculty and to frame their appointment and promotion procedures. The last two criteria (b and c) are applicable to the PHP program and are described below.

– Investigator/Teacher Track
  • Evidence of excellence in investigation:
    o Recognition by peers as an active investigator with continuation of productive, independent and original investigation as evidenced by sustained external funding of competitive peer-reviewed research projects.
    o Continued publication and presentation of important, innovative and original studies in peer-reviewed journals and scientific societies.
    o Authorship or editorship of textbooks, chapters, monographs or journals.
    o Membership in editorial boards, study sections, and/or advisory groups.
    o Elected leadership and membership in major scientific societies.
    o National and/or international recognition by named lectureships and awards or participation in regional/national symposia, courses, and programs.
  • Evidence of excellence in teaching
    o Recognition of continued excellence in clinical training, teaching, and advising of health undergraduate and graduate students, residents, clinical fellows and colleagues through formal awards, local and regional invited lectures, participation in symposia, professional society programs, and CME courses.
    o Active participation in department teaching, revision of teaching materials and development of innovative materials and methods.
    o Recognition for involvement in student evaluation, mentoring and advising.
    o Leadership and active participation in department and institutional administrative meetings and committees.
    o Innovation and development of new knowledge by research in health education and publication in peer reviewed journals or presentations in academic societies and organizations.

– Investigator Track
  • Evidence of excellence in investigation
    o Recognition by peers as an active investigator with continuation of productive, independent and original investigation as evidenced by sustained external funding of competitive peer reviewed research projects.
    o Continued publication and presentation of important, innovative and original studies in peer reviewed journals and scientific societies.
    o Authorship or editorship of textbooks, chapters, monographs or journals.
    o Membership in editorial boards, study sections, and/or advisory groups.
    o Elected leadership and membership in major scientific societies.
    o National and/or international recognition by named lectureships and awards or participation in regional/national symposia, courses, and programs.

Program recommendations for promotion must include supporting documents demonstrating that the candidate has fulfilled the required criteria for promotion. Three tracks have been identified to characterize the academic endeavors and professional developments of the Ponce
School of Medicine & Health Sciences faculty. These are the Clinician-Teacher, the Investigator-Teacher and the Investigator Tracks, each containing specific criteria set forth to guide the general expectations of the faculty and to frame their appointment and promotion procedures. Programs may develop more detailed and specific criteria within the major categories described. Annually all the faculties of the program are evaluated by the Public Health Director. The evaluation process for the Public Health faculty includes information comes from different sources. Refer to the table 1.2.c1 and evaluation description in section 4.1
- Evaluation forms filled-out anonymously by students after each course. These evaluations are developed by the Office of Academic Affairs Participation in student mentoring.
- Involvement in research, including published papers
- Course (Course evaluations, development of new courses, track coordination, etc.)
- Service –Activity (Committees, Consultancies, Administrative duties, outside activities, etc.)
- Other student advising and supervision (Number of student of MPH and Dr. PH that they advise, evaluation of the satisfaction of the student with the faculty advising).
- Academic Work Plan & Goals for each year
- Faculty development plan & fulfillment of those development plans

During the summer, between each academic year, the PHP Director evaluates the performance of each faculty member using the data previously described. The faculty member will fill-out a self-evaluation form that includes several items such as: the percentage of time dedicated to competence in teaching, mentoring, research, and administrative work. The faculty objectives are defined by year. The PHP Director compares the faculty member’s self-evaluation with his own evaluation, based on the sources of data previously listed. The Director meets with each faculty member to discuss the evaluation on an annual basis. The documents used in this evaluation are available to PSMHS Faculty Promotion Committee when faculty members are being considered for promotion.

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

**Course and Faculty Students Evaluations**
An automatic evaluations system has been developed on our Moodle platform to assess the course and the instructor for all Public Health Program courses. At the end of each trimester, the students evaluate public health faculty members and the courses taken in this trimester. Responses are anonymous and the results are collated into a final report for the faculty for used for curricular improvements. The course evaluations are sent to the PHP Office where they are securely stored, tabulated and then sent to the PHP Director for management purposes. Each faculty member also receives the full student evaluation of their courses.

In this way, the program can measure an individual faculty member’s qualities as a teacher and its effectiveness in meeting the objectives of the course. The office responsible for the development of this evaluation tool is the Associate Dean for Academic Affairs. Refer to the table 1.2.c1 for more information.

**Graduation Survey**
Another strategy used by the PS & HS-Public Health Program to evaluate students’ concerns is the graduation exit survey. This questionnaire is administered to students upon graduation. It allows the PSM& HS -Public Health staff to evaluate the graduates’ impressions and concerns about their academic achievement, communication, administrative personnel, facilities, students’ services, policies, and personal experiences. Use of the questionnaires was
implemented in 2004 and intermittently since then. This questionnaire is administered by the Student Affairs Office. The PH program is working with student affairs to amend and regularize the administration of the graduation survey. This will be expedited by the PH program faculty member who has been asked to lead the PSMHS evaluation efforts.

e. **Assessment of the extent to which this criterion is met.**

**This criterion's met.**

**Strengths**
- The Ponce School of Medicine & Health Sciences has a *Faculty Manual* that incorporates the policies, procedures, and operational guidelines related to the faculty.
- The Public Health Program conforms to the policies and procedures defined in this institutional manual.
- PSMHS has established a faculty development program directed at improving faculty skills in the areas of education, administration, and research.
- Faculty members are evaluated using well-defined criteria related to expected competencies. The evaluation process uses information obtained from different sources of data, including student questionnaires, research output, and participation in several other activities. The results of faculty evaluations are used for the process of faculty promotion.
- The main opportunities for faculty development have been internal training in course and syllabi design, use of Moodle platform, distance learning techniques and most recently innovative clicker training for immediate class feedback.

