West Virginia University
SCHOOL OF PUBLIC HEALTH

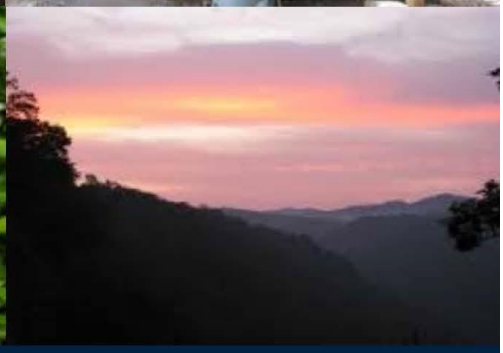
November 3, 2014

Self-Study Report

For Accreditation with the

Council on Education for Public Health



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1.0 The School of Public Health.

Health Challenges in West Virginia

West Virginia is the only state in the nation that is located entirely within Appalachia – a unique and predominantly rural region that spans over 200,000 square miles and 13 states from southern New York to Northern Mississippi. Appalachia is a region with significant health, economic and environmental disparities, and includes over 100 counties that are categorized as "high poverty".

Ranked as the second most rural state, 54 of West Virginia's 55 counties are designated as Health Professional Shortage Areas and/or having Medically Underserved Areas/Populations as defined by the federal government. Two-thirds of the 1.8 million West Virginians live in counties with less than 30,000 people, and there are concentrated areas of high poverty, unemployment, poor health, and severe educational disparities. Historically, West Virginia has some of the worst public health indicators in the nation: the highest prevalence of cardiovascular disease; highest prevalence of overall disability; second highest level of physical inactivity; second highest prevalence of tobacco use; third highest prevalence of obesity; fourth highest prevalence of both diabetes and chronic obstructive pulmonary disease; and the lowest consumption of fresh fruits and vegetables.

To address these challenges in a comprehensive manner, the West Virginia University School of Public Health was established in 2012 with broad support among community leaders, healthcare providers, policy makers and education leaders. These groups recognized the high value of a school of public health's focus on building healthy communities and addressing health disparities. The support for a new school of public health in West Virginia was based on the acknowledged need for public health's comprehensive approach to building infrastructure and human capital to address challenges in serving communities that are rural, isolated and disproportionately affected by disease.

West Virginia University and the Robert C. Byrd Health Sciences Center

West Virginia University (WVU) was founded in 1867 as a land-grant university to provide a liberal and practical education for a broad segment of the population. WVU's commitment to its land-grant mission guides its decisions, and is well understood by its constituencies, both internal and external. WVU's state land-grant mandate encompasses health care and the health of our state and nation. The WVU Robert C. Byrd Health Sciences Center (HSC) was created to serve the people of West Virginia, and is considered a statewide health resource. Robust, statewide survey data indicate that West Virginians identify with, and strongly support, the WVUHSC mission, and the educational, clinical, and research programs that it champions.

The WVU School of Public Health

On September 28, 2012, the WVU Board of Governors approved the establishment of the School of Public Health (SPH) as an independent school within the Health Sciences Center. This new school, the first established at WVU in over 50 years, is viewed as an essential initiative to help achieve the University's strategic goal to "enhance the well-being and the quality of life for the people of West Virginia."

Establishment of the SPH was a watershed moment due, in large part, to the leadership of Christopher C. Colenda, MD, MPH, who was appointed Chancellor of the WVUHSC in November 2009. In addition to the allocation of significant institutional resources, Chancellor Colenda helped secure additional support from the West Virginia Higher Education Policy Commission, the Claude Worthington Benedum Foundation, and a five-year appropriation

commitment of $1 million per year from the State of West Virginia. These resources have allowed us to achieve significant growth during a period characterized by increasing fiscal constraint. The WVUSPH is fiscally sound and is in year three of the 5-year state appropriation. Additionally, new senior faculty lines included in the new dean's contract will allow for continued growth over the next three year period.

Although the WVUSPH was founded in 2012, public health education is not new to the university. The School is building upon a strong foundation of faculty and programs. Our CEPH-accredited MPH program has been in place since 1997. Our students have achieved success in professional placements, and we have a dynamic interdisciplinary research enterprise. The faculty has performed nationally recognized work in competitive, externally funded centers. We are one of the few schools in the nation that houses both a CDC-supported Prevention Research Center and a CDC-supported Injury Control Research Center.

Prior to the establishment of the SPH, the public health faculty, educational programs, and research activities were organized within the Department of Community Medicine, an academic department within the WVU School of Medicine. With the launch of the SPH, the Chair of the Department of Community Medicine was appointed as the initial interim Dean. In advance of the formal establishment of the School, an intensive faculty recruitment effort was initiated, to achieve the faculty complement needed for this new school. This effort resulted in nearly 20 new faculty members joining the department/school from 2011-2012.

In the summer of 2012, Dr. Gilbert Ramirez was recruited to the position of Senior Associate Dean for Academic Affairs and Educational Effectiveness, and in February 2013, Chancellor Colenda appointed Dr. Jeffrey Coben as the new interim Dean. Working together, and with the involvement and input from faculty, staff, students, external stakeholders and consultants, an intensive self-study process was undertaken. This process revealed a number of key findings that will simultaneously provide reviewers with a deeper understanding of the context and history of the School, and also provide a roadmap for how the SPH must move forward to fulfill our mission. The strengths, challenges, and plans described in the subsequent sections of this self-study document are reflective of the following key historical findings:

1) The SPH emerged from an academic department within a school of medicine. This academic department had no significant clinical revenue stream. Therefore, the department's primary emphasis was on research productivity and funding. As previously noted, the faculty have achieved significant success and this provides an excellent research base for a new School of Public Health. However, this also resulted in some challenges in educational programs, community engagement, and workforce development activities.

2) Despite achieving a full seven-year accreditation of our MPH program from CEPH in 2008, there were deficiencies noted in the areas of evaluation, measurement, and assessment of the program's stated goals and objectives. Interim reports addressing these deficiencies were submitted to CEPH, as required in 2009 and 2010. These reports identified plans to improve assessment procedures and were approved by CEPH. However, with a continued emphasis on research productivity and a new priority of aggressive faculty recruitment, these procedures were never fully implemented. Specific individuals had not been designated to lead evaluation activities, and dedicated resources for measurement, assessment and continuous evaluation had not been allocated. We found there was an important need to strengthen our measurement and evaluation procedures, and to engage our expanded faculty in the establishment of a

culture of assessment-driven quality improvement.

3) Similarly, with priorities on faculty growth, departmental organization and continued research productivity, the establishment of necessary structures and processes for a School of Public Health lagged behind. For example, there were no founding bylaws for the school. The school's promotion and tenure guidelines were still quite similar to the school of medicine's guidelines. While a community advisory board had been established for the MPH program, the board had not met since 2010. There was no organized office of student services and no organized public health workforce development program.

This historical background and context, discovered through the analytic self-study process, helps to explain the challenges we have identified and addressed over the past 18 months. Our school has been significantly strengthened through this process. There are ongoing activities and established policies and procedures to address and support our vision and goals for education, research and outreach. Among the many notable advances, we have:

- Re-established a culture of assessment and allocated substantial resources to assessment activities, including establishing an assessment officer position.
- Begun using assessment results to drive continuous quality improvement across our activities.
- Established an invigorated Community Advisory Board and a new Alumni Advisory Council to provide critically needed external stakeholder input to the SPH.
- Implemented curricular changes and plans for rigorous competency assessments for all of our educational programs.
- Established school-specific bylaws, a new Office of Student Services, and a new Office of Public Health Practice and Workforce Development.
- Allocated significant financial resources to enhance our student diversity and student success, including a $100,000 annual Dean's Scholarship fund that targets underrepresented groups and financially challenged students from West Virginia.
- Allocated additional financial resources to promote, support, and recognize community engagement activities.
- Strengthened collaborative activities with the West Virginia Bureau for Public Health and numerous local health departments.

Growing from a small initial core group of committed investigators and educators, the SPH, comprising five departments, now houses over 40 faculty members, offers the Master of Public Health degree program with five onsite academic majors (with one major also offered online), a Master of Science online degree program in School Health Education, and a Doctor of Philosophy program with four academic majors; the MPH program is also offered as part of three joint degree programs. The SPH currently has an enrollment of over 150 students with an established growth trend.

In March 2014, E. Gordon Gee was confirmed as the President of West Virginia University. Gee has served in higher education for more than three decades and is an avid supporter of the WVU School of Public Health and particularly the community engagement that radiates from academic public health. A milestone for the School of Public Health was the appointment of Gregory A. Hand, PhD, MPH as Founding Dean on August 16, 2014.

Dean Hand has inherited a school that has embarked upon a journey fueled by the urgent health needs of the 1.8 million citizens of West Virginia. The School has strong institutional

recognition and support, a strong and stable financial base, a history of providing public health education, an impressive research portfolio, and a mix of senior and junior faculty members that bring experience, energy and vitality to the efforts needed to build and sustain a new School of Public Health. Collectively, and in collaboration with our numerous community partners and colleagues outside of the School, the WVUSPH is dedicated to addressing the health disparities facing the populations we serve and preparing students to confront the public health challenges of the 21st century.

The School's vision is to be internationally recognized for demonstrating how academic public health can transform lives. That vision is manifested in the education, research and community outreach that is targeted to the relatively unique health challenges of a state and population immersed in the history and culture of the Appalachian region of the United States. As the only School of Public Health in the state, we are mindful of the opportunity and responsibility allowed us by working in a region with many fundamental public health needs, as well as great hope and anticipation that a School of Public Health is the catalyst for significant progress in addressing the health of the state's communities.

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

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

The mission of the West Virginia University School of Public Health is to improve the health of West Virginians through innovation and leadership in education, research, and service. We achieve this by:

- Implementing educational programs that produce highly qualified practitioners, educators, and researchers.
- Promoting interdisciplinary research to understand and solve complex health problems with local impact and global significance.
- Engaging communities, businesses, and government partners in accomplishing our shared mission.

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

The School of Public Health is guided by the following values:

- *Community Engagement*: we are proud of the communities we serve, and recognize the importance of bidirectional participatory activities.
- *Collaboration*: we collaborate with partners who join us in improving the public's health.
- *Equity*: we promote equity and social justice in defining health and eliminating health disparities.
- *Integrity*: we adhere to the highest ethical standards of honesty and fairness and we recognize that integrity and ethical behavior are essential elements of our professions.
- *Respect*: we respect diverse points of view and the cultural heritage and traditions of all people.
- *Accountability*: we hold ourselves accountable to one another and to the many stakeholders who support the School of Public Health.

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

Goal 1: Develop and maintain educational programs that produce highly qualified practitioners, educators, and researchers.
Goal 2: Foster interdisciplinary research addressing health priorities and disparities that are relevant to West Virginia and the surrounding Appalachian region.
Goal 3: Promote collaboration, community engagement, outreach, and service.
Goal 4: Build an organizational infrastructure and culture that fosters success.

1.1.d A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1c. In some cases, qualitative indicators may be used as appropriate.

Goal 1: Develop and maintain educational programs that produce highly qualified practitioners, educators, and researchers.

Objective 1.1: Expand the number of students applying, matriculating, and graduating as measured by:

1.1.a Increasing the annual applicant pool for the MPH program to 150 by 2016.
1.1.b Increasing total student head count in the MPH program to 150 by 2016.
1.1.c Increase MPH new enrollment headcount to 75 by 2016.
1.1.d Achieving a graduation rate of 70% for all programs.

Objective 1.2: Improve student success and satisfaction as measured by:

1.2.a Incorporating feedback from a Community Advisory Board into our program reviews, to ensure the MPH curriculum remains relevant for public health practice and supports the needs of rural communities.
1.2.b Evaluating all coursework and faculty member teaching through the use of student ratings, and achieving ratings of "good or excellent" from >80% of respondents.
1.2.c Ensuring that all graduates demonstrate competencies for the relevant degree programs.
1.2.d Providing effective student support services and achieving ratings of "satisfied" or "very satisfied" with academic advisement from >80% of respondents.
1.2.e Implementing annual assessments of graduating students and alumni to track employment outcomes.
1.2.f Achieving a job placement rate of at least 80% within one year of graduation, among graduates who can be located.
1.2.g Implementing annual surveys of employers to assess the competency of our graduates.

Objective 1.3: Implement strategies to achieve a more diverse student population as measured by:

1.3.a Providing scholarships to qualified applicants who are racial/ethnic minorities.
1.3.b Providing scholarships to qualified applicants from West Virginia who are first generation graduate students, or from counties with the lowest health or economic rankings, or are honorably discharged veterans.
1.3.c Providing tuition waivers for McNair Scholars, students who have graduated from the West Virginia Health Sciences & Technology Academy (HSTA), and Yellow Ribbon Program (military veterans).

Objective 1.4: Address the public health workforce needs of West Virginia as measured by:

1.4.a Offering continuing education credits for public health professionals through an ongoing educational series that is available both on-site and via distance learning.
1.4.b Increasing the number of degree programs offered via distance learning to at least three by 2017.

Goal 2: Foster interdisciplinary research addressing health priorities and disparities that are relevant to West Virginia and the surrounding Appalachian region.

Objective 2.1: Expand our research portfolio as measured by:

2.1.a Achieving and maintaining a minimum of 25% extramural salary support for all tenure track faculty within four years of their faculty appointment.
2.1.b Achieving total dollar amount of grants and contracts expenditures to $4 million by 2016.
2.1.c Achieving total research dollars per primary faculty headcount of >$100,000.

Objective 2.2: Expand interdisciplinary research collaborations and partnerships as measured

by:

2.2.a Providing an ongoing clinical research design, epidemiology, and biostatistics consulting service that facilitates research collaborations and partnerships.

2.2.b Increasing the number of identifiable research projects that utilize community-based participatory methods or involve collaboration with community-based organizations in West Virginia to >20 per year.

Goal 3: Promote collaboration, community engagement, outreach, and service.

Objective 3.1: Support activities that outreach to the citizens of West Virginia and address community needs as measured by:

3.1.a Maintaining a sustainable, diverse Community Advisory Board with broad community representation from West Virginia and meeting with the board at least twice annually.

3.1.b Providing educational and social opportunities for community members through our leadership and financial support of the Osher Lifelong Learning Institute at WVU.

3.1.c Providing a minimum of two outreach presentations annually for participants in the West Virginia Health Sciences & Technology Academy.

3.1.d Providing financial awards that recognize and support community engagement.

Objective 3.2: Promote and support student involvement in outreach and community service activities as measured by:

3.2.a Maintaining existing financial support for the school's student association, Delta Omega Chapter, and associated student outreach activities.

Goal 4: Build an organizational infrastructure and culture that fosters success.

Objective 4.1: Expand, diversify, and enrich our workforce as measured by:

4.1.a Increasing the total number of primary faculty to a goal of 45 by 2015.

4.1.b Maintain the number of support staff at a ratio of no less than one staff per four primary faculty members (not including staff hired with extramural funding).

Objective 4.2: Improve the identifiable presence of the School of Public Health as measured by:

4.2.a Establishing a centralized School location that consolidates all departments within contiguous space by 2016.

Objective 4.3: Improve support services to faculty, students and staff as measured by:

4.3.a Providing effective information technology infrastructure that supports all other goals, and achieving ratings of "satisfied or very satisfied" with IT support from >80% of faculty, staff and student respondents.

Objective 4.4: Maintain an open and inclusive governance structure that includes students, staff, and faculty as measured by:

4.4.a Implementing an annual review process of the SPH bylaws by a committee of elected representatives including students, staff, and faculty.

4.4.b Student participation in >80% of school committees.

Objective 4.5: Implement a school-wide process of continuous quality improvement as

measured by:

4.5.a Production of an annual report evaluating the School's performance, which includes input from students, staff, faculty, the Community Advisory Board, and other relevant stakeholders.

4.5.b Completion of an annual strategic planning retreat and implementation of any necessary adjustments of plans or activities based upon findings and recommendations from the annual report.

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

The development of our mission, goals, and objectives was initiated through a consensus process involving the full range of SPH faculty and staff, and was finalized in 2013. This process began in 2011, and included a series of group meetings and an off-campus retreat that were facilitated, in part, by the Health Sciences Center Assistant Vice President for Institutional Planning & Program Development. These discussions resulted in an initial draft strategic plan published in June 2012.

In April 2013, in recognition of the large number of new faculty members that had been recruited to the School during the previous 12 months, the newly appointed Interim Dean convened another school-wide strategic planning retreat including all school faculty and staff. Co-facilitated by the Assistant Vice President for Institutional Planning & Program Development and the SPH Senior Associate Dean for Academic Affairs and Educational Effectiveness, a large group discussion was held to re-define strategic priorities. Goal development for strategic priorities was later held in small group sessions. Also in small group discussion, participants developed objectives and possible indicators. This meeting resulted in revisions to the School's mission, values, goals, and objectives. The newly drafted mission, vision, and values were distributed electronically to the entire faculty and staff for additional review and input. Following the incorporation of common suggestions, the strategic plan was reviewed and discussed by the members of the Dean's Council prior to their release to the faculty and staff.

On July 29, 2013, the strategic plan was posted on the School's Secure Online Environment (SOLE) website and discussion forums were established to help facilitate further review and input. The availability of this information and encouragement for input were simultaneously provided via announcements posted to the faculty and staff list serves, and during monthly plenary meetings.

On August 21, 2013 the strategic plan was forwarded to members of the School's Visiting Committee for their review and comment. Members of the Visiting Committee commented positively on the plan and made no other suggestions for changes.

On August 28, 2013, information about the strategic plan was disseminated to all students in the School via e-mail through our student list serves. Students were notified about the availability of the strategic plan on the SOLE website, and were invited to provide input and commentary.

On October 1, 2013, following two months of availability to all faculty and staff and one month of availability to all students, minor changes were made to the strategic plan based upon the feedback received. The strategic plan was then posted on the School's website. This was announced at the Dean's monthly forum with faculty and staff.

Prior to the initial meetings of the school's Community Advisory Board and Alumni Advisory Council in April 2014, both groups received the draft self-study document, and the School's mission, goals, values, and objectives were reviewed during meeting sessions. These were endorsed by group participants, who also provided several helpful suggestions for how they could assist with attainment of these goals and objectives.

On July 30, 2014 the School held a strategic planning retreat that focused on the preliminary self-study that was submitted to CEPH on June 23. Faculty, staff and students were organized as four groups, each focusing on one of four self-study sections. Groups reported back their review, comments and suggestions at the close of the retreat, which informed the completion of this final self-study.

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

The school lists its mission, values, goals, and objectives on its website: http://publichealth.hsc.wvu.edu/about/sph-mission-vision-and-values/ and http://publichealth.hsc.wvu.edu/media/13518/2020strategicplan.pdf . The school's strategic plan is also included in the website maintained by the WVU Health Sciences Center: http://www.hsc.wvu.edu/hsc2020/hsc-plans . In addition, the school's mission, values, goals, and objectives are prominently displayed at multiple locations in the building housing the SPH.

The school will review and monitor its strategic plan in multiple ways. As described in section 1.2, the school's Evaluation Committee will annually complete a formal assessment of the school's progress towards achieving our stated goals and objectives and make recommendations for any necessary mid-course corrections. Additionally, the chairs of each department, along with the entire faculty, staff, and student complement, will examine the goals and objectives prior to and during an annual school-wide retreat each July to assure adequate input from all constituencies.

The school's Visiting Committee, Community Advisory Board, and Alumni Advisory Council are also provided with the opportunity to continually review the strategic plan and make recommendations during the meetings of these two groups, twice annually. The charge and current composition of each of these committees is further described in section 1.5.

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

This criterion is met.

Strengths

- The School has a well-defined mission, with supporting goals, objectives, and values.
- Internal and external stakeholders have actively participated in their development and will continue to routinely review and ensure their continued relevance.
- The mission and goals of the School have been widely promoted and are visibly displayed throughout the School's environment.

Challenges/Weaknesses

- None identified.

Plans

- External stakeholders will be invited to participate in the strategic planning retreat, and regular meetings of the Community Advisory Board and Alumni Advisory Council will be convened to ensure the continued relevance of our goals, objectives, and activities.

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

As previously described through the self-study process, we determined that deficiencies in the areas of evaluation, measurement, and assessment had not been sufficiently addressed by our CEPH-accredited MPH program which received CEPH approval. We recognized that addressing these deficiencies and re-establishing a culture of assessment-driven quality improvement were fundamental to the long-term success of the School. Subsequently, we have dedicated substantial resources and effort to our evaluation procedures. The SPH has now established a systematic process for monitoring our activities and outputs and evaluating our progress towards achieving the school's stated goals and objectives. The school's Evaluation Committee, established by the Dean in November 2013, leads this process. Members of the Evaluation Committee include SPH faculty, staff, and students who have been selected based upon their previous experience conducting program evaluations. As described in the following paragraphs, the evaluation approach utilizes multiple existing data sources, process and outcome measures, qualitative and quantitative methods, and the involvement of all relevant stakeholders.

1.2.a Description of the evaluation process used to monitor progress against objectives defined in Criteria 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

Data systems: the indicators needed to monitor our progress against each objective are delineated in section 1.1.d. In addition, the data sources for each indicator are identified within the outcome measures template (section 1.2.c). Process indicators, including measures such as receiving input from our Community Advisory Board and producing an annual performance report, are gathered through records and documents maintained within the Dean's office. Quantifiable outcome measures are obtained from several relevant data systems. Our primary partners in these efforts include the Office of the Registrar; Office of Sponsored Programs; and the Office of Institutional Research. Between these three offices, all data relevant to the University and therefore, the SPH through the University are attainable. The data systems utilized include the following:

Table 1.2.a.1 SPH Data Systems

Objective	Relevant Data Systems	Responsibility
1.1: Student applications, matriculation, graduation rates	SOPHAS, Banner SIS, Hobsons	• SPH Student Services • SPH Assessment
1.2: Student success and satisfaction	LiveText, WVU-SEI[1], Qualtrics-based surveys of students, alumni, and employers	• SPH Student Services • SPH Assessment

Table 1.2.a.1 SPH Data Systems

Objective	Relevant Data Systems	Responsibility
1.3: Student diversity	SOPHAS, Banner SIS, MAP[2]	• SPH Student Services • SPH Assessment
1.4: Address workforce needs	SPH Academic Affairs, Office of Public Health Practice and Workforce Development	• SPH Academic Affairs • SPH Assessment
2.1: Research portfolio	Activity Insight (Digital measures), WVU+kc[3]	• SPH Assessment
2.2: Research collaborations	Activity Insight, REDcap[4]	• SPH Assessment • HSC CTSI
3.1 and 3.2: Community outreach	Activity Insight, SAPH database[5], HSTA database[6]	• SPH Assessment • SAPH • HSTA
4.1: School workforce and diversity	Banner SIS, WVU Human Resources	• SPH Academic Affairs • SPH Assessment
4.3: Support services	Qualtrics surveys of student, staff, and faculty	• SPH Assessment
4.4: Governance	Qualtrics surveys of student, staff, and faculty	• SPH Assessment
4.5: Continuous quality improvement	Annual report	• SPH Academic Affairs

[1]WVU Electronic Student Evaluations of Instruction
[2]The MAP System maintains all of the financial and human resource information for West Virginia University.
[3]WVU+kc (WVU Kuali Coeus) is an electronic research administration, web-based application that is being used by WVU for research compliance, administration of externally-funded awards, and electronic funding notifications.
[4]REDcap is the data system used by the WVCTSI to track research collaborations and consultations.
[5]Participant data maintained by the School's student association
[6]Participant data maintained by the Health Sciences and Technology Academy

Responsible parties: recognizing the importance of ongoing monitoring and evaluation, the Interim Dean established the position of Director of Assessment to oversee this effort. This position was filled by Dr. David Parker, Associate Professor in the Department of Epidemiology. Reporting to the Senior Associate Dean of Academic Affairs, this position is responsible for the process of collecting, organizing and interpreting data for the purposes of determining to what degree the School of Public Health is meeting its mission, goals and objectives. This includes providing recommendations on the data needed to measure the School's effectiveness, identifying or developing necessary data systems, standardizing definitions for required data elements, coordinating and overseeing data collection activities, establishing and maintaining procedures for data tracking and storage, and conducting an annual preliminary analysis of these data to assess performance. This administrative position initially included dedicated 0.25 FTE of protected time and additional financial resources for student support to complete necessary tasks. Further into the self-study, additional needs were identified and this position was increased to 0.40 FTE with two part time student positions.

The Director of Assessment has direct access to all the necessary University data systems noted above and works closely with other SPH administrators and administrative staff. Faculty are responsible for updating and maintaining data within Activity Insight. The Associate Dean for Finance and Administration maintains all financial data within the MAP system.

Administrative staff within the Office of Student Services, the Health Sciences and Technology Academy, and the West Virginia Clinical and Translational Science Institute (WVCTSI) provides support for assimilating and accessing data as requested.

Utilizing the data systems described above, Dr. Parker has established the following calendar for ongoing assessment activities:

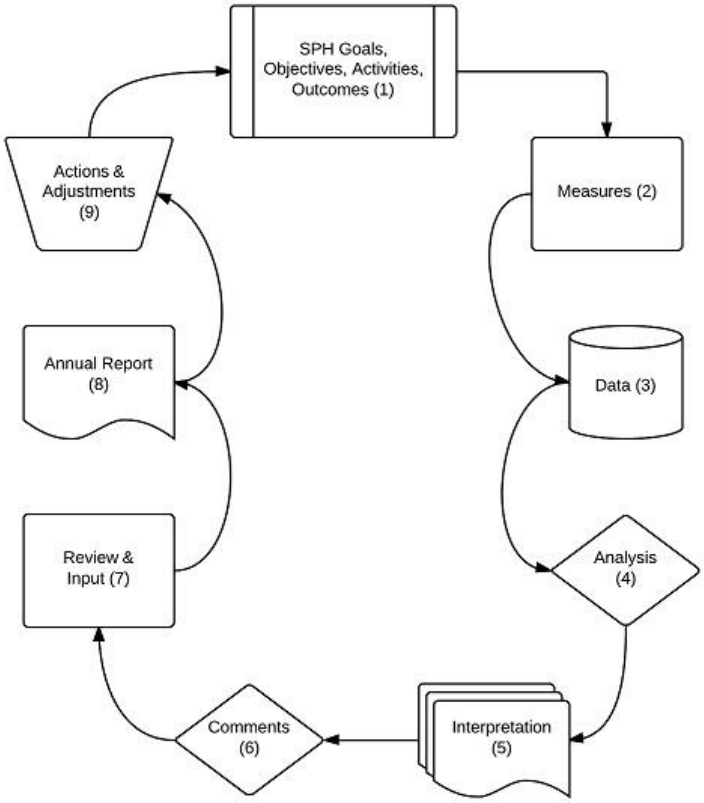
Table 1.2.a.2 Assessment Calendar for School of Public Health

Task	Fall	Spring	Summer	Source	Data
Student Competencies	Ongoing	Ongoing	Ongoing	Live Text	Competency data generated and compiled for student, faculty, school reports
SPH Goals, Objectives, Aims	Ongoing	Ongoing	Ongoing	Live Text Qualtrics Banner	Ongoing data collection, cleaning, assessment and report generation to continuously measure outcomes compared to outlined objectives
Alumni Survey			Annual for fall and spring graduates	Qualtrics WVU Alumni Office	Annual assessment via web with telephone follow up to three years post-graduation of last degree. Includes employment and competency measures.
Office of Student Services Satisfaction	Annual October				Anonymous evaluation of satisfaction with the OSS. Sent to active students who received an OSS service.
Student Satisfaction Survey		Annual for all, active students		Qualtrics	Anonymous, annual data solicited from all active SPH students
Student Exit Interviews	Graduates	Graduates	Graduates	Qualtrics	Set as a requirement for degree conveyance in Degree Works. Survey data will be anonymized once completion is verified
Staff Satisfaction Surveys			Annual for all staff	Qualtrics	Anonymous, annual data solicited from all SPH staff
Faculty Satisfaction Surveys			Annual for all staff	Qualtrics	Anonymous, annual data solicited from all SPH staff
Employer Surveys			Annual	Qualtrics	Anonymous, annual data collected from employers and field placement sites for SPH students inquiring about aggregate student experiences
Faculty Reports (Promotion and Tenure, biosketch	As needed	As needed	As needed	Activity Insight	Reporting support for faculty for promotion and tenure annual reports, grant

Table 1.2.a.2 Assessment Calendar for School of Public Health

Task	Fall	Spring	Summer	Source	Data
support, CV data and generation)					submission information including CVs and biosketches

Evaluation process: The School employs the principles of continuous quality improvement (CQI) in our evaluation process. This CQI process gathers and analyzes data to monitor our progress, includes broad stakeholder interpretation and input, and produces specific recommendations that are acted upon; leading to ongoing and continual improvement. This process was initiated in 2013-2014 as part of the analytical self-study and is visually depicted below.



Beginning with a summer retreat of SPH faculty, staff and students, the school's strategic plan goals, objectives, activities, and outcomes (step 1) are reviewed. The Director of Assessment oversees and ensures ongoing data collection. He also conducts the preliminary analyses of these data and summarizes the findings (steps 2-4). These analyses and findings are provided to the SPH Evaluation Committee in the early spring. The Evaluation Committee's role is to provide a formal assessment of the school's progress towards achieving our stated goals and objectives, identify strengths and challenges, and make recommendations for any necessary mid-course corrections (step 5). The Evaluation Committee produces a draft evaluation report that is posted on the school's SOLE website to permit student, faculty, and staff review and input (step 6). The draft report will also be distributed to the members of our Visiting Committee,

Alumni Advisory Council and Community Advisory Board for their review and input. This input is solicited and recorded during spring meetings of each of these bodies (step 7). The Evaluation Committee then completes their final report, which is forwarded to the Dean (step 8). The Dean reviews the findings and discusses these findings with all managers responsible for maintaining or enhancing the quality of school programs and activities. Subsequently, any necessary changes, adjustments or improvements will be specified as benchmarks to be achieved by the responsible manager and are included in their annual performance evaluation (step 9). This process is then repeated on an annual basis.

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

As described above, the SPH evaluation process is transparent, and the results are shared with students, staff, faculty and external stakeholders. The final results and recommendations are discussed among the members of the Dean's Council. They are then communicated with managers and other key personnel responsible for programmatic activities. Results are further communicated with faculty, staff, and students during the School's annual retreat.

In 2013-14, this analytic self-study was used for these purposes. During the school's analytical self-study, we identified several issues that required action. For example, for our data collection activities, we found that there was no systematic and electronic method of gathering and measuring the productivity of our collective faculty. As a result, the SPH purchased Digital Measures (www.digitalmeasures.com) to use Activity Insight. This system allows customized data collection and reporting of all activities pertinent to faculty teaching, research, and service. We also found there was a need to systematically gather and analyze competency assessments. As a result, we secured Live Text software (www.livetext.com) for competency assessment, and began implementing its use. We identified the need to systematically collect information on our graduates and alumni, and implemented newly required exit surveys for all graduating students. We also actively contacted recent graduates of our programs to collect data on their success with employment and their feedback on competency attainment.

Programmatic issues were also identified and acted upon. For example, we found there was a need to strengthen our efforts to recruit a more diverse student body. As a result, we implemented the Dean's Scholarship Award program, designed to attract racial/ethnic minority students and other disadvantaged students from economically distressed regions of West Virginia. We identified the need to strengthen our student advisement and support activities. As a result, a new Office of Student Services was created and a director for this office was appointed. We identified the need to strengthen our workforce development activities. As a result, a new position of Assistant Dean for Public Health Practice and Workforce Development was created and filled.

In addition to the new structures and processes noted above, that were all implemented as a result of the school's analytic self-study, each section of the self-study document was critically reviewed by the Evaluation Committee. As part of this review, the committee was asked to identify the strengths and challenges/weaknesses (if any), and to provide recommended actions for each criterion in the self-study. These recommendations have been integrated into our proposed future plans.

1.2.c Data regarding the school's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (e.g., 1.6, 1.7, 1.8, 2.7, 3.1, 3.2, 3.3, 4.1 and 4.3), the school should parenthetically identify the criteria where the data also appear.

Table 1.2. Outcome Measures for SPH Goals and Objectives

Outcomes and Related Activities	Target	Data Source	2011-12	2012-13	2013–14	Fall 2014 Updates
Objective 1.1. Expand the number of students applying, matriculating and graduating as measured by:						
1.1.a. Increasing the annual completed applicant pool for the MPH program to 150 by 2016 (see Table 4.3.f, Outcome Measure # 1)	150	SOPHAS IDEAS	78	86	95	167
1.1.b. Increasing the total student head count in the MPH program to 150 by 2016 (see Table 4.3.f, Outcome Measure # 2)	150	Banner/ IDEAS	129	117	124	96
1.1.c. Increasing MPH new enrollment headcount to 75 by 2016 (see Table 4.3.f, Outcome Measure # 3)	75	Banner/IDEAS	40	42	46	49
1.1.d. Achieving a graduation rate of 70% for all programs *(2011-12 is a 8-year graduation rate for cohort entering 2006-08; 2012-13 is a 7-year graduation rate for 2007-08 cohort; and 2013-14 is 6-year graduation rate for 2008-09 cohort)*	70% *(8-year graduation rate)*	Banner/ IDEAS	8-year rate	7-year rate	6-year rate	Next scheduled update: August 2015
			MPH 73.5%	MPH 73.3%	MPH 71.0%	
			MS 100%	MS 100%	MS 100%	
			PhD 100%	PhD 66.7%	PhD 66.7%	
Objective 1.2. Improve student success and satisfaction as measured by:						
1.2.a. Incorporating feedback from a Community Advisory Board (CAB) into our program reviews, to ensure the MPH curriculum remains relevant for public health practice and supports the needs of rural communities	CAB Feedback	Dean's Office	School CAB not established	School CAB not established	CAB established; first meeting conducted 4/22/14	Ongoing

Table 1.2. Outcome Measures for SPH Goals and Objectives

Outcomes and Related Activities	Target	Data Source	2011-12	2012-13	2013–14	Fall 2014 Updates
1.2.b. Evaluating all coursework and faculty member teaching through the use of student ratings, and achieving ratings of "good or excellent" from >80% of respondents	>80% good or excellent	Student Evaluation of Instruction (SEIs)	90.2% (n= 1,106 responses)	92.0% (N=1,132 responses)	87.0% (N=558 responses)	Available 12.15.2014
1.2.c. Ensuring that all graduates demonstrate competencies for the relevant degree programs	Complete development, implementation and use of new competency assessment procedures by Spring 2015.	Dean's Office LiveText Registrar's office	N/A	Established new competencies for the MPH core and concentration curricula. Established associated measurement rubrics	Produced a MPH Competency Handbook for students and faculty Established a competency assessment reporting system for faculty using LiveText software. Established a process requiring verification of competency performance review by faculty prior to awarding of the MPH degree.	Handbook distributed to all students and faculty; posted on web

Table 1.2. Outcome Measures for SPH Goals and Objectives

Outcomes and Related Activities	Target	Data Source	2011-12	2012-13	2013–14	Fall 2014 Updates
1.2.d. Providing effective student support services, and achieving ratings of "satisfied or very satisfied" with academic advisement from >80% of respondents	> 80% satisfied or very satisfied	Qualtrics	Not assessed*	Not assessed*	69% (n=24)	Update scheduled March 2015
1.2.e. Implementing annual assessments of graduating students and alumni to track employment outcomes	Employment outcomes	Alumni Services Qualtrics ASPPH Pilot Project	Not assessed*	Not assessed*	Initiated assessment; collected data on 3 prior cohorts	Update scheduled June 2015
1.2.f. Achieving a job placement rate of at least 80% within one year of graduation, among graduates who can be located	Employment >= 80%, 12 months after graduation	Qualtrics ASPPH Pilot Project	87.5% (n = 8)	92.3% (n=14)	Status Update to be provided at December 2014 site visit	
1.2.g. Implementing annual surveys of employers to assess the competency of our graduates	Survey Completion	Qualtrics Assessment	Not assessed*	Not assessed*	Collected self-reported data from graduates; joined ASPPH pilot study	Status Update: December 2014 site visit.
Objective 1.3. Implement strategies to achieve a more diverse student population as measured by:						
1.3.a. Providing scholarships to qualified applicants who are racial/ethnic minorities	At least 5	Business Office	Program not in place	Program not in place	$100,000 allocation	5 awarded
1.3.b. Providing scholarships to qualified applicants from West Virginia who are first generation graduate students, or from counties with the lowest health or economic rankings, or are honorably discharged veterans	At least 10	Business Office	Program not in place	Program not in place	$100,000 allocation	2 awarded based on county ranking; 4 based on 1st generation
1.3.c. Providing tuition waivers for McNair Scholars, students who have	Active participation in	Business Office	Yes (n=3)	Yes (n=4)	Yes (n=5)	Yes (n=1)

Table 1.2. Outcome Measures for SPH Goals and Objectives

Outcomes and Related Activities	Target	Data Source	2011-12	2012-13	2013–14	Fall 2014 Updates
graduated from the West Virginia Health Sciences & Technology Academy, and Yellow Ribbon Program participants (military veterans)	all waiver programs					
Objective 1.4. Address the public health workforce needs of West Virginia as measured by:						
1.4.a. Offering continuing education credits for public health professionals through an ongoing educational series that is available both on-site and via distance learning	Annual increase in participants receiving CE credits	SPH Academic Affairs	36	62	40	Status Update: December 2014 site visit.
1.4.b. Increasing the number of degree programs offered via distance learning to at least three, by 2017	Distance education degree programs, n = 3	SPH Academic Affairs	1	2	2	2
Objective 2.1. Expand our research portfolio as measured by:						
2.1.a. Achieving and maintaining a minimum of 25% extramural salary support for all tenure track faculty within 4 years of their faculty appointment (see Table 1.6.d, Outcome Measure # 5, and Table 3.1.d, Outcome Measure # 1)	100% of eligible faculty	WVU + kc system	38%	44%	50%	62%
2.1.b. Achieving total dollar amount of grants and contracts expenditures to $4 million by 2016 (see Table 1.6.d, Outcome Measure # 6, and Table 3.1.d, Outcome Measure # 2)	$4,000,000	Activity Insight WVU + kc system	$3,609,864	$3,139,369	$3,050,389	$3,046,035
2.1.c. Achieving total research dollars per primary faculty headcount of >$100,000 (see Table 1.6.d, Outcome Measure # 7, and Table 3.1.d, Outcome Measure # 3)	> $100,000	Activity Insight WVU + kc system	$116,447	$82,614	$72,628	$80,158

Table 1.2. Outcome Measures for SPH Goals and Objectives

Outcomes and Related Activities	Target	Data Source	2011-12	2012-13	2013–14	Fall 2014 Updates
Objective 2.2. Expand interdisciplinary research collaborations and partnerships as measured by:						
2.2.a. Providing an ongoing clinical research design, epidemiology and biostatistics consulting service that facilitates research collaborations and partnerships (see Table 3.1.d, Outcome Measure # 4)	Operational clinical research design, epidemiology and biostatistics consulting service	WV CTSI Data (REDcap)	Not established	Established. Provided 800 hours of consultation.	Provided 1326 hours of consultation.	Status Update: December 2014 site visit.
2.2.b. Increasing the number of identifiable research projects that utilize community-based participatory methods or involve collaboration with community-based organizations in West Virginia to >20 per year (see Table 3.1.d, Outcome Measure # 5)	CBPR project > 20	Activity Insight	12	17	17	17
Objective 3.1. Support activities that outreach to the citizens of West Virginia and address community needs as measured by:						
3.1.a. Maintaining a sustainable, diverse Community Advisory Board with broad community representation from West Virginia and meeting with the Board at least twice annually (see Table 3.2.d, Outcome Measure # 1)	Community Advisory Board meeting = 2 annually	Dean's Office	School CAB not established	School CAB not established	CAB established; first meeting conducted 4/22/14	Status Update: December 2014 site visit.
3.1.b. Providing educational and social opportunities for community members through our leadership and financial support of the Osher Lifelong Learning Institute at WVU (see Table 3.2.d, Outcome Measure # 2)	Annual support > $40,000	Dean's Office	$45,368	$44,548	$48,411	Next scheduled update: Fall 2015

Table 1.2. Outcome Measures for SPH Goals and Objectives

Outcomes and Related Activities	Target	Data Source	2011-12	2012-13	2013–14	Fall 2014 Updates
3.1.c. Providing a minimum of 2 outreach presentations annually for participants in the West Virginia Health Sciences & Technology Academy (HSTA) (see Table 3.2.d, Outcome Measure # 3)	At least 2 presentations annually	Dean's Office	1 presentation to 85 HSTA students	1 presentation to 85 HSTA students; 2 presentations to 175 HSTA staff	2 presentations to 85 HSTA students; 2 presentations to 75 HSTA staff	Status Update: December 2014 site visit.
3.1.d. Providing financial awards that recognize and support community engagement (see Table 3.2, Outcome Measure # 5)	At least 5 awards annually	Dean's Office	n/a: this is a new program initiated 2013-14		2 awards: $4,750 and $4,900	
Objective 3.2. Promote and support student involvement in outreach and community service activities as measured by:						
3.2.a. Maintaining existing financial support for the school's student association, Delta Omega Chapter, and associated student outreach activities (see Table 3.2, Outcome Measure # 4)	>$200 per student	Business Office	n/a: a new program initiated 2012-13	$236 per student	$233 per student	Update scheduled January 2015
Objective 4.1. Expand, diversify and enrich our workforce as measured by:						
4.1.a. Increasing the total number of primary faculty to a goal of 45 by 2015 (see Table 1.7.i, Outcome Measure # 1)	Faculty n = 45 by 2015	Dean's Office	31	38	41	40
4.1.b. Maintaining the number of support staff at a ratio of no less than one staff per four primary faculty members (not including staff hired with extramural funding) (see Table 1.7.i, Outcome Measure # 2)	1:4	Dean's Office	1:1.3	1:1.5	1:2.2	1:2.0
Objective 4.2. Improve the identifiable presence of the School of Public Health as measured by:						
4.2.a. Establishing a centralized School location that consolidates all departments within contiguous space	Contiguous school location	Dean's Office	n/a: SPH not established	Planning process initiated with	Draft blueprints established	

Table 1.2. Outcome Measures for SPH Goals and Objectives

Outcomes and Related Activities	Target	Data Source	2011-12	2012-13	2013–14	Fall 2014 Updates
by 2016 (see Table 1.7.i, Outcome Measure # 3)			yet	HSC		
Objective 4.3. Improve support services to faculty, students and staff as measured by:						
4.3.a. Providing effective information technology infrastructure that supports all other goals, and achieving ratings of "satisfied or very satisfied" with IT support from >80% of faculty, staff and student respondents (see Table 1.7.i, Outcome Measure # 4)	Faculty, staff, student satisfaction > = 80% on IT support	Qualtrics Assessment	Not assessed	Not assessed	65% (n=57)	Update planned May 2015
Objective 4.4. Maintain an open and inclusive governance structure that includes students, staff, and faculty as measured by:						
4.4.a. Implementing an annual review process of the SPH Bylaws by a committee of elected representatives including students, staff, and faculty	Annual review completed	Dean's Office	n/a: Bylaws for SPH not established until 2013-14		Bylaws committee established	Committee annual review underway
4.4.b. Student participation in >=80% of school committees	Student participation > = 80% on governance	SPH Academic Affairs			89% (8 of 9 committees)	89% (8 of 9 committees)
Objective 4.5. Implement a school-wide process of Continuous Quality Improvement as measured by:						
4.5.a. Production of an annual report evaluating the School's performance, which includes input from students, staff, faculty, the Community Advisory Board, and other relevant stakeholders	Annual SPH Performance Report	Dean's Office	n/a: first opportunity for annual data is 2013-14		Yes; accreditation self-study used for these purposes	Ongoing.
4.6.b. Completion of an annual strategic planning retreat and implementation of any necessary adjustments of plans or activities based upon findings and recommendations from the annual	Annual Strategic Planning	Dean's Office	SPH initial strategic planning retreat conducted	April 2013 strategic planning retreat conducted	July 2014 retreat planned	Status update available December 2014 site visit.

Table 1.2. Outcome Measures for SPH Goals and Objectives

Outcomes and Related Activities	Target	Data Source	2011-12	2012-13	2013–14	Fall 2014 Updates
report						

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

The self-study document was developed through an inclusive process led by the SPH Accreditation Committee. Members of the Accreditation Committee are listed below.

Table 1.2.d.1 Accreditation Team Members

Thomas Hulsey (Chair)	Associate Dean for Academic Affairs
Greg Hand	Dean
Jeffrey Coben	Former Interim Dean
Linda Rudy	Associate Dean for Finance & Administration
David Parker	Director of Assessment; Associate Professor, Epidemiology
Samantha Shawley	Accreditation Assistant; Student, Social and Behavioral Health Sciences (MPH graduate, current PhD student)
Sherry Kuhl	Director, Office of Student Services
Janet Hunt	Assistant Dean, Planning and Operations
George Kelley	Professor; Biostatistics
Ranjita Misra	Professor; Social and Behavioral Sciences
Ian Rockett	Professor; Epidemiology
Gilbert Ramirez (former Chair)	Accreditation Consultant and former Senior Associate Dean for Academic Affairs & Educational Effectiveness

Beginning in May 2013, and continuing throughout the course of the self-study process, the Accreditation Committee met regularly to establish deadlines, distribute assignments, review and discuss draft documents, examine the school's objectives, targets, data systems and measurement capabilities, and reach consensus on the school's strengths, weaknesses and plans relating to each criterion. On September 13, 2013, a consultative site visit from CEPH representative Kristen Force was conducted with members of the Accreditation Committee. Additionally, Ms. Force met with the SPH department chairs and with the Chancellor of the WVU Health Sciences Center.

Through regularly scheduled monthly meetings with all SPH faculty and staff, the Dean and Senior Associate Dean for Academic Affairs continually communicated the status of the accreditation process and self-study report. Once a completed draft self-study was developed, we followed the School's evaluation process to gather additional input from faculty, students, staff, alumni, and representatives of the public health community. In March-April 2014, the draft self-study report was provided to the members of the School's evaluation committee for their review and commentary. Members of the Evaluation Committee are listed below.

Table 1.2.d.2 Evaluation Committee Members

Haslyn Hunte (Chair)	Faculty, Social and Behavioral Health
Christiaan Abildso	Faculty, Social and Behavioral Health
Thomas Bias	Faculty, Health Policy, Management and Leadership
Alfgeir Kristjansson	Faculty, Social and Behavioral Health
Leann Long	Faculty, Biostatistics
Valerie Frey-McClung	Staff, Prevention Research Center

Table 1.2.d.2 Evaluation Committee Members

Susan Crayne	Staff, Health Research Center
Amna Umer	PhD Student
Halima Ahmadi-Montecalvo	PhD Student
Janet Hunt	Assistant Dean, Planning and Operations

Following review and recommendations from the Evaluation Committee, the self-study and accompanying recommendations were posted on the School's website and discussion forums were established to gather input from faculty, staff, and students. The self-study draft was also disseminated to members of the Visiting Committee, Community Advisory Board, and Alumni Advisory Council for their review, and meetings to gather input from each group were conducted in April 2014. Additionally, the document was submitted to two external reviewers with substantial accreditation experience: Sylvia Furner, PhD, Associate Professor (Emerita), University of Illinois School of Public Health; and Carolyn Woodhouse, EdD, Senior Research Scientist, University of Florida College of Medicine.

The feedback and comments received from all stakeholders were used in completing the preliminary self-study, which was submitted to CEPH on June 23, 2014, and in completing the final self-study which was submitted to CEPH on November 3, 2014.

Public Comment. Constituents were notified of the scheduled site visit and the opportunity to submit comments directly to CEPH in the following ways: continuously on the SPH website, targeted emails, and postings to the school's Facebook, LinkedIn, and Google Plus accounts (targeting students and alumni), and announcements posted regularly in ***WVU Healthcare's Inside View*** (~5500 hospital faculty and staff), WVU's **Mountaineer E-News** (all WVU faculty and staff). Continuous postings were available on **Communication Site (SOLE) for the** SPH Alumni Advisory Council, Visiting Committee, and Community Advisory Board. Targeted general emails were sent to: SPH Alumni, two WV Senators (Stollings, Prezioso), one WV Delegate (Perdue), and all WV Local Health Department Administrators (via the WV Bureau for Public Health Listserv).

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

This criterion is met with commentary. The commentary relates to limited data on the school's activities and achievements related to some of the objectives described in criterion 1.1.d. As previously discussed, these limitations are a reflection of the history and context of the development of our new school. We have identified and corrected deficiencies in the areas of evaluation, measurement, and assessment. While there is not yet a sufficient history to demonstrate the impact of some of these efforts, there are now ongoing activities, policies, and procedures that directly target the limitations we identified.

Strengths

- Robust plans for assessment-driven continuous quality improvement have been established.
- Good processes are in place for evaluation committee review and feedback and additional internal and external stakeholder participation.

Challenges/Weaknesses

- Standardized data were not previously collected on some of the identified objectives.

- Targets for objectives 1.2.d, 2.1.a, 2.1.c and 4.3.a have not yet been achieved.

Plans

- Careful ongoing determination of the resources required for data collection and assessment will occur. Additional resources may need to be allocated to these activities.
- Plans for achieving the targets for objectives 1.2.d, 2.1.a and 2.1.c, and 4.3.a are described in the self-study's subsequent sections 4.4, 3.1, and 1.7 respectively.

1.3 Institutional Environment. The school shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.

The new School of Public Health is the result of public health academic programs firmly established at West Virginia University since 1997. The growth of the programs reflect continuity of the faculty's efforts and contributions and also the continued interest and support by the West Virginia University community in general, and specifically by the Health Sciences Center. The continuity of support has provided a foundation for the sustainability of the new School. Tangible evidence of this support is demonstrated by the School's increasing central budget allocation, recruitment of the Founding Dean and several other key leadership positions, and established blueprints for expanding SPH space allocation within the HSC.

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

West Virginia University – West Virginia University (WVU) was founded in 1867 as a land-grant university to provide a liberal and practical education for a broad segment of the population. WVU's commitment to its land-grant mission guides its decisions and is well understood by its constituencies, both internal and external. WVU recently commemorated its mission and identity as a land-grant university through a year-long celebration of the 150th anniversary of the Morrill Act of 1862, which allowed for the creation of land-grant colleges.

Consistent with its historic land-grant mission, WVU articulated the following mission statement as part of its 2020 strategic planning process to communicate its role as a land-grant institution in the 21st century:

> "As a land-grant institution in the 21st century, WVU will deliver high-quality education, excel in discovery and innovation, model a culture of diversity and inclusion, promote health and vitality, and build pathways for the exchange of knowledge and opportunity between the state, the nation, and the world."

During a decade of rapid change and increased economic pressure, WVU has remained financially stable and continues to grow as West Virginia's flagship institution of higher learning. Currently, more than 32,500 students are receiving a cutting-edge education at WVU that will prepare them for the 21st century job market.

The WVU Office of Institutional Research publishes an annual fact book which is available at http://planning.wvu.edu/institutional_research/wvu_factbook . Additional background information about WVU is available at http://about.wvu.edu/ .

West Virginia University Health Sciences Center – The WVU Health Sciences Center is a comprehensive, academic health center that consists of five schools (medicine, pharmacy, dentistry, nursing, and public health) and a close affiliation with WVU Hospitals, which is one of only two level one trauma centers in the state. The mission of the WVU Health Sciences Center is to improve the health of West Virginians through the education of health professionals, through basic/ clinical scientific research and research in rural health care delivery, through the provision of continuing professional education, and through participation in the provision of health care in WVU Hospitals, in outpatient clinics in Morgantown, and throughout the state.

The WVU Health Sciences Center has over 3,300 students, 1,000 faculty, and offers over 97 educational programs – including 50 graduate medical education programs. Additional information about the WVU Health Sciences Center is available at http://home.hsc.wvu.edu.

From 2009-2014, the chief academic officer for the Health Sciences Center was designated by the title of Chancellor. With the appointment of Dr. E. Gordon Gee in January 2014, he decided to re-title the position to Vice President for Health Sciences (VP-HS). This is a title change only. The VP-HS retains all administrative authorities previously held by the position of Chancellor.

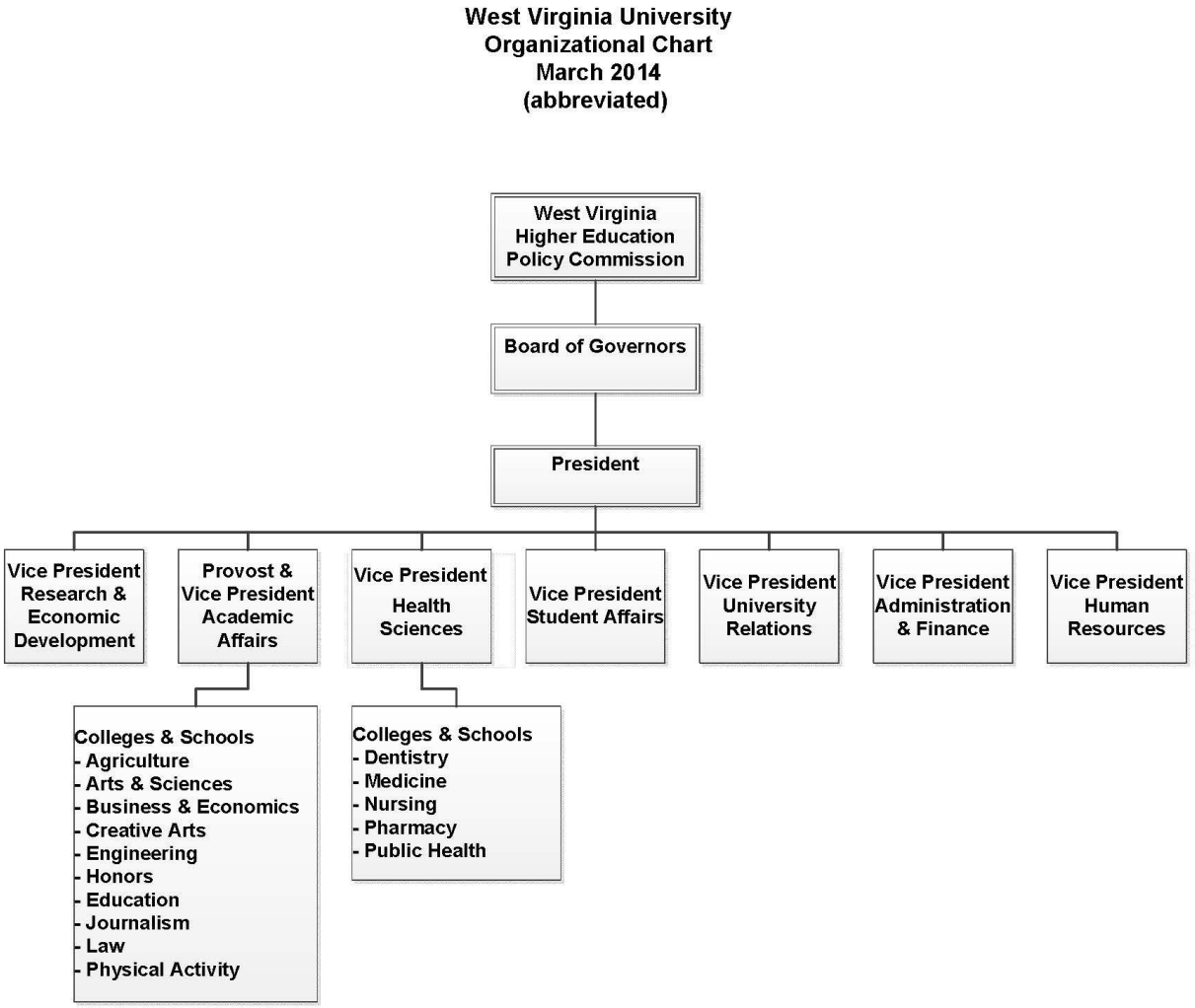
Accreditation for WVU & WVU Health Sciences Programs - WVU is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. WVU is seeking institutional reaccreditation through the Higher Learning Commission in 2014. WVU was last accredited in 2003 – 2004.

