



UNIVERSITY
of HAWAI'I®
MĀNOA

OFFICE OF PUBLIC HEALTH STUDIES
DEPARTMENT OF PUBLIC HEALTH SCIENCES

FINAL SELF-STUDY REPORT FOR ACCREDITATION

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LIST OF ABBREVIATIONS

ADAD	Alcohol and Drug Abuse Division
AHEC.....	Area Health Education Center
AHRQ.....	Agency for Healthcare Research and Quality
APHA	American Public Health Association
API	Asian/Pacific Islander
ASPH.....	Association of Schools of Public Health (now ASPPH)
ASPPH.....	Association of Schools and Programs of Public Health
BC	Budget Committee
BOR.....	Board of Regents
CALPACT	California Pacific Public Health Training Center
CBPR.....	Community-Based Participatory Research
CC	Curriculum Committee
CEU	Continuing Education Unit
CFS.....	Chair of the Graduate Field of Study
CHC.....	Community Health Centers
CHL	Children’s Health Living
CHOW	Community Health Outreach Work to Prevent AIDS
CIPHER.....	Competencies for Indigenous Public Health Evaluation and Research
CTAHR.....	College of Tropical Agriculture and Human Resources, UH
CTFH	Coalition for a Tobacco Free Hawai‘i
DOH.....	Department of Health
DPHS.....	Department of Public Health Sciences
DrPH	Doctor of Public Health
EC.....	Evaluation Committee
eCAFE	electronic Course and Faculty Evaluation system
EPI.....	Epidemiology
FDA	Food and Drug Administration, US
GA.....	Graduate Assistant
GAC.....	Graduate Admissions Committee
GHPS.....	Global Health Protection and Security
GPA	Grade Point Average
GRE	Graduate Record Examinations
HBCR.....	Health Behavior Change Research
HHI.....	Healthy Hawai‘i Initiative
HHIET.....	Healthy Hawai‘i Initiative Evaluation Team
HHIC	Hawai‘i Health Information Corporation
HICORE	Hawai‘i Initiative for Childhood Obesity Research & Education
HI-PRAISE.....	Hawai‘i Patient Reward and Incentives to Support Empowerment
HMSA.....	Hawai‘i Medical Services Association
HPHA	Hawai‘i Public Health Association
HPHTh	Hawai‘i Public Health Training Hui
HPM.....	Health Policy and Management
HRSA.....	Health Resources and Services Administration
JABSOM	John A. Burns School of Medicine, UH

LIST OF ABBREVIATIONS (continued)

KATS.....	Kruisin’ Against Tobacco Sales
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MPH.....	Master of Public Health
MS	Master of Science
NCI.....	National Cancer Institute
NHIH	Native Hawaiian and Indigenous Health
NICHD	National Institute of Child Health and Human Development
NIDCR	National Institute of Dental and Craniofacial Research
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIH.....	National Institutes of Health
NIMHD.....	National Institute on Minority Health and Health Disparities
NINR	National Institute of Nursing Research
OASIS	Office of Advising and Student Information Services (now OPHSAS)
OFDAS.....	Office of Faculty Development and Academic Support, UH
OGSAS.....	Office of Graduate Student Academic Services (now OPHSAS)
OPHS.....	Office of Public Health Studies
OPHSAS	Office of Public Health Student Academic Services (formerly OGSAS/OASIS)
PC	Personnel Committee
PhD	Doctor of Philosophy
PI	Principal Investigator
PIHOA	Pacific Island Health Officers’ Association
PPHTC	Pacific Public Health Training Center
PRAMS.....	Pregnancy Risk Assessment Monitoring System
RCMI	Research Centers in Minority Institutions (NIH)
REACT	Retail Establishment Alcohol Compliance Team
REI	Report on Evaluation Indicators
RMATRIX.....	RCMI Multidisciplinary and Translational Research Infrastructure eXpansion
RTRF.....	Research, Training and Revolving Funds
SAC	Student Affairs Committee
SAMHSA.....	Substance Abuse and Mental Health Services Administration
SBHS	Social and Behavioral Health Sciences
SEED	Student Equity, Excellence and Diversity, UH Office of
SONDH.....	School of Nursing & Dental Hygiene, UH
SPF SIG.....	Strategic Prevention Framework State Incentive Grant
SPH	School of Public Health
SSW	School of Social Work, UH
TA.....	Teaching Assistant
TOEFL.....	Test of English as a Foreign Language
TPR	Tenure, Promotion and Retention
TSF	Tuition Special Funds
UH.....	University of Hawai’i
UHPA	University of Hawai’i Professional Assembly
USDA.....	U.S. Department of Agriculture

INTRODUCTION

The unit of accreditation is the Office of Public Health Studies (OPHS). OPHS includes: the Department of Public Health Sciences (DPHS) and its public health faculty and degree programs; the Office of Public Health Student Academic Services (OPHSAS); the Office of Public Health Administrative Services; the PhD in Epidemiology program; and the Graduate Certificate in Global Health Protection and Security program. DPHS faculty members are classified as instructional (I), research (R), or specialist (S) and are appointed by the University of Hawai'i Board of Regents (BOR).

The administrative head of OPHS is both the Director of OPHS and the Chair of DPHS. In this document, we will refer to the unit of accreditation as “the program,” and we will refer to the administrative head of OPHS/DPHS as the Director/Chair.

The official University of Hawai'i at Mānoa (UH Mānoa) organizational chart (see Criterion 1.3) shows the governance structure with OPHS reporting to the Dean of the John A. Burns School of Medicine (JABSOM). Unlike other departments, however, OPHS continues to maintain a level-5 budget, independent from JABSOM.

In July 2013, as a temporary arrangement, Chancellor Thomas Apple asked OPHS to report directly to the Vice Chancellor of Academic Affairs (VCAA). OPHS and VCAA are primarily concerned with the development of OPHS, which includes a long-range plan for OPHS to regain accreditation as an independent School of Public Health.

Key Points in the History of the Program

- The School of Public Health (SPH) was established in the 1960s. At its height, the SPH had 30+ faculty members and 350+ students per year in seven Master of Public Health (MPH) and Master of Science (MS) specializations and two doctoral programs.
- The late 1990s were lean budget years for the state. Approximately ten public health faculty members retired, and their positions were swept. Increased loads and decreased research productivity led to the restructuring of the SPH into the OPHS under JABSOM in 2000.
- The OPHS/DPHS was accredited by CEPH as a public health program in 2002, offering the MPH and MS degrees in Epidemiology and the Advanced Certificate and MPH in Gerontology.
- In February 2003, the MPH and MS degrees with a specialization in Social and Behavioral Health Sciences were approved and the Gerontology specialization was discontinued.
- The following program changes were made following our last CEPH site visit in March 2007.
 - January 2008, the Doctor of Public Health (DrPH) degree with a specialization in Community-Based and Translational Research was approved.
 - June 2008, the administrative duties for the Graduate Certificate in Population Studies were transferred from the Department of Sociology to OPHS.
 - October 2008, the specialization in Health Policy and Management (MPH) was approved.
 - March 2009, the name change of the Graduate Certificate in Population Studies to Global Health and Population Studies was approved.

- October 2009, the administration of the Doctor of Philosophy (PhD) degree in Epidemiology was transferred from JABSOM to OPHS.
 - November 2012, the specialization in Native Hawaiian and Indigenous Health (MPH) was approved.
 - November 2013, the Bachelor of Arts (BA) degree with a major in Public Health approved.
 - December 2013, the MD-MPH concurrent degree program was approved.
 - January 2014, the name and curricular changes to the Graduate Certificate in Global Health and Population Studies to Global Health Protection and Security were approved.
- Currently (as of August 2014), the Program has 21 primary instructional faculty members (including 15 tenured or tenure-track faculty in public health), 93 graduate students, and 31 undergraduate students majoring in public health.

CRITERION 1.1

MISSION

The program 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 program as a whole.

Mission

The mission of the Office of Public Health Studies (OPHS), Department of Public Health Sciences (DPHS)—hereinafter referred to as the program—is to advance the health of the peoples of Hawai‘i, the nation, and the Asia-Pacific region through knowledge, discovery, innovation, engagement, inclusion, and leadership.

Vision

Pono living, locally and globally. *Pono* is a Native Hawaiian word that encompasses goodness, uprightness, morality, balance, excellence, and well-being.

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

We value:

- Academic rigor and excellence
- Respect
- Equity
- Diversity
- Collaboration
- *Ho‘olohe* (listening and responding) to the needs of the community

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

Education Goals

- E1. To recruit and retain a diverse and qualified student body.
- E2. To offer required and elective courses and practicum experiences that facilitate student mastery of public health competencies.
- E3. To assure graduates master the core competencies of their degree.
- E4. To offer a broad variety of public health practicum opportunities, with a focus on Hawai‘i, the Pacific, Asia, and Indigenous peoples.

Research Goals

- R1. To discover and create new knowledge, evaluate health services needs, and apply research with an emphasis on Hawai‘i, the Pacific, Asia, and Indigenous peoples.
- R2. To disseminate research findings through publications and participation in local, national, and professional societies.
- R3. To involve students as active participants in research and evaluation projects.

Service Goals

- S1. To be an active partner in providing continuing education to the public health workforce in Hawai'i.
- S2. To provide consultative and direct services to community, state, federal, and international organizations in support of the program's mission.

Program-Wide Goals

- P1. To ensure academic excellence by systematically evaluating the program and incorporating findings in program development.
- P2. To ensure academic excellence by garnering adequate resources for delivery of a quality public health program.
- P3. To improve the abilities of faculty, staff, and students to work with diverse populations.

1.1.d A set of measurable objectives with quantifiable indicators related to each goal statement as provided in criterion 1.1.c.

- E1. To recruit and retain a diverse and qualified student body.
 - E1a. The average GPA for admitted students will be 3.4 or higher.
 - E1b. No more than 10% of students admitted to the MPH program will receive a waiver of any admission criteria.
 - E1c. At least 50% of the admitted students will have previous health experience.
 - E1d. At least 40% of students will be Hawai'i residents.
 - E1e. At least 30% of students will be Native Hawaiian, Pacific Islander, or Indigenous.
 - E1f. At least 90% of enrolled students will maintain a GPA of 3.0 or better.
 - E1g. At least 80% of exiting MPH students will complete their degrees within two years.
- E2. To offer required and elective courses and practicum experiences that facilitate student mastery of public health competencies.
 - E2a. All tenure-track faculty (100%) will carry a full teaching load (four courses/year for 9-month faculty, five courses/year for 11-month faculty), unless offset by other academic activities.
 - E2b. All faculty (100%) will solicit student feedback on courses through the use of the University's electronic Course and Faculty Evaluation survey system (eCAFE).
 - E2c. At least 80% of fieldwork preceptors will complete the student evaluation form.
 - E2d. At least 80% of the exiting students will rate the program as excellent or good.
 - E2e. At least 80% of the exiting students will rate the quality of instruction as excellent or good.
 - E2f. At least 80% of the exiting students will rate faculty expertise as excellent or good.
 - E2g. At least 80% of the exiting students will rate access to faculty as excellent or good.
 - E2h. At least 80% of the exiting students will rate student involvement in governance as excellent or good.

- E3. To assure graduates master the core competencies of their degree.
 - E3a. Every three years, all core and specialization competencies will be reviewed and amended as necessary.
 - E3b. At least 80% of alumni will agree or strongly agree that their degree coursework facilitated mastery of public health competencies.
- E4. To offer a broad variety of public health practicum opportunities with a focus on Hawai'i, the Pacific, Asia, and Indigenous peoples.
 - E4a. OPHS will sign at least five new MOAs each year with practicum sites located in Hawai'i, the Pacific, Asia or with Indigenous communities.
- R1. To discover and create new knowledge, evaluate health services needs, and apply research with an emphasis on Hawai'i, the Pacific, Asia, and Indigenous peoples.
 - R1a. Program faculty will generate \$100,000 or more per faculty FTE in extramural funding.
 - R1b. All tenure-track faculty (100%) will serve as either Principal Investigator (PI), Co-PI, or Co-Investigator on an extramurally funded research project.
- R2. To disseminate research findings through publications and participation in local, national, and professional societies.
 - R2a. Program faculty will publish a mean of three peer-reviewed papers per year per FTE.
 - R2b. All full-time instructional faculty (100%) will present at a national or international meeting at least once per year.
 - R2c. All full-time faculty (100%) will present to a local public health audience one or more times per year.
- R3. To involve students as active participants in research and evaluation projects.
 - R3a. All primary faculty (100%) will engage at least one student in his or her research as evidenced by a Graduate Assistant (GA) position and/or authorship on presentations, reports and manuscripts.
 - R3b. At least one student per year will be supported by the Elmer J. Anderson travel award.
- S1. To be an active partner in providing continuing education to the public health workforce in Hawai'i.
 - S1a. Every three years, the program will conduct a survey to assess local public health training and service needs.
 - S1b. The program will provide or partner in the provision of at least three trainings annually to the local public health community.
- S2. To provide consultative and direct services to community, state, federal, and international organizations in support of the program's mission.
 - S2a. All full-time faculty (100%) will provide professional service for one or more national or international society or organization annually.
 - S2b. All full-time faculty (100%) will provide service to a local public health society or agency annually.

- P1. To ensure academic excellence by systematically evaluating the program and incorporating findings in program development.
 - P1a. A Report on Evaluation Indicators (REI) will be collected annually and reported on at a monthly faculty meeting.
 - P1b. The program faculty will review any indicators not meeting the target for two or more years and create an action plan for improvement.

- P2. To ensure academic excellence by garnering adequate resources for delivery of a quality public health program.
 - P2a. The program will ensure a graduate student to faculty ratio of no more than 7:1.
 - P2b. The mean offset for tenure-track faculty on extramural funds will meet or exceed 25%.
 - P2c. At least 80% of exiting students will rate space/facilities as excellent or good.
 - P2d. At least 80% of the exiting students will rate academic advising as excellent or good.
 - P2e. At least 80% of the exiting students will rate administrative support as excellent or good.

- P3. To improve the abilities of faculty, staff, and students to work with diverse populations.
 - P3a. The program will offer at least one training session annually on working with diverse populations.
 - P3b. At least 50% of program faculty will be from an ethnic minority.
 - P3c. At least 50% of program faculty will be female.
 - P3d. At least 50% of program faculty in leadership positions will be female.
 - P3e. At least 50% of program staff will be from an ethnic minority.

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

The current vision, mission, and values were developed at an all-day retreat held in April 2013. All faculty and staff were invited to the retreat, and most attended for the full day. Elected student leadership was also present and active in the retreat.

Goals and objectives were developed and discussed during faculty meetings. All faculty and staff are invited to the faculty meeting. Elected student leadership representing the formal student group also attends the meeting. Objectives are assessed annually and are adapted as appropriate.

