Council on Education for Public Health
Adopted on June 16, 2018

REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT THE

TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
February 1-2, 2018

SITE VISIT TEAM:
Diane Marie St. George, PhD, Chair
David Dyjack, DrPH, CIH

SITE VISIT COORDINATOR:
Nicole Williams, MPH

CRITERIA:
Accreditation Criteria for Schools of Public Health & Public Health Programs, amended October 2016

Table of Contents

INTRODUCTION 2
A1. ORGANIZATION & ADMINISTRATIVE PROCESSES 3
A2. MULTI-PARTNER SCHOOLS & PROGRAMS 4
A3. STUDENT ENGAGEMENT 4
A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH 6
A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH 6
B1. GUIDING STATEMENTS 6
B2. GRADUATION RATES 8
B3. POST-GRADUATION OUTCOMES 9
B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS 10
B5. DEFINING EVALUATION PRACTICES 12
B6. USE OF EVALUATION DATA 14
C1. FISCAL RESOURCES 15
C2. FACULTY RESOURCES 16
C3. STAFF AND OTHER PERSONNEL RESOURCES 19
C4. PHYSICAL RESOURCES 20
C5. INFORMATION AND TECHNOLOGY RESOURCES 21
D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE 22
D2. MPH FOUNDATIONAL COMPETENCIES 24
D3. DRPH FOUNDATIONAL COMPETENCIES 27
D4. MPH & DRPH CONCENTRATION COMPETENCIES 27
D5. MPH APPLIED PRACTICE EXPERIENCES 29
D6. DRPH APPLIED PRACTICE EXPERIENCE 30
D7. MPH INTEGRATIVE LEARNING EXPERIENCE 30
D8. DRPH INTEGRATIVE LEARNING EXPERIENCE 31
D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM 31
D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS 31
D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES 32
D12. PUBLIC HEALTH BACHELOR'S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES 32
D13. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES 32
D14. MPH PROGRAM LENGTH 32
D15. DRPH PROGRAM LENGTH 33
D16. BACHELOR'S DEGREE PROGRAM LENGTH 33
D17. ACADEMIC PUBLIC HEALTH MASTER'S DEGREES 33
D18. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES 34

D19. ALL REMAINING DEGREES 34
D20. DISTANCE EDUCATION 34
E1. FACULTY ALIGNMENT WITH DEGREES OFFERED 34
E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE 35
E3. FACULTY INSTRUCTIONAL EFFECTIVENESS 36
E4. FACULTY SCHOLARSHIP 37
E5. FACULTY EXTRAMURAL SERVICE 39
F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT 40
F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE 41
F3. ASSESSMENT OF THE COMMUNITY'S PROFESSIONAL DEVELOPMENT NEEDS 42
F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE 43
G1. DIVERSITY & CULTURAL COMPETENCE 44
H1. ACADEMIC ADVISING 46
H2. CAREER ADVISING 49
H3. STUDENT COMPLAINT PROCEDURES 50
H4. STUDENT RECRUITMENT & ADMISSIONS 52
H5. PUBLICATION OF EDUCATIONAL OFFERINGS 53
AGENDA 54

Instructional Matrix - Degree & Concentration					
			Campus based	Executive	Distance based
Master's Degrees	**Academic**	**Professional**			
Generalist		MPH	MPH		

INTRODUCTION

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Texas Tech University Health Sciences Center MPH program. The report assesses the program's compliance with the *Criteria for Schools of Public Health and Public Health Programs, amended October 2016*. 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 2018 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 school and verify the self-study document.

Texas Tech University Health Sciences Center was originally Texas Tech University School of Medicine, established in 1969 and currently enrolls 4,625 students across multiple campuses. The university has five degree granting schools, including the following: School of Nursing, School of Allied Health Sciences, School of Pharmacy, Graduate School of Biomedical Sciences and School of Medicine.

The Department of Public Health in the Graduate School of Biomedical Sciences was established in 2014. The department has established campuses in Lubbock and Abilene, Texas. The cities of Lubbock and Abilene are located in west Texas, which comprises 131,000 square miles and 12% of the population of the State of Texas. The region is a predominately rural area.

The program currently enrolls approximately 65 students in its MPH degree program. Thirty MPH and 28 MPH/MD students complete coursework on the Lubbock campus and seven MPH students complete coursework on the Abilene campus. The program employs seven primary faculty and 21 total faculty.

This is the program's initial accreditation review.

A1. ORGANIZATION & ADMINISTRATIVE PROCESSES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Designates appropriate committees or individuals for decision making, implementation		This relatively young program has established a somewhat complex infrastructure to govern itself. There are 13 committees and two sub-committees. The committees vary widely in scope and function, ranging from policy and curricular oversight to specific implementation tasks, such as the Graduation Event Organizing Committee. The Policy Development Committee is responsible for approving program policy proposals from other committees and, similarly, the Curriculum Committee reviews and approves curricular-related proposals. Major curriculum changes must also be reviewed and approved at the level of the Graduate School of Biomedical Sciences. Through the existing committee structure and the monthly all-faculty meetings, the program is able to ensure opportunities for faculty and student representatives to have input into program development, implementation and evaluation. Onsite, the team learned of several ways in which the committees have functioned in facilitating decision making. For several of the committees, the self-study notes that the program has neither minima nor maxima in required membership and members are drawn from the interested faculty. While, thus far, this process has resulted in adequate coverage, moving forward, the program may find that competing priorities may make this approach challenging.	Click here to enter text.	The Council noted that the site visit team did not identify an area of commentary and acted to change this criterion's finding from met with commentary to met.
Faculty have opportunities for input in all of the following: • degree requirements • curriculum design • student assessment policies & processes • admissions policies & decisions • faculty recruitment & promotion • research & service activities				
Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program				

A2. MULTI-PARTNER SCHOOLS & PROGRAMS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

A3. STUDENT ENGAGEMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Students have formal methods to participate in policy making & decision making		With a few understandable exceptions, students are represented in the program's committees and thus, have a clear forum for input into the governance process. The program strives to ensure that the student committee members represent both campuses (Abilene and Lubbock) as well as both degree types (MPH and MD/MPH). When asked about the larger student body communicating to and from the committee through the student representatives, students told site visitors that the process works well, noting that it is a small program and students know their representatives and have ready access to them. In addition to the formal committee structure, both faculty and students conveyed the sense of an informal, yet effective, system for student feedback that results from faculty "open-door" policies. This system works well in smaller programs, but as the program prepares for	Click here to enter text.	The Council determined that the program's lack of documentation that establishes the rights and obligations of students in program governance warranted a finding of met with commentary. The Council acted to change the finding from met to met with commentary.
Students engaged as members on decision-making bodies, where appropriate				

		growth--increasing the number of students and enrolling online students--some of those informal opportunities for student-faculty interaction may diminish. Overall, site visitors learned from faculty and students that student input is sought and highly valued. Several students mentioned the openness of the faculty and their willingness to heed suggestions, citing examples of feedback that was given and the resulting changes that were made. Through the Student Public Health Association (SPHA), the students also have their own organization that functions largely as a community service and student support body. For example, the SPHA has hosted a citywide immunization fair in Lubbock and hosted a sexual education booth at the TTU health fair. Until November 2017, SPHA was a single entity with students on both campuses, but the campus organizations have since separated. Onsite, the team learned that the separation was prompted by a desire to better meet the needs of each campus' student body and to recognize and honor the communities they represent. It was felt that student buy-in would increase as a result of that decision. At present, the groups cooperate and work collaboratively on some activities while also allowing for community-specific programming. The program lacks written documentation that establishes the rights and obligations of students in program governance. The Graduate Student Association's constitution was offered to the team in response to this criterion, but that document does not specify participation in decision making as a function.		