Many WVU programs hold specialized accreditation; a complete listing including those specific to the Health Sciences Center is provided at http://accreditation.wvu.edu/r/download/190131 .

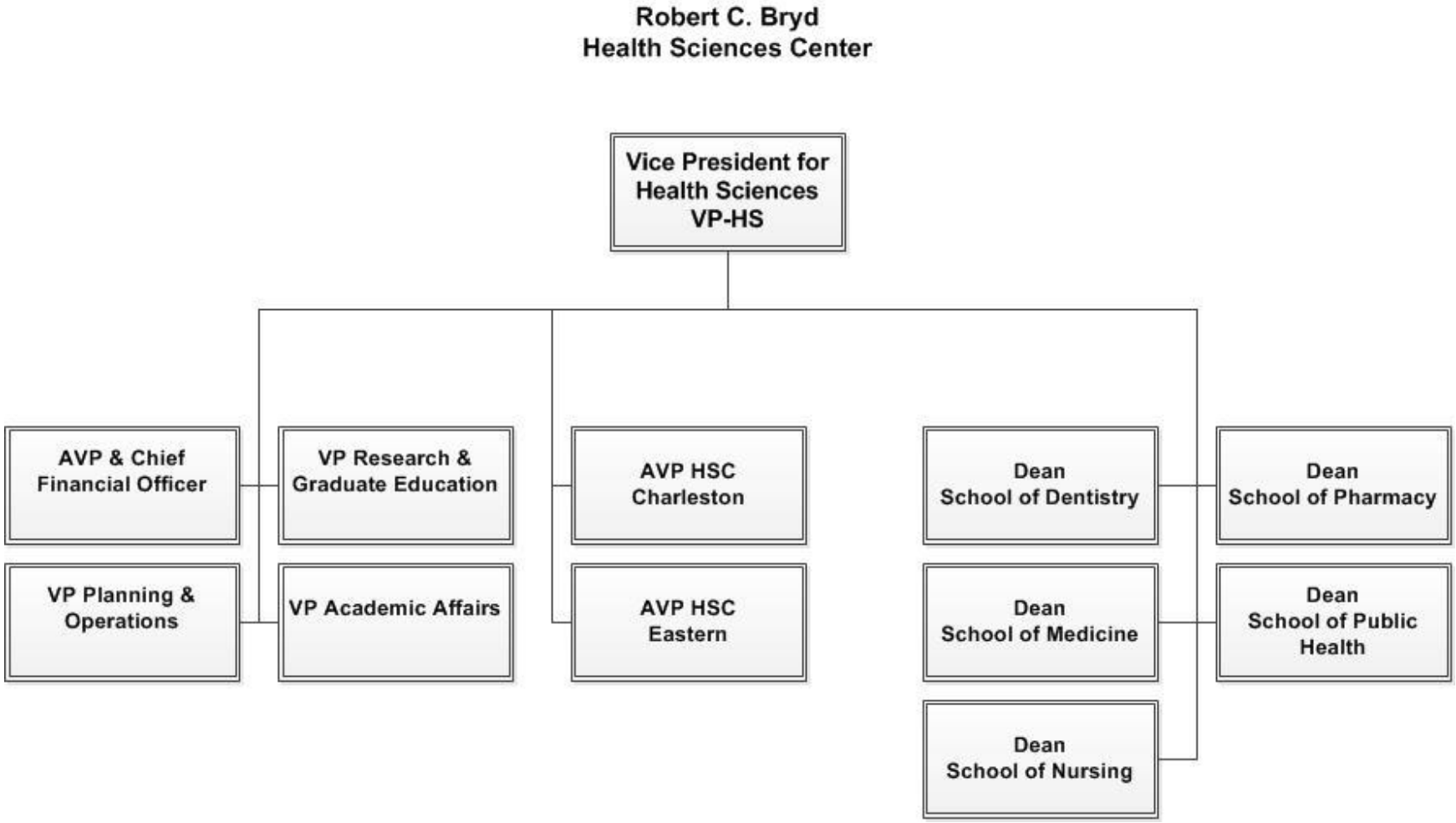
1.3.b One or more organizational charts of the university indicating the school's relationship to the other components of the institution, including reporting lines.

(see next 2 pages)

See http://adminfin.wvu.edu/organizational_charts for detailed WVU organizational charts.



See http://adminfin.wvu.edu/r/download/182018 for detailed HSC organizational chart.



1.3.c Description of the school's level of autonomy and authority regarding the following:

- **budgetary authority and decisions relating to resource allocation**
- **lines of accountability, including access to higher-level university officials**
- **personnel recruitment, selection and advancement, including faculty and staff**
- **academic standards and policies, including establishment and oversight of curricula**

Budgetary Authority and Decisions Relating to Resource Allocation

The SPH Dean has full budgetary authority for the school as do other deans in the HSC. The Dean, in consultation with school leadership, is solely responsible for all budgetary decisions and resource allocation.

The dean allocates resources to each department and administrative function, and the department chairs and administrative directors have the authority to use allocated resources according to their unit's specific needs.

Lines of Accountability, Including Access to Higher-Level University Officials

The SPH Dean reports directly to the Vice President for Health Sciences (VPHS)/Chancellor. The Dean meets individually with the VPHS monthly, and attends twice-monthly VPHS leadership meetings that includes all HSC school deans and other senior executive leadership.

The SPH Dean also attends monthly university wide Deans meeting that is chaired by the WVU Provost. The primary purpose of the Provost's meeting is to provide direction and facilitate collaboration among the colleges and schools. The Provost also has overall authority for all WVU academic programs; with the SPH and other HSC schools operating under the WVU graduate and undergraduate policies and procedures in addition to those specific to the HSC.

Personnel Recruitment, Selection and Advancement, Including Faculty and Staff

Faculty and staff recruitment and selection decisions are by the Dean, Department Chairs and other SPH leadership. The Dean is the hiring official for chairs and other direct reports in the SPH; the department chair is the hiring official for departmental faculty.

Faculty advancement (promotion and/or tenure) decisions follow SPH policies consistent with HSC and WVU policies and procedures. The final decision for faculty promotion/tenure, as with all other HSC schools, is rendered by the VPHS/Chancellor.

Academic Standards and Policies, Including Establishment and Oversight of Curricula

Academic standards and policies, and establishment and oversight of curricula follow WVU policies and procedures for processing and final approval, while each school is responsible for establishing its own internal policies and procedures. The Associate Dean for Academic Affairs oversees all academic standards and policies for the SPH, including the final review of all areas of curricular responsibility.

1.3.d Identification of any of the above processes that are different for the school of

public health than for other professional schools, with an explanation.

None of the above processes are different for the SPH than for other professional schools.

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

Not Applicable

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

Not Applicable

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

This criterion is met.

Strengths

- The SPH has the same level of autonomy and authority as all other schools in the HSC.
- The SPH has excellent access to WVU institutional leaders and strong institutional support.
- The SPH is embedded within the robust institutional setting of an academic health sciences center within a long-established land grant university.

Challenges/Weaknesses

- None identified.

Plans

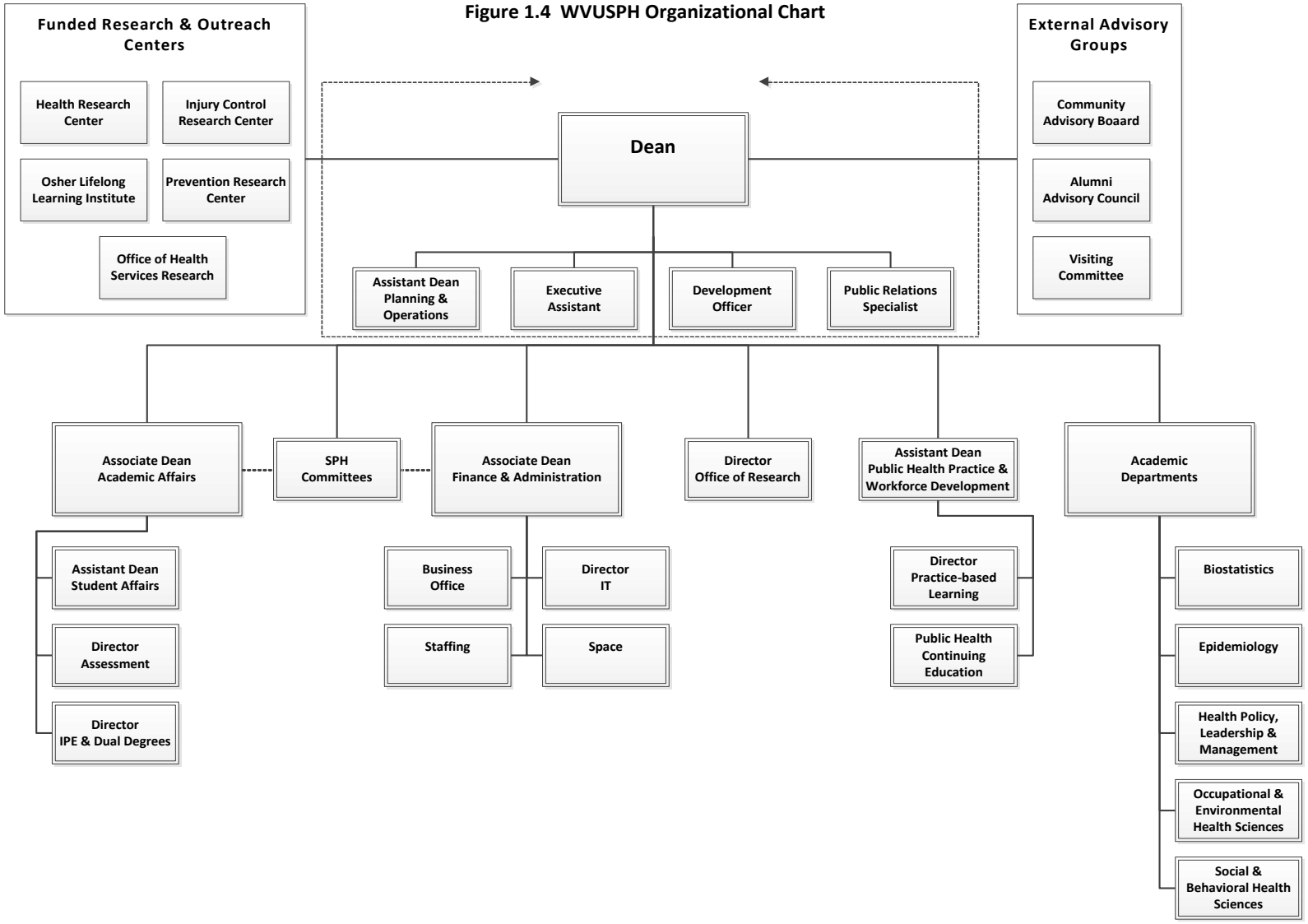
- Continued monitoring of the institutional environment
- Continued active participation throughout the HSC and university communities

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

1.4.a One or more organizational charts showing the administrative organization of the school, indicating relationships among its component offices, departments, divisions or other administrative units.

(see next page)

Figure 1.4 WVUSPH Organizational Chart



1.4.b Description of the roles and responsibilities of major units in the organizational chart.

The School of Public Health (Figure 1.4) is comprised of five academic departments that represent the traditional public health disciplines of biostatistics, epidemiology, health policy, management and leadership, occupational and environmental health sciences, and social and behavioral health sciences. Each department is headed by a chairperson who reports to the dean and has significant autonomy in managing the departmental budget, personnel, and decisions related to education, research and service. Additionally, the WVUSPH includes funded research and outreach centers with direct reporting lines to the dean. These centers include the Health Research Center, the Injury Control Research Center, the Office of Health Services Research, the Osher Lifelong Learning Institute, and the Prevention Research Center.

The organization and administration of the School of Public Health has undergone significant changes from our former MPH program to better meet the needs of an independent school and effectively support our mission. For example, in addition to five academic departments each offering the MPH degree reflecting their respective disciplines, the PhD in Public Health Sciences is also offered with concentrations in four of the five departments.

Of note, new administrative units and positions have been created and filled to more effectively serve and support the work of the school's internal and external constituents. These positions include the Director of Assessment, Office of Student Services, and Assistant Dean for Public Health Practice and Workforce Development, have been created and filled to more effectively serve and support the work of the school's internal and external constituents. In addition, a number of senior faculty and administrative positions have been provided to the school through the contractual agreement with the new, permanent dean Dr. Gregory Hand. These positions will provide for four department chair positions at the full professor level and a senior faculty hire with significant expertise and experience in community assessment and engagement. These positions will be filled strategically to provide leadership and experience to a relatively young faculty, but also to create critical mass in areas of research and engagement that are identified a challenging areas of public health need in West Virginia and the Appalachian region.

Office of the Dean - The Dean of the School of Public Health is the chief administrative and academic officer; provides overall strategic vision and leadership; leads development efforts to build the school's resources; and manages the human, financial, and capital resources of the school. The Dean also serves as the school's public voice, articulating its contributions to local, state, regional, national and international communities. The Dean receives guidance and input from the SPH Visiting Committee, the Community Advisory Board, and the Alumni Advisory Council (see descriptions of these groups in section 1.5).

Academic Departments - The school's five academic departments are responsible for teaching, research, and service activities and for the appointment and management of faculty. Each Department Chair is responsible for establishing expectations of faculty, and providing annual reviews of faculty performance. Department Chairs manage the fiscal, physical, and human resources assigned to him/her and serve as the departmental spokesperson within the Dean's Council and to other internal and external stakeholders. Each academic department has also appointed program coordinators for the academic and professional degree programs. Management tasks often performed at the discipline level include, but are not limited to, curriculum assessment, advising, admissions, communication with and across the disciplines,

and organizing faculty or student meetings to address discipline-specific issues. Additionally, interdisciplinary coordination is further facilitated by the oversight provided by the Senior Associate Dean for Academic Affairs and Educational Effectiveness to the academic discipline coordinators and program directors.

Reporting to the Dean, the **Associate Dean for Academic Affairs** is responsible the school's educational programs and curriculum. This position also oversees the Office of Student Services; leads accreditation processes; is responsible for the ongoing evaluation of instructional quality; oversees faculty affairs including faculty development, promotion and tenure processes; and represents the school nationally in public health education.

Reporting to the Dean, the **Associate Dean for Finance & Administration** is responsible for the day-to-day business operations of the school. This position manages the fiscal, human resources, facilities, and administrative activities of the school; oversees all aspects of post-award administration for grants and contracts, including compliance and regulatory affairs; assists the Dean in preparing the school's operating budget and monitors budgetary expenditures; supervises the supporting staff of the school; and oversees payroll, physical plant, space allocation, marketing, and computing/information technology capabilities. This position also advises the Dean in relation to business planning for new programs, instruction, research, and service activities.

Reporting to the Dean, the **Director of the Office of Research** provides leadership and guidance to facilitate and expand research productivity and excellence within the school; assists junior faculty in establishing productive mentorship relationships and in developing and submitting research proposals; provides administrative leadership for the school's research centers; oversees all aspects of pre-award administration for grants and contracts, and leads efforts to nurture interdisciplinary research collaboration within and outside the school. The SPH is in the process of recruiting the Director.

Reporting to the Dean, the **Assistant Dean for Planning & Operations** is responsible for the development and planning of new strategic initiatives. This position also develops and monitors the school's policies and procedures; serves as an informational resource for school personnel regarding university policies and procedures; acts as a liaison with various other school and university committees; manages the school's advisory committees and visiting committee; oversees alumni affairs; assists with matters related to faculty orientation; and assists the Dean with operation functions.

Office of Public Health Practice & Workforce Development - Reporting to the Dean, the Assistant Dean for Public Health Practice & Workforce Development is responsible for determining the public health workforce needs in West Virginia and providing necessary workforce development activities. This position also oversees the school's continuing education, distance education and online education activities; provides oversight of inter-professional education activities; facilitates student engagement and faculty service with public health practice and community organizations; provides oversight of MPH practice-based experience programs; surveys alumni and employers of alumni regarding competency and job performance/satisfaction; and leads and represents the school in diversity activities.

Office of Assessment - Reporting to the Dean, the **Director of Asses**sment is responsible for the process of collecting, organizing and interpreting data for the purposes of determining to what degree the School of Public Health is meeting its mission, goals and objectives. This includes providing recommendations on the data needed to measure the School's

effectiveness, identifying or developing necessary data systems, standardizing definitions for required data elements, coordinating and overseeing data collection activities, establishing and maintaining procedures for data tracking and storage, and conducting an annual preliminary analysis of these data to assess performance. This preliminary analysis is provided to the school's Evaluation Committee for their use and subsequent interpretation.

Office of Student Services - Reporting to the Associate Dean for Academic Affairs, the **Assistant Dean for Student Affairs** is responsible for student affairs processes including recruitment, admissions, registration, orientation, assistantships, scholarships, career counseling, grades and student records, course scheduling and catalog maintenance, graduation certification and commencement activities, grievance processes, academic standards, and integrity/dishonesty violations. This office also oversees the school's student association; and manages student competency assessments and the student database.

Development and Alumni Relations – Reporting to the Dean, the **Development Officer** (1.0 FTE) has primary responsibility for identifying individuals and organizations who might share an interest in the progress of the School and will be willing to provide financial support. She coordinates development with the WVU Foundation and serves as a primary contact for alumni and other potential donors.

Public Relations – The **Public Relations Specialist** (1.0 FTE) reports to the Dean and is responsible for developing and promoting the School's image and for managing all School publications and web presence. She is experienced with content development and layout and design. The Public Relations Specialist promotes the School through marketing and news releases to all types of media outlets.

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

Consistent with our mission, the School of Public Health engages in a range of educational, investigative, outreach and administrative activities that reflect interdisciplinary coordination and collaboration with the School, across the Health Sciences Center and University, and with community partners and state policy makers.

Interdisciplinary coordination, communication, cooperation, and collaboration are accomplished through both formal and informal processes. Since February 2012, the Dean has convened regularly scheduled monthly meetings of the faculty and staff to provide school-related updates, reports, and communications. The Dean has also convened annual school-wide retreats, which serve to promote and facilitate interdisciplinary collaboration.

Several additional representative bodies in the school include members from multiple departments and serve as forums for interdisciplinary coordination. The Dean's Council includes all department chairs, associate and assistant deans, and faculty and student representatives. This group meets twice monthly to discuss issues of importance to the school. These meetings frequently include discussions about optimal coordination and alignment of faculty and departmental activities in the areas of research, teaching, and service. The Curriculum Committee, which includes representatives from all departments, meets monthly and assures coordination of departmental course development and curriculum offerings. The Student Recruitment Committee also includes representatives from all departments who coordinate and collaborate on the development of student recruitment

activities.

Coordination, cooperation and collaboration also are supported through the following activities:
Public Health Dialogues – monthly gatherings of faculty, staff and students from SPH and throughout the university designed to provide faculty and students an opportunity to hear national public health leaders; faculty from Medicine, Nursing, Pharmacy, and Public Health; and guests from state and local health departments. As further described in section 3.3, the Public Health Dialogues (formerly Public Health Grand Rounds) program also serves an important workforce development and external collaboration function by providing both distance education and continuing education credits.
Monthly Journal Club – organized by faculty members Douglas Myers and Alfgeir Kristjansson, these monthly reviews and informal discussions of noteworthy public health literature are open to all school of public health faculty and students.

Interdisciplinary Centers/Offices

The SPH is home to five centers/offices that report to the dean's office. By their nature, these centers are designed to promote and support interdisciplinary research, training, and service. Additionally, the centers support active Visiting Professor Programs and Research Webinar Series that are broadcast externally to facilitate collaboration with other researchers and the public health practice community.

HEALTH RESEARCH CENTER
The goals of the Health Research Center are to serve as a leader of health research in West Virginia by conducting formative program evaluation; providing timely policy analysis and feedback; fostering innovative, self-directed research that supports the mission of the center; and disseminating research findings, and to cultivate relationships/partnerships that support the mission of the center by collaborating with various schools/units within West Virginia University; developing and enhancing partnerships with pertinent state agencies; establishing relationships with West Virginia health care providers; and collaborating outside West Virginia.

INJURY CONTROL RESEARCH CENTER
The mission of the ICRC is to advance the science and practice of injury prevention and control through research, education, outreach and service. The overarching aims are to advance scientific discovery in injury prevention and control; improve capacity of the injury field; increase public awareness of the injury problem; and strengthen injury prevention and control programs and policies. The Center's core is a strong interdisciplinary research program involving faculty who represent multiple colleges, schools, academic departments, centers, institutes and offices from across the University. Faculty have demonstrable expertise in the disciplines of public health, health services research, medicine, sociology, nursing communications, behavioral science and biostatistics.

OFFICE OF HEALTH SERVICES RESEARCH
The OHSR is a broad-based office serving the threefold mission of service, research and education. The primary goal is to facilitate improvement in the health and health care of West Virginians by providing quality improvement support, applied research, planning and resource development, analytical data management, and other consultative services for health care and health related agencies throughout the state. The Office assists primary care centers across the state in accurately tracking patient outcomes, benchmarking care against national standards, and modifying clinical policies and procedures for improved outcomes. This effort is comprised of support in use of electronic health records and registries, training and

education on chronic disease prevention and management, and assistance in the use of clinical outcomes data for quality improvement.

OSHER LIFELONG LEARNING INSITITUTE (OLLI)
OLLI at West Virginia University provides educational, recreational, volunteer and social opportunities for individuals 50 years of age and older through day and evening courses, lectures, seminary and field trips. OLLI is an academic cooperative of members that provides adults with opportunities for intellectual development, cultural stimulation and social interaction. The educational program is centered on courses developed and taught by volunteers who share their time and knowledge. The Institute emphasizes and encourages peer learning, participatory leadership and community engagement.

PREVENTION RESEARCH CENTER
A member of CDC-funded Prevention Research Centers, the mission of the School of Public Health's PRC is to transform West Virginia public health policy and practice through community-driven research. The PRC aims to expand community engagement, provide leadership and guidance in applied evidence-based public health policy and practice, maintain and expand WV PRC infrastructure and resources and foster, conduct and translate innovative community-driven prevention research and evaluation. The PRC faculty, staff and students examine the underlying behaviors and social conditions related to tobacco use, sedentary lifestyle and poor nutrition, all areas in which West Virginia trails the nation in desirable behavior. The focus is on reducing health disparities related to geography and socioeconomic status among the rural populations in West Virginia and central Appalachian states. Efforts are guided by a Community Partnership Board whose members represent state and local stakeholders in public health, education, business and community welfare.

In addition to centers and offices located within the school of public health and reporting to the dean, the SPH has substantial involvement and leadership within the interdisciplinary West Virginia Clinical and Translational Sciences Institute (WVCTSI). Supported with funding from the NIH, the WVCTSI includes West Virginia University, Charleston Area Medical Center, West Virginia School of Osteopathic Medicine, and the West Virginia United Health Systems; and has partnered with the Appalachian Translational Research Institute, which was founded by our partner and CTSA recipient the University of Kentucky. Within the WVCTSI, both the Department of Biostatistics and the Department of Epidemiology are integrally involved in the Clinical Research Design, Epidemiology, and Biostatistics Core, which is directed by Dr. Matthew Gurka, Chair of the SPH Department of Biostatistics. Supported interdisciplinary collaborative activities include monthly research huddles and weekly walk-in clinics, designed to provide research support services, consultation, and encourage interdisciplinary collaboration between departmental faculty and other investigators. Dr. Lan Guo, from the SPH Department of Occupational and Environmental Health Sciences directs the Bioinformatics Core of the WVCTSI, created to establish an informatics infrastructure to support clinical and translational research in West Virginia. Dr. Geri Dino, from the SPH Department of Social and Behavioral Sciences, directs the Community Engagement and Outreach Core of the WVCTSI, created to facilitate community-engaged research and effective knowledge translation and dissemination activities.

Finally, each department facilitates interdisciplinary collaboration in its own way. All department chairs encourage research collaboration by their faculty with investigators outside the department, both within and outside SPH. Several faculty of the SPH hold joint appointments in other schools and colleges of the university, and we similarly provide joint appointments to faculty members from other units.

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

This criterion is Met.

Strengths

- An efficient and robust administrative structure has been established.
- Interdisciplinary committees and long-standing interdisciplinary research centers facilitate interaction throughout the SPH.
- WVCTSI provides a forum for additional interdisciplinary collaboration.
- Retreats and meetings keep communication open among and across departments.

Challenges/Weaknesses

- None identified.

Plans

- Consolidate staff research support activities in a SPH Office of Research
- Recruit a Director, Office of Research.
- Continually monitor and adjust organizational and administrative structures to meet the needs of school, as identified through our evaluation and quality improvement process.

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

The WVU School of Public Health is governed by policies and procedures established by the University as well as those established by the school. Bylaws specific to the SPH have been adopted and implemented. School guidelines that fall within criterion set by greater University policy and procedure are continually being created and developed as the SPH grows and expands its programs and associated activities. While a committee of senior faculty members makes recommendations about faculty promotions, nearly all other committees of the school include representatives drawn from faculty, students, and staff. We seek diversity in membership in terms of rank, interests, and ethnicity.

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

The SPH includes committees of three general types:

- Standing committees required by the bylaws
- Standing committees established by the Dean to address continuing or recurring issues
- Ad hoc committees or task forces with specific missions, discharged upon completion of assigned duties.

It should be noted that many of the School's committees are relatively new, as these were not in place within the former MPH Program (e.g., Dean's Council, Bylaws Committee, and Evaluation Committee). Other committees (e.g., Curriculum Committee, P&T Committee) have carried forward from the former MPH Program, but have been modified to reflect expanded needs of the SPH. Finally, some committees that were previously utilized in the MPH Program (e.g., Admissions Committee, Academic Standing Committee) have been discontinued as these functions have been assumed by the Office of Academic Affairs and/or the respective academic disciplines.

Standing Committees Required by the Bylaws

Dean's Council

Charge: The Dean's Council is advisory to the Dean in all matters relating to the administration of the School of Public Health. The Dean's Council provides advice on any topic so requested by the Dean and may bring forth agenda items for discussion.

Composition: The Dean's Council is composed of the chairs of the academic departments, associate and assistant deans, an elected faculty representative and other members as approved by the council. The Dean's Council meets twice monthly.

Table 1.5.a.1 Dean's Council Current Membership

Greg Hand (Chair)	Dean, SPH
Thomas Hulsey	Interim Associate Dean, Academic Affairs
Linda Rudy	Associate Dean, Finance and Administration

Table 1.5.a.1 Dean's Council Current Membership

Lauri Andress	Assistant Dean, Public Health Practice and Workforce Development
Janet Hunt	Assistant Dean, Planning and Operations
Matthew Gurka	Chair, Biostatistics
Jefferson Frisbee	Interim Chair, Epidemiology
Michael McCawley	Interim Chair, Occupational and Environmental Health Sciences
Robert Duval	Interim Chair, Health Policy, Management, and Leadership
Keith Zullig	Interim Chair, Social and Behavioral Sciences
Douglass Myers	Assistant Professor, Faculty Representative
Megan Whetzel	Student Representative (SAPH President)

The Dean's Council was established shortly following the announcement of WVU's intent to establish a school of public health in January 2011. No similar committee was in place within the governance structure of the MPH program. The original membership of the Dean's Council was limited to academic chairs and administrators. Shortly following interim Dean Jeffrey Coben's appointment in February 2012, he requested that an elected faculty representative be added to the council. This was then further expanded to include a student representative, to provide both faculty and students with clear opportunities and mechanisms to participate in the administration and governance of the school. The development, implementation, and management of the Dean's Scholarship Awards and the establishment of new guidelines on student employment procedures are two recent examples of the effectiveness of this committee. Additional examples of recent meeting topics are described in section 1.5.b. Meeting minutes from the Dean's Council are maintained on the School's SharePoint site and are available for review in the resource file.

Promotion and Tenure Committee

Charge: To participate in annual evaluation and review for promotion and/or tenure of all faculty members in the School of Public Health, and to serve in an advisory capacity to the Dean for the evaluation of academic qualifications of faculty members. The P&T Committee meets annually and then as needed to process promotion and tenure decisions.

Composition: The Promotion and Tenure Committee consists of a minimum of eight (8) faculty members, at the level of associate professor or higher. Members are appointed annually and may be reappointed for up to five (5) consecutive terms prior to mandatory rotation off of the committee. The Dean solicits nominations from department chairs of faculty from within their departments prior to making annual appointments. All departments have at least one representative. Faculty members in different SPH faculty appointment tracks are included within the committee membership.

Table 1.5.a.2 P&T Committee Current Membership

Geri Dino (co-chair)	Professor, Department of Social and Behavioral Health
George Kelley (co-chair)	Professor, Department of Biostatistics
Warren Eller	Associate Professor, Department of Health Policy, Management and Leadership
Peter Giacobbi	Associate Professor, Department of Epidemiology
Lan Guo	Associate Professor, Department of Occupational and Environmental Health Sciences
Ranjita Misra	Professor, Department of Social and Behavioral Health
Ian Rockett	Professor, Department of Epidemiology

Table 1.5.a.2 P&T Committee Current Membership

Peter Shaffron	Professor, Department of Social and Behavioral Health

WVU guidelines permit smaller schools to establish single, school-wide, promotion and tenure committees. The SPH Promotion and Tenure Committee is, therefore, an extension of the previous departmental promotion and tenure committee that was maintained within the former Department of Community Medicine. To maintain continuity during the transition process, Dr. Ian Rockett was retained as the Committee Chair; Dr. Rocket was recently temporarily replaced by co-chairs Drs. Dino and Kelly due to personal illness. Although the deliberations of the Promotion and Tenure Committee are confidential in nature, summaries of the committee's meetings are available upon request.

Curriculum Committee

Charge: To participate in continuous evaluation and review of all degree and non-degree curricular proposals in the School of Public Health, evaluate policies regarding SPH curricula and courses, and direct curriculum/course proposals to the Dean/Associate Dean for Academic Affairs for action and to forward to the appropriate WVU/HSC committees/councils as appropriate. The Curriculum Committee meets monthly.

Composition: At least one faculty representative from each of the five departments in the SPH, recommended by the respective departmental chairs, a student member, appointed by the Dean and ex-officio members, including but not limited to the Associate Dean for Academic Affairs.

Table 1.5.a.3 Curriculum Committee Current Membership

Michael Mann (Chair)	Assistant Professor, Department of Social and Behavioral Health
Stephanie Frisbee (Vice Chair)	Assistant Professor, Department of Health Policy, Management and Leadership
Karen (Kim) Innes	Associate Professor, Department of Epidemiology
Kimberly Rauscher	Assistant Professor, Department of Occupational and Environmental Health Sciences
Ranjita Misra	Professor, Department of Social and Behavioral Health
Sijin Wen	Assistant Professor, Department of Biostatistics
Maggie Power	MPH Student
Thomas Hulsey (Ex Officio)	Associate Dean, Academic Affairs
Janet Hunt (Ex Officio)	Assistant Dean, Planning and Operations
Sherry Kuhl (Ex Officio)	Director, Office of Student Services
Tara Davis (Ex Officio)	Office of Student Services

The Curriculum Committee was one of the standing committees of the MPH program, and has continued its important activities within the SPH. The committee has been expanded to include representatives from all academic disciplines. Committee approvals of a proposed worksite wellness area of emphasis and a proposed new course on healthcare and insurance policy are two recent examples of the activities of this committee. The committee has also made significant improvements to help streamline and standardized the process of curricula review. The monthly meeting minutes of the Curriculum Committee are maintained on the SPH SOLE site and are available for review in the resource file.

Evaluation Committee

Charge: To evaluate the institutional effectiveness of the School of Public Health. A primary focus of the committee is to evaluate progress towards achievement of the School's goals and objectives as described by the current strategic plan, but shall also include other outcome assessments that relate to CEPH and NCA accreditation and other outcome assessments as directed by the Dean. The Evaluation Committee meets as needed/prescribed by the SPH evaluation plan.

Composition: Consists of a minimum of four full-time faculty members (any rank), two staff members, and two student members. The Dean may also appoint members external to the SPH. Members are appointed annually for a two-year term and may be reappointed for up to two consecutive terms be served prior to mandatory rotation off the committee. The Dean will solicit nominations from department chairs of faculty, staff, and students from within their departments prior to making annual appointments. The Assistant Dean for Planning and Operations serves in an ex officio capacity.

Table 1.5.a.4 Evaluation Committee Current Membership

Haslyn Hunte (Chair)	Assistant Professor, Department of Social and Behavioral Health
Christiaan Abildso	Assistant Professor, Department of Social and Behavioral Health
Thomas Bias	Assistant Professor, Department of Health Policy, Management and Leadership
Alfgeir Kristjansson	Assistant Professor, Department of Social and Behavioral Health
Leann Long	Assistant Professor, Department of Biostatistics
Susan Crayne	Staff, Health Research Center
Valerie Frey-McClung	Staff, Prevention Research Center
Halima Ahmadi-Montecalvo	PhD Student
Amna Umer	PhD Student
Janet Hunt (ex officio)	Assistant Dean, Planning and Operations

As described in section 1.2, the school's Evaluation Committee was established by the interim dean in November 2013. From November 2013 to June 2014, the Evaluation Committee completed an extensive process of critically reviewing and commenting on all section drafts of this self-study report. The committee evaluated the strengths and weaknesses of the SPH against each required CEPH criterion, and provided feedback and suggested plans for future activities. Minutes of the meetings held to discuss these findings were maintained on SharePoint and are available for review in the resource file.

Bylaws Committee

Charge: To perform regular ongoing reviews of the SPH bylaws and submit recommendations for modifications and amendments as needed. The Evaluation Committee meets as necessary.

Composition: Members are elected representatives from each of the SPH departments, an elected representative from the student body, and an elected representative from the SPH staff. The Associate Dean for Finance and Administration and the Senior Associate Dean for

Academic Affairs and Educational Effectiveness shall serve in an ex officio capacity, with voting privileges. Members serve two-year terms and may be re-elected for up to three consecutive terms prior to rotation off the committee.

Table 1.5.a.5 Bylaws Committee Current Membership

Elyce Biddle (Chair)	Assistant Professor, Department of Health Policy, Management and Leadership
Sarah Knox	Professor, Department of Epidemiology
Michael McCawley	Associate Professor, Department of Occupational and Environmental Health Sciences
Toni Morris	Assistant Professor, Department of Social and Behavioral Health
Michael Regier	Assistant Professor, Department of Biostatistics
Leesa Prendergast	Staff Representative
Michael Cima	Student Representative
Thomas Hulsey (Ex Officio)	Interim Associate Dean, Academic Affairs
Linda Rudy (Ex Officio)	Associate Dean, Finance and Administration

The SPH bylaws were formally adopted on March 5, 2014. The bylaws established the Bylaws Committee as a new standing committee within the School. Subsequently, departmental, staff, and student elections were conducted to identify committee representatives. The committee convened its first meeting on August 29, 2014; the initial meeting was led by the Senior Associate Dean. After discussing the role of the committee and committee process, the committee elected its first Chair: Dr. Elyce Biddle. Dr. Ramirez (former Senior Associate Dean) was asked to provide committee members with examples of bylaws from other CEPH-accredited Schools of Public Health that could serve to inform the committee and its review of the currently approved SPH Bylaws.

Other Current Standing Committees

Visiting Committee

Charge: The SPH Visiting Committee, similar to the visiting committees established for all other schools within the WVU Health Sciences Center, is a senior-level advisory group whose charge is to provide support and advice to the Dean. By focusing on the School's strategic priorities, the Visiting Committee helps to identify new opportunities and provide feedback with regard to existing initiatives. The Visiting Committee also provides the SPH with a clear understanding of the external environment in which they operate, identifies key stakeholders and potential partners to help the School achieve its strategic priorities. The Visiting Committee meets two to three times per year.

Composition: Determined by the WVU Vice President for Health Sciences in consultation with the SPH Dean, is comprised of exceptional leaders from many disciplines, including business, education, natural resources, government, and healthcare. Members shall be appointed annually for a one (1) year term, and may be reappointed indefinitely at the discretion of the VP Health Sciences. A chair of the Visiting Committee will be elected by the active members.

Table 1.5.a.6 Visiting Committee Current Membership

J. Thomas Jones. MHA (Chair)	Former President and CEO of West Virginia United Health System

Table 1.5.a.6 Visiting Committee Current Membership

R. Dean Hartley, Esq.	Founding Partner; Hartley & O'Brien, PLLC
Rev. Brian O'Donnell	Catholic Conference of West Virginia
Stuart M. Robbins	WVU College of Business and Economics Alumnus
Ron D. Stollings, MD	Chair, Senate Health and Human Resources Committee; West Virginia Legislature
Letitia Tierney, MD, JD	Commissioner; WV Bureau for Public Health
Craig H. Blakely, PhD, MPH	Dean; University of Louisville School of Public Health
Robert Walker, MD	Vice Chancellor for the Health Sciences; West Virginia Higher Education Policy Commission

Summary minutes of the meetings of the Visiting Committee are maintained on SharePoint and are available for review in the resource file.

Community Advisory Board

Charge: The Community Advisory Board assists the SPH in understanding how the needs of community can be met by the talent, skills, and knowledge of SPH faculty; and how the needs of employers can be met by the talent, skills, and knowledge of SPH graduates. The board reviews the community outreach and workforce development activities of the SPH, and provides recommendations on how these efforts can be strengthened and coordinated with other entities. The board also reviews the performance of current students and graduates, and provides recommendations on how our training programs can be adjusted to help students better develop competencies that the work environment requires or desires. During the initial meeting of the CAB, the members were asked to comment on their existing perceptions of the SPH's students and graduates, and all comments were very positive. The SPH and specifically the Office of Assessment has been charged with developing and implementing systematic processes for assessing graduate performance by the CAB and other stakeholder groups. The Community Advisory Board meets at least annually.

Composition: This group is composed of community leaders from non-profit, public, and private institutions that are engaged in public health practice; and the employers, potential employers and practicum preceptors of SPH students. Members shall be appointed annually for a one (1) year term, and may be reappointed indefinitely at the discretion of the Dean. A chair will be elected by the active members.

Table 1.5.a.7 Community Advisory Board Current Membership

Amy Atkins	Director, Division of Local Health, WV Bureau for Public Health Sanitation Division
Franklin Briggs	Vice President for Quality and Patient Safety, WVU Healthcare
Kathie Brown	Wheeling Health Right
Zach Brown	Executive Director, West Virginia Coalition to End Homelessness
Dr. Greg Epps	Senior Advisor to the Chief Diversity Officer, WVU Division of Diversity, Equity, and Inclusion
Cindy Fitch	WVU Extension Service
Howard Gamble	Administrator, Wheeling-Ohio County Health Department
Diana Gaviria, MD, MPH	Health Officer, Berkeley County Health Department
Jeff Graham	Executive Director, Beckley Health Right
Rahul Gupta	Executive Director, Kanawha-Charleston Health Department

Table 1.5.a.7 Community Advisory Board Current Membership

Patricia Homberg	Executive Director, Office of Special Programs, WV Department of Education
Laura L. Jones	Executive Director, Milan Puskar Health Right
Rosemarie Lorenzetti	Associate Dean of Student Services; WVU Eastern Division
Jerry Rhodes	Director, Center for Threat Preparedness, WV Bureau for Public Health
Jason Roush	WV State Dental Director
Denise Ryan	Berkeley County Health Department
April Vestal	WVU Institute for Community and Rural Health
Bob White	Regional Epidemiologist, Monongalia County Health Department
Dick Wittberg	Executive Director, Mid-Ohio Valley Health Department
Janet Hunt, ex-officio	Assistant Dean, Planning and Operations

As previously described, although the WVU MPH Program had established a Community Advisory Board, we determined the need to re-invigorate and expand this committee during the course of the school's analytic self-study. Additional members were recruited, and the newly established school-wide advisory board met for the first time in April 2014. A summary of that meeting is available for review in the resource file.

Alumni Advisory Council

Charge: Help the School of Public Health assess and continually improve its programs and activities, ensuring they remain current and meet the needs of West Virginia with respect to teaching, research, and service. The Alumni Advisory Committee meets at least annually.

Table 1.5.a.9 Alumni Advisory Council
Current Membership

Alumnus	Program	Concentration	Graduated
Penelope Baughman, MPH, PhD	PhD	Epidemiology	2010-11
Julia Blackwood, MPH	MPH	Generalist	2002-03
John Blosnich, MPH, PhD	PhD	Social and Behavioral Sciences	2010-11
Brittany Brooks, MPH	MPH	Health Policy	2012-13
Amber Brown, MPH	MPH	Social and Behavioral Sciences	2012-13
Laura Cooper, MPH	MPH	Generalist	2010-11
Brent Doney, MPH, PhD	PhD	Epidemiology	202-13
Heather Downey, MPH	MPH	Health Policy	2012-13
Becca Fint-Clark, MPH	MPH	Generalist	2006-07
Kathryn Flack, MPH	MPH	Social and Behavioral Sciences	2012-13
Michael Jude, MPH	MPH	Generalist	2012-13
Laura Kurth, PhD	PhD	Epidemiology	2012-13
Shannon McBee, MPH	MPH	Generalist	2006-07
Sheena Sayres, MPH	MPH	Generalist	2012-13
Gina Sharps, MPH	MPH	Generalist Online	2011-12
Janet Hunt, ex-officio	Assistant Dean, Planning and Operations		

The new SPH Alumni Advisory Council was established in 2014 and held its first meeting in April 2014. A summary of that meeting is available for review in the resource file.

Student Recruitment Committee

Charge: To promote coordination and collaboration across departments and across the school in student outreach and recruitment activities including (but not limited to): identifying resources and opportunities for student recruitment, developing materials to facilitate student recruitment, and planning special events targeting student recruitment. The Student Recruitment Committee meets each semester (minimum).

Composition: The membership includes at least five faculty members, with at least one representative from each of the five departments in the SPH, recommended by their respective department chairs; at least one staff member who is involved in SPH graduate programs; representatives from the Office of Student Services; and the SPH public relations specialist.

Table 1.5.a.10 Student Recruitment Committee Current Membership

Sherry Kuhl (Chair, ex officio)	Director, Office of Student Services
Leah Adkins	Office of Student Services
Lova Jaros	Information Technology Staff
Baqiyyah Conway	Assistant Professor, Department of Epidemiology
Warren Eller	Associate Professor, Department of Health Policy, Management and Leadership
Travis Knuckles	Research Assistant Professor, Department of Occupational and Environmental Health Sciences
Dustin Long	Assistant Professor, Department of Biostatistics
Teresa Nass	Public Relations Specialist
Crystal Rhodes	Administrative Staff
Nancy O'Hara Tompkins	Research Assistant Professor, Department of Social and Behavioral Health
Megan Whetzel	MPH Student
Jessica White	Information Technology Staff

Members of the Recruitment Committee typically meet during certain times of the year to plan and organize open house events and other school-wide recruitment activities. Meeting minutes are maintained on SharePoint and are available for review in the resource file.

Accreditation Committee

Charge: To lead and coordinate school-wide efforts towards accreditation and re-accreditation of the SPH and its constituent programs. The Accreditation Committee has met monthly (initially) and as needed throughout the self-study period

Composition: Members were appointed by the former Senior Associate Dean for Academic Affairs and Educational Effectiveness, who led the school's accreditation activities.

Table 1.5.a.11 Accreditation Committee Current Membership

Thomas Hulsey (Chair)	Interim Associate Dean, Academic Affairs
Gilbert Ramirez (former Chair)	Accreditation Consultant and Former Senior Associate Dean for Academic Affairs
Greg Hand	Dean
Jeffrey Coben	Former Interim Dean

Table 1.5.a.11 Accreditation Committee Current Membership

Thomas Hulsey	Interim Associate Dean, Academic Affairs
Linda Rudy	Associate Dean for Finance & Administration
David Parker	Director of Assessment; Associate Professor, Epidemiology
Samantha Shawley	Accreditation Assistant; Student, Social and Behavioral Health Sciences (MPH graduate, current PhD student)
Sherry Kuhl	Director, Office of Student Services
Janet Hunt	Assistant Dean, Planning and Operations
George Kelley	Professor; Biostatistics
Ranjita Misra	Professor; Social and Behavioral Sciences
Ian Rockett	Professor; Epidemiology

The Accreditation Committee was established in the spring of 2013. Meeting minutes are maintained on SharePoint and are available for review in the resource file.

Current Ad Hoc Committees

Online Instruction Committee

Charge: To determine needs and current resources available to support the effective delivery of online instruction and distance education, and provide recommendations for any necessary improvements. The Online Instruction Committee meets as needed to conduct its business.

Composition: Members were solicited by the Dean via an open call for volunteers from the faculty. Information technology staff members were also assigned to participate, by the Dean.

Table 1.5.a.12 Online Instruction Committee Current Membership

Ranjita Misra (Chair)	Director, MPH Online Program
Rachel Abraham	Assistant Professor, Department of Occupational and Environmental Health Sciences
Lauri Andress	Assistant Dean, Public Health Practice and Workforce Development
Lova Jaros	Information Technology Staff
Baqiyyah Conway	Assistant Professor, Department of Epidemiology
Sherry Kuhl	Director, Office of Student Services
Christa Lilly	Assistant Professor, Department of Biostatistics
Amanda Paugh	MPH Student
Linda Rudy	Associate Dean, Finance and Administration
Jean Siebert	Assistant Professor, Department of Health Policy, Management and Leadership
Roberta Sykes	Teaching Instructor, Department of Social and Behavioral Health
Jessica White	Information Technology Staff

This ad hoc committee was established in September 2013. To date, the committee has undertaken and completed faculty and student surveys to determine needs and experiences related to online instruction. Meeting minutes are maintained on SharePoint and are available in the resource file.

1.5.b Description of the school's governance and committee structure's roles and responsibilities relating to the following:

- general school policy development
- planning and evaluation
- budget and resource allocation
- student recruitment, admission, and award of degrees
- faculty recruitment, retention, promotion, and tenure
- academic standards and policies, including curriculum development
- research and service expectations and policies

General School Policy Development
Formal authority for most budgetary, personnel, programmatic, space issues and all other school policy development is vested in the dean. Policy decisions are informed by various school committees and in particular the Dean's Council. All committees are advisory to the Dean, with Associate Deans serving ex-officio roles on committees providing a direct conduit to the Dean.

Planning and Evaluation
The Dean's Council is the major planning committee for the school, and most major decisions are made by this group. The Evaluation Committee provides the essential function of evaluation for the school, along with input from students, staff, faculty, Visiting Committee, Alumni, and Community Advisory Board.

Budget and Resource Allocation
The annual budget and resource allocation process begins within the school each January. The Associate Dean for Finance and Administration leads this process, and solicits input and requests from the department chairs and other assistant/associate deans. Budget and resource allocation are among the topics often discussed within the Dean's Council. The Dean has final authority for budget decisions and allocations.

Student Recruitment, Admission, and Award of Degrees
The school's departments, the Office of Student Services, and the Student Recruitment Committee share student recruitment responsibilities (see criterion 4.4.a.). The university sets general admission requirements that are supplemented by specific department requirements. Department chairs, who delegate the initial admissions process to department committees, make final decisions and submit their recommendations for approval to the school's Office of Student Services. Department chairs with their faculty make recommendations for awarding of degrees following review of each student's academic record and competency (see criterion 2.7). Awarding of degrees is at the university level, and is handled by the University Registrar.

Faculty Recruitment, Retention, Promotion, and Tenure
Department search committees, assembled by the chairs on an ad hoc basis, normally handle faculty recruitment for positions within the respective departments. The search committee is then responsible for ensuring that the proper procedures (as stipulated by the university) are followed in the search and hiring process. All search committees include a designated social justice representative who is responsible for assuring compliance with the university's affirmative action protocol. Most search committees include student representatives, and students often interview applicants, make recommendations and, in some departments, may have a vote on the committee. The search committee then makes recommendations to the chair, who serves as the hiring official.

Procedures for faculty retention, promotion, and tenure follow university guidelines

(http://wvufaculty.wvu.edu/r/download/167944) and specific School of Public Health guidelines (electronic resource file). Annual evaluation and review at the department level is by a committee of faculty peers. WVU rules permit a "small school" approach; one committee with representatives from each department serves this function within the SPH (see Promotion and Tenure committee description in section 1.5.a). Chairs also evaluate each faculty within a department. In addition, chairs provide annual goals, in consultation with the faculty member, and the committee acknowledges and evaluates progress toward these goals in the next annual review.

Academic Standards and Policies, Including Curriculum Development
At the department level, each department and program in the school has its own structure for developing new programs, reviewing and evaluating existing programs, and generally ensuring high academic standards. School-wide responsibility for academic standards and policies rests with the Associate Dean for Academic Affairs. The Office of Student Services reviews each student's academic record at the end of the semester to verify SPH academic standards have been met, and when not met, the initiation of SPH policies and procedures for placing and notification of academic probation, suspension, and/or dismissal.

The Curriculum Committee leads school activities related to the continuous evaluation and review of all degree and non-degree curricular proposals in the School of Public Health, including policies regarding SPH curricula development and courses (see section 1.5.a).

Research and Service Expectations and Policies
The school's promotion and tenure guidelines state that all faculty members are expected to demonstrate contributions in research, teaching, and service. How those expectations are turned into measurable and assessable activities are determined by each department. Annually, each chair and faculty member work together to develop a set of expectations and effort allocations in research, teaching and service. These work plans are included in the faculty member's file and shared with the members of the promotion and tenure committee, to ensure that annual reviews of performance are evaluated against the agreed-upon expectations.

Additionally, the school recognizes that activities of SPH faculty are sufficiently diverse as to require several appointment tracks as well as some expansion, definition, and clarification of requirements for promotion and tenure within each of these tracks. These multiple appointment tracks within the School of Public Health are recognized as parallel tracks without implied or intended hierarchy. They allow for different research expectations in certain fields such as biostatistics, where collaborative research involvement often supersedes opportunities for independent research. Current tenure earning tracks in the SPH include scientist, scientist collaborator, educator-scientist, and clinical scientist; and non-tenure earning tracks include scientist educator, clinical educator, and specialty (research, service, or lecturer).

As a new school, we anticipate that these expectations and policies will continue to evolve. The Dean's Council, school-wide Promotion and Tenure Committee, Evaluation Committee, and Community Advisory Board will all have continuing input into faculty research and service expectations. For example, following recent meetings between the former Interim Dean and the Promotion and Tenure Committee, it was determined that the committee would undertake a review of the school's current promotion and tenure guidelines and provide recommendations for their revision prior to the completion of the next round of annual faculty reviews.

1.5.c A copy of the school's bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school.

A copy of the SPH bylaws is included in electronic resource file.

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

The SPH faculty members are actively contributing to the larger university community through their involvement in a full range of important committees and organizations. The following table summarizes SPH faculty involvement and membership on university committees. A more detailed description of involvement within SPH, university, and Health Sciences Center committees for each SPH faculty member, is provided within the resource file (will be submitted with the final self-study).

Table 1.5.d Faculty Participation on University Committees

University Level Committees	# Faculty
WVU Planning Committee	1
WVU Faculty Senate	6
WVU Board of Governors	1
WVU Vice President of Research Search Committee	1
WVU Assessment Council	1
WVU Faculty Senate Executive Committee	2
WVU Faculty Senate Graduate Education & Curriculum (GEC)	1
WVU Faculty Senate Curriculum Review	1
WVU Editorial Board, WV Magazine	1
WVU Faculty Senate Research and Scholarship Committee	1
WVU Discovery and Innovation Input Group Strategic Planning Council	1
WVU Internal Advisory Committee	1
WVU Energy Council	1
WVU Center for Cardiovascular and Respiratory Sciences	2
WVU Data Management Committee	1
WVU School of Nursing Dean Search Committee	1
WVU MPH Advisory Board	1
WVU Prevention Center, C8 Health Project Working Group	1
WVU Student Rights and Responsibilities Committee	1
WVU Drug and Alcohol Advisory Council	1
WVU Liberal Studies/General Education Committee	1
WVU Mossberg Committee- Women's Studies	1
WVU Professional Education Coordinating Council	1
WVU Scholarship and Awards Committee-Women's Studies	1
WVU Sexual Assault Advisory Council	1
WVU Social Justice Committee	1
WVU Social Justice Visiting Committee	1
WVU Promotion and Tenure Advisory Committee	1
WVU Strategic Planning Council	1
WVU Women's Studies: Faculty Evaluation Committee	1
WVU Lifelong Learning Committee	1

Table 1.5.d Faculty Participation on University Committees

University Level Committees	# Faculty
WVU Health Service	1
WVU Unite for Sight Club	1
WVU Academic Computing Advisory Committee	2
WVU Causal Inference Research Group (CIRG)	1
WVU JSM 2011 Stat Bowl Team Champions	1
WVU Faculty Reward, Award, and Support Committee	1
WVU single and multiple subject committees overseeing academic programs related to teacher preparation and credentialing	1
WVU Professional Education Programs Coordinating Committee	1
WVU Chancellor's Faculty Advisory Board	1
WVU Population Science Sub-Committee	1
WVU Women of Color Luncheon Committee	1
WVU Council for Women's Concerns	1
WVU Community Partnership Board	1
WVU IT Strategic Planning (IT SP) Initiative	1
WVU Global Health Program Advisory Committee	1
WVU Teacher Education Council	1

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

Students are involved in several levels of the school's governance process. Nine students serve on eight committees to include the Dean's Council, Curriculum Committee, Evaluation Committee (2 students), Bylaws Committee, Student Outreach and Recruitment Committee, Accreditation Committee, and the Online Instruction Committee. Students who are appointed to committees have voting rights.

Students also participate in student organizations. The Student Association of Public Health (SAPH) is a collection of MPH and PhD students in the School of Public Health who are dedicated to promoting public health issues throughout WVU and the community. SAPH is an active operation and meets every third week to organize social events, community health outreach and education, community service and civic engagement opportunities, professional development, and advocates for social justice. SAPH also offers an opportunity for students to discuss all aspects of student life and serves as a liaison relation between faculty and students. (see SAPH constitution at http://publichealth.hsc.wvu.edu/students/student-association-of-public-health/saph-constitution/. The School students also participate in the Delta Omega Honorary Society in Public Health. The school's Gamma Mu chapter was designated the 2013 Chapter of the Year at the 2013 APHA Conference. Students may also participate with the MPH Student Ambassador organization, which represent the SPH at student recruitment and other events, and explain public health concepts to other disciplines, undergraduates and in community settings.