Feedback on our mission, values, goals, and objectives was not directly solicited from the community. However, we conduct regular assessments of the public health workforce that inform our mission, values, goals, and objectives. For example, in our last workforce assessment in 2012, ten key informant interviews and five focus groups were conducted to gather feedback on the role of our program in continuing education and how we could better fulfill our mission to serve Hawaii and the Asia-Pacific region. Following this, more than 300 individuals ranked continuing education needs in an online survey.

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

The mission, vision, values, goals and objectives are all posted on the program's [website](#) and are open for public comment. They are also included in the [Student Handbook](#) (Handbooks/Student Handbook.pdf), presented to students at the annual orientation and reviewed with faculty at the annual faculty retreat.

Mission, values and goals are reviewed and revised every 5-7 years at an OPHS retreat to ensure relevance. Prior to the latest revision of our vision, mission, values, and goals in 2013, the program conducted key informant interviews and focus groups with alumni and preceptors, asking how the program can better serve Hawai'i and the Asia-Pacific region. Findings helped inform the 2013 review and revision.

Objectives were modified in 2013-2014 to reflect the revised vision, mission, values, and goals. Objectives and their associated evaluation data are reviewed annually to ensure relevance. A copy of the revised vision, mission, values, goals, and objectives was shared with key alumni, community stakeholders, and preceptors in August 2014.

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

This criterion is met.

Strengths

- The program has a clearly formulated and publically stated vision, mission, and values.
- Goals and objectives clearly reflect the vision, mission, and values.
- The vision, mission, values, goals, and objectives were updated in 2013 with broad input from faculty, staff, and students. The review was informed by data from key informant interviews and focus groups conducted in 2012 that asked how the program can better serve Hawai'i and the Asia-Pacific region.
- Each objective has related evaluation indicators. Data are collected annually and reported back in the Report of Evaluation Indicators (REI) at the faculty meeting. Indicators which are not meeting targets are reviewed and changes are made as appropriate.
- Strategies to increase diversity have been developed and implemented.

Challenges

- The evaluation indicators should be reviewed in light of the addition of our Bachelor of Arts (BA) degree in Public Health, added in Spring 2014.

Plans

- The Undergraduate Education Committee will review and suggest possible revisions to the indicators in Fall 2014.

CRITERION 1.2

EVALUATION

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

1.2.a Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole.

The program has a systematic process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing its effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

The program's Evaluation Committee (EC), a permanent standing committee since 2004, oversees our overall evaluation process. The EC maintains a central list of the program's objectives, target measures, and data sources. It also produces annually a Report on Evaluation Indicators (REI) (Bylaws/REI Table.xlsx). Each of the outcome measures in the REI is targeted to a specific departmental objective, and has a clearly-specified data collection mechanism and review body. While responsibility for collecting, maintaining, and reviewing the data on specific objectives is shared among the committees and individuals responsible for those elements of the program, the EC ensures that the data has been collected as planned, compiles the indicator data in a centralized document, and presents the data to the entire faculty for review on an annual basis.

The responsible party for each outcome measure of the program objectives and the associated data sources are shown on Table 1.2.a.

Table 1.2.a Data Sources and Oversight Responsibilities for Program Objectives

Outcome Measures for Program Objectives		Data Source	Oversight Committee/ Responsible Party
E1 Education Goal: To recruit and retain a diverse and qualified student body.			
E1a.	The average GPA for admitted students will be 3.4 or higher.	Applicant Database (OPHSAS)	Admissions Committees & Evaluation Committee/ OPHSAS
E1b.	No more than 10% of admitted students will receive a waiver of any admission criteria.	Applicant Database (OPHSAS)	Admissions Committees & Evaluation Committee/ OPHSAS
E1c.	At least 50% of the admitted students will have previous health experience.	Applicant Database (OPHSAS)	Admissions Committees & Evaluation Committee/ OPHSAS
E1d.	At least 40% of students will be Hawai'i residents.	Student Database (OPHSAS)	Evaluation Committee/OPHSAS
E1e.	At least 30% of students will be Native Hawaiian, Pacific Islander or Indigenous.	Student Database (OPHSAS)	Evaluation Committee/OPHSAS
E1f.	At least 90% of enrolled students will maintain a GPA of 3.0 or better.	Student Database (OPHSAS)	Evaluation Committee/OPHSAS
E1g.	At least 80% of the exiting MPH students will complete their degrees within two years.	Student Database (OPHSAS)	Evaluation Committee/OPHSAS
E2 Education Goal: To offer required and elective courses and practicum experiences that facilitate student mastery of public health competencies.			
E2a.	All tenure-track faculty (100%) will carry a full teaching load (four courses/year for 9-month faculty; five courses/year for 11-month faculty) unless offset by other academic activities.	Faculty Evaluations (OPHS)	Personnel Committee
E2b.	All faculty (100%) will solicit student feedback on courses through the use of the University's electronic Course and Faculty Evaluation survey system (eCAFE).	Faculty Evaluations (OPHS)	Personnel Committee
E2c.	At least 80% of fieldwork preceptors will complete the student evaluation form.	Form 16 (Student File)	Practicum Coordinator
E2d.	At least 80% of the exiting students will rate the program as excellent or good.	Exit Survey (OPHSAS)	Evaluation Committee/OPHSAS
E2e.	At least 80% of the exiting students will rate the quality of instruction as excellent or good.	Exit Survey (OPHSAS)	Evaluation Committee/OPHSAS
E2f.	At least 80% of the exiting students will rate faculty expertise as excellent or good.	Exit Survey (OPHSAS)	Evaluation Committee/OPHSAS
E2g.	At least 80% of the exiting students will rate access to faculty as excellent or good.	Exit Survey (OPHSAS)	Evaluation Committee/OPHSAS
E2h.	At least 80% of the exiting students will rate student involvement in governance as excellent or good.	Exit Survey (OPHSAS)	Evaluation Committee/OPHSAS

Outcome Measures for Program Objectives		Data Source	Oversight Committee/ Responsible Party
E3 Education Goal: To assure graduates master the core competencies of their degree.			
E3a.	Every three years, all core and specialization competencies will be reviewed and amended as necessary.	Faculty Meeting Minutes	Evaluation Committee/OPHS Faculty
E3b.	At least 80% of alumni will agree or strongly agree that their degree coursework facilitated mastery of public health competencies.	Alumni Survey (OPHS)	Evaluation Committee/OPHSAS
E4 Education Goal: To offer a broad variety of public health practicum opportunities with a focus on Hawai'i, the Pacific, Asia, and Indigenous peoples.			
E4a.	OPHS will sign at least five new MOAs each year with practicum sites located in Hawai'i, the Pacific, Asia or with Indigenous communities.	Memorandums of Agreement (MOAs)	Practicum Coordinator
R1 Research Goal: To discover and create new knowledge, evaluate health services needs and apply research with an emphasis on Hawai'i, the Pacific, Asia, and Indigenous peoples.			
R1a.	Program faculty will generate \$100,000 or more per faculty FTE in extramural funding.	Budget Data (Fiscal Office)	Budget Committee/Fiscal Officer
R1b.	All tenure-track faculty (100%) will serve as either PI, Co-PI or Co-Investigator on an extramurally funded research project.	Faculty Evaluations (OPHS)	Personnel Committee
R2 Research Goal: To disseminate research findings through publications and participation in local, national and professional societies.			
R2a.	Program faculty will publish a mean of three peer-reviewed papers per year per FTE.	Faculty Evaluations (OPHS)	Personnel Committee
R2b.	All full-time instructional faculty (100%) will present at a national or international meeting at least one per year.	Faculty Evaluations (OPHS)	Personnel Committee
R2c.	All full-time faculty (100%) will present to a local public health audience one or more times per year.	Faculty Evaluations (OPHS)	Personnel Committee
R3 Research Goal: To involve students as active participants in research and evaluation projects.			
R3a.	All primary faculty (100%) will engage at least one student in his or her research. At least 10% of students will participate in research, as evidenced by a Graduate Assistant (GA) position and/or authorship on presentations, reports and manuscripts.	Faculty Evaluation (OPHS)	Personnel Committee
R3b.	At least one student per year will be supported by the Elmer J. Anderson Travel Award.	Scholarship & Awards Excel Spreadsheet (OPHSAS)	Student Affairs Committee/OPHSAS
S1 Service Goal: To be an active partner in providing continuing education to the public health workforce in Hawai'i.			
S1a.	Every three years, the program will conduct a survey to assess local public health training and service needs.	PH Training Hui	Curriculum Committee/Practicum Coordinator
S1b.	The program will provide or partner in the provision of at least three trainings annually to the local public health community.	PH Training Hui	Curriculum Committee/Practicum Coordinator

Outcome Measures for Program Objectives		Data Source	Oversight Committee/ Responsible Party
S2 Service Goal: To provide consultative and direct services to community, state, federal and international organizations in support of the program's mission.			
S2a.	All full-time faculty (100%) will provide professional service for one or more national or international society or organization annually.	Faculty Evaluations (OPHS)	Personnel Committee
S2b.	All full-time faculty (100%) will provide service to a local public health society or agency annually.	Faculty Evaluations (OPHS)	Personnel Committee
P1 Program-Wide Goal: To ensure academic excellence by systematically evaluating the program and incorporating findings in program development.			
P1a.	A Report on Evaluation Indicators (REI) will be collected annually and reported on at a monthly faculty meeting.	REI Excel Spreadsheet	Evaluation Committee
P1b.	Program faculty will review any indicators not meeting the target for two or more years and create an action plan for improvement.	REI Excel Spreadsheet	Evaluation Committee
P2 Program-Wide Goal: To ensure academic excellence by garnering adequate resources for delivery of a quality public health program.			
P2a.	The program will ensure a graduate student to faculty ratio of no more than 7:1.	Student FTE: Student Database (OPHSAS); Faculty FTE: Administrative Services Worksheet	Evaluation Committee/OPHSAS/ Fiscal Officer
P2b.	The mean offset for tenure-track faculty on extramural funds will meet or exceed 25%.	Budget Data	Budget Committee/Fiscal Officer
P2c.	At least 80% of exiting students will rate space/facilities as excellent or good.	Exit Survey (OPHSAS)	Evaluation Committee/OPHSAS
P2d.	At least 80% of the exiting students will rate academic advising as excellent or good.	Exit Survey (OPHSAS)	Evaluation Committee/OPHSAS
P2e.	At least 80% of the exiting students will rate administrative support as excellent or good.	Exit Survey (OPHSAS)	Evaluation Committee/OPHSAS
P3 Program-Wide Goal: To improve the abilities of faculty, staff and students to work with diverse populations.			
P3a.	The program will offer at least one training session annually on working with diverse populations.	Agenda or Flier and Sign-in Sheet	Personnel Committee
P3b.	At least 50% of program faculty will be from an ethnic minority.	Self-Reported	Evaluation Committee
P3c.	At least 50% of program faculty will be female.	Self-Reported	Evaluation Committee
P3d.	At least 50% of program faculty in leadership positions will be female.	Self-Reported	Evaluation Committee
P3e.	At least 50% of program staff will be from an ethnic minority.	Self-Reported	Evaluation Committee

The specific mechanisms used to collect data for the REI:

eCAFE

Each semester, feedback on our course content and faculty teaching skills is solicited from students using the UH electronic Course and Faculty Evaluation (eCAFE) system (Course Evaluations/eCAFE Survey.pdf). Faculty members have agreed to 13 common departmental items (from more than 300 items) for inclusion on all course evaluations, with the option of adding more to their own evaluations. Data reports from eCAFE (Course Evaluations/eCAFE Survey Report.pdf) are reviewed by the individual faculty member and by the Personnel Committee during the annual review of faculty. The Personnel Committee shares a summary of findings with the Director/Chair.

Student Exit Survey

All graduating students are asked to complete an Exit Survey (Surveys/Exit Survey.pdf) in their final semester. This survey is conducted by the Office of Public Health Student Academic Services (OPHSAS) and is computer-based to assure anonymity of the student responders. Data for monitoring progress against many of the student-oriented and program-oriented objectives are gathered through this survey. These data (Surveys/Exit Survey Report.pdf) is reviewed annually by the program faculty.

Faculty Self-Assessment (aka Annual Review)

Each fall semester, faculty members assess themselves against faculty objective (Promotion and Tenure/Faculty Annual Review Form.pdf). They submit their review to their Personnel Committee, along with their updated curriculum vitae and their eCAFE results. The Personnel Committee chair shares a summary of these data to the Director/Chair, and findings are reviewed with individual faculty member in a meeting with the Director/Chair and the chair of the Personnel Committee. Findings are used to help improve faculty teaching, service, and research productivity.

Public Health Training Needs Assessment Survey

Data on the continuing education and training needs of Hawai'i's public health workforce is collected every three years as part of the department's workforce training grant (see Criterion 3.3.a).

Alumni Survey

Every third year, the program conducts an Alumni Survey (Surveys/Alumni Survey.pdf) assessing the perspectives and employment experiences of graduates who received their degrees within the prior three years. This survey process is managed by OPHSAS and is conducted online, allowing former students to maintain confidentiality. The Evaluation Committee reviews the results and prepares a summary report (Surveys/Alumni Survey Report.pdf) for the OPHS Director/Chair and program faculty.

Budget Review

Budget-related data are provided annually by the program's Administrative Office, providing information on the program's financial resources, program support for students, and faculty research funding.

OPHSAS Student Data

Data pertaining to student admissions, enrollment, and progress through the program are collected and maintained by the Office of Public Health Student Academic Services (OPHSAS)—referred to as the Office of Advising and Student Information Services (OASIS) in the preliminary self-study and formerly known as the Office of Graduate Student Academic Services (OGSAS).

Student Records

Assessment of competencies for the MPH is monitored by the faculty and practicum advisors, as well as by the successful completion of the culminating experience, which includes both a public demonstration of competency and direct evaluation by the student's practicum committee.

Faculty Meeting Minutes

Minutes are taken at the program's monthly faculty meetings. These minutes provide documentation of discussion and review of departmental objectives.

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.

The program's Evaluation Committee (EC) ensures that measurable outcomes of the program objectives are collected, aggregated, and reviewed annually via the Report on Evaluation Indicators (REI). In the fall semester, the EC notifies the responsible parties for each objective area tracked by the REI that updated data from the prior academic year is needed. The EC also identifies which assessment surveys (e.g., alumni, graduating students, public health workforce) are scheduled to be undertaken in the current academic year, and works with OPHSAS or the instructor of the PH 649 Needs Assessment class to ensure that the surveys occur.

Committee chairs are responsible for collecting the REI data, as noted in Table 1.2.a. For example, the Personnel Committee chair oversees the collection and reporting of Faculty Evaluation data related to the program's service goals and objectives.