A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

B1. GUIDING STATEMENTS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines a vision, mission statement, goals, statement of values		The program's vision is "Healthy lives for all people" and the mission is to "Prepare innovative leaders to improve the health of populations through community involvement, interdisciplinary training and education, research, service and practice." Both of these statements accurately represent the tone and intentions of this program, as described at the site visit. The program identified three goals that detail how it will meet its defined mission: 1. Prepare and educate innovative leaders to	Click here to enter text.	The Council reviewed the team's finding against the narrative information presented by the team supporting the finding of partially met. The self-study provides evidence for the assertion that the program has been able to achieve and define sufficient direction from the guiding statements as written. The statements could be expressed in a more specific way, but the
Taken as a whole, guiding statements address instruction, scholarship, service				
Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success				

Guiding statements reflect aspirations & respond to needs of intended service area(s)		advance rural public health. 2. Engage the community as key stakeholders to promote public health. 3. Encourage the discovery of scientific knowledge in public health. The program defines innovative leadership as the ability to assess community needs and to design appropriate solutions with the community. It is clear from the self-study and comments made to the site visitors that the program's primary focus is and has been the improvement of health status in rural West Texas. However, the site visit team also heard that the program would like to grow beyond that more limited scope to meet the needs of other constituents; hence, program stakeholders identified an interest in being less prescriptive in the terms used in guiding statements. The program identified the parallels between the needs of rural and global health, specifically barriers of distance, lack of resources and cultural norms. That being said, it is clear from the students, alumni and community representatives that the program is viewed as one in which the needs of rural West Texans are the priority. In conversation with the site visit team, the program noted that population characteristics, such as an aging population, specific to their community are not being addressed in the program's curriculum. The concern relates to the fact that neither the vision nor mission appear to be sufficiently detailed to provide the clarity and specificity that would allow the program to guide the work that they do, inform stakeholders of their priorities, allocate resources or guide evaluation efforts.		Council found that the totality of the evidence suggests that this finding should be changed from partially met (as noted in the team's draft report) to met.
Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of outcomes				

B2. GRADUATION RATES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & accurately presents graduation rate data for each public health degree offered		The program collects graduation rate data for all master's students. The maximum time to graduation is six years. Students whose graduate study is interrupted by military service will be granted an extension of time for the period of their military service, not exceeding five years. As of spring 2018, there are no active duty military students. The program uses the advising process to ensure that all students, in particular part-time students, receive guidance on their degree plan to ensure on-time graduation for all students. No cohort has yet reached the maximum time to graduation. Currently, the first cohort is in year four and has a graduation rate of 48%. If the remaining 12 students complete the program in the next two years, the graduation rate for the first cohort would be 89.5%. The program notes that 13 of the original 29 students in the first cohort are MD/MPH students in their fourth year of medical school. These students are expected graduate upon completion of medical school in 2018, and there has been no attrition among this population. The second cohort, in year three, has a current graduation rate of 60% and a potential rate of 90%. The third cohort, in year two, has a current graduation rate of 6% and a potential graduation rate of 90.3%. The fourth cohort, in year one, has a 0% graduation rate and a potential graduation rate	Click here to enter text.	Click here to enter text.
Achieves graduation rates of at least 70% for bachelor's & master's degrees, 60% for doctoral degrees				

		of 100%.		

B3. POST-GRADUATION OUTCOMES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & presents data on graduates' employment or enrollment in further education post-graduation for each public health degree offered		The program surveyed its first alumni for post-graduation outcomes via email after they graduated in May 2016. Alumni were originally surveyed in May 2016 and were followed up with in September 2016 and January 2017. Of the seven alumni surveyed, six were employed and one was enrolled in continuing education, resulting in a post-graduation outcomes rate of 100%. The program graduated 23 students in academic year 2016-2017. Of these students, 43.5% (n=10) are employed, 39.1% (n=9) are enrolled in continuing education, 8.7% (n=2) are actively seeking employment and 4.3% (n=1) are unknown. Additionally, the program classifies one graduate as "unwillingly unemployed." The graduate is a DACA recipient who found employment but was unable to obtain a work permit. These outcomes results in a positive outcomes rate of 82.6%. As of February 2018, the program has graduated four students in academic year 2017-2018. Of these four, two are employed, one is enrolled in continuing education and one is unknown. This data results in a post-graduation outcomes rate of 75%. The program will continue to collect data as students graduate and	Contact information on students is gathered prior to graduation for constant communication, increasing the number of methods used to contact them.	The Council reviewed the text of the team's report, the self-study document, and the program's response. Based on this information, the Council did not identify any issues warranting the team's finding of met with commentary. Therefore, the Council changed the finding to met.
Chooses methods explicitly designed to minimize number of students with unknown outcomes				
Achieves rates of at least 80% employment or enrollment in further education for each public health degree				

		throughout the year.		

B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions		The program administers an alumni survey to each cohort one year post-graduation. The survey was designed by the CEPH coordinator to assess strengths and weaknesses within the program. Open- and closed-ended questions were both used to allow graduates to provide additional comments and detail that will aid in the revision of future surveys. The survey was circulated among the faculty for comment and revision. It was then distributed to alumni via Qualtrics. At least five attempts, including the use of follow-up emails, are made to elicit a response from each graduate. In May 2017, six of the seven May 2016 alumni responded to the survey. The survey was based on the program's curriculum before the adoption of the competencies required in the 2016 Accreditation Criteria. The survey required respondents to rate their agreement with the statements: • The MPH program content supported my professional or educational goals. • The MPH program content helped me achieve the competencies set forth by the program.	Survey has been reformatted to attempt to capture more useful data.	Click here to enter text.
Documents & regularly examines its methodology & outcomes to ensure useful data				
Data address alumni perceptions of success in achieving competencies				
Data address alumni perceptions of usefulness of defined competencies in post-graduation placements				

		Additionally, the survey asked, “If you were employed before entering the program, did you receive a promotion as a result of graduation?” The results of this survey found that of the six respondents, three “strongly agreed,” one “somewhat agreed” and two were neutral that the program helped them achieve the program’s defined competencies. Additionally, one respondent received a promotion as a result of having completed the MPH degree. In November 2017, five of the six alumni responded to the survey. This survey was adjusted to include questions to measure alumni perceptions of success in achieving each of the competencies defined in the 2016 Accreditation Criteria. Graduates are asked to rate their abilities related to each competency. The scale includes • Proficient: I am very comfortable, am an expert, or could teach this competency to others • Knowledgeable: I am comfortable with my knowledge or ability to apply the competency • Aware: I have heard of, but have limited knowledge or ability to apply the competency • None: I am unaware or have very little knowledge of the competency. The results of the survey found that 100% of respondents “strongly agreed” that the program helped them to achieve the defined competencies. When ranking the individual competencies, no respondents selected “neutral.” The majority of respondents selected “proficient” or “knowledgeable.” The majority of respondents selected “aware” for foundational competency #3, “Analyze quantitative and qualitative		

		data using biostatistics, informatics, computer-based programming and software, as applicable." The commentary relates to limitations on the current survey's usefulness in assessing alumni perceptions of their ability to apply competencies in their careers after graduation. While faculty and staff stated that they expect graduates to respond to the survey with their role as public health professionals in mind, this expectation is not explicit in the survey questions. The program may consider more explicitly eliciting data about the usefulness of the skills attained as part of the curriculum.		

B5. DEFINING EVALUATION PRACTICES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Defines sufficiently specific & appropriate evaluation measures. Measures & data allow reviewers to track progress in achieving goals & to assess progress in advancing the field of public health & promoting student success		This is a new program, and the evaluation processes are clearly nascent. The evaluation measures that were presented provide a fair set of benchmarks to use as the program begins its work. The program's measures and evaluation practices will likely develop over time and with use. For the first goal, related to educating innovative leaders to promote rural public health, the program identified six measures including those related to incorporating new research and practice findings into coursework, supporting faculty and student participation and conferences to learn innovative teaching strategies and satisfaction with workforce preparation. The program director, in collaboration with the assessment and	Click here to enter text.	Click here to enter text.
Defines plan that is ongoing, systematic & well-documented. Plan defines sufficiently specific & appropriate methods, from data collection through review. Processes have clearly defined responsible parties & cycles for review				

		curriculum committees are responsible for reviewing these measures. Site visitors noted that the measures identified are not specific to the goal's stated intention of preparing students in rural public health. For the second goal, related to community engagement, the program identified four measures related to the involvement in community partners with the program. These measures are primarily reviewed by the APE director and the Community Advisory Board. For the third goal, related to research, the program identified three measures including those identifying faculty publications and participation in professional development. The Assessment Committee chair, department chair and department business administrator are responsible for reviewing these measures. The site visit team noted that these measures allow the program to assess progress in advancing the field of public health and promoting student success. Additionally, responsibility for the review of the measures is appropriately dispersed amongst leadership, committees and the community advisory board. The commentary refers to the need for more specificity in outcome measures to help guide decision-making and to allow stakeholders to effectively participate in program evaluation. In addition, some components of the evaluation system are still in development and others have only recently been implemented.		

