Council on Education for Public Health
Adopted on June 8, 2013

REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT THE

PONCE SCHOOL OF MEDICINE AND HEALTH SCIENCES

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
February 4-5, 2013

SITE VISIT TEAM:
Charles B. Hamilton, MPH, DrPH, Chair
Patricia A. Nolan, MD, MPH

SITE VISIT COORDINATOR:
Kristen S. Force, MPH, CHES

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Introduction

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

The school is located in the city of Ponce, which is 70 miles from Puerto Rico's capital city of San Juan. Ponce is the island's second largest urban center. In January 1980, leaders in southern Puerto Rico established the nonprofit Ponce School of Medicine Foundation for the purpose of providing continuity to the medical education 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) granted accreditation to the MD program. Under this new administration, the private, freestanding Ponce School of Medicine graduated its first class of 23 students in 1981. Since then, the Ponce School of Medicine has operated uninterrupted and has graduated more than 1,000 health professionals.

Starting in 1980, the institution began a period of steady growth, evidenced by the increasing number of students per class and an expansion of scope to include research. The graduate program in biomedical sciences (a PhD program) was initiated in 1988. During the1999-2000 academic year, the Ponce School of Medicine implemented the clinical psychology doctoral program (PsyD). An expansion of the program's curriculum resulted in the offering of a PhD in psychology and a certificate in couples and family therapy.

In August 2002, the institution started a master's program in public health (MPH) with 30 students. Since its inception, the program has grown in tracks offered, size of the student body and academic rigor. The program first applied for CEPH accreditation in 2005, but withdrew its application in 2008. The program reapplied in 2009 and this report presents findings from the resulting accreditation review.

Over the years, the institution expanded its focus from solely preparing individuals to be healthcare professionals and researcher scientists to more directly serving the community, which resulted in the institution's name being changed to the Ponce School of Medicine and Health Sciences (PSMHS).

Characteristics of a Public Health Program

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

a. **The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.**

b. **The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.**

c. **The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.**

d. **The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.**

e. **The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.**

f. **The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.**

These characteristics are evident in the public health program at PSMHS. The program is located in a regionally accredited institution, and program faculty have the same rights, privileges and status as other professional programs on the campus. The program largely focuses on the public health issues facing underserved communities in southern Puerto Rico. Interdisciplinary coordination, cooperation and collaboration is evident through the program's work with other departments, such as psychology and medicine; faculty members from these departments contribute to the program's teaching, research and service activities. The organizational structure supports public health service and embraces a public health vision, goals and values. Resources are sufficient for the program to fulfill its mission, goals and objectives, and program and university leadership are aware of the additional resources needed as the program grows. The program has developed evaluation mechanisms to ensure that efforts support the program's mission, goals and objectives.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a clearly formulated and publicly stated mission with supporting goals, objectives and values. The program's mission and vision are published in both Spanish and English. The mission is as follows:

> The mission of the public health program at Ponce School of Medicine and Health Sciences (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.

The program also has a vision statement that addresses its aspiration to be a leader in preparing public health professionals to improve the health of communities and populations locally and across the world. The core values of the program include integrity, respect, diversity, service, evidence-based public health, population perspective, community empowerment and balance in competing priorities. The search for balance in competing priorities is further defined as follows: "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."

The program has expanded its focus to include a more global emphasis, and this priority is stated in the mission and vision and is reflected in the objectives. The mission, vision, goals and objectives of the program were first developed in 2001-2002 by the committee that created the MPH program. The mission was revised as the program grew in 2007. In 2011, the PSMHS undertook an institution-wide strategic planning process addressing its mission and vision. Using an extensive participatory process, the program revised its mission, vision and values as part of this effort. The process included faculty and students from the program and from other departments. Early versions were printed and distributed at outreach events to gain qualitative feedback from community partners. Student input was sought through student representatives and during class sessions. Students who met with site visitors confirmed their involvement in the revision process. MPH students divided up the drafts, shared the information with other students and submitted comments so that the whole document was reviewed. External partners and alumni who met with the site visit team reported less engagement in the process, but said they felt generally informed.

The program has organized its goals and objectives around five functions: research, academic excellence, service, infrastructure and diversity/disparities. Links to the mission and vision of PSMHS are

particularly clear in the service and the diversity/disparities goal statements. Measurable objectives are provided for all goals. Many objectives assess total faculty output and may benefit by adding detail at the individual level.

1.2 Evaluation and Planning.

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

This criterion is met with commentary. The evaluative procedures described in the self-study are under the aegis of the program director, who is assisted by the newly constituted Public Health Evaluation Committee and the program faculty. Administration of the evaluation processes is the responsibility of the PSMHS Institutional Administrative Office for Evaluation. In the past, the explicit processes were intermittent and relied on PSMHS rather than the public health program. The program director has established a program-specific Evaluation Committee and has charged it to oversee monitoring and evaluation and to provide recommendations for planning. The Evaluation Committee has three faculty members and one student member. It is committed to meeting four times a year: once each trimester and once at the end of the academic year. The committee may schedule additional meetings if required to complete the work. The Evaluation Committee has developed procedures, identified data sources and collection instruments and is compiling reports on mission, goals and objectives as well as on the evaluation process itself.

The self-study explicitly describes the objectives and indicators as "draft" in recognition of the fluidity of a (relatively) young program. The portfolio of measurable outcomes is fairly balanced across the five goals, but the self-study states that the data collection required to monitor performance regularly is difficult. There are provisions for continuing improvement processes, and for external partners, faculty and students to have input. The program director has access to the data gathered, and the procedures for review are described below.

The Evaluation Committee prepares and distributes reports to the PSMHS Administrative Office of Evaluation and the dean of academic affairs, as well as to the program director and faculty. The program also has procedures for regular review of course syllabi, which must include the mission, goals, objectives and program competencies. Reports and other data are used for faculty promotion decisions, curricular changes and long-range planning.

The procedures described in the self-study show connections to planning within the program and within PSMHS. The PSMHS Administrative Office of Evaluation lost its evaluation officer in 2012. The leader of the program's Evaluation Committee has been tapped to provide leadership at the institution level.

Institutional leaders said that this responsibility is in recognition of the program's capabilities and expertise.

The self-study delineates the role of evaluative data in PSMHS strategic planning, which is important in competing for and maintaining resources for the program. Within the program, the evaluation processes are keys to a continuous quality improvement strategy that includes reviewing syllabi and course offerings, assessing teaching, research and service roles and supporting budget and other resource needs.

Students are participants in evaluation and planning efforts through their service on committees. Materials from committees and other sources are distributed to both students and faculty. Students who met with site visitors provided highly supportive comments about the faculty and their experiences with the program. Students indicated that they were aware of the self-study process and had the opportunity to serve on committees and to provide input and review. At least two students in attendance provided some editing of the document and others read and commented on sections of the report.

The program surveys employers and other external partners to collect data about satisfaction and future needs. However, the role of external partners in the deliberative processes has been limited. External partners who met with site visitors expressed an interest in having a more prominent role. They said that having community partners meet on a regular basis would help to develop partnerships around shared goals. The interim president also told site visitors that further development of community-based partnerships was a priority.

The first point of commentary relates to the program's acknowledged difficulty with data collection. The self-study indicates that data for some measures are difficult to collect and are not useful to the program. The development of a database may assist with efficient, ongoing monitoring. In addition, many targets encompass the performance of the entire faculty complement and may be more meaningful if individual efforts were assessed. For example, many outcome measures related to research and service do not ensure that productivity is equitably distributed across the faculty complement.

The second point of commentary relates to the fact that the program is now responsible for overseeing the entire institution's evaluation efforts. It is important that the program's evaluation processes not be reduced by this service to PSMHS.

1.3 Institutional Environment.

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

This criterion is met with commentary. PSMHS is accredited by the Middle States Commission on Higher Education and the Puerto Rico Council of Higher Education. The institution also responds to accreditors for medicine, clinical psychology and psychiatry.

The Board of Trustees is the governing body of PSMHS. The bylaws of the PSMHS Foundation and the rules and regulations of the Board of Trustees delineate the governance structure of the institution. These documents were last amended in 2001 and were under review at the time of the site visit. Program leaders said that a new set of bylaws has been developed for more than a year, but the Board of Trustees has devoted its attention to fiscal matters and has not yet reviewed the proposed changes.

The president is the chief academic and executive officer of the institution. The president is responsible for administering the affairs of the institution, such as setting policies, appointing all academic and administrative personnel and controlling the administration of the budget. In 2010, the organizational structure was changed: the president and dean of medicine became two separate positions, and a dean of health sciences was established. While the medical and biomedical sciences programs remain under the dean of medicine, the clinical psychology and public health programs were assigned to the new dean. The dean of medicine, dean of health sciences, assistant dean for administration and finance and dean of research report directly to the president.

The program provided updated organizational charts to the site visit team during on-site meetings. These charts were approved after the mailing of the final self-study and reflect the institution's ongoing transitional state. The team learned that PSMHS currently has an interim president, and the institution is in the midst of conducting a search and hopes to hire a permanent president by summer 2013.

The commentary relates to the many transitions that the institution is currently undergoing. The roles of president, dean of medicine and dean of health sciences are being filled by one person, and another administrator is serving on an interim basis. Institutional leaders who met with site visitors said they hope to have greater stability and more permanent positions within the next year. It is important for the program to keep its website and other materials updated as the institution continues to revise its organizational structure. The reorganization of programs, the addition of administrators (eg, dean for research) and the renaming of current positions (eg, assistant dean to associate dean) can be confusing to students and other constituents. The program should strive for consistency and currency in all places as reporting lines continue to evolve.