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

This criterion is met.

Strengths

- Clear opportunities for faculty, staff and student participation
- Strong representation of SPH faculty on university committees
- Students participating on all acceptable committees
- Research and service expectations discussed with chairs and evaluated and discussed at multiple levels

Challenges/Weaknesses

- No independent faculty assembly within the SPH current governance structure
- Lack of adequate historical data to fully assess the effectiveness of current and previous governance structures

Plans

- SPH Bylaws Committee to review current bylaws and provide recommendations for changes to reflect the evolving governance needs and desires of the faculty, staff and students
- SPH Promotion and Tenure Committee to review current promotion and tenure guidelines and provide recommendations for revisions that reflect evolving school priorities in community engagement, service, teaching, and research.

1.6 Fiscal Resources. The school shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

During a time of continual budget cuts from the State of WV, the WVU School of Public Health was considered a priority for the State and was created from the strong foundation of the former Department of Community Medicine in the WVU School of Medicine. A $1 million State appropriation designated specifically for the creation of a School of Public Health at WVU was earmarked each year for a five year period with the goal of assisting with the implementation of the new School. Existing resources were transferred from the WVU School of Medicine in fiscal year 2012 (July 1, 2011-June 30, 2012) from the Department of Community Medicine where the MPH program previously resided. The combination of these two sets of resources, in addition to an increased allocation from the WVU HSC in fiscal year 2014 (July 1, 2013-June 30, 2014) allow for sufficient fiscal resources to achieve the goals and objectives of the School.

1.6.a Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the school.

Sufficient fiscal resources to achieve the goals and objectives of the School come from a variety of sources including state-appropriated funding, extramural research and service grants and contracts, tuition revenues, gifts, and endowment income. The West Virginia University Health Sciences Center (HSC) maintains a comprehensive budget planning process that incorporates unit level budget development for a given fiscal year beginning in the preceding year. Individual units/schools develop revenue and expense budget requests for the upcoming fiscal year in line with the guidelines set forth by the WVU University Planning Committee (UPC). The University Planning Committee consists of the University Provost, the Chancellor of the Health Sciences Center, the Senior Associate Provost, the Vice President for Finance and Administration, the Vice President for Student Affairs, the Vice President for University Relations, the President's Chief of Staff, the Associate Vice President for Planning and Treasury Operations, the Associate Vice President for Finance, and the Associate Vice President for Health Services. The HSC Budget Advisory Committee comprised of the Chancellor of the Health Sciences Center, faculty, students, and staff, also review budget priorities and provide advice guided by the HSC 2020 Strategic Plan.

Operating units must request spending authority for non-centrally and centrally controlled resources. Non-centrally controlled resources represent funding from estimated revenues that will be generated from the unit/school. Centrally controlled resources are supported by revenues received centrally and allocated out to operating units/schools by Central Administration.

Central revenues consist of appropriations from the State of West Virginia, University tuition and fees and indirect cost recovery. As previously mentioned, the WVU School of Public Health (SPH) has been specifically appropriated $1 million per year for five years beginning fiscal year 2012 (July 1-June 30, 2012). HSC central administration also allocates, on an annual basis, a portion of central tuition and fees. The majority of tuition and fees for the

HSC's five schools are received centrally and distributed to the schools as part of their central allocation. Other components of the central allocation consist of unrestricted state appropriations, overhead and indirect cost recoveries, and other revenue.

Indirect cost recoveries are not allocated back to the specific research area, but are part of the centrally allocated pool of funds. Schools and units are not charged space costs, utilities and other centrally supported services such as information technology, maintenance, custodial, security, etc.; thus the overhead returns are retained centrally.

Non-Central revenues consist of an allocation of college specific tuition and fees, grants and contracts, gifts, and other revenue (such as self-generating professional services). An allocation of the SPH tuition and fees and online education tuition and fees are distributed directly to the school. Grants and Contracts consist of external funding for specific projects awarded to and budgeted within the School of for the duration of the projects.

The SPH also receives several gifts to assist with support of the school from interested donors. These gifts are housed in the WVU Foundation for specific use by the SPH. Significant increases are expected in gifts/endowments after the successful recruitment of a Director of Development in June, 2014.

Allocation of funding for the SPH varies from year to year, but generally falls into the following categories:

- 54.6% - HSC central allocation of University tuition and fees, and indirect cost recovery
- 26.6% - Grants
- 13.7% - State Appropriations
- 3.7% - Allocation of college specific tuition & fees
- 1.4% - Self Generating

Despite challenging economic times, several factors provide confidence that the SPH has a strong and stable financial position. First, the state of West Virginia has been less impacted than many other areas of the country by the recent economic recession. Second, West Virginia University and the WVU HSC continue to exhibit strong financial performance and growth. The close alignment of the mission of the SPH with the overall mission of the University and the HSC has resulted in our establishment as the first new School at WVU in over 50 years. The School has, and will continue to receive, strong University financial support and assistance to fulfill this critical part of our land-grant mission. Third, based upon our existing faculty complement, the SPH has significant opportunities for growth in graduate student enrollment. Fourth, there continues to be strong statewide support and recognition of the value of the SPH within West Virginia. We are confident of our ability to continue to obtain direct support from the legislature, and to increase our contracted funding from the West Virginia Bureau for Public Health. Fifth, recognizing the current competitive climate for extramural funding, we have used conservative models to develop our financial projections (tenured and tenure-track faculty are required to achieve and maintain 25% salary support from external funding sources beginning with their fourth year of employment). Sixth, as the SPH further builds our alumni base, outreach activities and reputation, we anticipate significant increases in gifts and endowments. To facilitate this growth, we hired a Director of Development who started on June 23, 2014. Finally, with the hiring of our Founding Dean August 16, 2014, came a financial package of resources dedicated to the SPH for faculty and staff recruitment and renovation of space of nearly $3.5 million over the next five fiscal years.

1.6.b A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. This information must be presented in a table format as appropriate to the school. See CEPH Data Template 1.6.1.

Table 1.6.b Sources of Funds and Expenditures by Major Category, 2009 to 2014

Fiscal Year	2009-10	2010-11	2011-12	2012-13	2013-14
Source of Funds					
Tuition & Fees	*$ 158,200*	*$ 141,505*	*$ 149,117*	*$ 246,152*	*$ 144,414*
State Appropriated	*$ 584,146*	*$ 522,502*	*$1,550,610*	*$2,249,258*	*$2,355,075*
Self-Generating	*$ 61,836*	*$ 55,311*	*$ 58,286*	*$ 183,965*	*$ 114,469*
Grants/Contracts	*$3,379,038*	*$3,939,263*	*$3,609,864*	*$3,139,369*	*$2,725,693*
*HSC Allocation**	*$2,335,015*	*$1,920,614*	*$1,082,545*	*$3,633,189*	*$4,416,660*
Office of Research and Graduate Education	*$ 272,500*	*$ 272,500*	*$ 272,500*	*$ 272,500*	*$ 272,500*
Endowment/Other Income	*$ 60,551*	*$ 55,302*	*$ 89,639*	*$ 50,199*	*$ 122,099*
Gifts	*$ 35,449*	*$149,288*	*$ 18,895*	*$ 23,295*	*$ 88,990*
Total	***$6,886,736***	***$7,056,085***	***$6,831,456***	***$9,797,927***	***$10,239,900***
Expenditures					
Faculty Salaries & Benefits	*$2,686,814*	*$3,226,074*	*$2,928,531*	*$4,335,883*	*$5,219,056*
Staff Salaries & Benefits	*$1,965,162*	*$1,406,471*	*$1,526,336*	*$1,824,771*	*$2,048,991*
Operations	*$1,310,337*	*$1,420,770*	*$1,734,782*	*$1,566,681*	*$1,561,447*
Travel	*$149,739*	*$179,210*	*$124,421*	*$205,530*	*$ 249,020*
Student Support	*$729,233*	*$711,198*	*$606,408*	*$559,163*	*$ 496,979*
Total	***$6,841,285***	***$6,943,723***	***$6,920,477***	***$8,492,028***	***$9,575,493***

*Indirect cost recovery is included in HSC allocation as previously described.

Additional information about the budget components of table 1.6.b follows:

- *Tuition and fees* reported for Fiscal Years 09-10 through 12-13 were determined based on the central allocation calculation by HSC finance. FY 13-14 tuition represents the actual college fee and academic innovation (online) revenue collected and transferred into SPH accounts.
- *State Appropriated Revenue* includes general state funds allocated by HSC Finance and additional (line-item) state appropriations to assist in the development of the SPH.
- *Self-Generating* represents fee-for-service contracts.
- *Grants/Contracts* revenue is counted in the year the funds were expended.
- *HSC Allocation* is determined centrally by HSC Finance.
- *Office of Research & Graduate Education* is provided by the HSC Office of Research and Graduate Education specifically for PhD student support.
- *Endowment/Other Income* represents investment return on endowments and dues/other fees housed in the WVU Foundation for the benefit of the SPH.

- *Gifts* represent spendable donations housed in the WVU Foundation designated to benefit the SPH.

Table 1.6.b only reflects current funds and expenditures for the years indicated. However, the process of carrying forward any balances are permitted with self-generating funds and, with permission, state funding that is freed by faculty acquiring external funding salary support. This is accomplished by transferring any agreed upon residual balances to funds that do not revert back to the State if unspent and can be included in the following fiscal year budgeting process as needed. In the event the school does not have adequate resources to cover all expenditures and a carry forward does not exist, HSC finance will provide one-time support on a case-by-case basis.

Student support is specifically listed in the table and includes stipends/salaries, benefits, travel and supplies relative to student support. Also included in Operations are supplies, memberships, equipment, etc. Positive differences between sources of funds and expenditures for any fiscal year may be carried forward if they are Gifts, Endowment/Other Income, or Self-Generating (i.e.: professional services, etc.). Tuition & Fees, State Appropriated and HSC Allocated funds are permitted to be carried forward on a case by case basis through negotiation with central HSC finance on a year by year basis as previously described.

1.6.c If the school is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by school of public health faculty who may have their primary appointment elsewhere.

Not Applicable

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

The school uses the following outcome measures to assess the adequacy of its fiscal resources. The goal for research dollars per primary faculty headcount is based upon similar data presented in the University of Louisville's 2012 accreditation self-study. We recognize that federal research funding has become increasingly competitive since 2012, and our research funding outcomes are reflective of this overall trend. Plans for addressing the recent decline in grants and contracts are noted below and are further described in Section 3.1.

Table 1.6.d. Outcome Measures for Determining Adequacy of Fiscal Resources

Outcome Measure	Target	2011-12	2012-13	2013-14
1. Increasing revenues from college tuition and fees to at least $300,000 by 2016	$300,000	$149,117	$246,152	$144,414
2. Maintaining overall student financial support of at least $5,000 per student FTE	$5,000	$6,187	$5,325	$5,108

Table 1.6.d. Outcome Measures for Determining Adequacy of Fiscal Resources

Outcome Measure	Target	2011-12	2012-13	2013-14
3. Increasing self-generating funds to at least $300,000 by 2016	$300,000	$58,286	$183,965	$114,469
4. Increasing annual combined revenues from gifts and endowments to $200,000 by 2016	$200,000	$108,534	$73,494	$211,089
5. Achieving and maintaining a minimum of 25% extramural salary support for all tenure track primary SPH faculty within 4 years of their faculty appointment (see Table 1.2, Objective 2.1.a)	100% of eligible faculty	38%	44%	50%
6. Achieving total dollar amount of grants and contracts expenditures to $4 million by 2016 (see Table 1.2, Objective 2.1.b)	$4,000,000	3,609,864	$3,139,369	$2,725,693
7. Total research dollars per primary faculty headcount (see Table 1.2, Objective 2.1.c)	$100,000	$116,447	$82,614	$72,628

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

This criterion is met.

Strengths

- The SPH continues to receive strong institutional support and line-item funding from the West Virginia Legislature.
- There is good potential for increases in graduate student enrollment.
- The SPH receives all of its college tuition fees directly.
- The recent hire of the Director of the Office of Development.

Challenges/Weaknesses

- Overall research funding has declined over the past two years.

Plans

- The Director of the Office of Development will establish a specific, measurable and time-oriented plan to increase gifts and endowments
- An Office of Research, reporting to the Dean, has been established to provide continual support to all faculty assisting them with all aspects of pre-award and other services as needed.

- Recently hired junior faculty will be provided with formal mentoring and additional resources to enhance their likelihood of success with obtaining future grants and contracts.
- Nearly $3.5 mil (over the next five years) was committed to the SPH by the HSC with the hiring of the Founding Dean August 16, 2014.

1.7 Faculty and Other Resources. The school shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

The School of Public Health, with the additional resources provided by the State of West Virginia and the Health Sciences Center, has enhanced its sustainability by adding substantially to its existing core of primary faculty. With new hires, the SPH has experienced an increase of 39% primary faculty from 2011-12 through 2013-14 (see Table 1.7.a below). The SPH employed a strategy to exceed the minimum headcount requirement for all academic departments during the course of new faculty hires, adding to its existing strong faculty complement.

1.7.a A concise statement or chart defining the number (headcount) of primary faculty in each of the five core public health knowledge areas employed by the school for each of the last three years. If the school is a collaborative one, sponsored by two or more institutions, the statement or chart must include the number of faculty from each of the participating institutions.

Table 1.7.a Headcount of Primary Faculty by Academic Year

Public Health Core Knowledge Area	**Department**	**2011-12**	**2012-13**	**2013-14**	**Fall 2014**
Biostatistics	Biostatistics	3	6	7	7
Epidemiology*	Epidemiology	7	8	8	9
Health Services Administration*	Health Policy, Management and Leadership	5	5	6	5
Environmental Health Sciences	Occupational and Environmental Health Sciences	6	7	8	8
Social and Behavioral Sciences	Social and Behavioral Sciences	7	8	8	8
Public Health Sub-Total		***28***	***34***	***37***	***37***
School Health Education	Social and Behavioral Sciences	3	4	4	3
SPH Total		**31**	**38**	**41**	**40**

*The nine primary faculty in the Department of Epidemiology includes the Founding Dean, Dr. Hand; he is not counted in the calculation of Student Faculty Ratios in the next section.

1.7.b A table delineating the number of faculty, students and SFRs, organized by department or specialty area, or other organizational unit as appropriate to the school, for each of the last three years (calendar years or academic years) prior to the site visit.

Table 1.7.b.1a Faculty, Students and Student/Faculty Ratios by Department/Specialty Area: Fall 2014 Update

Department/ Discipline	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	[1]HC Students	[2]FTE Students	SFR by Primary Faculty FTE**	SFR by Total Faculty FTE**
Biostatistics	7	7.0	2	0.15	9	7.15	6	5.6	0.8	0.8
Epidemiology*	9	8.0	2	1.0	10	9.0	33	29.5	3.7	3.3
Health Policy, Management, and Leadership*	5	5.0	5	0.9	11	10	18	17.4	3.5	2.9
Occupational Environmental Health Sciences	8	8.0	5	.75	13	8.75	26	22.7	2.8	2.6
Social & Behavioral Sciences-Public Health Degrees**	8	8.0	10	1.95	18	9.95	41	38.1	4.7	3.8
Public Health Sub-Total	***37***	***36.0***	***24***	***4.75***	***60***	***40.75***	***124***	**113.3**	***3.1***	***2.8***
School Health Education	3	3.0	3	0.3	6	3.3	25	15.0	5.0	4.5
SPH Total	**40**	**39.0**	**27**	**5.05**	**66**	**44.05**	**149**	**128.3**	**3.3**	**2.9**

[1]Student head count is calculated using WVU state and federally certified data via the Banner Student Information System for Fall 2014.
[2]Student FTE is calculated using WVU state and federally certified data via the Banner Student Information System. An academic FTE is calculated as 1.0 FTE for a student taking a 9 or more hours in Fall 2014; for students taking less than 9 hours, the number of hours taken divided by 9 determines their FTE.
*Dr. Hand, Founding Dean is included in the Department of Epidemiology primary faculty headcount, but not in the FTE calculation of SFR's.
**SFR's are calculated using student and faculty FTE's.

Table 1.7.b.1b Faculty, Students and Student/Faculty Ratios by Department/Specialty Area: AY 2013–14

Department/ Discipline	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	[1]HC Students	[2]FTE Students	SFR by Primary Faculty FTE**	SFR by Total Faculty FTE**
Biostatistics	7	7.0	2	0.15	9	7.15	7	6.7	0.96	0.94
Epidemiology	8	8.0	2	1.0	10	9.0	28	20.4	2.55	2.27
Health Policy, Management, and Leadership*	6	5.0	5	0.8	11	5.8	11	10.4	2.08	1.79
Occupational Environmental Health Sciences	8	8.0	6	1.25	14	9.25	26	18.4	2.3	1.99
Social & Behavioral Sciences-Public Health Degrees**	8	8.0	9	1.75	17	9.75	72	41.3	5.16	4.23
Public Health Sub-Total	***37***	***36.0***	***24***	***4.95***	***61***	***40.95***	***144***	**97.2**	***2.7***	***2.37***
School Health Education	4	4.0	3	0.3	7	4.3	45	16.3	4.08	3.79
SPH Total	**41**	**40.0**	**27**	**5.25**	**68**	**45.25**	**189**	**113.5**	**2.84**	**2.51**

[1]Student head count is calculated using WVU state and federally certified data via the Banner Student Information System and is the unduplicated enrollment by major for a year.

[2]Student FTE is calculated using WVU state and federally certified data via the Banner Student Information System. An academic FTE is calculated as 1.0 FTE for a student taking a combined 18 or more hours over fall and spring semesters. Hours for students earning less than 18 hours over the combined fall and spring semesters are totaled and divided by 18 to calculate the FTE.

*Dr. Ramirez, Senior Associate Dean for Academic Affairs and Educational Effectiveness was included in the Department of Health Policy, Management, and Leadership primary faculty headcount, but not in the FTE calculations.

**SFR's are calculated using student and faculty FTE's.

Table 1.7.b.2 Faculty, Students and Student/Faculty Ratios by Department/Specialty Area: AY 2012–13

Department/ Discipline	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	[1]HC Students	[2]FTE Students	SFR by Primary Faculty FTE**	SFR by Total Faculty FTE**
Biostatistics	6	6.0	2	0.15	8	6.15	4	3.0	0.5	0.49
Epidemiology	8	8.0	1	0.5	9	8.5	22	13.4	1.68	1.58
Health Policy, Management, and Leadership*	5	4.0	3	0.2	8	4.2	9	7.2	1.8	1.71
Occupational Environmental Health Sciences	7	7.0	5	0.75	12	7.75	21	12.6	1.8	1.63
Social & Behavioral Sciences-Public Health Degrees**	8	8.0	9	1.65	17	9.65	82	45.9	5.73	4.76
Public Health Sub-Total	***34***	***33.0***	***20***	***3.25***	***44***	***36.25***	***138***	***82.1***	***2.45***	***2.26***
School Health Education	4	4.0	7	0.95	11	4.95	47	17.5	4.38	3.54
SPH Total	**38**	**37.0**	**27**	**4.2**	**55**	**41.2**	**185**	**99.6**	**2.69**	**2.42**

[1]These numbers are students enrolled with a specified area of emphasis as listed.

[2]Student FTE is calculated using WVU state and federally certified data via the Banner Student Information System. An academic FTE is calculated as 1.0 FTE for a student taking a combined 18 or more hours over fall and spring semesters. Hours for students earning less than 18 hours over the combined fall and spring semesters are totaled and divided by 18 to calculate the FTE.

*Dr. Ramirez, Senior Associate Dean for Academic Affairs and Educational Effectiveness was included in the Department of Health Policy, Management and Leadership primary faculty headcount, but not in the FTE calculations.

**SFR's are calculated using student and faculty FTE's.

Table 1.7.b.3 Faculty, Students and Student/Faculty Ratios by Department/Specialty Area: AY 2011–12

Discipline***	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	[1]HC Students	[2]FTE Students	SFR by Primary Faculty FTE**	SFR by Total Faculty FTE**
Biostatistics	3	3.0	2	0.15	5	3.15	2	1.5	0.5	0.48
Epidemiology	7	7.0	1	0.5	8	7.5	22	11.7	1.67	1.56
Health Policy, Management, and Leadership	5	5.0	3	0.2	8	5.2	16	9.2	1.84	1.77
Occupational Environmental Health Sciences	6	6.0	5	0.75	11	6.75	19	9.4	1.57	1.39
Social & Behavioral Sciences-Public Health Degrees**	7	7.0	9	1.65	16	8.65	89	46.3	6.6	5.35
Public Health Sub-Total	***28***	***28.0***	***20***	***3.25***	***48***	***31.25***	***148***	***78.1***	***2.79***	***2.50***
School Health Education	3	3.0	7	0.95	10	3.95	34	10.0	3.33	2.53
***Comm Med Total	**31**	**31.0**	**27**	**4.2**	**58**	**35.2**	**182**	**88.1**	**2.82**	**2.5**

[1]These numbers are students enrolled with a specified area of emphasis as listed.

[2]Student FTE is calculated using WVU state and federally certified data via the Banner Student Information System. An academic FTE is calculated as 1.0 FTE for a student taking a combined 18 or more hours over fall and spring semesters. Hours for students earning less than 18 hours over the combined fall and spring semesters are totaled and divided by 18 to calculate the FTE.

**SFR's are calculated using student and faculty FTE's.

***These numbers represent disciplines within the Department of Community Medicine, School of Medicine during the year immediately prior to the establishment of the independent School of Public Health (AY 2012-13 to present)

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

The WVU School of Public Health has a total of 38.58 FTE dedicated to administration and staff consisting of the following types of classifications:

- Administration (1 dean, 2 associate deans, 2 assistant deans, 4 directors): 6.35 FTE
- Departmental and administrative support staff: 24.7 FTE
- Center support staff: 7.0 FTE

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

The WVU SPH is located within the WVU Health Sciences Center (HSC), a building with over one million square feet of space. The WVU HSC houses the Schools of Public Health, Dentistry, Medicine, Nursing and Pharmacy and associated dental and medical clinics. The majority of office and meeting space dedicated to the School is located on the third floor of the HSC south side. However, several portions of the school are located in varying areas. Classroom space is shared by all schools in the HSC and scheduled by request. Adequate space is available to fulfill the mission of the School, however, contiguous space in the HSC would be advantageous. The chart below provides specific details**:**

Table 1.7.d Current Space Resources

Department/Center	**Location**
Administration	Third Floor HSC-South
Student Services	Third Floor HSC-South
Biostatistics	Ground Floor HSC-North
Epidemiology	Ground Floor HSC-North
Health Policy, Management & Leadership	Third Floor HSC-South
Occupational & Environmental Health Sciences	Third Floor HSC-South
Social & Behavioral Sciences	Third Floor HSC-South
Injury Control Research Center	Research Ridge, Collins Ferry Road, Morgantown, WV
Prevention Research Center (PRC)	Third Floor HSC-South
Health Research Center (HRC)	First Floor HSC-South
Osher Lifelong Learning Institute (OLLI)	Mountaineer Mall, Morgantown, WV
Classrooms	Throughout the HSC
Conference Rooms	Third Floor HSC-South, Ground Floor HSC-North, First Floor HSC-South
PhD, MPH Student work space	Third Floor HSC-South

The table above details the current space allocated to the SPH by the HSC. There is a total of 19,990 square feet of space (on campus) which includes 104 offices, three conference rooms, one lab, and a kitchen area for faculty and staff. Included in the office space are areas specifically assigned for SPH students to study and/or work in addition to multiple areas from which they are free to choose throughout the HSC. As mentioned above, auditorium style as well as smaller classrooms are available as needed and reserved via a centralized HSC scheduling system.

The Health Sciences Center has initiated the process for addition of new and renovation of existing space that will increase visibility of the SPH by creating a main entrance near the third floor elevator lobby. The plan also (see Proposed SPH Renovation Plan in electronic resource file; will be submitted with the final self-study):

- Creates an administrative cluster
    - 460 sf conference room
    - Executive sized offices for dean and department chairs
- Creates 18 additional private offices
- Create an open area of 820 sf
- Creates a mission - oriented open space of 750 sf
    - Possible Instructional, class lab space
    - Possible six additional offices
    - Space to be defined post analysis stage
- Resizes rooms 38128, C, D, E
- Reduces, re-defines circulation more clearly

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

The laboratory space is used for both research and teaching. The research includes analysis of biological parameters of response to in vivo toxicity testing (the actual toxicological exposures are done in a lab space that we are allowed to use but belongs to another Department in another School). The other research that is done in the laboratory space involves calibration and preparation of environmental monitoring equipment. This includes test aerosol generation, flow calibration, gravimetric analysis on a microbalance, assembly of sampling substrates, electronic repair and power charging. Field equipment includes aerosol samplers for fine and ultrafine particle size distribution sampling, nephalometers, sound level meters, Hi Volume samplers, personal sampling pumps, respirable dust cyclones, photoionization detectors for volatile organic compounds, solar panels and batteries for remote sampling power and transceivers for relaying data from direct reading instruments, in real time, from remote locations. Instructors use the space to demonstrate the use of the equipment to students in the Hazard Assessment course and for preparation of field sampling labs that are required as part of the course. Instructors use the space to demonstrate the use of the equipment to students in the Hazard Assessment course and for preparation of field sampling labs that are required as part of the course.

Space for SPH students, particularly those in the Occupational and Environmental Health Sciences (OEHS) programs, is also provided at the NIOSH facility next door to the Health Sciences Center campus. Currently, two OEHS doctoral students are using NIOSH laboratory space. OEHS MPH students are provided space each semester as needed.

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

As previously mentioned, the WVU SPH is located in the shared space of the WVU Health Sciences Center, which also includes four other schools. All schools share common HSC campus services such as Human Resources, Facilities Management, and Information Technology (IT). Additionally, the SPH has two staff FTEs who are dedicated for computing and IT support. IT services and resources are detailed in the chart below:

Table 1.7.f Computer Facilities and Resources

Service	Location
Application/Web Services support to faculty, students, and staff for online education, database design, and development, web design and development, instructional design, public computing facilities and software consulting and training	Second Floor HSC-North and 2200-A
Classroom technology provides online room scheduling and maintenance, audiovisual, and technical equipment checkout, support, and video production.	Second Floor HSC-North
HSC Help Desk provides technical assistance to HSC students, faculty, and staff.	Second Floor HSC-North
SPH IT support provides SPH specific technical assistance to students, faculty, and staff.	Third Floor HSC-South
Learning center assists HSC faculty, students, and staff in the effective use of technology for teaching, learning, and research.	Second Floor HSC-North
Network and telecommunications supports and maintains a state-of-the-art network infrastructure capable of supporting integrated voice, video, and data applications and provides network resources.	Second Floor HSC-North

All SPH MPH students participate in the WVU HSC Laptop Program. The computer program provides a portal for online education, access to the HSC Library's electronic collection, a software package that includes electronic versions of medical resource materials, wireless network access within the Health Sciences Center, off-site access, on-campus printers and supplies, warranty and insurance coverage, and onsite Lenovo certified technical support/maintenance for hardware/software problems through the Classroom Technology unit.

Faculty satisfaction surveys with computer facilities and resources, on a scale from 1 (very dissatisfied) to 5 (very satisfied) were conducted and suggest room for improvement. Faculty mean response (June 9, 2014) was 3.35 for “computer resources”, and 2.54 for “school based information technology infrastructure.” A similar survey is planned for staff as well as more in-depth queries of specific IT issues so as to develop plans for improving satisfaction.

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

The West Virginia University Libraries system consists of the Downtown Campus Library; the Evansdale Library; the WVU Health Sciences Library; the George R. Farmer, Jr. Law Library; West Virginia and Regional History Center and Special Collections: and the Charleston Division Health Sciences Library (located in Charleston, WV). The six academic libraries contain more than 1.9 million volumes and provide access to more than 72,700 electronic journals available through the https://www.libraries.wvu.edu/ website. Older books and serials are housed in a climate-controlled offsite depository, and digitally scanned chapters and/or articles from these materials are delivered promptly upon request.

The WVU Health Sciences Library (WVU HSL), located in the Robert C. Byrd Health Sciences Center (RCB HSC) has a wide selection of resources to support graduate programs in public health. Students, faculty and staff have access to nearly 5,000 electronic journals in the health sciences from computers (including pcs, laptops, tablets) and/or smart

phones either on campus or at remote locations. We also have more than 81,000 books to support the instructional, clinical, and research initiatives of the RCB HSC. WVU HSL currently provides access to approximately 960 electronic journals specifically relating to public health topics. These journals include 90% of the public health titles analyzed for Journal Citation Reports2. Our library subscribes to a wide range of bibliographic databases ranging from broad coverage like PubMed, Medline, Scopus, and Web of Science to more focused resources like Statistical Abstracts of the United States. WVU Libraries uses a link resolving service that improves access to research using licensed databases on the Internet that describe journal articles, – Find it @ WVU http://ad4tq3gq5x.search.serialssolutions.com/?SS_Page=refiner&SS_RefinerEditable=yes . Clicking on this link (from these databases, accessed through the libraries website), displays a list of all possible full-text digital options and facilitates the completion of electronic document delivery requests in PDF documents when journal articles are not available locally.

The WVU Health Sciences book collection has increased by 150 titles in public health disciplines since July 2013. There are many books on diverse topics related to this highly interdisciplinary field. Librarians regularly order new books and will consider acquiring requests for specific books or journal subscriptions. The document delivery staff can rapidly locate and deliver materials from other WVU Libraries, PALCI Consortium (NJ, PA, and WV libraries); and libraries in the entire United States and international locations.

The WVU HSL also offers extensive reference assistance for performing systematic reviews, formulating online search strategies, conducting database searches, validating citations, locating materials not owned by this library, or any other research assistance that might be needed. Librarians offer hands-on instruction in PubMed, RefWorks, and EndNote to individuals and groups. They also offer customized training when requested for project teams. Librarians develop research guides on a variety of topics and for specific classes. Descriptions of the public health research guides and the WVU Health Sciences Library are in the electronic resource file (will be submitted with the final self-study).

Services provided by the WVU libraries are detailed in the table below:

Table 1.7.g Library/Information Resources

Service	Description
Open Access	Free, immediate, permanent online access to digital full-text scientific and scholarly material
Adaptive Technology	Adaptive computing devices to meet the research needs of persons with visual, learning and other accessibility needs
Ask a Librarian	Live chat with a librarian during designated hours
Interlibrary Loan and EZBorrow Services	Requests books from other academic libraries in the Pennsylvania Academic Library Consortium, Inc. (PALCI)
Distance Learning	Provide students attending via distance or extended learning classes access to library services that are of the same standards provided to on-campus students
Database Help	Assist students with literature reviews
Mobile Web	Library services and information from smart phones

The SPH also receives dedicated support from WVU Reference Librarians Ms. Jean Siebert, who has a secondary appointment with the SPH Department of Health Policy, Management

and Leadership. Ms. Siebert holds the MLS degree and MBA degree with an emphasis in health services. She assists students and faculty with literature searches, and provides library/database education to SPH individuals or as groups (e.g., class-specific lectures/training sessions). She provides, on request, training sessions on bibliographic software such as RefWorks and EndNote, and represents the SPH in the WVU HSC Library books and e-books purchasing related to public health disciplines.

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

Not Applicable

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

Table 1.7.i Outcome Measures for Determining Adequacy of Resources

Outcome Measure	Target	2011-12	2012-13	2013-14
1. Increasing the total number of primary faculty to a goal of 45 by 2015 (see Table 1.2, Objective 4.1.a)	45	31	38	43
2. Maintain the number of support staff at a ratio of no less than one staff per four primary faculty members (not including staff hired with extramural funding) (see Table 1.2, Objective 4.1.b)	1:4	1:1.3	1:1.5	1:2.2
3. Contiguous space for HSC-located Students, Faculty, and Staff (see Table 1.2, Objective 4.2.a)	Fall, 2016	Not started	Not started	In progress
4. Providing effective information technology infrastructure that supports all other goals, and achieving ratings of "satisfied or very satisfied" with IT support from >80% of faculty, staff and student respondents (see Table 1.2, Objective 4.3.a)	Faculty, staff, student satisfaction > = 80% on IT support	Not assessed	Not assessed	65% (n=57)

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

This criterion is met.

Strengths

- The existing faculty complement exceeds the desired/recommended student-to-faculty ratios and the overall number of faculty in each major.
- The SPH has a dedicated faculty librarian to assist students and faculty.

Challenges/Weaknesses

- Contiguous space that encompasses the entire SPH is not currently available.
- Initial survey results reveal the potential need to improve IT support services.

Plans

- Continue to work with HSC administration to implement the proposed SPH Space Renovation plan.
- Closely monitor student-to-faculty ratios and ensure all majors maintain an appropriate faculty complement.
- Conduct a review of IT support services with faculty, staff and students at the upcoming SPH retreat, and work with SPH IT staff and HSC IT support to respond to identified needs.

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

Vision:
The School of Public Health serves "to improve the health of West Virginians" as stated in its mission (Section 1.1). Inherent in that mission is the responsibility of faculty, staff and students to value diversity. We define diversity in terms, among others, of race, gender, ethnicity, socioeconomic status, and national and regional origin. The School of Public Health is committed to providing opportunities to individuals at all academic levels who come from underserved and underrepresented groups.

As part of a land-grant institution with a mission statement that includes "the state, the nation, and the world," the diversity commitment of the SPH goes beyond the demographic profile of West Virginia. However, West Virginia's population has unique challenges arising from its history, demographics, economy and geography. And its diversity, predominantly as a rural Appalachian state, is different from that of the U.S. as portrayed by Figure 1.8.1.

There are a number of trends that have, over time required a restructuring of academic public health and its relationship to the community. These include major demographic changes in the community and workplace, a growing expectation for enhanced diversity among universities and stakeholders, technological advances that open new possibilities for access and inclusion of underrepresented groups, and competition for new ideas and new perspectives. The convergence of these trends at a time of rising economic uncertainty has exponentially increased the need for a structured approach to developing and maintaining a diverse faculty, staff and student body.

Our strategy for enhancing diversity in the SPH is based on the framework of 1) increasing representation at the faculty, staff and student level; 2) enhancing the understanding of diversity – what it means and the advantages that are inherent to increased diversity; and 3) managing diversity, ensuring the inclusion of underrepresented groups, and identifying barriers through assessments and oversight.

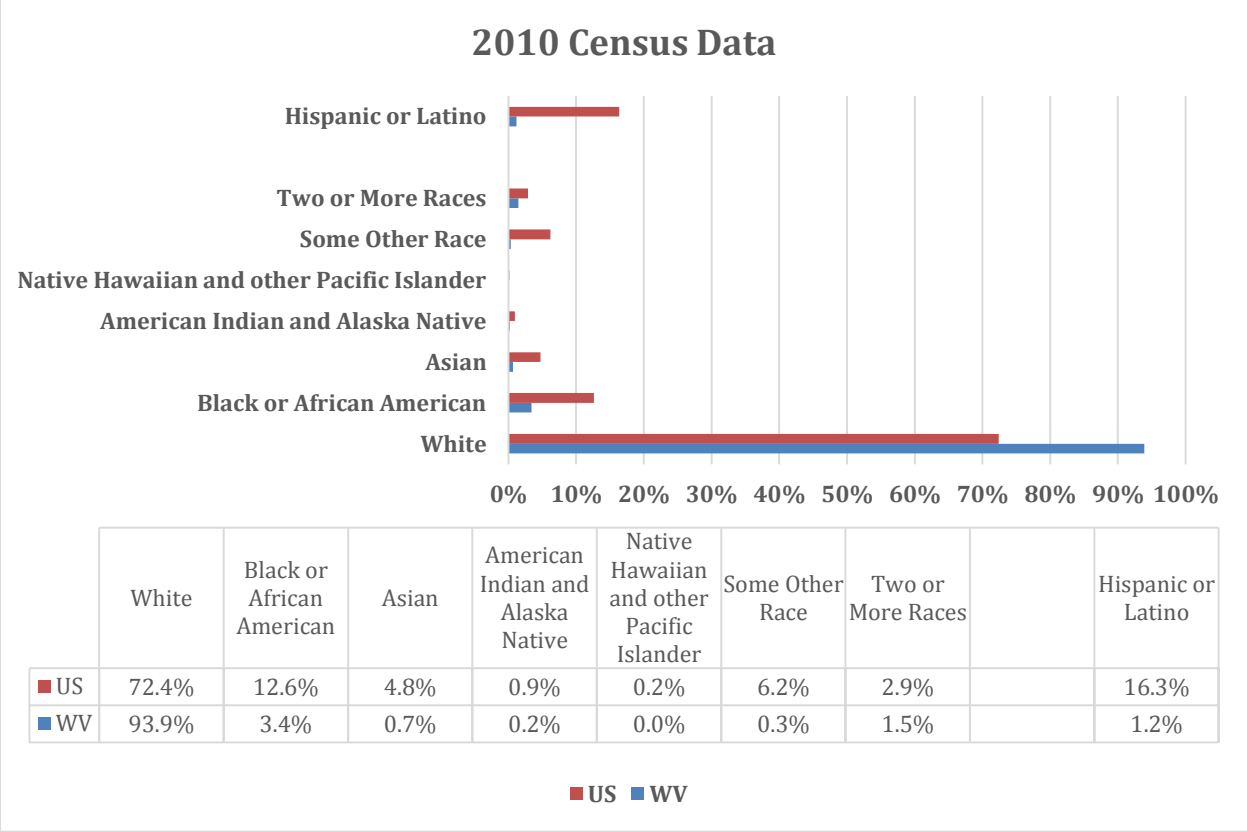
Our approach will include the following focus areas which are discussed more thoroughly under the document sections:

- We will implement a broad definition of diversity to represent the global nature of public health but also to recognize the unique opportunity through our emersion in Appalachian culture and the specific public health needs of this region.
- We will maintain a structure to support and implement our diversity strategy. This structure will include a Chief Diversity Officer (CDO) and a Diversity Committee for oversight of progress, to insure sustainability and a broad reach across the school and stakeholder groups, and to develop action plans. These groups will report directly to the SPH dean, who has the final responsibility to address diversity in the SPH.
- As the SPH is new and small, it is critical to align our strategies with those at the WVU institutional level, the Health Sciences Center and other groups on campus and in the community with common goals.
- We will maintain short term and long term efforts to enhance diversity and will conduct annually a gap analysis comparing the current state to our vision. Success

will be defined as achieving greater diversity and overcoming challenges that hinder progress.

- We will develop and implement a comprehensive communication plan, which will be included as a standing part of annual reports and campaigns to market the SPH.
- We will utilize revenue return to annually provide Dean's Scholarships to needy students from underrepresented minority populations and 1st-generation college students from West Virginia, and students from targeted WV counties with high poverty and health disparities.

Figure 1.8.1 US and WV 2010 Race-Ethnicity Census Data



	White	Black or African American	Asian	American Indian and Alaska Native	Native Hawaiian and other Pacific Islander	Some Other Race	Two or More Races		Hispanic or Latino
US	72.4%	12.6%	4.8%	0.9%	0.2%	6.2%	2.9%		16.3%
WV	93.9%	3.4%	0.7%	0.2%	0.0%	0.3%	1.5%		1.2%

Cultural Competency

Cultural competency for the WVU SPH takes on added meaning as has been stated previously (Section 1.0), West Virginia is the only state in the U.S. that is located entirely within Appalachia. Furthermore, it is the second most rural state in the nation with 50 of its 55 counties entirely or partially designated as medically underserved areas. Two-thirds of the 1.8 million West Virginians live in counties with less than 30,000 people with concentrated areas of high poverty, unemployment, poor health, and severe public health and educational disparities.

First generation students in Appalachia:
There is a broad literature on the barriers to first generation college students. Similar to those from other underrepresented groups, barriers include family and work obligations,

minimal financial resources, transportation, self-image and community expectations, among others that beg for special attention in providing opportunities that are culturally sensitive, appropriate and achievable.

Preparing graduates to effectively practice public health in West Virginia, and for some to conduct research, requires that the SPH integrate Appalachian health cultural competence into its teaching, research and service endeavors. This new challenge, having been recognized by individual faculty, has emerged as an organizational/faculty dialogue. How this challenge will be met is unfolding as our new school continues to explore and translate its own current understanding of Appalachian culture and its relationship with behavioral, environmental and sociological determinants of health, into the preparation of culturally competent future public health practitioners and researchers. At the same time the School of Public Health must also continue to prepare its students to be culturally competent as global citizens in support of the larger university mission.

Emerging from a day-long retreat of all SPH faculty and staff, a subgroup have come together to explore and recommend how the SPH can move forward embracing a focus on the interaction between Appalachian culture and history, and how that relates to public health practice and research. They are currently developing a prospectus which outlines the concept and mission of a proposed Center for Appalachian Health Studies. The purpose of the prospectus is to be a short overview of the conceptual background and need for an Appalachian Public Health Center for Research and Practice. The prospectus will then be followed by a white paper that describes in more detail how the proposed Center could support the mission and goals of the SPH by employing multidisciplinary research teams and perspectives needed to address the public health needs of West Virginia and the Appalachian region. The white paper will also describe other collaborators across WVU, the state and region, as well as how the proposed center will contribute to curriculum, research and serving the Appalachian community. In collaboration with the Office of Student Services, the group has integrated an overview of Appalachian culture and the relationship with population health during the SPH New Student Orientation that is scheduled near the beginning of every academic year.

1.8.a A written plan and/or policies demonstrating systematic incorporation of diversity within the school. Required elements include the following:

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

Students

With respect to national, state, university and SPH race-ethnicity statistics reported above, under-represented student populations for the School include African American and Hispanic. The rationale for these designated groups is based on the increasing African American and Hispanic populations in West Virginia and larger populations in bordering states serving as potential recruitment pools.

With respect to potential state recruitment pools, African American and Hispanic are realistic targeted markets. Table 1.8.a.1 highlights these under-represented populations (Minority is defined as U.S. non-white populations and does not include Non-U.S. students regardless of race).

It is clear from the SPH demographic data that efforts to increase diversity are effectively increasing the percentage of minority students within the school. The percentage of minority students in the SPH is above the average for the population of WV and for graduate students at WV University. We are above the average percentage of Black students as compared to the population of West Virginia and the graduate students at WV University, and are above the average for Hispanics in West Virginia and approaching the average for WVU graduate students. Most importantly, our numbers are continuing to increase with a current percentage of minority students slightly above 20%.

Table 1.8.a.1 Student Race-Ethnicity and Gender Demographics

Group	National 2010	State 2010	2012 WVU Students %'s			2013 SPH %'s	Fall 2014 Update
			All	Graduate**	SPH		
White*	63.7	92.9	82.5	72.6	74.8	77.0	69.6
Minority	**35.1**	**5.5**	**11.4**	**8.5**	**12.6**	**15.1**	**20.3**
• African American	13.1	3.5	4.0	3.4	4.5	4.5	7.6
• Hispanic	16.9	1.3	2.9	2.0	4.0	1.9	3.2
• Asian	5.1	0.7	1.9	1.5	0	0	5.7
• Other Minority***			2.7	1.6	6.3	0.6	3.8
Unknown			0.6	2.6	-	-	1.9
Non-US			5.5	16.2	12.6	7.9	8.2
Female Graduate				58.6	70.2	77.0	62.7

*****Not Hispanic
**Does not include professional students (e.g., HSC: MD, etc.)
***American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, two or more races

Faculty

Faculty diversity is particularly important in recruitment of diverse student populations and particularly in providing role models for students who aspire to academic careers. The SPH has experienced substantial faculty growth during its transition period and that growth is reflected in Table 1.8.a.2 in terms of gender and race-ethnicity. Of particular importance to students who aspire to doctoral education are primary faculty (see Section 1.7 and 3.1) who have also experienced that journey, and that faculty profile is also provided in Table 1.8.a.2.

These data indicate that the SPH has been successful over its first three years in increasing the number of Black and Hispanic primary faculty. The SPH experienced a 39% increase of primary faculty overall between 2011-12 and 2013-14. Minority faculty, as a percentage of primary faculty, increased from 16% to 22% of total primary faculty in the same time period, while African American and Hispanic faculty as a specific group increased from zero to 10% of all primary faculty. We have noted that the number of female primary faculty has increased, but the percentage has decreased due to the growing overall faculty numbers. This is a trend that we are focused on reversing through aggressive recruitment - particularly at the mid and senior faculty level.

Table 1.8.a.2 Faculty Gender and Race-Ethnicity Statistics

Category	2011-12 # (%)	2012=13 # (%)	2013-14 # (%)	Fall 2014 Update
Total Primary Faculty	31	38	41	40
Female Primary Faculty	16	17	19	18

Table 1.8.a.2 Faculty Gender and Race-Ethnicity Statistics

Category	2011-12 # (%)	2012=13 # (%)	2013-14 # (%)	Fall 2014 Update
	(52%)	(45%)	(46%)	(46%)
Minority Primary Faculty	5 (16%)	9 (24%)	9 (22%)	8 (20%)
African American and Hispanic Primary Faculty	0 (0%)	2 (5%)	4 (10%)	3 (8%)

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

As stated in Section 1.1, Goal 1 (Develop and maintain educational programs that produce highly qualified practitioners, educators and researchers.), Objective 1.3, the SPH has committed to "Implement strategies to achieve a more diverse student population as measured by:

- Providing scholarships to qualified applicants who are racial/ethnic minorities.
- Providing scholarships to qualified applicants from West Virginia who are first generation graduate students, or from counties with the lowest health or economic rankings, or are honorably discharged veterans.
- Providing tuition waivers for McNair Scholars, students who have graduated from the West Virginia Health Sciences & Technology Academy (HSTA), and Yellow Ribbon Program (military veterans).

The SPH's diversity goals/objectives are consistent with West Virginia University's mission as stated by Goal 3 of the WVU 2020 Strategic Plan: "Foster diversity and an inclusive culture." The objectives of Goal 3 clearly align with CEPH criterion 1.8:

- Become a model institution for the attraction and inclusion of diverse groups.
- Integrate diversity broadly into the curriculum.
- Create an integrated administrative infrastructure to promote diversity, inclusion, equality, and intercultural and intercommunity outreach.

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

West Virginia University's Division of Diversity, Equity and Inclusion is a central office charged with providing opportunities to the university community to increase the understanding and implementation of civility, dignity and respect. The Division is focused on advocating and ensuring compliance with the following principles:

- Broad institutional involvement in identifying relevant issues and conducting programs to address them;
- Evaluation and implementation of policies, procedures and affirmative action plans;
- Development and utilization of communication plans focused on collecting and sharing relevant information throughout the institution and among stakeholders;

- Effective use of technology and resources to collect and manage data and provide program services as appropriate.

In an effort by the university to increase diversity among the faculty and students, over the last year we participated in a number of national events. They include:

- 50th Anniversary of Martin Luther King's March on Washington (August 2013) – Partnered with the National MLK Commission to attend and provide WVU advertisements for the March on Washington brochure.
- MegaFest in Dallas, (August 2013) – With over 75,000 participants primarily African American or Hispanic, WVU's presence allowed for contact with two underserved populations of potential students and faculty interested in the "Big 12" college market.
- Juneteenth/West Virginia Sesquicentennial Celebration (June 2014) – The WVU Chief Diversity Officer was a keynote speaker and was accompanied by a bus of diverse WVU students who attended the WV Community Forum and Celebration at the WV State Capitol.
- West Virginia MLK Celebration (June 2014) – The WVU Chief Diversity Officer was the Commissioner and WVU provided three buses of students for the event. The group completed public service on Charleston, WV's West Side redevelopment project (West Side Rising).

Specific to the School of Public Health, we have formed a Diversity Enhancement committee to help develop and implement a diversity plan for the School. The committee's charge is to create an environment in the School that values and embraces all forms of diversity. The diversity enhancement committee will be composed of SPH faculty, staff, students and alumni. The activities of the committee include:

- Creation of a mission statement, vision, values, and goals for the committee, along with a strategic plan for the committee.
- Dissemination of a diversity climate survey, asking questions of faculty, staff, and students about appropriate elements of a definition of diversity and whether or not the School environment is welcoming, in addition to questions about perceptions of experienced discrimination or harassment due to differences based on class, race/ethnicity, gender, sexual orientation, disability status, religious affiliation, and age.
    - Results of the survey will be analyzed in two groups: faculty/staff and students.
    - A summary of these results will be presented at a school-wide faculty meeting, and shared with university administration and the division of diversity and inclusion.
- An annual presentation to faculty and staff from the Division of Diversity and Inclusion to highlight University policies on diversity.

The Diversity Enhancement Committee met initially on August 6, 2014 to receive its charge from Interim Dean Jeff Coben (committee minutes are provided in external resource file). The membership of the committee is provided below.

Table 1.8.a.3 Diversity Enhancement Committee Membership

Haslyn Hunte (co-chair)	SBHS faculty
Chelsea Ashby (co-chair)	Epidemiology MPH student
Michael Mann	SBHS faculty
Robin Altobello	OEHS/Occ Med staff
Sherry Kuhl	Director Office of Student Services
Termeh Feinberg	Epidemiology PhD student

Table 1.8.a.3 Diversity Enhancement Committee Membership

Amna Umer	Epidemiology PhD student
Teresa Nass	SPH staff
Lauri Andress	Assistant Dean Public Health Practice and HPML faculty

West Virginia University policies regarding diversity, equity and inclusion are found at: http://diversity.wvu.edu/policies . The SPH fully endorses and supports the WVU policies.

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

West Virginia University policies regarding diversity, equity and inclusion are found at: http://diversity.wvu.edu/policies . The SPH fully endorses and supports the WVU policies.

Specific to the School of Public Health:

- The School has a Diversity Committee of faculty who are developing policies and procedures that are supportive of university guidelines and set annual targets for faculty and student recruitment.
- The School actively engages with university entities that are designed to provide access and support to diverse and underrepresented faculty, staff and students.
- The SPH works to ensure that employees and students are aware of resources in support of the needs of a diverse workforce and student body.
- The curriculum of the SPH includes knowledge and activities that are designed to prepare a public health workforce that can address the needs of diverse communities.

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

The SPH actively fosters the development and engagement of centers and institutes that provide opportunities for faculty, staff and students that are unique and independent of coursework. Currently, the SPH includes a number of interdisciplinary research and engagement entities who focus on community based research and establishing best practices (described in detail in 1.4c Interdisciplinary Centers/Institutes). These groups are available to students for practicum/capstone experiences as well as potential outlets for graduate assistantships.

The school supports the development of programs, curriculum and service learning that support the development of competent public health practitioners who are capable of addressing health issues that are unique to Appalachia or to issues that are global in nature. The SPH continues to develop coursework that is both timely and fundamental to issues of diversity and important challenges to public health practice (see table below).

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

With the arrival of the new, permanent dean, there is a strong focus on inclusion at all administrative and academic levels. The anticipated hiring of five associate/full professor level faculty, with the search for an associate dean for academic affairs and the potential of four department chair hires, there is great opportunity to enhance diversity among the School's leadership. Taking our cue from our new university president, Dr. Gordon Gee, a number of initiatives developed over his 30-year tenure as academic leader will be implemented to ensure

broad inclusion of under-represented groups in searches/hiring and professional development. These include:

At the dean and chair level:

- Ensure that faculty search committees aggressively pursue minority candidates – especially in public health disciplines that have small pools of under-represented faculty. All searches will include publication of the position advertisement in media outlets that specifically address diversity in higher education, such as *Insight Into Diversity*.
- Ensure that the climate within the school is welcoming to individuals with diverse backgrounds.
- Utilize student tuition waivers to increase diversity among the student population. This will provide a financial incentive for department chairs and faculty to aggressively recruit minority students.
- Maintain a climate that is inclusive of family-friendly policies and ensure that employees and students feel free to access these benefits.
- Encourage faculty and staff to access professional development opportunities provided by the university, local professional organizations and scholarly societies.

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

Given West Virginia's demographic profile and limited new positions, diversity among staff presents a different challenge. However, the SPH:

- Actively engages in campus opportunities that provide for the recruitment and retention of diverse staff.
- Retains a Diversity Committee that is charged with developing strategies to recruit and retain a diverse staff workforce.
- Actively and aggressively addresses grievances related to diversity, inequity or cultural incompetence

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

The SPH recently established the Dean's Scholarship, which will provide limited funding for incoming students as a recruitment tool. Its primary purpose is to attract exceptional students who face significant obstacles in the pursuit of achieving post-baccalaureate education. Disadvantaged student criteria include racial/ethnic minorities, current resident of counties at-risk for poor health or educational outcomes, honorably discharged veterans having served in recent combat operations, or first-generation West Virginia graduate student. Individual awards are provided over a 4-semester program of study. A total of up to $100,000 has been committed to this initiative for FY 14-15 with 9 recipients receiving funding to pursue an MPH degree. The table below shows the recipients of the Dean's Scholarships for FY 14-15.

Table 1.8.a.4 Distribution of Dean's Scholarship Recipients

Gender	Race/Ethnicity	WV Residency	1st Generation Student
Male	White	Yes	Yes
Female	Asian	Yes	Yes
Male	White	Yes	No
Male	White	No	Yes
Female	White	Yes	No

Table 1.8.a.4 Distribution of Dean's Scholarship Recipients

Gender	Race/Ethnicity	WV Residency	1st Generation Student
Male	Hispanic	No	No
Male	White	No	Yes
Female	Asian	Yes	No
Male	Hispanic	No	No

The SPH also participates with the Health Sciences and Technology Academy (HSTA) of WVU which is a 9th-12th grade math and science program which through partnerships among the numerous units of the state's land grant university and many Appalachian communities, brings minority and underrepresented students and teachers to the Health Sciences campus each summer for clinic, laboratory, and classroom training and activities. The partnership then provides the infrastructure and support for community-based science projects mentored by teachers, health professions, students and volunteer community leaders during the school year. The HSTA program has the potential to serve as an important pipeline program for HSC and the SPH. The SPH is also reaching out to collaborate with West Virginia State University, an institution that has become recognized as one of the leading public institutions of higher education for African Americans as a feeder institution. WVSU offers the bachelor of health sciences with concentrations in community health education or leadership in allied health/rehabilitation.