Early in the spring semester, the updated data is added to the REI following a review by the EC. The evaluation indicators (i.e., outcome measures) not meeting the target objective are noted and, if warranted, the EC recommends a course of action or modification for improvement. The EC also creates an action plan for indicators that are "off-target" for two or more years. The EC presents the updated REI data and their recommendations, if any, to the entire faculty at a departmental faculty meeting for action. Also, the indicators are examined annually by the EC, and recommended changes to program and evaluation objectives are discussed and voted upon by the entire faculty. Discussion and actions on program evaluation indicators are documented in the faculty meeting minutes.

In 2013, the program revisited and updated its mission, vision, and values to reflect our commitment to serving Hawai'i, Asia, and the Pacific. Also in 2013, the program developed and ratified its Diversity Plan (see Criterion 1.8). These actions required that the program goals and objectives be revised and updated as well. To do this, the goals and objectives were first mapped against the new mission, vision, and values (academic rigor and excellence, respect, equity, diversity, collaboration, and *ho'olohe*). While the prior objectives were thorough in assessing how well the program addressed its expressed value of academic rigor and excellence, this cross-walking of values against the goals and objectives identified measurement gaps for several important departmental values – specifically collaboration, diversity, and *ho'olohe* (listening and responding) to the needs of our community. These gaps were reviewed with the entire faculty, as well as with representative groups of students and administrative staff. New objectives based on the program's Diversity Plan were developed to assess 1) the program's effectiveness at serving communities in Hawai'i and the Pacific, 2) the representation of Native Hawaiian, Pacific Islander, and Indigenous peoples within the program, 3) leadership by women, and 4) training on working effectively with diverse populations to the program's faculty, students, and staff. The REI was updated to reflect the changes.

1.2.c Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years.

The program gauges its effectiveness in meeting its mission and goals based on the outcome measures of the program objectives detailed on Table 1.2.c.

Table 1.2.c Outcome Measures for the Program Goals and Objectives

Outcome Measures for Program Objectives		Target	2011-12	2012-13	2013-14
E1 Education Goal: To recruit and retain a diverse and qualified student body.					
E1a.	The average GPA for admitted students will be 3.4 or higher. (4.3.f)	3.4+ GPA	58.3% (21/36) Mean=3.48	57.5% (27/47) Mean=3.39	51.0% (26/51) Mean=3.34
E1b.	No more than 10% of admitted students will receive a waiver of any admission criteria. (4.3.f)	≤ 10%	8.9% (4/45) Adjusted: 6.7% (3/45)	14.8% (8/54) Adjusted: 7.4% (4/54)	15.8% (9/57) Adjusted: 8.8% (5/57)
E1c.	At least 50% of the admitted students will have previous health experience. (4.3.f)	≥ 50%	82.2% (37/45)	74.1% (40/54)	63.2% (36/57)
E1d.	At least 40% of students will be Hawai'i residents. (4.3.f)	≥ 40%	67%	67%	75%
E1e.	At least 30% of students will be Native Hawaiian, Pacific Islander or Indigenous. (4.3.f)	≥ 30%	13%	22%	29%
E1f.	At least 90% of enrolled students will maintain a GPA of 3.0 or better. (2.7.b; 4.3.f)	≥ 90%	99.3% (150/151)	98% (150/153)	100% (165/165)
E1g.	At least 80% of exiting MPH students will complete their degrees within two years. (1.7.i; 2.7.b; 4.3.f) *Adjusted rate for E1g excludes part-time (i.e., enrolled for <8 credits for 2+ semesters) and concurrent degree students.	≥ 80%	63.6% (14/22) Adjusted: * 93.3% (14/15)	75% (15/20) Adjusted: * 93.7% (15/16)	76.7% (23/30) Adjusted: * 88.5% (23/26)
E2 Education Goal: To offer required and elective courses and practicum experiences that facilitate student mastery of public health competencies.					
E2a.	All tenure-track faculty (100%) will carry a full teaching load (four courses/year for 9-month faculty; five courses/year for 11-month faculty) unless offset by other academic activities. (1.7.i; 4.1.d)	100%	100%	87.5%	100%
E2b.	All faculty (100%) will solicit student feedback on courses through the use of the University's electronic Course and Faculty Evaluation survey system (eCAFE). (4.1.d)	100%	100%	100%	100%
E2c.	At least 80% of fieldwork preceptors will complete the student evaluation form. (2.7.b)	≥ 80%	100%	100%	100%
E2d.	At least 80% of the exiting students will rate the program as excellent or good. (1.7.i; 2.7.b)	≥ 80%	83%	86%	73%
E2e.	At least 80% of the exiting students will rate the quality of instruction as excellent or good. (2.7.b; 4.1.d)	≥ 80%	84%	90%	97%
E2f.	At least 80% of the exiting students will rate faculty expertise as excellent or good. (4.1.d)	≥ 80%	92%	97%	100%
E2g.	At least 80% of the students will rate access to faculty as excellent or good. (1.7.i; 4.1.d)	≥ 80%	96%	93%	94%

Outcome Measures for Program Objectives		Target	2011-12	2012-13	2013-14
E2h.	At least 80% of the exiting students will rate student involvement in governance as excellent or good. (2.7.b)	≥ 80%	84%	83%	Revised Spring 2014
E3 Education Goal: To assure graduates master the core competencies of their degree.					
E3a.	Every three years, all core and specialization competencies will be reviewed and amended as necessary. (2.7.b)	Every 3 years	Last Review: 2011 Next Review: 2014	Last Review: 2011 Next Review: 2014	Reviewed March 2014
E3b.	At least 80% of alumni will agree or strongly agree that their degree coursework facilitated mastery of public health competencies. (2.7.b)	≥ 80%	66.7% (22/33)	Last Survey: 2012 Next Survey: 2015	Last Survey: 2012 Next Survey: 2015
E4 Education Goal: To offer a broad variety of public health practicum opportunities with a focus on Hawai'i, the Pacific, Asia, and Indigenous peoples.					
E4a.	OPHS will sign at least 5 new MOAs each year with practicum sites located in Hawai'i, the Pacific, Asia or with Indigenous communities. (1.7.i, 2.7.b)	≥ 5 new/ year	9 new	18 new	25 new
R1 Research Goal: To discover and create new knowledge, evaluate health services needs and apply research with an emphasis on Hawai'i, the Pacific, Asia, and Indigenous peoples.					
R1a.	Program faculty will generate \$100,000 or more per faculty FTE in extramural funding. (1.6.d; 1.7.i; 3.1.d; 4.1.d)	\$100K+	Current Year: \$116,021 Total Active: \$378,850	Current Year: \$123,000 Total Active: \$324,076	Current Year: \$84,814 Total Active: \$317,469
R1b.	All tenure-track faculty (100%) will serve as either PI, Co-PI or Co-Investigator on an extramurally funded research project. (3.1.d; 4.1.d)	100%	92.3%	87.5%	94.1%
R2 Research Goal: To disseminate research findings through publications and participation in local, national and professional societies.					
R2a.	Program faculty will publish a mean of three peer-reviewed papers per year per FTE. (3.1.d; 4.1.d)	Mean of 3/ year	4.0	5.1	5.0
R2b.	All full-time instructional faculty (100%) will present at a national or international meeting at least once per year. (3.1.d; 4.1.d)	100%	100%	94.4%	100%
R2c.	All full-time faculty (100%) will present to a local public health audience one or more times per year. (3.1.d; 4.1.d)	100%	100%	88.9%	100%
R3 Research Goal: To involve students as active participants in research and evaluation projects.					
R3a.	All primary faculty (100%) will engage at least one student in his or her research as evidenced by a Graduate Assistant (GA) position and/or authorship on presentations, reports and manuscripts. (3.1.d; 4.3.f)	100%	100%	88.9%	Review October 2014
R3b.	At least one student per year will be supported by the Elmer J. Anderson Travel Award. (3.1.d; 4.3.f)	≥ 1	3 Students	5 Students	5 Students
S1 Service Goal: To be an active partner in providing continuing education to the public health workforce in Hawai'i.					
S1a.	Every three years, the program will conduct a survey to assess local public health training and service needs. (3.2.d)	Every 3 years	Surveyed in Summer 2012	Last Survey: 2012 Next Survey: 2015	Last Survey: 2012 Next Survey: 2015

Outcome Measures for Program Objectives		Target	2011-12	2012-13	2013-14
S1b.	The program will provide or partner in the provision of at least three trainings annually to the local public health community. (3.2.d)	≥ 3/year	33	25	27
S2 Service Goal: To provide consultative and direct services to community, state, federal and international organizations in support of the program's mission.					
S2a.	All full-time faculty (100%) will provide professional service for one or more national or international society or organization annually. (3.2.d; 4.1.d)	100%	100%	100%	100%
S2b.	All full-time faculty (100%) will provide service to a local public health society or agency annually. (3.2.d; 4.1.d)	100%	92.3%	94.4%	89.5%
P1 Program-Wide Goal: To ensure academic excellence by systematically evaluating the program and incorporating findings in program development.					
P1a.	A Report on Evaluation Indicators (REI) will be collected annually and reported on at a monthly faculty meeting. (1.7.i; 4.1.d)	Annually	Collected Spring 2012	Collected Spring 2013	Collected Spring 2014
P1b.	Program faculty will review any indicators not meeting the target for two or more years and create an action plan for improvement. (1.7.i; 4.1.d)	Annually	Spring 2012	Spring 2013	Spring 2014
P2 Program-Wide Goal: To ensure academic excellence by garnering adequate resources for delivery of a quality public health program.					
P2a.	The program will ensure a graduate student to faculty ratio of no more than 7:1. (1.6.d; 1.7.i)	≤ 7:1	5.5 : 1	4 : 1	5.3 : 1
P2b.	The mean offset for tenure-track faculty on extramural funds will meet or exceed 25%. (4.1.d)	≥ 25%	33.2%		24.6%
P2c.	At least 80% of exiting students will rate space/facilities as excellent or good. (1.6.d; 1.7.i)	≥ 80%	76%	87%	61%
P2d.	At least 80% of the exiting students will rate academic advising as excellent or good. (1.7.i; 4.1.d)	≥ 80%	84%	83%	70%
P2e.	At least 80% of the exiting students will rate administrative support as excellent or good. (1.7.i)	≥ 80%	80%	93%	85%
P3 Program-Wide Goal: To improve the abilities of faculty, staff and students to work with diverse populations.					
P3a.	The program will offer at least one training session annually on working with diverse populations. (4.1.d)	≥ 1/year	Implemented Spring 2014	Implemented Spring 2014	2 trainings in Spring 2014
P3b.	At least 50% of program faculty will be from an ethnic minority. (1.8.1)	≥ 50%	24%	33%	35%
P3c.	At least 50% of program faculty will be female. (1.8.1)	≥ 50%	35%	44%	53%
P3d.	At least 50% of program faculty in leadership positions will be female. (1.8.1)	≥ 50%	11%	11%	20%
P3e.	At least 50% of program staff will be from an ethnic minority. (1.8.1)	≥ 50%	75%	75%	67%

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

The self-study was conducted as a year-long, program-wide exercise. In the fall of 2013, an ad hoc Accreditation Committee was convened consisting of department leaders, faculty, and administrative staff with substantive knowledge of the different areas of departmental activities. Each committee member was assigned responsibility for reviewing the department's performance in a particular criterion area.

The program's self-study process began shortly after the updating of its mission, vision, and values to more closely reflect the program's commitment to serving Hawai'i and the Pacific. Thus, the Evaluation Committee chair, who was a member of the Accreditation Committee, led her team in re-aligning the program's measurable objectives with the program's new vision, mission, and values. Other committee members reviewed documents and solicited information relevant to their particular assignment from faculty, staff, students, alumni, and members of the public health community.

The progress of this review was assessed on an ongoing basis in monthly to bi-monthly meetings. Each committee member then developed a draft document which was provided to other members of the self-study committee for review and comment. The progress of the self-study was discussed with the full faculty and administrative staff at monthly faculty meetings during the 2013-14 academic year.

Information generated by the self-study process was disseminated to all faculty members, staff, and student leadership. Significant areas of concern were reviewed at monthly meetings, and proposed changes to departmental policies and procedures were discussed and voted on by faculty as a whole. The draft self-study was distributed to the full faculty in June 2014. When CEPH comments to the draft self-study were received, the Director/Chair reconvened the Accreditation Committee, and members volunteered to address specific concerns.

Alumni, community representatives, and preceptors invited to participate in the upcoming CEPH site visit received the relevant portions of the self-study, including the vision, mission, goals, and objectives and the sections on practice, service, and workforce development. They also were provided a link to the full document.

An overview of CEPH, the upcoming site visit, and the self-study was provided at the faculty retreat on August 18, 2014 and at the new student orientation in August 19, 2014. An updated version of the final self-study was distributed to faculty and shared with the Vice Chancellor for Academic Affairs (to whom OPHS reports) on August 20, 2014. Faculty and students will be invited to attend a self-study review session scheduled for September 11, 2014, during which time the strengths, challenges, and plans for each criterion will be discussed.

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

This criterion is met.

Strengths

- The program has an effective system for tracking, discussing, and improving its performance on an annual basis, using the department-wide Report on Evaluation Indicators (REI).
- The REI includes indicators from our program objectives and Diversity Plan.
- Program objectives reflect our vision, mission, and goals.
- The program has methods for ensuring that feedback is solicited on a regular basis from exiting students, alumni, and the broader public health workforce.
- Major objectives are assessed through multiple data sources and indicators, allowing for the triangulation of findings and a more robust analysis.
- Writing the self-study was a year-long process that involved faculty, students, and alumni and was informed by data from community stakeholders.

Challenges

- The employer survey data are not utilized in our outcome objectives, although the findings are reviewed by faculty. Also, the last employer survey was conducted in 2010.

Plans

- Continue to refine indicators and review findings.
- Conduct an employer survey in 2014-2015.

CRITERION 1.3

INSTITUTIONAL ENVIRONMENT

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

1.3.a A brief description of the institution in which the program is located, and the names of the accrediting bodies to which the institution responds.

The University of Hawai'i at Mānoa (UH Mānoa) is a premier research university of international standing. The Mānoa campus is the flagship of the 10-campus University of Hawai'i System, the state's sole public university system. It is governed by a 15-member Board of Regents. Refer to the [University of Hawai'i Reference Guide](#) (Bylaws/UH Reference Guide.pdf) for detailed information on the UH System.

UH Mānoa is one of only a handful of universities nationwide to hold the distinction of being a land-grant, sea-grant, and space-grant institution. UH Mānoa creates, refines, disseminates, and perpetuates human knowledge; offers a comprehensive array of undergraduate, graduate, and professional degrees through the doctoral level; carries out advanced research; and extends services to the community.

Located in Mānoa Valley on the island of O'ahu, our university was founded in 1907 under the auspices of the Morrill Act as a land-grant college of agriculture and mechanical arts. With the addition of the College of Arts and Sciences in 1920, the college became the University of Hawai'i, and in 1972, it became the University of Hawai'i at Mānoa to distinguish it from the other units in the growing UH system.