B6. USE OF EVALUATION DATA

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Engages in regular, substantive review of all evaluation findings, including strategic discussions. Clear evidence that process is regularly implemented as described		The site visit team was able to observe that the program's governance committees meet regularly, make decisions and act upon them. While many processes and data collection instruments have been designed, there have been limited opportunities for the program to assess the system and its effectiveness. Nevertheless, the site visitors heard of examples of ways in which data were used to make changes through the formal systems the program has designed. For example, the employers surveyed by the program identified a need for employees with an increased competency in written communication, including the ability to conduct literature reviews, write abstracts and assist with grant proposals and publications. As a result of this feedback, the program included its advisory board in the design and addition of GSPH 5230 Scientific Writing and Communication in Public Health. The team also learned of examples of program improvements that came through informal mechanisms. In particular, the program cited informal feedback from students as an important tool in making changes to the program. In addition to open office drop-ins and email communication, the program hosts a finals week breakfast which provides students with an informal opportunity to offer feedback to the program to help its growth and improvement.	Click here to enter text.	Click here to enter text.
Translates evaluation findings into programmatic plans & changes. Provides specific examples of changes based on evaluation findings				

C1. FISCAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Financial resources currently adequate to fulfill stated mission & goals & sustain degree offerings		The department has an established budget process that is fully integrated within TTUHSC budgetary system. This system provides resources to the department from the university administration, as well as special funds provided by the Texas legislature. Additionally, the program enjoys a 100% return rate on tuition, distance education fees, out of state fees and other instructional sources of revenue. For the three-year reporting period of 2015-2017, annual reported revenues, carry-over and gift funds have exceeded expenses each year. These funds are sufficient to fulfill the mission, goals and degree offerings. The current financial support is both adequate and stable to sustain the program. The state provides a menu of investments into the department through Educational and General funds. The state funding formula is based on the number of students, area of study and other supplements; faculty salaries are fully guaranteed through state appropriations. Additionally, the Texas Higher Education Coordinating Board Special Line Item currently invests over $1 million per year into DPH faculty recruitment, salaries and operations. The program has received a single donation of $25 million to support facilities and operational needs. The commentary relates to the department's reliance on state funding. While current state and university	Click here to enter text.	Click here to enter text.
Financial support appears sufficiently stable				

		investments and support are generous, the department may consider securing other forms of recurring income, such as grants, contracts and fee-for-service training or practice activities. The self-study narrative reported that primary faculty have secured over $1.6 million in grant funding, however only $23,364 in grants and contracts were formally recorded into the DPH accounting system during the reporting period (2015-2017).		

C2. FACULTY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
School employs at least 21 primary instructional faculty (PIF); or program employs at least 3 PIF		The program faculty includes seven PIF and 14 non-PIF. The self-study documents that it surpasses the minimum expectations defined for this single concentration program: each of the three PIF listed in the self-study contributes 1.0 FTE to the program. Primary faculty FTE includes teaching, research and administrative roles. Full-time, primary faculty are expected to be the instructor for three courses. Non-primary faculty are grouped into three categories: 1. Faculty with <50% time allocated to the program. These faculty receive funding for a specific percentage of their time. They are on a two-year review cycle and teach, conduct research and perform administrative duties. For these faculty,	Click here to enter text.	Click here to enter text.
3 faculty members per concentration area for all concentrations; at least 2 are PIF; double-counting of PIF is appropriate, if applicable				
Additional PIF for each additional degree level in concentration; double-counting of PIF is appropriate, if applicable	*NA*			
Ratios for general advising & career counseling are appropriate for degree level & type				

Ratios for MPH ILE are appropriate for degree level & nature of assignment		one semester credit is equal to 0.1 FTE 2. Faculty that are <0.5 FTE, primarily teach and are paid per course. These faculty are reviewed annually. 3. Unpaid, volunteer faculty The program's average advising load is 12:1. Each advisor is responsible for between four and 23 advisees. Advising loads are larger at the Lubbock campus due to the larger student population. Additionally, the program prioritizes matching advisors and advisees in the same location. PIF serve as the primary advisors for the program. While the department chair advises the majority of MD/MPH students due to her relationship with the School of Medicine, other advisors have taken on some of these students to keep advising loads in the desired range. For the fall 2017 semester, advising for the ILE is assigned based on the option selected by the student. Students who select the project option or the thesis option are assigned faculty advisors. For the project option, the average advising load is 2:1, the minimum load is one and the maximum is four. For the thesis option, the average advising, minimum and maximum loads are each one. The program surveyed the current student body (n=68) about perceptions of faculty availability and class size, and the response rate was 56% (n=38). The program has defined plans to increase the response rate going forward. For example, the program will target students upon registration for the APE and work with the student association to publicize the survey. Of those who responded, the majority expressed satisfaction with class size and its relation to learning and faculty availability.		
Ratios for bachelor's cumulative or experiential activity are appropriate, if applicable	*NA*			
Ratios for mentoring on doctoral students' integrative project are appropriate, if applicable	*NA*			
Students' perceptions of class size & its relation to quality of learning are positive				
Students are satisfied with faculty availability				

		The students responded to Likert scaled questions and rated each statement on a 1-5 scale. For the statement "In general, class sizes in the MPH program have been conducive to learning," 71.1% (n=27) of respondents strongly agreed, 21.1% (n=8) somewhat agreed, 5.3% (n=2) were neutral and 2.6% (n=1) strongly disagreed. For the statement "In general, faculty for the MPH courses have been available for consultation," 47% (n=18) strongly agreed, 34% (n=13) somewhat agreed, 16% (n=6) were neutral and 2.6% (n=1) strongly disagreed. The program noted that there was no opportunity for respondents to provide comments to elaborate on their neutral or dissatisfied responses. The program plans to adjust the survey to allow for narrative responses in the future. In addition to the data collected through the survey, the program conducted a focus group with eight students to assess their perceptions of advising. The focus group was held on April 11, 2017. The group described some challenges in communication related to advising, with some students not knowing who their advisor was for the first few months of the program. Some students were unaware of the need to complete intent to graduate forms and to submit graduation and thesis fees. While this information is available on the program's website, students suggested a checklist of topics for advisors to use to guide advising sessions. Student and alumni who met with the site visit team reported satisfaction with faculty resources. Faculty were described as readily available to students as both		

		instructors and advisors.		

C3. STAFF AND OTHER PERSONNEL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Staff & other personnel are currently adequate to fulfill the stated mission & goals		Staff and other personnel exist in sufficient numbers to fulfill most departmental needs. The Lubbock campus employs approximately 4.85 FTE while Abilene has 4.0 FTE. The range of staff functions encompasses student services, information technology and administrative duties, among others. These support personnel are augmented by numerous part-time graduate assistants. While some staff are shared with GSBS, current staffing is consistent with the needs of DPH. There is a commitment, confirmed by on-site interviews with administration, to reduce the staff sharing arrangement as a function of growth, and to fill openings that currently exist. The commentary relates to grants coordination staff. The need for staff to support grants and contract coordination was identified by the self-study and confirmed during on-site interviews. The self-study and interviewed administrators indicate that such a person will be hired in the near future. Efforts to increase externally funded resources will benefit from staff, who understand and can navigate public and private public	Click here to enter text.	Click here to enter text.
Staff & other personnel resources appear sufficiently stable				

		health funding streams.		