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

The SPH will maintain regular evaluation through the Diversity Committee and the school's diversity officer. Objectives and measureable recruitment and retention indicators will be evaluated annually. These measures include:

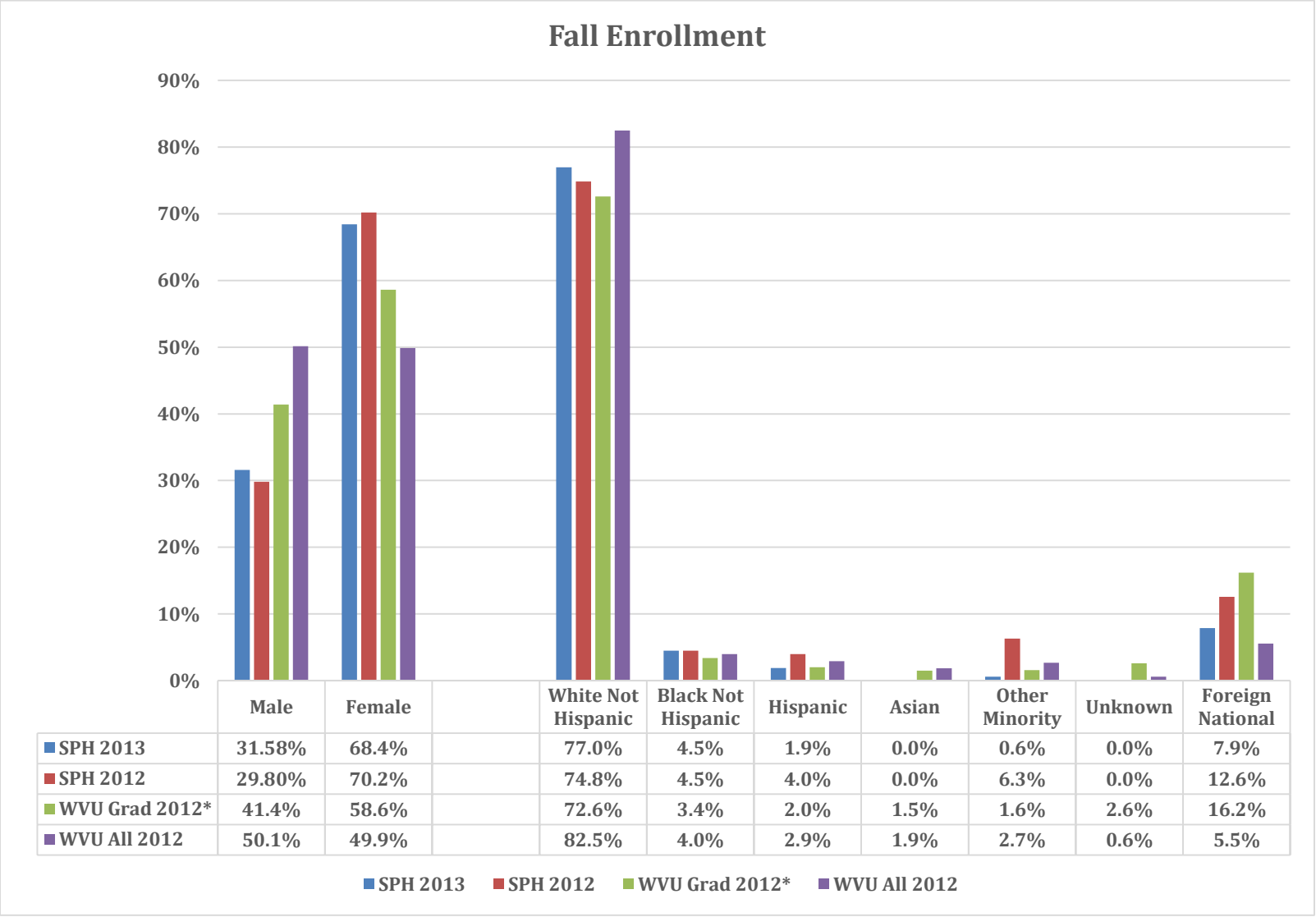
- Successful recruitment of faculty, staff and students from under-represented groups.
- Faculty and staff retention rates.
- Successful tenure and promotion outcomes for minority faculty.
- Retention of students.

The responsibility for achieving success with these benchmarks ultimately falls to the dean and the school leadership. Annual evaluation of department chairs will include diversity benchmarks.

1.8.b Evidence that shows the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.

The demographic profiles of the SPH and WVU, as can be expected of a large university, reflect greater diversity that the state, but not as diverse as the nation. Compared to the university (all students, and graduate students – see Figure 1.8.2 below), the SPH has a larger female student population. The SPH has a larger international student body than the university overall, but less than the university's graduate student population.

Figure 1.8.2 Fall Enrollment Gender/Race-Ethnicity Data for WVU and SPH, 2012-13



	Male	Female	White Not Hispanic	Black Not Hispanic	Hispanic	Asian	Other Minority	Unknown	Foreign National
SPH 2013	31.58%	68.4%	77.0%	4.5%	1.9%	0.0%	0.6%	0.0%	7.9%
SPH 2012	29.80%	70.2%	74.8%	4.5%	4.0%	0.0%	6.3%	0.0%	12.6%
WVU Grad 2012*	41.4%	58.6%	72.6%	3.4%	2.0%	1.5%	1.6%	2.6%	16.2%
WVU All 2012	50.1%	49.9%	82.5%	4.0%	2.9%	1.9%	2.7%	0.6%	5.5%

*Does not include HSC professional student counts.

While the SPH's race-ethnic diversity profile exceeds that of the state it serves, it recognizes that West Virginia's diversity is increasing as indicated by the 2009 WV Higher Education Policy Commission Chancellor's Diversity Initiative:

> *"**Race & ethnicity.** The number of Whites in West Virginia will continue to decline whereas the numbers of Blacks, Latinos, and Asian American/Pacific Islanders will increase. Although Whites are projected to continue comprising the majority (just over 90%) of public high school graduates each year (2009 to 2021), as a proportion of total graduates they will decline by nine percent. By comparison, the number of Latino students is projected to increase nearly 250 percent followed by Asian American/Pacific Islanders at 93 percent (WICHE, 2008). Yet, nearly 30 percent of Hispanics do not complete high school in the State and Blacks lag behind Whites with respect to postsecondary degree completion."*

As described above, in the development of the strategic plan of the new SPH, goals and objectives (see Section 1.1) have been established that reference diversity and cultural competency. Scholarships have been established that support the recruitment of disadvantaged populations including as defined by race-ethnicity.

The MPH curriculum does include cultural competency education for all MPH students during their first semester graduate seminar experience (PUBH 696). And, the SPH is moving forward to develop pedagogical training with respect to intertwining cultural competency, including that unique to Appalachian Health, throughout the curricula.

The policy of West Virginia University is that discrimination against any individual for reasons of race, color, creed, religion, sexual orientation, national origin, sex, age, disability, or Vietnam-era veteran status is specifically prohibited. Accordingly, equal access to employment opportunities, admissions, educational programs, and all other University activities is extended to all persons. The university promotes equal opportunity through a positive and continuing affirmative action program.

All of the college's open faculty positions are advertised nationally, with an attempt to identify venues that will attract the broadest range of qualified candidates. The institutional commitment from both the School of Public Health and the university as a whole to achieve diversity across faculty and staff are notable.

At the university level, there are multiple distinct centers and offices devoted to diversity; selected centers/offices are listed below:

- West Virginia University Division of Diversity, Equity and Inclusion http://diversity.wvu.edu/
- West Virginia University Diversity Visiting Committee http://wvutoday.wvu.edu/n/2014/04/23/wvu-forms-diversity-visiting-committee-of-national-scholars-and-activists
- Center for Black Culture and Research http://cbc.wvu.edu/
- Academic STARS (Students Achieving and Reaching for Success) http://cbc.wvu.edu/programs/academic_stars
- Minorities in Agriculture, Natural Resources and Related Sciences (MANRRS) in the

Davis College of Agriculture, Natural Resources and Design -: http://wvutoday.wvu.edu/n/2014/05/06/new-wvu-student-org-promotes-diversity#sthash.TWPFjIDo.dpuf

The School recently assembled a community advisory board that includes a high-level staff member from the WVU Division of Diversity.

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

Prior to 2012, there was not a diversity plan that was specific to the SPH. University-wide policies were in place to assess and insure an appropriate plan to enhance diversity. Through the self-study process, the dean's office and departmental chairs established a Diversity Committee and created a Diversity Officer position. The Diversity Committee, in conjunction with the Diversity Office, is charged with establishing SPH-specific policies that are in compliance with institutional guidelines. Concurrent with this restructuring, the Dean's office created the Dean's Scholarship fund ($100,000/year) to assist in recruiting underrepresented and native West Virginians from impoverished counties. The diversity policy document in currently under development. However, the first Dean's Scholarships were awarded for the current fiscal year (FY 2014) to nine recipients. A table of the demographic characteristics is located in 1.8.a.viii. The draft diversity policy will be evaluated by a student group and the Community Advisory Board. It will then be evaluated and approved by the SPH Executive Committee and the Dean.

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

The diversity plan will be reviewed annually by the Diversity Committee and will be revised as needed to address changes in goals/objectives or to increase effectiveness of the program. The Diversity Committee will advise the SPH leadership on needed changes to the plan and will report on effectiveness through an annual written evaluation of progress towards achieving SPH benchmarks in diversity. Specific oversight for leading the SPH's diversity activities has been delegated to the Assistant Dean for Public Health Practice and Workforce Development (see section 1.4).

The Diversity plan, currently under development, is the result of our assessment for self-study and the need to provide a more structured and aggressive effort to engage, recruit and retain a diverse faculty, staff and student body. The plan will be evaluated and adapted annually in order to adjust policies, strategies and procedures in accordance with priorities and areas of focus related to diversity issues.

1.8.e Identification of measurable objectives by which the school may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the school must include four objectives, at least two of which relate to race/ethnicity. For non-US- based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the school's definition of

under-represented populations in Criterion 1.8.a.

Table 1.8.e identifies the performance measures and benchmarks that are used for evaluating the SPH performance on enhancing Diversity.

Table 1.8.e Diversity Outcomes for Faculty, Students and Staff

Category/ Definition	Target	2011-12	2012-13	2013-14	Fall 2014 Update
1. African American and Hispanic Primary Faculty*	14% by Fall 2016	0%	5%	10%	10%
2. African American and Hispanic Graduate Students	10% by Fall 2016	3.2%**	8.5%	6.4%	11%
3. Minority Fulltime Staff: African American, Hispanic or Asian	8% by Fall 2016	11.4%	11.4%	5.9%	5.9%
4. Develop Appalachian Cultural Framework for Public Health Pedagogy	December 2014	-	-	In progress	
5. Staff attend Cultural Competency Training	100% by May 2015	-	-	In progress	

*Primary as defined by CEPH (see sections 1.7 and 4.1)
**2011-12 data represent estimate of non-White students which would exclude most some Hispanic students (limitation of 2011-12 student database).

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

This criterion is met with commentary. The commentary relates to plans and evaluation processes that are ongoing or in development, but are too early in the implementation process to use for assessment. The Diversity Committee and Diversity Officer are currently developing policies and procedures to guide diversity efforts and setting appropriate benchmarks for the SPH. Faculty are finalizing an Appalachian cultural competency framework including preparation of a segment for new MPH student orientation. However, the school has been successful in enhancing diversity among the faculty and students. And, the SPH has implemented a Dean's Scholarship program with significant resources directed at providing financial support for needy students from underrepresented groups and WV residents from the poorest counties.

Strengths

- The SPH has recognized the need for and is developing a cultural competency framework specific to the public health practice and research needs of West Virginia.
- West Virginia provides a unique opportunity for training as it falls entirely within the Appalachian region of the US with significant health disparities challenges.
- Racial-ethnic populations of bordering states are higher than West Virginia presenting student recruitment opportunities.

Challenges/Weaknesses

- The SPH operates in a state with low racial-ethnic minority populations.
- The development of policies and procedures related to issues of diversity are too new to thoroughly evaluate for effectiveness.

Plans

- Finalize and implement a Diversity plan that includes benchmarks and a strategy for annual evaluation and adjustment.
- Finalize and integrate an Appalachian cultural competency framework into the curricula and specifically in the MPH Graduate Seminar.
- Enhance student recruitment strategies targeting racial-ethnic minority populations of bordering states.
- Aggressively recruit minority faculty at the senior level who will be eligible for institutional leadership positions as well as provide

2.0 Instructional Programs

The School of Public Health offers three graduate programs: the Master of Public Health, the Master of Science in School Health Education, and the Doctor of Philosophy in Public Health Sciences. The current MPH degree program builds upon the 2008-accredited MPH program reflecting changes requisite to becoming an accredited school. Specifically, the 2008 MPH epidemiology/biostatistics concentration has been changed and is now being offered as separate concentrations in biostatistics and in epidemiology. The Health Policy and Management concentration has been changed to a Health Policy concentration. The MPH Generalist concentration, offered onsite and online, has been discontinued.

The MS in School Health Education is only offered online. The PhD in Public Health Sciences is an onsite program that has historically admitted full-time students only. In order to accommodate the needs of students who are unable to pursue doctoral education on a full-time basis, the SPH has begun admitting a few doctoral students on a part-time basis.

2.1 Degree Offerings. The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

The academic instructional hierarchy at WVU is: 1) degree program; 2) academic major; and 3) area of emphasis. The 2008-accredited MPH program concentrations were designated as "tracks," which was not a WVU designation. These were converted to areas of emphasis upon the recommendation of the WVU Registrar just prior to the submission of the proposal to transition to an accredited SPH.

In 2012, as part of the self-study review, the Senior Associate Dean for Academic Affairs and Educational Effectiveness met with the WVU registrar and as result, it became clear that the designation "academic major" was more consistent with the understanding of CEPH concentrations and thus the former "tracks/now areas of emphasis" were then changed to an academic major designation.

The distinction between an area of emphasis and an academic major at WVU is one where the area of emphasis reflects greater depth under the umbrella of an academic major where typically students must take a pre-approved set of required courses in lieu of free electives. An area of emphasis must be relevant to the academic major. Students who are interested in pursuing the MPH degree online at WVU may do so by enrolling in the Social and Behavioral Sciences concentration (offered onsite and online); onsite and online SBS students may also choose a public health practice area of emphasis. The terms "concentration" and "academic major" are henceforth synonymous.

2.1.a An instructional matrix presenting all of the school's degree programs and areas of specialization. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between public health professional degrees, other professional degrees and academic degrees at the graduate level, and

should distinguish baccalaureate public health degrees from other baccalaureate degrees. The matrix must identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix

Current and deactivated (with remaining students being taught out) degree programs are listed in Table 2.1.a below:

Table 2.1.a. Instructional Matrix – Degrees and Specializations (Academic Major)

Degree Programs	Type of Degree	
	Academic	Professional
Master's Degree Programs – Academic Majors (currently admitting students)		
Biostatistics		MPH
Epidemiology		MPH
Health Policy		MPH
Occupational and Environmental Health Sciences		MPH
Social and Behavioral Health Sciences-Onsite		MPH
Social and Behavioral Health Sciences-Online		MPH
School Health Education-Online		MS*
Doctoral Degree Program in Public Health Sciences - Academic Majors		
Biostatistics	PhD	
Epidemiology	PhD	
Occupational and Environmental Health Sciences	PhD	
Social and Behavioral Health Sciences	PhD	
Joint Degree Programs		
Medicine/Public Health		MD/MPH
Dentistry/Public Health		MD/MPH
Business/Public Health		MBA/MPH
Master's Degree Programs – "tracks" under Public Health academic major (no longer admitting students)		
Public Health Generalist – Onsite and Online**		MPH
Public Health Practice – Online**		MPH***

*Other (non-Public Health) Professional degree.
**MPH concentrations were deactivated and no longer accept admissions; existing students are being taught out (oversight of these programs are in the Department of Social and Behavioral Health Sciences. Three students remain in the Generalist "tracks".
***The majority of these students were transferred to the MPH, Social and Behavioral Health Sciences Online program, with one student being taught out under the Public Health Practice track.

2.1.b The school bulletin or other official publication, which describes all degree programs identified in the instructional matrix, including a list of required courses and their course descriptions. The school bulletin or other official publication may be online, with appropriate links noted.

The 2014-15 WVU Graduate Catalog describing SPH programs may be accessed at: http://catalog.wvu.edu/graduate/publichealth/ .

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

This criterion is met.

Strengths

- None noted.

Challenges/Weaknesses

- None noted.

Plans

- None required.

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

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

Adopting the 2010 US Department of Education credit hour regulations, WVU defines a credit hour to be equivalent to one hour of guided instruction (50 minute class) and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester, or the equivalent amount of work over a different amount of time such as during the summer sessions, which may vary in duration. The WVU credit hour definition applies to all SPH courses.

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

Table 2.2.b Minimum MPH Degree Requirements

MPH Academic Major (concentrations)	Credit Hours MPH
Biostatistics	43
Epidemiology	44
Health Policy	45
Occupational and Environmental Health Sciences	43
Social and Behavioral Sciences	44
MD/MPH	44
DDS/MPH	44
MBA/MPH	45

While students "may" request waiver of MPH required courses (see SPH Course Substitution/Waiver and Transfer Policy and Procedures document in external resource file), waivers are viewed as rare situations and no waivers have been approved under the SPH governance. There are occurrences when required courses have been substituted but only when approved by the student's department chair, or by the Associate Dean for Academic Affairs, and this process is also described in the same policy for course waivers. The policy also differentiates course substitution, waiver and transfer.

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

There were no instances of MPH degrees awarded for fewer than 42 semester credit units anytime in the last three years.

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

This criterion is met.

Strengths

- None noted

Challenges/Weaknesses

- None noted

Plans

- No plans required

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

2.3.a Identification of the means by which the school assures that all graduate professional degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program. See CEPH Data Template 2.3.1.

All MPH students achieve fundamental competence in the five areas of knowledge basic to public health as described in Table 2.3.a.with one exception (see below) for Occupational Medicine residents). In situations where core courses vary by academic major (e.g., BIOS 601/602 "or" BIOS 610, and EPID 601 "or" EPID 610), the "or" courses share the same core competencies (see Section 2.6).

Table 2.3.a Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree

Core Knowledge Area	Course Number & Title	Credits
Biostatistics (BIOS)	BIOS 601 & 602 Applied Biostatistics and Lab, or	3 &1
	BIOS 610 Intermediate Biostatistics (Biostatistics majors)	4
Epidemiology (EPID)	EPID 601 Public Health Epidemiology, or	3
	EPID 610 Principles of Epidemiology (Epidemiology majors)	3
Environmental Health Sciences (OEHS)	OEHS 601 Environmental Health	3
Health Services Administration (HPML)	HPML 601 Foundations of Health Policy	3
Social & Behavioral Sciences (SBHS)	SBHS 601 Social and Behavioral Theory	3

Occupational Medicine Residents

Occupational Medicine residents enroll in the MPH Occupational and Environmental Health Sciences concentration. Residents substitute HPML 610 (Public Health Leadership and Management) for HPML 601 because HPML 610 competencies (see Section 2.6) are more closely aligned with occupational medicine residency accreditation requirements, and are sufficient to provide the residents sufficient understanding of the core area of knowledge.

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

This criterion is met.

Strengths

- None noted

Challenges/Weaknesses

- None noted

Plans

- None required

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

All MPH students develop skills in basic public health concepts and demonstrate these concepts by enrolling in PUBH 622, Practice Based Experience (PBE). The required practice based experience is a minimum of 180 contact hours and the students are awarded 3 credit hours (students are allowed to complete more than 180 hours, depending on the nature of the PBE and the scope of work). Students majoring in OEHS are required to do a minimum of 360 contact hours for their PBE. The practice based experiences are guided by the MPH core and concentration competencies with a focus on those that are most relevant to the student's chosen discipline. Preceptors evaluate the student's performance on the relevant competencies.

Oversight of the students' practice based experience is provided by the SPH Director of Practice Based Learning with administrative and project management support provided by the Office of Public Health Practice and Workforce Development. The director position was established in 2013-14 as a result of this self-study process. The need to establish this position resulted from another self-study decision to end the previous combined practicum-culminating experience model and offer each as distinct and separate curriculum elements. The practice-based experience is managed centrally with academic department input, while the culminating experience is managed by each department. The degree plan has a student completing their practice-based experience in the semester before their culminating experience, which occurs in their last semester.

MPH students are introduced to the practice-based experience requirement as part of their New Student Orientation which occurs the week before classes begin in the Fall semester. Approximately 3-4 weeks into their first semester, all new MPH students attend a mandatory PBE Workshop that is held by the PBL Director and staff. The intent of the workshop is to provide a detailed explanation of the processes for obtaining a practice placement (see PBE Flowchart). The students then arrange an initial individual meeting with the PBL Director in accordance with the PBE Flowchart.

After meeting with individual students and listening to their career goals, the PBL Director provides each a student a list of 2-3 potential PBE sites/preceptors. The students are responsible for exploring these options and then return to the PBL Director to discuss and decide the best fit. Once a best fit has been determined, the PBL Director continues the process to finalize the placement of the student at a site. These procedures are detailed in the Student PBE Handbook (see external resource file).

The handbook also describes how negative experiences are responded to by the PBL Director and describes the student's regular reporting/evaluation expectations. If students want to do a PBE at their current site of employment, the PBL Director ensures the scope of work is different from the student's regular scope of work that is part of their employment.

2.4.a Description of the school's policies and procedures regarding practice experiences, including the following:

- **selection of sites**

- **methods for approving preceptors**
- **opportunities for orientation and support for preceptors**
- **approaches for faculty supervision of students**
- **means of evaluating student performance**
- **means of evaluating practice placement sites and preceptor qualifications**
- **criteria for waiving, altering or reducing the experience, if applicable**

Selection of sites. Sites are selected by the Director of Practice-based Learning based on needs provided by the faculty within each of the five concentrations. The Director of Practice-based Learning is responsible for establishing memoranda of agreements between the site and the SPH. External agencies/organizations can also express interest in providing practicum sites to the Director of Practice-based Learning or though individual students and/or faculty. The following criteria must be met in order to participate as a site for MPH students:

- Sites are able to provide opportunities in which students can develop and enhance professional public and/or community health, aligned with discipline-specific competencies.
- Sites have at least one employee who can serve as a preceptor (meeting the school's minimal requirements) who will provide oversight and mentoring for the student.

The process for approval includes

- Qualified preceptor(s)
- Site visit by Director of Practice-based Learning (For US sites located more than 250 miles from the SPH, or international sites, the site visit may be conducted via Skype or telephone.) Suitability of sites are those that:
    - Offer public or community health related experiences that include both discipline-specific and broader public/community health activities.
    - Are safe for students, and
    - Provide the support, resources, supervision, and workspace needed for student
- Affiliation agreement or placement agreement between the organization and the SPH.

Methods for approving preceptors. In order to qualify as a preceptor, the following educational/professional criteria must be met:

- MPH degree, or other public-health relevant graduate degree; or
- Baccalaureate degree with at least 3 years of public/community health experience, or experience in one of the 5 core public health disciplines.

For individuals meeting the above criteria, potential preceptors are reviewed by the Director of Practice-based Learning and the faculty of the respective disciplines for the following factors:

- Level of responsibility within the organization
- Previous experience as a practice preceptor for MPH students
- Willingness to provide the student with mentoring, resources, technical assistance and support
- Ability to provide the student with opportunities to apply academic skills in a practice environment
- Commitment to integrate the student as an active participant in the organization

All resumes and vitae of approved preceptors are kept and updated as needed in the electronic resource file.

Opportunities for orientation and support for preceptors. The Director of Practice-based Learning reviews the SPH PBE Preceptor Handbook (see electronic resource file) with the preceptor during the site visit. The PBE Preceptor Handbook provides the preceptor with information on the PBE requirements and processes, listings of MPH competencies, and copies of all PBE documents.

Current support for preceptors includes:

- Opportunities to participate in SPH-sponsored events, such as educational programs and continuing education.
- Opportunities to discuss the student's progress towards fulfillment of the work plan.

Approaches for faculty supervision of students. Students are encouraged to interact with their faculty advisors regarding their practice-based experience as they navigate between the Director of Practice-based Learning and the practicum preceptor. The degree to which this occurs varies by students and faculty advisors. Faculty advisors are provided copies of student PBE placements to ensure they are kept informed but yet, not required to review/approve as this in the past would occasionally delay the placement of a student. Similarly, faculty advisors and department chairs are provided copies of preceptor evaluations.

Means of evaluating student performance. The preceptor completes a preliminary evaluation of the student's progress (after 60 hours have been completed) based on the student's first written field report, and a final evaluation after the practicum is completed. The evaluations are based on the competencies that defined the practicum's scope of work (expressed as learning objectives) and cross-cutting skills. The evaluations are submitted to the Director of Practice-based Learning and the student's faculty advisor.

Means of evaluating practice placement sites and preceptor qualifications. The student provides a final evaluation of the preceptor and the site, rating the support and guidance provided by the preceptor as well as the resources and professional opportunities offered by the agency/organization. The student evaluations are reviewed by the Director of Practice-based Learning and shared with the Assistant Dean for Public Health Practice and Workforce Development and with the respective department chairs of the students.

Criteria for waiving, altering or reducing the experience. Not applicable; waivers are not permitted.

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

Practice-based experiences for the last two academic years are presented in Table 2.4.b by MPH concentration, agency and preceptor. In some cases, the preceptor was a faculty member which raised concerns during this self-study that the experience may have been more research than practice-based. Since there are faculty overseeing projects/programs in the community that would provide a good practice experience, a process has been established that any faculty preceptor arrangement must be approved by the Associate Dean for Academic Affairs to ensure the experience is practice-based and not an extension of the faculty's research.

Table 2.4.b MPH Practice-based Experience Agencies and Preceptors

MPH Concentration				Practice, Research Based*
2012-13	**2013-14**	**Agency**	**Preceptor**	
Biostatistics				
	x	EMMES Corporation	Ryan May,PhD, Biostatistician	Practice
	x	Mylan Pharmaceuticals Inc.	George Dadisman, MA, Senior Clinical Data Specialist	Practice
	x	NIOSH	Michael E. Andrew, PhD, Senior Scientist	Practice
Epidemiology				
	x	Monongalia County Health Department	Bob White, MPH, Regional Epidemiologist	Practice
x		NIOSH/HELD	Erin McCanlies, PhD, Research Epidemiologist	Practice
	x	Wheeling-Ohio County Health Department	Somu Catterjee, MD, MPH, Regional Epidemiologist	Practice
x		WV CARDIAC Program	Christa Ice Lilly, PhD, Assistant Director	Practice
x	x	WVU School of Public Health	Kelly Gurka, MPH, PhD, Assistant Professor	Research*
	x		Kim Innes, PhD, MSPH, Associate Professor	Research*
	x		Motao Zhu, PhD, MPH, Assistant Professor	Research*
Health Policy				
x		Kanawha-Charleston Health Department	Raul Gupta, MD, MPH, Health Officer And Executive Director	Practice
x		Monongalia County Health Department	Ted Krafczyck, BS, Threat Preparedness Coordinator	Practice
	x	Ohio Valley Health Services and Education Corporation	Michael Caruso, MBA, President and Mary McKinley, MSN, Director of Education	Practice
x		University of Pittsburgh Medical Center	Monica Tietsworth, MBA, Department of Physical Medicine and Rehabilitation	Practice
x	x	WV 81st Legislature	Delegate Don Perdue, RPh, Chair, WV House of Delegates Health Committee	Practice
	x	WV Healthy Kids and Families Coalition	Stephen Smith, MSc, Director	Practice
x		WVU Healthcare	Frank Briggs, PharmD, MPH Vice President, Quality and Patient Safety	Practice
	x		Michael Sweet, Pharm.D., BCPS, Clinical Specialist, Quality Outcomes	Practice
Occupational And Environmental Health Sciences				
	x	Monongalia County Health Department	Ted Krafczyck, BS, Threat Preparedness Coordinator	Practice

Table 2.4.b MPH Practice-based Experience Agencies and Preceptors

MPH Concentration				Practice, Research Based*
2012-13	**2013-14**	**Agency**	**Preceptor**	
	x	Nature Conservation Council of New South Wales	Kate Smolski, Campaigns Director	Practice
x		NIOSH DSR	James W. Collins, PhD, MSME, Associate Director for Science	Practice
x	x	NIOSH Health Effects Laboratory	Jean Meade, DVM, MD, PhD	Practice
x		NIOSH PPRB, HELD	Hong Kan, MD, PhD, Senior Service Fellow	Practice
	x	Occupational Safety and Health Administration (OSHA)	Kathleen Fagan, MD	Practice
x		Swanson Industries	Luke Szczepanski, Corporate Safety and Environmental Manager	Practice
	x	United Steelworkers	Michael J. Wright, MPH, Director of Health, Safety and Environment	Practice
Social and Behavioral Sciences				
x		American Cancer Society, South Atlantic Division	Julie Overbaugh, BA, Senior Community Manager	Practice
x		American Specialty Health	Kara Costanzo, BS, Program Manager	Practice
	x	Brooke County Health Department	Karen McClain, MSN, Administrator	Practice
x		Cabin Creek Medical Center	Amber Crist, MS, Education Director	Practice
x		Cardiac Rehab's Lifestyle Improvement Program, Charleston Area Medical Center	Denise Chiartas, RN, Coordinator	Practice
	x	Catholic Charities WV, Child Care Resource Center	Traci M. Kinney, MA, LSW, State Director	Practice
x		Charleston University; Radiation Exposure Intervention	Eric Halstead, BSRT, Clinical Instructor	Practice
	x	Clarksburg Veterans Administration Hospital	Stacy Gould, PHARMD, Pharmacist	Practice
x		Duke University School of Nursing	Bei Wu, PhD, Professor and Director	Research*
	x	Hazelton Federal Corrections Center	Tonya Brown-Stobbe, BSN, MS, Assistant Health Services Administrator	Practice

Table 2.4.b MPH Practice-based Experience Agencies and Preceptors

MPH Concentration				Practice, Research Based*
2012-13	2013-14	Agency	Preceptor	
	x	Health Sciences and Technology Academy	Michael Mann, PhD, Assistant Professor	Practice
x		Injury Control Research Center and Morgantown Pedestrian Safety Board	Kelly Gurka, PhD, MPH, and Christiaan Abildso, PhD, MPH	Research*
	x	Institute for Community and Rural Health	April Vestal, MPH, Assistant Director	Practice
x		Institute for Women's Health, Virginia Commonwealth University	RaShel Charles, MPH, Director of Grants Management	Practice
	x	Mid-Ohio Valley Health Department	Dick Wittberg, MS, PhD, MBA, Executive Director and Mary Beth Shea, RDH, Oral Health Coordinator	Practice
x		Monongahela Valley Association of Health Centers	Eric Pulice, MPA, Administrator	Practice
	x	Monongalia County Day Report Center	Sarah Abel, MLS, Director	Practice
	x	Monongalia County Girls on the Run Program	Laurie Abildso, MS, Director	Practice
	x	Mountain State Blue Cross and Blue Shield Wellness Committee	Dean Banziger, BS, Actuarial Analyst and Chair	Practice
x		Nebraska Department of Health and Human Services	Stephen G. Jackson, MPH, Program Manager	Practice
	x	NIOSH	Dan Hartley, EdD, Epidemiologist	Practice
x		Rape and Domestic Violence Information Center	Cassandra Mahaney, LSW, Education and Outreach Coordinator	Practice
x		University of Maryland Office of Health Education	Alison Rohrbach, MEd, Assistant Director	Practice
x		UPMC Physician Services Division	Brian Rudolph, MBA/MHA, Executive Administrator, Pathology	Practice
	x	US Defense Commissary Agency	Colonel Michael Buley, DVM, MPH, director	Practice
	x	Valley Mental Health	Bob Musick, MSW, Executive Director and Patrick Tenner, Suicide Prevention Coordinator	Practice
	x	WELL WVU Office of Wellness and Health Promotion	Alison Tartaglia, DrPH (c), MSPH	Practice

Table 2.4.b MPH Practice-based Experience Agencies and Preceptors

MPH Concentration				Practice, Research Based*
2012-13	**2013-14**	**Agency**	**Preceptor**	
x		WELLWVU Office of Wellness and Health Promotion	Colleen Harshbarger, MS, CWP	Practice
	x	WV Bureau for Public Health, Department of Health Statistics	Dan Christy, MPA, Director of Health Statistics	Practice
x		WV Bureau of Public Health Division of Health Promotion and Chronic Disease	Jessica Wright, RN, MPH, CHES, Director	Practice
	x	WV Chapter, Alzheimer's Association	Amy Ernst, MSW, Education and Training Specialist	Practice
	x	WV Department of Education	Rebecca King, MSN, MEd, CSN, RN, Coordinator, HIV Prevention Education	Practice
x		WV Health Science and Technology Academy	Catherine Morton-McSwain, MSEd, Assistant Director	Practice
x		WV on the MOVE	Patricia Kelly, MD, VP WVOM Board of Directors	Practice
	x	WV Oral Health Program	Gina Sharps, MPH, RDH, Lead Regional Oral Health Education Coordinator	Practice
x			Kathy Phipps, DrPH, CDC Consultant & Jason Roush DDS, Director	Practice
	x	WV Partnership for Elder Living	Phillip Schenk, MS, Director	Practice
x	x	WV Prevention Research Center	Lesley Cottrell, PhD, MA, Co-Director	Research*
x		WVU CPASS; McDowell County CHOICES Program	Sean Bulger, EdD, Associate Professor	Practice
x		WVU Extension Service, Obesity Prevention	Emily Murphy, PhD, Childhood Obesity Prevention Expert	Practice
	x	WVU Extension, Family	Elaine Bowen, EdD, Professor and Specialist for Health Promotion	Practice
	x	WVU Healthcare, Center for Quality Outcomes	Michael Sweet, Pharm.D., BCPS, Clinical Specialist	Practice
x	x	WVU Healthcare, Department of Emergency Medicine	Danielle Davidov, PhD, Director	Research*
x		WVU Orthopedic Osteoarthritis Prevention Program	Dina Jones, PT, PhD	Practice

Table 2.4.b MPH Practice-based Experience Agencies and Preceptors

MPH Concentration				Practice, Research Based*
2012-13	**2013-14**	**Agency**	**Preceptor**	
x		WVU School of Medicine; Emergency Medicine Stroke Intervention	Rosanna Sikora, MD, Associate Professor	Practice
	x	WVU School of Public Health	Stephanie Frisbee, PhD, Assistant Professor	Research*

*The Director of Practice-based Learning and the Associate Dean for Academic Affairs reviewed the 72 placements reported above and determined that 11% were more relevant to research than to practice. This reflects the previously described intense research agenda of the Department of Community Medicine. Based on this weakness, the Associate Dean for Academic Affairs has directed that any MPH practicum that is either based in an academic institution and/or includes a preceptor that holds a faculty appointment must be approved at the associate dean level.

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

Not applicable – waivers of the practice experience are not allowed.

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

The Occupational Medicine residents who enroll in the MPH degree program are required to complete two semesters (full-time) of an occupational medicine "practicum" as required by their accrediting body, the American Board of Preventive Medicine. Because these hours are spent at locations including NIOSH and other sites focused on occupational health, these practicum hours are applied to the MPH program as their practice-based experiences.

Table 2.4.d Occupational Medicine Residents Completing MPH Program

Year	# Residents Enrolled	# Residents Graduated	Practice-based Rotations
2011/12	4	1	NIOSH, Brickstreet Insurance, Kanawha Charleston County Health Dept., WVU Wellness Center
2012/13	4	2	NIOSH, Brickstreet Insurance, Kanawha Charleston County Health Dept., John Deere, Eastman Chemical, US Steel, The Washington Hospital Occupational Medicine Center
2013/14	3	2	NIOSH, Brickstreet Insurance, John Deere, Kanawha Charleston Health Dept., US Steel, OSHA, The Washington Hospital Occupational Medicine Center
2014/15	3	1*	NIOSH, Brickstreet Insurance, John Deere, Kanawha Charleston Health Dept., US Steel, OSHA, The Washington Hospital Occupational Medicine Center

*will graduate 2014/15

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

This criterion is met with commentary. The commentary relates to the transitioning of the previous combined practicum-culminating experience model to separate, distinct experiences. The newer model, to begin 2014-15, will enable the SPH to ensure practice-based experiences are relevant to the practice communities. The success of the model will depend greatly on the success of the school increasing and maintaining a viable pool of practice sites and preceptors.

Strengths

- Faculty have a history of reviewing students' practicum-culminating experience reports and posters, and faculty engagement at that level is well established
- The SPH has now implemented processes that ensure all practice-based experiences are practice-focused and not supporting faculty research.

Challenges/Weaknesses

- Combined practicum/culminating experience reflected a “research paradigm” environment similar to scientific poster presentations
- The generic model was less likely to emphasize future professional goals of the students as reflected by their chosen discipline/concentration.
- Faculty engagement varies and sometimes results in delays in student progress through the practicum experience

Plans

- Fully implement the distinct practice-based and culminating experience models starting Fall 2014-15.
- Provide additional training for preceptors
- Increase the number of practicum sites with formal memoranda of affiliations

2.5 Culminating Experience. All graduate professional degree programs, both professional public health and other professional degree programs, identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

As described in Section 2.4 (Practical Skills), a combined practicum-culminating experience model had been in effect since the 2008 MPH accreditation up though much of the current year, 2013-14. The combined experience includes three elements (examples provided in the electronic resource file):

- Proposal: a structured process where the student develops a plan for their practicum
- Practicum: the implementation phase of the practice experience
- Practicum Report: students report the results of their practicum project through a professional paper and presentation (poster presentation evaluated by faculty).

With the transition to a SPH with five distinct departments, the combined practicum-culminating experience became less relevant as the emphasis shifted to discipline-specific curricula. Currently, the practice-based experience and the culminating experience are separate and distinct educational activities. The practice-based experiences are coordinated through the Director of Practice-based Learning, with placements aligned with the student's concentration. The culminating experiences are managed by the individual departments.

2.5.a Identification of the culminating experience required for each professional public health and other professional degree program. If this is common across the school's professional degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

MPH Program: Capstone Course

With the practice-based and culminating experiences moving forward in 2014-15 as distinct learning activities, the culminating experience model has been decentralized to each concentration. All concentrations have chosen a "capstone model" for most of their students:

- Biostatistics: BIOS 624, Consulting Experience (2 credits)
- Epidemiology: EPID 629, Applied Epidemiology Culminating Experience (3 credits)
- Health Policy: HPML 629, Health Policy Capstone (3 credits)
- Occupational & Environmental Health Sciences:
    - OEHS 628, Seminar (1 credit; prepares student for capstone & practicum) &
    - OEHS 629, Capstone(1 credit)
- Social & Behavioral Sciences: SBHS 629, Social & Behavioral Sciences Capstone (2 credits)

Variations to Capstone Course

Select students in the epidemiology, health policy and social & behavioral sciences concentrations may be approved to conduct a thesis (EPID, HPML and SBHS) or applied research (EPID) in lieu of the capstone. The research in lieu of capstone model is permitted for those students who have indicated their intention to pursue continuing education at the doctoral level after completing the MPH program.

An internship in health policy is required for students pursuing the MBA/MPH dual degree and is considered a combined practicum-culminating experience model. The typical internship requires double the number of contact hours of the traditional practice-based experience but is required to demonstrate that the student has successfully integrated and synthesized the health policy competencies. Though not the norm for most health policy students (other than those pursuing the dual degree program), it remains an option for select students for unique internship opportunities with organizations as they become available.

MS School Health Degree Program

MS SHE students' culminating experience is CHPR 640, School Health Program Design. Using the curriculum standards and objectives from their respective states, students are able to address issues related to the teacher's role in planning, organizing, and implementing comprehensive school health programs at the elementary and/or secondary levels as well as providing instruction specific to the health educator skills and standards.

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

This criterion is met with commentary. The commentary relates to the transitioning of the previous combined practicum-culminating experience model to separate, distinct experiences. The current model is relatively new but enables the SPH and each concentration to provide culminating experiences that specifically target to the discipline-needs of their students. The success of the new model will depend on degree to which the concentration faculty transition from the previous model where they were not required to be engaged other than evaluating poster sessions; the new model now requires faculty within each concentration to design and oversee the integration and syntheses expectations for their students. The new model also requires faculty to assess competencies within the culminating experience and the SPH recognizes this will be an evolving pedagogy that will require monitoring.

Strengths

- Faculty have a history of reviewing students' practicum-culminating experience reports and posters, and engagement at that level is well established.
- New culminating experience model focuses on integration and synthesis of competencies.
- New culminating experience model addresses the specific discipline needs of students.

Challenges/Weaknesses

- The new culminating experience model is new to faculty and will require close monitoring for optimal effectiveness.

Plans

- Ensure required individual program reviews provide a thorough evaluation of the culminating experience process and results.
- Monitor the new culminating experience model from the perspective of competency integration and synthesis across departments, and provide these assessments to the departments for informing curricular decisions.

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

Competency-based Curricula – Reestablishing a Culture of Evidence

The transition toward an accredited SPH was informed by the 2008-accredited MPH Program's competency-based curriculum. The 2008 curriculum was driven by the ASPH's MPH Core Competency Model (2006) and included both the five discipline-specific competency domains and the seven interdisciplinary/cross-cutting competency domains. The individual competencies from the twelve competency domains were characterized by four levels of expected performance (awareness, proficient, advanced, and expert). The MPH core curriculum courses emphasized the "awareness" performance level and the MPH tracks (epidemiology/biostatistics, social and behavioral sciences, environmental health, health policy and management, and generalist) emphasized the higher level performance levels (proficient, advanced, and expert). The 2008 curriculum-competency matrices are included in the electronic resource file as they continued to drive the curriculum during the transition process as new competencies were being developed.

The decision to develop new competencies was based on a thorough evaluation of the MPH competency assessment system and processes for informing curricular change. The evaluation was conducted in Summer/Fall 2012 by the interim department chairs and the recently hired Senior Associate Dean for Academic Affairs and Educational Effectiveness. The evaluation resulted in the following findings:

- Concentration/track-specific competencies were non-existent, other than the requirement for higher performance expectations of the MPH core curriculum competencies.
- The levels of performance expectation had not been operationalized such that students and faculty could easily and consistently discern what was reflected by "awareness, proficient, advanced, or expert."
- Systems and processes for data collection and evaluation of competency assessments had not been adequately developed to support a mechanism for producing curricular change (competencies had been linked to specific courses and learning activities, but formal and systematic evaluation of the relationships was absent).

There were two choices. First, the existing competencies could be supplemented with concentration specific competencies, but that by itself would not correct the absence of formal and systematic evaluation of competency achievement. The second choice, and the one chosen, was to start over and develop new competencies that would be enveloped in formal and systematic evaluation mechanisms that would inform student achievement, faculty performance, and curricular effectiveness. The new model would be based on the following principles:

- Competencies would be developed and therefore owned by the faculty.
- All required courses would have measureable competencies (synonymous with WVU learning outcomes, which are a required element of WVU course syllabi).
- All competencies would have measurement rubrics that would operationalize levels

of performance that would guide student learning and faculty assessment.
- Competency assessment data would be routinely collected and evaluated with feedback provided to students, faculty and administration.
- Competency achievement would be reviewed by academic departments and the SPH prior to awarding of the degree.

The decision to start over was not made lightly. The development of new competencies and rubrics would require substantial effort by faculty at the same time courses would continue to be taught under the 2008 model. New faculty were being hired and they would have to be integrated into the process. The self-study would have to report on both competency models. An ideal competency model could not be completed within the time constraints of the self-study period. But the importance of an evidence-based culture for the SPH's instructional programs was vital to preparing graduates to serve the populations of West Virginia or beyond. The new evidence-based curricular model could however, be firmly established providing a foundation for continuous improvement over a 3-5 year period.

2.6.a Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the school.

The following competencies are common to all MPH students:

MPH Common/Core Competencies

1. Explain and assess basic concepts of probability and statistical inference. (BIOS)
2. Summarize public health data using descriptive biostatistical methods. (BIOS)
3. Distinguish the appropriate basic inferential statistical analyses and summarize their results. (BIOS)
4. Derive and assess basic epidemiologic frequencies and association. (EPID)
5. Compare and contrast epidemiologic study designs. (EPID)
6. Explain health care and public health services within the context of the U.S. policy system. (HPML)
7. Propose policy strategies for improving the health status of populations. (HPML)
8. Assess specific health outcomes for individuals and selected populations. (OEHS)
9. Summarize the ethical perspectives and conflicts which arise with respect to human health and the environment. (OEHS)
10. Analyze the results of environmental health research and formal risk assessments, and be able to evaluate the validity of the methods used and the conclusions drawn. (OEHS)
11. Compile the management principles necessary to manage public health functions in an environmental disaster. (OEHS)
12. Illustrate the social and behavioral factors that affect the health of individuals and populations. (SBHS)
13. Recommend appropriate social and behavioral theories and models that are relevant to population health problems. (SBHS)
14. Recommend evidence–based approaches in the development of public health interventions. (SBHS)
15. Apply MPH core competencies in a practice-based experience. (Practicum)
16. Integrate and synthesize MPH core competencies in the context of a culminating experience. (Culminating Experience)

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

2.6.b.1 MPH Concentrations (NOTE: CEPH concentration is synonymous with WVU academic major)

The following competencies are specific to each MPH concentration/academic major:

MPH Biostatistics Competencies

1. Manage data structures efficiently using standard statistical software.
2. Summarize central concepts of statistical theory and inference.
3. Analyze continuous data in a valid manner using standard statistical methods.
4. Analyze categorical data in a valid manner using standard statistical methods.
5. Communicate effectively, in writing and verbally, with substantive investigators and members of the community when assisting in the design of research studies as well as reporting the results of statistical analyses.
6. Discriminate situations where standard analytic tools can be applied from those problems where more complex methods are needed.
7. Apply MPH biostatistics competencies in a practice-based experience.
8. Integrate and synthesize MPH biostatistics in the context of a culminating experience.

MPH Epidemiology Competencies

1. Weigh a public health problem in terms of magnitude, person, time, and place.
2. Measure occurrences incidence, morbidity, and mortality.
3. Summarize concepts of causation.
4. Derive appropriate inferences from epidemiologic data.
5. Analyze data using statistical software to fit epidemiologic regressions, generate coefficients, and explain interpretations properly.
6. Analyze data for confounding, and generate a proper interpretation.
7. Appraise data for effect modification, and generate a proper interpretation.
8. Evaluate data for dose-response.
9. Evaluate basic multivariable statistical techniques commonly used in clinical and public health settings.
10. Manage standard statistical software to efficiently manage data structures.
11. Establish a reputation for a professional demeanor and effective communication.
12. Apply MPH epidemiology competencies in a practice-based experience.
13. Integrate and synthesize MPH epidemiology competencies in the context of a culminating experience.

MPH Health Policy Competencies

1. Explain how health care resources are allocated.
2. Explain the market structures within the U.S. health system.
3. Expound leadership and management principles in public health.
4. Critique a research study.
5. Design an evaluation study.
6. Write a paper that uses a pathway diagram and describes how a non-medical determinant of health influences health.
7. Select and use a community based policy tool that can be used to explain to a community how a social determinant of health and related policies shape population health.
8. Prepare a budget with justification.
9. Apply MPH health policy competencies in a practice-based experience.

10. Integrate and synthesize MPH health policy competencies in the context of a culminating experience.

MPH Occupational and Environmental Health Sciences Competencies

1. Compile the environmental and socio-economic elements of sustaining a healthy environment and societal well-being as an environmental practitioner.
2. Summarize specific human health hazards in various environmental media and systems.
3. Assess methodologies of primary and secondary prevention for environmental health issues.
4. Appraise existing occupational and environmental hazards.
5. Assess the potential for problems in an occupational or environmental setting.
6. Discern appropriate methods for the control of occupational hazards.
7. Assess the basic principles and applications within the science of toxicology.
8. Evaluate the different classes of environmental toxic substances and stressors that have known effects on individuals or population.
9. Appraise the different routes of toxic exposure, metabolic pathways, mechanisms of distribution within the body, and elimination processes.
10. Evaluate the effects of different toxicants and stressors in terms of target effect on the cellular, organ system, and whole body-levels.
11. Summarize the epidemiology of occupational injury which includes the extent, nature, and mechanisms of occupational injury as well as their distribution across occupations and industries.
12. Contrast the strengths and weaknesses of the occupational injury surveillance systems used in the US.
13. Discern the individual, organizational, structural, and societal factors that contribute to occupational injury.
14. Propose effective interventions that can help prevent occupational injury.
15. Apply MPH occupational and environmental health sciences competencies in a practice-based experience.
16. Integrate and synthesize MPH occupational and environmental health sciences competencies in the context of a culminating experience.

MPH Social and Behavioral Sciences Competencies (both onsite & online programs)

1. Summarize sound public health research methodology used in social and behavioral sciences.
2. Evaluate public health research data using inferential statistical techniques.
3. Distinguish key factors to be considered when determining appropriate sampling techniques to assess community needs and health issues.
4. Illustrate an understanding of key factors related to question construction and interview techniques.
5. Summarize key factors and strategies to develop successful health interventions in communities.
6. Summarize social and behavioral models or theories that are used to guide successful community health interventions.
7. Summarize the key components of the PRECEDE/PROCEED model in the planning and delivery of public health program evaluations.
8. Summarize the three principal types of experimental designs in program evaluation.
9. Apply MPH social and behavioral sciences competencies in a practice-based experience.
10. Integrate and synthesize MPH social and behavioral sciences competencies in the context of a culminating experience.

2.6.b.2 MS School Health Education Program

Competencies for students in the MS School Health Education program are required to follow the 2008 National Council for Accreditation of Teacher Education (NCATE) Health Education Teacher Preparation Standards, as listed below.

1. Demonstrate the knowledge and skills of a health literate educator.
2. Assess needs to determine priorities for school health education.
3. Plan effective comprehensive school health education curricula and programs.
4. Implement health education instruction.
5. Assess student learning.
6. Plan and coordinate a school health education program.
7. Serve as a resources person in health education.
8. Communicate and advocate for health and school health education.

2.6.b.3 PhD Public Health Sciences Shared Competencies

The PhD in Public Health Sciences degree program is offered under four (4) academic majors (concentrations). Students in each of the four doctoral majors share the competencies listed below.

1. Foundations of Public Health
    a. Elaborate how the core disciplines of public health (epidemiology, environmental health, social and behavioral sciences, health policy and management, and biostatistics) contribute to the amelioration of health disparities and improve population health.
    b. Expand on how the five core disciplines have contributed to the historical evolution of public health in general and in particular to West Virginia.
    c. Compare and contrast how the five core disciplines are organized to support public health at the local, state, national and global levels.
    d. Assess the research and intervention contributions of your chosen public health discipline to advancing population health.
    e. Synthesize the successes, gaps and failures in global public health.
2. Epidemiology
    a. Derive and assess basic epidemiologic frequencies and association.
    b. Compare and contrast epidemiologic study designs.
3. Teaching: Develop effective strategies for teaching in higher education.
4. Culminating
    a. Demonstrate comprehension of discipline-specific knowledge through successful passage of the qualifying examination.
    b. Review and synthesize pertinent literature and formulate focused research questions that address identified knowledge gaps.
    c. Design and conduct original research that uniquely contributes to the public health scientific knowledge.
    d. Disseminate research findings through appropriate peer-reviewed publications and presentations, and to other public health community audiences.

2.6.b.4 PhD Concentrations

Doctoral students in the PhD Public Health Sciences have the following concentration-specific competencies.

PhD Public Health Sciences - Biostatistics Competencies

1. Assimilate the foundations of public health, including the physical, biological, and social behavioral/factors which affect the health of the community.
2. Synthesize and illustrate principles of study design, estimation, statistical inference, and standard data analysis methods to students and researchers across various health disciplines
3. Integrate the foundations of statistical theory and inference for estimation and testing of hypotheses in public health
4. Discern gaps in current statistical methods that limit further public health research and propose solutions based on rigorous theoretical justification
5. Synthesize new developments in the biostatistical literature to address relevant and challenging public health questions
6. Evaluate research reports and proposals for research funding on the basis of their scientific integrity, validity, and the strength of the quantitative analysis
7. Prepare reports of quantitative analyses for journal publication, presentations at scientific meetings, and grant applications.

PhD Public Health Sciences - Epidemiology Competencies

1. Design investigations of acute and chronic conditions, as well as other adverse health outcomes in targeted populations.
2. Analyze and evaluate data from epidemiologic investigations, and disease and injury surveillance systems.
3. Evaluate health behaviors and outcomes in populations by such variables as age, sex, race/ethnicity, socioeconomic status, and disability.
4. Critically evaluate results of epidemiologic studies, including study design, analysis results, and conclusions.
5. Prepare written and oral reports and presentations to effectively communicate to professional audiences, policymakers, and the general public.
6. Prepare research proposals for extramural peer-reviewed funding.
7. Promote and model ethical conduct in epidemiologic practice.
8. Bring epidemiologic perspectives to the development and analysis of public health policies.

PhD Public Health Sciences - Occupational and Environmental Health Sciences Competencies

1. Analyze issues and problems in occupational and environmental health and safety using critical evaluation, applied research methodology, and statistical methods.
2. Characterize the human health effects of major environmental and occupational hazards, both acute and chronic, including: air pollution, contamination of drinking water, and physical hazards.
3. Analyze sources, pathways and routes of exposure to environmental and occupational hazards, identify populations at high risk of exposure and communicate that risk effectively.
4. Create programs that protect the environment using proven technologies and novel approaches.
5. Evaluate the management of occupational and environmental problems and develop long and short term goals for reducing or eliminating their impact.

PhD Public Health Sciences - Social and Behavioral Sciences Competencies

1. Display broad knowledge and application of relevant public health social and behavioral theories to health promotion and disease prevention strategies.
2. Demonstrate rigorous understanding of methodological and statistical principles that enhance research in the public health sciences.

3. Review and synthesize pertinent literature and formulate focused research questions that address identified knowledge gaps.
4. Design and conduct original research that uniquely contributes to the public health scientific knowledge.
5. Disseminate research findings through appropriate peer-reviewed publications and presentations, and to other public health community audiences.

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

2.6.c.1 MPH Competency Matrices

The new MPH Core Curriculum and Concentration-specific competencies are communicated to students as competencies reflecting the **breadth and depth**, respectively, of knowledge, skills and abilities. Each competency is assigned to a single required course for primary **(P)** development and assessment. Other courses have been identified where the competency is reinforced **(R)**; the extent of the reinforcement is currently limited to the recognition of the relevancy of the competency. At the current time, assessment of "reinforcing competencies" is not required of faculty. The complete set of MPH competencies is compiled as the MPH Competency Handbook which also includes the accompanying set of rubrics. The MPH Competency Handbook is included in the electronic resource file. The tables below reflect the linkages between competencies and specific courses. The practice-based experience (PBE) and culminating experience (CE) are guided by overarching competencies that allow for the assessment of specific core (and concentration) competencies. This allows for the selective assessment of "reinforcing competencies" as appropriate to each student's PBE and CE.