Today, more than 20,000 students are enrolled in UH Mānoa courses, on campus or via distance delivery. Classified as a Carnegie Doctoral (Research University/ Very High Research Activity) institution, [Mānoa offers 94 bachelor's degrees, 84 master's degrees, and 52 doctorates](#). We also offer professional degrees in law, medicine, and architecture. Approximately 72.5% of Mānoa students are undergraduates, 57% are of Asian or Pacific Islander ancestry, and 56% are women. Mānoa's special distinction is found in its Hawaiian, Asian, and Pacific orientation and its unique location.

The University of Hawai'i was first accredited by the Western College Association in 1952. The Mānoa campus is currently accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges. A list of the UH Mānoa professional programs individually accredited by their appropriate agencies is available in the electronic resource file (UH Documentation/UHM Accreditations.pdf) and [online](#).

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

The University of Hawai'i System-wide Administration Organizational Chart (Figure 1.3.b.1) illustrates how UH Mānoa is represented in the University organizational structure via the UH Mānoa Chancellor.

The UH Mānoa Office of the Chancellor Organizational Chart (Figure 1.3.b.2.) shows the John A. Burns School of Medicine (JABSOM) with a direct reporting relationship to the Chancellor.

Figure 1.3.b.3 shows the Office of Public Health Studies with a direct reporting relationship to the Dean of JABSOM. On July 2, 2013, the UH Mānoa Chancellor approved a temporary change in reporting relationship for the OPHS Director/Chair (UH Documentation/OVCAA Reporting Relationship Memo.pdf). Until further notice, the OPHS Director/Chair reports to the Vice Chancellor of Academic Affairs rather than the Dean of JABSOM. This was done to facilitate our eventual reorganization as a school of public health.

Figure 1.3.b.4 shows the OPHS within the College of Health Sciences and Social Welfare. This College was established in 1966 with a goal of increasing interdisciplinary collaboration. The College is governed by a council of the leadership of medicine, social work, nursing, and public health. The council meets monthly during the academic year. The council is chaired by its different members on a rotating basis.

Figure 1.3.b.1 University of Hawai'i System-Wide Administration Organizational Chart

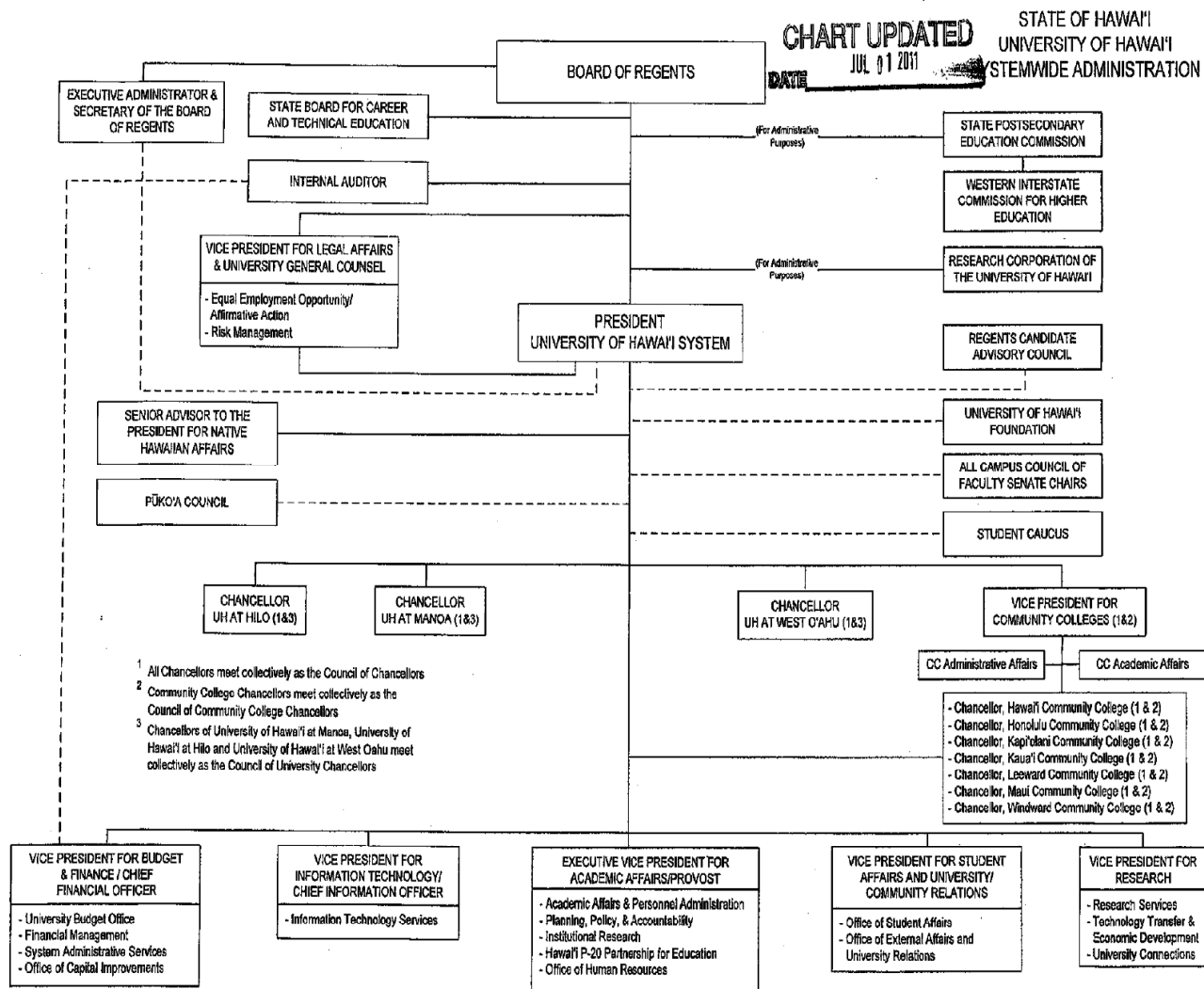


Figure 1.3.b.2 UH Mānoa Office of the Chancellor Organizational Chart

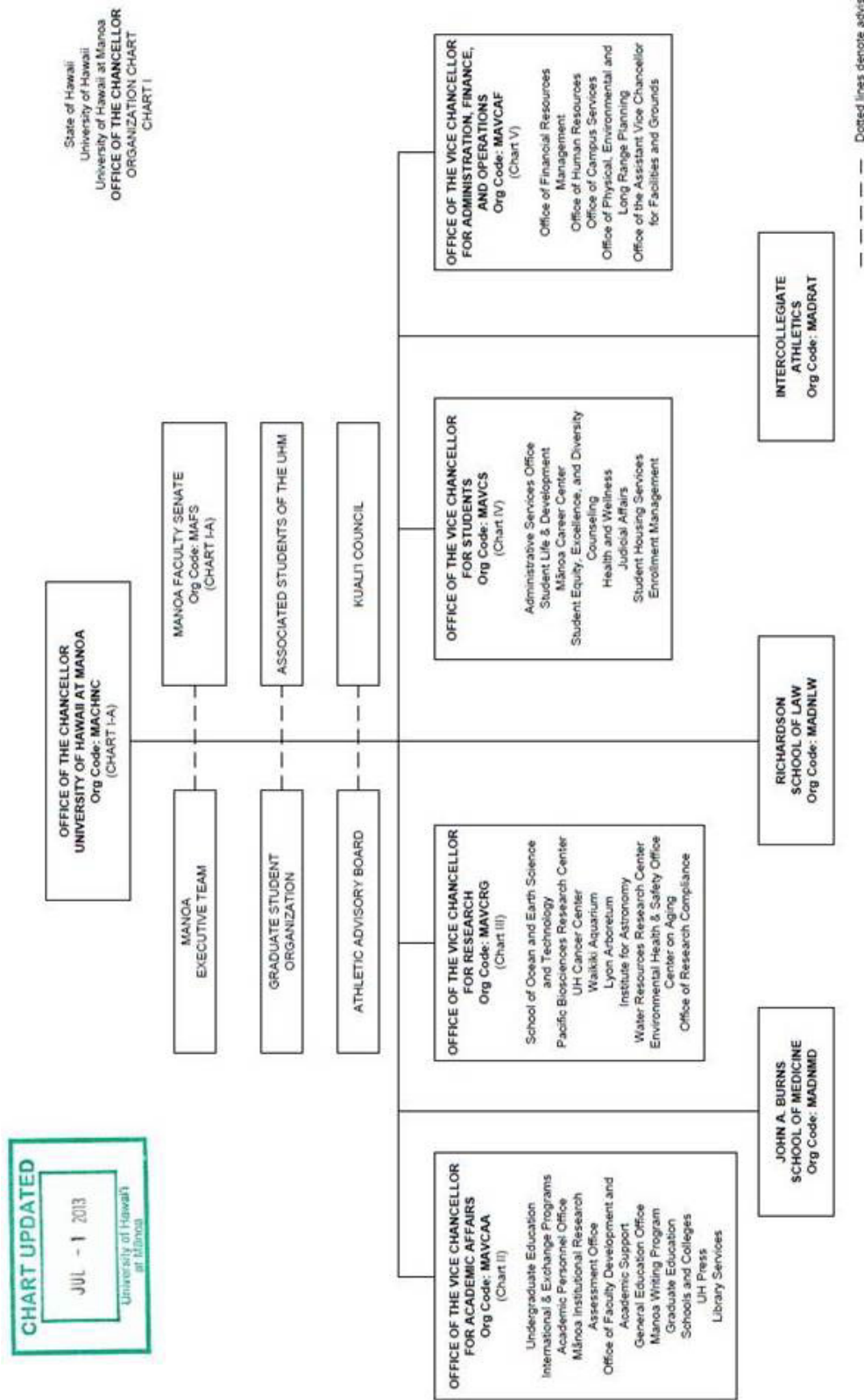


Figure 1.3.b.3 UH Mānoa School of Medicine Organizational Chart

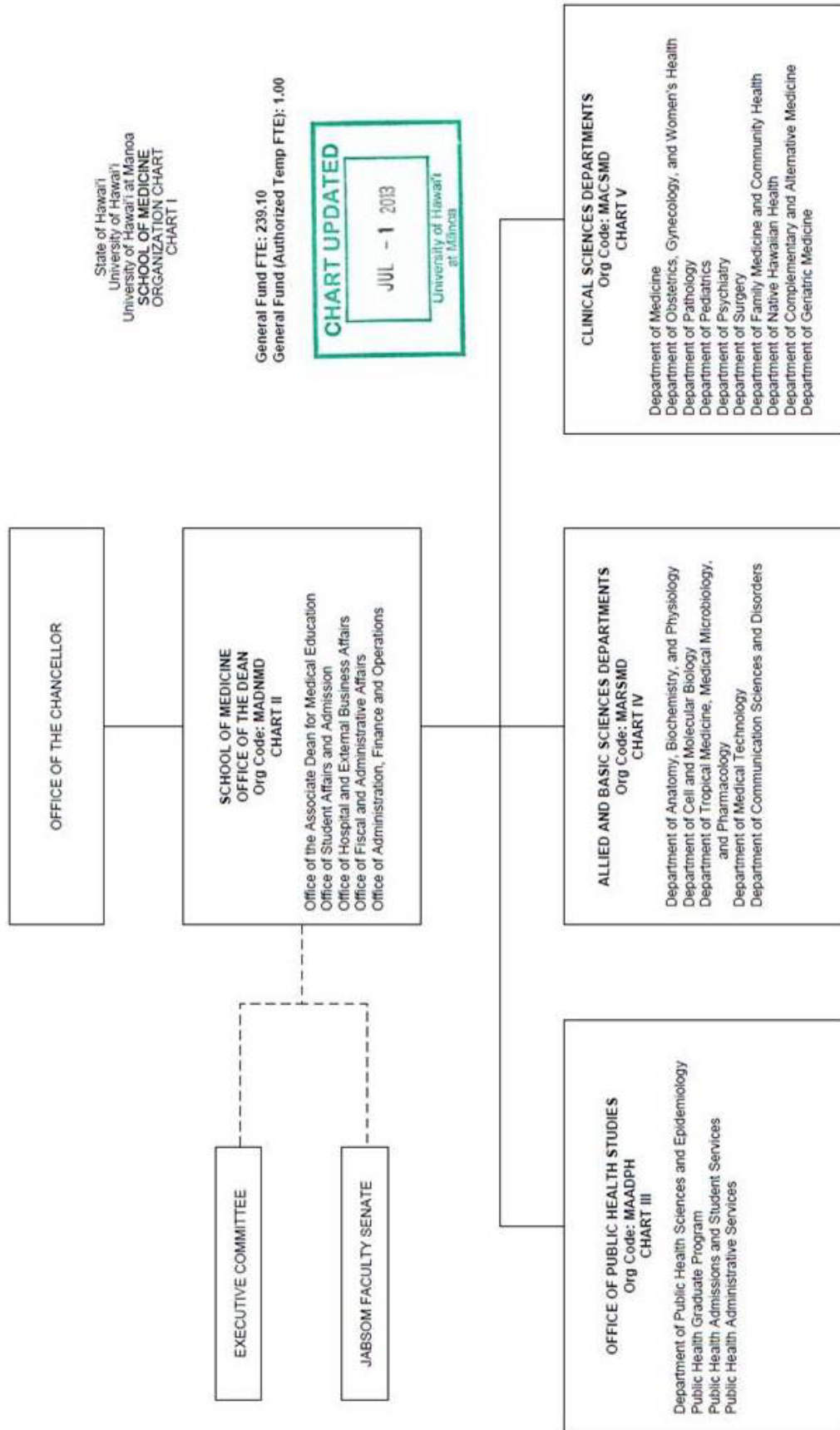
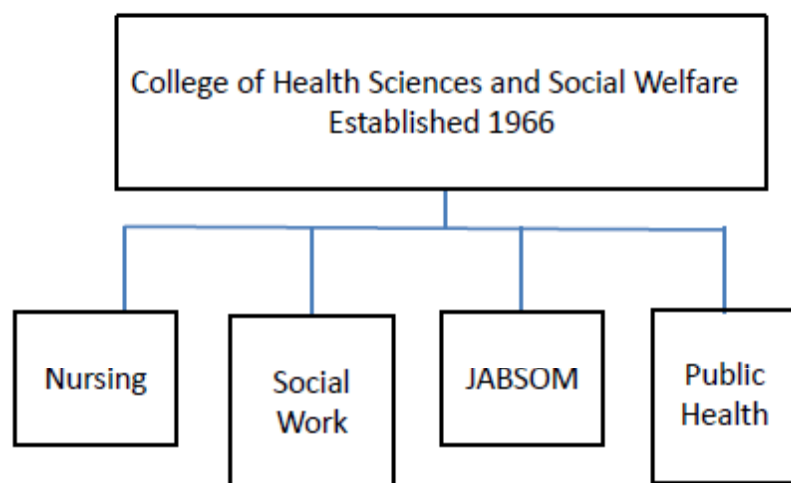


Figure 1.3.b.4 College of Health Sciences and Social Welfare Organizational Structure



1.3.c Description of the program's involvement and role in the following:

- Budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund raising
- Personnel recruitment, selection and advancement, including faculty & staff
- Academic standards and policies, including establishment and oversight of curricula.