C4. PHYSICAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Physical resources adequate to fulfill mission & goals & support degree programs		The department has sufficient physical resources to fulfill its mission and to support its degree programs. The program supports activities on two campuses (Lubbock and Abilene). The Lubbock campus provides over 1 million square feet and 32 classrooms accessible to the department. There are currently four faculty offices and staff offices in general proximity to faculty. This arrangement is sufficient for existing faculty and staff but leaves little room for growth. To accommodate space demands, the department has a university commitment to relocate to the 2nd floor of the Health Professions and Nursing School in 2019, as on-campus building construction creates vacancies in that location. The Abilene campus has a newly constructed building, which provides approximately 75,000 square feet including allocations for 12 department faculty offices, five staff offices and space for a receptionist. The building also provides classrooms, wet labs, student break rooms and executive conferencing.	Click here to enter text.	Click here to enter text.
Physical resources appear sufficiently stable				

C5. INFORMATION AND TECHNOLOGY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Adequate library resources , including personnel, for students & faculty		Information and technology resources are adequate for faculty, students and staff. TTHUSC provides training, use of library resources and other learning resources through personnel employed in the university's Information Technology Division. Health sciences are supported by three main libraries, which are physically located Lubbock, Amarillo and Odessa. Services provided by these libraries are available to all users on any campus and accessible to distance education students. IT leadership is provided by the President's Executive Council, with responsibility assigned to a vice president for information technology and chief information officer. Under their direction, an IT Division provide orientations, support and miscellaneous training university wide. Department faculty are encouraged to utilize the services of the university Teaching Learning and Professional Development Center, which provides capacity building for a broad menu of software programs, including those intended to advance the practice of on-line learning. The university maintains corporate agreements with Microsoft and McAfee, which make virtual office products and virus protection available to faculty, staff and students. E-learning is mediated through a corporate agreement with Respondus. Technology oriented research surveys are supported enterprise-wide through Vovici EFM.	Click here to enter text.	Click here to enter text.
Adequate IT resources, including tech assistance for students & faculty				
Library & IT resources appear sufficiently stable				

		DPH library users have access to over 22,000 electronic journals, almost 90,000 electronic books, roughly 550 electronic databases and almost 3800 open access journals. Interviewed faculty and staff reported satisfaction with technology support.		

D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Ensures grounding in foundational public health knowledge through appropriate methods (see worksheet for detail)		The program requires all students to take GSPH 5313, Introduction to Public Health (History and Current Trends). This course is designed to address the history of public health, the successes and challenges faced by public health professionals and current trends of public health in the United States. The program designed this course to cover the required foundational knowledge areas. Site visitors reviewed the course syllabus and ensured grounding in the foundational knowledge areas. The curriculum demonstrates grounding through a combination of lectures, discussion questions and exams.	Click here to enter text.	Click here to enter text.

D1 Worksheet

(CNV = Could not validate)

Foundational Knowledge	**CNV/Yes**
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes
3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the school or program	Yes
5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (eg, One Health)	Yes

D2. MPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail)		The site visit team reviewed the program's curriculum and assessment opportunities for each of the required foundational competencies. In order for assessments to be plausible, reviewers expect that there would be some indication in the syllabus of didactic content (eg, lectures, readings) that prepare students in the skills on which they will be assessed. During on site interviews with the faculty, the site visit team was able to obtain additional detail related to some competencies that enable the team to validate the competency was assessed. For example, competency statement 17 is assessed in GSPH 5310, Management and Policy Sciences. The team confirmed a lecture on the syllabus that prepares students on negotiation skills. The students are expected to then use two case studies as the basis for a negotiation. Students are assessed via a self-reflection paper detailing their experience and analyzing their negotiation style. The concern relates to the assessment of all students at least once on their ability to demonstrate each of the foundational competencies. The site visit team was unable to validate didactic preparation, and/or an assessment activity for competencies 10, 16, 21 or 22 (see D2 Worksheet for competency listing).	The program is actively working with faculty to strengthen assessment of competencies in course work, the APE, and the ILE.	Click here to enter text.

		In some cases, the syllabi do not provide sufficient detail to confirm didactic preparation in the competency topics areas. For example, site visitors were unable to verify didactic preparation in budgeting tools required in competency statement 10. For the other competencies mentioned above, while the general content related to the competency was clearly presented in a program course, the assessment activity did not adequately address all aspects of the competency statement. The first example relates to competency statement 16. The site visit team identified various readings and lectures related to leadership and related skills, however the assessment opportunities identified tested student knowledge in the area, not their ability to apply the skills. The second example relates to competency statement 21. On site, faculty identified GSBS 5000 Interprofessional Collaborative Practice as a not for credit requirement in the first semester of the program that fulfills the required competency. While reviewers were able to confirm didactic preparation in interprofessional education and practice, there is no evidence of how individual students are assessed on the application of these approaches. In the third example, while students do have a required reading in systems thinking, there is no assessment of students' application of any specific tools to a public health issue.		

D2 Worksheet

(CNV = Could not validate)

MPH Foundational Competencies	**CNV/Yes**
1. Apply epidemiological methods to the breadth of settings & situations in public health practice	Yes
2. Select quantitative & qualitative data collection methods appropriate for a given public health context	Yes
3. Analyze quantitative & qualitative data using biostatistics, informatics, computer-based programming & software, as appropriate	Yes
4. Interpret results of data analysis for public health research, policy or practice	Yes
5. Compare the organization, structure & function of health care, public health & regulatory systems across national & international settings	Yes
6. Discuss the means by which structural bias, social inequities & racism undermine health & create challenges to achieving health equity at organizational, community & societal levels	Yes
7. Assess population needs, assets & capacities that affect communities' health	Yes
8. Apply awareness of cultural values & practices to the design or implementation of public health policies or programs	Yes
9. Design a population-based policy, program, project or intervention	Yes
10. Explain basic principles & tools of budget & resource management	CNV
11. Select methods to evaluate public health programs	Yes
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics & evidence	Yes
13. Propose strategies to identify stakeholders & build coalitions & partnerships for influencing public health outcomes	Yes
14. Advocate for political, social or economic policies & programs that will improve health in diverse populations	Yes
15. Evaluate policies for their impact on public health & health equity	Yes
16. Apply principles of leadership, governance & management, which include creating a vision, empowering others, fostering collaboration & guiding decision making	CNV
17. Apply negotiation & mediation skills to address organizational or community challenges	Yes
18. Select communication strategies for different audiences & sectors	Yes
19. Communicate audience-appropriate public health content, both in writing & through oral presentation	Yes
20. Describe the importance of cultural competence in communicating public health content	Yes
21. Perform effectively on interprofessional teams	CNV
22. Apply systems thinking tools to a public health issue	CNV

D3. DRPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D4. MPH & DRPH CONCENTRATION COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Defines at least five distinct competencies for each concentration or generalist degree in MPH & DrPH. Competencies articulate an appropriate depth or enhancement beyond foundational competencies		The program defines five program-specific competencies for the MPH degree. 1. Characterize the unique challenges of the public health frontier including issues of diversity, scarcity, adversity and need. 2. Use innovative problem-solving to impact the public health frontier 3. Apply ethical principles to public health practice, research, program planning, implementation and evaluation. 4. Demonstrate approaches for assessing, preventing and controlling environmental and occupational health hazards that pose risks to human health and safety. 5. Use theory- informed models for rural community engagement. The program identified an assessment for each competency. However, reviewers were unable to identify appropriate didactic preparation in and/or assessment of	Click here to enter text.	Click here to enter text.
Assesses all students at least once on their ability to demonstrate each concentration competency				
If applicable, covers & assesses defined competencies for a specific credential (eg, CHES, MCHES)	*NA*			

		all competency statements. The concern relates to the inadequate assessment of competencies two and three. The syllabi alone did not provide sufficient information to allow reviewers understand how the listed activities assess all aspects of a given competency. For example, for competency two, the syllabus for GSPH 5310 describes the assignment "Op-Ed of a health policy issue" as a paper on an issue of the student's choice that must include a position on the issue and the role of structural bias, social inequities and racism. Neither the syllabus nor the associated grading rubric demonstrate a connection to either innovative problem solving or the public health frontier, key components of concentration competency statement two. For concentration competency statement three, didactic preparation of ethical principles was clearly present on the syllabi, but there was no assessment of the defined skill. The CITI module was described to the site visit team as a knowledge check. However, the faculty recognized that each student was not assessed in the application of those theories in any of the settings listed in the competency statement.		