Table 2.6.c.1.a MPH Core Competencies: Breadth of public health knowledge, skills and abilities*	BIOS 601/2 or 610	EPID 601 or 610	HPML 601	OEHS 601	SBHS 601	PUBH 622**	629** Series
1. Explain and assess basic concepts of probability and statistical inference.	**P**					**r**	**r**
2. Summarize public health data using descriptive biostatistical methods.	**P**					**r**	**r**
3. Distinguish appropriate basic inferential statistical analyses and summarize their results.	**P**					**r**	**r**
4. Derive and assess basic epidemiologic frequencies and association.	**r**	**P**				**r**	**r**
5. Compare and contrast epidemiologic study designs.	**r**	**P**				**r**	**r**
6. Explain health care and public health services within the context of the U.S. policy system.			**P**			**r**	**r**
7. Propose policy strategies for improving the health status of populations.			**P**			**r**	**r**
8. Assess specific health outcomes for individuals and selected populations.				**P**		**r**	**r**
9. Summarize the ethical perspectives and conflicts which arise with respect to human health and the environment.				**P**		**r**	**r**
10. Analyze the results of environmental health research and formal risk assessments, and be able to evaluate the validity of the methods used and the conclusions drawn.				**P**		**r**	**r**
11. Compile the management principles necessary to manage public health functions in an environmental disaster.				**P**		**r**	**r**
12. Illustrate the social and behavioral factors that affect the health of individuals and populations.					**P**	**r**	**r**
13. Recommend appropriate social and behavioral theories and models that are relevant to population health problems.					**P**	**r**	**r**
14. Recommend evidence–based approaches in the development of public health interventions.					**P**	**r**	**r**
15. Apply MPH core competencies in a practice-based experience.						**P**	**r**
16. Integrate and synthesize MPH competencies in the context of a culminating experience.							**P**

*__P__-Primarily developed and assessed in this course/experience; __r__-Reinforced (relevant) in this course/experience (assessment not currently required)
**PUBH 622, Practice-based Experience (PBE); 629 Series (unless otherwise noted), Discipline-specific Culminating Experience (CE)

Table 2.6.c.1.b MPH Biostatistics Concentration-Specific Competencies: Depth of biostatistics knowledge, skills and abilities*	BIOS 611	BIOS 612	BIOS 620	BIOS 621	BIOS 623	BIOS 696	PUBH 622**	BIOS 629**
1. Manage data structures efficiently using standard statistical software.	**P**						**r**	**r**
2. Summarize central concepts of statistical theory and inference.		**P**					**r**	**r**
3. Analyze continuous data in a valid manner using standard statistical methods.			**P**				**r**	**r**

Table 2.6.c.1.b MPH Biostatistics Concentration-Specific Competencies: Depth of biostatistics knowledge, skills and abilities*	BIOS 611	BIOS 612	BIOS 620	BIOS 621	BIOS 623	BIOS 696	PUBH 622**	BIOS 629**
4. Analyze categorical data in a valid manner using standard statistical methods.				**P**			**r**	**r**
5. Communicate effectively, in writing and verbally, with substantive investigators and members of the community when assisting in the design of research studies as well as the reporting of results of statistical analyses.					**P**		**r**	**r**
6. Discriminate situations where standard analytic tools can be applied from those problems where more complex methods are needed.						**P**	**r**	**r**
7. Apply MPH biostatistics competencies in a practice-based experience.							**P**	**r**
8. Integrate and synthesize MPH biostatistics competencies in the context of a culminating experience.								**P**

*__P__-Primarily developed and assessed in this course/experience; __r__-Reinforced (relevant) in this course/experience (assessment not currently required)
**PUBH 622, Practice-based Experience (PBE); BIOS 629, Biostatistics Culminating Experience (CE)

Table 2.6.c.1.c MPH Epidemiology Concentration-Specific Competencies: Depth of epidemiology knowledge, skills and abilities*	EPID 610	EPID 611	EPID 612	BIOS 603	BIOS 611	EPID 627	PUBH 622**	EPID 629**
1. Weigh a public health problem in terms of magnitude, person, time, and place.	**P**						**r**	**r**
2. Measure occurrences incidence, morbidity, and mortality.	**P**						**r**	**r**
3. Summarize concepts of causation.		**P**					**r**	**r**
4. Derive appropriate inferences from epidemiologic data.		**P**					**r**	**r**
5. Analyze data using statistical software to fit epidemiologic regressions, generate coefficients, and explain interpretations properly.			**P**				**r**	**r**
6. Analyze data for confounding, and generate a proper interpretation.			**P**				**r**	**r**
7. Appraise data for effect modification, and generate a proper interpretation.			**P**				**r**	**r**
8. Evaluate data for dose-response.			**P**				**r**	**r**
9. Evaluate basic multivariable statistical techniques commonly used in clinical and public health settings.				**P**			**r**	**r**
10. Manage standard statistical software to efficiently manage data structures.					**P**		**r**	**r**
11. Establish a reputation for a professional demeanor and effective communication.						**P**	**r**	**r**
12. Apply MPH epidemiology competencies in a practice-based experience.							**P**	**r**
13. Integrate and synthesize MPH epidemiology in the context of a culminating experience.								**P**

*__P__-Primarily developed and assessed in this course/experience; __r__-Reinforced (relevant) in this course/experience (assessment not currently required)
**PUBH 622, Practice-based Experience (PBE); EPID 629, Epidemiology Culminating Experience (CE)

Table 2.6.c.1.d MPH Health Policy Concentration-Specific Competencies: Depth of health policy knowledge, skills and abilities*	HPML 610	HPML 620	HPML 622	HPML 624	HPML 696	PUBH 622**	HPML 629**
1. Explain how health care resources are allocated.	**P**					**r**	**r**
2. Explain the market structures within the U.S. health system.	**P**					**r**	**r**
3. Expound leadership and management principles in public health.		**P**				**r**	**r**
4. Critique a research study.			**P**			**r**	**r**
5. Design an evaluation study.			**P**			**r**	**r**
6. Write a paper that uses a pathway diagram and describes how a non-medical determinant of health influences health.				**P**		**r**	**r**
7. Select and use a community based policy tool that can be used to explain to a community how a social determinant of health and related policies shape population health.				**P**		**r**	**r**
8. Prepare a budget with justification.					**P**	**r**	**r**
9. Apply MPH health policy competencies in a practice-based experience.						**P**	**r**
10. Integrate and synthesize MPH health policy competencies in the context of a culminating experience.							**P**

*__P__-Primarily developed and assessed in this course/experience; __r__-Reinforced (relevant) in this course/experience (assessment not currently required)
**PUBH 622, Practice-based Experience (PBE); HPML 629, Health Policy Culminating Experience (CE)

Table 2.6.c.1.e MPH Occupational and Environmental Health Sciences Concentration-Specific Competencies: Depth of occupational and environmental health knowledge, skills and abilities*	OEHS 610	OEHS 620	OEHS 622	OEHS 623	PUBH 622**	OEHS 629**
1. Compile the environmental and socio-economic elements of sustaining a healthy environment and societal well-being as an environmental practitioner.	**P**				**r**	**r**
2. Summarize specific human health hazards in various environmental media and systems.	**P**				**r**	**r**
3. Assess methodologies of primary and secondary prevention for environmental health issues.	**P**				**r**	**r**
4. Appraise existing occupational and environmental hazards.		**P**			**r**	**r**
5. Appraise the potential for problems in an occupational or environmental setting.		**P**				
6. Discern appropriate methods for the control of occupational hazards.		**P**				
7. Assess the basic principles and applications within the science of toxicology.			**P**		**r**	**r**
8. Evaluate the different classes of environmental toxic substances and stressors that have known effects on individuals or population.			**P**		**r**	**r**
9. Appraise the different routes of toxic exposure, metabolic pathways, mechanisms of distribution within the body, and elimination processes.			**P**		**r**	**r**
10. Evaluate the effects of different toxicants and stressors in terms of target effect on the cellular, organ system, and whole body-levels.			**P**		**r**	**r**

Table 2.6.c.1.e MPH Occupational and Environmental Health Sciences Concentration-Specific Competencies: Depth of occupational and environmental health knowledge, skills and abilities*	**OEHS 610**	**OEHS 620**	**OEHS 622**	**OEHS 623**	**PUBH 622****	**OEHS 629****
11. Summarize the epidemiology of occupational injury which includes the extent, nature, and mechanisms of occupational injury as well as their distribution across occupations and industries.				**P**	**r**	**r**
12. Contrast the strengths and weaknesses of the occupational injury surveillance systems used in the US.				**P**	**r**	**r**
13. Discern the individual, organizational, structural, and societal factors that contribute to occupational injury.				**P**	**r**	**r**
14. Propose effective interventions that can help prevent occupational injury.				**P**	**r**	**r**
15. Apply MPH occupational and environmental health sciences competencies in a practice-based experience.					**P**	**r**
16. Integrate and synthesize MPH occupational and environmental health sciences competencies in the context of a culminating experience.						**P**

*__P__-Primarily developed and assessed in this course/experience; __r__-Reinforced (relevant) in this course/experience (assessment not currently required)
**PUBH 622, Practice-based Experience (PBE); OEHS 629, Occupational and Environmental Health Sciences Culminating Experience (CE)

Table 2.6.c.1.f MPH Social and Behavioral Sciences Concentration-Specific Competencies: Depth of social and behavioral sciences knowledge, skills and abilities*	**SBHS 610**	**SBHS 611 or 660**	**SBHS 612 or 614**	**SBHS 613**	**PUBH 622****	**SBSH 629****
1. Summarize sound public health research methodology used in social and behavioral sciences.	**P**				**r**	**r**
2. Evaluate public health research data using inferential statistical techniques.	**P**				**r**	**r**
3. Distinguish key factors to be considered when determining appropriate sampling techniques to assess community needs and health issues.		**P**			**r**	**r**
4. Illustrate an understanding of key factors related to question construction and interview techniques.		**P**			**r**	**r**
5. Summarize key factors and strategies to develop successful health interventions in communities.			**P**		**r**	**r**
6. Summarize social and behavioral models or theories that are used to guide successful community health interventions.			**P**		**r**	**r**
7. Summarize the key components of the PRECEDE/PROCEED model in the planning and delivery of public health program evaluations.				**P**	**r**	**r**
8. Summarize the three principal types of experimental designs in program evaluation.				**P**	**r**	**r**
9. Apply MPH social and behavioral sciences competencies in a practice-based experience.					**P**	**r**

Table 2.6.c.1.f MPH Social and Behavioral Sciences Concentration-Specific Competencies: Depth of social and behavioral sciences knowledge, skills and abilities*	SBHS 610	SBHS 611 or 660	SBHS 612 or 614	SBHS 613	PUBH 622**	SBSH 629**
10. Integrate and synthesize MPH social and behavioral sciences competencies in the context of a culminating experience.						**P**

*__P__-Primarily developed and assessed in this course/experience; __r__-Reinforced (relevant) in this course/experience (assessment not currently required)
**PUBH 622, Practice-based Experience (PBE); SBHS 629, Social and Behavioral Sciences Culminating Experience (CE)

2.6.c.2 MS School Health Education Competency Matrix

Competencies for students in the MS School Health Education program follow the 2008 National Council for Accreditation of Teacher Education (NCATE) Health Education Teacher Preparation Standards.

Table 2.6.c.2 MS School Health Education Competencies: School Health Education knowledge, skills and abilities*	C&I 604	CHPR 644	CHPR 680	C&I 687	C&I 688	CHPR 671	CHPR 509	CHPR 607	CHPR 640**	CHPR 604
1. Demonstrate the knowledge and skills of a health literate educator.	**r**	**r**	**P**	**r**	**r**	**r**	**r**	**r**		
2. Assess needs to determine priorities for school health education.						**r**			**P**	**r**
3. Plan effective comprehensive school health education curricula and programs.							**r**	**r**	**P**	**r**
4. Implement health education instruction.	**r**			**r**	**r**				**r**	**P**
5. Assess student learning.				**P**					**r**	**r**
6. Plan and coordinate a school health education program.									**r**	**P**
7. Serve as a resources person in health education.						**P**	**r**	**r**	**r**	**r**
8. Communicate and advocate for health and school health education.		**P**				**r**				

*__P__-Primarily developed and assessed in this course/experience; __r__-Reinforced (relevant) in this course/experience (assessment not currently required)
**CHPR 640, School Health Education Culminating Experience (CE)

2.6.c.3 PhD Public Health Sciences Competency Matrices

Table 2.6.c.3.a PhD Public Health Sciences - Shared Competencies: Public Health Sciences doctoral shared breadth of knowledge, skills and abilities*	**PUBH 696**	**EPID 601 or 710**	**C&I 789**	**CE****
1. Explain each of the five core disciplines in public health, epidemiology, biostatistics, environmental health, social and behavior sciences, and health policy and management.	**P**			
2. Illustrate the ways each of the five core disciplines have contributed to the historical evolution of public health.	**P**			
3. Compare and contrast the ways these five disciplines both differ and complement each other in advancing public health objectives.	**P**			
4. Profile examples of key research and intervention that has advanced the practice of public health.	**P**			
5. Analyze today's successes, gaps, and failures in global public health.	**P**			
6. Derive and assess basic epidemiologic frequencies and association.		**P**		
7. Compare and contrast epidemiologic study designs.		**P**		
8. Develop effective strategies for teaching in higher education.			**P**	
9. Demonstrate comprehension of discipline-specific knowledge through successful passage of the qualifying examination.				**P**
10. Review and synthesize pertinent literature and formulate focused research questions that address identified knowledge gaps.				**P**
11. Design and conduct original research that uniquely contributes to the public health scientific knowledge.				**P**
12. Disseminate research findings through appropriate peer-reviewed publications and presentations, and to other public health community audiences.				**P**

*__P__-Primarily developed and assessed in this course/experience; **r**-Reinforced (relevant) in this course/experience (assessment not currently required)
**Dissertation is the PhD Culminating Experience (CE)

Table 2.6.c.3.b PhD Public Health Sciences – Biostatistics Competencies: Biostatistics doctoral depth of knowledge, skills and abilities*	**BMS 700 & 720**	**BIOS 797**	**BIOS 623 & 624**	**BIOS 700 & 701**	**BIOS 720, 721 & 740**	**BIOS 788**	**BIOS 796**	**QE****	**CE****
1. Synthesize and illustrate principles of study design, estimation, statistical inference, and standard data analysis methods to students and researchers across various health disciplines.			**P**	**r**	**P**			**r**	**r**
2. Integrate the foundations of statistical theory and inference for estimation and testing of hypotheses in public health.		**r**		**P**	**r**		**r**	**r**	**r**

Table 2.6.c.3.b PhD Public Health Sciences – Biostatistics Competencies: Biostatistics doctoral depth of knowledge, skills and abilities*	**BMS 700 & 720**	**BIOS 797**	**BIOS 623 & 624**	**BIOS 700 & 701**	**BIOS 720, 721 & 740**	**BIOS 788**	**BIOS 796**	**QE****	**CE****
3. Discern gaps in current statistical methods that limit further public health research and propose solutions based on rigorous theoretical justification.		**P**		**r**	**r**		**P**	**r**	**r**
4. Synthesize new developments in the biostatistical literature to address relevant and challenging public health questions.		**P**					**P**	**r**	**r**
5. Evaluate research reports and proposals for research funding on the basis of their scientific integrity, validity, and the strength of the quantitative analysis.	**P**	**r**	**r**			**P**	**r**	**r**	**r**
6. Prepare reports of quantitative analyses for journal publication, presentations at scientific meetings, and grant applications.	**r**	**r**	**P**			**r**	**r**	**r**	**r**
7. Demonstrate comprehension of discipline-specific knowledge through successful passage of the qualifying examination.								**P**	**r**
8. Review and synthesize pertinent literature and formulate focused research questions that address identified knowledge gaps.									**P**
9. Design and conduct original research that uniquely contributes to the public health scientific knowledge.									**P**
10. Disseminate research findings through appropriate peer-reviewed publications and presentations, and to other public health community audiences.									**P**

*__P__-Primarily developed and assessed in this course/experience; __r__-Reinforced (relevant) in this course/experience (assessment not currently required)
**QE – Qualifying Exam; Dissertation is the PhD Culminating Experience (CE)

Table 2.6.c.3.c PhD Public Health Sciences – Epidemiology Competencies: Epidemiology doctoral depth of knowledge, skills and abilities*	**EPID 610**	**EPID 711**	**EPID 712**	**EPIC 696**	**EPID 715**	**QE****	**CE****
1. Design investigations of acute and chronic conditions, as well as other adverse health outcomes in targeted populations.	**r**	**P**			**r**		
2. Analyze and evaluate data from epidemiologic investigations, and disease and injury surveillance systems.	**r**	**r**	**P**				
3. Evaluate health behaviors and outcomes in populations by such variables as age, sex, race/ethnicity, socioeconomic status, and disability.	**r**	**r**	**P**				

Table 2.6.c.3.c PhD Public Health Sciences – Epidemiology Competencies: Epidemiology doctoral depth of knowledge, skills and abilities*	EPID 610	EPID 711	EPID 712	EPIC 696	EPID 715	QE**	CE**
4. Critically evaluate results of epidemiologic studies, including study design, analysis results, and conclusions.			**r**	**P**			
5. Prepare written and oral reports and presentations to effectively communicate to professional audiences, policymakers, and the general public.							**P**
6. Prepare research proposals for extramural peer-reviewed funding.							**P**
7. Demonstrate comprehension of discipline-specific knowledge through successful passage of the qualifying examination.						**P**	**r**
8. Review and synthesize pertinent literature and formulate focused research questions that address identified knowledge gaps.							**P**
9. Design and conduct original research that uniquely contributes to the public health scientific knowledge.							**P**
10. Disseminate research findings through appropriate peer-reviewed publications and presentations, and to other public health community audiences.							**P**

***P**-Primarily developed and assessed in this course/experience; **r**-Reinforced (relevant) in this course/experience (assessment not currently required)
**QE – Qualifying Exam; Dissertation is the PhD Culminating Experience (CE)

Table 2.6.c.3.c PhD Public Health Sciences – Occupational and Environmental Health Sciences Competencies: Occupational and Environmental Health Sciences doctoral depth of knowledge, skills and abilities*	EPID 769	OEHS 723	OEHS 732	QE**	CE**
1. Analyze issues and problems in occupational and environmental health and safety using critical evaluation, applied research methodology, and statistical methods.			**P**	**r**	**r**
2. Characterize the human health effects of major environmental and occupational hazards, both acute and chronic, including: air pollution, contamination of drinking water, and physical hazards.		**P**		**r**	**r**
3. Analyze sources, pathways and routes of exposure to environmental and occupational hazards, identify populations at high risk of exposure and communicate that risk effectively.	**P**			**r**	**r**
4. Create programs that protect the environment using proven technologies and novel approaches.			**P**	**r**	**r**
5. Evaluate the management of occupational and environmental problems and develop long and short term goals for reducing or eliminating their impact.		**P**		**r**	**r**
6. Demonstrate comprehension of discipline-specific knowledge through successful passage of the qualifying examination.				**P**	**r**
7. Review and synthesize pertinent literature and formulate focused research questions that address identified knowledge gaps.					**P**

Table 2.6.c.3.c PhD Public Health Sciences – Occupational and Environmental Health Sciences Competencies: Occupational and Environmental Health Sciences doctoral depth of knowledge, skills and abilities*	EPID 769	OEHS 723	OEHS 732	QE**	CE**
8. Design and conduct original research that uniquely contributes to the public health scientific knowledge.					**P**
9. Disseminate research findings through appropriate peer-reviewed publications and presentations, and to other public health community audiences.					**P**

*__P__-Primarily developed and assessed in this course/experience; **r**-Reinforced (relevant) in this course/experience (assessment not currently required)
**QE – Qualifying Exam; Dissertation is the PhD Culminating Experience (CE)

Table 2.6.c.3.d PhD Public Health Sciences – Social and Behavioral Sciences Competencies: Social and Behavioral Sciences doctoral depth of knowledge, skills and abilities*	SBHS 601 & 612	BIOS 601, 602, 603 & 604	EPID 601	SBHS 610 & 660	SBHS 701	SBHS 613 & 710	SBHS 611	SBHS 711 & 712	SBHS 796	QE**	CE**
1. Display broad knowledge and application of relevant public health social and behavioral theories to health promotion and disease prevention strategies.	**P**				**r**	**r**	**r**	**r**	**r**	**r**	**r**
2. Demonstrate rigorous understanding of methodological and statistical principles that enhance research in the public health sciences.		**P**	**P**	**P**		**r**		**r**	**r**	**r**	**r**
3. Demonstrate comprehension of discipline-specific knowledge through successful passage of the qualifying examination.										**P**	**r**
4. Review and synthesize pertinent literature and formulate focused research questions that address identified knowledge gaps.					**P**					**r**	**r**
5. Design and conduct original research that uniquely contributes to the public health scientific knowledge.											**P**
6. Disseminate research findings through appropriate peer-reviewed publications and presentations, and to other public health community audiences.											**P**

*__P__-Primarily developed and assessed in this course/experience; **r**-Reinforced (relevant) in this course/experience (assessment not currently required)
**QE – Qualifying Exam; Dissertation is the PhD Culminating Experience (CE)

2.6.d An analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

As described in the opening paragraphs of this criterion, the competency matrices for the MPH core and concentration-specific curricula presented above reflect changes based on a thorough analysis of the 2008 accredited MPH program and its accompanying competency matrices (see electronic resource file). The analysis specifically resulted in changing the previous (2008) combined practice-based/culminating experience to the current curriculum where they are distinct courses/experiences. The change was based on the belief that separation of the PBE and CE would allow greater flexibility for students, and enable the faculty in each concentration to emphasize the discipline-specific competencies for their students. Another curricular change resulting from the analysis was to change from requiring two separate 1-credit public health seminar courses for all students, to a new approach where there is 1-credit seminar that is common to all MPH students, while the second 1-credit seminar is specific to each concentration.

The self-study has identified the need to conduct additional evaluations of the new MPH competencies in terms of relevancy to public health practice, and in terms of appropriate levels (e.g., undergraduate vs. graduate). This need has also become apparent for the doctoral competencies (e.g., masters vs. doctoral). These two evaluations were initiated during/continued during Summer/Fall 2014 using the Community Advisory Board and the Alumni Advisory Council to assess the public health practice relevancy; the SPH Curriculum Committee will review the appropriateness of the competency levels (masters, doctoral) in Spring 2015 and provide feedback to the faculty.

The self-study also identified challenges with ensuring demonstration of integration and synthesis of competencies in the new culminating experiences (see section 2.5). As part of the overall effort to establish an evidence-based culture with respect to educational effectiveness, the Curriculum Committee and the department chairs have developed an annual review process for all curricula (see section 2.5 and 2.7) with implementation in Spring/Summer 2015; this review will require each department specifically address if the curricular processes result in students demonstrating integration and synthesis of relevant competencies. The annual review process will also require an assessment of the effectiveness of preceptor competency assessment and the utility of those assessments for informing curricular change in general, and specifically with respect to competencies.

As competency assessment results are analyzed (initial assessments of new competencies began Fall 2013), the results are provided to the Curriculum Committee and concentration faculty for use with the competency matrices in evaluating the overall educational effectiveness of each curriculum. Preliminary competency assessment results are provided in section 2.7; additional assessment results will be provided during the December site visit.

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

MPH Competencies

The Senior Associate Dean for Academic Affairs and Educational Effectiveness initiated a thorough review of existing MPH competencies in Fall 2012, during his first semester of appointment (the existing competencies were the ASPH/ASPPH Minimum MPH Competencies). The review included department chairs and other faculty and reached the consensus that in

order to facilitate the systematic assessment of competencies, it would be more efficient and effective to develop new and fewer competencies with each competency supported by a measurement rubric.

The new MPH core competencies were developed using a modified Delphi process by a taskforce of faculty representing each concentration and either the primary faculty of their respective core curriculum course or another faculty sufficiently familiar with the course syllabus. Knowledge of the specific learning activities within the existing courses was essential. Based on the existing learning activities, the faculty representatives were tasked to develop 1-3 competency statements for their core curriculum course.

After developing their discipline-specific MPH core competencies, the core competencies were reviewed by all members of the taskforce in order to provide collective feedback from all disciplines regarding the breadth of knowledge, skills and abilities for all MPH students. The MPH core competencies were then finalized and the faculty were charged to develop measurement rubrics for each of the competencies. The task force faculty were then charged to repeat the process within their respective departments for the discipline-specific competencies. The Senior Associate Dean for Academic Affairs and Educational Effectiveness made himself available to each department as they completed the process of developing concentration-specific competencies.

The MPH core competencies and the concentration-specific competencies collectively provide the set of competencies that guide the MPH curricula and the practice-based and culminating experiences. The complete set of MPH competencies and accompanying rubrics were compiled into the MPH Competency Handbook (see electronic resource file) and the electronic file was then provided to all current MPH students and all SPH faculty. The MPH Competency Handbook is also distributed to all new MPH students during their Orientation.

MS School Health Education Competencies

Competencies for the MS School Health Education were not developed locally but rather are adopted from the 2008 National Council for Accreditation of Teacher Education (NCATE) Health Education Teacher Preparation Standards.

PhD Public Health Competencies.

PhD competencies were developed by faculty representing each discipline that offers an academic major under the PhD in Public Health Sciences degree program. The departments were tasked to review and modify as needed, the doctoral competencies based on their experiences in developing the new MPH competencies. During this self-study period, development of rubrics for the doctoral competencies has not been implemented pending a review of the MPH rubric development and assessment process. Development of PhD competency rubrics are planned for calendar year 2015.

Competency Dissemination to Students

As stated previously, the new MPH competencies, as the MPH Competency Handbook, were provided to the MPH students electronically. Additionally, students have been briefed in multiple gatherings and in classes how the competencies were developed and how they will be used. The competencies for all programs are also provided on the SPH website and are provided to each student during their program orientation.

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

The SPH (and the predecessor MPH Program) has not assessed changing practice or research needs routinely or systematically. This weakness stems from the evolution of the MPH program to a SPH described in the introduction to this self-study document. The Community Advisory Board and the Alumni Advisory Council were established in part to address this weakness. At the initial meeting of the CAB, the following feedback was provided by the members regarding MPH graduate skills and attributes that could be strengthened:

In general, it was agreed upon that MPH graduates should be well-rounded (as opposed to specialized) and have improved in skill sets over time.

- more training in occupational and environmental health was also mentioned
- project management
- managing public funds
- grant design and writing
- inter-professional skills
- stronger understanding what it is like to be in the field
- service requirement (in public/community health)
- Increased field experience for students, but among faculty also
- translating health policy into action
- data management and analysis skills of all types
- research skills were specifically mentioned

The feedback from the CAB and AAC were provided to the department chairs and members of the Curriculum Committee for their review regarding curriculum and competencies. The Director of Assessment, Assistant Dean for Public Health Practice and Workforce Development, and the Associate Dean for Academic Affairs are developing standard operating guidelines for assessing practice relevancy of competencies systematically; this process is targeted for completion by Summer 2015.

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

This criterion is met with commentary. The commentary relates to the new MPH competencies not being fully implemented until Fall 2014 with respect to informing the curriculum (first round of competency assessments were initiated in Fall 2013). The decision to replace previous ASPH competencies was a sound decision, but the change required two years of development, to include measurement rubrics and competency assessment software systems. The competencies will benefit from continued review in terms of practice-relevancy, appropriateness of learning level and measurement specific to the competency learning level, and the reliability and validity of the measurements. The commentary also relates to the need to apply a similar competency development and measurement process to the PhD program.

Strengths

- A culture of evidence has been reestablished
- Faculty have a greater sense of ownership with having locally developed rather than adopted other competencies

- Faculty burden has been minimized by allowing competency and rubric development to reflect existing course/classroom practices

Challenges/Weaknesses

- Rubrics and rubric assessment have not been in existence long enough to judge reliability
- The evaluative feedback loops have not been used in practice yet, therefore;
    - All competencies will require further assessment to ensure they are at the appropriate level (graduate) or graduate-doctoral
    - All competencies will require continued assessment to ensure that they are practice-relevant
- The PhD competencies have not gone through the same process as the MPH competencies

Plans

- Continued assessment of MPH competencies using rubrics with assessment summaries provided to departmental faculty and the Curriculum Committee
- Application of the competency and rubric development process to the PhD program.
- Curriculum Committee will conduct a thorough review of all programs competencies including the doctoral programs for relevance and level of performance
- Continue to engage the members of the Community Advisory Board and the Alumni Advisory Council regarding the practice relevancy of the MPH competencies in particular
- Engage other practice stakeholders in providing competency feedback under the umbrella of the Office of Public Health Practice and Workforce Development.
- Develop standard operating guidelines for systematically assessing practice relevancy of MPH competencies.

2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each professional public health, other professional and academic degree student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

In transitioning from an accredited MPH program toward an accredited School of Public Health, one of the biggest challenges was establishing a sustainable culture of assessment that is required of an accredited school. A review of the 2008 MPH Program Self Study document revealed that while thoughtful linkages between competencies and specific course activities/assessments had been established, there was no evidence that the assessments were being compiled and reviewed. The absence of continuous assessment data review translated to less than effective demonstration of student competency achievement, and questioned the systematic basis for curricular evaluation/improvement.

As described in Section 2.6.e, the 2008 MPH competencies were replaced in 2012-13 with new competencies that were developed by the faculty responsible for teaching the MPH courses. Competency development included development of assessment rubrics (see MPH Handbook) with the understanding that competencies would be assessed during each course. Furthermore, the required competency assessments would be compiled on a regular basis by a newly appointed Director of Assessment (see Section 1.4.b). The compiled assessment reports are used to evaluate student competency prior to graduation, and also to inform curricular improvement. The competency assessment/reporting infrastructure has only been in operation less than two years but has resulted in a paradigm shift in that "competencies" has become a norm among public health faculty dialogue. The infrastructure has had its "bumps in the road" as do most new initiatives, but substantial progress has been made as part of this self-study effort with regard to competency assessment.

Competency data are stored in Live Text enabling us to extract the data using existing report templates, modified reporting through report builders, or customized reporting through the vendor. Depending on content, the reports will either be system generated or data will be exported into a universal format for import into statistical software. The flexibility of this system will allow for continuous assessment of competencies over time. Longitudinal analysis will provide information on change over time and allow the adaptation of competencies as needed.

The ongoing entry, management, and reporting mechanisms is the responsibility of the Office of Assessment within the School of Public Health. This office is responsible for the development of a reporting calendar, reporting templates based on expressed needs, design, and management. Serving as an underlying mechanism for the school's data system, this office will provide ongoing, systematic, collection, coordination, guidance, and reporting services.

As part of the self-study process, the Curriculum Committee identified a need for periodic reviews of the overall curricula in terms of competency achievement and other student and program outcomes. A meeting was convened between the Curriculum Committee, the department chairs, and the Senior Associate Dean for Academic Affairs and Educational Effectiveness. The result was agreement to implement an annual review process, with the 3rd annual review completed as a comprehensive 3-year evaluation, with findings and actions submitted to the Dean and to the Curriculum and Evaluation Committees. As previously mentioned in sections 2.5 and 2.6, the annual review process will address overall competency achievement, but also provide focused evaluation on competency achievement

during the Practice-based Experience and on the demonstration of integration and synthesis of competencies during the Culminating Experience. The draft document is being revised to add these two focused evaluative components and the annual review process will be fully implemented during Spring/Summer 2015 (see resource file), which coincides with programs having two years of competency data.

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

MPH Students

Monitoring and Evaluation. Student progress in achieving expected MPH competencies is monitored and evaluated at multiple levels. In each course where competencies have been established (see Section 2.6 and MPH Competency Handbook in the electronic resource file), faculty evaluate each student on competency performance. The competency rubrics that form the basis of each competency assessment facilitate consistent evaluation of overall competency by performance and by competency domains (essential components of competencies). Competencies and structured competency rubrics were developed by faculty in 2012-13 (see Section 2.6). Assessment of competencies using the structured rubrics was implemented Fall 2013.

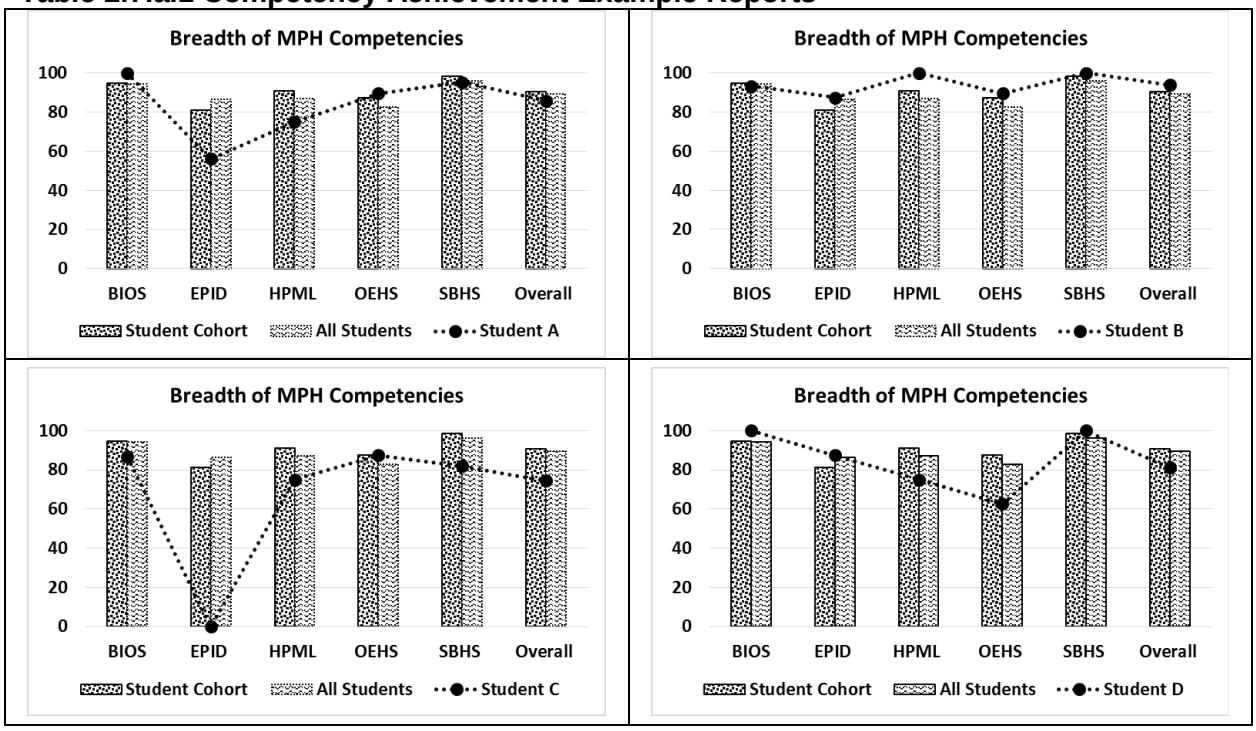
Competency assessment data are entered by faculty into a Live Text database that reflects the structured competency rubrics. Faculty enter each student's competency scores directly into the Live Text database interface. Two semesters of competency scores have been collected providing a reasonable database to begin the development of competency report formats for informing decisions. Examples of graphic reports are provided below; additional competency assessment reports will be available at the December 2014 site visit. Final decisions regarding the number and type of graphic reports will be based on the collective needs of department faculty and the SPH Curriculum Committee.

The Office of Student Services will be responsible for compiling competency assessments and generating evaluative reports for each student that will be provided to the departments to be used in conjunction with the student's academic record for providing recommendations to the Dean regarding awarding of degrees. Reports will also be provided that evaluate curricular competency performance over time for program reviews.

Individual Student Competency Achievement.

The collective sets of competencies are referred to as the students **"breadth" and "depth"** of knowledge, skills and abilities (see Section 2.6). The competencies assessed as part of the MPH core curriculum represent **"breadth"** and the concentration-specific competencies represent **"depth."** Table 2.7.a.1 reflects the competency achievement of 4 MPH students (A, B, C and D) compared to a select cohort (those students who completed all five courses of the MPH core curriculum in 2013-14) and to all MPH students taking one or more MPH core curriculum course.

Table 2.7.a.1 Competency Achievement Example Reports



Competency achievement scores, based on the structured rubrics, are converted to percentage scores (actual score and total maximum score). Students are assessed on two or more competencies in each MPH core curriculum course. The percentage scores reflected in Table 2.7.a, for each course and overall, are the combined percentages of the individual competencies. In the above example (actual data), Student B has demonstrated greater than average competency in all disciplines, whereas students A, C and D had mixed results. The report generated for Student C reflects a "non-achievement" for epidemiology which when investigated, the score was a "true zero" and not a missing assessment. Student C also received a "C" letter grade for the epidemiology course and the biostatistics course (the student is a health policy major). Based on the two C's, the student was placed on probation but came off probation based on the subsequent semester grades. The complete set of competency assessments and grades will be reviewed by the health policy faculty during the semester of graduation before deciding if the student can graduate, or additional evidence is needed regarding core-level epidemiology competency.

Similar graphical reporting formats will be used for "depth," as they become more available in 2014-15 when this cohort of students enters the second year. The reports are provided as evidence of competency to department chairs and faculty during the student's semester of graduation. These assessments, as well as those provided during the practice-based and culminating experiences, and the student's academic performance are the basis for the faculty to decide if the student should graduate. A blocking process on the student's electronic record has been established by the WVU registrar forcing the department's assessment of competencies before the student can graduate; this system will be fully implemented in 2014-15, which is a decision that was made to ensure competency assessments are both conducted and reviewed.

Competency Achievement for Informing Curricular Decisions.

Competency performance data is also being compiled for the purpose of informing curricular decisions. Use of LiveText software for reporting and compiling of student competency assessments allows for analyses of competency performance across multiple levels including by faculty, course, course section, and longitudinally over time. Assessments can also be conducted comparing full-time vs. part-time students, and on-site vs. online students. The LiveText system for MPH competencies has been implemented beginning AY 2013/14, so limited data is available, but these summary reports will be generated annually and provided to various stakeholder groups for review and feedback including the Curriculum Committee, the Evaluation Committee, and the Community Advisory Board. The decision to use LiveText software for the MPH Program, and specifically the competencies, was based on experience and expertise of using the software to support the MS SHE program.

The types of graphical reports that are being compiled and presented to department chairs and the Curriculum Committee for their feedback as to what will be most useful, are reflected in Table 2.7.a.2.

Table 2.7.a.2 Competency Achievement by Course and by Competencies within Course

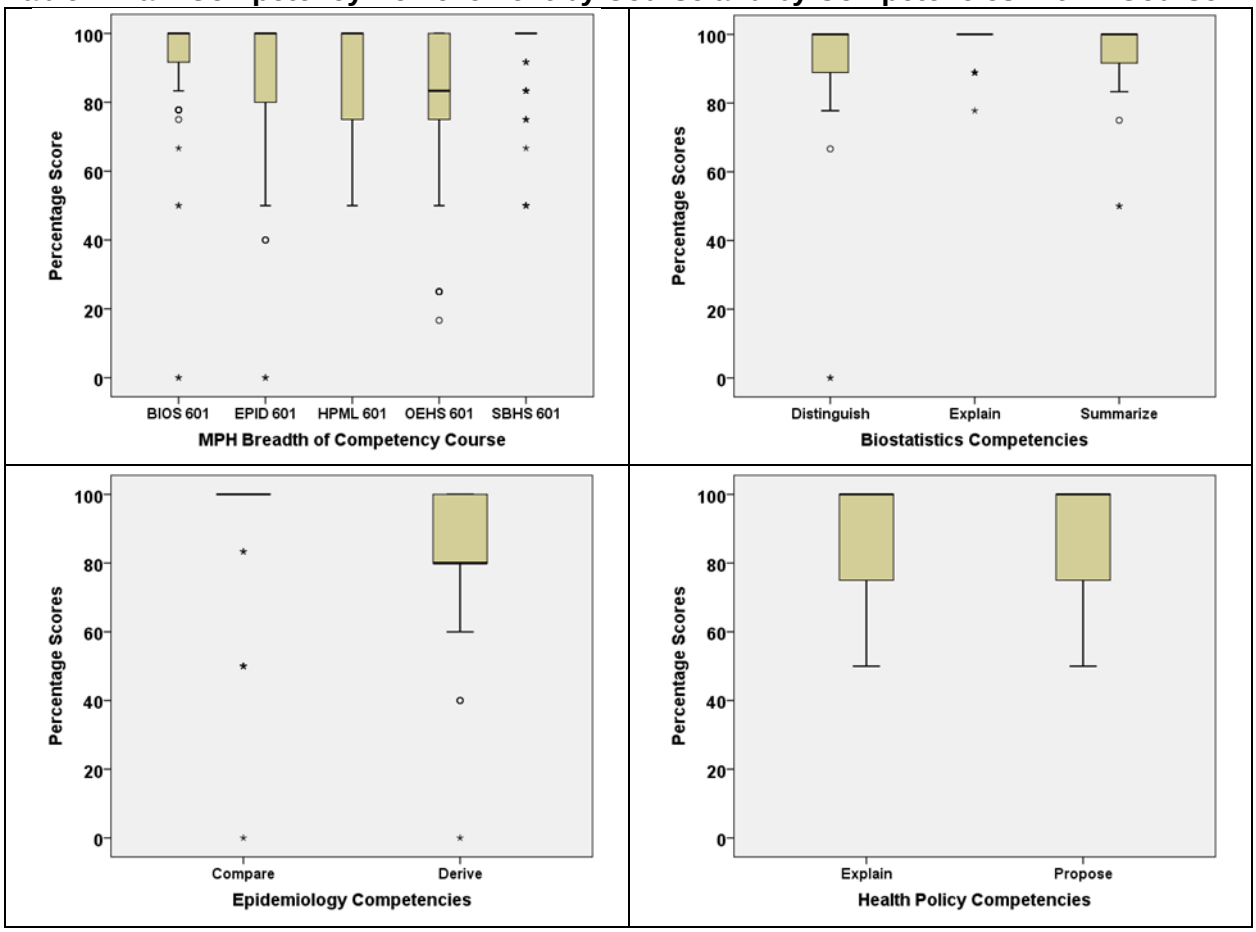
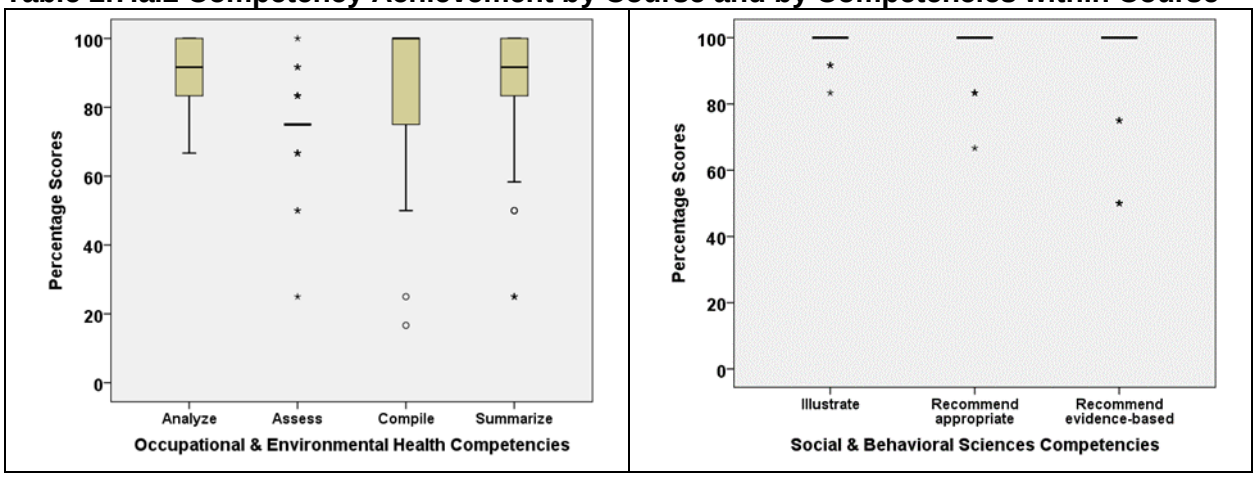


Table 2.7.a.2 Competency Achievement by Course and by Competencies within Course



The limited, preliminary competency achievement data by course (MPH core curriculum) and by competencies within courses reflect considerable variation. The data by course (top left cell) reflects less variation between students in the SBHS core curriculum course than in the other courses; the same variation is reflected by the individual competencies within the SBHS course (bottom right cell). Median scores based on the boxplots tend to be high overall during this initial year of using the structured rubrics; competency assessments data will be used to inform competency measurement as well as performance. This type of evidence is meant to force dialogue among faculty regarding competencies and competency assessment, for the purpose of curricular improvement. Additional competency assessment reports will be made available at the December 2014 site visit.

Competency Achievement in Practice-based and Culminating Experiences. The MPH core competencies and concentration-specific competencies are also assessed during the student's practice-based and culminating experiences. The competencies are evaluated during the practice-based experience using a rubric that the preceptor responds to as either "met" or "not met" for those core and concentration-specific competencies that have been determined to be relevant to the PBE's scope of work. The competencies are also evaluated during the student's culminating experience (capstone, or other model as appropriate). The faculty teaching the capstone courses or supervising other culminating models (e.g., thesis) indicate which of the students' competencies are relevant to the culminating experience, and then provide each student a summative evaluation of the student's ability to integrate and synthesize their competencies.

A Culture of Evidence. The development of competencies measured in specific courses and compiled by student, by competency, and by course has taken two years and marks the beginning of a paradigm shift from the 2008-accredited program. Mechanisms have been established that require competency assessment and review, but alone this will not guarantee success. As faculty review the collective competency assessment and find the evidence useful, it will be easier to sustain the new culture. It will require at least 3-4 years of meaningful evidence feedback loops before a true evidence-informed, competency-driven curricular process is firmly rooted in SPH-MPH operations.

PhD Students

At a minimum, doctoral competencies are monitored and evaluated through required courses in the curriculum or through successful passage of the PhD Qualifying Examination, dissertation proposal, and dissertation defense. The Qualifying Examination is usually given after most formal coursework has been completed and tests the knowledge of student's chosen Ph.D. training major. Depending on the major and what coursework a student may transfer into the program, this exam is scheduled either at the end of Year 1 or Year 2. In year 3 and no later than year 4, students are required to write a pre-doctoral NIH grant and defend it orally to their dissertation committee. The intent of the research proposal is to outline plans (hypothesis, specific aims) for their dissertation research. Writing of the proposal begins in the Grant Writing and Scientific Writing courses taught in the spring and summer semesters of year 1. The research proposal defense is the Ph.D. candidacy exam.

Before students are able to defend their dissertation research, they must provide proof that they have at least one first-authored peer-reviewed manuscript in some form of acceptance related to their dissertation. The manuscript may be a one based on the dissertation research, or a previous manuscript that led to the student to propose their dissertation research.

2.7.b Identification of outcomes that serve as measures by which the school will evaluate student achievement in each program, and presentation of data assessing the school's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees (including bachelor's, master's and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of the graduates at any level who can be located, an explanation must be provided.

Table 2.7.b.1 MPH Students, by Entering Cohorts, 2006-07 through 2013-14*

Data Year	MPH Cohort Measurement	Academic Year Cohort Entered							
		2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
2006-07	# Students entered	34							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0%							
2007-08	# Students continuing at beginning of this school year	34	30						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	12	2						
	Cumulative graduation rate	35.3%	6.7%						
2008-09	# Students continuing at beginning of this school year	22	28	31					
	# Students withdrew, dropped, etc.	6	1	0					
	# Students graduated	6	7	0					
	Cumulative graduation rate	52.9%	30.0%	0%					
2009-10	# Students continuing at beginning of this school year	10	20	31	66				
	# Students withdrew, dropped, etc.	2	3	0	0				
	# Students graduated	4	7	9	0				
	Cumulative graduation rate	64.7%	53.3%	29.0%	0%				
2010-11	# Students continuing at beginning of this school year	4	10	22	66	38			
	# Students withdrew, dropped, etc.	1	1	4	0	0			
	# Students graduated	3	3	8	24	2			
	Cumulative graduation rate	73.5%	63.3%	54.8%	36.4%	5.3%			
2011-12	# Students continuing at beginning of this school year	0	6	10	42	36	40		
	# Students withdrew, dropped, etc.	n/a	0	3	12	1	0		
	# Students graduated	n/a	2	2	17	17	0		
	Cumulative graduation rate	73.5%	70.0%	61.3%	62.1%	50.0%	0%		
2012-13	# Students continuing at beginning of this school year	n/a	4	5	13	18	40	41	
	# Students withdrew, dropped, etc.	n/a	0	0	2	6	1	0	

Table 2.7.b.1 MPH Students, by Entering Cohorts, 2006-07 through 2013-14*

Data Year	MPH Cohort Measurement	Academic Year Cohort Entered							
		2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
	# Students graduated	n/a	1	2	7	7	17	0	
	Cumulative graduation rate	73.5%	73.3%	67.7%	72.7%	68.4%	42.5%	0%	
2013-14*	# Students continuing at beginning of this school year	0	3	3	4	5	22	41	46
	# Students withdrew, dropped, etc.	n/a	1	0	1	1	3	0	0
	# Students graduated	n/a	0	1	1	1	11	28	1
	Cumulative graduation rate	73.5%	73.3%	71.0%	74.2%	71.1%	70.0%	68.3%	2.2%

*Graduation data complete through August 2014 (summer graduation); WVU master's students have 8 years to complete their degree program.

Table 2.7.b.2 MS Students, by Entering Cohorts, 2006-07 through 2013-14*

Data Year	MS Cohort Measurement	Academic Year Cohort Entered							
		2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
2006-07	# Students entered	4							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0%							
2007-08	# Students continuing at beginning of this school year	4	2						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	0	0						
	Cumulative graduation rate	0%	0%						
2008-09	# Students continuing at beginning of this school year	4	2	2					
	# Students withdrew, dropped, etc.	0	0	0					
	# Students graduated	2	0	0					
	Cumulative graduation rate	50.0%	0%	0%					
2009-10	# Students continuing at beginning of this school year	2	2	2	5				
	# Students withdrew, dropped, etc.	0	0	0	0				
	# Students graduated	2	1	0	0				
	Cumulative graduation rate	100%	50.0%	0%	0%				
2010-11	# Students continuing at beginning of this school year	0	1	2	5	9			

Table 2.7.b.2 MS Students, by Entering Cohorts, 2006-07 through 2013-14*

Data Year	MS Cohort Measurement	Academic Year Cohort Entered							
		2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
	# Students withdrew, dropped, etc.	n/a	0	0	0	0			
	# Students graduated	n/a	1	0	1	0			
	Cumulative graduation rate	100%	100%	0%	20.0%	0%			
2011-12	# Students continuing at beginning of this school year	n/a	0	2	4	9	19		
	# Students withdrew, dropped, etc.	n/a	n/a	0	0	0	0		
	# Students graduated	n/a	n/a	1	3	1	1		
	Cumulative graduation rate	100%	100%	50.0%	80.0%	11.1%	5.3%		
2012-13	# Students continuing at beginning of this school year	n/a	n/a	1	1	8	18	19	
	# Students withdrew, dropped, etc.	n/a	n/a	0	0	0	0	0	
	# Students graduated	n/a	n/a	1	0	4	3	0	
	Cumulative graduation rate	100%	100%	100%	80.0%	55.6%	21.1%	0%	
2013-14*	# Students continuing at beginning of this school year	n/a	n/a	0	1	4	15	19	6
	# Students withdrew, dropped, etc.	n/a	n/a	n/a	0	1	3	0	0
	# Students graduated	n/a	n/a	n/a	0	2	7	12	0
	Cumulative graduation rate	100%	100%	100%	80.0%	77.8%	57.9%	63.2%	0%

*Graduation data complete through August 2014 (summer graduation); WVU master's students have 8 years to complete their degree program.

Table 2.7.b.3 PhD Students, by Entering Cohorts, 2006-07 through 2013-14*

Data Year	PhD Cohort Measurement**	Academic Year Cohort Entered							
		2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
2006-07	# Students entered	5							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0%							
2007-08	# Students continuing at beginning of this school year	5	6						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	0	0						
	Cumulative graduation rate	0%	0%						

Table 2.7.b.3 PhD Students, by Entering Cohorts, 2006-07 through 2013-14*

Data Year	PhD Cohort Measurement**	Academic Year Cohort Entered							
		2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
2008-09	# Students continuing at beginning of this school year	5	6	6					
	# Students withdrew, dropped, etc.	0	1	0					
	# Students graduated	1	0	0					
	Cumulative graduation rate	20.0%	0%	0%					
2009-10	# Students continuing at beginning of this school year	4	5	6	4				
	# Students withdrew, dropped, etc.	0	0	0	0				
	# Students graduated	0	0	0	0				
	Cumulative graduation rate	20.0%	0%	0%	0%				
2010-11	# Students continuing at beginning of this school year	4	5	6	4	4			
	# Students withdrew, dropped, etc.	0	0	0	0	1			
	# Students graduated	3	2	2	0	0			
	Cumulative graduation rate	80.0%	33.3%	33.3%	0%	0%			
2011-12	# Students continuing at beginning of this school year	1	3	4	4	3	7		
	# Students withdrew, dropped, etc.	0	1	0	0	0	0		
	# Students graduated	1	2	0	1	0	0		
	Cumulative graduation rate	100%	66.7%	33.3%	25.0%	0%	0%		
2012-13	# Students continuing at beginning of this school year	0	0	4	3	3	7	6	
	# Students withdrew, dropped, etc.	n/a	n/a	0	0	0	1	0	
	# Students graduated	n/a	n/a	1	3	2	0	0	
	Cumulative graduation rate	100%	66.7%	50.0%	100%	50.0%	0%	0%	
2013-14*	# Students continuing at beginning of this school year	n/a	n/a	3	0	1	6	6	5
	# Students withdrew, dropped, etc.	n/a	n/a	0	n/a	0	0	0	0
	# Students graduated	n/a	n/a	1	n/a	0	1	0	0
	Cumulative graduation rate	100%	66.7%	66.7%	100%	50.0%	14.3%	0%	0%

*Graduation data complete through August 2014 (summer graduation); 8-year graduation rates are reported here but at WVU, the doctoral clock is set at 5 years and commences upon successful completion of the qualifying exam which prevents tracking cohort rates.

The MPH program has consistently graduated at least 70% of its students within three years, and the 2012-13/2013-14 cohorts are on track to do the same. The MS School Health Education program has consistently graduated at least 70% of its students within four years, as this is primarily a part-time program; the 2011-12 thru 2013/14 are on track to do the same. The PhD in Public Health Sciences program has consistently graduated at least 60% of its students and the 2010-11 and 2011-12 cohorts are on track to do the same; the two newest cohorts are expected to have similar experiences.

Table 2.7.b.4 Destination of SPH Graduates by Employment Type Graduating 2010/11 through 2012/13*

Category	MPH Graduation Year			MS SHE Graduation Year			PhD Graduation Year		
	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13
Employed	4	4	5		1	3	2	1	4
Continuing education/training	2			1					1
Actively seeking employment		1	1						
Not seeking employment		1							
Unknown	34	32	28	1	5	5	5	2	0
Total Survey Responses	6	6	6	1	1	3	2	1	5
Number of Graduates	40	38	34	2	6	8	7	3	5
% of Graduates Responding to Survey	15%	16%	18%	50%	17%	38%	29%	33%	100%
% Employed or continuing education of those graduating	15%	11%	15%	50%	17%	38%	29%	33%	100%
% Overall Employed or continuing education of those responding to survey	**100%**	**67%**	**83%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

* Data represent 1-year post graduation employment.