Budgeting and Resource Allocation

OPHS has a Level V budget. This is the same level as all schools at UH Mānoa, making OPHS a unique entity. For example, the Director/Chair has the same level of budget control over public health as the Dean of Medicine has over JABSOM. Budgets for teaching units come from general (state)-fund and tuition-fund allocations, plus a portion of indirect costs on extramurally funded grants/contracts.

Since July 2013, the Director/Chair has attended the Academic Affairs Deans' Meeting and the Chancellor's Leadership Team Meeting. At these meeting, university priorities for funding, including distribution of tuition and fees, as well as state funds and resource allocations, are discussed. The OPHS Director/Chair has the same level of involvement as all other Deans and Directors at UH Mānoa.

OPHS recovers 50% of indirect cost. This is the same as all schools at UH Mānoa. In comparisons, department usually recover only 25% of indirect cost on extramurally funded grants/contracts.

The Director/Chair now works directly with the University of Hawai'i Foundation staff, rather than working through JABSOM. Over the past two years, the Foundation has completed two alumni fund raising call sessions.

Personnel Recruitment, Selection, and Advancement

The program has control over the recruitment of faculty and staff. For all positions, the Director/Chair appoints an ad hoc search committee, which creates the position description and decides on advertising venues. The search committee completes the search process. For tenure-track faculty hires, advertising must be national, and the top 2-3 candidates are brought to Hawai'i for a 2-day, in-person interview, allowing all faculty and students to meet the candidates. Community members and alumni are invited to the candidates' colloquia. Faculty and community feedback is solicited on the candidates and considered by the search committee in their recommendations for hire. These recommendations are forwarded to the Director/Chair, who negotiates with the candidate and offers the position.

University and program guidelines for advancement exist and are followed (Promotion and Tenure/UHM Promotion and Tenure Guidelines.pdf and OPHS TPR Guidelines.pdf). Faculty members applying for tenure and/or promotion are provided these guidelines in the summer before their application. External letters are obtained. The program's Personnel Committee completes the first round of review with a formal vote. The dossier is then sent to the Director/Chair for a second formal vote. The dossier then goes to the Vice Chancellor for Academic Affairs and the University-wide tenure and promotion committee for further review. Promotion and tenure recommendations ultimately are confirmed by the UH Mānoa Chancellor and the Board of Regents.

Academic Standards and Policies

The program's academic standards and policies are set by the faculty at a level commensurate with all other schools at the University. Competencies are set by specializations. Adherence to academic standards and policies are monitored within the program through the Report on Evaluation Indicators (REI), the Curriculum Committee, the Office of Public Health Student Academic Services (OPHSAS), the specialization heads, and the students' advisors and program-committee chairs.

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

Not applicable.

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

Not applicable.

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

This criterion is met with commentary.

Strengths

- The program is located within an accredited institution of higher education.
- For a program, the unit has very strong representation at the university decision-making level.
- We are the only non-school or organized research unit with a Level V budget and receive twice the return on indirect as departments.

Challenges

- There is some confusion about the difference between OPHS and DPHS and why we report on paper to the school of medicine but in reality to the Vice President of Academic Affairs
- Current state and UH budget constraints will delay reorganization as a school of public health.

Plans

- Although the University of Hawai'i is going through lean budget times, it is our plan to continue to move toward becoming a school of public health. Meanwhile, we continue to report to the VCAA and function as an equal partner within the College of Health Sciences and Social Welfare.

CRITERION 1.4

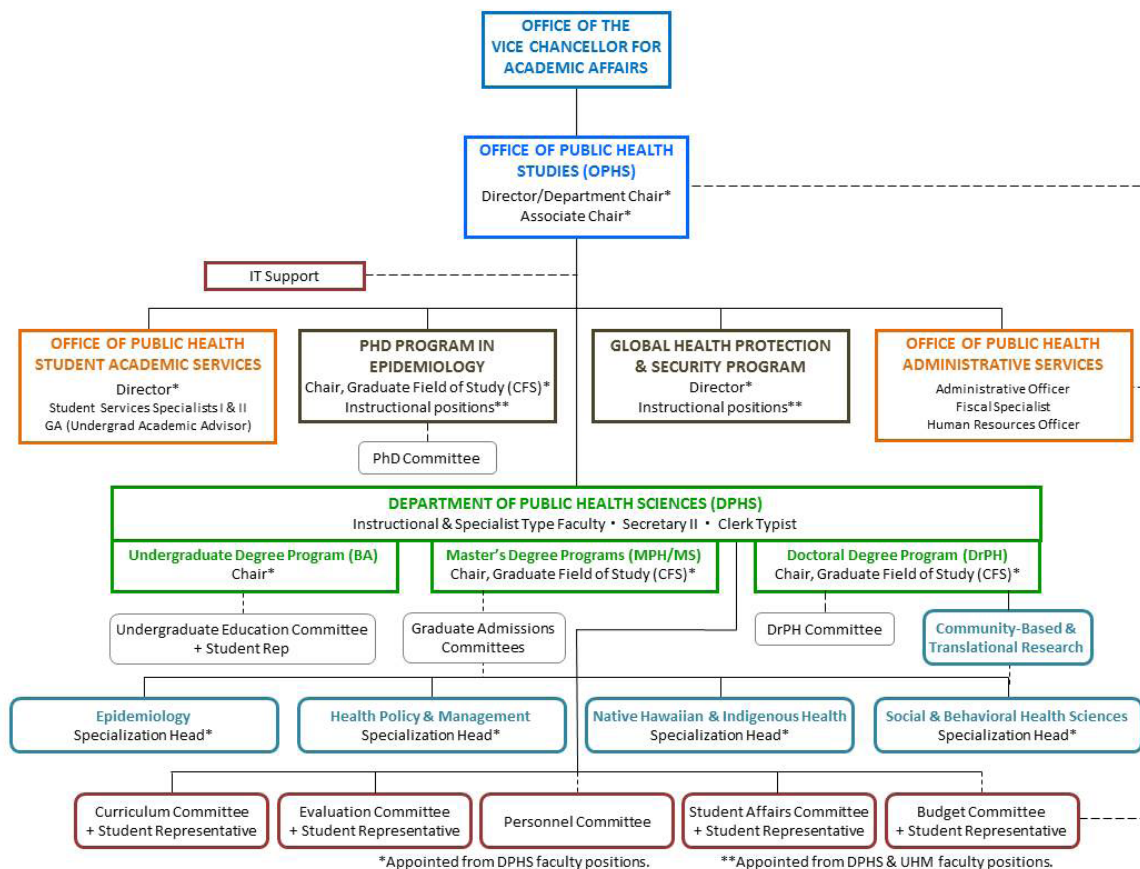
ORGANIZATION AND ADMINISTRATION

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

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

The unit of accreditation is the Office of Public Health Studies (OPHS). OPHS includes: the Department of Public Health Sciences (DPHS) and its public health faculty and degree programs; the Office of Public Health Student Academic Services (OPHSAS); the Office of Public Health Administrative Services; the PhD in Epidemiology program; and the Graduate Certificate in Global Health Protection and Security program. All components of OPHS are required to support our mission for teaching, research, and service in public health.

Figure 1.4.a OPHS Governance Structure



The administrative head of the OPHS is both the Director of OPHS and the Chair of the Department of Public Health Sciences (DPHS). The OPHS Director/Department Chair (Director/Chair) is selected from the DPHS faculty. A majority vote of the faculty is taken to recommend the Director/Chair for a three-year term. Since July 2013, the recommendation for Director/Chair is forwarded to the VCAA for approval and appointment. The VCAA may or may not appoint the recommended candidate. If the recommended appointment is not made and another individual is named as the Director/Chair by the VCAA, an explanation has to be provided to the faculty at the time of the appointment.

Director/Chair

The Director/Chair is responsible to:

1. Create and support an environment in which the mission, goals, and objectives of the program can be achieved;
2. Supervise the administrative aspects of the program;
3. Recruit and retain faculty;
4. Conduct OPHS meetings and ensure minutes are recorded;
5. Oversee curriculum development and implementation;
6. Develop community relationships to enhance professional growth and research opportunities for faculty and students and develop career choices for students;
7. Establish and oversee an open and representative style of governance that centers on professorial faculty with input from students, staff, the University of Hawai'i, and the community;
8. Provide the courses required by the curricula;
9. Prepare and oversee the department budget;
10. Expend funds allocated to the department;
11. Recommend promotions, reappointments, and appointments to unfilled positions;
12. Evaluate faculty members;
13. Assign courses, and maintain proper departmental balance of teaching load;
14. Supervise instruction.

Associate Director

The OPHS Associate Director is recommended from the DPHS faculty by the Director/Chair. This recommendation is confirmed by a majority vote of the faculty and forwarded to the VCAA for approval and appointment. The Associate Director is appointed for a three-year term and is responsible to:

1. Manage department infrastructure (computer labs, classrooms, office space);
2. Represent OPHS whenever the Director/Chair is not available;
3. Prepare paperwork for University data requests;
4. Other duties as assigned.

Chairs of Graduate Field of Study

The master's, DrPH, and PhD degree programs each has a Chair of the Graduate Field of Study (CFS), also referred to by the University as the Graduate Chair. The CFS is the individual recognized by the University of Hawai'i Graduate Division as responsible for the specific graduate programs. The CFS must be a full member of the Graduate Faculty with a full-time appointment with the OPHS. Each CFS is nominated by majority vote of the faculty for a three-year term. The Director/Chair submits the nomination via the VCAA to the Dean of Graduate Education, which includes a statement of agreement by the faculty, along with a copy of the nominee's curriculum vitae. If approved, the CFS is appointed by the Graduate Dean. The appointed CFS is responsible to:

1. Respond to requests for program information and applications;
2. Administer the admissions process for the program, working with specialization head as appropriate;
3. Nominate students for merit awards (providing tuition assistance);

4. Work with OPHSAS to maintain graduate student files;
5. Sign all Graduate Division forms, including the recommendations for admission and the final degree checks;
6. Serve as liaison between the program, Graduate Division, the University of Hawai'i, and other programs with which the graduate program interacts.

Chair of BA in Public Health

The BA in Public Health has a Chair who is selected by majority vote of the faculty for a three-year term. She/he is the individual recognized by the University of Hawai'i as responsible for the undergraduate program. The BA in Public Health Chair has the following responsibilities:

1. Respond to requests for program information and applications;
2. Administer the admissions process for the program;
3. Work with OPHSAS to maintain student files;
4. Assess needs for annual class offerings, and suggest instructors to the Director/Chair;
5. Lead the process to develop new courses and/or make changes in the undergraduate curriculum and competencies;
6. Work with the Undergraduate Advisor(s) to assure that appropriate student forms are signed, including those related to admissions and degree checks;
7. Serve as liaison between the program, the University of Hawai'i, and other programs with which the undergraduate program interacts.

Specialization Heads

The master's degree programs (MPH and MS) are organized by specialization areas – Epidemiology, Health Policy and Management, Native Hawaiian and Indigenous Health, and Social and Behavioral Health Sciences. At the first departmental faculty meeting of every third year, the specialization faculty members elect a specialization head to serve a three-year term. Specialization heads lead the discipline to improve the academic programs, ensure delivery of class lectures, meet program requirements, and admit a high-quality student body. Specific duties are to:

1. Hold and chair regular specialization meetings, and ensure that minutes are taken;
2. Respond to students interested in applying for a degree in the specialization in a timely manner;
3. Chair the specialization's graduate admissions committee and ensure timely completion of admissions;
4. Assess needs for annual class offerings and suggest instructors to the department chair;
5. Lead the process to develop new courses and/or make changes in specialization curriculum and competencies;
6. Review and assign student advising to ensure balanced distribution of student to faculty ratio;
7. Review annual program data from the Evaluation committee and suggest corrections as necessary;
8. Respond to requests from the Director/Chair, the CFSs, OPHSAS, and the BA Chair by the stated deadline;
9. Report on the specialization at a program faculty meeting at least once a year and as needed with the Director/Chair.

DrPH Committee

The DrPH Committee is chaired by the DrPH CFS and includes at least four full-time faculty members of the DrPH program and at least one DrPH student representative (who is excluded from meetings related to admissions and annual review of students). The DrPH Committee is responsible to:

1. Review and make decisions on student admissions, coursework, the qualifying exam, qualifying papers, and DrPH faculty membership and workload;
2. Assure that the DrPH program fosters collaboration between students, between students and faculty, and between students and professionals in the field;

3. Analyze data relative to student progress, including but not limited to course evaluations, student annual reviews, financial need and support, retention, completion, time to completion, and post-graduation jobs;
4. Submit annual DrPH reports to the UH Graduate Division, and oversee the DrPH Self Study, which is required periodically by the UH Community on Program Reviews;
5. Present a summary on the DrPH program annually to DPHS faculty.

PhD Committee

The PhD Committee is chaired by the PhD CFS and includes at least four full-time faculty members of the PhD program. The PhD Committee is responsible to:

1. Review and make decisions on student admissions, coursework, the qualifying exam, and PhD faculty membership and workload;
2. Assure that the PhD program fosters collaboration between and among students, faculty, and professionals in the field;
3. Analyze data relative to student progress, including but not limited to course evaluations, student annual reviews, financial need and support, retention, completion, time to completion, and post-graduation jobs;
4. Submit annual PhD reports to the UH Graduate Division and oversee the PhD Self Study, which is required periodically by the UH Community on Program Reviews;
5. Present a summary on the PhD program annually to DPHS faculty.

Undergraduate Education Committee (UEC)

The UEC includes the Chair of the BA in Public Health program, (who also must be a member of the Graduate Faculty with a full-time appointment in OPHS), at least four faculty members of the BA program selected at the first OPHS meeting of the academic year, at least one student representative selected by the student organization (although the student is excluded from meetings focused on review of individual student progress), the Undergraduate Academic Advisor, and a representative from OPHSAS. The UEC is responsible to:

1. Oversee the undergraduate curriculum;
2. Facilitate connections between the undergraduate and graduate public health programs;
3. Monitor student progress through the BA program (via reports from the Undergraduate Academic Advisor);
4. Analyze data relative to student progress, including but not limited to financial need and support, retention, completion, time to completion, and post-graduation jobs;
5. Review undergraduate program competencies and revise as needed;
6. Monitor the undergraduate student admissions process;
7. Present a summary on the B.A. program annually to the DPHS faculty.

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

Interdisciplinary work is essential to academic public health. We have done several things to foster interdisciplinary collaboration. Our introductory class, PH 600, Public Health Foundations, features all program faculty and new MPH and MS students. The curriculum includes case studies, which need to be solved by groups of students using all five of the core areas in public health. Each case involves two faculty mentors from different specializations to provide an interdisciplinary exposure to the students.