The institution offers a medical education program with an emphasis in primary care. The MD program includes 353 faculty and 279 students. The second largest program is in clinical psychology (PhD and PsyD) with 24 faculty and 232 students. The institution's biomedical program awards a PhD in biomedical sciences. Most faculty members in this program have dual appointments with medicine; 28 students were enrolled at the time of the site visit. Finally, the institution's newest offering is the public health program, which began in 2002. The public health program has 15 primary faculty and 121 students.

The program director is responsible for developing an annual budget that is discussed with the track coordinators, sent to the dean and then reviewed by the Budget Office and president. The Board of Trustees has final approval authority over the institution's budget. When the need for additional faculty is identified, the program director justifies the need to the dean. This request is subsequently reviewed by the president. If approved, a selection and recruitment committee is appointed, which includes two members from the program and an appointee from the president. The program director forwards hiring recommendations from the committee to the dean. The president sends official offer letters to candidates. The Office of Human Resources screens applicants for administrative staff positions and forwards candidates to the program director for consideration.

The program director evaluates all faculty members annually. Faculty members must provide evidence of participation in academic, administrative, research and service activities. This evaluation is used for promotion considerations and for recommending contract renewal and/or merit pay increases. The faculty member and the program director must sign the evaluation and send it to the dean of health sciences and the president for final approval. The program director also initiates all nominations for faculty promotion. The recommendations are submitted to the dean of health sciences, who refers nominations to the PSMHS Faculty Promotion Committee for evaluation and recommendations. The committee forwards its recommendations to the president for approval. Faculty members may also request a special evaluation by the PSMHS Faculty Promotion Committee if they feel that their promotion has not progressed at the program level.

The Office of the Associate Dean for Academic Affairs is responsible for overseeing the curriculum of all programs at PSMHS. The Public Health Curriculum Committee approves modifications to the program's curriculum. These changes must then be approved by the program director and the PSMHS Academic Senate.

1.4 Organization and Administration.

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

This criterion is met. The program has an organizational structure that is conducive to public health learning, research and service. The public health program director is responsible for the day-to-day administration of the program. She provides strategic planning guidance to the program's faculty and students, assures the quality of the instructional, research and service activities, manages the program's resources, manages and mentors program faculty and coordinates activities with internal and external partners.

The program is organized into four academic units based on the MPH tracks offered. The three MPH tracks and the DrPH program each has a coordinator who advises students with track-specific questions, coordinates the development of track-specific curricula and organizes a roster of teaching faculty for each year. Given that all MPH students take the same courses during the first year, the general track coordinator also serves as the first-year coordinator.

The practicum and culminating experiences are also overseen by coordinators. The practicum coordinator chairs the Practicum Committee and the culminating experience coordinator interfaces with the Curriculum Committee. These coordinators are responsible for preparing faculty and students to complete these experiences, implementing the experiences and developing grading metrics.

The program's location in a school of medicine and health sciences creates natural opportunities for interdisciplinary collaboration. For example, faculty from the psychology department provide information about mental health to public health students, research faculty from other departments teach DrPH-level grant-writing courses and administrative staff have served as guest lecturers to teach writing skills to MPH students. Program faculty also serve as key personnel on funded grants led by faculty from other parts of the institution, contributing epidemiological, biostatistical and social-community expertise to larger grants.

1.5 Governance.

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

This criterion is met. The program director, faculty and students have defined roles and responsibilities in the governance of the program and with influencing its academic policies and practices. Faculty and students participate in defining, evaluating and realigning the program and express feelings of ownership

and pride in the program. The program has made remarkable progress in re-defining itself and its academic programs during the past two years, given the absence of a program director for over two years before that. In meetings with the site visitors, faculty and students expressed satisfaction with the opportunities for shared governance at program and school levels.

The current program director was appointed on July 1, 2011. She is responsible for providing leadership and governance for the MPH and DrPH programs, including strategic planning, establishing program policies, budgeting and resource allocation, submitting reports, reviewing faculty annual work plans, conducting performance reviews, approving candidates for faculty positions in consultation with the dean of health sciences and other program management responsibilities. Full-time faculty members have opportunities for sharing input and participating in the governance of the program. Faculty meet monthly to discuss issues and receive and act on recommendations and reports from standing and ad hoc committees. Faculty members also serve on PSMHS committees that have institution-wide governance and policy-making responsibilities.

Reflecting shared governance and broad faculty participation, six standing program committees and two ad hoc committees support the program and are responsible for examining various functions, recommending programmatic modifications and assisting in the implementation of initiatives. Five of the standing committees that typically meet once per trimester follow: Curriculum Committee, DrPH Committee, Practicum Committee, Program Promotion Committee and Evaluation Committee. The Public Health Student Admissions Committee meets to review and make decisions on applications for admission to the program between March and June.

The Curriculum Committee reviews the curriculum, new course proposals and track modifications. This committee's recommended curricular changes—with approval of the program director—are submitted to the PSMHS Curriculum Policy Committee and the Academic Senate for approval. The DrPH Committee tracks student progression, assesses competency coverage, plans for the comprehensive exam and guides and assesses quantitative aspects of DrPH courses and dissertations. The Practicum Committee evaluates and approves students' practicum plans, practicum sites and proposed preceptors. The committee also develops policies, procedures and training materials and has an evaluative function related to the practicum. The Program Promotion Committee identifies effective student recruitment mechanisms and venues, develops promotional materials, maintains the program's website and Facebook page and plans public outreach activities. The Evaluation Committee is charged with continuing assessment of all program activities related to instruction, research, service, mission, goals and objectives. The committee compiles information for the PSMHS annual report, which was launched in 2011, and also reviews the tools used for data collection. The Student Admissions Committee reviews and decides on applications for admission to the MPH and DrPH programs and monitors the adequacy

and appropriateness of admission policies. A DrPH student representative serves on the DrPH Committee and the Evaluation Committee. The remaining four standing committees each have an MPH student representative.

The two ad hoc committees are the CEPH Preparation Committee and the Faculty Recruit Committee. One DrPH student serves on each of the ad hoc committees. The inclusion of a student representative to the Faculty Recruit Committee is a recent action, which was still being assessed for appropriateness at the time of the site visit. The CEPH Preparation Committee guided the program's self-study process by assigning responsibility for drafting and reviewing sections of the report. The committee assembled and reviewed the final document for subsequent review by the program director. The Faculty Recruit Committee is responsible for interviewing candidates for faculty positions and making recommendations to the program director. Eight primary faculty members hired since July 1, 2010, were recruited by this committee.

The program director, with overall responsibility for ensuring effective and efficient program functioning, secures input from standing committees and consults with faculty on at least a monthly basis during faculty meetings. General program policy development is handled by the program faculty and director in line with PSMHS policies. The Curriculum, DrPH and Evaluation Committees, the track coordinators and faculty contribute to the functions of planning and evaluation and of monitoring academic standards and policies with recommendations to the program director who reports to the associate dean for academic affairs. Substantive changes require approval by the PSMHS Curriculum Policy Committee and the Academic Senate. Strategic planning usually occurs on a five-year cycle, but the self-study preparation influenced program strategic planning activities during both 2011 and 2012.

Regarding the budget and resource allocation function, the program director approves faculty time and effort assignments during annual faculty work plan review sessions. The program director solicits faculty input on non-salary items and prepares an annual budget that is negotiated with the dean of health sciences and the PMSHS Budget Office with final approval by the PSMHS president and Board of Trustees. Two standing committees, described above, contribute to student recruitment and admissions reviews. The program director monitors these functions in coordination with the associate dean for student affairs.

The Faculty Recruit Committee facilitates the faculty recruitment function with hiring decisions based on agreement between the program director and the dean of health sciences. The PSMHS Faculty Manual dated May 2008 provides information on procedures and policies related to recruitment, retention and development of the faculty. With significant changes to the PSMHS administrative structure beginning in 2010, a new document may receive Board of Trustees approval in June 2013.

Faculty research and service are criteria for promotion consideration. Each faculty member, in consultation with the program director, develops an annual work plan that includes research and service expectations. The PSMHS developed a research strategy during 2011 strategic planning to be implemented under the auspices of a new provost for research. Joint research across departments is encouraged.

Seven of the 14 primary faculty members are engaged in committee work at the institution level. These committees include the General Curriculum Committee, Academic Senate, Institutional Review Board, Faculty Forum, the PR Clinical and Translational Research Consortium (PRCTRC): Educational Outreach Committee, Grievance Committee, Faculty Promotions and Sabbatical Leave Committee, Emergency Preparedness Committee and Middles State for Higher Education Accreditation Committee. Program faculty serve as chairs of the first two committees listed.

As previously described, one student representative serves on each of the six standing committees and on both ad hoc committees at the program level. At the PSMHS committee level, students from the program serve on the Academic Senate, the Student Council and as class officers. Class officers recommend students for the program committees, and students are also invited to volunteer. Each committee chair, with the concurrence of committee members, chooses a student representative by matching the interest and skills of the student to the committee work. Site visitors learned in a meeting with students that a student interest group of MPH, DrPH and medical students is in the planning stages and will be launched during the 2013 National Public Health Week.

Community representatives expressed high praise for the program's outreach work in the community during a meeting with site visitors. They indicated that the program is, in effect, being developed to meet the needs of the community by faculty and students proactively assisting with environmental studies and other needs.