Table 2.7.b.5 Destination of PhD Graduates (20 graduates since 2008)

PhD Program Alumni Job Title (20 graduates since 2008)	PhD Program Alumni Workplace
1. Associate Service Fellow Epidemiologist (Baughman)	CDC NIOSH, Biostatistics & Epidemiology Branch
2. Assistant Professor (Davidov)	WVU Department of Emergency Medicine
3. Epidemiologist (Hartley)	CDC NIOSH, Biostatistics & Epidemiology Branch
4. EIS Officer (Choudhary)	CDC NIOSH
5. Research Methods Specialist (Cain)	University of Chicago, Department of Family Medicine
6. Postdoctoral Research Fellow (Blosnich)	U.S. Department of Veteran Affairs, Center for Health Equity Research and Promotion
7. Assistant Professor of Health Education (Nolan)	Concord University
8. Research Instructor/ Staff (Frost)	ICF International
9. Assistant Professor of Community Health (Leary)	Fairmont State University, School of Education, Health & Human Performance
10. Assistant Professor of Public Health (Geiger)	University of Northern Illinois, College of Health and Human Sciences
11. Quality Analyst (Putlia)	Agrace Hospice Care
12. Associate Service Fellow Epidemiologist (Kurth)	CDC NIOSH, Surveillance Branch, Division of Respiratory Disease Studies
13. Industrial Hygienist (Doney)	CDC NIOSH, Surveillance Branch, Division of Respiratory Disease Studies
14. Post Doc Fellowship (Matthews-Ewald)	Pennington Biomedical Research Center
15. Assistant Professor of Physical Therapy (Pignataro)	Florida Gulf Coast University, Department of Physical Therapy & Human Performance
16. Assistant Professor of Dentistry (Wiener)	WVU School of Dentistry
17. Postdoctoral Fellow (Alshaarawy)	Michigan State University, Department of Epidemiology
18. Visiting Scholar (Jarrett)	University of Kentucky, Department of Internal Medicine
19. Assistant Professor of Epidemiology (Haile)	Ohio University, Department of Social Medicine
20. Associate Service Fellow (Bhandari)	CDC NIOSH, Division of Safety Research

The assessment of SPH post-graduation employment is neither sufficient nor acceptable. As stated earlier, the 2008 accredited MPH Program was not based on a strong assessment infrastructure and this also is reflected in the paucity of graduate employment data. One action that has been taken to remedy this is the requirement for graduates to complete an exit as part of the graduation process (coordinated through the WVU Office of the Registrar). The Director of Assessment, in collaboration with the Office of Student Services and the Assistant Dean for Program Development and Operations (oversees alumni affairs) is revising the existing employment assessment system with Standard Operating Guidelines that will be completed by the end of November 2014.

2.7.c An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The school must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

Systematic assessment of graduate employment ceased after the 2008 MPH accreditation and wasn't resumed until after the Director of Assessment position had been created and filled in response to the many data assessment needs of the new school. The three years of data reflected in Table 2.7.b.4 was based on a single survey going out the 2010-13 graduates; these graduates were chosen based on the 12-month post-graduation reporting period. (The number of graduates and respondents is reported in Table 2.7.b.4). Response rates were poor reflecting in part limited engagement with students post-graduation. Of those responding to the survey, employment/continuing education is quite good however, but due to the poor response rates, the SPH knows too little about graduate's success.

Moving forward, systematic assessment of student success will occur at two points (see Table 2.7.c.1 Academic Assessment Calendar; this is an abridged assessment table – see Section 1.2): an annual alumni survey, and a required student exit Interview. Active post-graduation engagement should increase response rates and reliability of these estimates. The SPH has adapted employment and exit surveys for use from other accredited schools of public health (including the University of Pittsburgh and others) which were then transcribed into Qualtrics. This allows online completion and automatic storage of data. This also ensures that the data are only entered in the format specified. Since employment data collection is not centralized at WVU and there is no exit survey for graduate students, this is a new initiative within the SPH. Recently, we have agreed to participate in the ASPPH Graduate Employment Data Common Questions Pilot Project Plan. The project goal is to develop a standard data reporting and collection format. ASPPH provides guidance collecting graduate employment data using ASPPH common questions as well as analysis services. This project also sets up a network of schools to share best practices. We will submit our existing data to ASPPH for inclusion as allowed. Outcomes reports will be used to further refine our efforts.

Table 2.7.c.1 Academic Assessment Calendar for School of Public Health*

Task	Frequency	Source	Data
Student Competencies	Fall, Spring, Summer	Live Text	Competency data generated and compiled for student, faculty, and school reports.
SPH Goals, Objectives, Aims	Fall, Spring, Summer	Live Text Qualtrics Banner	Ongoing data collection, cleaning, assessment and report generation to continuously measure outcomes compared to goals and objectives.

Table 2.7.c.1 Academic Assessment Calendar for School of Public Health*

Task	Frequency	Source	Data
Alumni Survey	Summer (Annual survey of all Fall, Spring, Summer)	Qualtrics	Annual assessment via web with telephone follow up to three years post-graduation of last degree. Includes employment and competency measures.
Student Satisfaction Survey	Spring (Annual survey for all, active students)	Qualtrics	Anonymous, annual data solicited from all active SPH students.
Student Exit Interviews	Fall, Spring, Summer	Qualtrics	Set as a requirement for degree conveyance in Degree Works. Survey data will be anonymized once completion is verified.
Staff Satisfaction Surveys	Summer (Annual for all staff)	Qualtrics	Anonymous, annual data solicited from all SPH staff.
Faculty Satisfaction Surveys	Summer (Annual for all faculty)	Qualtrics	Anonymous, annual data solicited from all SPH faculty.
Employer Surveys	Summer (Annual)	Qualtrics	Anonymous, annual data collected from employers and field placement sites for SPH students inquiring about aggregate student experiences.
Faculty Reports (P&T, CV data)	As Needed	Activity Insight	Reporting support for faculty for promotion and tenure annual reports, grant submission information including CVs and biosketches.

*This calendar is dynamic. Timelines may shift contingent on the needs of the school as well as outcomes from interim data which is continuously evaluated.

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

Four (4) SPH students have taken the NBPHE Certified Public Health exam in the past three years. All four passed the exam. Three took the exam in AY 2011-12, and the fourth in 2012-13.

2.7.e Data and analysis regarding the ability of the school's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessments may include key informant interviews, surveys, focus groups and documented discussions.

Assessment of the SPH's graduates to perform competencies in an employment setting has not occurred systematically or intentionally in the past. The establishment of the Community Advisory Board and the Alumni Advisory Council is part of an overall strategy to address this weakness. At the initial meeting of both groups (2014), using a meeting facilitator, they were asked to respond to this question and a summary of their comments is provided below. Formal employer surveys are also planned (see Table 2.7.c.1 above).

MPH graduate skills and attributes that can be strengthened:
In general, it was agreed upon that MPH graduates should be well-rounded (as opposed to specialized) and have improved in skill sets over time.

- more training in occupational and environmental health was also mentioned
- project management
- managing public funds
- grant design and writing
- inter-professional skills
- stronger understanding what it is like to be in the field
- service requirement (in public/community health)
- increased field experience for students, but among faculty also
- translating health policy into action
- data management and analysis skills of all types
- research skills were specifically mentioned

Specific responses from the CAB and AAC are provided in the table below.

Community Advisory Board	**Alumni Advisory Council**
What attributes or skills that could be improved among future alumni? • MPH graduate skill sets have improved over time • MPH graduates should be well-rounded as opposed to specialized • Students have research skills that practitioners often do not have themselves, but need • Project management • Grant design and writing • Integrate public health into other disciplines and departments: inter-professional • How to manage funds and finances with public money • Occupational programs • Environmental programs • Field experience among faculty • Translate health policy to action • Legislative internship and change the world! • Funding for year-long intern- or extern-ships	**What aspects of your SPH education best prepared you for your career?** • Internship/real-world application • Epidemiology and bio stats; good match • Independent study for relationship building • Technical writing • Research skills • Extracurricular activities; networking and leadership • Dealing with diverse populations • Working independently **What skills, knowledge, or experience do you wish you had when entering the workforce? What do you wish future SPH graduates would know?** • Maintain relationships with students and faculty • Fellowships are career boosting • Where to find jobs in West Virginia • Exposure to different job opportunities • Ambiguity of public health career • Service to West Virginia • Newer technology used in the field • More advanced epidemiology classes • Program development, grant writing, career negotiation, interviewing skills

The Director of the Office of Assessment is in the process of finalizing a systematic process for assessing competencies of our graduates. This effort is being developed in collaboration with the Office of Student Services and the Assistant Dean for Program Development and Operations (who oversees alumni affairs and the Community Advisory Board and Alumni Advisory Council) in an effort to develop an assessment process that is both informative and sustainable. Standard Operating Guidelines for assessment graduate performance in an employment setting will be finalized by end of November 2014.

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

This criterion is partially met. The ability of the SPH, its faculty and administrative to sustain the process that has been established for the assessment of competencies within courses, and to provide meaningful evaluations of competency performance to students, and more important, back to academic departments, the curriculum committee and other stakeholders to inform curricular improvements, is a critical component that has not yet fully matured. The evaluative feedback must be useful to faculty in order to ensure the culture of evidence is fully embraced. Attention must also be paid to ensure the overall assessment systems are functioning as designed to address not only the educational outcomes addressed in this criterion, but also the outcomes identified in Section 1.2. A curricular annual review process has been approved in principle and will be fully implemented in 2014-15 once the focused PBE and CE competency review requirements have been added to the review policy document.

Strengths

- Systems have now been established to address current and future assessment needs of the SPH
- Effort has been taken to minimize faculty burden with respect to competency assessment
- Plans are in place to address the decision-making intelligence most needed by faculty and administrators, and to develop that intelligence based on systematic and intentional assessments
- An assessment calendar has been operationalized

Challenges/Weaknesses

- Assessment historically has not been consistent to include
  - Formal assessment of competencies
  - Graduates' employment/continuing education status
  - Alumni/employer assessments
- Assessment systems have now been established but are untested in terms of providing meaningful feedback to inform decisions

Plans

- Continue to support and expand the assessment systems
- Monitor the progress of assessment processes and outcomes
- Finalize Standardized Operating Guidelines for assessment of competency, graduation, post-graduate employment and employer assessment of graduates' competency performance by end of November 2014.

2.8 Other Graduate Professional Degrees. If the school offers curricula for graduate professional degrees other than the MPH or equivalent public health degrees, students pursing them must be grounded in basic public health knowledge.

2.8.a Identification of professional degree curricula offered by the school, other than those preparing primarily for public health careers, and a description of the requirements for each.

The School of Public Health offers a MS in School Health Education. The MS School Health Education is a 30 credit-hour program and is only offered online. The typical MS School Health Education student pursues the degree part-time (6 credit hours) over five semesters. Additional information is provided at Criterion 2.14 Distance Education Programs.

The 30-hour MS SCH curriculum includes the following ten (3 hours each) courses:

- C&I 604 Curriculum Theories
- CHPR 655 Foundations of Public Health for School Health Educators
- CHPR 680 Health Concepts
- C&I 687 Classroom Organization and Management
- CHPH 671 Community Health
- CHPR 509 Drug Education
- CHPR 507 Human Sexuality and Diversity
- CHPR 640 School Health Program Design
- CHPR 604 Advanced School Health

2.8.b Identification of the manner in which these curricula assure that students acquire a public health orientation. If this means is common across these other professional degree programs, it need be described only once. If it varies by program, sufficient information must be provided to assess compliance by each program.

MS SHE students acquire a public health orientation through their required course CHPR 655, Foundations of Public Health for School Health Educators. The course description states: “This course provides an overview of the public health promotion and education profession with an emphasis on child and adolescent health and the school setting. Course materials will help students develop the theoretical background, philosophical approach, and professional skills required to effectively serve as a public health promotion professional. As part of the Masters in School Health Program, this course emphasizes health promotion in the school setting and contemporary issues in child and adolescent health.”

MS SHE students also acquire elements of public health discipline specific content in the following courses:

- Biostatistics: CHPR 604 Advanced School Health
- Epidemiology:
  - CHPR 604 Advanced School Health, and
  - CHPR 671 Public and Community Health
- Social and Behavioral Sciences:
  - CHPR 604 Advanced School Health, and
  - C&I 604 Curriculum Theory
- Environmental Health: CHPR 671 Public and Community Health

- Health Services Administration:
  - CHPR 604 Advanced School Health, and
  - C&I 688 Classroom Organization and Management

The MS SHE curriculum and NCATE Health Education Teacher Preparation Standards also link key elements of the student's learning (e.g., theoretical foundations of health behavior, disease etiology, data collection, etc.) to specific NCATE standards. A full description of these linkages is provided in the electronic resource file (will be submitted with the final self-study).

The school health program is accredited through the National Council for Accreditation of Teacher Education (NCATE) and uses their standards and student competencies to evaluate our program. Although students participating in this advanced degree program are already practicing certified teachers who are working full-time, the program has established methods for evaluating graduate level student competencies.

Student progress in achieving these expected competencies is monitored and evaluated using the following procedures. Per NCATE, 8 key assessments have been identified through which students are required to demonstrate their attainment of our competences. Each of these key assessments covers a predetermined number of student competencies and together the 8 key assessments measure all of the program's required competencies.

These key assessments consist of assignments, projects, and teaching experiences that require students to demonstrate competency in the development, delivery, and evaluation of school health programs and the professional conduct of school health educators. These assessments include a combination of academic work evaluated by WVU faculty and practical work evaluated by the student's principal(s) and colleagues at their school.

Each key assessment is evaluated using a rubric that identifies the specific criteria students need to meet in order demonstrate each competency. When students complete these key assessments, faculty members, principal(s), and teaching colleagues evaluate the key assessments using these rubrics and input each student's scores into LiveText.

LiveText is used to monitor each student's progress and overall program-level achievement of competencies annually. Each summer, LiveText is used to compile a report that describes rates and levels of program-level competency achievement and identifies students who are failing to achieve the required competencies. This information is provided to all school health education faculty and advisors and used to develop goals for program improvement and student support during the annual MS SHE program review conducted each August.

The program's culminating experience occurs in the CHPR 640 course and requires each student to develop a year-long, multi-faceted health education program. This project requires students to demonstrate proficiency in advanced school health planning, implementation, evaluation, and advocacy skills. These skills include, but are not limited to, using public health data and goals to identify and establish program priorities, conducting school and community specific SWOT analyses, selecting theory-based learning strategies that support health behavior change, developing professional and effective health promotion materials, and choosing appropriate and meaningful evaluation activities. Since the culminating experience is the final key assessment, it is evaluated using the same

procedures described above.

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

This criterion is met.

Strengths

- The online program serves an important function in provide school health education and core public health knowledge to professional educators, who serve an important population towards improving population health.
- The online and mostly part-time delivery offerings are conducive to full-time educators.

Challenges/Weaknesses

- None noted.

Plans

- None required.

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2.9 Bachelor's Degrees in Public Health

This criterion is not applicable.

2.10 Other Bachelor's Degrees

This criterion is not applicable.

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

2.11.a Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The SPH offers academic degree programs at the doctoral level (PhD). Four academic majors are offered through the PhD in Public Health Sciences

- Biostatistics
- Epidemiology
- Occupational and Environmental Health Sciences
- Social and Behavioral Sciences

2.11.b Identification of the means by which the school assures that students in academic curricula acquire a public health orientation. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

All doctoral students take PUBH 691, Foundations of Public Health. The 3-credit public health foundations course examines the history of public health, from its roots in sanitation to current efforts to broadly improve population health. Each of the five core disciplines, epidemiology, biostatistics, environmental health, social and behavior sciences, and health policy and management, receives attention. Quantitative and qualitative research designs are covered, as well as infectious diseases and tuberculosis, and risk management. Doctoral students who possess the MPH degree from a CEPH-accredited program may ask to be exempted from this course.

The Foundations of Public Health course was developed and implemented the first time in 2013-14. Initial feedback has been favorable, however, feedback from the SPH Evaluation Committee expressed concern the course competencies/learning outcomes were more masters- than doctoral level. Accordingly, the competencies were changed (see Section 2.6) as reflected below for the next time the course is scheduled to be offered (Spring 2015).

Foundations of Public Health Competencies/Learning Outcomes

- Elaborate how the core disciplines of public health (epidemiology, environmental health, social and behavioral sciences, health policy and management, and biostatistics) contribute to the amelioration of health disparities and improve population health.
- Expand on how the five core disciplines have contributed to the historical evolution of public health in general and in particular to West Virginia.
- Compare and contrast how the five core disciplines are organized to support public health at the local, state, national and global levels.
- Assess the research and intervention contributions of your chosen public health discipline to advancing population health.
- Synthesize the successes, gaps and failures in global public health.

All doctoral students also take at least one graduate course in epidemiology. Biostatistics doctoral students also take additional epidemiology courses:

- EPID 710, Principles of Epidemiology II, and/or
- EPID 711, Advanced Epidemiologic Theory and Application

Occupational and Environmental Health Sciences and Social and Behavioral Sciences take:

- EPID 768, Environmental Epidemiology, or
- OEHS 769, Occupational Epidemiology

2.11.c Identification of the culminating experience required for each academic degree program. If this is common across the school's academic degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

The culminating experience for the PhD Public Health Sciences students is the dissertation. The doctoral students typically begin their dissertation research in the third year of their program, with the goal of defending their dissertation during their fourth year. In year 3 and no later than year 4, students are required to write a research proposal to outline plans (hypothesis, specific aims) for their dissertation research. The research proposal defense is the Ph.D. candidacy exam. Before students are able to defend their dissertation research, they must provide proof that they have at least one first-authored peer-reviewed manuscript in some form of acceptance related to their dissertation. The manuscript may be one based on the dissertation research, or a previous manuscript that led to the student to propose their dissertation research.

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

This criterion is met.

Strengths/Weaknesses

- None noted.

Challenges

- None noted.

Plans

- None required.

2.12 Doctoral Degrees. The school shall offer at least three doctoral degree programs that are relevant to three of the five areas of basic public health knowledge.

2.12.a Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose. If the school is a new applicant and has graduates from only one doctoral program, a description of plans and a timetable for graduating students from the other two doctoral programs must be presented, with university documentation supporting the school's projections.

The SPH currently offers doctoral programs (PhD Public Health Sciences) in four concentrations (academic majors):

- Biostatistics (BIOS)
- Epidemiology (EPID)
- Occupational and Environmental Health Sciences (OEHS)
- Social and Behavioral Sciences (SBS)

In 2008, the doctoral program was offered as two concentrations: Population Epidemiology and Biostatistics; and Social and Behavioral Sciences. In Fall 2012, concurrent with the new SPH, the Population Epidemiology and Biostatistics specialty track was converted to an Epidemiology concentration, and an additional concentration was added in Occupational and Environmental Health Sciences concentration. The Biostatistics concentration was approved to admit doctoral students beginning Fall 2014. To date, 11 students have graduated with a concentration in Epidemiology and 8 in Social and Behavioral Sciences. Occupational and Environmental Health Sciences admitted its first doctoral student in 2012.

The 2014-15 doctoral cohort admissions are as follows:

- 5 Epidemiology
- 4 Occupational and Environmental Health Sciences
- 2 Social and Behavioral Sciences
- 0 Biostatistics

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

Historically, all full-time PhD students have received full financial support during their training, provided they remain in good academic standing, excel in research, and demonstrate satisfactory progress toward completion of dissertation research.

Such support includes:

- $25,000 stipend
- University tuition coverage
- Student health insurance (hospitalization and disability)

With increasing applications to the doctoral program and expansion of concentrations, full financial support during doctoral training may not always be possible. The SPH Office of Student Services and the Director of the PhD program actively pursue other doctoral student financial support mechanisms such as the WVU Provost's fellowship and scholarship opportunities, which are typically for one-year and students receive a $16,000 stipend and full tuition waiver. Three SPH doctoral students were awarded a Provost Fellowship for 2014-15;

two as new students and the other as a continuing student.

All PhD program concentrations feature curricula rigorous in research methodology and epidemiology for the first year. Students are usually matched with a mentor by the spring semester during their second year. As in any public health doctoral program, key components of the proposed core-integrated first year are a series of courses in epidemiology, scientific integrity and ethics, and research and statistical methodology. In the second year of course work students will engage in required electives for their chosen track. The second year features advanced methods and theory with additional research opportunities. In the third and fourth years students will begin and complete comprehensive examinations and the dissertation proposal and writing process.

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

Doctoral Program Statistics	PhD Public Health Sciences			
	EPID	OEHS	SBS	Total
# newly admitted in 2013-14	1	2	2	5
# currently enrolled (total)	9	4	5	18
# completed coursework during 2013-14	2	0	2	4
# advanced to candidacy (cumulative) during 2013-14	4	0	1	5
# graduated in 2013-14	4	0	2	6

**Number who graduated in calendar year 2013 (Fall, Spring, or Summer)

Table 2.12.c2 Doctoral Student Data **Fall 2014 Update**

Doctoral Program Statistics	PhD Public Health Sciences			
	EPID	OEHS	SBS	Total
# newly admitted in Fall 2014	5	5	2	12
# currently enrolled (total)	12	9	7	28

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

Table 2.12.d reflects coursework that is required for doctoral students by concentration. A full description of the doctoral curricula including elective options are described at http://publichealth.hsc.wvu.edu/academics/doctor-of-philosophy-(phd)/ .

Table 2.12.d Doctoral program required coursework by concentration

BIOS	EPID	OEHS	SBHS	Doctoral Courses	
x	x	x	x	PUBH 696	PUBH 696 Foundations of public health
		x	x	EPID 601	EPID 601 Public health epidemiology
x	x			EPID 710	EPID 710 Principles of epidemiology II.
x	x	x	x	C&I 789	C&I 789 Teaching in higher education
x	x	x	x	BMS 700	BMS 700 Scientific integrity and ethics
x	x	x	x	BMS 720	Scientific writing
	x	x	x	SBHS 701	Grant writing
x				BIOS 788	Grant-writing for biostatisticians

Table 2.12.d Doctoral program required coursework by concentration

BIOS	EPID	OEHS	SBHS	Doctoral Courses	
x	x			EPID 711	Advanced epidemiologic theory and application
x				BIOS 700	Advanced biostatistical inference
x				BIOS 701	Modern statistical inference
x				BIOS 720	Theory and application of linear models
x				BIOS 721	Advanced categorical data analysis
x				BIOS 740	Advanced longitudinal data analysis
x				BIOS 745	Advanced application of linear models
x				BIOS 796	Advanced biostatistics seminar
x				BIOS 797	Research rotations
x				BIOS 798	Dissertation research
x				PUBH 790	Teaching practicum
	x		x	SBHS 712	Qualitative research methods
	x			EPID 712	Quantitative methods in epidemiology
	x			EPID 790	Teaching experience
	x			EPID 796	PhD seminar
	x			EPID 797	Research
	x			EPID 797	Research rotations
		Either		EPID 768	Environmental epidemiology.
		or		EPID 769	Occupational epidemiology.
		x		OEHS 732	Understanding & preventing occupational injury
		x		OEHS 745	Epigenetics and systems biology
		x		OEHS 790	Teaching practicum I & II
		x		OEHS 796	OEHS PhD graduate seminar
		x		OEHS 797	Research and dissertation
		x		OEHS 797	Research rotation i, ii, & iii
		x		PUBH 793	Special topics seminar
			x	SBHS 710	Advanced public health evaluation
			x	PUBH 797	Research rotations
			x	SBHS 711	Research translation for health
			x	SBHS 796	Graduate seminar

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

This criterion is met.

Strengths

- None noted.

Challenges/Weaknesses

- None noted.

Plans

- The Biostatistics concentration was approved for the 2014-15 academic year late in the recruitment season resulting in no admissions; enhanced recruitment strategies are being

developed.

- Add the PhD program and all concentrations to the SPH's participation with SOPHAS.

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

The MPH program has a long history of collaboration with the WVU School of Medicine in offering public health education for medical students that precedes the 2008 MPH accreditation. West Virginia is highly rural and often with limited numbers of health professionals and minimally-staffed local health departments. Providing population health education as joint degrees, particularly with WVU's clinical programs in the health professions, is an important strategy for improving population health in the state.

With the establishment of the SPH, there has been increased interest from other academic entities within the Health Sciences Center and across other WVU schools and colleges. In order to ensure the equivalency of the required professional public health curriculum with the traditional MPH curriculum, the SPH has implemented the following principles for proposed joint degree programs, and for reviewing/updating existing joint degree programs:

- MPH core and concentration required courses should rarely be substituted with courses from the other degree program.
- When courses are substituted, the proposal must demonstrate that the students in the joint program will achieve the same competencies as the students in the traditional MPH program and concentration; the Curriculum Committee and the senior associate dean for academic affairs will provide close scrutiny that this principle is met.
- Responsibility for the public health education of students admitted to the joint degree program rests with the faculty of the MPH concentration that admits the student to include assignment of a faculty advisor and participation in practice-based and culminating experiences.

2.13.a Identification of joint degree programs offered by the school. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Currently, the SPH offers three joint degree programs:

- MD/MPH
- DDS/MPH
- MBA/MPH

There are currently 6 active joint degree students; 5 are in the MD/MPH program and 1 is in the DDS/MPH program. The MD/MPH program has produced six graduates; three withdrew from the MPH portion of the dual degree program. The first MBA/MPH-Health Policy joint degree student has been admitted for Fall 2014.

2.13.b A list and description of how each joint degree program differs from the standard degree program. The school must explain the rationale for any credit sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

MD/MPH Dual Degree Program

The MD/MPH joint degree program is offered allowing students to take a year out from their medical studies to take most of the MPH curriculum (the "third year"). When initially

approved as a dual degree program, the medical students substituted CCMD 712, Epidemiology and Biostatistics for the MPH Core Curriculum EPID 601, Public Health Epidemiology. This substitution was identified as a weakness during the self-study process and the course substitution is now not allowed. Medical curriculum rotations, particularly those in rural health settings and/or health departments, have been used for MPH elective requirements.

When the MD/MPH dual degree was started, the MD/MPH students typically chose the then-existing MPH Generalist concentration, and most often, the online version as it offered greater flexibility to the medical students. The courses most often available as online tended to be Social and Behavioral Sciences courses, and thus when the Generalist concentration was ended, the MD/MPH dual degree program was offered (and still is) as a Social and Behavioral Sciences concentration. The School of Medicine has expressed interest in expanding the MPH concentration opportunities to medical students beyond Social and Behavioral Sciences, which is consistent with the SPH's view on the importance of population health education to clinicians. The SPH is exploring this interest in expanding the MD/MPH program with a target date of 2015-16.

DDS/MPH Dual Degree Program

The DDS/MPH joint degree program is an affiliation with the WVU School of Dentistry and the Social and Behavioral Sciences concentration. The dual degree DDS/MPH differs from the traditional MPH-Social and Behavioral Sciences degree only in terms of the elective courses taken to complete the MPH portion of the joint degree.

<u>DDS/MPH Program (any 3 of the following courses)</u>:

- DENT 691 Advanced Topics in Clinical Practice (2 credits)
- DENT 715 Community Health (2 credits)
- DENT 730 Community Dentistry: Dental epidemiology and preventive dentistry at the community level (2 credits)
- DENT 752 Community Dentistry: Professional communications in dentistry. (2 credits)

MBA/MPH Dual Degree Program

The MBA/MPH joint degree program is an affiliation with the WVU College of Business and Economics and the Department of Health Policy, Management and Leadership. The dual degree MBA/MPH differs from the traditional MPH-Health Policy degree only in terms of the elective courses taken to complete the MPH portion of the joint degree.

<u>MBA courses accepted as MPH electives – any 3 of the following</u>:

- BADM 523 Decision Analysis (3 credits)
- BADM 524 Financial Accounting (3 credits)
- BADM 535 Organizational Behavior (3 credits)
- BADM 536 Leadership and Organizational Change (3 credits)

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

This criterion is met.

Strengths

- Important strategy for West Virginia population health, particularly in rural areas.

Challenges/Weaknesses

- Substitution of CCMD 712 for EPID 601; now corrected.

Plans

- MD/MPH curricula to be reviewed for expansion to multiple MPH concentrations.

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

WVU has offered the MPH degree online predating the 2008 MPH accreditation. The online MPH opportunity was initially offered as a Generalist concentration and now the opportunity is offered as a Social and Behavioral Sciences concentration.

The transition from Generalist to Social and Behavioral Sciences (SBS) online opportunities included a brief offering of an "track/concentration" in Public Health Practice (PHP). As part of the self-study examination of MPH curricula, student:faculty ratios within MPH concentrations, and the conversion of MPH tracks to WVU academic majors, it was observed that the PHP curriculum was in essence a modified SBS curriculum. After careful study, the two curricula were merged into a single SBS curriculum that is offered onsite and online. SBS students, onsite and online, may also choose to pursue a PHP Area of Emphasis in lieu of freely chosen electives. The students who were initially admitted to the PHP concentration have been transitioned to the newly merged SBS concentration.

Distance education is a critical modality for the SPH in delivering graduate education opportunities. School-wide oversight of distance education is the responsibility of the Assistant Dean for Public Health Practice and Workforce Development. Under this umbrella, distance education provides a platform for providing education and certificate and/or training opportunities primarily for those who are unable to pursue education as a full-time student, and/or needing additional training to remain current in their profession. The leadership and management of distance education degree programs is further delegated to a program director as described below.

2.14.a Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The SPH currently offers admission to pursue the MPH online under the Social and Behavioral Health Sciences concentration/academic major. Previously, an online generalist MPH option was available but admission to this program ended in 2011, however 3 students are still being taught out. The MPH generalist online program was briefly converted to a

"Public Health Practice" focus but was phased out shortly after its implementation after thorough consideration of strategic options; most students admitted under this program of study have been transitioned to the current MPH-SBHS online option; 1 student did not choose to be transitioned and is being taught out. All online MPH students are (programs) are administered by the Department of Social and Behavioral Sciences.

2.14.b Description of the distance education or executive degree programs, including an explanation of the model or methods used, the school's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the school, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

Description of Programs

The **online MPH in Social and Behavioral Health Sciences** is a 44 credit hour program offering the same curriculum that is offered to onsite SBS students with one distinction http://publichealth.hsc.wvu.edu/academics/online-programs/online-mph-in-social-and-behavioral-sciences/ : students who are able to pursue onsite classes (designated as "live" on the curriculum webpage) may choose between SBHS 611 (Community Assessment) or 660 (Survey Research Methods), and between 612 (Intervention Design) or 614 (Community-Based Participatory Research Methods). The comparability of the two sets of courses is ensured by the sharing of competencies (see Section 2.6). Students who are not able to attend classes onsite however, are currently only able to choose SBHS 660 and SBHS 614, however the department is moving to make all 4 courses available online and onsite. The SBS online students are approximately evenly distributed as full-time or part-time, and students are admitted in the Fall semester only with admissions processed through SOPHAS as are all MPH applicants.

Models and Methods

Both online programs makes extensive use of innovative technologies (Internet, video, and the Secure OnLine Environment (SOLE), the main educational portal used by the WVU Health Sciences Center) that allow students, faculty, and guest speakers to interact productively, and that support live video, audio, and data sharing. Students receive study materials and reading assignments available through the course website on SOLE, and must complete required tasks. Students connect to faculty and peers mainly via computer.

Distance education curricula are delivered using web-based technologies, either as an exclusive online or a hybrid format (i.e., a course is delivered on site and online simultaneously). Lectures are captured using Mediasite Recorder with the help of skilled instructional staff. Faculty create course content using SOLE that is delivered using multimedia technologies. Interaction and communications between the faculty and students are done through email, web discussion, web forums and virtual chat features to enhance instruction. Students are able to watch the presentation live or after it is recorded and uploaded to the site; MPH students can complete all degree requirements online except the practicum or internships. Online MPH students are required to use a standardized computer obtained through the HSC Laptop Program, as are all onsite MPH and PhD students. http://publichealth.hsc.wvu.edu/students/student-policies/student-computer-policy/ .

Each week, students receive study materials and reading assignments available through the course website on SOLE, and must complete required tasks before their regularly scheduled weekly classes. Content is provided in a variety of formats including Word documents, pdf files, video files, voiced-over PowerPoint slides, and Web-based references. Content is also delivered over a course management system that includes discussion forums, student interactive chat rooms, and live sessions. Faculty members also use a wide range of web-based tools to deliver content.

Rationale

The online MPH program in Social and Behavioral Health Sciences exists to provide public health graduate education opportunities to those who cannot relocate or travel to the WVU Morgantown campus, and in particular, those working in public health practice throughout the state and beyond. The offering of online education opportunities is also in response to expressed interests of State Bureau of Health employees (WV BPH 2012 Workforce Assessment Survey; see electronic resource file) in Social and Behavioral Sciences or Health Policy.

Administrative and Student Support Services

Students in the MPH-SBHS online program are provided the same administrative and student support services as are onsite students. Student support services are provided by the Office of Student Services. Additional administrative staff support is provided to the department by the Associate Dean of Finance and Administration, to assist with the online programs administrative needs. The Office of Student Services and the faculty/staff of the Department of Social and Behavioral Sciences are available to work with students on general program matters and course registration issues.

Technical assistance regarding the online courses are provided by WVU technical and Instructional Technology (IT) staff and by the WVU eCampus staff. In addition, library services are available to all students. Student assistance is available via phone, internet, or in-person as needed. Educational assistance is provided to students by the instructional faculty who assist students to clarify any issues or concerns. All students complete a plan of study (POS), which identifies the availability and scope and sequence of coursework in the program

Academic Rigor and Equivalence Monitoring

Academic rigor of all online programs is ensured by requiring online programs to adhere to the same SPH program review processes and expectations as are all onsite programs. Faculty also attend professional conferences, collaborate with faculty in the school and across the university, sit on education committee with other schools providing graduate level programming, and review other school syllabi.

Many of the MPH faculty members who teach in the online programs also teach onsite courses, which ensures equivalence in content between both formats, even though delivery methods are sometimes different for the exclusive online courses. All 16 credit hours of SPH MPH core courses are offered as hybrid courses [i.e., courses are delivered on site and online simultaneously] which ensures equivalence of course content and interaction and communications between the faculty and students to enhance instruction. In 2013 SOLE launched a secure browser which adds exam security by locking students' browsers during exams. This prevents students from having access to outside content (other web browsers,

windows, or computer files) while taking the exam.

The online and onsite MPH Social and Behavioral Health Sciences students share the same set of competencies since their curricular are identical. The assessment of competencies, as described earlier in Criterion 2.7, provide an additional metric for monitoring the equivalence of MPH online and onsite delivery effectiveness.

Evaluation of Educational Outcomes, Format, and Methodologies

All online courses are evaluated through student course evaluations. The SPH has implemented an annual syllabi review and 3-year comprehensive program review expectation for all degree programs regardless of the mode of delivery. This is in addition to reviewing competency assessments at the student, course and program level.

GPA of graduating students. A comparison of onsite and online MPH students over the past three years reflects comparable outcomes based on MPH-graduating GPA. Online students (n=26) had an average GPA of 3.67 compared to onsite students (n=95) who had an average GPA of 3.65.

Competencies of Online vs. Onsite Students. Competencies measured in specific courses began Fall 2013. Table 2.14.b reflects average competency scores, expressed as percentages, for online and onsite MPH students in specific courses. The 'n' does not reflect 'number of students' but rather a single 'student-competency' assessment. For example, if a course measures 3 competencies, then each student would be assessed on each of the 3 competencies (a student-competency assessment). These data reflect the first two semesters of competency assessments within each required course and the SPH is viewing these data as 'pilot data' for the first few years of implementation. Of particular note are the 'dyad' courses SBHS 612-614 and 613-660 as these courses (within their respective dyad) share the same competencies. These outcomes are provided to the Director of the MPH-SBS Online Program for review.

Table 2.14.b. Online vs. Onsite MPH Competency Assessments AY 2013-14*

Course	Average		
	Overall	Onsite	Online
BIOS 601, Applied Biostatistics I	93.7 n=168	94.4 n=153	93.0 n=15
EPID 601, Public Health Epidemiology	82.4 n=90	86.4 n=84	78.3 n=6
HPML 601, Foundations of Health & Policy	93.5 n=60	87.0 n=54	100.0 n=6
HPML 620, Public Health Leadership & Management	72.5 n=13	70.0 n=10	75.0 n=3
OEHS 601, Environmental Health	93.5 n=208	82.8 n=192	83.9 n=16
SBHS 601, Social & Behavioral Theory	96.7 n=132	96.2 n=192	97.2 n=9
SBHS 610, Public Health Research Methods	91.0 n=52	88.8 n=36	83.0 n=16
SBHS 612, Intervention Design or	80.0 n=20	80.0 n=20	 n=0

Table 2.14.b. Online vs. Onsite MPH Competency Assessments AY 2013-14*

Course	Average		
	Overall	Onsite	Online
SBHS 614, Community-based Participatory Research	66.7 n=10	50.0 n=2	83.3 n=8
SBHS 613, Program Evaluation for the Health Sciences, or SBHS 660, Survey Research Methods	82.8 n=36	82.2 n=30	83.3 n=6
	100.0 n=22	100.0 n=12	100 n=10

*Updated assessments will be available during December 2014 site visit.

2.14.c Description of the processes that the school uses to verify that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

The Information Technology Services department in the WVU Health Science Center is responsible for the security of student account on the IT systems. All users of SOLE and any other learning management systems are responsible to comply with the school's computer use policy. Users are responsible for maintaining the security of usernames, passwords and are responsible for any and all uses of their account. Users are responsible for changing passwords periodically to maintain security. Faculty teaching DE courses hold primary responsibility for verifying the student identity and to support academic integrity.

In 2013, new features were added to SOLE to enhance the academic rigor and verification. For example, Proctor Chat is a simple chat feature that can be enabled to allow students to send a simple question about an exam and receive an answer back from the exam proctor. It is the virtual equivalent of raising one's hand. Additionally, a simple calculator can be enabled during the exam when necessary.

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

This criterion is met with commentary. The commentary is related to the historical absence of comparing MPH student learning outcomes in online to onsite programs. This is not peculiar to the online program but across the program as described in multiple sections of this document. The MPH online program has undergone multiple changes as the program transitioned into a SPH and thus the evaluative data collected so far is too preliminary for definitive conclusions at this time.

Strengths

- An MPH online option is vital to meeting the educational needs of West Virginia.

Challenges/Weaknesses

- Monitoring comparative data between online and onsite programs.

Plans

- Continue to monitor online-onsite equivalency of outcomes and in particular, differences between competencies.
- Continue to explore expansion of MPH online concentrations and particularly in response to

the needs of West Virginia's public health workforce.

3.0 Creation, Application and Advancement of Knowledge.

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

Despite our status as a new school, the SPH has established a vigorous research program by building upon the strengths of our faculty and former program within the WVU Department of Community Medicine. In addition to the individual investigator-initiated research of our primary faculty members, to our knowledge the SPH is one of only four schools of public health in the nation to house both a CDC-supported Prevention Research Center and a CDC-supported Injury Control Research Center (WVU, Johns Hopkins University, UNC at Chapel Hill, and University of Iowa). Our Prevention Research Center (PRC) was established in 1998 and recently received competitive renewal funding from CDC extending through 2019. The Injury Control Research Center (ICRC) was established in 2004 and is currently funded through 2017. Both centers provide significant research opportunities and infrastructure support for faculty and students. In addition, these centers engage in important training activities and outreach initiatives (see section 3.2.a).

SPH faculty members also maintain key leadership positions on WVU's largest research initiative, the West Virginia Clinical and Translational Sciences Institute (WVCTSI). In 2012, the WVCTSI received a $19.6 million grant from the NIH, as part of the NIH Institutional Development Award Program for Clinical and Translational Research (IDeA-CTR). These funds were used to leverage an additional $33.5 million in contributions to the WVCTSI from other entities across the state, to make the total initiative worth an unprecedented $53.1 million over five years. The WVCTSI includes eight core programs, with SPH faculty members directing three of the cores: *Biomedical Informatics* (directed by Lan Guo, PhD); *Clinical Research Design, Epidemiology and Biostatistics* (directed by Matthew Gurka, PhD); and *Community Engagement and Outreach* (directed by Geri Dino, PhD). A fourth core (*Ethics, Regulatory Knowledge and Support*) is directed by an adjunct faculty member of the SPH (Dr. Daniel Vasgird). The WVCTSI Internal Advisory Committee is chaired by Gilbert Ramirez, DrPH.

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

Similar to already accredited schools of public health, the SPH has established school-wide practices, policies, and procedures to support and encourage the research efforts of faculty, students, and staff. All tenure track SPH faculty members are eligible to participate in the School's research grant incentive program. Tenured and tenure track faculty are expected to achieve and maintain 25 percent external funding from grants and contracts following the completion of their third year of employment. Faculty members who exceed this amount of external support receive additional financial compensation and/or funding set aside to help further support their research activities. Additionally, new faculty hires receive a start-up fund account that is intended to help support their scholarly development by providing funds to acquire relevant data sets, initiate pilot projects, and obtain graduate student assistance during their first three years of employment. Further, the Dean's office provides faculty with additional support for their participation in scholarly enrichment activities. For example, in 2014, the Dean provided eight faculty members with financial support to attend the NIH Regional Seminar on Program Funding and Grants Administration, conducted in Bethesda, Maryland, on June 25-27, 2014.

Within the SPH is an office that supports the preparation, review, and submission of research proposals. The office includes two full-time staff members trained to assist in these activities. In addition, the PRC, ICRC, and WVCTSI each have administrative staff dedicated to providing faculty with pre-award grant submission support. These staff members are also available to assist SPH faculty with grant preparation and submission, as needed.

Using a paperless routing system, external grant and contract applications submitted by eligible faculty, staff, and students at WVU must be approved by research administration. Applications originate at the faculty level and are then routed to the department chair, research administrative support within the SPH, Dean of the SPH, research administrative support within the WVU Health Sciences Center, and the Office of Sponsored Programs.

Post-award fiscal management and support are also provided to all faculty members within the SPH by the Grants Management and Business Office staff. Each principal investigator receives a monthly grant budget report that identifies all related expenditures, encumbrances, and projected funding balances. Comprehensive summary data are provided to the Dean's office on a monthly basis.

The SPH and its related centers and programs maintain a vigorous program of research-oriented seminars, symposia, and lectures that help to stimulate scholarly activities. These include the Public Health Dialogues lecture series (formerly Public Health Grand Rounds; see section 3.3.b), the ICRC seminar series, and the WVCTSI research-in-progress lectures, seminars, and special topic seminars. Recent (within the past month) examples include: the WVCTSI Research Summit on Obesity and Related Diseases (5/16/2014); an ICRC visiting professor lecture on young driver transportation safety (5/7/2014), and a visiting lecture on "Planning Pilot Studies in Clinical and Translational Science" (5/2/2014).

The Department of Biostatistics has established numerous levels of biostatistical support available to both faculty and students across the HSC, including the SPH. This includes general biostatistical consulting throughout the entire span of the research process and involves study design, sample size calculations, advice on data management, statistical analysis, interpretation of results, dissemination of methods and results, as well as assistance with the interpretation of statistical methods found in the literature. This consulting is performed on an hourly basis by appointment only. In addition, the Department of Biostatistics provides multiple walk-in clinics each week. These walk-in clinics offer informal and brief statistical advice as well as the opportunity to initiate discussions for in-depth research collaborations. The walk-in clinics are intended to assist investigators with relatively straightforward tasks such as clarification of methods utilized in published articles, advice regarding data collection, guidance on conducting analyses, assistance in interpreting results, discussion of manuscript reviews that require revision of statistical methods and initiation of discussions for in-depth research collaborations. A more detailed description of these activities, as well as others, can be found at http://publichealth.hsc.wvu.edu/biostatistics/Collaboration.

In addition to the structures and processes within the SPH, the Health Sciences Center and the larger university provide important research support opportunities and procedural oversight for all SPH faculty members. These services and activities are briefly described in the following sections.

Health Sciences Center

Within the HSC, there is an Office of Research and Graduate Education that oversees the research and graduate education activities of all schools within the HSC, including the SPH (see: http://www.hsc.wvu.edu/ResOff/Pages/Home). External grant applications from all HSC Schools are routed through this office. In addition, all eligible faculty members within the HSC are eligible to apply for internal funding administered by this office. Most notably, these include HSC Bridge Funding Grants (BFGS) and Research Funding Development Grants (RFDGs). The BFGS are intended to "provide temporary support to continue operations of investigators whose extramural funding is ending" while RFDGs are intended to provide seed funding for projects that have a high potential for extramural support. A high priority of the RFDG program is to support junior faculty who have not yet established an independent research program. However, funding is also available to senior faculty who wish to move their research program in a new direction. Funds for these programs are derived from indirect cost recovery. A more detailed description of these funding opportunities, as well as others, can be found at http://www.hsc.wvu.edu/ResOff/Pages/Research/Internal-Funding-Sources .

West Virginia University

The WVU Research Office (http://research.wvu.edu), directed by the Vice President for Research, is responsible for assisting faculty and student researchers in their efforts to pursue external funding for support of their important work. To support this mission, a number of programs and activities to help increase the competitiveness of WVU faculty for extramural funding exist. These include, but are not limited to, the Research Competitiveness Enhancement Seminar Series, Write Winning Grants Seminar, Workshop to Develop a Competitive Proposal, and Grant Writing Mentoring Program. Over the past four years, 14 faculty members in the SPH have participated in these programs.

In addition, draft proposal reviews by an external consulting firm are available to WVU faculty principal investigators. There is no cost to faculty or students for participation in any of these voluntary programs. The WVU Research Office also maintains a list of external funding opportunities from sources that include the National Institutes of Health (NIH), National Science Foundation (NSF), Grants.gov, and other agencies (Department of Defense, Department of Energy, NASA, etc.). External links to grant-related resources from the NIH, NSF, and other U.S. departments are also provided, along with a description of shared WVU laboratory facilities.

The Office of Sponsored Programs (OSP), under the direction of the WVU Research Office, provides pre-award support to WVU principal investigators in the acquisition and administration of externally funded projects for research, teaching, and service. The OSP reviews, negotiates, accepts, and initiates awards on behalf of the University and the WVU Research Corporation. In addition, to assist researchers in locating potential funding sources, the OSP has recently made available Pivot, a timely and personalized online approach for searching a centralized database that contains numerous external funding opportunities totaling more than $33 billion. In addition, Pivot provides the profiles of more than three million scholars who could serve as potential collaborators. Detailed information regarding Pivot is available at http://osp.research.wvu.edu/funding_source.

In addition to the aforementioned services, WVU also offers researchers intramural grants, which are available to all eligible University faculty members. These include, but are not limited to, (1) Senate Research Grants for Research and Scholarship, (2) Faculty Travel Grants and (3)

Faculty Development Grants. The Senate Research Grants for Research and Scholarship stimulate and support creative scholarship and research by full-time faculty and to encourage the development of additional support from other external sources. Faculty Travel Grants provide support for full-time faculty to attend regional, national, or international professional meetings in order to present or perform scholarly or artistic works. Faculty Development Grants support activities that lead to professional growth in teaching, research, and service for extension agents as well as for faculty. The Office of Sponsored Programs administers all three grants. A description of these programs can be found at http://osp.research.wvu.edu/funding_source/grants.

The WVU Research Office also administers the following selected policies, procedures, and practices:

- Conflict of interest in research: The University has established policies and procedures regarding oversight of both individual and institutional financial interests in research. This activity is carried out by the Office of Research Integrity and Compliance (ORIC) and adheres to the highest standards of integrity and is in compliance with all legal, professional, ethical, and other requirements that promote objectivity and protect against financial conflicts of interest in research. If any potential conflicts of interest in research are identified by the University, whether real or apparent, the University will provide mechanisms for their management, reduction, or elimination. Further information regarding these activities can be found at http://oric.research.wvu.edu/conint

- Human research protections: The University has established policies and procedures regarding the protection of human subjects in research. To address this issue, WVU has established a Human Research Protections Program (HRPP) within the ORIC. The mission of the HRPP is to "(1) safeguard and promote the health and welfare of human research subjects by ensuring that their rights, safety, and well-being are protected; (2) provide timely and high quality education, review, and monitoring of human research projects; and (3) facilitate excellence in human subject's research." All policies and procedures conform to all applicable federal, state, and local laws and regulations. Detailed information regarding these activities can be found at http://oric.research.wvu.edu/

- Intellectual property: Administered by the Office of Technology Transfer (OTT), the University adheres to the following policy: "The University shall retain all rights, title, and interest in any and all intellectual property generated, created, or developed in facilities operated or controlled by the University, supported by funds administered by the University, or performed in the course of regular employment or duties by creator(s) unless exempted by other provisions of this policy. This policy is subject to any applicable laws, regulations, or agreements with research sponsors which govern the rights concerning inventions made in connection with sponsored research." Further information regarding Intellectual Property policies and procedures are available at http://techtransfer.research.wvu.edu/ip_policy .

- Responsible conduct of research: The ORIC maintains a listing as well as general information pertaining to the responsible conduct of research in nine core areas: (1) data acquisition, management, sharing, and ownership; (2) conflict of interest and commitment; (3) human subjects; (4) animal welfare; (5) research misconduct; (6) publication practices and responsible authorship; (7) mentor/trainee responsibilities; (8)

peer review; and (9) collaborative science. Further information regarding the responsible conduct of research in these core areas is available at http://oric.research.wvu.edu/rcr_train/rcr-core-areas#data .

- Research misconduct: Policies and procedures exist regarding research misconduct, defined by WVU as "fabrication, falsification, or plagiarism in proposing, conducting, reporting, or reviewing research." An anonymous reporting tool (WVU Ethics Point) is available for reporting potential research misconduct. Once potential misconduct is reported, the policies and procedures for responding to allegations of research misconduct are carried out. Detailed information regarding the policies and procedures for potential research misconduct are available at http://oric.research.wvu.edu/rcr_train/rcr-faqs.

- Proposal approval: Using a paperless routing system, external grant and contract applications submitted by eligible faculty, staff, and students at WVU must be approved by research administration. This approval process includes the faculty member, department chair, research administrative support within the SPH, Dean of the SPH, research administrative support within the WVU Health Sciences Center, and the Office of Sponsored Programs.

The WVU Research Corporation is an independent but related not-for-profit corporation that reports to the President at WVU and is responsible for post-award activities. These include administering funds awarded by external agencies for research and other activities as well as helping to protect intellectual property through patents, copyrights, and licensing agreements for start-up companies based on University research (http://researchoffice.wvu.edu/about/wvu_research_corporation).

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

As demonstrated in Table 3.1.2, SPH faculty members perform collaborative research with a variety of health agencies and community-based organizations. These include numerous research and evaluation projects with the West Virginia Bureau for Public Health, evaluation research conducted for the West Virginia Office of the Insurance Commissioner, and environmental research conducted with the West Virginia Department of Environmental Protection and the Steelworkers Organization. Additionally, the SPH has established research collaborations and/or partnership agreements with the Mid-Ohio Valley Department of Health, Mylan Pharmaceuticals, Healthcare Management Solutions, LLC, West Virginia Health Improvement Institute, Milan Puskar Health Right, West Virginia Coalition to End Homelessness, and separate, international partnerships with the Tervise Arengu Instituut (TAI), Corrigo, NGO, and Sa Ida-Viru Keskhaigla all in Estonia. Relevant affiliation agreements are included in the resource file (will be submitted with the final self-study).

3.1.c A list of current research activity of all primary faculty identified in Criterion 4.1.a., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following information organized by department, specialty area or other organizational unit as appropriate to the school: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h)

whether research provides for student involvement.

SPH faculty members have been actively contributing to the public health knowledge base by sharing the results of their work at professional conferences and within peer-reviewed publications. Table 3.1.c.1 demonstrates this strong productivity.

Table 3.1.c.1 Faculty Research Activity from 2011 to 2014

Productivity Measure	2011-2012	2012-2013	2013-2014
Number of peer-reviewed publications	108	116	103
Number of presentations at professional conferences	146	136	155

Peer-reviewed publications and presentations at professional conferences are presented descriptively and were intentionally not (yet) established as targeted objectives. With the successful hire of the Founding Dean and the current recruitment of a Director, Office of Research, a dialogue will begin in Spring 2015 with faculty that will establish targeted objectives for these productivity measures.

A list of externally funded research projects over the past three years is shown in Table 3.1.c.2. A relatively large proportion of these funded grants involved community-based research and student participation.