**Weaknesses**
- The Ponce School of Medicine & Health Sciences already has upgraded their technology, internet capacity and technological equipment available; however there has been too little training for the faculty to be fully availing themselves of the new technologies. There has been too little investment in faculty development, especially for attendance at external meetings that involve travel support.
- Funds are very limited for faculty expenses, such as membership fees for national or international organizations and attendance to scientific forums related to the public health field.
- In the area of evaluation, the faculty of the Program could benefit if a component of peer evaluation is added to the current process.

**Plans**
- The PHP program will avail itself of the free training from the PSMHS faculty development coordinator and PRCTRC.
- The PHP intends to expand our faculty development opportunities by greater use of on-line training in areas of distance learning, epidemiology and teaching skills.
- Continue to develop the strategies for peer evaluation and other innovative faculty evaluation components by working together with the Office of Institutional Assessment.
- PHP faculty who attend trainings, workshops or national meetings will share their learnings with other faculty during faculty meetings. This has been a verbalized intent but not actualized activity.
- Identify sources of funding would enable faculty members to attend national and international public health congresses.
4.3 Student Recruitment and Admissions.

a. Description of the program’s recruitment policies and procedures.

The PSMHS Public Health Program is committed to identifying and recruiting a diverse and well qualified student body from local, national, and international universities, the public health workforce and the general community. At its inception, PSMHS began in order to meet the local health workforce training need, especially for low income or disadvantaged Puerto Ricans. While strongly retaining this commitment to local resident opportunities, the mission and vision of the institution and the PHP have expanded to encompass a national and global reach as well. The recruitment procedures reflect the past focus on local recruitment with recent broader recruitment efforts. To achieve this goal, PSMHS has a variety of recruitment procedures conducted by the Admissions Office, the PHP or both.

The Admissions Office has an official recruitment schedule in which they visit local and state universities (see resource file). The PH Program, upon their request, attends a portion of these promotional events to be more specific in promoting the Public Health Program within PSMHS. Personnel from the admissions office distributes brochures, flyers and any other promotional material at every activity (see 2012 PHP admissions brochure). The printed material has an overview of the school, the MPH and DrPH tracks, admissions criteria and links to the school and PHP web-pages where candidates can review the entire official up to date program and course offerings. [http://www.psm.edu/Student_Affairs/Admissions/about_department.htm](http://www.psm.edu/Student_Affairs/Admissions/about_department.htm). The program and webpages also have links, emails and phone numbers for admissions or the PHP office to answer any questions personally.

The Public Health Program has been actively recruiting additional students through several promotional efforts which include the following:

- PHP faculty members have attended local universities and high schools to offer conferences or workshops to potential students.
- Keystone College from Pennsylvania annually brings a group of college students to PSMHS, where they have the opportunity to visit the campus, hear from each of the programs including the PHP, and see what life on campus in Puerto Rico is like.
- The PHP program’s research and service project achievements have inspired some students to enroll in the program. In the past, PSMHS regularly recruited through "open house" events in Ponce and around the island. This lapsed for several years and was reinstituted in 2012. Advertising was done through the newspaper, Facebook and student email invitations, resulting in almost 30 visitors attending the 2012 open house to learn about PSMHS PHP. The PHP Faculty gave an overview of what is public health compared to medicine was followed by review of the PHP curriculum and the kinds of careers public health practitioners can have. The different tracks were highlighted by taking one health topic of growing importance in Puerto Rico, asthma, and showing how one approaches asthma differently from an epidemiologic, environmental or general (program planning) perspective. Their post–test was a jeopardy game with active involvement of all visitors followed by time to meet one on one with faculty and students. Thirteen additional students applied after the open house and 11 were accepted into the upcoming class cohort.
- Facebook Advertisement. In addition, the program decided to do a late recruit this year, solely using a Facebook ad targeted at college graduates interested in health in Puerto Rico. Over 5 days, we’ve had more than 274 “clicks” and resulted in three new student applications for less than $100. This has been a joint faculty- student endeavor successful enough that we will “institutionalize” it to maintain this new social media recruitment
technique. The Resource files will include a printed copy of the site front page for your convenience.

- The PHP regularly conducts public health fairs, workshops, conferences and seminars. While the purpose of these activities is primarily service to the community or workforce development, they also showcase PSMHS’ vision for the health of communities that resonates with the community. As more people learn about PSMHS through these events, PSMHS potential applicants are more aware of the school and its positive reputation. These activities have attracted applicants from other departments at our school, health professionals and the general community. The following electronic address, http://www.PSM.edu/php/index.htm, provides pictures of these events under community services, student life and activities.

- The recruitment of health professionals is enhanced by offering workforce development activities summarized in section 3.3 Workshops and conferences, promotes interest in returning to school for additional training or adding a public health perspective to their resume. Agendas for recent workshops are in the Resource File and photos from these events are posted on the PHP webpage and Facebook.

- The PHP has worked diligently to refine and expand our student practicum experience (see section 2.4). Faculty and students have been identifying institutions in which our students could do their practicum. The practicum process allows our institution to make connections with agencies, institutions, industries, among others. The practicum process serves as a platform to identify institutions with workforce development needs and it builds a much deeper understanding of the skills public health practitioners can bring to diverse health settings. Applicants for admission as students have come from such agencies and the families of those in practicum hosting agencies.