1.6 Fiscal Resources.

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

This criterion is met with commentary. Each April, the budget office provides the program director with a revenue and expenditure report covering the prior fiscal year. The program director compares the actual financial results to the previously approved budget, correcting any errors and assessing reasons for under- or over-expenditures. After consulting with the faculty and staff for their recommendations on budget needs, the program director develops a detailed budget for the next year that is discussed with the dean of health sciences and the associate dean for administration and finance. PSMHS administration develops a global budget for the institution and allocates funds to the programs and departments based on needs and special circumstances. Additional funds, above tuition-generated income, were awarded to

the program during fiscal years 2011-2012 and 2012-2013 to assist the program in hiring a sufficient number of faculty to meet accreditation standards. The budget for the upcoming year is finalized by late June, and the program expends according to its approved line-item budget but retains flexibility for reasonable shifts of expenditures within the budget. Expenditures other than salary are handled through program requisitions with disbursements made by the Finance Office. The timing of tuition payments occasionally affects the disbursements.

Institutional funds derived from grant indirect income, student fees and clinical services income were used to develop the program, with the expectation that tuition revenues will cover program expenditures after the program is fully operational. As a private not-for-profit institution, PSMHS does not receive legislative appropriations. The program is primarily supported by tuition revenue from MPH and DrPH students. The PSMHS Board of Trustees approved a 4% tuition increase effective for the 2012-2013 academic year. The program expects to enhance tuition income in the coming years through active recruitment of MPH students outside Puerto Rico. In addition to tuition, PSMHS collects a variety of fees from students to cover library and building maintenance costs. Due to the program's developing status, the "construction" fee paid by MPH and DrPH students is considered allowable program income that assists the program in paying rent to PSMHS.

Research funds, recognized for the program housing the principal investigator (PI), serve as another revenue source for the program budget. Grant expenditures for implementation are reported as operations costs, and faculty grant salaries and benefits are reported separately. Faculty members are permitted to earn additional salary generated from research grants and consulting activities. All indirect costs of program research grants are used to fund PSMHS's administrative expenses and are not available to supplement the program's budget. The established indirect rate between PSMHS and the National Institutes of Health and the US Department of Health and Human Services is 79% of the salary portion of the grant or consultancy. However, rates may be negotiated downward. The most recent grant from the Centers for Disease Control and Prevention was calculated on the total proposal amount, resulting in an 8% indirect cost component. To encourage submission of more research grant proposals by program faculty, the dean of health sciences provided $25,000 in fiscal years 2011-2012 and 2012-2013. The Puerto Rico Clinical and Translational Research Consortium (PRCTRC) provides additional seed funding for projects.

Table 1 shows the sources of funds and expenditures for the past five years. Revenue covered expenses except for 2009-2010 when expenditures exceeded revenue by about $95,000. The primary sources of program funding include student tuition, grants and contracts, a university fund to augment program support and construction fees paid by students. Over the last five years, tuition has provided the most significant funding. As designed, program reliance on institutional funding support has decreased as

tuition funds increased. Of total revenues for academic year 2011-2012, 71% of funding was from tuition, 11% from university funds, 11% from grants and contracts, 6% from construction fees collected from students and about 1% provided as research seed money. Revenue from workforce training for hospital residents lapsed during 2011-2012 during renegotiations of the MOU, but is expected to resume. Until then, faculty receive direct fee-for-service compensation for trainings provided.

Table 1. Sources of Funds and Expenditures, 2007-2008 through 2011-2012

Sources of Funds	**2007-2008**	**2008-2009**	**2009-2010**	**2010-2011**	**2011-2012**
Tuition	$374,582	$538,471	$552,051	$613,537	$585,703
Construction Fee	28,839	36,836	46,500	49,000	49,000
University Funds	234,647	187,048	15,479		91,458
Research Seed Money					5,500
Grants/Contracts	57,282	72,572	137,783	88,604	90,195
Revenue from hospital workforce training	26,700	8,000	12,000	16,000	
Total	**$633,681**	**$712,991**	**$763,813**	**$767,141**	**$821,856**
Expenditures	**2007-2008**	**2008-2009**	**2009-2010**	**2010-2011**	**2011-2012**
Faculty Salaries & Benefits	$472,918	$488,574	$480,943	$503,970	$597,333
Faculty Grant Salaries & Benefits	57,282	62,572	137,783	88,604	90,195
Staff Salaries & Benefits	57,192	40,891	22,557	25,042	42,081
Operations	10,718	8,280	18,941	8,124	6,232
Travel		1,359		7,092	17,742
Student Support					5,500
Professional Fees	35,571	56,485	43,661	77,024	39,267
Accreditation		8,997	4,928		2,500
PSMHS				2,285	
Rent		45,833	55,000	55,000	21,006
Total	**$633,681**	**$712,991**	**$859,332**	**$767,141**	**$821,856**

Most of the expenditures are for faculty and staff salaries. Professional fees are those paid to secondary faculty for teaching courses and mentoring DrPH students. With recent full-time faculty hires, expenditures reported for the professional fees budget line are declining. Due to the influence of grant funding, expenditures for operations have been uneven over the five years, with the smallest expenditure occurring in 2011-2012 and the highest in 2009-2010. Most students receive financial aid, and students in

the program have received small scholarship support. In 2012, seven DrPH students received $1,058 each toward their tuition costs.

The first point of commentary relates to the challenges of addressing ongoing program expenses, enhancing high quality outcomes and planning for future growth unless revenue sources become more diversified. As the program became less dependent on institutional funds in the past three years, it now depends heavily on tuition generation. Due to the initial three years of DrPH admissions, the program reports that the total number of DrPH students admitted exceeds the capacity for mentoring by primary faculty. In response, the program purposely reduced admissions for years four and five and accepted no new DrPH students for 2012-2013. Also, as doctoral students progress to the dissertation phase, tuition decreases. To compensate for these impacts to the budget, the program plans to aggressively recruit MPH students outside of Puerto Rico with a target of admitting 50 MPH students per year. However, increasing the amount of tuition funding by admitting a larger number of new students will most likely stimulate the need for expanding the number of faculty to maintain a beneficial student-faculty ratio (SFR).

The program identifies the approved budget as the primary indicator for assessing adequacy of its fiscal resources. The program tracks the percent of salary funding needed for current and approved additional faculty that is included in the annual budget with 100% set as the target for this outcome measure. These data confirm that this outcome was met in the past two years. A second measure tracks average salary by faculty rank as a percent of NIH maximum allowable salary, with the target set at reaching 75% of the rank-allowable maximum by 2018. The program reports mixed outcomes of 44%, 39% and 40%, respectively, for the past three years, which do not indicate movement toward the target for this time period. The third outcome measure considers the extent of budget authority given to the program director, with a target of the program director's full engagement in final program budget decisions. A qualitative assessment suggests that the program director has gained increasing opportunities to engage in the budget process and monitoring, leading to improved cost controls and spending in accordance with program priorities.

The second point of commentary relates to the program's fiscal resource adequacy measures. The program may benefit from reconsidering and broadening these measures. Two of the three outcome measures primarily address faculty salaries, which are viewed as non-competitive for recruiting and retaining faculty. Exploring alternatives for securing additional revenue, such as from workforce training, grants and contracts and for providing student support is highly important. The program will not be able to clearly determine whether progress in improving its fiscal resources is being achieved or to portray trend lines essential for planning and advocacy purposes, unless it sets reasonable yet challenging targets and assembles data relevant to each target annually.

The program director reported that PSMHS administration has a firm commitment to build program resources and capacity, indicating as an example the approval for recruiting and hiring new faculty in the last two years. In a meeting with PSMHS administrators, site visitors learned that the law in Puerto Rico has been changed to provide greater incentives for philanthropy. The president reported that she hired a professional fundraiser with the goal of obtaining $500,000 in donations. These funds will be divided among a scholarship fund for students, instructional support to enhance programs and an endowment.

1.7 Faculty and Other Resources.

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

This criterion is met with commentary. The program has three primary and 14 secondary faculty members for the general track, three primary and three secondary faculty members for the environmental health track and eight primary and 12 secondary faculty members for the epidemiology track. These totals result in SFRs of 7.3, 1.8 and 6.8, respectively, for the tracks.

The program has done significant hiring in the last three years. The primary faculty complement has increased from 10 to 14 since 2010-2011. The program's active recruitment effort has also included adding secondary faculty members to support the DrPH program by serving as mentors and on dissertation committees. While on site, the team learned that three of the 14 primary faculty members are also employed in full-time public health positions unrelated to the program. These faculty members contribute 27 hours per week to the program and are considered full-time employees of the university. Unlike the standard full-time faculty members, these individuals only receive one-year contracts and must get approval from their other employer to work for the program. The program has two administrative staff members: a full-time administrative assistant and a full-time secretary.

The commentary relates to the program's need for greater faculty resources to meet its research goals. Program leaders estimated that faculty members are able to spend about 10% of their time on research activities. The program would like this amount of time to increase to 20%, but this is not possible given the teaching and advising demands on the faculty.

In spring 2011, the program moved its administrative and faculty offices into a building that is shared with the Regional Extension Center (REC), increasing its space from 800 square feet to 4,333 square feet. The new space includes 10 closed offices, an open office for faculty, an open office for students, a small conference room, a larger conference room for faculty meetings, a kitchen area and a reception area/lobby. The program's environmental health lab is housed in the REC section of the building. The program also regularly uses the Academic Building for access to large classrooms, small conference rooms, audiovisual services and a computer lab.

The second floor of the library houses a computer center for students. The space includes 40 computers, two of which have SPSS software installed. These computers can be used by faculty to teach students how to use SPSS and to help students with data analysis projects. PSMHS has upgraded the wireless broadband capacity across campus, improving faculty and students' internet access and making distance learning modalities more feasible. Each faculty member has a desktop computer in his or her office space; printers are shared via a network.