Table 3.1.c.2 Funded Research Activity, 2011-2015

PI & Department (*Other role:* ***SPH Faculty,*** *Department****)***	***Project Name***	***Funding Source***	***Funding Period***		***Total Award and Fiscal Year* Amounts***						***Community***	***Student***
			Start MM/YY	***End MM/YY***	***Total***	***FY 2011***	***FY 2012***	***FY 2013***	***FY 2014***	***FY 2015***		
Gurka, Matthew (BIOS)	Development of a Childhood Metabolic Syndrome Risk Score Predicting Adult Disease	NIH/NIDDK	7/11	6/12	95,159		95,159				N	Y
	PSCor	WVU Internal Grant	1/13	12/13	25,000			25,000			N	N
R Lynch[a], (Co-I: **Gurka, Matthew** [BIOS])	CS 1006000R 2R322 Wyeth Foundation Backbill	Wyeth Foundation	8/12	6/17	787,369			362,341	425,028		N	N
Gurka, Matthew (BIOS) (Co-I: **Jefferson Frisbee** [EPID])	An Ethnicity-Specific MetS Severity Score to Assess Risk: The Jackson Heart Study	US DHHS-NIH-National Heart, Lung, and Blood Institute	8/14	4/15	398,740					398,740		
Kelley, George (BIOS)	Exercise in Overweight and Obese Children and Adolescents An IPD Meta-Analysis	AHA Great Rivers	7/12	6/14	154,000			77,000	77,000		N	N
	Exercise and Depression in Adults with Arthritis: An IPD Meta-Analysis	NIH NIAMSD	9/12	8/14	399,600			199,800	189,810		N	N
	Exercise and Osteoporosis: A Dose-Response Meta-Analysis	US DOD/Army	5/10	5/12	187,313	93,656	93,656				N	N

Table 3.1.c.2 Funded Research Activity, 2011-2015

PI & Department (*Other role:* ***SPH Faculty,*** *Department****)***	***Project Name***	***Funding Source***	***Funding Period***		***Total Award and Fiscal Year* Amounts***						***Community***	***Student***
			Start MM/YY	***End MM/YY***	***Total***	***FY 2011***	***FY 2012***	***FY 2013***	***FY 2014***	***FY 2015***		
Olfert, Melissa[a] (Animal and Nutritional Sciences) (Co-I: **Lilly, Christa** [BIOS])	iCook: A 4-H Program to Promote Culinary Skills and Family Meals for Obesity	University Of Maine	8/12	7/14	31,838			6,825	25,013		N	N
Wen, Sijin (BIOS)	Diabetes, Metformin and Breast Cancer Prognosis	Indiana University	9/13	8/15	22,984				22,984	22,984		
Conway, Baqiyyah (EPID)	Foundation 2W719	WVU Foundation	7/12	9/14	22,375			22,375			N	N
Goins, Turner[b] (EPID)	Chronic Disease Self-Management Evaluation	WV DHHR-Bureau for Public Health	3/11	3/12	35,000	35,000					N	N
	SIP 09-027 Healthy Aging Research Network (HAN) Collaborating Center	US DHHS-CDC	9/11	9/13	375,000	75,000					Y	N
Gurka, Kelly (EPID)	Prenatal Education Video Study	University of Virginia	6/12	6/13	41,201	13,301	12,900	15,000			N	N
	Drug Free Moms and Babies	WV Community Voices	7/14	6/17	35,248					35,248	N	N
Innes, Kim (EPID)	Meditation vs. Simple Relaxation for Improving Memory and Related Outcomes in	Alzheimer's Research and Prevention Foundation	3/13	1/15	126,588			63,369	63,219		N	Y

Table 3.1.c.2 Funded Research Activity, 2011-2015

PI & Department (*Other role:* ***SPH Faculty,*** *Department****)***	***Project Name***	***Funding Source***	***Funding Period***		***Total Award and Fiscal Year* Amounts***						***Community***	***Student***
			Start MM/YY	***End MM/YY***	***Total***	***FY 2011***	***FY 2012***	***FY 2013***	***FY 2014***	***FY 2015***		
	Adults at Risk for Alzheimer's Disease											
	Yoga and Cardiovascular Disease Risk in Older Women	NIH	2/12	1/13	381,033	126,711	126,711	126,711			N	Y
Luo, Juhua (EPID)	Health Partners Research Foundation	Health Partners Inc.	10/11	9/13	36,000		12,000	12,000			N	N
Parker, R. David (EPID)	Health & Service Use Among Homeless Persons	WV Office of Economic Opportunity	10/14	9/15	40,000					40,000		
Sarwari, Arif[a] (Infectious Disease) (Co-I: **Parker, R. David** [EPID])	Developing a Center of Excellence for Outpatient HIV Early Intervention Services at West Virginia University	DHHS/HRSA	4/13	3/15	22,500			7,500	7,500	7,500	Y	N
Parker, R. David (EPID)	WV Homeless Services Evaluation	US Housing and Urban Development / WVCEH	6/14	6 /14	10,000				5,000	5,000	Y	N
Parker, R. David (EPID)	Estonian Defense Community HIV/STI Education and Prevention Program	US Department of Defense/ University of South Carolina	5/13	10/13	47,104			34,000	13,104		N	N

Table 3.1.c.2 Funded Research Activity, 2011-2015

PI & Department ***(****Other role:* ***SPH Faculty,*** *Department****)***	***Project Name***	***Funding Source***	***Funding Period***		***Total Award and Fiscal Year* Amounts***						***Community***	***Student***
			Start MM/YY	***End MM/YY***	***Total***	***FY 2011***	***FY 2012***	***FY 2013***	***FY 2014***	***FY 2015***		
Zhu, Motao (EPID)	Does Graduated Licensing produce Safer Teenage Drivers?	DHHS/ CDC	9/11	8/12	341,214	174,064	167,150				N	N
	Do Cell Phone Laws Reduce Calling, Texting, and Crashes among Young Drivers?	US DHHS/NIH/ NICHD	1/13	12/16	359,640			182,373	190,398		N	Y
Bias, Thomas (HPML)	TEAM Nutrition	WV Bureau of Public Health	10/11	9/13	58,714		29,664	29,050			N	N
	Evaluation of Diabetes Prevention and Control Program	WV Bureau of Public Health	3/12	3/13	68,989		39,501	29,488			N	N
	Evaluation of Implementation and Impact of Cardiovascular Health Program	WV Bureau of Public Health	6/12	6/13	18,649			18,649			N	N
	Evaluation of the West Virginia Health Benefit Exchange	WV Office Insurance Commission	3/13	2/18	1,959,093			56,408	265,990	279,079	N	Y
	Building Capacity for Health Impact Assessments	CDC	1/14	6/14	19,400				19,400		N	N
	WV Rural Health Care Evaluation	WV Bureau of Public Health	9/13	9/14					49,999	49,999	N	N

Table 3.1.c.2 Funded Research Activity, 2011-2015

PI & Department (*Other role:* ***SPH Faculty,*** *Department****)***	***Project Name***	***Funding Source***	***Funding Period***		***Total Award and Fiscal Year* Amounts***						***Community***	***Student***
			Start MM/YY	***End MM/YY***	***Total***	***FY 2011***	***FY 2012***	***FY 2013***	***FY 2014***	***FY 2015***		
Coben, Jeffrey[c] (HPML) (Co-I's: **Gurka, Matthew** [BIOS]; **Rockett, Ian** [EPID]; **Dino, Geri** [SBHS], **Kim Rauscher** [OEHS])	WVU Injury Control Research Center (ICRC)	DHHS/CDC	8/11	7/14	2,300,749		791,520	719,862	794,662	794,662	N	Y
Coben, Jeffrey (HPML)	Center for Research Development in Gender, Mental Health & Violence Across the Lifespan	McMaster University	8/09	3/14	80,000	20,000	20,000	20,000	20,000		N	Y
Frisbee, Stephanie (HPML) (Co-I's: **Ducatman, Alan** [OEHS]; **Shankar, Anoop** [EPID]; **Knox, Sarah** [EPID])	Associations Between Non-8-Carbon Chain Perfluoroalkyl Acids and Serum Lipid, Liver, and Kidney Parameters in Children	NIH/NIEHS	8/11	7/12	364,419	183,125	181,294				N	Y
Hendryx, Michael (HPML) (Co-I: **Luo, Juhua** [EPID])	West Virginia Rural Health Center	DHHS/HRSA	9/11	8/13	2,944,798	660,000	659,962	305,000			Y	Y
Moore, Lucas (HPML) (Co-I's: **Zullig, Keith [**SBHS];	Evaluation of the Implementation and Impact of the	WV Bureau of Public Health	6/12	6/13	18,649			18,649			N	N

Table 3.1.c.2 Funded Research Activity, 2011-2015

PI & Department (*Other role:* ***SPH Faculty,*** *Department****)***	***Project Name***	***Funding Source***	***Funding Period***		***Total Award and Fiscal Year* Amounts***						***Community***	***Student***
			Start MM/YY	***End MM/YY***	***Total***	***FY 2011***	***FY 2012***	***FY 2013***	***FY 2014***	***FY 2015***		
Abildso, Christiaan [SBHS])	Cardiovascular Health Program											
Madhavan, Suresh[a,b,c] (PSP Sponsored Programs) (Co-I's: **Abraham, Rachel** [OEHS]; **Shankar, Anoop** [EPID])	The West Virginia CoHORTS Center	AHRQ	8/11	7/12	1,045,204	32,198	35,270				Y	Y
Madhavan, Suresh[a] (PSP Sponsored Programs) (Co-I: **Ducatman, Alan** [OEHS])	Building HOPE in West Virginia	Benedum Foundation	1/14	12/14	28,252				28,252		N	N
Guo, Lan (OEHS)	Systematic Assessment of Multi-Walled Carbon Nanotubes in Pulmonary Disease	NIH	9/12	5/15	989,010			333,000	326,340		N	N
Ziemkiewicz, Paul[a] (NRCCE/Env Technology) (Co-I: **McCawley, Michael** [OEHS])	Assessing Environmental Impacts of Horizontal Gas Well Drilling Operations	WV Department of Environmental Protection	5/12	12/12	145,314			145,314			N	N
	Environmentally Friendly Drilling Technology East Center Phase II	Houston Advanced Research Center	4/14	6/15	42,787				42,787		N	N

Table 3.1.c.2 Funded Research Activity, 2011-2015

PI & Department *(Other role:* ***SPH Faculty,*** *Department)*	***Project Name***	***Funding Source***	***Funding Period***		***Total Award and Fiscal Year* Amounts***						***Community***	***Student***
			Start MM/YY	***End MM/YY***	***Total***	***FY 2011***	***FY 2012***	***FY 2013***	***FY 2014***	***FY 2015***		
	(ETD 12: Field Tests – Assessing)											
Myers, Douglas (OEHS)	Preventing Blood and Body Fluid Exposures During Surgical Procedures	US DHHS/ CDC/ NIOSH	4/13	8/14	35,512			35,512			N	N
Myers, Douglas (OEHS)	Characteristics of and Barriers to Effective Hazardous Identification, Control, and Prevention in	Steelworkers Charitable and Educational Organization	12/13	9/15	48,125				48,125		N	N
Rauscher, Kimberly (OEHS)	Occupational Health Literacy, Socioeconomic Status and Work Related Injury to Teens	US DHHS-CDC-National Institute for Occupational Safety and Health	9/10	8/11	127,377	69,367					Y	N
	Factors Affecting Teachers Adoption of Youth at Work Talking Safety Curriculum	US DHHS /NIOSH	9/11	8/13	117,045		59,833	57,212			N	Y
Fullen, Mark[a] (Community, Economic, and Workforce Development)	West Virginia Logger Hazard Awareness and Injury Risk Perception	University of Kentucky Research Foundation	10/13	9/14	7,342				7,342		N	N

Table 3.1.c.2 Funded Research Activity, 2011-2015

PI & Department (*Other role:* ***SPH Faculty,*** *Department****)***	***Project Name***	***Funding Source***	***Funding Period***		***Total Award and Fiscal Year* Amounts***						***Community***	***Student***
			Start MM/YY	***End MM/YY***	***Total***	***FY 2011***	***FY 2012***	***FY 2013***	***FY 2014***	***FY 2015***		
(Co-I: **Rauscher, Kimberly** [OEHS])												
Abildso, Christiaan[b] (SBHS)	Community Transformation Grant Year 3	WV DHHR – Bureau for Public Health	9/13	9/14	156,255				156,255		Y	N
Cottrell, Lesley[d] (SBHS)	National Children's Study (NCS)	University of Pittsburgh	9/07	9/12	1,563,946	434,754	434,754				N	N
Sundaram, Uma[a] (HSC) (Co-I's: **Dino, Geri** [SBHS]; **Gurka, Matthew** [BIOS])	West Virginia IDEA-CTR	NIH	8/12	7/17	7,807,518		369,711	321,728	359,711	359,711	N	Y
Dino, Geri[c] (SBHS) (Co-I's: **Horn, Kimberly** [SBHS]; **Shankar, Anoop** [EPID]; **O'Hara Tompkins, Nancy** [SBHS])	West Virginia Prevention Research Center (PRC)	US DHHS/CDC	9/11	9/14	3,720,609	765,000	615,000	615,000	535,610	750,000	Y	Y
Dino, Geri[b] (SBHS)	National Genome Project	NIH	7/11	2/12	21,500	21,500					Y	N
	SIP 09-027 Healthy Aging Research Network (HAN) Collaborating Center	US DHHS/CDC	9/11	9/14	375,000		75,000	75,000	75,000		Y	N
	WVBPH Partnership for Nutrition, Physical	WV Bureau of Public Health	7/10	6/13	408,533	130,348	138,590	139,595			Y	N

Table 3.1.c.2 Funded Research Activity, 2011-2015

PI & Department *(Other role:* ***SPH Faculty,*** *Department)*	***Project Name***	***Funding Source***	***Funding Period***		***Total Award and Fiscal Year* Amounts***						***Community***	***Student***
			Start MM/YY	***End MM/YY***	***Total***	***FY 2011***	***FY 2012***	***FY 2013***	***FY 2014***	***FY 2015***		
	Activity and Obesity Promotion											
Frey-McClung, Valerie[b] (SBHS)	Evaluation Oversight and Coordinating Unit for the Division of Tobacco Prevention	WV Bureau of Public Health	7/11	6/12	335,841			335,841	403,000		N	N
	Evaluation Services Unit	WV Bureau of Public Health	7/14	6/15						303,112	N	N
Frost, Stephanie (SBHS)	Evaluation of the WV Connect/SHAP Program Year 3	WV Bureau of Public Health	12/12	8/13	334,693		161,007	122,781			N	Y
Horn, Kimberly[b] (SBHS)	Risk Factors Related to Smoking Disparities Among Sexual Minority Young Adults	US DHHS-NIH-National Institute of Drug Abuse	9/10	8/11	40,249	40,249					N	N
	A Community-Based ZT Program: Completing the Model of MLDA Enforcement	Pacific Institute for Research and Evaluation	7/10	6/12	282,424	140,597	141,827				Y	N
	The Environmental Context of Smoking:	NIH	3/12	8/12	61,617		61,617				N	Y

Table 3.1.c.2 Funded Research Activity, 2011-2015

PI & Department ***(****Other role:* ***SPH Faculty,*** *Department****)***	***Project Name***	***Funding Source***	***Funding Period***		***Total Award and Fiscal Year* Amounts***						***Community***	***Student***
			Start MM/YY	***End MM/YY***	***Total***	***FY 2011***	***FY 2012***	***FY 2013***	***FY 2014***	***FY 2015***		
	Measuring Social Capital in College											
	Evaluation Oversight and Coordinating Unit for the Division of Tobacco Prevention	WV Bureau of Public Health	7/11	6/12	908,900	375,000	533,900				Y	N
Barr, Taura[a] (Nursing) (Co-I: **Misra, Ranjita** [SBHS])	West Virginia Community Genetics Project	NIH/NLBI	9/12	9/13	99,000			99,000			Y	N
Misra, Ranjita (SBHS)	Translating the Diabetes Prevention and Management (DPM) Program in WV	The Eye Foundation of America	8/13	7/15	9,600				9,600		Y	N
Zullig, Keith (SBHS)	Data Analysis for WV Quitline	First Choice Services	1/12	12/13	43,353		21,588	21,765			N	N
	A Community-based ZT Program: Completing the Model of MLDA Enforcement	Pacific Institute for Research and Evaluation	7/12	6/14	230,881			129,185	101,696		Y	Y

Table 3.1.c.2 Funded Research Activity, 2011-2015

Department and School Summaries						
Department	**Amount Total Award**	**Amount FY 2011**	**Amount FY 2012**	**Amount FY 2013**	**Amount FY 2014**	**Amount FY 2015**
Department of Biostatistics	1,703,263	93,656	188,815	670,966	739,835	
Department of Epidemiology	2,083,984	552,167	446,120	476,459	296,338	35,248
Department of Health Policy, Management and Leadership	7,883,459	863,125	1,721,941	1,624,997	1,236,707	
Department of Occupational and Environmental Health Sciences	2,585,968	101,565	95,103	571,038	452,846	
Department of Social and Behavioral Sciences	16,703,031	1,907,448	2,552,994	1,859,895	1,237,872	303,112
School of Public Health	30,959,705	3,517,961	5,004,973	5,203,355	3,963,598	338,360

Fiscal Years defined as: FY 2011 (07.01.2010 – 06.30.2011); FY 2012 (07.01.2011 – 06.30.2012); FY 2013 (07.01.2012 – 06.30.2013); FY 2014 (07.01.2013 – 06.30.2014); FY 2015 (07.01.2014 - 06.30.2015)

Funding Period Start – reflects actual date of project funds available based on contract execution and does not always align with set fiscal years

Grant total awards are to each PI with SPH co-I's listed. For non-SPH grants, PI is listed, co-I task amount is included. This ensures accurate reporting for SPH grant amounts.

a – Principal investigator (PI) is not associated with the School of Public Health.

b – A project that had a change of principal investigator (PI)

c – A project on a competitive renewal cycle, previously funded, included in this table with the relevant years (years outside the table not included)

d – A project already in a funding cycle that preceded the dates submitted for this report. Data from relevant years included.

3.1.d Identification of measures by which the school may evaluate the success of its research activities, along with data regarding the school's performance against those measures for each of the last three years. For example, schools may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators. See CEPH Outcome Measures Template.

Table 3.1.d Outcome Measures for Evaluating Success of Research Activities

Outcome Measure	Target	2011-12	2012-13	2013-14
1. Achieving and maintaining a minimum of 25% extramural salary support for all tenure track faculty within 4 years of their faculty appointment (see Table 1.2, Objective 2.1.a)	100% of eligible faculty	38%	44%	50%
2. Achieving total dollar amount of grants and contracts expenditures to $4 million by 2016 (see Table 1.2, Objective 2.1.b)	$4,000,000	$3,609,864	$3,139,369	$3,050,389
3. Achieving total research dollars per primary faculty headcount of >$100,000 (see Table 1.2, Objective 2.1.c)	> $100,000	$116,447	$82,614	$72,628
4. Providing an ongoing clinical research design, epidemiology, and biostatistics consulting service that facilitates research collaborations and partnerships (see Table 1.2, Objective 2.2.a)	Operational clinical research design, epidemiology and biostatistics consulting service	Not established	Established. Provided 600 hours of consultation .	Provided 384 hours of consultation in first 2 quarters
5. Increasing the number of identifiable research projects that utilize community-based participatory methods or involve collaboration with community-based organizations in West Virginia to >20 per year (see Table 1.2, Objective 2.2.b)	CBPR > 20/year	12	17	Not yet available.

3.1.e Description of student involvement in research.

Students in the SPH are actively engaged in the research process, thereby enhancing their learning experience (see Table 3.2.c.2 – column indicating student participation). Both doctoral- and masters-level students have been regularly supported on faculty research grants as

graduate assistants and student workers. As of February 28, 2014, the PhD Program in Public Health Sciences had graduated 19 students and had 19 active students. Since 2008, our students have:

- Authored or co-authored 126 peer-reviewed manuscripts in top national and international journals.
- Authored or co-authored 167 peer-reviewed national or international presentations.
- Procured two NIH (NIDA), one RWJ, one American Legacy Foundation, and one Reed Foundation student dissertation research grants.
- Been recognized for 22 leadership achievements and research awards.

As further demonstrated below, following graduation from the PhD program, our students have successfully obtained competitive post-doctoral fellowships, and a variety of full-time positions in academia, government, and the private research sector.

Table 3.1.e. PhD Student Placements Upon Graduation 2006– 2013

Alumni Job Title	**Alumni Workplace**
Associate Service Fellow Epidemiologist (Baughman)	CDC NIOSH, Biostatistics and Epidemiology Branch
Research and Grants Coordinator/Assistant Prof. (Davidov)	WVU Emergency Medicine
Epidemiologist (Hartley)	CDC NIOSH, Biostatistics and Epidemiology Branch
EIS Officer (Choudary)	CDC NIOSH
Research Methods Specialist (Cain)	University of Chicago - Department of Family Medicine
Post Doc Fellowship (Blosnich)	University of Rochester Medical Center
Assistant Professor of Health Education (Nolan)	Concord University
Research Instructor/ Staff (Frost)	WVU Health Research Center/ ICF International
Research Manager/Assistant Prof. (Leary)	WVU Pediatrics/Fairmont State University
Population Health Service Fellow (Geiger)	University of Wisconsin-Madison
Quality Analyst (Putlia)	Agrace Hospice Care
Associate Service Fellow Epidemiologist (Kurth)	CDC NIOSH, Surveillance Branch, Division of Respiratory Disease Studies
Industrial Hygienist (Doney)	CDC NIOSH, Surveillance Branch, Division of Respiratory Disease Studies
Post Doc Fellowship (Matthews-Ewald)	Pennington Biomedical Research Center
Assistant Professor of Physical Therapy (Pignataro)	University of South Florida
Assistant Professor of Dentisty (Wiener)	WVU School of Dentistry
Post Doc Fellow (Alshaarawy)	Michigan State University, Department of Epidemiology
Visiting Scholar (Jarrett)	University of Kentucky, Department of Internal Medicine

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

This criterion is met.

Strengths

- Research within the SPH is consistent with its mission, goals, and objectives.
- The school provides an environment that is conducive to research and scholarship.
- The school provides research development support and incentives for faculty.
- The school provides opportunities for student involvement and success in research.

Challenges/Weaknesses

- The SPH has experienced some decreases in research funding over the past two years, reflective of overall decreases in federal funding availability during this timeframe.

Plans

- Recruit a Director, Office of who will work with SPH faculty and others throughout the university to develop a school-wide strategic plan for research. This plan will identify specific additional research targets, thematic areas of emphasis for further investment and development, junior faculty mentoring plans, and associated timelines for achieving the plan's stated objectives.
- Establish targeted objectives for peer-reviewed publications and presentations at professional conferences by faculty and students.

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

WVU's land-grant mission underscores a duty and obligation to the public and to the state of West Virginia. Public service is so central to the mission of WVU that one of its strategic plan goals, "to enhance the well-being and the quality of life of the people of West Virginia," is wholly devoted to it. WVU has been externally recognized by the Carnegie Foundation for the Advancement of Teaching by selecting the University for the 2010 Community Engagement Classification, putting WVU in the 6 percent of higher education institutions that Carnegie recognizes for engagement out of all U.S. institutions. WVU also internally recognizes and awards excellence in community engagement and public service. Similarly, service to the citizens of West Virginia through active outreach and community engagement is woven into the fabric of the School of Public Health. Community engagement is one of the School's stated core values and an essential component of our mission. Examples are provided below.

3.2.a Description of the school's service activities, including policies, procedures, and practices that support service. If the school has formal contracts or agreements with external agencies, these should be noted.

The School of Public Health's dedication to the public good is manifested through an array of school-wide and school-supported initiatives, its direct educational outreach, and the organized outreach activities of several centers housed within the SPH. These activities are strengthened immeasurably by the information we receive from our Community Advisory Board (CAB), which provides input on service needs and opportunities and also helps evaluate the overall effectiveness of the school. Many members of the current CAB were also members of the previous CAB that had been established for our CEPH-accredited MPH program.

As described in section 3.2.b, all faculty members within the SPH are expected to perform service activities. Community engagement activities throughout West Virginia are of particular relevance in helping to fulfill the school's mission. Therefore, in May 2014, the Dean's Community Engagement Awards were established to help support, recognize, and reward school personnel who actively participate in community-engaged work. All faculty members, staff, and students within the SPH are eligible to apply for these awards. Funding will be provided for up to six projects in FY14-15, and awards will be up to $5,000 in total support.

School-wide Service Initiatives

<u>Public Health Emergency Response</u>
On January 9, 2014, an estimated 10,000 gallons of the chemical 4-methylcyclohexane methanol (MCHM) leaked from a chemical-storage facility into the nearby Elk River in southern West Virginia. MCHM is part of a chemical bath that the mining industry uses to wash clay and rock from coal before it is burned. As has now been well publicized, the site of this chemical spill was just one mile upriver from the largest water-treatment plant in West Virginia. The plant serves 16 percent of the state's population, some 300,000 people. At 6 p.m., the governor appeared on television and declared a state of emergency; advising all 300,000 residents served by this water treatment plant that their tap water was not safe for "drinking, cooking, washing, or bathing." United States President Barack Obama further declared the chemical spill

a federal state of emergency on January 9. Following the president's declaration, the Federal Emergency Management Agency (FEMA) was directed to provide both assistance on the ground and federal funding for the state's emergency management efforts. FEMA and the West Virginia National Guard distributed bottled water to the nine affected counties. This event has been described as one of the most serious incidents of chemical contamination of drinking water in American history.

The health effects of this chemical on humans are largely unknown. In the first three days following the spill, approximately 200 people showed up at emergency rooms with rashes, nausea, and other complaints. By the evening of January 10, nearly 700 residents had contacted West Virginia's poison control center, reporting a range of symptoms including nausea and rashes.

By January 10, the Interim Dean of the WVU School of Public Health had been in direct contact with the Secretary of the West Virginia Department of Health and Human Resources (WV DHHR) to offer the full support of the school in helping to respond to this event. WV DHHR Secretary Karen Bowling requested that the SPH work collaboratively with the West Virginia Bureau of Public Health (BPH) in these efforts. These communications were openly shared with the faculty, students, and staff of the SPH by the Interim Dean.

In the aftermath of this incident, the SPH and the BPH have worked together to begin monitoring and assessing the potential health impacts of the chemical spill. At the invitation of the BPH, the school provided six students (including MPH and PhD students) to assist with the conduct of an initial Community Assessment for Public Health Emergency Response (CASPER). CASPER is an epidemiologic technique designed to provide household-based information about an affected community's needs after a disaster. These SPH students traveled to the affected region, received a day-long CASPER training conducted by the CDC, and collected household survey data throughout the impacted region of the state. Since this activity occurred during the school semester, the Office of Student Services coordinated activities with students, their advisors, and course instructors. The SPH provided financial support to cover the costs of student travel and lodging. Our commitment to this effort continues as we anticipate repeated community assessments in the future. This represents just one example of the school's service to the state involving SPH leadership, faculty support, and student involvement.

<u>Southern West Virginia Lifestyles Project</u>
Under the leadership of SPH faculty member Michael McCawley, PhD, the Southern West Virginia Lifestyles project (SWVL, pronounced "swivel") is a collaborative effort involving faculty and students of WVU's Schools of Public Health, Medicine, Nursing, Dentistry, and Pharmacy, along with the Davis College of Agriculture, Natural Resources, and Design and the Benjamin M. Statler College of Engineering and Mineral Resources. Supported with funding from the Claude Worthington Benedum Foundation, the goal of this multi-year effort is to help southern West Virginia residents develop and maintain healthy lifestyles.

The project is expected to be a sustained effort in the area for years to come. Several counties in the southern part of West Virginia are among those with the greatest challenges and health disparities. By traveling to these communities and helping to train community members, those involved with SWVL are working to address self-identified community member needs. SWVL also plans to assist in the creation of several community-based resources for health and wellness education. Activities include exercise programs such as Walking to Jerusalem, smoking cessation programs, diabetes education, establishment of food cooperatives, and

publication of a Wyoming County collection of healthy recipes. In addition to Dr. McCawley, other SPH faculty members involved in the development of SWVL include Drs. Geri Dino, Keith Zullig, Christiaan Abildso, and Bill Reger-Nash.

Affiliation Agreements

The SPH has established several agreements that demonstrate our ongoing commitment to collaborate with and provide service to community-based organizations. These include formal affiliation agreements with the Mid-Ohio Valley Health Department and the West Virginia Coalition to End Homelessness. These documents are included in the resource file (will be submitted with the final self-study.

School-supported Educational Outreach Activities

The Health Sciences and Technology Academy

The Health Sciences and Technology Academy (HSTA) is a community/campus partnership developed to increase the number of low-income, minority, rural, and first-generation students from West Virginia who attend college and enter health science fields. The program also aims to empower communities through leadership development of their youth. Since 1994, the program has grown from 44 students and nine teachers in two pilot counties to 759 current high school students and 80 teachers, and boasts 1,567 successful HSTA graduates from 26 counties in West Virginia. HSTA graduates have better ACT scores, better high school and college grades than their West Virginia peers, are more likely to go to and graduate from college, and go to professional and graduate schools. The college-going rate for HSTA graduates is 97 percent, versus 58 percent for all West Virginia high school students.

HSTA provides professional in-service training to each academy teacher (teachers from local communities). The teachers integrate these resources into their classrooms as well as the academy afterschool clubs. During the summer, students participate in four separate programs in a curriculum designed to equip them with skills and experiences suitable for a seamless entry into college, to expose them to curriculum and experiences associated with careers in the health sciences, and to teach careers in math and science. This important service and outreach activity also serves to create a potential pipeline for disadvantaged and underrepresented students to become the future public health leaders of West Virginia.

Since HSTA began, WVU has acted as the fiscal, legal, hiring, and policy agent for the program. The University houses the academy's central administration, hosts and delivers several summer programs, and contracts with other colleges and universities to provide additional summer programs for academy high school teachers and students. Dr. Ann Chester, Assistant Vice President for Health Sciences and adjunct faculty member in the School of Public Health, oversees this effort. HSTA's federal funding is administered through the Dean's office of the SPH.

Faculty and students from the SPH have become increasingly involved in HSTA. In addition to Dr. Chester's overall administrative leadership, Dr. Michael Mann, faculty member in the Department of Social and Behavioral Sciences, has become a member of the HSTA Joint Governing Board. Over the past three years, SPH faculty have conducted four HSTA staff trainings of approximately 50, 75, 25, and 100 members each; conducted three student presentations attended by approximately 85 students each; reviewed approximately 60 student research projects; and provided evaluation services in which we collected data from 900 students and 200 community members. During summer sessions, SPH students have participated in HSTA roundtables, where they describe the field of public health and career

opportunities.

The Osher Life Long Learning Institute at WVU
The Osher Lifelong Learning Institute (OLLI) at WVU provides educational, recreational, volunteer, and social opportunities for individuals 50 and older through day and evening courses, lectures, seminars, and field trips. OLLI is an academic cooperative of members that provides adults with opportunities for intellectual development, cultural stimulation, and social interaction. OLLI's educational program is centered on courses developed and taught by volunteers who share their time and knowledge.

OLLI is a self-directed membership organization administered within the Dean's office of the School of Public Health. The SPH Associate Dean for Finance and Administration participates on the OLLI Board of Directors; the SPH provides infrastructure, information technology support, and partial funding for OLLI staff members.

Collaboration with WVU Extension Service
The educational programs and initiatives of the WVU Extension Service (WVUES) focus on service to the state and exemplify WVU's commitment to the public good by connecting the knowledge and research of WVU with citizen and community needs. The Smith-Lever Act of 1914 created a Cooperative Extension Service for each land-grant institution. The purpose of the Extension Service was to disseminate the findings of the University's agricultural stations and provide training and programs on home economics and other practical subjects. In 2013, WVU has sustained its commitment to the state by supporting a WVUES office with a faculty presence in all of West Virginia's 55 counties, staffed by faculty county agents.

SPH faculty and students collaborate with the WVUES on a variety of programs including healthy lifestyles information, ATV safety programs delivered through the WVUES 4-H Division, child car seat inspections, and workplace safety programs delivered through the WVUES Safety and Health Division. Faculty and staff from the Prevention Research Center (see below) have worked closely with extension agents to recruit Not-on-Tobacco facilitators from within schools and other community organizations to assist with project dissemination activities. SPH faculty member Dr. Lauri Andress has recently received a foundation grant to work with extension agents in six counties, to conduct walkability studies with low-income women.

Service and Outreach of SPH Centers and Programs

Summarized below are centers and programs that provide service to the community in addition to their research activities. The lines that separate research and service are frequently, at best, blurred making it difficult to distinguish specific service activities. The summaries provided below characterize the service activities and contributions provided by these entities.

Office of Health Services Research (http://publichealth.hsc.wvu.edu/ohsr/)
The Office of Health Services Research (OHSR) is a center within the School of Public Health directed by SPH faculty member Cecil Pollard. Through contracts from the WV BPH's Division of Health Promotion and Chronic Disease and other entities, OHSR assists primary care centers in accurately tracking patient outcomes, benchmarking care against national standards, and modifying clinical policies and procedures for improved outcomes. This is a three-fold effort, comprised of 1) support in use of electronic health records and registries to monitor and target care, 2) provider and staff training/education on chronic disease prevention and management, and, 3) assistance in the use of clinical outcomes data for quality improvement.

OHSR is currently working with more than 50 primary care sites in quality assurance and health improvement efforts. These efforts are tailored to meet the needs of each individual site, recognizing the uniqueness of each. OHSR also partners with other states and territories on chronic disease quality improvement initiatives.

WV Prevention Research Center (http://prc.hsc.wvu.edu)
The West Virginia Prevention Research Center (PRC) is one of 26 funded by the Centers for Disease Control and Prevention (CDC). The PRC is directed by SPH faculty member Dr. Geri Dino and co-directed by Dr. Lesley Cottrell, who holds a joint appointment in the SPH. The research activities of the PRC have already been included in section 3.1. However, a key feature of the PRC at WVU is its emphasis and involvement in community outreach and community-engaged research. The PRC is a strong proponent of community-based participatory research (CBPR) and very fortunate to have an excellent and active Community Partnership Board with which to collaborate. In 2011, the PRC was presented with the CBPR Best Practice Award. The CDC PRC National Community Committee gave this award to only 11 PRCs, and we are honored to maintain our commitment to our community, West Virginia, and to the principles of community-based participatory research.

The Evaluation and Oversight Coordinating Unit (EOCU) was created in July 2000 as the result of a unique academic/state health department collaboration involving the PRC and the BPH's Division of Tobacco Prevention and Health Statistics Center. A key focus of the EOCU is to provide evaluation strategies for BPH-funded tobacco prevention and cessation projects, but the EOCU's participatory evaluation activities are not limited to tobacco control. The BPH's Office of Healthy Lifestyles contracted with the EOCU to provide strategic planning, evaluation services, and training for West Virginia's five-year physical activity, nutrition, and obesity prevention program funded by the CDC. The EOCU has also evaluated two federally funded, (U.S. Department of Education) local, after-school programs in West Virginia; one served lower-income children in Morgantown, while the other served low-income, African-American children in Charleston. The EOCU has provided evaluation consultation to Main Street Ripley, a community revitalization project in West Virginia that includes several family-focused health initiatives.

WVU Injury Control Research Center (http://www.hsc.wvu.edu/icrc/pages/)
Directed by SPH faculty member Dr. Jeffrey Coben, the four main goals of the Outreach Core of the Injury Control Research Center (ICRC) are to 1) develop partnerships, 2) provide technical assistance, 3) increase awareness of the injury problem, and 4) translate and exchange injury-prevention knowledge. The ICRC has established a strong partnership with the West Virginia Violence and Injury Prevention (WV-VIPP) program, housed within the West Virginia Bureau for Public Health, and participates on the WV-VIPP Advisory Board. Among its other service and outreach activities, the ICRC also is an active participant in the CDC-supported regional network of state VIPP programs; participates on the Board of Directors of the West Virginia Council for the Prevention of Suicide; collaborates with the WVU Extension Service to conduct community-based car seat safety checkup events throughout the state; partners with the West Virginia Substance Abuse Prevention Planning Group for Region 5 of the state; maintains a web-based archive for the weekly Prevention of Prescription Drug Abuse in the Workplace listserv; and disseminates the Injury Prevention Research, Practice, and Policy News (IP News) — a weekly compilation of new research articles, technical reports, news reports, and other injury prevention-related information, which currently has 794 subscribers.

WVCTSI Community Engagement and Outreach Core
(http://www.wvctsi.org/pages/Programs/Community-Engagement-Outreach)

The Community Engagement and Outreach (CEO) Core of the West Virginia Clinical and Translational Sciences Institute is led by Professor Geri Dino of the School of Public Health. The aforementioned PRC, ICRC, and HSTA programs came together in 2012 to form the CEO. It serves as "the go-to place" for conducting and rapidly translating community-relevant research to improve the health and well-being of West Virginia and beyond. The CEO underscores the significance of interactions among community members, healthcare providers, and researchers and provides a single organizational structure for all constituents to access guidance, support, and technical assistance for community-engaged research. Recent successes include the establishment of West Virginia's first practice-based research network.

Health Research Center (http://publichealth.hsc.wvu.edu/hrc/)
SPH faculty members Tom Bias and Christiaan Abildso, along with several professional staff within the SPH, lead the Health Research Center. The main goals of the center are to 1) serve as a leader of health research in West Virginia by conducting formative program evaluation, providing timely policy analysis and feedback, fostering innovative, self-directed research that supports the mission of the center, and disseminating research findings; and 2) cultivate relationships/partnerships that support the mission of the center by collaborating with various schools/units within WVU, developing and enhancing partnerships with pertinent state agencies, establishing relationships with West Virginia healthcare providers, and collaborating outside West Virginia. Recent outreach activities include collaboration with Main Street Fairmont to conduct a health impact assessment (HIA) of a comprehensive bicycle and pedestrian plan for downtown Fairmont, West Virginia. The HIA will explore how bike lanes and other pedestrian improvements, as well as increased connectivity to parks, schools, and points of interest can affect health.

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

In keeping with its tradition as a land-grant institution, the University is committed to the performance and recognition of service activities by the faculty as essential components of its mission. The University's policies and procedures for annual faculty evaluation, promotion, and tenure reflect this commitment with the statement that: *"Service, as represented by faculty engagement with citizens of and communities in West Virginia, is of special importance to that mission. Faculty are encouraged to document the quality and quantity of all service activities."*

Within the SPH, community service activities of faculty members are highly valued and assessed at all steps along the appointment, promotion, tenure, and periodic review continuum. The department chairs, Promotion and Tenure (P&T) Committee, and dean of the SPH all participate in elements of this assessment process. The range of activities considered includes, but is not limited to, membership on community boards, speaking with community groups, and participation in local, state, regional, national, and international professional organizations. Particular emphasis and recognition is given to the development or substantial enhancement of new programs of service linking the SPH with community-based organizations in West Virginia.

The school's annual faculty evaluation process serves to both assess performance and promote faculty development. It also provides opportunities for the continuous appraisal of school and departmental needs and for faculty and administration to agree upon faculty effort allocations that reflect those needs. Thus, on an annual basis, faculty members and department chairs meet to review the results of their annual evaluation and to agree upon

future effort allocations and associated productivity expectations across the three core components of research, teaching, and service. General and specific guidelines regarding the quantity and quality of service activities required for promotion and tenure vary across the different tenure and non-tenure tracks within the SPH and are clearly described in the school's "Guidelines for Faculty Appointment, Promotion, and Tenure" which serves as one of the guiding documents for the P&T committee. As part of faculty responsibilities, they maintain records of their service activities in Activity Insight, a web-based service and data management system. The purpose of that documentation is to maintain an accurate record and description of service goals and activities for annual and periodic performance reviews and promotion and tenure reviews.

Despite the current value placed upon community service, we believe this can and should be further emphasized in the school's promotion and tenure process. In May 2014 the interim Dean tasked the school-wide P&T committee with conducting a review of the school's current promotion and tenure guidelines and providing recommendations for their revision, with specific attention to the importance of community engagement and outreach activities. In conducting this review, members of the promotion and tenure committee will review the ASPH report on *Examples of Academic Public Health Practice-based Promotion and Tenure Guidelines*, review sample promotion and tenure guidelines from other accredited schools of public health, review the resources and materials available from the nonprofit Community-Campus Partnerships for Health (https://ccph.memberclicks.net/), and consult with Dr. Gypsy Denzine, the WVU Associate Provost for Engagement and Outreach. The committee is expected to provide its findings and recommendations by December 31st, 2014.

3.2.c A list of the school's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Data Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Templates 3.1.1 (research) and 3.3.1 (funded workforce development), respectively.

Table 3.2.1 provides a list of current faculty service activities. This is only a partial list and is limited to faculty involvement in local and state activities. A more comprehensive list of faculty service activities may be found in the resource file.

Table 3.2.1. Faculty Service (Local and State) from 2011 to 2013

Faculty	Role	Organization	Start	End
Abildso, Christiaan (SBHS)	Board member	West Virginia Connecting Communities	2013	
	Chairperson	Morgantown Pedestrian Safety Board	2008	
	Committee member	Morgantown Monongalia Metropolitan Planning Organization Citizens Advisory Committee	2009	
		Morgantown Traffic Commission	2008	
		West Virginia Physical Activity Symposium	2010	2010
	Member	Morgantown Municipal Bicycle Board	2012	
Abraham, Rachel (OEHS)	Committee member	Association of Schools of Public Health Undergraduate Public Health Learning Outcomes Development Project	2009	2011
		Homeland Security Opportunities Academic Coalition, Charleston Area Alliance and West Virginia Academic Institutions- Rural Emergency Receiving System/Mass Migration Team (RERS – Mass Migration)	2007	2008
		Interprofessional Educational Conference Planning Committee	2013	
		Interprofessional Educational Steering Committee	2013	
		Monongalia County All Hazards Advisory Committee	2007	2009
		WVU Department of Community Medicine for Partnership with University of Pittsburgh, Center for Public Health Preparedness	2007	2009
Andress, Lauri (HPML)	Member	Local Health Department National Coalition for Health Equity, National Association for City and County Health Officers	2013	
Bias, Thomas (HPML)	Board member	Morgantown Pedestrian Safety Board	2007	
	Facilitator	West Virginia Local Government Leadership Academy Executive Session in Canaan Valley	2011	2011
	Invited participant	West Virginia Bureau for Public Health State Public Health System Performance Assessment	2012	2012
	Strategic Planning Committee member	Bureau for Public Health	2012	
	Team member	West Virginia Communities Putting Prevention to Work Grant State Management Team	2011	2012
		West Virginia Community Transformation Grant State Management Team	2011	2012
Dino, Geri (SBHS)	Board member	American Lung Association of WV	2011	
		West Virginia Local Health Incorporated	2012	
	Committee member	Editorial Board, WV Magazine	2013	
Gurka, Kelly (EPID)	Member	Monongalia County Substance Abuse Prevention Coalition	2012	
Harshbarger, Dwight (SBHS)	Committee member	Visiting Committee - West Virginia University Department of English	2009	2013
	Officer, President /Elect/Past	Phi Beta Kappa - Alpha Chapter - West Virginia University	2012	2013
Hunt, Janet (SBHS)	Member	West Virginia Education and Training Workgroup	2002	

Table 3.2.1. Faculty Service (Local and State) from 2011 to 2013

Faculty	Role	Organization	Start	End
Kershner, Ruth (SBHS)	Committee member	Monongalia Board of Education Wellness Committee	2006	
		Social Justice Statewide Visiting Committee	2009	2012
	Educator	Parker Hall State Farm Insurance Company	2009	2014
		Student Affairs	1998	
		University Health Service	1998	
Parker, R. David (EPID)	Grant proposal reviewer	West Virginia Coalition to End Homelessness	2013	
Pollard, Cecil R. (SPHS)	Member	Community Voices	2009	
		WV Asthma Coalition	2005	
		WV Cardiovascular Health Advisory Committee	2003	2013
Shaffron, Pete (SBHS)	Board of Directors	West Virginia Safety and Driver Education Association	1988	2012
Sykes, Bobbi (SBHS)	Board of Advisors	Community Advisory Board, Catholic Charities West Virginia Central Region	2013	2013
	Board of Directors	Catholic Charities West Virginia, Diocese of Wheeling	2005	
	Committee member	Executive Committee, Catholic Charities West Virginia, Diocese of Wheeling	2010	
	Program coordinator	Empowering Women: A Breast Health Education Program for West Virginia's Northern Panhandle	2006	
Tompkins, Nancy O'Hara (SBHS)	Chair, Board of Directors	West Virginia on the Move	2010	2012
	Member	Kanawha Coalition for Community Improvement Obesity Workgroup	2011	
Zullig, Keith (SBHS)	Board member	First Choice Health Systems	2012	

Table 3.2.2 below summarizes the SPH faculty funded service activities.

Table 3.2.2 Funded Service Activity, 2011-2014

SPH Faculty PI (co-I) & Department	Project Name	Funding Source	Funding Period MM/YY		Total Award and Fiscal Year* Amounts						Community	Student
			Start	End	Total	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015*		
Sarwari, Arif Co-I: **Parker, R. David** (EPID)	Developing a Center of Excellence for Outpatient HIV Early Intervention Services at West Virginia University	DHHS/HRSA	4/13	3/15	22,500			7,500	7,500	7,500	Y	N
Chester, Ann (Dean's Office)	Teaching to Learn: WV-HSTA Students Take CBPR to Their Community	US DHHS-NIH-Office of Research Infrastructure Programs	1/10	2/15	523,381			269,995	253,386		N	N
Hendryx, Michael (HPML)	The Health Enrichment Network	Health Enrichment Network	3/12	6/13	20,000		20,000				Y	Y
McCawley, Michael (OEHS)	Occupational Medicine Residency Equipment Enhancement, ARRA - Equipment to Enhance Training for Health Professionals	US DHHS-Health Resources and Services Administration	9/10	8/11	132,513	132,513					Y	N
	Support of Air Sampling for Gas Drilling Operations, Activity # 4.640.920.003	URS Corporation	1/11	11/11	20,000	20,000					N	N
Frey-McClung,	WV Healthcare Cessation Clinic	WV Department of	7/12	6/13	49,999			49,999			Y	N

Table 3.2.2 Funded Service Activity, 2011-2014

SPH Faculty PI (co-I) & Department	Project Name	Funding Source	Funding Period MM/YY		Total Award and Fiscal Year* Amounts						Community	Student
			Start	End	Total	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015*		
Valerie (SBHS)		Health and Human Resources-Bureau for Public Health										
Frost, Stephanie (SBHS)	Communities Putting Prevention to Work Supplement	WV DHHR-Bureau for Public Health	11/10	11/11	577,567	577,567					Y	N
	Improving Environments in West Virginia's Child Care Centers	WV DHHR-Bureau for Public Health	2/11	2/12	38,610	38,610					Y	N
	Production of Child Nutrition Year Executive Summary	West Virginia Department of Education	7/11	6/12	17,171		17,171				Y	N
	WV Zamzee Study	HopeLab Inc.	8/11	6/12	31,703		31,703				N	N
	Community Transformation Grant	WV Bureau of Public Health	2/12	9/13	444,164		130,108	157,801			N	Y
Pollard, Cecil (SBHS)	Minnie Hamilton Health System	Minnie Hamilton Health System	8/10	7/13	55,200	18,400	18,400	18,400			Y	N
	Milan Puskar Healthright	Milan Puskar Healthright	6/11	7/14	14,000		3,000	3,000	8,000		Y	N
	Cardiovascular Health Program	WV Bureau of Public Health	7/11	6/13	302,450	151,226	151,224				Y	Y
	Asthma Education and Prevention Program	WV Bureau of Public Health	9/11	8/14	128,286	51,773	22,771	22,770	30,972		Y	N
	Early and Periodic	WV Children	1/12	9/12	27,500		27,500				Y	N

Table 3.2.2 Funded Service Activity, 2011-2014

SPH Faculty PI (co-I) & Department	Project Name	Funding Source	Funding Period MM/YY		Total Award and Fiscal Year* Amounts						Community	Student
			Start	End	Total	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015*		
	Screening Diagnostic and Treatment (EPSDT) Electronic Auditing	and Families										
	Comprehensive Diabetes Project-Diabetes Prevention and Control Program	WV Bureau of Public Health	3/12	6/13	534,403	277,559	207,584	49,260			N	N
	NACDD	NACDD	10/12	9/13	20,000		10,000	10,000			Y	N
	West Virginia Diabetes Primary Prevention Project	WV Bureau of Public Health	4/13	12/13	98,981		80,460	9,260	9,261		Y	N
	WV Rural Health Association	Rural Health Association	4/13	1/14	15,000				15,000		Y	N
Zullig, **Keith**[a] (SBHS)	West Virginia Prescription Drug Quitline	Fifth Third Bank	12/07	12/13	1,000,000		5,000	5,000			N	N
Department and School Summaries												
Department of Biostatistics					0	0	0	0	0			
Department of Epidemiology					22,500	0	0	7,500	7,500	7,500		
Department of Health Policy, Management, and Leadership					20,000	0	20,000	0	0			
Department of Occupational and Environmental Health Sciences					152,513	152,513	0	0	0			
Department of Social and Behavioral Sciences					3,355,034	1,115,135	704,921	331,490	63,233			
Dean's Office					523,381	0	0	269,995	253,386			
School of Public Health Total					**4,073,428**	**1,267,648**	**724,921**	**608,985**	**324,119**	**7,500**		

*First quarter only.

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

Table 3.2.d Outcome Measures for Evaluating Success of Service Efforts

Outcome Measure	Target	2011-12	2012-13	2013-14
1. Maintaining a sustainable, diverse Community Advisory Board with broad community representation from West Virginia and meeting with the Board at least twice annually (see Table 1.2, Objective 3.1.a)	Community Advisory Board meeting = 2 annually	School CAB not established	School CAB not established	CAB established; first meeting conducted 4/22/14
2. Providing educational and social opportunities for community members through our leadership and financial support of the Osher Lifelong Learning Institute at WVU (see Table 1.2, Objective 3.1.b)	Annual support > $40,000	$45,368	$44,548	$48,411
3. Providing a minimum of 2 outreach presentations annually for participants in the West Virginia Health Sciences and Technology Academy (see Table 1.2, Objective 3.1.c)	At least 2 presentations annually	1 presentation to 85 HSTA students	1 presentation to 85 HSTA students; 2 presentations to 175 HSTA staff	2 presentations to 85 HSTA students; 2 presentations to 75 HSTA staff
4. Maintaining existing financial support for the school's student association, Delta Omega Chapter, and associated student outreach activities (see Table 1.2, Objective 3.2.a)	>$200 per student	N/A	$236 per student	$233 per student
5. Providing financial awards that recognize and support community engagement (see Table 1.2, Objective 3.1.d)	At least 5 awards annually	N/A	N/A	Award opportunities announced 5/21/14; results pending

The downward trend demonstrated by this table is primarily a reflection of decreased federal block-grant funding received by the West Virginia Bureau for Public Health. In previous years, these block-grant funds provided the base for service contracts to the SPH Office of Health Services Research (OHSR), directed by Cecil Pollard, Department of Social and Behavior Sciences). As part of the SPH service mission, OHSR is continuing to assist primary care centers throughout West Virginia with accurately tracking patient outcomes, benchmarking care against national standards, and modifying clinical policies and procedures for improved outcomes. OHSR is working with the Bureau for Public Health to identify and seek additional financial support for these continuing activities.

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

All SPH students are provided with the opportunity to engage in community service and outreach activities. The SPH actively supports student involvement by identifying opportunities for service (with input from our Community Advisory Board), providing direct financial support to student organizations (Student Association of Public Health and Delta Omega Chapter), and through faculty guidance provided to the student organizations. In addition to the many service activities described in the following table, our students have also participated in school recruitment activities, open houses, and a variety of other events where they serve as ambassadors and representatives of the school.

The process of collecting these data for the self-study report has revealed a need to improve our tracking of student service and outreach activities. For example, in several cases the number of students participating in an activity was not recorded. Beginning in the fall 2014, students will be provided with the opportunity to record their service experiences through an online system maintained within the Office of Student Services.

Table 3.2.3. Student Service Activities 2011-2014

Date	Student/Student Organization	Activity	Description of Activity	Students	Faculty
10/6/2013	Delta Omega Chapter	Kickit2Cancer 5k	Students helped to mark the 5k paths, painted faces, set up the vendor exhibits, and handed out water to the participants. The Kickit2Cancer 5k supported local families dealing with the burden of a loved one fighting cancer.	11	1
4/11/2014	Delta Omega Chapter	Holiday cookies	Students baked and decorated holiday (Easter/Spring) themed cookies and made treat bags for families residing at the Rosenbaum Family House. The Rosenbaum Family House provides a place for adult patients and their families to stay while receiving medical care at WVU Hospitals.	TBD	TBD
09/2012	Student Association	Day at the Nation's Capital	Students spent the day with leadership from NIOSH, legislative assistants, and policy advisors, and the World Health Organization's regional office - Pan American Health Organization.	10	1
10/12/2012	Student Association	Sr. Prom with Sundale Nursing Residents	Students attended the Sr. Prom with Sundale Nursing Residents. Students helped residents get ready for the prom and danced with residents, helped with set-up and clean-up after the event.	Not recorded	Not recorded
10/31/2012	Student Association	Drunk driving prevention	Lindsey Mason participated in this event on High Street	1	0
11/2012	Student Association	Food drives	Students participated in two Thanksgiving food drives - Scotts Run Settlement House (a local food pantry) and Marjorie Gardens (low-income housing unit).	Not recorded	2
02/2013	Student Association	Heart Healthy Tips	Students participated in Heart Healthy Tips at Presbyterian Child Development Center. Thirty children did activities that encouraged maintaining a healthy heart.	10	0
03/2013	Student Association	Empty Bowls	Students participated in an event to feed the hungry in Monongalia County. There were hundreds in attendance.	Not recorded	Not recorded
03/2013	Student Association	Health Fair	Students provided information to college students on STIs, safe sex, breast and testicular self-exams.	Not recorded	Not recorded
03/2013	Student Association	Zumbathon	Students sponsored a Zumbathon for a Rape and Domestic Violence Center. Event raised money for awareness. Over 150 people were in attendance.	Not recorded	Not recorded
04/2013	Student Association	Awareness video	Students produced a video for cancer awareness.	Not recorded	Not recorded
04/06/2013	Student Association	Relay for Life	Students organized an auction to raise money for Relay for Life. Over $1,500 was raised for the team.	Not recorded	Not recorded
04/19/2013	Student Association	Health fair	Students organized a health fair at Skyview Elementary School with over 500 students. Topics included germs, nutrition, first aid, and playground safety.	4	2

Table 3.2.3. Student Service Activities 2011-2014

Date	Student/Student Organization	Activity	Description of Activity	Students	Faculty
04/20/2013	Student Association	Health fair	Students presented information about smoking to approximately 100 students at the WVU Extension Health Fair.	2	0
04/27/2013	Student Association	Health fair	Students conducted activities with regard to physical fitness at the WVU Children's Hospital Kids Fair in Morgantown. The event was attended by hundreds of people.	15	0
2013	Student Association	Health fair	Students participated in the NIOSH Health and Safety Fair. The focus of the booth was "Let's Talk Month," an initiative that provides tips for parents for talking to their children about sexuality. Various posters were presented.	7	0
9/27/2013	Student Association	Promote safe and responsible behavior	Students set up a table in downtown Morgantown and provided information on safe sex and monitoring alcohol consumption.	Not recorded	Not recorded
10/04/2013	Student Association	Healthcare Expo	Students provided information on unintentional injuries, specifically prescription drug overdoses. A poster was made that reflected statistical information and handouts were provided.	Not recorded	Not recorded
10/24/2013	Student Association	Sr. Prom with Sundale Nursing Residents	Students attended the Sr. Prom with Sundale Nursing Residents. Students helped residents get ready for the prom and danced with residents, helped with set-up and clean-up after the event.	Not recorded	Not recorded
11/18/2013	Student Association	Food drive	Students participated in two Thanksgiving food drives - Scotts Run Settlement House (a local food pantry).	Not recorded	Not recorded
03/27/2014	Student Association	Bake sale	Students organized bake sale to help girls who have been trafficked or who are at risk to be trafficked in Vietnam.	Not recorded	Not recorded
04/04/2014	Student Association	Relay for Life	Cancer fund raising event.	TBD	TBD
04/05/2014	Student Association	Health fair	WVU Children's Hospital Kids Fair at Morgantown Mall	TBD	TBD
2012	MPH Ambassadors	Information event	What is Public Health? Elementary School	2	Not recorded
2012	MPH Ambassadors	Information event	HSTA Round Table	6	Not recorded
2013	MPH Ambassadors	Information event	Public Health @ Legislature	3	Not recorded
2013	MPH Ambassadors	Information event	Rural Health @ Legislature	3	Not recorded
2013	MPH Ambassadors	Recruitment event	Kidstrong	Not recorded	Not recorded
2013	MPH Ambassadors	Information event	HSTA Round Table	2	Not recorded
2014	MPH Ambassadors	Information event	Public Health Week (WVU Lair)	TBD	Not recorded

Table 3.2.3. Student Service Activities 2011-2014

Date	Student/Student Organization	Activity	Description of Activity	Students	Faculty
2011	Various Students	Supply drive	Student organized and packed about 45 boxes of donations for kids from birth to 3 - including diapers, clothing, formula, baby products, two new cribs, and mattresses.	10 to 15	2
2012	Various Students	Supply drive	Caritas House and AIDS Education and Service - largest donation in organization history - 60 plus boxes of personal care items. Students helped organize and pack boxes.	4	2
2013	Various Students	Supply drive	50 plus boxes of donations to Bartlett House (homeless shelter).	Not recorded	2
2013	Various Students	Health fair	Students provided seven presentations for 50 plus students in k-5th grade at the Mylan Park Health Fair.	4	1
2011	Various Students	DUI simulator	Students arranged for a DUI simulator and provided alcohol education at WVU Mountain Lair. Impact ~400 students	10	1
2012	Various Students	DUI simulator	Students arranged for a DUI simulator and provided alcohol education at WVU Mountain Lair. Impact ~400 students.	10	1
2012	Angels on High Street	Alcohol and date rape education	Students provided information on alcohol consumption, date rape, and condom usage. Impact ~400 students.	10 to 15	1
2013	Angels on High Street	Alcohol and date rape education	Students provided information on alcohol consumption, date rape, and condom usage. Impact ~400 students.	10 to 15	1

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

This criterion is met.