- Each spring, there is an annual National Hispanic Medical Association recruitment fair. PSMHS has been offered a recruitment booth spot, free of charge, at this largest of Hispanic Medical Association meetings.

- PSMHS also has some student led activities that were designed for other purposes but secondarily enhance student recruitment. The PSMHS Caribbean Public Health Association, Inc. is a student founded association that promotes recruitment through its community interaction on public health issues. This association is unique in the Caribbean. It has been inactive for a few years but the current student body is interested in reactivating it. Even newer is the Puerto Rico is the Water & Environment Association Chapter (PRW&E) which is being developed by professionals, PSMHS students and local community members interested in environmental water issues. Interaction with the community promotes the reputation of the school and recognition of PSMHS as a place to further training in environmental health. Student associations, such as these, promote leadership and draw students to PSMHS.

The PHP has also updated all written descriptions of the program in brochures and catalogues to reflect the new Mission and Vision and updated curriculum. (see Resource File and PHP webpage)

- The admissions brochure summarizes the program, tuition and application requirements.

- The PHP website has been extensively redesigned and updated to correct and update old information and to be informative, interesting and regularly refreshed with new events. The PHP web-site covers all aspects of the program introducing students to our faculty, research, outreach activities and providing course synopsis and downloadable materials on the CE and practicum.

- Facebook page: Recognizing that most of the PHP program students are young, in their 20s, the program has piloted the creation of a Facebook page (Public Health Program,
This began specifically as a recruitment effort, with an announcement of a planned open house. Current students shared the announcement through their friend list. Almost 30 people came to the open house, some of whom learned about it from the Facebook page, to keep it active and interesting, postings are added every few days with “Did you know?” public health question or pictures of public health activities.

- Some students have been drawn to PSMHS by the bilingual curriculum within a US institutional setting. There has been some increased attention in all our materials to verbalizing “Why come to PSMHS?” in these written descriptions, highlighting the small classes, vibrant interaction with faculty and the deep commitment to service.

b. **Statement of admissions policies and procedures.**

The Admissions Office and the Admissions’ Committee for each PSMHS program are responsible for selecting the best candidates that apply for admission to each existing program. The Admissions Office receives the applications, arranges interviews for public health program applicants with the public health faculty. Student attributes are scored and the full Admissions Committee (includes Admissions office personnel as well as PHP students and PHP faculty) for the assessing of the candidates for the student selection. The Admissions Committee is appointed by the Dean of Academic Affairs and is constituted by Public Health Program faculty and Admissions Office members. The Chair of this committee is a PH faculty member.

The Admissions’ Committee assesses not just scholastic achievement but also looks for students with integrity and maturity who show concern for others, character and leadership potential. In evaluating the applicants, emphasis is placed upon the following:

- Potential to work with individuals, analytical skills and understanding of ethical standards of the profession
- Past professional experience including community or research projects
- Motivation and emotional stability
- Language and writing skills

Students are selected on the basis of scholastic achievement, fitness and aptitude for the study and other personal qualifications. The Admissions Committee also gives consideration to the use of language, special aptitudes, mechanical skills, stamina, perseverance, and motivation. Students are admitted on the basis of individual qualifications, regardless of handicap, sex, race, religion, age, national origin, marital status, neither sexual nor political orientation.

PSMHS Admissions Office and the Admissions’ Committee act in accordance with “Americans with Disabilities Act of 1990” which includes changes made by the ADA Amendments Act of 2008, which became effective on January 1, 2009. Once the candidate is accepted, if he/she needs special accommodations, he/she is responsible to contact the Academic Dean’s Office for further information. It is the student’s responsibility to make his/her condition known to PSMHS Administrators and to seek out assistance.

Applicants with disabilities will be evaluated on a case by case basis in accordance with the technical standard guidelines as suggested by the Association of American Medical Colleges. All students must possess the physical and emotional capabilities required to independently undertake the full curriculum and to achieve the levels of competence required by the faculty.
The Public Health admissions requirements for the Master Degree are the following:

- Provide evidence of a successful completion of a bachelor’s degree of a college level institution accredited by the PR Council of Higher Education or by a US Department of Education recognized accrediting organization.
- Have completed the following required courses and credits:

<table>
<thead>
<tr>
<th>General Sciences</th>
<th>6 credits</th>
<th>Behavioral Sciences</th>
<th>3 credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social sciences</td>
<td>6 credits</td>
<td>College mathematics</td>
<td>3 credits</td>
</tr>
</tbody>
</table>

- Have a minimum GPA of at least 2.50 (on a four-point scale).
- Attend a personal interview with the Admissions Committee. See interview form at the Resource file.
- Submit the following documents:
  - Official transcript from all undergraduate and graduate institutions attended.
  - Official GRE, EXADEP or MCAT scores no more than five year old).
  - Three letters of recommendations. Two of the letters of recommendation should provide input from people in responsible position who can comment on the applicants academic, employment or volunteer performance, character and interest. For undergraduate this often means professors, academic advisors or employer. The third letter must be of someone who knows the student well and can speak to their character as a future public health practitioner.
  - Certificate of No Penal Record (Criminal Background Check)
  - Physical Exam(using a form provided by the Admissions Office)
  - Evidence of up to date immunization record (must include Varicella, Td Adult, MMR and three doses of Hepatitis B).
  - An essay explaining the motivation to pursue a public health degree.
  - Application fee - $100.00 non-refundable

In September of 2011, the PHP program developed revised DrPH entry requirements. The PSMHS Senate approved these changes and a request for review was sent to the Puerto Rico Council of Education. That Council is in transition and has had a moratorium on review of significant changes. The Council of Education has not yet sent a ruling. The PHP is not accepting new DrPH students in the current academic year and if the Council has not ruled by spring of 2013, the PHP will give preference to candidates that fulfill our revised entry requirements as outlined below.