Many of the campus library's resources can be accessed electronically. Students can reserve hard copies of books and journals through a portal and access 53 scientific journals related to public health. Library computers must be used to access full articles in electronic format, which allows users to access journals that PSMHS does not subscribe to. The PSMHS has cooperative agreements with the state university libraries network and other private universities in Puerto Rico.

The program has agreements with community organizations, teaching hospitals, clinics, schools and local and state agencies that collaborate for purposes of instruction, research and service. One example of in-kind contributions is from the US Environmental Protection Agency, which conducted heavy metal water sampling analyses in 2012 for the Cano Martin Pena project.

The program has established four outcome measures to assess the adequacy of its faculty and other resources. The program has set targets related to 1) the faculty's ability to access needed computer, software, printing and laboratory resources; 2) student satisfaction with infrastructure support; 3) faculty satisfaction with infrastructure support; and 4) the ability to conduct distance learning activities without technical interruptions. While none of the targets had been met, the trends over the last three years show movement in a positive direction.

1.8 Diversity.

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

This criterion is partially met. The program demonstrates a commitment to diversity and cultural competence in its instruction, research and service activities. The program does not have a standalone diversity plan, but is committed to the diversity plan of PSMHS. The institution has a definition of diversity that addresses unique aspects of its service area. Ethnicity self-designations are generally confined to Hispanic and not Hispanic. Race self-identifications in use are black/African American, white, American Indian and mixed race.

The program has established four goals related to diversity and measures its success by assessing student diversity by race/ethnicity, students' socioeconomic status, student recruitment outside of Puerto

Rico, race and gender balance of the faculty and curricular content addressing Puerto Rican and Hispanic issues.

The concern relates to the need for specific plans to meet the program's self-determined outcomes of student diversity. The program has set a target of enrolling at least 10% non-Hispanic students, but all students enrolled at the time of the site visit self-identified as Hispanic. Program and institutional leaders discussed the importance of recruiting outside of Puerto Rico, including from Mexico, Latin America and the mainland United States, but site visitors could not ensure that these efforts will move the program toward the diversity it considers appropriate.

The president told site visitors that PSMHS offers courses to help non-native Spanish speakers to learn terms commonly found in the medical and health professions. However, site visitors did not see any mention of this resource in the program's recruitment materials.

The program's goal for gender balance is between 40% and 60% for either sex. The primary faculty complement is evenly split with seven males and seven females, and female leadership among the faculty has grown. The program has had more difficulty ensuring gender balance among the student body: males represented 25%, 21% and 15%, respectively, of enrolled students in the last three years. The program has used its recruitment efforts to try to reach prospective male students. Strategies include advertising on Facebook, making presentations on campus and at a local shopping mall and hosting open houses. The fall 2012 cohort of 29 admitted students included eight males (28%). While gender identity and sexual orientation are not tracked, the Straight and Gay Alliance (SAGA) student organization has formed within the program. This organization seeks to promote an alliance among students and faculty of all genders and sexual orientations and to create a diversity-welcoming learning environment.

The program has received financial support for students from lower socioeconomic backgrounds. The program's goal is to enroll at least 60% of Puerto Rican students considered to be low SES. This target has been considerably exceeded in the last three years: 99%, 100% and 93%. However, given that tuition income is the primary funding mechanism for the program, additional sources of support for scholarships and financial aid may be needed. The president described new efforts in fundraising by PSMHS that could increase scholarships as well as other resources for students and faculty.

The program has also established goals for inclusion of diversity in coursework, research and community services. These targets were met or exceeded for the last three years.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. The program offers the MPH degree in three tracks: general, environmental health and epidemiology, as well as the DrPH in epidemiology. Table 2 presents the program's degree offerings.

Table 2. Instructional Matrix

	Academic	Professional
Master's Degrees		
General		MPH
Environmental Health		MPH
Epidemiology		MPH
Doctoral Degrees		
Epidemiology		DrPH

All MPH students take the same courses during the first year of the program. In addition to the core content, students take courses in the fundamentals of public health; inferential biostatistics; bioethics and public health law; and communication and informatics in public health. Students in the general track take additional courses in health policy, health promotion and disease prevention, scientific writing, program planning and evaluation and introduction to healthcare administration. Students in the environmental health track take courses in food safety, air and hazardous waste exposure assessment, water quality measurements, environmental and occupational diseases, environmental epidemiology, environmental toxicology, environmental laboratory and risk assessment. Master's-level epidemiology students take courses in advanced epidemiology, scientific writing, research methods, statistical methods in epidemiology, epidemiology of infectious disease and epidemiology of chronic disease. Each track has between one and three electives or selectives that students can choose from an approved list.

DrPH students must take required doctoral-level courses in research methods, survey questionnaire design, clinical trials, advanced biostatistics, epidemiology data analysis, grant writing and epidemiology of diseases of major public health importance. Three selective courses in biostatistics (sampling, meta-analysis, writing papers in public health) and epidemiology (social epidemiology, epidemiology of work-related diseases, epidemiology of transmissible diseases, cancer epidemiology, cardiovascular epidemiology, mental health epidemiology) must also be taken. In addition, the program has approved

27 electives that may be taken by DrPH students. Electives cover such topics as public health advocacy, toxicology, demography, health economics, bias, legal issues in epidemiology and genetic epidemiology.

2.2 Program Length.

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

This criterion is met. Students must complete at least 55 credit units to earn the MPH degree. One credit unit is equal to 15 classroom/contact hours during a 12-week period.

Students typically complete the 55-credit curriculum over two years. The academic year is divided into three trimesters, and students usually enroll in an average of nine credits per trimester with an optional summer session available for the practicum or an elective. No student has graduated with fewer than 42 credit units.

2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students are required to complete seven core courses consisting of three credit hours each for a total 21 credit hours. An initial course, Fundamentals of Public Health, introduces each of the five core knowledge areas of public health. The remaining six core courses address the five core public health disciplines, with two of the six courses required in biostatistics. The core courses are listed in Table 3.

Table 3. Required Courses Addressing Public Health Core Knowledge Areas for the MPH Degree

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	MPH-5102: Introduction to Biostatistics	3
	MPH-6202: Inferential Biostatistics	3
Epidemiology	MPH-5301: Introduction to Epidemiology	3
Environmental Health Sciences	MPH-5310: Introduction to Environmental Health	3
Social & Behavioral Sciences	MPH-5201: Psychosocial Aspects of Public Health	3
Health Services Administration	MPH-5411: Public Health Management	3
All Knowledge Areas	MPH-5101: Fundamentals of Public Health	3

DrPH students must provide evidence of course completion of each of the five core areas of public health knowledge prior to entering the DrPH program in the fall trimester. At the end of the second year, DrPH students are required to successfully complete a comprehensive exam that includes content from the five core areas.

The site visit team reviewed course syllabi and determined that the seven core courses offer appropriate master's-level learning exposures. In addition to learning objectives, five of the seven course syllabi list

the competencies relevant to the course. Two other syllabi list the relevant competency domains. The program reports that the development of the self-study involved systematic review and revision of course syllabi leading to improved learning objectives, instructional approaches and elimination of unnecessary redundancies in content. Additional peer review of course syllabi is planned, which will use a rubric to assess conformity with program expectations.

2.4 Practical Skills.

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

This criterion is partially met. The MPH and DrPH practica are structured as three-way partnerships among the student, the program and a sponsoring agency. The program has developed a list of more than 40 partner agencies and potential practicum sites, and these sites are listed on the practicum website for student information. If students have completed practica at identified sites, student evaluations of their experiences are also available for other students' planning. Individual preceptors at practicum sites are approved by the program, and the expectations for their academic and practice credentials are available in the practicum guidelines. When selecting sites, attention is given to assuring that a practicum experience will be an opportunity to apply skills learned in the classroom and to acquire new skills. It is not intended to be a research-based experience in an academic setting.

Management of the practicum is the responsibility of the practicum coordinator and the Practicum Committee, which is composed of two or three additional program faculty members. The planning and approval process for new practicum sites and the evaluation and feedback to the sites goes through this committee and is available for strategic planning as well as for student planning. The program has sites in Puerto Rico and on the mainland United States; there is also interest in developing international sites in the future.

The program has established specific academic and practice requirements for preceptors. Review of the list of recent preceptors showed that all preceptors have at least a bachelor's degree with 10 years of practice experience or a more advanced degree in a relevant area. The practicum coordinator provides an orientation for preceptors and supports their work throughout the term. In addition, individual student's advisors are available for consultation and problem solving. Preceptors are expected to provide the agreed upon learning environment and resources, to monitor progress and to evaluate student performance.

The MPH practicum is a two-credit course that follows successful completion of at least 27 credit hours of core and track-specific coursework. The DrPH practicum is a three-credit course that follows successful completion of two years of study and passage of the comprehensive examination or equivalent. Each

student must formally apply to enroll in the practicum. The practicum experience begins with a practicum workshop for students during the trimester before the practicum will begin. The workshop provides information on policies and requirements and criteria for sites and preceptors. The material is available in a Microsoft PowerPoint format in English and Spanish, supplemented by the practicum manual and a practicum website. The workshop includes significant time for questions, and there is also time during the planning process to work with a faculty advisor to identify and shape the site and the content of the practicum. Students are expected to take responsibility for finding sites and negotiating the scope of the project based on learning objectives and primary interest areas. Before starting the practicum, students must also successfully complete the online Institutional Review Board training and the HIPAA compliance tutorial.

Student responsibilities include attendance, performance of the agreed-upon work and evaluation of the practicum experience. Students are strongly encouraged to present their experience to the academic community through a poster session at the conclusion of the term.