We also believe strongly in collaboration across campus. Public health faculty members have secondary appointments in the College of Tropical Agriculture and Human Resources, the School of Hawaiian Knowledge, and the School of Social Work. We also have faculty from the Schools of Nursing and Architecture (to start January 2015), who have secondary appointments in public health.

Our instructional faculty includes individuals with training in medicine, nursing, psychology, chiropractic, health economics, sociology, and biology. We have 30+ cooperative faculty members (from other departments/schools) appointed to our Graduate Faculty, which allows them to serve on masters and doctoral committees representing public health. These individuals are from the John A. Burns School of Medicine (JABSOM), the UH Cancer Center, the Center for Disability Studies, Consumer Sciences, Nutrition, and Nursing.

We have a formal Memorandum of Understanding (MOU) with the UH Mānoa Schools of Medicine, Nursing, and Social Work, which comprises the College of Health Sciences and Social Welfare (CHSSW), to provide interdisciplinary collaboration (UH Documentation/CHSSW MOU.pdf). CHSSW has established an Interprofessional Education Workgroup, which includes two representatives from each of the four CHSSW members, to expand cross-school collaboration in education and provide an open forum to address health and social welfare related issues in education. Established in March 2014, the workgroup's first charge is to conduct an assessment of current inter-professional education activity and make recommendations to the CHSSW Council of College Deans. We also have an agreement with the JABSOM Department of Native Hawaiian Health to share teaching resources for our PH 630 Cultural Competency course.

The majority of our faculty members are engaged in community work, collaborating with governmental and non-governmental agencies locally, nationally, and internationally.

Our students, especially our doctoral students, are strongly encouraged to take courses in other departments. For example, we purposely do not offer our own qualitative methods course so that DrPH students will take this course in Social Work, Sociology, or Education (all of which offer excellent qualitative methods courses).

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

This criterion is met.

Strengths

- The organizational and leadership environments support the mission and goals of the program.
- Our academic leadership is strong, with focused committees for our undergraduate and doctoral programs and specialization committees for our masters programs.
- Interdisciplinary collaboration is strongly supported and many faculty members collaborate, both internally and externally, with individuals in different disciplines.
- Our graduate faculty has many members from different disciplines who are eligible to chair and sit on student committees.
- The Schools of Medicine, Nursing, and Social Work, along with the program, comprise the College of Health Sciences and Social Welfare (CHSSW). We signed a Memorandum of Understanding (MOU) effective July 1, 2013 to improve interdisciplinary research and teaching capacity across the four areas. CHSSW has established a workgroup on interprofessional education, on which we are represented.

Challenges

- Funding for a rural health grant, which allowed our students to participate in an Interdisciplinary summer practicum with students from nursing, social work, and medicine, ended in 2009.

Plans

- We will continue to expand opportunities for faculty and students for interdisciplinary work.
- We will continue to collaborate with representatives of the College of Health Sciences and Human Welfare to expand opportunities for interprofessional education.

CRITERION 1.5

GOVERNANCE

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

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

Personnel Committee (PC)

Purpose

The PC is responsible for recruitment and review of all faculty members, including adjunct and cooperating faculty.

Membership

The PC consists of three tenured faculty members selected at the first OPHS meeting of the academic year.

Process

1. The PC conducts the annual review of all faculty members. This annual review is for the purpose of objectively assessing, against established criteria, the overall productivity of a faculty member, to highlight strengths and identify areas for improvement in regard to teaching, research, and service.
2. The PC reviews and approves faculty nominations for Adjunct Faculty and Cooperating and Affiliate Graduate faculty (categories defined by the University of Hawai'i).
3. A minimum of one PC member serves on search committees convened for the purpose of recruiting and hiring new faculty to ensure that proper procedures are followed.
4. The PC coordinates a workshop annually on topics relative to diversity, e.g., on sexual harassment, gender equity, retaliation, LGBT communities, and supporting students with disabilities.
5. The PC prepares an annual report of personnel-related evaluation outcome measures.
6. As needed, the PC evaluates personnel policies and presents amendment recommendations to the faculty.

Current Members

Eric Hurwitz (Chair), Alan Katz, Cheryl Albright

Graduate Admissions Committees (GACs)

Purpose

The GACs are responsible for reviewing all applicants and recommend candidates for admission to OPHS degree programs.

Membership

- The Epidemiology GAC consists of all faculty members from the Epidemiology specialization.
- The Social and Behavioral Health Sciences (SBHS) GAC consists of the head of SBHS and three SBHS faculty who are elected at the first specialization meeting of the academic year.
- The Health Policy and Management (HPM) GAC consists of the head of HPM and at least two HPM faculty members who are elected at the first specialization meeting of the academic year.
- The Native Hawaiian and Indigenous Health (NHIH) GAC consists of all faculty members from the NHIH specialization.
- The PhD Committee oversees admissions to the PhD in Epidemiology.
- The DrPH Committee oversees admissions to the DrPH in Community-Based and Translational Research.

Process

1. Admission to the master's programs is recommended to the CFS by the program specialization head(s) based on the objective and subjective faculty assessment. The CFS forwards the recommendations to the University of Hawai'i Graduate Division, where the official decision on admission to the University of Hawai'i is made.
2. Admission recommendations to the PhD and DrPH programs are forwarded by the respective CFS (who chair their own GACs) to University of Hawai'i Graduate Division, where the official decision on admission to the University of Hawai'i is made.
3. The programs are able to interact during the monthly faculty meetings to ensure congruence of procedures and policies.
4. The GACs' decision form indicates that the student was recommended for admission to the program is kept with the applicant's file.

Curriculum Committee (CC)

Purpose

The CC's primary responsibilities are to review new, revised, and temporary courses, evaluate current course offerings and, when necessary, recommend courses for elimination that are no longer consistent with the program's objectives. The CC takes into account the needs, capabilities, target audience, accreditation requirements, overlap, and content/course coverage in its decision-making process.

Membership

The CC is comprised of at least one faculty member representing each specialization selected at the first OPHS meeting of the academic year, and at least one staff member from the Office of Public Health Student Academic Services (OPHSAS). At least one student representative is selected by the student organization. The faculty, staff, and student members have voting rights.

Process

1. New courses and course changes are presented to the CC by the deadline set by the CC's chair and/or at least four weeks prior to the University of Hawai'i deadline each semester.
2. The CC assists with assignment of permanent course numbers so that UHM-1 and UHM-2 forms may be completed by the faculty members for the new and revised courses.
3. The CC reviews the UHM-1 and UHM-2 forms and syllabi format and content to assure compliance with UH Mānoa and OPHS policy.
4. If not approved, the materials are returned to the submitting faculty for revision.
5. When approved, the materials are forwarded to the relevant Graduate Chair (if a graduate-level course) and the OPHS Director/Chair, who sign and forward materials.
6. The CC establishes and communicates more detailed policies and procedures related to curriculum.
7. The CC meets at least twice a year, as needed.
8. Minutes are taken and stored in the OPHSAS.

Current Members

Valerie Yontz (Chair), Alan Katz, Deon Canyon, Robert Cooney, Maile Tualii, Nicole Lee Fujioka-Krzyska (Student Representative), Kirsten Sensano (Staff Representative)

Student Affairs Committee (SAC)

Purpose

The SAC is responsible for nurturing a spirit of community among students, faculty, and staff. It receives and resolves student complaints. It also serves as the Department Student Award Committee.

Membership

The SAC is composed of two faculty members selected at the first OPHS meeting of the academic year, a representative from OPHSAS, and an invited alumni representative. At least one student representative is selected by the student organization. The faculty, staff, and student members have voting rights.

Process

1. The SAC monitors policy concerning student issues and submit proposals for changes in these policies to the faculty as necessary and appropriate.
2. The SAC receives and resolves student complaints.
3. The SAC solicits and reviews nominees for student awards, following eligibility criteria and rules specified for each award.
4. A SAC member takes leadership for student recruitment to the program.
5. The SAC meets at least twice a year and as needed.
6. Minutes are taken and stored in the OPHSAS and additional SAC records are maintained by OPHSAS.

Current Members

Tetine Sentell (Chair), Elizabeth McFarlane, Maile Taualii, Denise Nelson-Hurwitz (Alumni Representative), DeAnna Basques (Student Representative), Michelle Quensell (Student Representative), Kimberly Inouye (Staff Representative)

Evaluation Committee (EC)

Purpose

The EC is responsible for providing oversight and integration for the DPHS evaluation process. The EC develops meaningful evaluation structure and criteria, assures that relevant data are collected and reported to the EC, communicates findings to OPHS faculty, facilitates discussion of evaluation findings and the identification of areas for improvement, and recommends revisions to improve evaluation criteria.

Membership

The EC is comprised of three public health faculty members selected at the first OPHS meeting of the academic year, and one representative from OPHSAS. At least one student representative is selected by the student organization. The faculty, staff, and student members have voting rights.

Process

1. The EC meets at least twice a year.
2. Evaluation results and recommendations are presented to the faculty at an OPHS meeting at least once a year.
3. Modification of evaluation criteria would involve a recommendation by the EC that would be brought before the faculty at an OPHS meeting. A majority vote of the faculty will determine the course of action.
4. Minutes are taken and stored in the OPHSAS.

Current Members

Opal Vanessa Buchthal (Chair), Andrew Grandinetti, Rebekah Rodericks, Rebecca Williams (Alumni Representative), Jermy Domingo (Student Representative), Kimberly Inouye (Staff Representative)

Budget Committee (BC)

Purpose

The BC is responsible to work with the Director/Chair and OPHS Administrative Officer to review OPHS income/ expenditures and to recommend OPHS spending decisions regarding indirect cost recovery and faculty salary offset. The BC takes into account the needs of OPHS and the fair distribution of resources.

Membership

The BC is comprised of the Director/Chair and all tenure-track faculty members of the OPHS who offset 50% or more of their salary. Because offset levels fluctuate over the course of the year, determination of faculty membership is made in September of each year. The Chair is elected by the BC. The Director/Chair and Administrative Officer serve on the BC as voting members, but neither can serve as the Chair of the BC. At least one student representative is selected from the student organization.

Process

1. The BC meets at least twice a year.
2. The BC reviews budget-related documents provided by the OPHS Administrative Officer and spending requests received from faculty, and then recommends allocation of funds.
3. Minutes are taken and stored in the Office of Public Health Administrative Services.

Current Members

Claudio Nigg (Chair), Tetine Sentell, Jane Chung-Do, Kathryn Braun, Jay Maddock, Craig Goodell (Administrative Officer), Michelle Quensell (Student Representative), Angelie Cook (Student Representative)

(Ad Hoc) Department Personnel Committee (DPC)

Purpose

This is an ad hoc and separate DPC to review the formal applications of faculty seeking promotion and/or tenure.

Membership

At least five tenured faculty members, at the associate level or higher, will sit on the DPC.

Process

1. Organized on an as-needed basis.
2. Minutes are taken and stored in the DPHS administration office.
3. The formal review process adheres to the published University of Hawai'i BOR policies, which are described in detail in Ch. 9 'Personnel and the Criteria and Guidelines for Faculty Tenure/Promotion'.

Current Members

Eric Hurwitz (Chair), Cheryl Albright, Alan Katz, Yuanan Lu, Kathryn Braun

(Ad Hoc) Accreditation Committee

Purpose

This committee is tasked with the development of the self-study document required by CEPH and preparation for the site visit.

Membership

Members include the OPHS Director/Chair, a staff member, a student representative, and at least four faculty members.

Process

The committee shall meet twice a month from September 2013-September 2014 to make writing assignments, review documents, present a preliminary study, make changes as requested, and prepare for the site visit.

2013-2014 Members

Jay Maddock (Chair), Jane Chung-Do, Treena Delormier, Eric Hurwitz, Kathryn Braun, Denise Nelson-Hurwitz, Opal Vanessa Buchthal, Claudio Nigg, Kathleen Russell (Staff Representative), Kimberly Inouye (Staff Representative), Thomas Lee (Student Representative)

Other Committees

The Director/Chair may, at times, form for an ad-hoc committee to address a current issue with the understanding that the committee will be disbanded after the desired results are achieved. The Director/Chair will appoint members of the committee, ask for volunteers, or use a combination of methods. These committees will be given a specific charge, timeline, and reporting requirements by the Director/Chair.

1.5.b Identification of how the following functions are addressed within the program's committees and organizational structure.

General Program Policy Development

Program policies begin in the relevant committee stated above, in specialization meetings or, for administrative policies, with the Director/Chair. All additions or modifications to policies are brought to the monthly faculty meeting for final approval and ratification.

Planning and Evaluation

Planning is done throughout the organization, with the specific venue dependent on the scope and function of the plans. Program-wide planning, such as where to allocate new tenure-track lines and determination of resource needs, is done at the monthly faculty meeting. Evaluation is conducted by the evaluation committee and reported back at the faculty meetings. Changes to program activities based on these results are conducted at the faculty meeting or by the relevant committee or specialization.

Budget and Resource Allocation

The Director/Chair prepares the OPHS budget with assistance from the Administrative Officer. The Director/Chair takes into account the needs of the program, the advice of faculty, and the fair distribution of resources. The Budget Committee (BC) is responsible to work with the Director/Chair and Administrative Officer to review income/expenditures and to recommend spending decisions regarding indirect cost recovery and faculty salary offset. Details regarding membership and responsibilities of the BC are provided above in Criterion 1.5.a.

Student Recruitment, Admission, and Award of Degrees

Student recruitment is handled by the Student Recruitment Advisor, with oversight from the Student Affairs Committee. This faculty member identifies and participates in specific on- and off-campus events each year to facilitate recruitment. The Student Recruitment Advisor is assisted by other members of the program, including the admissions specialist and web-mistress in OPHSAS, the staff members who coordinate our booth at APHA, the Undergraduate Advisor, and the Hui Ola Pono (our student organization). The Student Recruitment Advisor also coordinates a Student Ambassador program to spread the word about public health degree opportunities. Student Ambassadors are graduate-level students who volunteer to represent the program at on- and off-campus events. Those who participate in one or more events per year are recognized with a certificate of appreciation. The BA in Public Health program is also an excellent source of new recruits to our masters programs. The Undergraduate Education Committee and the specializations help to develop promotional materials.

For graduate students, each of the four specializations and the DrPH and PhD programs conducts their admissions review through their graduate admissions committees. The membership and processes of the graduate admissions committees are described in Criterion 1.5.a.

The University of Hawai'i Graduate Division awards degrees upon the recommendation of the students' program committees. For MPH students, two faculty members on the student's program committee must agree that the final oral and written capstone is successfully completed and a degree audit check is performed by OPHSAS. For MS students, three faculty members on the student's thesis committee must agree that the thesis defense and written thesis is successfully completed. For doctoral students, five faculty members on the student's dissertation committee must agree that the final oral and written dissertation is successfully completed, and a degree audit check is performed by Graduate Division.