The Public Health admissions requirements for the DrPH in Epidemiology are the following:

- Present evidence of the successful completion of a master’s degree in an institution accredited by the PR Council of Education or by a US recognized accrediting organization.
- Have completed three credits of college level mathematics and the following graduate level courses prior to admission:

<table>
<thead>
<tr>
<th>Biostatistics</th>
<th>6 credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Environmental health</td>
<td>3 credits</td>
</tr>
<tr>
<td>Psychosocial Aspects of public Health</td>
<td>3 credits</td>
</tr>
<tr>
<td>Introduction to Epidemiology</td>
<td>3 credits</td>
</tr>
<tr>
<td>Health Policy and Administration</td>
<td>3 credits</td>
</tr>
<tr>
<td>Bioethics</td>
<td>3 credits</td>
</tr>
</tbody>
</table>

If the student is missing any of these pre-requisites, they can be taken in our Institution (with the same application requirements as for MPH applicants) or at another institution.
Upon the acceptance to the Master Degree or Doctoral Degree in Epidemiology, all students are required to submit the following documents:

- Written confirmation of acceptance and a deposit of $100.00 to secure their seat in the entering class.
- Physical Exam (using a form provided by the Admissions Office)
- Evidence of up to date immunization record (must include Varicella, Td Adult, MMR and three doses of Hepatitis B).
- Other documents will be notified as pertinent

The Public Health Program applications deadline is May 30. The Application for Admission to the Master in Public Health Program and the Application for Admission to the DrPH in Epidemiology can be downloaded or obtained personally at the Admissions Office. In 2012, this application deadline was extended until July 30th.

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

Recruitment materials and other advertising or promotional offers are available at our PHP website. More detailed information is available in the new draft PSMHS General Catalog (2010-2015). The General Catalogue is still in draft form and so is not yet posted on the PSMHS website but is available in the Resource File. In the meantime, the website provides applicants the opportunity to obtain enough information related to the school academic programs, registration, admission process, academic calendar, courses schedules, grading, program requirements, graduation requirements, school activities, faculty profile, school policies and other data.

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

The PSMHS Public Health Program does not require applicants to declare a concentration on their application nor does it accept students into a specific concentration at the time of admissions. All accepted applicants must complete a first MPH year were they are exposed to public health core courses. Near the end of the second trimester, the students receive a group orientation by MPH specialties coordinators. After that group presentation, each student has an individual meeting with the first year coordinator. Students then declare their initial track preference. They may switch tracks up to the fall registration. Once students begin their second year track specific courses, it is possible but more difficult to switch tracks. Students rarely switch tracks after the first week of their second year classes. Quantitative information on applicants, acceptances and enrollments are provided below.

**TABLE 4.3.1: MPH Applicants, Acceptances, & Enrollments by Program Area, 2009 to 2013**

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>2009 to 2010</th>
<th>2010 to 2011</th>
<th>2011 to 2012</th>
<th>2012 to 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied</td>
<td>41</td>
<td>34</td>
<td>35</td>
<td>43</td>
</tr>
<tr>
<td>Accepted</td>
<td>35</td>
<td>26</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>Enrolled</td>
<td>30</td>
<td>19</td>
<td>27</td>
<td>29</td>
</tr>
</tbody>
</table>

Applied = number of completed applications  
Accepted = number to whom the program offered admissions in the designated year  
Enrolled = number of first-time enrollees in the designated year
TABLE 4.3.2 DrPH Applicants, Acceptances, & Enrollments by Program Area, 2009 to 2013*

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>2008-2009</th>
<th>2009 to 2010</th>
<th>2010 to 2011</th>
<th>2011 to 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied</td>
<td>43</td>
<td>31</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Accepted</td>
<td>18</td>
<td>24</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Enrolled</td>
<td>18</td>
<td>17</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

*DrPH Program did not accept students for academic year 2012-2013

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

The table shown below reflects the students' head count during the past three years, 2010 to 2013. All students have been enrolled for 6 or more credits by trimester, making them full-time students. Therefore, the FTE equals the head-count. The Program curriculum was designed only for full-time students. At the moment, no part-time student is being accepted in the program.

TABLE 4.3.3 MPH Students Track Enrollment 2010 to 2013

<table>
<thead>
<tr>
<th>Degree Conferred Specialization</th>
<th>Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010 to 2011</td>
</tr>
<tr>
<td>*MPH First Year</td>
<td>HC</td>
</tr>
<tr>
<td>MPH-General</td>
<td>19</td>
</tr>
<tr>
<td>MPH-Epidemiology</td>
<td>6</td>
</tr>
<tr>
<td>MPH-Environmental Health</td>
<td>11</td>
</tr>
<tr>
<td>Cumulative numbers</td>
<td>8</td>
</tr>
</tbody>
</table>

NOTE: *First year is common to all tracks Track discrimination begins 2nd year
HC = Head Count, FTE = Full-time equivalent students

TABLE 4.3.4 DrPH Enrollment 2010 to 2013

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>2009 to 2010</th>
<th>2010 to 2011</th>
<th>2011 to 2012</th>
<th>2012 to 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>DrPH</td>
<td>HC</td>
<td>FTE</td>
<td>HC</td>
<td>FTE</td>
</tr>
<tr>
<td>New DrPH enrollees</td>
<td>17</td>
<td>17</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Cumulative DrPH Students *</td>
<td>52</td>
<td>52</td>
<td>58</td>
<td>58</td>
</tr>
</tbody>
</table>

*Includes 35 students from prior years still enrolled
HC = Head Count, FTE = Full-time equivalent students

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

The table in section1.2 records our measurable indicators for quality of our student body. Our success in enrolling qualified student body is measured not only in entrance level indicators but also how well they perform during and after their academic training. Therefore, we track average.
admissions GPA and performance during the practicum, achievement of expected competencies, graduation rates and success in finding employment or acceptance to further graduate education after completing the program.