On-site discussions with faculty confirmed that waivers may be considered, but no one has requested a waiver to date. If a student desired to waive the practicum experience, the Practicum Committee would review the petition and make a determination. Faculty who met with site visitors said the requirements to waive part or all of the practicum experience would be high.

The concern relates to the limited amount of time allotted for completion of the practicum. The program markets itself as a feasible option for students who work full time and want to take classes in the evening. Current MPH and DrPH students, as well as alumni, said that completing the 200-hour practicum for MPH students or the 240-hour practicum for DrPH students in a single trimester presents hardships for students who are holding full-time jobs or whose primary employment is during the day. Students told site visitors that most practica are scheduled during the traditional work day, and the practicum requirement is extremely difficult to complete in evening and/or weekend settings. Students and alumni reported taking leaves of absence or quitting their jobs to fulfill this part of the curriculum. Despite the hardships encountered, students and alumni also expressed strong support for the practicum experience and want the time allowance for completion extended rather than having the experience shortened. They said they were able to connect the theoretical work to practical problems in the community and enhance their work skills. They also stated that for many students, the practicum opens pathways to future employment.

2.5 Culminating Experience.

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

This criterion is partially met. From 2010 through 2012, the program expected students to demonstrate general proficiency in core competencies through three trimesters of field work addressing a research-oriented project that resulted in a written document. During the self-study process, faculty conducted a retrospective analysis of 19 field documents and found that some neglected competency areas, especially health services administration. The findings indicated that fieldwork alone was not a satisfactory culminating experience.

The program is in transition to a revised curriculum approved in September 2011 by the Academic Senate. The revision provides for two distinct experiences: a practicum (discussed in Criterion 2.4) and a culminating experience. Two culminating experience options are available to demonstrate mastery and integration of core and track-specific competencies: 1) a capstone project (MPH 7900) for two credit hours or 2) a written, comprehensive master's examination (MPH 7910) for zero credit hours. These choices are common across the program's three tracks and became effective with students who entered the program in fall 2011.

The MPH capstone project is an independent activity completed during the first 10 weeks of the third 12-week trimester in the second year. The remaining two weeks of the trimester are reserved for student presentations and faculty evaluations. The capstone requires a formal 40-page manuscript comparable to those submitted to journals for peer review and a 20-minute oral presentation. The project, undertaken following completion of a practicum, may relate to or emerge from the practicum experience. Faculty advisors encourage students to develop a community-based capstone project. Faculty advisors must approve a proposal and timeline of planned activities before students can register for their final trimester. In addition, IRB approval must be gained, if applicable, prior to initiating the project. The faculty advisor serves as a resource for and facilitator of the self-directed project. A variety of projects are acceptable, such as public policy analysis, program planning or development, program evaluation, community assessment, capacity building initiatives, survey development and implementation, applied research investigation and others.

During the oral presentation, students must reflect on the capstone project's contribution to developing competencies. Evaluation of the capstone project has three weighted components: process assessment (20%), quality of the manuscript (50%) and evaluation of the oral presentation (30%). The faculty advisor is responsible for the first two evaluations and also evaluates the oral presentation along with two faculty members not related to the project. Detailed evaluation rubrics are available for each of the components, providing for standardization of the evaluation. The manuscript evaluation rubric also addresses the

student's achievement of competencies. Successful completion of the capstone project requires the student to achieve a score of 70% or higher.

A comprehensive exam is an alternative culminating experience for MPH students. The exam is taken in the final trimester of study and has two parts: core and track-specific. Each part must be passed with a grade of 70% or higher; one retake of each exam part is permitted. Faculty said they are designing the exam to not only determine whether learning objectives are being met, but also to assess the student's ability to integrate theories, concepts and skills from across the coursework and other learning experiences.

Faculty regularly teaching the core courses are responsible for developing the core part of the exam, which addresses the five core areas of public health knowledge. The exam also includes questions on such cross-cutting competencies as bioethics, communications and informatics. The core exam consists of objective questions as well as required and selective essay questions. Students have four hours to complete the core section of the exam. Faculty from each of the three tracks are responsible for developing the track-specific questions under the guidance of the culminating experience coordinator. Faculty seek to assess student mastery of track competencies through this exam.

The site visit team reviewed the Public Health Culminating Experience Manual and agreed that the document is comprehensive and offers sound guidance, pertinent forms and timelines for fulfilling either of the two culminating experiences.

The first concern relates to the feasibility of completing the capstone project in one trimester. The program expects students to write a high-quality, 40-page manuscript in 10 weeks, which may present significant challenges, particularly for students concurrently fulfilling other program requirements or maintaining employment. The site visit team was unable to review evidence that completion of capstone projects is possible within the short time frame or that the capstone experience offers value to the students or to the program. Given that many public health-related journals limit submitted manuscripts to 14-18 pages, the program is encouraged to re-visit the requirement of a 40-page manuscript. Current students who met with site visitors said that more time for completing the capstone project was one of their major recommendations for program improvement.

The second concern relates to the incomplete implementation of the culminating experience options. The first opportunity for MPH students to take the comprehensive exam is spring 2013. Although the final trimester for some students was just a few weeks away at the time of the site visit, the program was unable to provide even drafts of the exam for site visitors to review. Because students are required to pass both the core and the track exams as a degree requirement, the delay in finalizing and pilot testing

the exams is concerning. Without finalized exams to review or reported grade results, the site visit team was unable to assess the appropriateness of the comprehensive exam as a culminating experience.

The DrPH culminating experience is the completion of a dissertation following the passing of a written doctoral comprehensive exam at the end of the second year. In addition to a dissertation manuscript, the student must provide evidence of submission of three original articles to peer-reviewed journals and pass an oral defense of the dissertation research. The dissertation committee consists of an appointed chair and two other members selected by the chair in consultation with the student. The seven phases of the dissertation process are defined, and students have one trimester to finish each phase prior to moving to the next phase. The dissertation chair certifies the fulfillment of requirements for each phase of the process and reports progress of the student to the DrPH coordinator. Faculty award an incomplete if the phase is not completed within the trimester; students have one additional trimester to fulfill the requirements of that phase.

2.6 Required Competencies.

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

This criterion is met. The program has well-defined sets of core competencies for MPH and DrPH students. The MPH core competencies cover the five core knowledge areas as well as the areas of communication and informatics, diversity and culture, leadership, professionalism, program planning and systems thinking. Each area includes one to four competencies. The core competencies for DrPH students cover such topics as advocacy, communication, professionalism and ethics, community/cultural orientation and leadership.

Each track at the master's and doctoral level has between nine and 15 additional competencies specific to the track. The self-study presents matrices that identify the specific courses by which the core and track-specific competencies are met. Matrices provided in the self-study identify whether competencies are covered to an introductory, primary, reinforcing or variable level of proficiency during the course. Site visitors confirmed that course syllabi list the competencies to be covered during the course and show links to appropriate learning objectives.

As part of the 2011-2012 strategic planning process, all competencies were reviewed for relevance and coverage throughout the curriculum. Program faculty used the competencies promulgated by the Association of Schools of Public Health (ASPH) as a starting place for the core MPH competencies. The faculty selected competencies that were most in line with the program's mission and goals. Until this

planning process, the program did not have track-specific competencies for the general track. Development of competencies for this track focused on the breadth of coverage of cross-cutting skills and the greater application of core competencies mastered during the first year of the program. Primary faculty in the epidemiology and environmental health tracks reviewed the competencies for their respective tracks, and the full faculty approved the list by consensus.

The program also reviewed the DrPH competencies during the strategic planning process. Many prerequisites and required courses have changed since the initial design of the curriculum and development of competencies. Given these changes, program faculty found that many competencies were no longer appropriate or rigorous enough. Faculty members who teach courses in the DrPH program revised the competencies to reflect a stronger focus on epidemiology.

The self-study states that the curricular changes and revised competencies were presented to students multiple times during the planning process. The competencies are available on the program's website and in the program office. In addition, every course syllabus includes the specific competencies that are expected to be developed through completion of the course. The program plans to re-evaluate all of the competencies during the 2013 calendar year and then at least every five years going forward. Program leaders realize that more frequent review may be needed as the program's needs and offerings change.

2.7 Assessment Procedures.

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

This criterion is partially met. The program assesses student achievement of the competencies largely through coursework, the practicum and the culminating experience. Course instructors evaluate students during oral presentations, written assignments, projects, review papers, case studies, field work activities and final exams and assign grades based on students' demonstrated proficiency of course learning objectives and program competencies. In May 2012, the program administered a brief survey to MPH students who had just completed their first year in the program. These students were asked about their perception of acquired competence in the five core knowledge areas. Students self-assessed acquisition of skills in all five areas with behavioral science rated highest, followed by epidemiology, then management, then environmental health and finally, biostatistics.

Students must maintain a 3.0 GPA to successfully progress through the program. A grade of "F" is not acceptable and must be repeated; no more than two failures are allowed. Academic progress is reviewed at the end of each academic year. If a student fails to maintain the minimum required GPA, he or she is referred to PSMHS's Student 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.

The practicum is evaluated through multiple mechanisms during the experience. The practicum coordinator and faculty advisor review student reports at the completion of 50 and 100 hours to identify any challenges and to ensure that the experience is providing an opportunity to acquire the competencies established in the practicum plan. At the completion of the practicum, the site preceptor documents the student's attainment of competencies in the domains of professionalism, leadership, diversity and culture, communication and systems thinking. Program faculty assess the demonstration of competencies related to core and track-specific knowledge based on the student's evaluation form, a final report, a reflection paper and a poster presentation.