D5. MPH APPLIED PRACTICE EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
All MPH students produce at least 2 work products in appropriate applied practice settings		Applied practice experiences (APE) are selected in consultation with each student's advisor and the APE director. During the site selection process, students develop a competency matrix to guide selection of the foundational and other relevant competencies they aim to address. The preceptor receives a copy of the competency matrix to assist in assessing performance and progress. A review of sample files demonstrate that the applied practice experience is performing as designed. Work products reviewed from a menu of completed APEs suggest a high degree of integrity in the applied experience process. Interviewed students and preceptors expressed satisfaction with the system as it is currently designed and implemented; all parties stressed a focus on achievement of foundational and concentration competencies. An interviewed MD/MPH student expressed satisfaction with her international APE, which effectively blended learning from both academic programs. Interviewed students conveyed their satisfaction with the range of APE opportunities and felt that academic advisors alerted them to, and provided them with customized APEs aligned with their interests. For example, students reported participating in remote internships with the federal government and with an	Click here to enter text.	Click here to enter text.
Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies				
All students demonstrate at least 5 competencies, at least 3 of which are foundational				
If applicable, combined degree students have opportunities to integrate & apply learning from both degree programs				

		unbiased vaccination website.		

D6. DRPH APPLIED PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D7. MPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Students complete project explicitly designed to demonstrate synthesis of foundational & concentration competencies		The program allows students to choose among a thesis, project, comprehensive case-based essay examination and a capstone course, although, thus far, students appear to prefer the exam option. Each of the ILE options is designed to assess specified competencies that are selected jointly between faculty and students. Alumni who took the exam were very satisfied with it. One graduate even commented that it was the highlight of the program. Students who completed projects were also excited about the ILEs that they completed and felt proud of the contributions they made to public health.	Click here to enter text.	Click here to enter text.
Project occurs at or near end of program of study				
Students produce a high-quality written product				
Faculty reviews student project & validates demonstration & synthesis of specific competencies				

If applicable, combined degree students incorporate learning from both degree programs		The commentary relates to the sustainability of the comprehensive case-based examination. The most popular ILE, the examination is a time-intensive undertaking and requires the faculty to design a case for each student that matches his/her interests and relates to selected competencies. Currently, multiple faculty are involved in exam writing. As the program grows, preparing and grading that examination may prove to be a significant strain on limited faculty time.		

D8. DRPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D12. PUBLIC HEALTH BACHELOR'S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D13. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D14. MPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
MPH requires at least 42 semester credits or equivalent		All students matriculating in fall 2017 and later must complete a 45-credit hour curriculum. Prior to fall 2017, all students completed a 42-credit hour curriculum. MD/MPH students complete all of the required MPH	Click here to enter text.	Click here to enter text.

		courses. The 12 elective credits can be completed in the school of medicine. The department chair explained that at the beginning of each semester the MD/MPH committee selects the school of medicine courses that will be allowed to count as MPH electives.		

D15. DRPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D16. BACHELOR'S DEGREE PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D17. ACADEMIC PUBLIC HEALTH MASTER'S DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D18. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D19. ALL REMAINING DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D20. DISTANCE EDUCATION

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

E1. FACULTY ALIGNMENT WITH DEGREES OFFERED

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Faculty teach & supervise students in areas of knowledge with which they are thoroughly familiar & qualified by the totality of their education & experience		The PIF complement includes seven doctorally-prepared faculty, across all ranks. There are two full professors (one tenured and one on the tenure-track), one tenured associate professor and four professors at the assistant rank on the tenure-track. Three of the faculty have	Click here to enter text.	Click here to enter text.

Faculty education & experience is appropriate for the degree level (eg, bachelor's, master's) & nature of program (eg, research, practice)		professional public health graduate degrees (DrPH and MPH). All PIF are highly qualified and teach in their areas of expertise. The program has also assembled a sizable non-PIF complement who represent a wide diversity of disciplinary perspectives and clearly have value to the program. Many of the non-PIF are involved in program instruction and are well-qualified to teach in those areas. The site visitors met non-PIF and were able to recognize that they are heavily involved in the program and are virtually indistinguishable from the PIF in terms of their knowledge of and commitment to the MPH program.		

E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Employs faculty who have professional experience in settings outside of academia & have demonstrated competence in public health practice		Primary and adjunct faculty generally possess strong practice experience in clinical and prevention settings. Their experience includes time spent in public health nursing, maternal and child health programming, mental health and HRSA-funded Area Health Education Centers, among others. The department retains guest lecturers from the practice community as needed for relevant subject matter expertise.	Click here to enter text.	Click here to enter text.
Encourages faculty to maintain ongoing practice links with public health agencies, especially at state & local levels				
Regularly involves practitioners in instruction through variety of methods & types of affiliation				

E3. FACULTY INSTRUCTIONAL EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Systems in place to document that all faculty are current in areas of instructional responsibility		A newly developed policy (dated April 2017) requires all PIF and non-PIF faculty to document annually their membership in at least one salient professional association, their participation on at least eight hours of professional development training and, when applicable, their maintenance of certification. Faculty record these activities in their CVs and the online Digital Measures portal. Compliance with these requirements is evaluated during the annual faculty evaluation process. Faculty instructional effectiveness is assessed using data from peers and students. Both of those processes have standardized instruments that will allow the program to systematically capture data for use in evaluation. Faculty are required to invite one other faculty member to observe one lecture that they provide in their own course each year. In addition, faculty may solicit peer feedback from instructors in whose courses they provide guest lectures. One such guest lecture peer review per year is also recommended. The second source of data is student anonymous feedback. While the program provides an incentive in the way of a raffle for completion of end of term evaluations, student feedback is not compulsory. However, the program reported a 70% response rate in spring 2017 and 66% in summer 2017. Students also have the opportunity to provide feedback on faculty who provide	Click here to enter text.	Click here to enter text.
Systems in place to document that all faculty are current in pedagogical methods				
Establishes & consistently applies procedures for evaluating faculty competence & performance in instruction				
Supports professional development & advancement in instructional effectiveness for all faculty				

		guest lectures in their courses. Both the peer and student evaluation data are components of the annual faculty evaluation process. In addition, faculty are required to prepare a response to course evaluations within two weeks. The response is submitted to the school's course evaluation committee. The faculty tenure and promotion guidelines clearly and explicitly speak to the importance of teaching in advancement at the university. Teaching evaluations are seen as an integral factor in those decisions. The program faculty have opportunities and support for professional development in instructional effectiveness. Several of the PIF faculty have attended workshops that address their teaching roles. One example was provided of non-PIF attending training that was delivered online. Onsite, the faculty expressed satisfaction with the development opportunities that they were afforded.		