The Program analyzes GPA scores to monitor qualified students willing to achieve a master or a doctoral degree in Public Health. A student must have a cumulative GPA minimum of 2.5 on a four-point grading scale to be accepted in the MPH program, and 3.0 to be accepted in the DrPH. The tables below show the average GPA scores of accepted students to the Program for the periods 2010 to 2013. Although minimum GPA for MPH and DrPH are 2.5 and 3.0 respectively, the average GPA scores for these periods’ shows that the program had been successful in enrolling a student body with average scores much higher than the minimum. The average GPA target scores for MPH and DrPH had been set as 3.0 and 3.5 respectively. The accepted students for the past three years had been over those targets.

<table>
<thead>
<tr>
<th>TABLE 4.3.5: GPA of MPH Students Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Measure</strong></td>
</tr>
<tr>
<td>Ave admission GPA scores</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 4.3.6: GPA of DrPH Students Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Measure</strong></td>
</tr>
<tr>
<td>Average undergraduate GPA scores</td>
</tr>
</tbody>
</table>

The average GPA of incoming classes is obtained during the admissions process. Our DrPH target is an average GPA of 3.5. The DrPH admitted students already meet that target with entering GPA average of more than 3.7 for the past three years. The GPA of entering MPH students is just below that target.

There are other considerations beyond the assessing of the applicants GPA’s. The Admissions Committee assesses more deeply students who apply with lower GPA, reviewing the letters of recommendations, the student’s essay, the reasons they applied for this academic program and their long-term career goals. During interviews, the Admissions Committee also explores the applicant’s research experience, community service, and professional experience. The Committee reviews very carefully the letter of recommendations to assess the candidate’s potential to achieve the degree for which they are applying. Although the program does not require a minimum score in other standardize tests like EXADEP, these are taken into consideration when ranking if necessary. These alternative exams allow the committee to assess the candidate’s English language proficiency and whether it might have limited the candidates GRE score, which should be more than 500 points to be considered for acceptance into the DrPH program. These non-scholastic factors are balanced in the Committee’s decision on which students to accept.

The PHP tracks other measures to confirm the quality of the applicants we have accepted: the success of applicants during their first year as measured by their first year MPH GPA, success during the practicum and CE and our graduation rates. We consider professionalism and contribution of students to the hosting agency during their practicum through site preceptor ratings as a measure of the quality of students admitted and their training. All the site preceptors rated the students at least a 4 out of 5 on a Likert scale on satisfaction with these criteria. Most
students received a 5 out of 5 rating from their site supervisor. Several have already received job offers, either part of full time as a result of their practicum experience – a very strong indicator of site supervisor satisfaction and the quality of the students.

In the past, the PHP did not require demonstration of achievement of all core public health competency domains within their field work. The retrospective review of those fieldwork documents, described in section 2.5, showed that even without specific instructions about demonstrating the competencies in fact 82%, 63% and 75% of the completed field works do already demonstrate their understanding and integration of the core public health competencies.

Our graduation rates are more variable. Most of our students work and have significant financial constraints. This leads to a significant percentage of students taking one or more trimesters of leave of absence. We also are very intent on not graduating students who do not meet our academic standards so we do not expect to ever get 100% graduation rates. Our graduation rates for the last three years are 74%, 86% and 68% respectively.

The ultimate test of student quality, and of their training at PSMHS, is their post-academia employment record. Many students follow their MPH with further graduate training, usually medical school or a public health doctoral degree. If successful at being admitted to graduate continuing education we consider this within our “employed within one year of graduation”. The percentage of students gainfully employed in public health work or in further graduate school for the last three years is 100%, 67% and 75% of the respondents. The response rate for the alumni survey was low so these may not be representative. We plan to validate these percentages in follow-up surveys during the fall.

We are confident that as we expand our recruitment, we will have increase the level of applicants for both our MPH and DrPH cohorts.

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

**The criterion is met.**

**Strengths**

- PSMHS has effective, dynamic and structured student recruitment and admissions policies and procedures in place. Admissions requisites are clearly defined and should be met to be accepted in the program.
- PSMHS Public Health Program is conveniently located at the southern region of the island. People from the south, west, east and center of the island have the opportunity to achieve a graduate academic degree and is the only public health program in this geographic area. PSMHS Program offers exclusively evening classes which allows the students to obtain a master or a doctoral degree while maintaining or accepting jobs.
- PSMHS established an office responsible for fund raising activities. The collected money is put into a protected trust, which allows the school to distribute small financial stipend to low income students. These recipients should maintain good academic progress. The PHP makes the recommendation on the recipient of these stipends.
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- The Public Health Program has established a new program for work/study opportunities, allowing the program to hire students to help our staff with specific tasks related with research, publications, and accreditation or as teaching assistants. This provides a small financial "scholarship" as well as additional public health experience to meritorious students.
These last two items were developed after 2008 CEPH site visit. The success of these new institutional and program efforts, are seen as a strong financial and education incentive by the students.