For undergraduates, students may declare Public Health as their major upon admission to UH Mānoa, or after earning a B- or better in PH 201, Introduction to Public Health. Admissions and major declaration forms are completed by the students, which must be approved and signed by the Undergraduate Advisor and the OPHS Director/Chair. The Undergraduate Advisor works with the student through mandatory advising to make sure he or she earns the appropriate amount and type of credits needed for graduation. Prior to graduation, a degree audit check is performed by the Undergraduate Advisor and the UH Mānoa Office of Admissions and Records.

Faculty Recruitment, Retention, Promotion, and Tenure

Ad hoc committees are constituted for each faculty search. These committees always include a member of the Personnel Committee.

The Director/Chair, along with the chair of the Personnel Committee (PC), is tasked with retention. The Director/Chair and PC Chair meet with faculty members in the fall to discuss findings from the annual review. Faculty members assess their progress against performance indicators set by the faculty and monitored through the Faculty Annual Review Form (Promotion and Tenure/Faculty Annual Review Form.pdf) and the Report on Evaluation Indicators (REI). As well, faculty members can to meet with these two individuals any time they have concerns or wish to discuss workload, progress, and career plans.

Promotion and tenure applications are first reviewed and voted on by the ad hoc Department Personnel Committee. Once they have completed their work, the dossiers are sent to the Director/Chair for review and vote. Dossiers then are forwarded to University-level committees and administrators. Recommendations for tenure and promotion are ultimately confirmed by the Board of Regents (Promotion and Tenure/UHM Promotion and Tenure Guidelines.pdf).

Academic Standards and Policies, including Curriculum Development

Academic standards and policies are handled by both the specialization faculty and the Curriculum Committee. For discipline specific concerns, specialization faculty members review the standards and policies, and for program-wide concerns, the Curriculum Committee sets policies. All new courses are first reviewed and approved by the specialization, and then reviewed and approved by the Curriculum Committee.

Research and Service Expectations and Policies

The faculty as a whole set the research and service expectations, and these are tracked through the Report on Evaluation Indicators (REI). As noted previously, the Personnel Committee conducts annually reviews faculty and rates members on preset criteria from the REI. The Chair of the PC and the Director/Chair meet with faculty members annually to discuss their status with respect to meeting criteria.

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

The program adheres to the policies set out in the OPHS Governance Document (Bylaws/OPHS Governance Document.pdf).

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

The following faculty members served on University-Level Committees during 2013-14:

- Cheryl Albright, University-wide Tenure and Promotion Review Committee
- Kathryn Braun, Graduate Council, Research Integrity Review Panel, University-wide Tenure and Promotion Review Committee
- Deon Canyon, Mānoa Faculty Senate
- Robert Cooney, Mānoa Faculty Senate & Treasurer, University of Hawai'i Professional Assembly, University-wide Tenure and Promotion Review Committee
- Yuanan Lu, Institutional Biosafety Committee, University-wide Tenure and Promotion Review Committee
- Jay Maddock, Mānoa Leadership Team, University-wide Tenure and Promotion Review Committee
- Claudio Nigg, Cooperative Education Supervisor of the Year Award Committee, Cooperative Education Student of the Year Award Committee
- Valerie Yontz, University-wide Tenure and Promotion Review Committee, Assessment Council
- Eric Hurwitz, University-wide Tenure and Promotion Review Committee, Assessment Council

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

The program's students have their own organization called the Hui Ola Pono (Hui), which is included in the OPHS Governance Document. In Hawaiian, *Hui* translates to "unite, to join, to form a society or organization", *Ola* to "life, health, well-being", and *Pono* to "goodness, morality, and balance". Membership includes declared majors in the undergraduate program and students admitted to the graduate program in public health.

The Hui has specific mechanisms by which it governs itself and represents the student body with regard to governance issues of the program. The Hui concerns itself with the general activities of the students, including student life and general programmatic concerns, and assigns representatives to attend the monthly faculty meeting and student members of the Curriculum, Evaluation, Budget, Accreditation, Undergraduate Education and Student Affairs Committees.

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

This criterion is met.

Strengths

- The program has a well-developed and clear governance document, which is updated as needed.
- Faculty is actively involved in the governance of all aspects of the program.
- Students are actively included in OPHS governance as representatives on committees, and have their own student organization.
- The program has clear student recruitment activities, using Student Ambassadors to promote the program.
- The program has clear procedures for setting teaching, research, and service expectations for faculty and for annual monitoring of faculty against teaching, research, and service indicators.

Challenges

- The rapid growth of the program has resulted in the addition of new leadership structures (e.g., for the undergraduate program, for new specializations, and for the doctoral programs) that need to communicate better with the Curriculum Committee.
- In May 2014, Dr. Jay Maddock and Dr. Robert Cooney stepped down as Director/Chair and Associate Chair, respectively. New leadership is working hard to get up to speed.

Plans

- Continue to refine our structures, policies, and procedures to assure broad engagement in the governance of the program.

CRITERION 1.6

FISCAL RESOURCES

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

- 1.6.a A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the program. This 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 on the resources available to the program.**

The program receives an annual allocation of state and university funds for each fiscal year to support its operation for the period July 1 to June 30. This allocation has its origin in the state budgeting process for the University:

University Submits Budget to the Governor

Funding proposals for the University are prioritized in the fall by the President. The budget is then presented to the Board of Regents (BOR) and, after BOR approval, it is sent through the Governor to the Hawai'i State Department of Budget and Finance. The BOR proposals are kept as separate "line items" in the Governor's budget as required by the State Constitution.

Governor Prepares Executive Budget

The Governor receives statewide budget recommendations from the Department of Budget and Finance and advice from the Council on Revenues in order to prepare an Executive Budget, which is sent to the Legislature.

Legislature Reviews and Approves Executive Budget

The Legislature, as the appropriating body in the state, reviews the Executive Budget via public hearings. The hearings provide the opportunity for the University to present justification for its budget request, as well as to give the legislators the opportunity to question the University regarding appropriateness of need of the request. Upon completion of hearings, the budget is voted upon by both the House and Senate, and if passed, it is sent to the Governor for approval. Upon passage and approval, the budget act, called the General Appropriations Act, becomes the vehicle through which funds are appropriated.

Governor Appropriates Funds

At the beginning of each fiscal year, the Governor allocates funds from the appropriation. The Governor is constitutionally required to balance the budget, and after comparing appropriations to State revenue forecasts, may restrict the allocation to less than the full appropriation.

Allocation of University Funds

The allocation for the University system is sent to the President, who in turn allocates funding for the Mānoa campus via the Chancellor. The Mānoa Chancellor in turn allocates the funds to the individual schools and colleges to serve as their primary allocation for the year.

Determination of Level V Allocations

Allocations for the Level V units are based on historical budgets. These budgets are then adjusted for changes in student enrollment, vacant positions, and levels of extramural funding.

The allocation has three distinct segments: general funds, tuition and special fees revenues, and facilitating funds. OPHS is assigned a portion of the tuition revenue generated and receives back a portion of the overhead costs it generates from extramural sources in the form of facilitating funds. These funds are tied in with the operations of the program and are figured in as part of the overall budget allocation along with the general funds.

Throughout the allocation process, factors such as the changing forecasts for the state's anticipated revenues, pending collective bargaining negotiations, and other economic factors may affect OPHS's budget allocation.

Research and Facilitating Funds

Indirect cost recovery on grants is returned to OPHS at a rate of 50%. In addition, OPHS retains all cost savings associated with faculty salary paid by extramural funds.

OPHS Budget

The OPHS budget is prepared by the Director/Chair with assistance from the Administrative Officer. The Director/Chair takes into account the needs of OPHS and the fair distribution of resources. The Budget Committee is responsible to work with the Director/Chair and Administrative Officer to review income/expenditures and to recommend spending decisions regarding indirect cost recovery and faculty salary offset.

As noted in Criterion 1.5, the Budget Committee is comprised of all faculty members of the program who offset 50% or more of their program salary. The Director/Chair and Administrative Officer serve on the BC as voting members, but neither can serve as Chair of the Budget Committee.

The Budget Committee reviews budget-related documents provided by the Administrative Officer and spending requests received from faculty, and then recommends allocation of indirect cost recovery and salary offset funds to the Director/Chair.

1.6.b A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories since the last accreditation visit. This information must be presented in a table format.

See Table 1.6.1 for the Programs budget from FY2008-09 through FY2013-14.

Table 1.6.1 Sources of Funds and Expenditures by Major Category, FY2008 to FY2014

Fiscal year	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-14*
Source of Funds						
Tuition & Fees	405,763	479,207	503,730	587,914	935,840	To be added
State Appropriation	1,251,966	978,488	1,047,108	870,107	870,107	To be added
Grants/Contracts**	4,782,656	4,291,828	4,494,277	6,568,982	7,553,458	To be added
Indirect Cost Recovery	11,390	94,155	94,965	112,198	137,082	To be added
Endowment***	27,585	31,498	31,498	33,462	33,464	To be added
Gifts	41,495	12,602	12,602	8,135	10,627	To be added
Carry Forward Balances****	-----	369,011	250,159	220,803	154,913	To be added
Total	6,509,465	6,256,789	6,434,339	8,401,601	9,695,491	To be added
Expenditures						
Regular Salaries & Benefits	2,897,489	2,920,130	2,816,237	3,536,883	4,626,935	To be added
Causal Hire & Student Assistants	77,029	77,218	83,483	117,295	206,187	To be added
Operations	1,343,303	488,243	555,959	584,148	1,156,485	To be added
Travel	126,669	110,610	155,760	201,534	226,442	To be added
Student Support	26,058	47,602	48,750	82,050	88,100	To be added
Stipends and Allowances	-----	19,616	18,823	62,900	59,440	To be added
Equipment	40,019	135,966	9,393	26,853	15,250	To be added
Total	4,510,567	3,729,885	3,688,405	4,611,663	6,378,839	To be added

* Figures for 2013-14 will be available at the time of the site visit.

** Includes new awards and carry forward balances from previous fiscal year

*** Interest distributions from endowment accounts

**** Fund balances carried forward from Tuition Special Funds (TSF) and Research, Training and Revolving Funds (RTRF)

1.6.c If the program 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 program budget.

Not applicable.

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

Table 1.6.d Outcome Measures for Fiscal Resources

Outcome Measure		Target	2011-12	2012-13	2013-14
R1a.	Program faculty will generate \$100,000 or more per faculty FTE in extramural funding	\$100,000+	Current Year: \$116,021 Total Awards: \$378,850	Current Year: \$123,000 Total Awards: \$324,076	Current Year: \$84,814 Total Awards: \$317,469
P2a.	The program will ensure a graduate student to faculty ratio of no more than 7:1	≤ 7:1	5.5 : 1	4 : 1	5.3 : 1
P2c.	At least 80% of exiting students will rate space/facilities as excellent or good	≥ 80%	76%	87%	61%
	Institutional support (state funds and tuition/fees) per graduate student FTE	\$15,000/ year	\$1,458,021 /73.1 FTE = \$19,946	\$1,805,947 /72.5 FTE = \$24,910	\$1,811,630 /79.3 FTE = \$22,845
	Research funding/increase per year	5%	Current Year: 25.14% Total Awards: 12.91%	Current Year: (2.5%) Total Awards: (21.39%)	Current Year: (27.05%) Total Awards: 3.72%

We have two indicators of adequacy of resources. We target an average of \$100,000 in extramural funding per primary faculty member and have exceeded this target. We also examine institutional support by student FTE. We target \$15,000 in university support per FTE, representing about 50% of non-resident tuition and 85% of resident tuition. We have continued to exceed this target as well.

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

This criterion is met.

Strengths

- Although state support for the university has been decreasing, tuition funds have been increasing.
- The overall level of university support has increased by \$250,000 over two years prior.
- Extramural funding is also surpassing the benchmark.

Challenges

- The state and university face a lean fiscal year.

Plans

- Growth in the undergraduate programs should increase our tuition-fund allocation.

CRITERION 1.7

FACULTY AND OTHER RESOURCES

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

1.7.a A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years.

The program in academic year 2014-15 will include 21 primary instructional faculty members. These 21 faculty members are divided across specializations as shown in Table 1.7.1. Faculty for the undergraduate and doctoral programs are drawn from all specialization areas.

Table 1.7.1 Headcount of Primary Faculty by Specialization for Current and Past Three Years

Specialization	2011-12	2012-13	2013-14	2014-15
Epidemiology (EPI) MPH/MS/PhD	7	6	6	6
Health Policy and Management (HPM) MPH	5	6	4	5
Native Hawaiian and Indigenous Health (NHIH) MPH	N/A	N/A	3	3
Social and Behavioral Health Sciences (SBHS) MPH/MS/DrPH	5	6	5	7

1.7.b A table delineating the number of faculty, students, and SFR, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations.

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Specialty Area

	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty*	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students**	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
EPI										
2011-12	7	7.0	0	0	7	7.0	31	25.1	3.59	3.59
2012-13	6	6.0	0	0	6	6.0	38	30.1	5.02	5.02
2013-14	6	6.0	0	0	6	6.0	39	30.6	5.10	5.10
HPM										
2011-12	5	5.0	1	0.2	6	5.2	16	14.4	2.88	2.77
2012-13	6	6.0	2	0.4	8	6.4	16	14.3	2.38	2.23
2013-14	4	3.0	4	0.8	8	3.8	15	14.1	4.70	3.71
NHIH										
2013-14	3	3.0	3	0.6	6	3.6	9	9	3.0	2.5
SBHS										
2011-12	5	5.0	2	0.4	7	5.40	43	33.6	6.72	6.22
2012-13	6	6.0	3	0.65	9	6.65	37	28.1	4.68	4.23
2013-14	5	5.0	4	0.85	9	5.85	32	25.6	5.12	4.38

* Faculty FTE is calculated as follows. Full time primary faculty members are counted as 1 FTE. Part-time compensated faculty members are counted proportionate to their paid FTE. Full time research faculty members are counted as 0.2 FTE since their job includes mentoring graduate students and guest lecturing in classes. NOTE: these counts do not include the 30+ members of our Graduate Faculty or the 15+ members of our Adjunct Faculty, who devote minimal (2% or less) time to the program.

**FTE conversion of students based on definition of full-time as nine or more credits per semester.

Key:

HC = Head Count

Primary = Full-time faculty who support the teaching programs

FTE = Full-time-equivalent

Other = Adjunct, part-time and secondary faculty

Total = Primary + Other

SFR = Student/Faculty Ratio

1.7.c A concise statement or chart concerning the availability of other personnel (administration and staff).