E4. FACULTY SCHOLARSHIP

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Policies & practices in place to support faculty involvement in scholarly activities		Productivity as a scholar is a component of the faculty tenure and promotion guidelines. However, there are no specific requirements with respect to quantity of the output. New faculty receive a $10,000 startup package. All faculty are able to compete for seed grant funding, although no such funding was noted thus far. Faculty	Click here to enter text.	Click here to enter text.
Faculty are involved in research & scholarly activity, whether funded or unfunded				

Type & extent of faculty research aligns with mission & types of degrees offered		have access to university-level research institutes that can provide support and data for secondary analysis. While it is clear to the site visitors that the faculty value scholarship and are engaged in such, it is also evident that much of their time is, and has been, devoted to program development. While on site, the team heard of plans for the online and executive programs in the coming year and possible additional concentrations and transition to a school of public health as longer-term goals. The commentary relates to the reality that with the program's ambitious curricular and administrative development goals, faculty, especially the junior faculty, will need to have protected time to pursue their research agendas and contribute to the scholarly output of the program. The program has noted that all of the PIF have participated in funded or unfunded research over the past three years. The program's goal is 21 articles per year. There were 15 in 2014-15, and the program has been much more successful with 22 and 20 in the past two academic years. The faculty complement has grown over that time and so the output per faculty member, rather than total output, may be a better metric. Another outcome measure is the number of community-based research projects with a target of seven (currently one per faculty member). Over the past three years, the program has shown consistent improvement with four, six and 11 projects per year, respectively. Again, faculty size has varied over time, and the number of projects per		
Faculty integrate their own experiences with scholarly activities into instructional activities				
Students have opportunities for involvement in faculty research & scholarly activities				

		faculty may be more informative in terms of evaluating success. The program faculty have engaged selected students in their scholarly activities, and students were clearly excited about those opportunities.		

E5. FACULTY EXTRAMURAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines expectations for faculty extramural service		While the university and department possess expectations for extramural service, the university defers to the department for the responsibility for defining expectations and subsequent measurement. The department maintains broad rubrics under which service recognition can be attained: 1) participation in professional organizations; 2) leadership in service and practice and/or as recognized by award or honor; and 3) scholarly contributions to the practice community. All primary faculty are involved in extramural service, and service is reportedly an important criterion in the retention, tenure and promotion (RTP) process. Examples include the development of policy briefs for legislators, participation in local immunization programs and community health worker capacity building. A department faculty member received the President's Excellence in Community Engagement award in 2016. The department is relatively new and does not have sufficient experience with the tenure and promotion	Click here to enter text.	Click here to enter text.
Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means				

		application and review processes to properly assess the practical impact of service; only one department faculty has applied for, and successfully achieved, promotion in the last three years. The dean affirmed the importance of service during the site visit interviews.		

F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Engages with community stakeholders, alumni, employers & other relevant community partners. Does not exclusively use data from supervisors of student practice experiences		The Community Advisory Board (CAB), with representatives from Abilene and Lubbock, effectively represents stakeholder interests in decisions relevant to the department. The CAB meets quarterly to provide insight into the perceived needs of local employers, tender feedback on curricular content and offer other recommendations. CAB members present at the site visit expressed satisfaction in observing their recommendations being put into practice. The CAB was involved in the development of the self-study through participation in formal sub-committees. The Community Advisory Board (CAB) is well-rounded with representatives from banking, media, health departments, manufacturing, and public health agencies, writ large. Interviewed CAB members expressed satisfaction with their contributions to the program and felt that the department listened to their recommendations and incorporated changes to curricula based on that input. For example, the CAB communicated universal concern that graduates might	Click here to enter text.	Click here to enter text.
Ensures that constituents provide regular feedback on all of these: • student outcomes • curriculum • overall planning processes • self-study process				
Defines methods designed to provide useful information & regularly examines methods				
Regularly reviews findings from constituent feedback				

		not possess strong written and verbal communication skills, while students reported that they feel very prepared through enrollment and completion in GSPH 5230 Scientific Writing and Writing in Public Health. The department also uses publicly accessible data, such as outcomes from local area hospital community needs assessments, the ASTHO Public Health WINS survey, and intelligence provided by Area Health Education Centers and the Rural Health Institute. The program conducts annual alumni surveys and focus groups to evaluate graduate perspectives. The program elicits feedback from all constituent groups on student outcomes, curriculum, the overall planning process and the self-study process.		

F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Makes community & professional service opportunities available to all students		Students enjoy a strong Student Public Health Association (SPHA). The SPHA consist of two chapters, one on the Abilene campus and one on the Lubbock campus. On site, students described an array of opportunities available for them to engage in service, locally and internationally. The site visitors noted that students did engage in time sensitive opportunities to provide service during public health surges, such as the recent hurricane season, as some students donated time at local United Way and 2-1-1.	Click here to enter text.	Click here to enter text.
Opportunities expose students to contexts in which public health work is performed outside of an academic setting &/or the importance of learning & contributing to professional advancement of the field				

		The commentary relates to efforts to support and evaluate student service. While professional and community service are generally encouraged, formal systems to routinely promote, support, measure and assess student community and professional service do not currently exist.		

F3. ASSESSMENT OF THE COMMUNITY'S PROFESSIONAL DEVELOPMENT NEEDS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines a professional community or communities of interest & the rationale for this choice		The targeted professional community is the West Texas public health workforce, which provides services to 108 rural/frontier counties. The department collaborated with the university's Institute for Rural and Community Health to conduct a survey (n=12) of local health department continuing professional development needs. These departments represent a majority of the largest local health departments in the TTUHSC catchment area. The provision of continuing education credit for the existing credentialed workforce was identified as a priority, as was training in communicable and infectious diseases. The survey respondents did not express an interest in certificate and degree programs. Additionally, the department benefits from input provided by the Community Advisory Board, which meets quarterly. The team interviewed university administrators, department leadership and CAB members who universally noted that most local health officials do not possess formal education in public health and that	Click here to enter text.	Click here to enter text.
Periodically assesses the professional development needs of individuals in priority community or communities				

		continuing education activities must occur in that context.		

F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Provides activities that address professional development needs & are based on assessment results described in Criterion F3		The department provides limited continuing professional education through Area Health Education Centers, regional conferences and other trainings which reflect faculty expertise and interests, such as capacity building of community health workers. The self-study and interviews with faculty and administrators reflected that the DPH is prioritizing development and implementation of the formal academic curriculum and that professional development of the existing workforce will receive increasing attention after traditional campus-oriented instructional issues have been mastered. The concern is that existing workforce training activities do not always directly respond to the priorities identified in the needs assessment findings outlined in Criterion F3. While a new certificate in public health was initiated in Autumn 2017, it is currently limited in impact with six enrollees.	Click here to enter text.	Click here to enter text.

G1. DIVERSITY & CULTURAL COMPETENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Defines appropriate priority population(s)		The MPH program has articulated a list of several priority populations, namely rural residents, Hispanics, African Americans, foreign-born persons, first-generation college students and untrained public health professionals. It is clear from the self-study and site visit that the program is actively involved in recruitment that would result in attracting rural students. The program has set recruitment and retention goals for faculty and students but not staff. The program just completed its first climate survey in fall 2017. On site, the team learned that the survey was adapted from two existing instruments. While the department has completed an initial review of survey data, it is too soon to determine how those data will be used, although the team understood from faculty that that survey would probably serve primarily as a baseline against which they can measure progress. The climate survey asked respondents to rate their agreement to two statements. When asked to rate the statement, "The TTUHSC DPH environment encourages people of diverse racial, cultural or ethnic backgrounds to meet," 28 of 41 students strongly agreed, 11 somewhat agreed, one neither agreed nor disagreed and one somewhat disagreed. 11 of 16 faculty strongly agreed, two somewhat agreed, one neither agreed nor disagreed and two somewhat disagreed. Five of five staff strongly	Click here to enter text.	Click here to enter text.
Identifies goals to advance diversity & cultural competence, as well as strategies to achieve goals				
Learning environment prepares students with broad competencies regarding diversity & cultural competence				
Practices support recruitment, retention, promotion of faculty (and staff, if applicable), with attention to priority population(s)				
Practices support recruitment, retention, graduation of diverse students, with attention to priority population(s)				
Regularly collects & reviews quantitative & qualitative data & uses data to inform & adjust strategies				
Perceptions of climate regarding diversity & cultural competence are positive				