Although no students had completed the revised culminating experience at the time of the site visit, documentation showed that students who elect the capstone project will be expected to demonstrate a synthesis of knowledge and skills from throughout coursework and other learning experiences. Students will discuss the implications of the project to public health and integrate the core and track-specific competencies in an oral presentation. Students who choose to take the culminating exam must pass each section (ie, core and track-specific) with a grade of 70% or better. The core section will be developed by faculty members who consistently teach the core courses and include objective and open-ended questions. The track sections will be individually developed by faculty in each track and may include different formats. The exam had not been developed at the time of the site visit, as discussed in Criterion 2.5. The assessment mechanisms for DrPH students are the same as previously described for coursework and the practicum. The culminating experience for doctoral students is a dissertation, which is closely monitored by the DrPH coordinator and the student's dissertation committee.

The self-study includes graduation data for the last four years for MPH students. Of the 19 students who entered in 2008-2009, 14 (74%) graduated within the four-year maximum allowable time. Of the 28 students who entered in 2009-2010, 24 (86%) had graduated by the time of the site visit. Nearly all of the students who entered in 2010-2011 (n=19) and 2011-2012 (n=27) are still enrolled in the program.

The first DrPH students enrolled in 2007-2008 and have nine years to complete the degree. The first cohort included 18 students. While no students have graduated, 12 are still enrolled. Sixteen of the 17 students who enrolled in 2009-2010 are still enrolled. An additional six and eight students, respectively, enrolled in 2010-2011 and 2011-2012. Program leaders acknowledged that the first cohort of doctoral students was not strong and that these students struggled with the comprehensive exam and expeditiously completing the dissertation. Changes to the program design, admission requirements and

expectation of students, which are further described in Criterion 2.10, are expected to improve the progression of students through the DrPH program.

The program has high job placement rates, with most MPH graduates reporting employment within one year of program completion. Some graduates also report continuing education as their path following graduation. For the last three years, 92%, 100% and 72% of graduates who could be reached reported either employment, continuing education or not seeking employment by choice. The final cohort for which data are reported (ie, 72%) completed the program six months before the site visit; thus, the job placement rate may improve by the end of a full year.

The concern relates to the lack of a systematic process for collecting information from graduates, alumni and employers. The self-study acknowledges that the survey instruments may not adequately capture graduates' preparation for professional work. The program is unable to calculate response rates; employers are not surveyed on a regular basis; and the alumni survey does not capture graduation dates.

2.8 Bachelor's Degrees in Public Health.

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

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

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

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

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

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is met. The program offers a DrPH degree in epidemiology. Given the need to revamp the admission requirements and curriculum and focus resources on existing students, the program did not enroll any new doctoral students in the 2012-2013 academic year. At the time of the site visit, the program had 65 matriculated doctoral students, which includes seven on a leave of absence. The first doctoral students are expected to graduate in 2013, but this is not a certainty.

The program has revised the admission requirements and now considers 21 credits of master's-level coursework (in biostatistics, environmental health, psychosocial aspects of public health, epidemiology, health policy and administration and bioethics) to be prerequisites for doctoral study. Previously, 15 credits of master's-level coursework was included as part of the first year of the DrPH program. Accepted students who meet all the prerequisites begin the 63-credit doctoral program in the fall trimester.

The DrPH coursework includes eight doctoral-level required courses, three selective courses in biostatistics and epidemiology, program-approved electives, a 240-hour practicum and a dissertation. The program has made a dedicated effort to expand the availability of doctoral-level courses over the past several years, and students who met with site visitors said they were pleased with the curriculum.

The program has submitted the changes related to admissions, curriculum, program length and timing to the Puerto Rico Council of Education. At the time of the site visit, the Council was in the midst of restructuring and had not formally reviewed the program's DrPH revisions; however, the program has been given an unofficial notice from the Council to proceed. Program leaders were told that the Council will be reviewing the entire PSMHS later in 2013 and is waiting until the full review to formally approve all changes.

2.11 Joint Degrees.

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

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is partially met. Faculty and students are participating in funded and unfunded research activities, with an overarching focus on community and population health guiding the program's research activities. Research interests are broad-based and reflect the program's mission and goals. Topics include HIV/AIDS, cancer, injury and violence, obesity and nutrition, environmental health and dengue.

The program adheres to policies and guidelines including the Belmont Report, Protection of Human Subjects and the PSMHS Policy on Ethical Standards and Misconduct in Research. The PSMHS Grants Management Office has standard operational procedures for grants management and provides assistance to the program faculty and other departments. The program developed a research plan during 2011-2012 strategic planning that was approved by the PSMHS administration and included in the PSMHS strategic plan's research section. The program's research plan aims to systematically identify and address obstacles to acquiring and implementing externally funded research. In addition to finding start-up research funds for new faculty, the plan calls for less experienced faculty to complete training in developing grant proposals and to seek access to data by building partnerships. A new research committee is in development, according to the faculty.

PSMHS is part of a multidisciplinary collaboration with the University of Puerto Rico Medical Sciences campus and the Universidad Central del Caribe, which is identified as the Puerto Rico Clinical and

Translational Research Consortium (PRCTRC). The PRCTRC has significant funding for research capacity building in translational research. Program faculty are receiving PRCTRC grant training and at least one is preparing a proposal for the $50,000 pilot grants available once a year. Exploratory discussions to develop new collaborative research partners are underway with the University of Miami, Yale University and George Washington University.

Collaborative research with the biomedical sciences continues with program faculty assisting with research methodologies and influencing the inclusion of public health risk assessments and prevention research perspectives in the research. In previous years, the collaboration with biomedical sciences researchers provided the most significant source of annual program research funding. The current approach seeks to diversify research activities to include the areas of environmental health and behavioral risk factor investigations. Beginning with fiscal year 2011-2012, the dean of health sciences provides $25,000 of seed money annually to encourage the submission of more research grant proposals. The seed money may be used for work-study students to assist with preparing grant proposals, editorial assistance for grant proposals and publication efforts or for small expenses associated with unfunded pilot research projects that build relationships, methodology or data for subsequent submission of external grant proposals.

Consistent with PSMHS research expectations of faculty, evaluation of research and scholarly activities is included in annual faculty performance reviews and in promotion reviews. The program director reports that, with the exception of one faculty member for whom research is about 80% of effort, faculty, on average, have about 10% of workload effort for research activities. The intent is to double that percentage. Program faculty serve on the Educational Outreach Committee of the PRCTRC and the Institutional Review Board, which contribute insights useful for mentoring junior faculty.

Faculty are involved in community-based research projects, funded or not. Five of eight (63%) sponsored research activities including the new dengue surveillance project and nine of 10 (90%) non-funded research activities are listed as community-based. One example involves investigating the social epidemiology of HIV risk among women living in public housing, and an associated project examines HIV/STI testing in this high-risk population. A second example of a non-funded community engagement project explored breast cancer survivorship and involved survivor support groups, community leaders and governmental officers in the municipalities of Peñuelas, Cidra and Trujillo Alto as well as the American Cancer Society.

Research funding available to program faculty during academic years 2009-2012 shows a decline from nearly $212,000 in 2009-2010 to about $131,000 in 2011-2012, averaging nearly $154,000 per year. Overall, the self-study reports a total of seven grants with one (7%) primary faculty member serving as

principal investigator. One additional primary faculty member was the principal investigator for a new Centers for Disease Control and Prevention (CDC) three-year award of $200,000 per year, which began in September 2012. Two of the more research-active faculty, who left in June 2012, served as co-investigators on three NIH grants. Four additional primary faculty members and one secondary faculty member are investigators on unfunded research projects. The program director stated that non-funded research activities are beneficial because the projects help develop a foundation for improving research methodologies and for data analysis.

The program evaluates the success of its research activities by examining intermediate measures of improvement, such as the percent of faculty with some amount of funded research, increased publications and presentations and diversifying the research portfolio to include socio-behavioral and environmental health areas. For the three-year reporting period, the targets for increased publications and presentations by program faculty in the areas of environmental and social determinants of health were achieved, with the exception that the program did not progress toward an average of two publications per year per faculty based on new annual targets. The program also did not achieve targets for funded grants, which remain small in number and amount. The new CDC dengue surveillance award will help increase base funding by making $200,000 available per year over the next three years.

Students have opportunities for involvement in faculty-led research projects. Modest funding is available to support student work-study opportunities to assist faculty with grant proposal preparation. Students are involved in a wide variety of research roles such as conducting literature searches, assisting with research design, collecting, entering and analyzing data, participating as survey interviewers, providing outreach to community partners and other activities. Students further develop their research skills by completing a required research methods course. Four of the eight (50%) funded faculty research projects, including the one funded by CDC, and eight of the 10 (80%) non-funded research projects over three years indicate student participation. A list in the self-study of 14 student projects from 2009 to 2012 shows engagement of students in research activities with one or two projects leading to presentations at local or national meetings. Students who met with site visitors said that they are given timely notification of opportunities for research and that they are encouraged and assisted by the faculty to engage in research. One of the first-year MPH students shared her positive experiences assisting faculty, DrPH students and second-year MPH students with practice-based research activities, which she considers valuable to her professional growth and development.

The first point of concern relates to the lack of clearly defined faculty workload policies. The program's expectation for faculty engagement in research as part of workload should be closely examined and clearly defined to avoid the possibility of mixed messages, especially with four new faculty members beginning their positions during the 2012-2013 academic year. Site visitors heard from PSMHS

administrators that decisions for hiring new faculty now take the research capabilities and potential of applicants into consideration in addition to their credentials and readiness for instruction. The interim dean for research highlighted the emphasis currently underway to help further develop faculty research and grant-writing skills and to assist faculty with collecting pilot data for use in competitive grant proposals.