Weaknesses

- PSMHS Public Health Program tuition, while much cheaper than most US mainland public health programs, can be expensive for some students. Almost all of our students apply for student loans through the Financial Aid Office. Most of these are federally funded loans but some private loans are also available. The financial stipends for low income students are still limited.
- The social media outreach is very new and the PHP still needs to learn how to use it most efficiently and effectively. A streamlined, sustainable system to keep the Facebook and webpage up to the rapid change environment that students consider the norm is needed.
- PSMHS Public Health Program would like to increase enrollment in the MPH program to 50 students per year with a greater number from mainland, other countries and from the workforce rather than recent college graduates. Our outreach to these more distant and distinct population is still minimal.

Plans

The Public Health Program is planning to be more aggressive in seeking for potential candidates by:

- The PHP will insert itself into the Admissions Office official recruitment schedule rather than responding to ad hoc requests from the Admissions Office. The PHP plans to develop an admissions presentation or video that can be used by either PHP faculty or the Admissions Office. This will highlight PHP unique features.
- As institutional agreements or MOU's are developed the Practicum Coordinator will seek information related to the agency needs and PHP opportunities to develop custom-made workforce development activities.
- The PHP is aggressively pursuing an expanded research portfolio. Additional grants, research or consultancy opportunities provides additional learning and financial income opportunities for our students. This will be an excellent promotional strategy to increase the student applications.
- The PHP’s plans to expand the new work-study program to allow more of our public health students, especially DrPH students, to more aggressively apply for research or fellowships in support of their dissertation research.
- PHP will participate in NHMA recruitment fair next spring, increasing reach to mainland Hispanic students
- PHP and PSMHS is exploring a special relationship with the Pan American Health Organization, PAHO, to take and train in public health one or two of their staff as part of a collaborative MOU for work together in Latin America
- PSMHS and the municipality of Ponce have been in extensive discussions with the government of Panama about health workforce training opportunities at the undergraduate and graduate level. There is significant interest by the Panama Ministry of health in graduate medical and public health training. PHP could assimilate 20 MPH students into our current program or develop a more intensive offering that Panamanian students could finish in 15 months. The latter would require the approval of the PSMHS Senate and the PR Council of Education before implementation. This Ponce-Panama relationship would make real our desire for a more global reach and increased MPH class size.
- We expect recruitment is likely to be even more effective once the PHP has received CEPH accreditation.
4.4 Advising and Career Counseling

a. Description of the program’s advising services for students in all degrees and concentrations, including sample materials such as students’ handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Institutional Students Advising Services
The PSMHS Office of Student Affairs (OSA) is available to help the student with health care services, counseling, studying, test taking strategies, post-graduate training, students’ extracurricular activities, career counseling, scholarships and fellowships. The OSA electronic website is the following http://www.PSM.edu/Student_Affairs/index.htm. The Office of Students Affairs is also responsible of the orientation period which occurs prior to the start of the first year of studies. A full evening, of the four, is set aside for new student interaction with the public health program. An introduction to public health, an overview of the course expectations, public health games and Q&A with faculty and students prepares them for their upcoming public health scholastic challenges. Information related with PSMHS website.

Public Health Program Advising Students Services
In 2007, the Public Health Program diversified its academic offering to include a DrPH in epidemiology and two additional MPH tracks; epidemiology and environmental health in addition to the previous general track MPH. Since then, each track coordinator has been in charge of the academic advising for students within their track. This system has worked well as long as we have a small number of students in the program. The revised practicum, capstone, comprehensive exams, progression of doctoral students into the dissertation phase has added complexity and the need for additional academic and career counseling. The previous advising system will not be sufficient in the future. Our students have specific counseling needs related to choosing their track, where to do their practicum, topic for their capstone project as well as advice on careers in public health, internships, research opportunities, etc.

For those reasons, a new structured advisor-advisee system was implemented for the MPH students. The first year coordinator is responsible of the academic advising for the first two trimesters. Then the students, at the beginning of the third trimester of the academic year, take a short survey with questions regarding their academic plans, professional expectations and areas of interest for the culminating experience and practicum. The survey is administered via a Moodle platform. These responses are assessed by the first year coordinator and then followed up with individual 15-25 minutes meetings to talk about their interests, concerns and plans. The first year coordinator then sends a recommendation to the program director about faculty advisor assignments for each student, attempting to match student interests to faculty interest and expertise. The program director may revise the faculty advisor list based on faculty workload issues. The program director then sends the list of advisees to each faculty member for any comments or suggestions. The final list is then sent via email to the students with faculty contact information in order to set up an advising appointment. The academic faculty advisor is to be responsible to guide the student about academic issues, assist students with practicum placement and mentor the student through the culminating experience. If students’ interests or culminating experience project needs a faculty advisor with different expertise, this can be changed with the agreement of both parties and the approval of the director. If the student and faculty advisor have any difficulties, that cannot be resolved, this is brought to the PHP director for resolution.
The DrPH coordinator is responsible for the academic advising of all the doctoral students. The DrPH coordinator is also responsible for meeting with DrPH students to define areas of interest and to explore which faculty advisor is most appropriate for dissertation mentorship. Each DrPH student will have a primary dissertation chair with at least two additional committee members, internal or external to PSMHS, who bring specific expertise and varied perspectives to the DrPH candidates dissertation work (see DrPH section). At least one epidemiology faculty member will be part of every DrPH dissertation committee and other faculty may be consulted as needed.