		agreed. When asked to rate the statement, "TTUHSC DPH is a comfortable place for me," all respondents in all categories either strongly or somewhat agreed. The site visit team noted that students and alumni lauded the program's efforts to achieve a diverse and inclusive program learning environment. The program has made efforts to incorporate issues related to cultural competency throughout the curriculum. Graduates with whom the site visitors met had clearly come away with those values and knowledge, particularly as it relates to rural issues. The first commentary relates to student recruitment strategies to reach the identified priority populations. By virtue of location, the program's efforts to recruit students have and will continue to attract residents of the local rural communities. However, strategies to increase enrollment of students from other designated priority groups are still under development and the program hopes to develop a pipeline for recruitment of minority students. Currently, the program hosts regular social events such as the finals week breakfast, fall research symposium retreat and BBQ and a spring "Diversity Amongst Us" potluck and town hall to encourage student retention. Additionally, the program holds outreach and awareness campaigns at statewide meetings of community health workers with recruitment materials translated into Spanish. The second commentary refers to the program's goals for faculty and staff diversity. There are no specific goals for increasing staff diversity. That group, while small, should		

		also represent the diversity the program hopes to achieve. With respect to faculty, the site visit team recognizes and agrees with the program that the PIF complement is small and as such, specifying goals is difficult. However, without any specific goals in mind, the program does not have any way of determining the direction in which they wish to move and assess whether they are making progress. One of the faculty recruitment goals is to increase the number of faculty with practice experience. This goal, while admirable, does not appear to relate to increasing the representation of faculty within the stated priority populations.		

H1. ACADEMIC ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Students have ready access to advisors from the time of enrollment		MPH students receive academic advising from the program's faculty. Students are assigned to an advisor upon enrollment in the program. They are provided the advisor's name and contact information in their acceptance letters. Students can change advisors if another faculty member's expertise is more aligned with their interests and goals. Students must meet with their faculty advisors before the end of each term. Faculty advisors discuss student progress through the program, including course enrollment. Advisors use DegreeWorks to assist in advising students regarding their specific progress toward degree completion.	Click here to enter text.	Click here to enter text.
Advisors are actively engaged & knowledgeable about the curricula & about specific courses & programs of study				
Qualified individuals monitor student progress & identify and support those who may experience difficulty				
Orientation, including written guidance, is provided to all entering				

students		Faculty advisors may also be the advising contact for students participating in APE and ILE opportunities. Advisors recommend when these requirements should be undertaken and help connect students with faculty best suited to direct a project. Faculty are oriented to academic advising one-on-one and during faculty meetings. Faculty described training as informal and said that training happens on an as-needed basis during faculty meetings. The program does not currently have a faculty handbook. The faculty who met with site visitors said that while a list of topics has been compiled, the handbook itself has not yet been written. Student orientation consists of a broad orientation by GSBS and a department-specific orientation at both the Lubbock and Abilene sites. Faculty and staff are present at the orientation. Students also meet with their faculty advisors and finalize their course schedules for the first semester. Students must also complete online modules as part of their orientation process. All students receive the TTUHSC Student Handbook as part of their orientation materials. Students were surveyed about satisfaction with advising using Qualtrics software on April 5, 2017. The survey had a 56% response rate (n=38). This was the first iteration of the survey. The program plans to continue to administer the survey to students as they register for the APE. The results of these surveys found that 52.6% (n=20) of students strongly agree or agree with the statement, “In general, I am satisfied with the academic advising process.” 21.1% (n=8) reported neither agreeing or		

		disagreeing with the statement. 26.3% (n=10) disagreed with the statement. As a result of the survey, The program conducted a focus group on April 11, 2017 to ascertain why students were dissatisfied with academic advising. The decision to provide advisor information in the acceptance letter resulted from the focus group's feedback. The program also implemented a checklist of topics for advising sessions. Students are also surveyed regarding their satisfaction with academic advising as part of the alumni survey, which is administered one year post-graduation. Two classes (n=13) have been surveyed thus far. Of those who responded, 83.3% (n=5) strongly agreed or agreed that faculty availability for academic advising met their expectations and rated the quality of academic advising as extremely or somewhat good. 16.7% (n=1) of students disagreed that faculty availability for academic advising met their expectations and rated academic advising as extremely bad. Students who met with the site visit team expressed satisfaction with advising. They described their advisors as available and said that their advisors know them well and keep them apprised of opportunities that would suit their interests and backgrounds. Students are paired with advisors who reside on the same campus (ie, Lubbock or Abilene). One student noted that while his advisor switched campuses, he decided to keep his advisor because they had developed such a strong relationship.		

		The commentary relates to a lack of training for academic advisors. There is currently no handbook or other policy to guide training of faculty advisors. As a result, training may vary by faculty member. As the program and its faculty continue to grow, a standardized training might help ensure high quality advising.		

H2. CAREER ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Students have access to qualified advisors who are actively engaged & knowledgeable about the workforce & can provide career placement advice		Faculty advisors serve as the primary source of career counseling for enrolled students. As such, the primary source of career counseling is individualized consultation. Faculty record student career goals during one-on-one sessions and revisit these goals as students progress through the curriculum. The faculty are actively engaged in community service and research, which helps them to stay knowledgeable about the workforce and provide placement opportunities for the APE in students' areas of interest. GSPH 5313, Introduction to Public Health, includes an overview of career options and introduces students to the American Public Health Association and its opportunities for building networking opportunities. GSPH 5304, Introduction to Social and Behavioral Sciences, includes a module on public health career paths in social and behavioral health. In 2016, the program held a career fair. This fair had 15	While we may not have a wide variety of resources available to our alumni, they have a near perfect employment/continuing education rate. We are continually developing in this area. The two chapters of the Student Public Health Association, in coordination with program staff and faculty, coordinated a career event on April 5, 2018, during public health week. The event had 5 public health professionals (3 in Abilene; 2 in Lubbock) talk about their positions and answer questions facilitated by a moderator; the event was broadcast over interactive television on both campuses simultaneously.	The Council noted that the self-study and program's response provide sufficient information to demonstrate minimal compliance, despite the continuing opportunity to provide additional support to alumni. Therefore, the Council changed the team's finding of partially met to met with commentary.
Variety of resources & services are available to current students				
Variety of resources & services are available to alumni				

		employers and 25 students present. While there was no fair in 2017, the next career fair is scheduled for March 2018. Faculty send regular emails to all enrolled students and alumni about career opportunities as they become aware of them. The concern relates to lack of resources and services available to alumni. The faculty said that the resources available to alumni have been limited, in part due to the small number of individuals who have graduated from the program thus far. Alumni did not report being aware of any career counseling services available to them. Additionally, while the program offers individual counseling and the occasional career fair for enrolled student, it may consider providing additional resources to both students and alumni. For example, career advising services can include resume workshops, mock interviews, professional panels, networking events and online job databases.		

H3. STUDENT COMPLAINT PROCEDURES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defined set of policies & procedures govern formal student complaints & grievances		The program has a defined set of policies and procedures to govern formal student complaints and grievances. These policies are published in the TTUHSC Operating	Click here to enter text.	Click here to enter text.

Procedures are clearly articulated & communicated to students		Policies and Procedures, TTUHSC Student Handbook and individual school catalogs. Each of these documents is available on the TTUHSC website. Additionally, the student services website includes a page dedicated to student grievances. This webpage outlines specific categories of complaints and the processes associated with each. These documents are also provided to students during new student orientation. Students registering grade disputes are first encouraged to contact the course instructor. If no resolution is reached, the dispute is next brought to the MPH director and an ad hoc committee of faculty, if needed. If there is no resolution, students file a formal grade appeal at the school level to the assistant dean of student affairs. The next level of appeal is with the senior associate dean. If necessary, a Hearing Committee will be formed. The final level of appeal is with the dean. Most complaints follow a similar trajectory, with the exception of Title IX complaints, which are directed to the Title IX Coordinator of TTUHSC. All formal complaints are recorded by the assistant vice president for student services and designated personnel in each school. These records are kept in Maxient, an online logbook. The program received and resolved five grade appeals in the last three years.		
Depending on the nature & level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate personnel				
Designated administrators are charged with reviewing & resolving formal complaints				
All complaints are processed & documented				