The second point of concern relates to the program's inability to demonstrate consistent success in encouraging and engaging additional faculty to secure research funding. Faculty used seed money to help support the preparation of a successful CDC dengue surveillance grant. However, for the first year of seed money availability in 2011-2012, the program reported expenditure of only 22% of the available $25,000, which suggests lost opportunity—especially since this incentive offered potential for pursuing additional research grants that strengthen the program's research portfolio and supplement faculty salaries. Of the $25,000 available for 2012-2013, projections indicate that about half will be expended. On a positive note, the balance of these two sets of research incentive funds may be carried-over to future years. The program should determine action steps for the future to take full advantage of available research incentive funds.

The third point of concern relates to the limited faculty research portfolio, which appears insufficient to support the educational needs of 58 currently enrolled DrPH students in research activities, particularly funded research. The DrPH students, by interacting with research-active faculty, should be increasingly focused on developing research skills, engaging in grant proposal development and preparing for research involvement as one of the major responsibilities of those who have earned the terminal degree. Without faculty role modeling grant writing and pursuing research agendas, DrPH students have a greater need for post-doctoral training to enhance their career potential and increase their competitiveness for professional positions.

3.2 Service.

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

This criterion is met. The program encourages service by faculty members and students, especially to community organizations. More than 45 active institutional agreements are in place. Providing community service is written into each faculty contract and job description, and community service is considered in faculty evaluations, work plans and promotions. Faculty members serve on boards, provide consultations and assessments and participate in community service projects such as community health education programs and health fairs. Of 22 community service projects listed in the self-study, 15 involved students. Types of service projects include health promotion, disease screening and environmental services.

The program has established that 20% of required MPH courses are to include community interaction as a teaching method. This objective has been reached in the past three academic years. Similarly, 20% of courses are expected to include student experiences in the community as part of the coursework. This objective has been exceeded in the past three academic years. In addition, both students and community partners spoke favorably about the service activities and their importance as community interactions and as learning and teaching experiences.

The self-study identifies several challenges related to its service goal and objectives, particularly the limited data available about both faculty and students. As a program that serves working students, a strong, student-driven organization is missing, and other methods of connecting students to community service opportunities are needed. The current data on course-based service do not report the proportion of students who are engaged.

Program leaders have identified several short-term objectives aimed at enhancing student service activities:

- Improve documentation of student involvement in service
- Improve documentation of faculty service through the faculty annual evaluations and other mechanisms
- 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.

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

This criterion is met with commentary. The program assesses public health workforce training and continuing education needs through its surveys of alumni and employers/partners and through informal discussions during practicum negotiations, research collaborations and service events. A recent survey of public health organizations in Puerto Rico identified gaps such as program planning and evaluation, policy and advocacy and management. Survey respondents expressed interest in skill development in epidemiology and data analysis, communication strategies and mass media health promotion and program design focused on behavior change in culturally diverse communities.

The response of the program has been through several large, co-sponsored events (ie, Summit on AIDS, Obesity Symposium and Hospital Disaster Preparedness Summit) and through individual faculty members' program presentations and consultations. The program also participates in training medical students, residents and fellows on public health perspectives and population-based and clinical research and in offering continuing education courses to physicians and other health professionals. The offerings to physicians appeared to be a substantial part of the workforce development activities, and include

research design mentoring, AIDS treatment and research methods. The external participation in these workforce development offerings has increased substantially over the past three years, from 300 in 2009-2010 to 1,900 in 2010-2011 and 1,400 in 2011-2012.

The program is exploring the use of distance-based learning modules for some popular training programs and considering opening program courses as continuing education opportunities for health professionals as future expansion of its workforce development role. The program does not offer any certificate programs.

The commentary relates to the relatively small proportion of training offered to the local public health workforce. On-site meetings with community representatives, students and alumni revealed that training in various statistical tools such as SAS and STATA are workforce development needs. MPH and DrPH students received kudos from community partners for bringing advanced skills into the organizations that sponsor their practica. However, the workforce development offerings appear tilted toward physicians and other clinical providers. More public health offerings ranging from health services management and budgeting to statistical analysis and health promotion/behavior change would be responsive to stated needs from community partners and others.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program's faculty complement has relevant academic credentials and a wide variety of public health work experiences, including at leadership levels. The faculty are contributing to the field through publications and presentations, receiving high ratings from student evaluations and incorporating more technology in courses.

The primary faculty complement includes a full-time program director and 13 full-time faculty members. All 14 faculty are listed as 1.0 FTE. Of the 14 faculty, three hold professor rank, six are associate professors, three are assistant professors and two are instructors. The two instructors are projected to achieve assistant professor rank in late 2013 following completion of doctoral degrees. Of the primary faculty, 13 are classified as academic faculty and one in epidemiology is classified as a research faculty member.

Among the 12 primary faculty with doctoral degrees, four have PhDs, three have DrPHs, one has a DVM and four have MDs. Two MDs and the DVM have MPH degrees. One instructor has an MPH degree and is earning a PhD; the other instructor has an MS in epidemiology and is earning a DrPH. At least five

faculty members report board certification and fellowship training. All faculty have degrees highly relevant to public health and to their respective tracks. Primary faculty members have the academic credentials and practice experiences to provide instruction for the five areas of knowledge basic to public health and for the three tracks.

Fourteen secondary faculty members support the program: seven have PSMHS appointments; six are from other institutions; and one is retired from a federal agency. Each secondary faculty member has a time commitment of 11% except for one listed at 22%. Twelve have earned doctoral degrees and the remaining two have MBA or MHA degrees. The two master's-level prepared faculty support the core area of health administration.

An additional 13 individuals support the DrPH in epidemiology. They serve as mentors to students and are listed as contributing 10% time each. One of the 13 mentoring faculty is a PSMHS professor, and the remaining 12 are visiting professors affiliated with universities and public health organizations in Puerto Rico and in the mainland US. All 13 have doctoral degrees reasonably related to health disciplines, and five have doctoral degrees in epidemiology.

Of the 14 primary faculty members, at least 10 have past or current employment in public health, including managerial and high-ranking positions of major responsibility such as state-wide coordinator, state epidemiologist and state health commissioner. Practice-based positions were with such organizations as Virginia Department of Health, CDC, US Agency for International Development, World Health Organization, Puerto Rico Department of Health, Albergue Olimpico of Puerto Rico, Bioethics Department at Hospital Damas in Ponce, Puerto Rico, the US Environmental Protection Agency and others. Faculty members continue to contribute as consultants, advisors, volunteers and members of committees or boards for public health organizations.

Faculty are encouraged to maintain ongoing practice linkages with communities and public health agencies in order to provide learning opportunities for students based on their personal research and service involvements.

Outcome measures for faculty qualifications focus on faculty accomplishments such as funded research awards, publications and presentations, positive evaluations by students, use of technology in courses and commitment to the program's mission and vision. Generally, the outcomes for the three years are mixed for funded research and do not show a positive trend toward the target of 50% of faculty with funded research grants by 2015. This issue is discussed more completely in Criterion 3.1. Faculty show improvement for publications by reaching one target of 50% of faculty with publications in 2011-2012, but do not achieve a second target of an average of two publications per year per faculty. Outcomes show a

positive trend of 21, 42 and 38 exceeding the target of 20 oral or poster presentations per year. Students are providing high ratings for satisfaction with courses, professional training and faculty advising. Faculty achieved steady progress over the three years in incorporating distance learning modalities in their courses, showing outcomes of 10%, 19% and 31% measured against the target of 40% by 2014. Commitment to the program's mission and vision is measured by faculty providing service to communities and workforce training to practitioners, which are discussed in Criteria 3.2 and 3.3, respectively.

The program may benefit by establishing more direct indicators of current and needed faculty qualifications rather than relying on performance measures that are more responsive to other criteria such as research, service and the instructional program.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The PSMHS Faculty Regulations Manual, posted on the webpage, includes policies, procedures and expectations governing recruitment, appointment, evaluation and promotion of faculty. Flow charts detail procedural steps and levels of review and approval for faculty recruitment and for faculty promotion. Policies also address faculty leave, professional ethics, grievance procedures, severance and general conduct.

The PSMHS has a full-time faculty development coordinator and supports faculty development through a variety of programs. The coordinator provides workshops, presentations and resource materials designed to develop and improve the teaching-learning process, including course and syllabus design. The program's Curriculum Committee meetings also provide a venue for exploring curricular and instructional issues and for guiding faculty development related to teaching. The program director and academic dean interview incoming faculty members to identify teaching and research skills that may need further development. These interviews lead to recommendations for new faculty to participate in faculty development workshops. The program director further assesses performance and professional development goals during annual reviews, which include results of student evaluations of courses and instructors. One section of the assessment form provides for review of seven measures of faculty development and continuing education and for an overall summary score.

The PRCTRC offers grant workshops to support research, grant acquisitions and success in achieving scientific publications. The dean for research sponsors conferences featuring researchers both internal and external to PSMHS. The presentations are research-focused and provide opportunities for faculty to learn methodological approaches and explore potential for collaborating on research projects. The PSMHS hosts an annual Scientific Forum, AIDS Summit and an Obesity Summit, offering additional

opportunities for developing research and presentation skills. Budget constraints preclude most travel to conferences for professional development. The program is especially committed to strengthening epidemiology knowledge and skills. One faculty member reviewed and compiled the types of coursework and experiential training needed for obtaining certification in epidemiology from other institutions and from the CDC epidemiology training program. In addition, online resources for gaining epidemiology and biostatistics training were identified and are being promoted as part of professional development.