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

The program’s career counseling services are provided to the students by the same structure described in section 4.4.a. certain courses specifically highlight career opportunities. The Fundamentals course, in the very first trimester, spends a session on each public health competency, defining it, giving examples of what it means in public health and ending the session with career opportunities in Public Health that require that public health competency. Career examples are demonstrated in case examples in many other courses and the practicum preparation is an excellent opportunity for faculty advisors to discuss career interests. Many students have received job offers from the agency where they do their practicum. Planning the practicum in a place of career interest is a key advising moment for faculty and students. In addition, the program’s administrative staff is regularly receiving information by mail or phone regarding job opportunities available for our graduates. Field work mentors, practicum sites and capstone mentors are instrumental in their students’ counseling.

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

At the institutional level, the Office of Students Affairs encourages students to seek assistance every time that academic difficulties, family conflicts, personal or other problems arise that may affect their well-being.

The PSMHS also evaluate students’ concerns by administrating a graduation exit questionnaire. This questionnaire is administered to students upon graduation. This survey is anonymous to encourage frank feedback. It allows the PSMHS- Public Health staff to evaluate the graduates impressions and concerns about their academic achievement, communication, administrative personnel, facilities, student services, policies, and personal experiences. These have been administered intermittently since 2004. The PHP is working with the Dean of Academic Affairs to have this graduation survey administered routinely as part of the graduation procedure.

As we launch the new advisor-advisee system, we will regularly check during this pilot period for any improvements needed or guidance clarified. If needed, the PHP will develop a program specific advisor evaluation to augment the PSMHS exit survey assessment of the advising program.

At the Public Health Program level, we are still in the process of developing an instrument to measure the students’ satisfaction with the new advising and career counseling services. Although we don’t yet have quantitative data related with academic and career advisory services, 21 of 28 MPH students completed their practicums during the summer of 2012. At least two of that group have in August of 2012 already received job offers due to their outstanding performance
during the practicum- a good reflection both on the quality of the students and the appropriateness of the faculty guidance.

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

The Public Health Program and administration are always willing to attend the requests of our students, especially those related to their academic, professional and personal area. Most faculty members develop close relationships with their students, especially advisees. Most faculty members have an “open door” policy and are available far more than the office hours officially posted for students. The program support staff is also always available to students to access to correct information, forms or advisors. Any claim that cannot be resolved within our program is referred to the Office of Students Affairs.

The Public Health Program evaluates their faculty by the administration of questionnaires via Moodle platform. This happens for every course by the end of each trimester. The data gathered by this instrument is received and organized by the institutional administration staff. The MIS personnel send each course evaluation to the PHP, where the administrative staff person forwards to each faculty member the evaluation of their course. The administrative staff also summarizes all the courses into an excel spreadsheet, that becomes our evaluation tracking document. The document is sent to the Public Health Director to evaluate if the faculty is achieving the courses objectives and to discuss any adverse course reviews with the faculty member. This information is confidential and discussed with the faculty member after the trimester is completed. Any significant commentary is brought to the faculty’s attention and a remedial plan of action is put in place. This occurred only once in the last year and half and the problem was rectified in subsequent courses. Any faculty getting an aggregate rating on the Moodle class evaluation of less than 3 in any of the evaluated domains also will be required to address the deficiency. Repeated poor performance, as measured by student reviews, will be reflected on performance evaluations and if the faculty is contract faculty, will not be invited to teach again.

The PSMHS also has a complaint or grievance policy which is provided in the PSMHS Catalog and on the website. On the rare occasions where students bring a problem to the Dean of Academic Affairs, the issues have been misunderstandings of expectations, during this rapid change environment. Recently, one student had difficulties with her practicum placement. She was eventually placed at San Lucas hospital as part of the CDC dengue project, which was not her first choice. Once involved there, she was very pleased with her experience. So far all have been resolved by discussion between Academic Affairs, the PHP and the student without going to a grievance procedure.

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

The criterion is met.

**Strengths**
- The PHP is embedded in a 30-year old institution where all the administrative structure and support services are available for all the programs. These support services were recently reviewed and approved during the medical school LCME accreditation review.
Support services are regularly reviewed and evolve to meet changing academic demands of the student population that we serve.

- The newly developed faculty advising system will give each student more individual attention to assist with student needs and guide their public health program choices and future professional plans. This new system also spreads out the advising workload more evenly across the faculty so that they will, in fact, have sufficient time to advise and mentor well.

- The expanded number of practicum sites allows students many more options to tailor their experience in areas of interest and more likely to identify jobs opportunities as they become alumni.

**Weaknesses**

- We will need to monitor the implementation of the new faculty advising to be sure it works as well as is expected.

- Student satisfaction survey was not consistently implemented in the past. The survey needs some revision to better measure not just satisfaction with the PSMHS PHP but also the graduate’s perceived achievement of core and track specific competencies.

**Plans**

- The PHP commits to revising the graduating student survey to better measure achievement of competencies and incorporate the review of the survey into the regular evaluation committee work.
Resource File

1.0 The Public Health Program

- Overview of Recent PHP improvements

1.1 Mission

- Logo information
- Mission & vision

1.2 Evaluation: Procedures and tools:

- PSMHS Wide Annual Report Forms
  - Annual report 2011-12 Part A: Organization & Admissions
  - Annual report 2011-12 Part B: Faculty
  - Annual report 2011-12 Part C: Finances
  - Annual report 2011-12 Part D: Research
  - Annual report 2011-12 Part E: Goals & Objectives

- Faculty Annual Work-Plan

- Faculty Annual Evaluation

- Surveys:
  - Student Surveys
    - Current Survey
    - Graduation Survey
    - Alumni Survey Student
  - Annual External Health Professional Survey
  - Faculty Survey
  - Moodle evaluation form-course
  - Old surveys