H4. STUDENT RECRUITMENT & ADMISSIONS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Implements recruitment policies designed to locate qualified individuals capable of taking advantage of program of study & developing competence for public health careers		The program conducts recruitment activities at both the Lubbock and Abilene campuses. The department attends graduate recruitment events at local undergraduate institutions. Both campuses also both attend and host additional recruitment events such as the GSBS Annual Recruitment Tour and Dinner, potential student dinners and the Future Healthcare Providers Experience. Program faculty and students also meet with student groups on the Texas Tech University campus such as the Honors College, the College of Human Sciences and the public health law class. Faculty also recruit nursing students and others at local hospital systems and community-wide conferences. Admission to the MPH program requires transcripts from all institutions attended, official GRE scores, two letters of recommendation and a written essay that describes the applicant's interest in, past experience with and future goals related to public health. A personal interview may be requested. All admission requirements are available on the GSBS website. The department's Admissions Committee reviews all applicants on a rolling basis. The program identified applicant GPAs, GRE scores and percentage of under-represented populations as outcome measures for admissions. The program has set	Click here to enter text.	Click here to enter text.
Implements admissions policies designed to select & enroll qualified individuals capable of taking advantage of program of study & developing competence for public health careers				

		targets for each outcome and tracked progress toward those goals in the last three years. The program has a target entering GPA of 3.50. The entering GPA was 3.48 in 2015-2016, 3.21 in 2016-2017 and 3.61 in 2017-2018. The program's target GRE is 306. The GRE score was 297 in 2015-2016, 301 in 2016-2017 and 299 in 2017-2018. The program's target percentage of under-represented populations is 43.2%. The percentage of under-represented populations was 40.1% in 2015-2016, 44.4% in 2016-2017 and 39.1% in 2017-2018.		

H5. PUBLICATION OF EDUCATIONAL OFFERINGS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Catalogs & bulletins used to describe educational offerings are publicly available		All of the catalogs and bulletins used to describe educational offerings are publicly available on the GSBS website. The program's policies, standards and requirements are accurately described on the program's website. All advertising, promotional and recruitment materials include accurate information.	Click here to enter text.	Click here to enter text.
Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements				
Advertising, promotional & recruitment materials contain accurate information				

AGENDA

Texas Tech University Health Sciences Center Public Health Program (PHP) Itinerary

Council on Education for Public Health Site Visit

February 1-2, 2018

Day 1: Thursday, 1 February 2018

8:00 am **Site Visit Team Hotel Pickup**

Michael Mitchell, MPH – *Director of CEPH Accreditation*

8:30 am **Site Visit Team Request for Additional Documents**

Tracy Miller – *Sr. Administrative Assistant*

8:45 am **Executive Session of the Site Visit Team**

9:30 am **Break**

9:45 am Meet with Program and Department Administration

Discuss Criterion A: Public Health Program Processes; Criterion B: Evaluation Practices; Criterion C: Faculty and Program Resources; Criterion E1: Faculty Alignment with Degrees Offered; Criterion E2: Integration of Faculty with Practice Experience

Theresa Byrd, RN, MPH, DrPH – *Associate Dean and Department Chair*

Beverly Bowen, *MBA – Managing Director*

Brandt Schneider, PhD – *Professor, Dean – Graduate School of Biomedical Sciences*

Simon Williams, PhD – *Associate Dean for Academic Affairs, Associate Professor*

Michael Mitchell, MPH – *Director of CEPH Accreditation*

10:45 am **Break**

11:00 am *Discuss Criterion D: Instructional Program*

Duke Appiah, PhD – *Director – MPH Program, Assistant Professor*

John Baker – *Student Affairs Advocate*

Jeff Dennis, PhD – *Assistant Professor, APE Director*

Julie St. John, DrPH, MPH, MA, CHWI*, Assistant Dean – Abilene, Associate Chair – DPH, Assistant Professor*

Cynthia Jumper, MD, MPH – *Associate Dean for Health Systems Management and Vice President of Health Policy, TTUHSC*

Rubini Pasupathy, PhD, MBA – *Associate Professor, Director of the Online MPH Program*

Brie Sherwin, JD, PhD – *Associate Professor, School of Law, TTU*

12:00 pm **Break**

12:15 pm **Lunch with Students**

ACB 260D (TechLink ABPH 2401)

Discuss Criterion A3: Student Engagement; Criterion F2: Student Involvement in Community and Professional Service; Criterion G: Diversity; Criterion D: Instructional Program and Criterion H: Academic and Career Advising

Samantha
Curtis
Ashley Edling
Dijo John
Steven Lara
(Certificate)

Shanice
Latham
(MD/MPH)

Christine Lucio (President of Abilene SPHA)
Janet Mendenhall
Tiffany Torres (President of Lubbock SPHA)
Joshua Sandes
Ashley Span
Stephanie Cirallis

1:15 pm **Break**

1:30 pm Meet with Faculty Related to Research, Service, Community Professional Development, Faculty Issues

Criterion E: Faculty, Creation, Application and Advancement of Knowledge; Criterion C2: Faculty Resources and Criteria F3-F4: Community Professional Development

Jeff Dennis, PhD – *Assistant Professor*

Hafiz Khan, PhD – *Professor & Associate Chair*

Julie St. John, DrPH, MPH, MA, CHWI*, Assistant Dean – Abilene, Associate Chair – DPH, Assistant Professor*

Courtney Queen, PhD – *Assistant Professor*

Lisa Gittner, PhD – *Associate Professor, Department of Political Science TTU*

2:30 pm **Break**

2:45 pm **Executive Session**

3:45 pm **Break**

4:00pm *ACB 260D (TechLink ABPH 2401)*

Discuss Criterion B: Evaluation and Alumni Perceptions; Criterion D: Instructional Programs (D5, D6, D12, as applicable); Criterion F: Community Involvement in Evaluation Practices and Professional Development; Criterion H: Academic and Career Advising

Alumni

Taylor Lenzmeier, MBA, MPH (2016) – MAKOplasty Product Specialist, Stryker Orthopaedics

Cathy Hudson, MPH (2017) – *Director for Rural Health Research, TTUHSC Garrison Institute on Aging*

Summre Blakely, MPH (2017) – *Research Assistant, TTUHSC, Medical Student, TTUHSC*

Sarah Mende, MPH (2016)

Chip Shaw, EdD, MPH (2016)

Margaret Vugrin, MSLS, AHIP, MPH (2017) – *Reference Librarian, TTUHSC*

Danna Wolfe, PC, MPH (2017) – *Attorney, Wolfe Family Law*

Community Representatives

Katherine Albus, MPH, RD, LD, *Child Nutrition Specialist, Region 17 Education Service Center, Lubbock, TX*

Christine Lucio, MSW – *MPH Student, Abilene, TX*

Jack Rentz, *President & CEO – Rentech Boiler Systems, Inc.*

Gino Solla, *Director – Ector County Health Department, Odessa, TX*

Katherine Wells, MPH, *Director of Public Health – City of Lubbock, Lubbock, TX*

Philip Wicker, *Owner – Pack n Mail, Abilene, TX*

Jim Collard – First Financial

5:00 pm **Adjourn**

Day 2: Friday, 2 February 2018

8:00 am **Site Visit Team Hotel Pickup**

Michael Mitchell, MPH – *Director of CEPH Accreditation*

8:30 am **Meet with Institutional Academic Leadership/University Officials**

Discuss Criterion A: The Public Health Program; Criterion B: Guiding Statements and Evaluation Practices

Tedd Mitchell, MD, *President*

Billy U. Philips, Jr., Ph.D., M.P.H. – *Executive Vice President and Director – The F. Marie Hall* Institute for Rural and Community Health, Marie Hall Chair and Professor, Family and Community Medicine

Penny Harkey–*Vice President & CFO*

Rial Rolfe, PhD, MBA – *Executive Vice President for Academic Affairs*

Cynthia Jumper, MD, MPH – *Associate Dean for Health Systems Management and Vice President of Health Policy*

Steven R. Sosland, Chief People Officer

12:30 pm **Exit Briefing**

ACB 260D

1:15 pm **Site Visit Team Departs**