The program director evaluates faculty performance during the summer by reviewing research involvement, publications, student course evaluations, course development activities, track coordination, student satisfaction with faculty advising and service involvement. The faculty member completes a self-evaluation form that is discussed in comparison to one developed by the program director. The faculty member submits an academic work plan and goals for each year. The program director assigns scores based on a four-point rating scale for a) teaching skills and mentoring, b) scholarly productivity, c) institutional/program committees/work groups, d) community services and e) faculty development and continuing education. In addition, the program director and faculty member identify at least two areas for faculty development as an action plan for the next academic year. Program leaders reported that establishing a peer-review process for observing teaching interactions and recommending improvements would be beneficial.

PSMHS does not offer tenure to faculty. A faculty member may request consideration for promotion, but in line with PSMHS processes, the program director must originate all nominations for promotion. Eligibility for promotion requires satisfying the defined minimum time in rank. PSMHS defines nine additional promotion criteria. The faculty member is responsible for assembling all documents necessary to be considered for promotion. The program recommendation must include supporting documents demonstrating that the candidate has fulfilled the required criteria for promotion. Final promotion decisions are made by the PSMHS president with notification to the Board of Trustees. If promotion consideration has not progressed at the program level, the faculty member may request, in writing, a special evaluation by the Faculty Promotion Committee. Due to financial reasons, PSMHS placed promotions on hold until summer 2012, when promotion opportunities were reinstated by the president. Faculty become eligible for increased compensation through external grants, but base salary is not increased.

PSMHS requires anonymous student course evaluations. The evaluation form, developed by the Office of Academic Affairs, is administered online at the end of each trimester. The reporting form consists of 37 evaluative statements regarding performance in the areas of course structure and organization, learning experiences, teaching and learning techniques and evaluation and feedback performance and uses a five-point rating system. The form also provides for open-ended narrative comments. A statistical

summary of student ratings is distributed to the faculty member and the program director. Student evaluation results are intended to provide information for self-improvement and for use with assessing teaching effectiveness in annual faculty evaluations and promotion reviews.

Although this criterion is met, site visitors were challenged to understand administrative relationships between the program and PSMHS. The Faculty Regulations Manual, dated May 2008, does not address the restructuring of PMSHS administration, especially to describe the Dean of Health Sciences position created in 2010 to strengthen the programs that are not directly training medical students. The health sciences position also is not explained on the PSMHS website. This highly significant change in governance structure and reporting lines should be detailed in the administration section (1.6) of the Faculty Regulations Manual. Site visitors learned that revisions to the manual are still in draft form and are being delayed pending review and approval by the Board of Trustees. This issue was discussed in greater detail in Criterion 1.3.

During the transition, which includes some personnel serving in interim administrative roles, it may be helpful to clearly describe the latest administrative structure in a dated addendum to the manual, and display it on the website so that faculty, students and other constituents have a more accurate understanding of their institution and its governance.

4.3 Student Recruitment and Admissions.

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

This criterion is met with commentary. The program recruits and admits a qualified student body. MPH students must have completed a bachelor's degree with a minimum GPA of 2.5 out of 4.0 and earned six credits in general science and three credits each of behavioral science, social science and college-level mathematics. In the last three years, the average GPA of enrolled students was 3.34, 3.12 and 3.30.

DrPH students must have completed a master's degree with a minimum of three college-level math credits, six credits of biostatistics and three credits each of epidemiology, psycho-social public health, environmental public health, health policy and administration and bioethics. However, those who do not have introductory public health courses may take them at PSMHS after matriculation. The program expects incoming DrPH students to have at least a 3.5 GPA.

The program would like to increase its MPH enrollment to 50 new students per year, increase the number from the mainland US and other countries and recruit more from the current public health workforce. Current efforts have produced 35 applicants and 27 enrollees (2011) and 40 applicants and

29 acceptances (2012). The statistics provided in the resource file list only place of birth. They indicate that three students in 2011 were born in the mainland US, but all three attend Puerto Rican universities, and a fourth student was born in Puerto Rico but attended a mainland university. In 2012, one student was born and educated in the mainland US. One of eight DrPH students matriculating in 2011-2012 is from the mainland and attended college there.

The program works with staff from PSMHS to conduct much of its recruitment and screening process for new applicants. English-language recruitment material is limited. The dean noted that immersion language preparation directed toward increasing Spanish proficiency in medical terminology is available, but increasing communication skills for public health work is not stressed in outreach. Students and/or faculty attend outreach events and distribute program-specific materials. During on-site meetings, students talked about substantial word-of-mouth recruiting, and faculty members were excited about social media outreach. The program collects information about how applicants heard about the program; such information may be useful in assessing outreach efforts. For example, the self-study describes a relationship with Keystone College which brings students to the PSMHS campus, but no Public Health Program applicants resulting from this event can be identified in 2011 or 2012. What appears to have been a highly successful event in 2012, showcasing Public Health Program faculty and research brought 30 visitors to the program and resulted in 11 accepted students.

The brochure in the resource file is a double-sided tri-fold with no colors or pictures. It contains information on requirements for application to the MPH and DrPH degree programs and contains tuition and fee information, the mission and the vision and the basic course work requirements. There is no mention of financial aid and of the new work-study opportunities described in the self-study as a strength of the recruitment program. The same information could be added to social media outreach.

The commentary applies to the programs large reliance on the school's recruitment efforts, which do not ensure that the program is taking full advantage of all available tools, including financial aid, work study opportunities and immersion language preparation courses.

4.4 Advising and Career Counseling.

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

This criterion is met. A new advising structure has been introduced to meet the needs of MPH and DrPH students. MPH students describe the advising process as very responsive, and the faculty members expressed satisfaction. The DrPH advising system places considerable stress on the epidemiology faculty, but this is lessened once the student has a dissertation advisor and committee. A first-year coordinator is responsible for all advising during the first two trimesters. At the beginning of the third

trimester, students complete a survey about their plans and expectations, then meet with the coordinator to discuss these aspirations further. Based on this input, the first-year coordinator recommends a faculty advisor for the student. The program director makes adjustments to balance workload, then sends the student list to each faculty advisor for comment. Each faculty member is assigned about three students. Once the advisee lists are accepted, each student is notified by email of his/her advisor and instructed to make an appointment. Except for career direction changes or incompatibility, these advisor-advisee assignments do not change.

The DrPH coordinator is responsible for the academic advising of doctoral students. The DrPH coordinator facilitates finding a faculty advisor who serves as the student's primary dissertation chairperson. The chairperson and the student also recruit one or two additional dissertation committee members, assuring that at least one member of the epidemiology faculty is on the committee. The number of students assigned to each faculty advisor varies widely from one to nine.

Career counseling is described as a part of the coursework and the practicum. The self-study states that planning the practicum in a place of career interest is a key advising moment for faculty and students. In addition, administrative staff post job opportunities. Students who met with the site visit team said that faculty advisors are committed to providing career advice and guidance to any MPH or DrPH student. The faculty's strong connections in the community and knowledge of available opportunities were cited as strengths of the program. Students also said that faculty members make themselves available to students via email, phone or in person at the student's convenience.

The Office of Student Affairs surveys students to collect information about advising functions; however, this electronic survey has been irregularly administrated. As the new advisor-advisee system is launched, the program intends to measure student satisfaction each year. Student evaluations of courses and faculty performance in teaching are collected and used to improve course design and faculty performance.

The self-study describes an open-door policy for student concerns and grievances. If a grievance or complaint cannot be resolved, a student has recourse to the Office of Student Affairs of PSMHS through a more formal process. No formal complaints or grievances had been filed in the last three years.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

Ponce School of Medicine and Health Sciences
Public Health Program

February 4-5, 2013

Monday, February 4, 2013

8:30 am	Site Visit Team Request for Additional Documents Himilce Velez
9:00 am	Executive Session and Resource File Review
9:45 am	Meeting with Program and Department Leadership E. Anne Peterson Himilce Velez Diego Zavala Mayra Roubert
10:45 am	Break
11:00 am	Meeting with Faculty Regarding Instructional Programs Mayra Roubert Himilce Velez Miguel E. Marrero Diego Zavala Ivan Iriarte Vivian S. Green
12:00 pm	Break
12:15 pm	Lunch with Community Representatives Katia Aviles Carlos Mayol Myrta Garcia Francisco Rodriguez
1:30 pm	Break
1:45 pm	Meeting with Faculty Regarding Research, Service and Faculty Issues E. Anne Peterson Ivan Iriarte Mayra Roubert Miguel E. Marrero
2:30 pm	Break
2:45 pm	Meeting with Alumni Doris Andujar Marvin Arguello Alberto Bonilla Liz Colon Laura Castro
3:30 pm	Break
3:45 pm	Meeting with Students Sidney Echevarria Isamary Dominguez Jesus Hernandez Siomara Perez Pedro Ruiz Alexandra Rodriguez

	Melissa Aviles Ariana Ruiz Wilfredo Gutierrez Nadja Perez Wilmarie Muniz Gerardo Olivella Jose Montalvo Alessandra Rivera Shayra Romero Elizabeth Santos Zylkia Irizarry
4:45 pm	Executive Session and Resource File Review
5:30 pm	Adjourn

Tuesday, February 5, 2013

8:30 am	Meeting with Institutional Leadership Olga Rodriguez Raul Armstrong Bethzaida Cruz Kenira Thompson
9:15 am	Executive Session and Report Preparation
12:30 pm	Exit Interview