- CE/Capstone Competency evaluation metrics – See section 2.5

- Admission Application Records: see section 4.3

- Competencies – See section 2.6

- Surveys Data
  - Alumni Survey 2012 (English and Spanish respondents)
  - Graduation Survey 2011
  - Graduation Survey 2012
  - External Health Professionals Survey (Employers Surveys) 2012 (English and Spanish respondents)
  - Faculty Survey Summary
  - Admission information
  - Financial Report & Budget Proposal – see section 1.6

- Course Evaluation Data
  - Course evaluations for Goal B indicators
  - Course Evaluations 2009-2010
  - Course evaluations 2010-2012

- Field work review 2009-2012

- CEPH Preparation Documents
  - 2010 CEPH Preparation Consultant Report
  - 2010 CEPH Preparation Consultant PPT Report out
1.3 Institutional Environment
- PSMHS Rules & Regulations
- PSMHS School Policies
- PSMHS organizational charts:
  - Charts 2010-2012
  - Amended Dec 2012
- PSMHS Catalog 2010-2015: draft

1.4 Organization and Administration
- PHP organizational chart

1.5 Governance
- PSMHS Faculty Regulation Manual
- PSMHS Communications Chart
- PSMHS Committees
- Faculty Meeting Minutes (folder)

1.6 Fiscal Resources.
- PHP Finances – word document
- PHP Line Budget
- PSMHS pay scale

1.7 Faculty and Other Resources.
- PHP floor plan
- PHP Faculty Recruit Committee Minutes
- PSMHS Faculty Regulations Manual
- PSMHS Library resources: 2007 & 2012

1.8 Diversity
- PSMHS School Policies 2007 – same as 1.3
- PSMHS Diversity Policies

2.0 Instructional Programs

2.2 Course Offerings & Syllabi
- DrPH Syllabi
  - DrPH Navigation
  - DrPH Syllabus Course Descriptions
  - Elective Courses
  - Required Courses
  - Selective Courses
- MPH Courses
  - MPH course summaries Version 1 sorted by code
  - MPH course summaries Version 2 sorted by alphabet
  - MPH Environmental Curricular Road Map Students
  - MPH Epi Curricular Road Map Students
  - MPH General Curricular Road Map Students
  - MPH Course Descriptions
• MPH course syllabi
  o MPH Culminating Experience: Exam & Capstone
  o MPH Environmental
  o MPH First Year
  o MPH Epidemiology
  o MPH General
  o MPH Practicum
• Senate Request Curriculum Change Briefing Sept 2011
• Calendario 2012-2013
• PSMHS Catalog 2006-2009 (applies to student cohorts entering before 2011)
• PSMHS Catalog 2010-2015: draft

2.4 Practical Skills
• Practicum MPH DrPH guide Jan 2013
• Practicum Table of placements
• Practicum Initial Committee meeting Minutes
• Practicum Examples

2.5 Culminating Experience
• Field work Examples
• CE manual
• Faculty Advisor Orientation ppt
• Field work review 2009-2012
• Student Orientation November 2012 ppt

2.6 Required Competencies
• ASPH competencies
• DrPH Course Competency matrix detail
• DrPH Competency Matrix
• MPH Course-Competency matrix detailed

2.10 Doctoral Degrees
• Dissertation Proposal Samples
• 2009 Examen Comprehensive Presentation ppt
• 2010 Exam Compresivo ppt
• 2011 Exam Compresivo ppt
• 2012 Exam Compresivo ppt
• Comparison Comprehensive Exam by years
• Dissertation Manuel English
• Dissertation Students Evaluation
• Doctoral Dissertation Phases
• DrPH Proposal List
• DrPH Course List

3.0 Creation, Application and Advancement of Knowledge
3.1 Research
• PSMHS Research Ethics Documents:
  o Belmont
CFR: Human Subjects
PSMHS ethical misconduct in research
SOP for grants
- PHP “catalyzing Research”
- PHP Work-study Program
- Provost for Research
- SOP for grants

3.2 Service
- Outreach Feb 2012 events
- Summary of Cancer Activities
- Community Forum Promotion

3.3 Workforce Development.
- PSMHS CME forms and protocols
- AIDS Summit
  - Agenda & speakers
  - Presentations
- Obesity Summit: 2012
- Symposia Desastre (Disaster Summit: 2012)
- EPA PHP Superfund activity

4.0 Faculty, Staff and Students
4.1 Faculty Qualifications
- Primary Faculty CVs
- Secondary Faculty CVs

4.2 Faculty Policies and Procedures
- Faculty Regulation Manual
- Faculty Promotion Forms

4.3 Student Recruitment and Admissions
- Admissions information: MPH Class Rosters, Accepted students: 2008-2011
- PH Bulletins: 1, 2, 3, 4, 8
- Program Promotion Committee Plan Dec 2011
- 2012 PSMHS Students
- Application Process for Graduating: English
- Application Process for Graduating: Spanish
- Brochure PH Revised March 2012
- Facebook Front Page Aug 2012. Jpg
- Facebook Front Page Jan 2013.jpg
- Grievance Policy PSMHS
- National Hispanic Medical Association 2012
- Open House Newspaper advert
- PSMHS admissions interview form
- PSMHS Outreach Activities
- Satisfactory Academic Progress PSMHS
- Satisfactory Academic Progress MPH
- Student Academic Profiles MPH 2007-2011
4.4 Advising and Career Counseling
- DrPH Dissertation Chairs 2012
- MPH 1st Faculty Advising Questionnaire
- MPH Academic Advisors 2012