Strengths

- The SPH administration actively supports engagement in service activities for faculty, staff, and students.
- Service is integrated in the various functions of the School of Public Health, ranging from student learning and community engagement of faculty and staff as well as in the promotion and tenure process.

Challenges/Weaknesses

- None identified.

Plans

- Implement tracking system for student engagement in service activities and outreach within Office of Student Services
- Promotion and tenure committee to provide findings and recommendations for revisions to the promotion and tenure guidelines related to faculty efforts in community engagement and outreach activities.

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

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

Periodic assessment of continuing education needs is accomplished primarily through collaboration with the West Virginia Department of Health and Human Resources, Bureau of Public Health. Historically as a Department of Community Medicine and currently as a School of Public Health, public health faculty have collaborated with the West Virginia Bureau of Public Health (BPH) in understanding continuing education needs based largely on BPH commissioned surveys conducted by the North Carolina Institute for Public Health, University of North Carolina. Two surveys have been conducted that have informed the SPH's continuing education activities: 2007 and 2012.

The 2012 survey indicated state public health employees were interested in online MPH opportunities in health policy/management and social/behavioral sciences. Conversations with the State Bureau of Health reinforced the survey findings, but also acknowledge need for "public health orientation" education for many of its associate-degreed employees. The Office of Public Health Practice and Workforce Development has been working with the Bureau in developing plans for providing this education. The 2012 workforce assessment survey information can be found in the following link:

http://www.dhhr.wv.gov/publichealthquality/Public_Health_Workforce_Improvement/Documents/2012_West_Virginia_Public_Health_Workforce_Survey_Presentation.pdf

The newly developed Office of Public Health Practice and Workforce Development (PHPWFD) is focused on improving the health and well-being of communities. Programs and services are designed to increase the skills of public health practitioners and to build the capacity of organizations across West Virginia.

Areas of expertise for the Office of PHPWFD include:

- workforce and organizational development,
- adult learning and continuing education,
- practice-based learning,
- health equity and social determinants of health competency training
- group facilitation, and
- event and project management

At the foundation of the products and services are training programs. All offerings are aligned with the Council on Linkages Core Competencies for Public Health Professionals. The training programs are available to public health districts, regions, or agencies; or may be offered as part of the agenda of an existing conference or event sponsored by an association, institution, health department, or community group.

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

last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table.

Continuing education has been offered as part of the SPH's Public Health Grand Rounds (PHGR) lecture series, which has been operating for ten years as part of the Office of Public Health Practice (now expanded to PH Practice and Workforce Development). PHGR was initiated in response to a recognized need for public health continuing education needs of public health practitioners and other health professionals in West Virginia. As part of the transition to the SPH, the lecture series has been reframed as "Public Health Dialogues (PHD)" as a means for increasing the visibility of the new school, as well as an opportunity to examine how continuing education has been and will continue in the future. PHD/PHGR is offered monthly as a one-hour presentation of a current public health topic by an expert speaker. It is offered live and via online simulcast.

The new Public Health Dialogues speaker series has had an excellent beginning. On September 5, 2014 the series featured its first event focusing on "Black Lung and Chemical Spills: 100 Years of Poor Health in West Virginia. The speaker panel included Chris Hamby (a reporter from BuzzFeed and previous four years at the Center for Public Integrity), Steven Woolf, Director of the Virginia Commonwealth University Center on Society and Health, and Ted Boetner, co-founding Executive Director of the West Virginia Center on Budget and Policy.

The October PHD speaker was Letitia E. Tierney, the current Commissioner and State Health Officer of the Bureau of Public Health, West Virginia Department of Health and Human Resources, addressing "The State of Health in West Virginia." Future speakers include Paula Braveman, Director of the Center on Social Disparities in Health, UCSF, addressing "The Social Determinants of Health: It's time to consider the causes of the causes" scheduled for November 7. On December 5, Fred Brason, Executive Director of Project Lazarus in North Carolina will address "A comprehensive, community-based opiod overdose prevention program."

PHD/PHGR are attended by a wide audience, including public health professionals, practitioners, academicians, and researchers. Further, other health professionals from the WVU Health Sciences Center attend along with WVU students and staff. Attendees may request continuing education units (CEUs), following guidelines established by the University, and in cooperation with its program partners, organizations, and agencies (BPH, AHEC, and local health departments). Historically, the presentations have been made available live, either in the same room as the speaker or over a live broadcast to on-campus remote facilities or via the web. All sessions are archived to the SPH website and are accessible to anyone with web capacity.

The Office of Public Health Practice and Workforce Development applies for approval for each lecture to provide CE credits for CPH-certified professionals, physicians (CME), nurses (CNE), pharmacists (CPE), dentists (CDE), general CEUs, and other program certifications as needed on behalf of professionals attending PHGR.

Selected attendance and CE data are provided in Table 3.3.b, and topics are provided in the electronic resource file (will be submitted with the final self-study):

Table 3.3.b Continuing Education

CE Measure	2011-12	2012-13	2013-14*
Number of attendees	1,111	1,849	616

Table 3.3.b Continuing Education

CE Measure	2011-12	2012-13	2013-14*
# attended by accessing archived sessions	673	1,004	247
Number attended live-online	24	95	3
Number of attendees receiving CE credit	36	62	48
Number of attendees self-identifying as public health practitioners	15	28	32
Number of WVU students attending	231	348	210
Number of WVU faculty attending	72	70	51

*Data complete through May 2014.

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

The SPH currently offers one certificate program targeting non-degree students: Applied Biostatistics. It is a 15-credit graduate level certificate program comprised of the already existing Applied Biostatistics series of courses (three 3-credit courses and one 1-credit course), the introductory epidemiology course (3 credits), and a capstone (2 credits). The certificate program is designed for those individuals who lack formal training in biostatistics and would like to gain skills needed to understand and apply standard statistical techniques. It is targeted for individuals at varying levels of their career (faculty, fellows, residents, or basic scientists) as well as public health practitioners in the state of West Virginia or beyond, who are interested in clinical and translational research. The program goal is to make students self-sufficient with their research, specifically on study design principles, data analysis, and interpretation of the results.

Students can choose to take the certificate program online or residential courses as the entire curriculum is available both **online and in-person (live),** thus providing greater flexibility and access to individuals from a variety of backgrounds, locations, and experiences. The program takes advantage of existing course technology where courses are taught in a synchronous fashion in which the instructor lectures in class, and the lecture (along with associated PowerPoint slides or other files, such as SAS programs) is broadcast online. While the lecture is available live during the lecture, the video or audio of the lecture is archived and available on the course for access at any time. All course notes, homework, programs, etc. are available online, and the instructor is available in a number of formats (online chat, email, phone, etc.) to accommodate distance-learning students. A program description is available at http://publichealth.hsc.wvu.edu/biostatistics/Academics/Applied-Biostatistics-Certificate.

The Applied Biostatistics Certificate program was approved in 2012/13 and had admitted its first student to begin fall 2014.

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

Policies, Procedures, and Practices. The Office of PHPWFD is guided by the policies and procedures of the School and the University. In a few instances where the nature of the work suggests specific guidance for scheduling, marketing, operations, and workflow, or quality control purposes, the office sets its own expectations.

Evaluation. Evaluations (participant reaction) are completed for each event supported by the Office of PHPWFD. When training is performed under the umbrella of an established event

sponsored by a state agency, professional association, or other institution, the standard evaluation for that event is used.

The Office of PHPWFD is collaborating on accreditation-related trainings with the West Virginia Department of Health and Human Resources, Bureau of Public Health (herein after Bureau). The Bureau identified two core competencies to address in trainings including competency # 5, Community Dimensions of Practice Skills, and competency #6, Public Health Sciences Skills (Council on Linkages Between Academia and Public Health Practice's Core Competencies for Public Health Professionals). The Office of PHPWFD has created a team of four faculty to oversee the development and delivery of trainings designed around these competencies. Each training represents a minimum of 6 contact hours and will be delivered to 120 of the Bureau's Tier I employees. The training for Community Dimensions of Practice Skills will be a Public Heath 101 course. This training will be delivered on the ground and online. The training for Public Health Science Skills will be presented face to face. After the delivery and evaluation of these trainings, statewide marketing will be undertaken targeting other local health department around the state.

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

The SPH partners with a variety of educational institutions within the state and beyond to prepare and deliver continuing education programs. In addition to educational institutions, the school collaborates with non-academic organizations and agencies in West Virginia, including the West Virginia Department of Health and Human Resources, Bureau for Public Health, Area Health Education Centers, and the National Institute for Occupational Safety and Health (NIOSH). As indicated in the description of activities in Criterion 3.3.a., out-of-state partners include the School of Public Health at the University of North Carolina to assess the workforce development needs in the state. The PHD/PHGRs draw its faculty from throughout the school, University, and from a broad national network of experts. PHGRs are offered in collaboration with multiple other public health organizations and educational institutions.
The webcasts and archived sessions are advertised and made available through the official websites of the National Board of Public Health Examiners, West Virginia Bureau for Public Health, the Centers for Disease Control and Prevention, Association of Schools of Public Health, American Public Health Association, Academic Keys Medicine, and local health departments in West Virginia. In addition, PHGRs are offered in collaboration with the University of North Carolina Southeast Public Health Training Center. Practicing public health professionals may receive the PHGRs webcasts in training centers in West Virginia, Virginia, North Carolina, South Carolina, Tennessee, and Kentucky. Finally, PHGRs are used by the West Virginia Department of Health and Human Resources and are posted on WV-TRAIN, as well as the National TRAIN website at the Public Health Foundation (Training finder Real-time Affiliate Integrated Network), the nation's most comprehensive learning resource for professionals who protect the public's health.
https://www.train.org/DesktopShell.aspx?tabid=62&goto=browse&browse=all

The SPH, in collaboration with the University of Pittsburgh School of Public Health (lead), has submitted a proposal in response to the HRSA for Region III Public Health Training Center. The grant, if funded, will increase the WVU capacity for assessing West Virginia workforce development needs and for providing continuing education.

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

This criterion is met.

Strengths

- The SPH has established workforce development collaboration with the West Virginia Bureau for Public Health (BPH).

Challenges/Weaknesses

- None identified.

Plans

- Continue to expand the collaborations with the BPH.
- Expand workforce development to regional and local health departments.
- Engage with the BPH for greater involvement of SPH with conducting future needs assessments.

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4.0 Faculty, Staff and Students

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

4.1.a A table showing primary faculty who support the degree programs offered by the school. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests.

The School of Public Health, with the additional resources provided by the State of West Virginia and the Health Sciences Center, has enhanced its sustainability by adding substantially to its existing core of primary faculty. With new hires, the SPH has experienced an increase of 39 percent primary faculty from 2011-12 through 2013-14 (see Table 1.7.a below). The SPH employed a strategy to exceed the minimum headcount requirement for all academic departments during the course of new faculty hires, adding to its existing strong faculty.

Table 4.1.a employs the following criteria for designation as primary faculty:

- Full-time employment at WVU
- Primary appointment in the SPH
- Active engagement in the SPH teaching mission (teaching courses and/or providing lectures on a regular basis)

Faculty who have been appointed to the SPH in an interim administrative capacity but with a primary appointment in another school have been included as primary faculty in this listing as part of this self-study because their administrative appointments fill a critical need during this time period, with permanent appointments reserved for the founding dean.

Table 4.1.a Current Primary Faculty Supporting Degree Offerings of School or Program by Department – Fall 2014

Name Academic Rank, Title	Tenure Status	% Time to School	Graduate Degrees Earned	Institution where degrees were earned	Discipline degrees earned	Teaching Area(s)	Research Interest
Department of Biostatistics, MPH & PhD Public Health Sciences: 7 HC, 7.0 FTE*							
Gurka, Matthew Assoc Professor, Chair	Tenured	100%	PhD	UNC Chapel Hill	Biostatistics	Biostatistics	Longitudinal data analysis, model selection, power analysis, childhood obesity and metabolic syndrome, child health
Kelley, George Professor	Tenured	100%	DA, MA	Middle TN St, Wash St	Exercise Science	Biostatistics	Exercise and health-related disease, meta-analysis
Lilly, Christa Asst Professor	Tenure Track	100%	PhD, MS	Vanderbilt	Psychology Developmental Quant Methods	Biostatistics	pediatrics, factor analysis, structural equation modeling psychometrics
Long, Dustin Asst Professor	Tenure Track	100%	PhD, MS	UNC Chapel Hill, Tenn Tech	Biostatistics, Mathematics	Biostatistics	Causal inference, selection bias, infectious diseases
Long, Leann Asst Professor	Tenure Track	100%	PhD, MS	UNC Chapel Hill, Tenn Tech	Biostatistics, Mathematics	Biostatistics	Zero-inflated count models, dental caries, reproductive epidemiology
Regier, Michael Asst Professor	Tenure Track	100%	PhD, MSc	U British Columbia	Statistics	Biostatistics	Coarsened data, dose-response models, EM algorithm, marginal structural models, model selection, semi-parametric models, and simulation assessment
Wen, Sijin Asst Professor	Tenure Track	100%	PhD, MS, MA	UTHSC Houston, U Brit Columbia, York	Biostatistics, Statistics, Mathematics	Biostatistics	Clinical trials, survival analysis, gene expression data
Department of Epidemiology, MPH & PhD Public Health Sciences: 9 HC, 8.0 FTE*							
Conway, Baqiyyah Asst Professor	Tenure Track	100%	PhD, MPH, MA	U Pitt, UNTHSC Ft Worth, U Birmingham UK	Epidemiology, TESL/TEFL	Epidemiology	Diabetes
Gurka, Kelly Asst Professor	Tenure-Track	100%	PhD, MPH	UNC Chapel Hill, U AL Birmingham	Epidemiology	Epidemiology	Injury epidemiology and prevention, prescription drug abuse & overdose, sport-related injury, workplace violence
Hand, Gregory Professor, Founding Dean	Tenured	100%, 0% SFR*	PhD, MPH, MS	UT Southwestern, Univ S Carolina, U Arizona	Physiology, General PH, Exercise Science	Stress, Exercise, Cardiovascular Physiology	Stress, Exercise, Cardiovascular Physiology
Hulsey, Thomas Professor	Tenured	100%	Sc.D MSPH	Johns Hopkins U South Carolina	Maternal Child Health, Env Health	Epidemiology	Perinatal epidemiology, pregnancy, childbirth, newborn development, child development

Table 4.1.a Current Primary Faculty Supporting Degree Offerings of School or Program by Department – Fall 2014

Name Academic Rank, Title	Tenure Status	% Time to School	Graduate Degrees Earned	Institution where degrees were earned	Discipline degrees earned	Teaching Area(s)	Research Interest
Innes, Karen Assoc Professor	Tenure-Track	100%	PhD	Cornell	Epidemiology	Epidemiology	Etiology, prevention, and management of chronic age-related disorders, mind-body medicine
Knox, Sarah Professor	Tenure-Track	100%	PhD	U Stockholm	Epidemiology	Epidemiology	Gene x environment interactions and chronic disease, systems biology and cancer
Parker, David Assoc Professor, Dir Assessment	Tenure-Track	100%	PhD, MA	U S Carolina, GA Southern	Epidemiology, Sociology	Epidemiology	Infectious diseases focusing on HIV, STIs, TB; global health and international health security
Rockett, Ian Professor	Tenured	100%	PhD, MPH, MA	Brown, Harvard, U W Ontario	Demography/ Medical Sociology, Epidemiology	Epidemiology, Medical Demography	Suicide data quality, injury, substance abuse, mortality
Zhu, Motao Asst Professor	Tenure-Track	100%	PhD, MS, MD	SUNY Albany, Beijing Med U	Epidemiology, Medicine	Epidemiology	Injury epidemiology, traffic safety
Department of Health Policy, Management and Leadership, MPH: 5 HC, 5.0 FTE*							
Andress, Lauri Asst Professor, Asst Dean PH Practice / Workforce Development	Tenure-Track	100%	PhD, MPH, JD	UTHSC Houston, South TX College of Law	Management & Policy Sciences, Health Svcs Organization, Law	Health Policy	Health inequities, social movements, policy agenda setting, community civic capacity, social/health impact assessments
Bias, Thomas Asst Professor	Tenure-Track	100%	PhD, MA	West Virginia	Political Science	Health Policy	Healthcare policy, built environment, policy evaluation
Biddle, Elyce Asst Profesor	Tenure-Track	100%	PhD, MS	West Virginia	Occup Safety and Health, Economics	Health Policy	Health economics; societal and employer cost analyses
Eller, Warren Assoc Professor	Tenure-Track	100%	PhD, MA	Texas A&M, W Virginia	Political Science, Public Admin	Public Policy, Management, Statistics	Public policy, management systems theory, crisis and disaster management, response and recovery
Frisbee, Stephanie Asst Professor	Tenure-Track	100%	PhD, MA, MSc	W Virginia, U Guelph	Public Policy Analysis, Consumer Policy	Health Policy	Factors that affect population cardiovascular health
Occupational and Environmental Health Sciences, MPH & PhD Public Health Sciences: 8 HC, 8.0 FTE*							

Table 4.1.a Current Primary Faculty Supporting Degree Offerings of School or Program by Department – Fall 2014

Name Academic Rank, Title	Tenure Status	% Time to School	Graduate Degrees Earned	Institution where degrees were earned	Discipline degrees earned	Teaching Area(s)	Research Interest
McCawley, Michael Asst Professor, Interim Chair	Non-Tenure Track	100%	PhD, MS	NYU, W Virginia	Environ Health, Environ Engineering	Occupational/ Environmental Health	Aerosols, inhalation toxicology, air pollution, energy production safety and health
Abraham, Rachel Asst Professor, Director IPE/ Dual Degree	Non-Tenure Track	100%	MD, MPH	Bangalore Med, Emory	Medicine, Prev Medicine & Public Health	Occupational/ Environmental Health	Prevention & public health practice, emergency management & disaster response, interprofessional education
Basara, Heather Asst Professor	Tenure Track	100%	PhD, MS	U OK HSC	Occ & Env Hlth, Env Mgmt, Ind Hygiene	Occupational/ Environmental Health	Environmental determinants of disease, special populations, climate & health, informatics and big data, space-time analytics
Ducatman, Alan Professor	Tenured	100%	MD, MS	Wayne State, CUNY/Hunter College	Medicine, Env Health	Occupational/ Env Health	Clinical quality assurance, patient safety, toxic exposures, perfluorcarbon compound exposure
Guo, Nancy Lan Associate Professor	Tenured	100%	PhD	West Virginia University	Computer & Information Science	Occupational/ Env Health	Algorithm development for bioinformatics; clinical applications of gene prognostic models for personalized cancer treatment.
Knuckles, Travis Asst Professor	Non-Tenure Track	100%	PhD	NC State	Comparative Biomedical Sciences	Occupational/ Environmental Health	Cardiac and microvascular effects of inhaled toxicants, nanotoxicology, ambient air pollution exposure in sensitive populations.
Myers, Douglas Asst Professor	Tenure Track	100%	ScD, MA	U Mass, Lowell; Amherst	Epidemiology, Sociology	Occupational/ Environmental Health	Occupational injury epidemiology; work organization, culture, and safety; social networks
Rauscher, Kimberly Asst Professor	Tenure Track	100%	ScD, MA	U Mass, Lowell	Work Env Policy, Regional/Social Development	Occupational/ Environmental Health	Occupational injury prevention and health and safety policy with a focus on young workers
Social and Behavioral Sciences, MPH & PhD Public Health Sciences: 8 HC, 8.0 FTE*							
Zullig, Keith Professor, Interim Chair	Tenured	100%	PhD, MSPH	U South Carolina	Health Promotion, Educ/Behavior	Social & Behavioral Science	Adolescent quality of life research measurement, substance use, community-based interventions
Abildso, Christiaan Asst Professor	Tenure Track	100%	PhD, MPH, EdM	W Virginia, Boston	Sport & Exercise Psychology, Counseling	Social & Behavioral Science	Physical Activity, Built Environment, Obesity

Table 4.1.a Current Primary Faculty Supporting Degree Offerings of School or Program by Department – Fall 2014

Name Academic Rank, Title	Tenure Status	% Time to School	Graduate Degrees Earned	Institution where degrees were earned	Discipline degrees earned	Teaching Area(s)	Research Interest
Dino, Geri Professor	Tenured	100%	PhD	Kansas St	Applied Cognitive Psychology	Social & Behavioral Science	Community-based research, tobacco cessation / policy, CVD risk reduction, health disparities
Hunt, Janet Asst Professor, Assist Dean	Non-Tenure Track	100%	MPH	U Tennessee	Community Health Education	Social & Behavioral Science	Academic public health and community initiatives
Hunte, Haslyn Asst Professor	Tenure Track	100%	PhD, MPH, MPIA	U Michigan, U Pittsburgh	Hlth Svc Organ/ Policy, Behav/ Comm Health Science, Econ/ Social Dvlpmnt	Social & Behavioral Science	Social determinants of health, disparities in health and health care
Kristjansson, Alfgeir Asst Professor	Tenure Track	100%	PhD, MSc	Karolinska Inst, U Edinburgh	Social Med, Social Rsrch Methods	Social & Behavioral Science	Child and adolescent health behaviors and development
Misra, Ranjita Professor, MPH Online Director	Tenured	100%	PhD, MS	Old Dominion, Banaras Hindu U	Health Services, Food & Nutrition	Social & Behavioral Science	Metabolic syndrome, diabetes, and translational research
Sykes, Roberta Instructor, Director Practice-based Learning	Non-Tenure Track	100%	MS	W Virginia	Community Health Education	Social & Behavioral Science	Access to care, quality measures, public health practice, medical practice management
Social and Behavioral Science, MS School Health Education: 3 HC, 3.0 FTE							
Mann, Michael Asst Professor	Tenure Track	100%	PhD	U Florida	Health Education and Behavior	School Health Education	Child & adolescent health, middle school health promotion, stress & negative life events
Morris, Toni Asst Professor	Non-Tenure Track	100%	EdD (ABD), MFA, MS	W Virginia	Curric Instr, Theatre, Rehab Counseling	School Health Education	Storytelling as effective teaching strategy poverty, health care access, health system navigation
Shaffron, Pete Professor	Tenured	100%	EdD, MS, EdS, MS	W Virginia, Central Missouri State	Curric & Instr, Occup Safety Management	School Health Education	Driver behavior, student teacher performance

*FTE used to calculate Student Faculty Ratios for Section 1.7; Dr. Hand is included in the Epidemiology headcount but zero FTE for purposes of student faculty ratios.

4.1.b If the school uses other faculty (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the school, e) highest degree earned (optional: schools may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the school.

The SPH encourages collaborative relationships with other faculty across the HSC and WVU, as well as practitioners from the community. For the purpose of this criterion, the demonstration of other faculty who contribute to teaching mission will be restricted to those individuals who have served as instructors of record for scheduled public health and school health education courses. This inventory approach does not recognize the multiple faculty who individually mentor SPH students or serve on dissertation committees. The rationale for listing only those who have served as instructors of record is simply the ease of quantification for the purpose of this self-study and for estimation of student:faculty ratios.

Table 4.1.b lists those faculty who have served as instructor of record for at least one course over the three-year period 2011-12 through 2013-14. For the purpose of measurement, each 3-credit course taught is counted as 0.1 FTE effort. The percent effort reported for each faculty listed in the table is their FTE as instructor of record, the FTE as stated in their part-time or secondary appointment contract, or estimate provided by their department chair with respect to other types of teaching activity.

Table 4.1.b Current Other Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area by Department

Name	Title, Academic Rank	Title & Current Employer	FTE	Graduate Degrees	Discipline for earned graduate degrees	Teaching Areas
Department of Biostatistics: 2 HC, 0.15 FTE						
Andrew, Michael	Adjunct Professor	Mathematical Statistician, NIOSH	0.05	PhD	Statistics	Mentors students
Hobbs, Gerald	Courtesy Faculty, Assoc Professor	WVU Dept Statistics	0.10	PhD	Statistics	Mentors students
Department of Epidemiology: 2 HC, 1.0 FTE						
Frisbee, Jefferson	Interim Chair, Professor	WVU HSC Physiology & Pharmacology	0.50	PhD, MSc	Human Physiology, Biophysics	Physiology and Pharmacology
Giacobbi, Peter	Secondary Appointment, Assoc Professor	CPASS	0.50	PhD	Education	Physical Activity Epidemiology
Department of Health Policy, Management and Leadership: 5 HC, 0.9 FTE						
Duval, Robert	Interim Chair, Assoc Professor	WVU Political Sciences	0.50	MA, PhD	Political Science	Research methodology, Environ Policy, Statistics
Coben, Jeffrey	Professor, Secondary Appointment	WVU SPH, SOM Dept Emergency Medicine	0.10	MD	Emergency Medicine	Injury Control
Davis, Stephen	Courtesy, Assoc Professor	Director Clinical Research, WVU HSC	0.10	MPA, MSW	Public Administration, Social Work	Research Design, Social Work
Siebert, Jean	Secondary Appointment / University Librarian	Associate University Librarian, HSC Library	0.10	MLS, MBA	Library Science, Health Services	Information Science
Wooddrum, Sarah	Assoc Dean, SOM, Adjunct Asst Professor	WVU School of Medicine	0.10	DrPH	Health Services	Health Management
Department of Occupational and Environmental Health Sciences: 5 HC, .75 FTE						
Allen, Anna	Asst Professor	WVU Emergency Medicine	0.15	MD, MS	Medicine, Industrial Hygiene	Occupational Health
Boyer, Douglas	Courtesy / Asst Professor	Retired	0.10	PhD	Hydrology	Environmental Science
Meade, Barbara	Courtesy / Professor	NIOSH	0.10	DVM, MD, PhD, MPH	Medicine, Toxicology	Toxicology
Munson, Al	Courtesy / Professor	NIOSH	0.10	PhD	Biology	Toxicology
Werntz, Charles	Assoc Professor	Associate Program Director, WVU Occ Med Residency Program	0.30	MPH, DO	Occupational and Environmental Health	Occupational Health, Medical Toxicology
Department of Social and Behavioral Sciences: 10 HC, 1.95 FTE						
Aboraya, Ahmed	Secondary Appointment / Asst Professor	Dept of Behavioral Medicine	0.15	DrPH, MD	Psychiatry	Public Mental Health

Table 4.1.b Current Other Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area by Department

Name	Title, Academic Rank	Title & Current Employer	FTE	Graduate Degrees	Discipline for earned graduate degrees	Teaching Areas
Cottrell, Lesley	Secondary Appointment Assoc Professor	Dept of Pediatrics	0.15	PhD	Developmental Psychology	Social and Behavioral Theory
Davidov, Danielle	Secondary Appointment Professor	Department of Emergency Medicine	0.10	PhD	Social & Behavioral Health Sciences	Intervention Design, Qualitative Research Methods
Harshbarger, David Dwight	Part-Time Faculty / Professor	WVU SPH	0.10	PhD	Psychology	Program Evaluation for the Health Sciences
Leary, Janie	Courtesy / Instructor	Fairmont State University	0.05	PhD	Social & Behavioral Health Sciences	Program planning and Evaluation
Pollard, Cecil	Research Assistant Professor	W Virginia	0.70	MA	Sociology	Social & Behavioral Sciences
Sams, Gary	Courtesy / Instructor	beBetter Health, Inc	0.05	MA	Adult Cardiac Rehabilitation	Worksite Wellness
Sedgeman, Judith	Courtesy / Asst Professor	Sedgeman Consulting	0.20	EdD	Educational Psychology	Prevention Through Resilience, School Health Concepts
O'Hara Tompkins, Nancy	Research Asst Professor	WVU SPH Prevention Research Center	0.30	PhD, MA	Health Education	Health Education, Health Behavior
West, Matthew	Courtesy /Instructor	Everything Wellness Management Consultant	0.15	MA	Business Administration	Worksite Wellness
School Health Education Program: 3 HC, 0.30 FTE						
Dixie Desantis	Lecturer	Retired	0.10	MS	School health	Student Teacher Supervision
Kruger, Jason	Lecturer	Morgantown High School	0.10	MS	Biology	Secondary School Health
Satzer, Nathan	Lecturer	Preston High School	0.10	MA	Ed. Admin	Secondary School Health

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

SPH faculty interact with numerous organizations locally, throughout the state and region, and nationally/internationally. These interactions allow the faculty to integrate their perspectives of interacting with the practice community, as well as sharing the practice community's perspective on the delivery of public health and population health services. The interactions with the multiple practice communities allow SPH faculty a ready source of guest lecturers to enhance the classroom learning of students. Adjunct faculty also provide perspectives from public health practice.

MPH students, through a required graduate seminar, are introduced though public health practice experience by attending at least one Monongalia County Board of Health meetings, which are held quarterly. The County Health Department is walking distance from the SPH and by requiring student attendance early on in their curriculum, they are introduced to policy realities of public health and, depending on the unpredictable agenda, are witness to the exchange between public health practitioners, board of health members, and community members on topics ranging from the routine delivery of immunization services to the often heated debate surrounding smoking ordinances. The close proximity of the county health department provides a working laboratory for the SPH.

The seminar is noteworthy; however, greater involvement with the county health department is an opportunity for increasing integration of perspectives from the field.

The SPH faculty appointment categories includes a "Clinical/Health Sciences Educator" that is non-tenure earning and allows for appointment of faculty with baccalaureate, master's, or a terminal degree. The appointment requires significant contributions in education and service, with reasonable contributions in research/scholarship.

Several faculty bring prior fulltime public health practice experience to their academic careers with the SPH (see resource file). These experiences vary widely and include military environmental and public health, county and state health departments, non-profit organizations, legislative offices, occupational medicine clinics, community mental health centers, members of local boards of health, state environmental regulatory agencies, domestic violence centers, and family resource centers.

4.1.d Identification of measurable objectives by which the school assesses the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years. See CEPH Outcome Measures Template.

Table 4.1.d Measurable Objectives for Evaluating Success of Faculty Complement (see Section 1.2, Objective 1.1)

Outcome Measure	Target	2011-12	2012–13	2013–14	Fall 2014 Update
	5 Biostatistics	3	6	7	7

Table 4.1.d Measurable Objectives for Evaluating Success of Faculty Complement (see Section 1.2, Objective 1.1)

Outcome Measure	Target	2011-12	2012–13	2013–14	Fall 2014 Update
Increase primary faculty headcount with doctoral degree within each public health discipline to stated target by 2013-14	5 Epidemiology	7	8	8	9
	5 Health Policy	5	5	6	5
	5 Occupational & Environmental Health Sciences	6	7	8	8
	5 Social & Behavioral Health Sciences	7	8	8	8
	3 School Health Education	3	4	4	3

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

This criterion is met.

Strengths

- Close proximity to local health department presents opportunities for greater integration of perspectives from the field.

Challenges/Weaknesses

- Limited use of local health department.

Plans

- Expand partnership with local health department beyond exposure of students from single graduate seminar.

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

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

The School of Public Health operates from the WVU Faculty Handbook:
http://wvufaculty.wvu.edu/policies/faculty_handbook

Other WVU policies and procedures pertaining to faculty are found at
http://wvufaculty.wvu.edu/policies

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

WVU offers many development opportunities for new and continuing faculty. A description of these is found at http://wvufaculty.wvu.edu/development. The WVU Health Sciences Center Faculty Development Program was created to foster growth of faculty to their maximum potential in the areas of teaching, research, and service while achieving the vision and mission of the institution. Special effort is also made to help faculty develop skills to thrive and succeed in a constantly changing environment. WVU considers the nurturing and development of successful academic careers to be of utmost importance and priority. Use of career development programs and mentoring services by faculty is primarily monitored through review of annual evaluations and by department chair mentoring.

Faculty Development Mentoring Program:
The purpose of this program is to provide an objective advisory relationship for junior faculty that will complement the existing academic structure. The mentor/advisee relationship can focus upon “big picture” issues such as the adoption of academic values, managing an academic career, and establishing and maintaining a productive network of colleagues.

Academy of Excellence in Teaching and Learning:
The Academy of Excellence in Teaching and Learning advances and supports the educational mission through innovation, collaboration, and scholarship. Faculty are recognized for excellence in education by induction into the academy and learning from their contributions and collaborations.

Teaching Scholars Program:
The Teaching Scholars Program focuses on developing educational theories/technologies as well as promoting educational skills, critical thinking, and innovative approaches among WVU Health Sciences Center faculty. The program is an online course via Secure OnLine Environment (SOLE) with only one hour of face-to-face meeting time each week from September to May. Weekly attendance and completion of weekly online evaluations are important.

Scholars may be tenured or non-tenured and at the rank or above the rank of assistant professor. Exceptions are made for part-time faculty and instructors as space in the program permits.

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

The faculty evaluation process at West Virginia University is designed to assist the institution in attracting promising faculty members, helping them reach their potential, rewarding their proficiency, continuing their productivity and professional development throughout their careers, and retaining only those who are outstanding. The process has three distinct components:

1. Annual evaluation: Annual evaluation provides an opportunity to review a faculty member's past performance and to develop future goals and objectives; it forms the basis for any annual merit salary raises and other rewards. Cumulatively, annual evaluations establish a continuous written record of expectations and performance that will encourage professional growth and provide support for retention, promotion, tenure, and other recognition.

2. Evaluation for promotion in rank: Promotion in rank recognizes exemplary performance of a faculty member. The evaluation for promotion in rank provides the opportunity to assess a faculty member's growth and performance since the initial appointment or since the last promotion.

3. Evaluation of tenure-track faculty for tenure: For an award of tenure, tenure-track faculty members undergo a particularly rigorous evaluation involving an assessment of accumulated accomplishments and the likelihood that the faculty member's level of performance will be maintained. Responsibility for faculty evaluation is shared by members of the University community. Primary responsibility for the quality and presentation of an individual's work lies with the particular faculty member. Faculty colleagues participate in annual evaluation and review for promotion and/or tenure through membership on department, college, and division committees and on the University Promotion and Tenure Advisory Panel. Independent reviews at the college and institutional levels assure fairness and integrity in the application of appropriate standards and procedures among departments and colleges. The legal authority and responsibility of chairpersons, deans, campus provosts, the Vice President for Health Sciences, and the Provost also enter into the determination of academic personnel decisions as do the needs and circumstances of the department, college, division, and University.

Additional detailed information regarding formal procedures for evaluation faculty competence and performance in the School of Public Health are provided at http://wvufaculty.wvu.edu/policies/ept and in the electronic resource file

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

Student Evaluation of Instruction (SEI) Data is collected through the Office of Information and Technology electronically, and the results are summarized and reported to the dean of each school, who then communicates the assessment further. The SEI Report of Results is a computer printout that provides a summary of students' responses to the standard items and the items selected by instructors for instructor and course evaluation. The report and interpretive guide are intended to help diagnose teaching strengths and weaknesses and to provide documentation of student perceptions which may also be used for review during faculty evaluation procedures.

Part of the report contains a summary of student demographic features, which can help to understand the class composition and possible biases present in the results due to these characteristics. This information is listed in terms of frequency of response to each item category, including omissions.

The number of students who chose each response category and the number of omissions are reported for each item and under each response scale value (Always, Frequently, Usually, Seldom, Rarely (for items 1-17) or Excellent, Good, Satisfactory, Fair, Poor (for items 18-24)). The mean response for each item is calculated by using the values (1-5) of the response categories (POOR to EXCELLENT) to assign values to student responses, then totaling those values chosen by students and dividing this total by the number of students responding to that item. Students who reply "Not Applicable" (NA) or omit items are not included in the analysis.

Along with the above information, comparative statistics are derived for each item (excluding the instructor composed item 17) based on two groups: (1) all University classes utilizing the instrument and (2) the classes utilizing the instrument within each college. The comparative statistics are included to inform instructors about their standings on each item relative to all others.

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

This criterion is met.

Strengths

- None noted.

Challenges/Weaknesses

- None noted.

Plans

- None required.

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

4.3.a Description of the school's recruitment policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

The SPH is committed to recruiting an academically talented and diverse student population. Applicants are recruited by SPH initiatives locally, statewide, and nationally. International applicants are recruited as part of larger HSC and WVU international initiatives. Recruitment is overseen centrally by the Office of Student Services with input from the SPH's Student Recruitment Committee. Recruitment activities and special events are implemented school-wide and department/discipline specific.

The Student Recruitment Committee (see Section 1.5) includes representation from each academic department, staff from Student Services/Information Technology/Public Relations, and students. The committee promotes coordination and collaboration across the SPH/academic departments in identifying recruitment resources/opportunities, development of recruitment materials, and the planning/implementation of recruitment activities and special events.

4.3.b Statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

MPH and PhD offer only fall semester admissions. The MS in School Health Education (online) offers rolling admissions in fall, spring, and summer semesters. MPH admission is a two-step process that begins with an application through the SOPHAS (Schools of Public Health Application Service). MPH applications are reviewed by departmental admissions committees, and those applicants receiving departmental approval are then instructed by the Office of Student Services to initiate the second application step through the WVU Graduate Admissions Office. Applicants to the MS SHE and PhD programs submit their application packets directly to the WVU Graduate Admissions Office, and these applications are then reviewed by their respective SPH departmental admissions committees for admission decisions.

Admission criteria for the SPH graduate programs are as follows:

- **MS SHE**
  - Baccalaureate degree with preferred minimum GPA 3.0
  - teaching certificate
  - GRE not required
- **MPH (all concentrations)**
  - Baccalaureate degree with preferred minimum GPA 3.0
  - Competitive GRE scores (defined below for each concentration)
  - Minimum TOEFL scores (if relevant) of 550 (paper-based) or 213 (computer-based)
- **MPH Biostatistics**
  - Preferred minimum GPA 3.4 for quantitative courses
  - Successful completion of multivariable calculus
  - GRE scores of 150 verbal, 155 quantitative, 4.0 analytical writing

- **MPH Epidemiology**
  - GRE scores of 150 verbal, 150 quantitative, 4.0 analytical writing
- **MPH Health Policy**
  - GRE scores of 150 verbal, 144 quantitative, 4.0 analytical writing
- **MPH Occupational and Environmental Health Sciences**
  - GRE scores of 150 verbal, 147 quantitative, 3.0 analytical writing
- **MPH Social and Behavioral Sciences**
  - GRE scores of 146 verbal, 144 quantitative, 3.0 analytical writing
- **PhD Public Health Sciences - Biostatistics**
  - Baccalaureate degree with preferred minimum GPA 3.0 (3.4 for quantitative courses or master's degree
  - Preferred prior degree in biostatistics, statistics, mathematics, or other quantitative field
  - GRE minimum scores: 160 quantitative, 150 verbal, 4.0 analytical writing
- **PhD Public Health Sciences – Epidemiology**
  - Baccalaureate degree with preferred minimum GPA 3.0 (Master's degree preferred)
  - GRE minimum scores: 155 quantitative, 150 verbal, 4.0 analytical writing
- **PhD Public Health Sciences – Occupational and Environmental Health Sciences**
  - Baccalaureate degree with preferred minimum GPA 3.0
  - Preferred prior degree with some background in science
  - GRE minimum percentiles: Quantitative 50th percentile, Verbal 60th percentile; or MCAT combined score 24 or higher with 9 or higher in verbal; or a terminal degree
- **PhD Public Health Sciences – Social and Behavioral Sciences**
  - Baccalaureate degree with preferred minimum GPA 3.0; or MPH degree
  - GRE minimum scores: 146 quantitative, 156 verbal, 3.5 analytical writing

The SPH successfully completed its first year of participation with SOPHAS for the MPH program 2014-15 admissions. The SPH will use SOPHAS to process its PhD applications/admissions for the 2015-16 cohort.

4.3.c Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the school. If a school does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the school. In addition, references to website addresses may be included.

The 2014-15 SPH catalog is available at http://catalog.wvu.edu/graduate/publichealth/.

For examples of recruitment materials and other publications and advertising, see electronic resource file (will be submitted with the final self-study).

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

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments

Degree and Concentration	Status**	2011-12	2012-13	2013-14	Fall 2014 Update
MPH Biostatistics	Applied	1	2	8	14
	Accepted	1	2	8	14
	Enrolled	1	2	4	3
MPH Epidemiology	Applied	9	16	24	54
	Accepted	6	14	22	41
	Enrolled	4	7	8	10
MPH Health Policy	Applied	6	11	16	37
	Accepted	6	10	13	29
	Enrolled	4	4	6	12
MPH Occupational & Environmental Health Sciences	Applied	5	15	17	26
	Accepted	5	14	14	24
	Enrolled	5	8	9	8
MPH Social & Behavioral Sciences	Applied	11	14	20	36
	Accepted	11	13	20	32
	Enrolled	9	10	11	16
MPH/MD Dual Degree	Applied	1	1	1	0
	Accepted	1	1	1	0
	Enrolled	1	1	1	0
MPH Deactivated Concentrations*	Applied	45	27	9	-
	Accepted	40	24	8	-
	Enrolled	16	10	7	-
MPH Total	***Applied***	***78***	***86***	***95***	***167***
	Accepted	***70***	***78***	***86***	***140***
	Enrolled	***40***	***42***	***46***	***49***
MS School Health Education**	Applied	21	26	21	9
	Accepted	21	26	21	9
	Enrolled	19	19	18	9
PhD Epidemiology	Applied	10	5	7	9
	Accepted	5	2	2	5
	Enrolled	3	2	1	5
PhD Occupational & Environmental Health Sciences	Applied	0	3	2	5
	Accepted	0	2	2	5
	Enrolled	0	2	2	5
PhD Social & Behavioral Sciences	Applied	11	9	5	3
	Accepted	4	2	3	3
	Enrolled	2	2	2	2
PhD Biostatistics	Applied	-	-	-	3
	Accepted	-	-	-	2
	Enrolled	-	-	-	0
PhD Total	***Applied***	***21***	***17***	***14***	***20***
	Accepted	***9***	***6***	***7***	***15***
	Enrolled	***5***	***6***	***5***	***12***

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments

Degree and Concentration	Status**	2011-12	2012-13	2013-14	Fall 2014 Update
SPH Total	Applied	**120**	**129**	**130**	**196**
	Accepted	**100**	**110**	**114**	**164**
	Enrolled	**64**	**67**	**69**	**70**

*****Deactivated concentrations include MPH Generalist (onsite and online) and Public Health Practice (online). Remaining students have either been transferred to the Social and Behavioral Sciences concentration or are being taught out as part of their original (now deactivated) concentration. The Public Health Practice online concentration began accepting applications in 2012-13 and continued through fall 2013-14; the concentration was closed for new admissions beginning fall 2014-15.

***Specialty area is defined as each degree and area of specialization contained in the instructional matrix.*
Applied = number of completed applications
Accepted = number to whom the school/program offered admissions in the designated year

4.3.e Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time- equivalent conversion, by concentration, for each degree, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization

Table 4.3.2 Student Enrollment Data from 2011-14

Degree and Concentration	2011-12		2012-13		2013-14		Fall 2014 Update	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE
MPH Biostatistics	2	1.5	4	3.0	7	6.7	6	5.6
MPH Epidemiology	9	3.9	10	6.2	19	14.4	21	18.4
MPH Health Policy	16	9.2	9	7.2	11	10.4	18	17.4
MPH Occupational & Environmental Health Sciences	19	9.4	19	11.0	22	14.9	17	15.3
MPH Social & Behavioral Sciences	18	13.8	22	16.1	26	19.3	31	29.7
MPH/MD Dual Degree	1	0	1	0	2	1.3	1	0.6
MPH Generalist/PHP*	64	28.4	52	24.7	37	15.4	2	1.4
MPH Total	*129*	*66.2*	*117*	*68.2*	*124*	*82.4*	*96*	*88.4*
MS School Health Education	*34*	*10.0*	*47*	*17.5*	*45*	*16.3*	*25*	*15.0*
PhD Epidemiology	13	7.8	12	7.2	9	6.0	12	11.1
PhD Occupational & Environmental Health Sciences	0	0	2	1.6	4	3.5	9	7.4
PhD Social & Behavioral Sciences	6	4.1	7	5.1	7	5.3	7	6.4

Table 4.3.2 Student Enrollment Data from 2011-14

Degree and Concentration	2011-12		2012-13		2013-14		Fall 2014 Update	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE
PhD Total	*19*	*11.9*	*21*	*13.9*	*20*	*14.8*	*28*	*24.9*
SPH Total	**182**	**88.1**	**185**	**99.6**	**189**	**113.5**	**149**	**128.3**

*****The Generalist and Public Health Practice concentrations were deactivated as part of the self-study process with only two students remaining in the concentrations (the MPH/MD Dual Degree students and the Generalist/PHP students are managed by the SBHS faculty and their statistics are combined with the overall SBHS department totals in the section 1.7.

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

Table 4.3.f Measurable Objectives for Evaluating Success of Enrolling a Qualified Student Body (see Section 1.2, Objective 1.1)

Outcome Measure	Target	2011-12	2012–13	2013–14	Fall 2014 Update
1. Increase the annual completed applicant pool for the MPH program to 150 by 2016 (see Table 1.2, Objective 1.1.a)	MPH, n = 150 by 2016	78	86	95	167
2. Increase the total student headcount in the MPH program to 150 by 2016 (see Table 1.2, Objective 1.1.b)	MPH, n = 150 by 2016	129	117	124	96
3. Increase MPH new enrollment headcount to 75 by 2016 (see Table 1.2, Objective 1.1.c)	MPH, n = 75 by 2016	40	42	46	49

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

This criterion is met.

Strengths

- None noted.

Challenges/Weaknesses

- None noted.

Plans

- Implement SOPHAS for 2015-16 doctoral applications/admissions process.

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

4.4.a Description of the school's advising services for students in all degree programs, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Student advising is provided at multiple levels. Each student has a designated faculty advisor from his or her department. Faculty advising focuses primarily on future career pathways, choice of elective courses with respect to future career goals, and practice-based and culminating experiences. Faculty advisors have traditionally been named during the student's first semester; however, based on student feedback, the Office of Student Services has begun a new process in collaboration with the accepting department, of providing a named faculty member to the student in the offer of admission letter. The goal is to both increase the matriculation rate of admitted students and to establish a mentoring/advising relationship earlier on. Department administrative assistants assist with advising by providing students with current information on projected course offerings.

Student advising is also provided by the Office of Student Services and primarily deals with University academic administrative requirements, course scheduling projections, registration, financial aid, formalized plans of study, and referrals to advising/career counseling services throughout the HSC and WVU. The Office of Student Services works closely with all faculty advisors and departmental administrative assistants in providing full package advising, career counseling services, and advising related to student life experience at WVU.

A significant component of student advising occurs during Fall orientation. Students are provided overviews of relevant policies and procedures including the advising process. Separate orientations are held for masters and doctoral students. Following general orientation sessions, each department provides an additional orientation session.

The student's plan of study is developed with the faculty advisor through DegreeWorks during the student's first semester of graduate school. The plan of study is a formal agreement between the student and program faculty. This agreement consists of the conditions that the student must meet to earn the desired degree. The plan of study includes first semester date, last semester date, required core courses, departmental specific courses, electives, and any transferred courses/credits. The plan of study has to be approved by the faculty advisor, department chair, and HSC Office of Graduate Programs. Students continue to meet with their advisor on a regular basis to monitor and review the student's academic progress in relation to the plan of study. The faculty advisor meets with the student on a regular basis to: 1) assess progress of the achievement of competencies for the department and overall MPH program, 2) review selection of coursework, 3) assess the individual short- and long term- academic and professional goals, and 4) assess any academic problems identified by the student or other faculty members.

Change of Advisors. A student can choose to change academic advisors with a request to the chair of his or her department or to the Office of Student Services. This request will include the description of why he or she would like to change and if the student has a preference for a new advisor.

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

The WVU Career Services Center is a resource that assists undergraduate and graduate students as well as alumni. The center provides a wide range of career counseling and career development services, which include self-assessments, presentations, career fairs, mock interviews, workshops, and other specialized programs and events. Career assessments include the exploration of majors and career paths to determine which career directions might be the most rewarding for you in the future. Personalized career counseling consists of meeting one on one with a career counselor to discuss career exploration, a job/internship search strategy, career assessments, and interview preparation. For the internship and job search, this center can help students think about the possibilities and show them how to search both locally and nationally by their field of study. Resume/CV and cover letter reviews are completed through one-on-one consultations, which can help students prepare documents to apply for potential jobs. This center works with a substantial amount of employees in many different fields to arrange on- and off-campus interviews for jobs. In addition, MountaineerTRAK is a system that features current job and internship openings, on-campus recruiting/interviews, a calendar of events, and career and industry research materials. Faculty recommendations and transcripts can be saved through this center to send to other graduate schools and prospective jobs. Mock interviews with a career counselor will provide feedback on strengths and weaknesses. Alumni mentors in the student's career field are readily available through the Mountaineer Mentor Network from the student's MountaineerTRAK account. Each year, the Career Services hosts two University-wide career fairs, along with more than 10 other major- or industry-specific events.

The Office of Student Services has developed and received approval to fill a staff position that includes as part of the job description, career counseling services. The person that fills this position will provide basic level career counseling and coordinate services with WVU career counseling (http://careerservices.wvu.edu/). This resource will also provide linkages for students to pursue additional information regarding their career aspirations.

Career counseling is also included as a component of the MPH Graduate Seminar. Students are provided opportunities to engage with local public health officials where they learn more about how public health is practiced in the field, and about career opportunities locally and nationally.

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

The current student satisfaction assessment conducted by the SPH includes specific content related to academic and career advising. Academic advising sections assess satisfaction with knowledge of program requirements, course selection, and availability for advisement. Career opportunities requests include information on job outlook, resume/ CV development, how to search for a job, and interview preparation information among others. Survey data from 2013 reflect the following:

Table 4.4.c Student Satisfaction Survey Results*

Survey Item	Result
Agree or Strongly Agree: Student needs are met pertaining to academic advising.	69% (23/35)

Table 4.4.c Student Satisfaction Survey Results*

Survey Item	Result
Agree or Strongly Agree: Student needs are met pertaining to career counseling.	35% (46/131)

*Student satisfaction survey administered annually at beginning of spring semester through the SPH Assessment Office as part of an overall quality project.

The student satisfaction with career counseling services is not surprising given career counseling had not been a focus of the MPH program prior to opening the new SPH and the absence until recently of an Office of Student Services. The Director of Student Services has met with the WVU Career Services Center and has conducted multiple meetings with current students to better understand their career counseling needs. Career counseling was included as a specific responsibility of the Director of Student Services when that position was recently established and filled. The WVU Career Services office is and has been a valuable resource (see sample web pages in resource file and/or view entire web page at http://careerservices.wvu.edu/students). The SPH has made career counseling and services a priority objective moving forward.

The student satisfaction with academic advising is lower than the targeted 80% (see Section 1.2). The result however is vague and additional surveys are being planned to assess specific aspects of academic advising so has to provide greater detail and thus enabling informed decisions for improving. The Director of Student Services has and continues to conduct focus group type meeting with current students to gain insight into where academic advising can be approved. The Director of Student Services and the Senior Associate Dean for Academic Affairs and Educational Effectiveness have implemented monthly meetings with Academic Discipline Coordinators (see school organizational chart, section 1.5) as a forum for communication in general, and for addressing specific issues such as student satisfaction with academic advising.

The Director of Student Services will be continuing the routine monitoring and evaluation of student satisfaction with career counseling and with faculty advising, using surveys and focus group methods. Working with the Director of Assessment, baseline satisfaction and target values will be established, closely monitored, with formal strategies for improvement.

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

The Office of Student Services serves as the central location for student concerns. The director of Student Services is primarily in charge of receiving student concerns, giving feedback, and setting up oral or written documentation of student concerns. A student can meet at any time during his or her course of study to voice concerns. These concerns and issues remain confidential in the student's file. Based on the level of concern, the director will suggest specific solutions to the student's concern. If the concern or issue cannot be addressed in the Office of Student Services, it will be presented to the Senior Associate Dean of Academic Affairs. If the student does not agree with the solution to the concern or issue, the student has the opportunity to file a formal written complaint. As a result of this self-study, the OSS is collaborating with the Student Association in Public Health (SAPH) to develop a Student's Bill of Rights and revamp the process for student concerns and formal grievances which is targeted to be completed before the matriculation of the fall 2014 cohort.

During the process of conducting this self-study, it has become apparent a lack of centralized guidance for students, throughout the university, of process and procedures for filing grievances or concerns. The guidance is provided, but it is scattered throughout the student catalog and university web pages.

This lack of centralized formal guidance is what led to the Office of Student Services and Office of Academic Affairs to implement monthly meetings with students to provide a venue for voicing concerns. In addition to the development of a Student's Bill of Rights, the Office of Students is finalizing formal policy and procedures for the SPH, which will be available during the December 2014 site visit. The Associate Dean for Academic Affairs has communicated with students during the Fall 2014 Orientation and other venues of how and when to file grievances as the formal policies and procedures have been finalized.

Concerns have been brought to the Associate Dean for Academic Affairs and the Office of Student Services and these concerns have all been resolved and therefore no formal grievances have been filed. The latter however, may well be due to the absence of and/or difficult to find, published policies and procedures in the SPH, HSC and WVU regarding grievances.

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

This criterion is met with commentary. The commentary relates to the recent development of an Office of Student Services. While the office has accomplished much in less than one year of existence, there remains significant work before it is offering the full range of student support to include career counseling, a robust student services is the goal of the SPH. Further, the Office of Student Services and the individual departments are having to sort out, as to be expected, role differentiation, but this effort has the full support and cooperation of the department chairs and their staff. Also of concern is the absence and/or difficulty in finding formal policies/procedures for filing of student concerns and grievances, throughout the University.

Strengths

- None noted.

Challenges/Weaknesses

- The Office of Student Services is a new operation.
- Differential roles between OSS and the departments are still be sorted out.
- Career counseling services are primarily provided at the University and HSC levels at this time.
- Student satisfaction with faculty advising is low, and critically low with career counseling reflecting unmet need.
- Absent and/or difficult to find policies for processing student concerns and grievances.

Plans

- Finalize SPH policies and procedures for processing student concerns and formal grievances, and that provides a central student repository of all relevant WVU, HSC and SPH policies and procedures.
- Continue to develop full student services including career counseling.

- Add career counseling sessions to the MPH Graduate Seminar that include the invitation of active public health practitioners from the local and state health departments.
- Provide additional staff support to OSS to support increased enrollment and career counseling.
- Establish specific objective to SPH Objective 1.2 (see Section 1.2) regarding career counseling once baseline and target values have been established by the Director of Student Services and the Director of Assessment.
- Ensure assessment of student satisfaction continues on a regular basis with special attention to career counseling as services are added to evaluate effectiveness of added services.

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