Table 1.7.c Office of Public Health Studies Staff: Fall 2013

Title	Administrative & Clerical FTE
Administrative Services	
Administrative Officer	1.0
Personnel Officer	1.0
Fiscal Specialist	1.0
Department	
Secretary II	1.0
Clerk Typist	0.5
OPHSAS	
Student Services Specialist II	1.0
Student Services Specialist I	1.0
TOTAL	6.5

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

OPHS is entirely located in the Biomedical Sciences (Biomed) Building, which consists of a seven-story tower and four two-story courtyards (A, B, C and D). The main location is the two-story D-Court area, which is entirely devoted to the public health program. It contains four classrooms, the computer lab, two environmental health laboratories, OPHSAS, administrative offices, the student lounge, and the majority of faculty offices. OPHS also has two large office suites on the first floor of the Biomed tower. These suites are used by Professors Sentell and Canyon and also house their research staff. C-Court contains a large area devoted to Dr. Nigg and his research staff, another environmental health laboratory, and two additional faculty offices. Overall square footage exceeds 20,000 square feet. Picnic tables and other outdoor seating spaces are abundant for student use, and WiFi access is available. These areas allow students to enjoy Hawai'i's beautiful weather between classes.

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

There are a total of six laboratory spaces for Environmental Health, Infectious Disease, and Molecular Epidemiology researchers and educational training. These include two laboratories located in Biomed C-Court on the first floor (480 square feet), two laboratories located in D-Court on the first floor (collectively 2,200 square feet), and one laboratory located on the sixth floor of the Biomedical Sciences Building Tower (1300 square feet). These laboratories were renovated in 2005 and are equipped with updated laboratory instruments for conducting research and training in infectious diseases prevention and control using molecular biology (SDS-PAGE, PCR/RT-PCR, Western Blot, and ELISA) and animal tissue culture technology (i.e. virology, immunology, and toxicology).

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

WiFi

OPHS has made a large investment into WiFi, adding routers throughout our space. All students, faculty and staff are given the password and log-in information. All offices, classrooms, and the courtyard have WiFi connectivity.

Student Computer Access

Students are strongly encouraged to purchase their own computers. Each specialization has developed a list of software required for the program. Students who have their own computer are more likely to use technology in their presentations and have improved data analysis skills. We are considering requiring a laptop for all graduate students within the next two years.

OPHS Computer Lab

A small computer lab is available for students in the program. Students and faculty have access to the lab 8:00 AM to 5:00 PM Monday through Friday, with extended hours when needed. The computer lab has up-to-date technology and six available machines. Additionally, there are several other computer labs on campus open to our students, including labs at Hamilton and Sinclair Libraries.

IT Support

The program contracts with the Pacific Biomedical Research Center at the University of Hawai'i to provide IT support. The major duties for this contract are to assist faculty and staff with their IT hardware and software needs, design and configure network and backup system, make recommendations on IT purchases, manage the computer lab inventory, and provide technical assistance for computer problems.

Email Accounts

All faculty, staff, and students have university-supplied email addresses and access to electronic resources both from campus and remote sites.

Faculty Computers

Each primary faculty member is eligible for a new computer purchased by the program every three years. New faculty members with start-up packages in excess of \$20,000 use these funds to purchase a new computer upon hire.

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

The Health Sciences Library

The Health Sciences Library (<http://hslib.jabsom.hawaii.edu/>) resides on the first floor of the Medical Education Building in Kaka'ako. The Health Sciences Library is strong in clinical and public health fields and has an adequate working collection in the basic sciences. It subscribes to approximately 966 print journals and over 2,100 journals are available in full-text online. Additionally, many specialized databases and online medical textbooks (approximately 300 in medicine and 650 in psychology) are available. Most online resources can be accessed both within the Library as well as remotely, providing point-of-need access anywhere, anytime. The Health Sciences Library offers a 24/7 computer lab/ classroom, three 24/7 group study rooms, wireless Internet access, and a full array of reference and library instruction services, including MEDLINE, other databases, and Internet searching training sessions. The Health Sciences Library staff provides several workshops for public health students on the Mānoa campus every year to orient new public health students to the holdings of the library and other services.

UHM Libraries

The Hamilton and Sinclair Libraries provide the largest resource of information and research materials in the state. More than 6.8 million total library materials, including more than three million volumes of serial and periodical titles in electronic and print format. The UH Mānoa library website (<http://library.manoa.hawaii.edu>) provides access to other local and national indexes and to specialized databases with links to many full-text journal subscriptions (including MEDLINE, ScienceDirect and ISI Web of Science). The major online databases and electronic journals including those purchased by the Health Sciences Library can be accessed through their website. Hamilton and Sinclair Libraries cooperate to provide the best possible collection for all of the users at UH Mānoa.

Hamilton Library

The second-major health sciences collection resides at Hamilton Library, where the compilation of basic science books and journals is extensive. Hamilton offers excellent reference materials and a substantial core of clinical books and journals, as well as titles specific to public health. A librarian with a degree in public health specifically reviews the public health collection at Hamilton Library.

Hamilton Library holds the main print book, periodical, and microform collections. It also houses the Asia Collection; Special Collections (Hawaiian, Pacific, Rare Books, and Charlot Collections); Government Documents, Maps, and Microforms; Humanities and Social Sciences (including business and education); and Science and Technology (including preclinical sciences and medicine).

Sinclair Library

Sinclair Library holds the Reserve Book Room, the Computerized Learning Information Center, the Wong Audiovisual Center, the Music Collection and older, bound journals in all subjects. It is also temporarily housing the government documents collection. Librarians provide reference services, research-paper consultation, and instruction in library use and database searching. The Interlibrary Loan service helps faculty and students obtain research material from off-campus sources. Faculty and graduate students may obtain subsidized copies of journal articles not owned by the library.

East-West Center

The East-West Center has a library collection called the Research Information Services in Burns Hall, Room 4063. The RIS collection features a current and interdisciplinary coverage of selected social, cultural, political, and economic development issues in Asia and the Pacific region.

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

Classroom Resources

OPHS has made a large investment in upgrading our four departmental classrooms. Each large classroom is equipped with an iMac computer, state-of-the-art projector (which allows projected images to be seen with the lights on) with built-in speakers, and a projector screen. Integrating technology into the classroom has been a focus of the department and these upgrades facilitate this work.

Biostatistics Resources

The medical school (JABSOM) has made a large investment in creating a Biostatistics Core, which is now partially supported through NIH grants for the training of junior investigators. OPHS has access to Biostatistics Core biostatisticians, who assist on research and are available to teach classes. Most of the Core's biostatisticians serve on the public health Graduate Faculty and are thus eligible to serve on master's and doctoral committees. OPHS faculty work on research with members of the JABSOM Biostatistics Core, and OPHS has contracted with the Biostatistics Core to teach courses in statistics for public health students.

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

The program has eight measures to evaluate its resources that are shown in Table 1.7.i.

Table 1.7.i Outcome Measures for Program Resources

Outcome Measure		Target	2011-12	2012-13	2013-14
E1g.	At least 80% of exiting MPH students will complete their degrees within two years.	≥ 80%	63.6% (14/22) Adjusted:* 93.3% (14/15)	75% (15/20) Adjusted:* 93.7% (15/16)	76.7% (23/30) Adjusted:* 88.5% (23/26)
E2a.	All tenure-track faculty (100%) will carry a full teaching load (four courses/year for 9-month faculty; five courses/year for 11-month faculty) unless offset by other academic activities.	100%	100%	87.5%	100%
E2d.	At least 80% of the exiting students will rate the program as excellent or good.	≥ 80%	83%	86%	73%
E2g.	At least 80% of the students will rate access to faculty as excellent or good.	≥ 80%	96%	93%	94%
E4a.	OPHS will sign 5+ new MOAs per year with practicum sites in Hawai'i, the Pacific, Asia or with Indigenous communities	5 new/ year	9 new	18 new	25 new
R1a.	Program faculty will generate \$100,000 or more per faculty FTE in extramural funding.	\$100K+	Total Active: \$378,850	Total Active: \$396,507	To be added
P1a.	A Report on Evaluation Indicators (REI) will be collected annually and reported on at a monthly faculty meeting.	Annually	Collected Spring 2012	Collected Spring 2013	Collected Spring 2014
P1b.	Program faculty will review any indicators not meeting the target for two or more years and create an action plan for improvement.	Annually	Spring 2012	Spring 2013	Spring 2014
P2c.	At least 80% of exiting students will rate space/ facilities as excellent or good.	≥ 80%	76%	87%	61%
P2d.	At least 80% of the exiting students will rate academic advising as excellent or good.	≥ 80%	84%	83%	70%
P2e.	At least 80% of the exiting students will rate administrative support as excellent or good.	≥ 80%	80%	93%	85%
	Computer facilities rated as excellent or good by exiting students	≥ 80%	96%	97%	27%
	Library resources (including online access, databases, and interlibrary loans) rated as excellent or good by exiting students	≥ 80%	72%	87%	67%

*Adjusted rate for E1g excludes part-time (enrolled for <8 credits for 2+ semesters) and concurrent degree students.

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

This criterion is met with commentary.

Strengths

- The program's faculty resources are strong.
- Faculty ratios have consistently been around 5:1.
- Three new tenure-track faculty members are joining the program in the 2014-15 academic year to meet the increasing demands created by our undergraduate program.
- We have excellent resources for student academic services, advising, and recruitment.
- Library and internet resources are readily available.
- Our space is adequate, and our classrooms were upgraded last year with state-of-the-art equipment.
- We have access to JABSOM's Biostatistics Core for assistance with research and teaching.

Challenges

- We just learned that our tenure-track biostatistics faculty member, Dr. Dongmei Li, is relocating to the University of Rochester. As such, we will not have two biostatisticians on faculty as anticipated following the recent hire of a second biostatistics faculty member, Dr. Yan Yan Wu. It is very difficult to recruit and retain biostatisticians to Hawai'i in general and to our program in particular because of our relatively low salaries. Fortunately, we have access to JABSOM's Biostatistics Core for assistance with research and teaching.
- We downsized our computer lab in 2013-14 to gain classroom space for larger, undergraduate classes. This has caused concern among faculty members and students who used the large computer lab for classes that required students to use computer applications (e.g., SPSS). At the same time, we are moving toward requiring students to have their own laptops, and the cost of software is relatively low if purchased through the UH Bookstore.
- The Biomed Building has been undergoing significant maintenance in the past years, detracting from the comfort and attractiveness of the learning environment.
- We will need to calculate student to faculty ratios considering the addition of the BA Program.

Plans

- We will continue to monitor needs for classroom and computer access as we grow our undergraduate program.

CRITERION 1.8

DIVERSITY

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices. The self-study document should include the following:

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

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

The program's commitment to diversity within our student, faculty, and staff and in learning, research, and service practices is documented in the OPHS Diversity Plan (Diversity/OPHS Diversity Plan.pdf). The program seeks to specifically recruit and serve those from the under-represented population of Native Hawaiians, Pacific Islanders, and Indigenous students. We also seek to recruit students from neighbor islands (Hawaiian Islands other than O'ahu) and rural communities who are also under-represented in higher education and in the program. Although national datasets on race and ethnicity tend to place Asians and Pacific Islanders under one category, we disaggregate this category to more accurately capture the diversity and disparities that exist in this category. To be more reflective of the student body, we also aim to recruit more faculty who are female and of ethnic minority ancestry to the program.

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

To achieve diversity and cultural competence in the program, the goals outlined in the OPHS Diversity Plan for the program are as follows:

- **Goal 1:** *Cultivate and sustain a diverse and multicultural student body that is reflective of Hawai'i's communities by recruiting, retaining, and graduating ethnic minority students that are under-represented in higher education.*
- **Goal 2:** *Encourage and monitor the recruitment of women and minority faculty at all levels, including leadership positions, consistent with the available pool.*
- **Goal 3:** *Provide a supportive and nurturing learning environment to prepare students to collaborate with diverse communities in Hawai'i, the nation, and the Asia-Pacific region in culturally sensitive manner.*
- **Goal 4:** *Cultivate a supportive environment for diversity including the scholarly dialogue on diversity.*

The Diversity Plan is consistent with the University's mission and 2011-2015 Strategic Plan titled "[Achieving Our Destiny](#)" (Diversity/ UHM Strategic Plan). This strategic plan was developed through a collaborative, data-driven, and transparent effort involving more than 1,400 students, staff, faculty, administrators, alumni, and community members. It was reviewed by the Board of Regents in July 2011, and implementation began in Fall 2011.

Diversity is a characteristic of Hawai'i's population and is central to the vision of the University of Hawai'i System and the Mānoa campus. The following are core values from the UH Mānoa strategic plan:

- **Hawaiian Place of Learning:** *The significance of Mānoa as a campus physically and conceptually grounded in Native Hawaiian knowledge and values cuts across each of our strategic goals Hawai'i's unique location and strength in indigenous scholarship sets us apart from other universities.*
- **Local to Global:** *Mānoa is uniquely positioned to contribute both locally and globally; we are committed to providing global leadership that models strong local identity and commitment.*
- **Community and Diversity:** *The diversity of people (local, national, international) who live and work at Mānoa help make the campus special; we cherish our unique status as a university like no other place on earth.*

These values complement the University's vision: "Grounded in the traditional values of our host culture, we strive for excellence in teaching, research, and community engagement, while promoting environmental sustainability and human justice." The University's mission states that "as a land, sea, and space grant university, the University of Hawai'i at Mānoa is dedicated not only to academic and research excellence but also to serving with aloha the local, national, and international communities that surround us."

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

The program aims to provide a climate free of harassment and discrimination for all faculty, staff, and students.

Non-Discrimination and Affirmative Action

The program is governed by and fully supports the University of Hawai'i Statement of Nondiscrimination and Affirmative Action (Executive Policy#E1.202) below:

The University of Hawai'i is an equal opportunity/affirmative action institution and is committed to a policy of nondiscrimination on the basis of race, sex, gender identity and expression, age, religion, color, national origin, ancestry, citizenship, disability, genetic information, marital status, breastfeeding, income assignment for child support, arrest and court record (except as permissible under State law), sexual orientation, national guard absence, status as a covered veteran, pregnancy, and domestic or sexual violence victim status. This policy covers admission and access to and participation, treatment, and employment in the University's programs and activities. With regard to employment, the University is committed to equal opportunity in all personnel actions such as recruitment, hiring, promotion, and compensation. Discriminatory harassment, including sexual harassment, is prohibited under University policy.

The University shall promote a full realization of equal opportunity through a positive, continuing program of nondiscrimination and affirmative action (41 CFR Chapter 60) on each campus. As a government contractor, the University is committed to an affirmative policy of hiring and advancing in employment qualified persons with disabilities and covered veterans.

The University maintains an Equal Employment Opportunity/Affirmative Action Office to assure these policies are upheld. University employees and students, as well as applicants for admission or employment, have the right to file discrimination complaints under the University's discrimination complaint procedures (Administrative Procedure A9.920). The faculty union, the University of Hawai'i Professional Assembly, has a similar clause (Article II, Non-Discrimination) in its collective bargaining agreement. This clause gives faculty the right to file grievance with the union should discrimination be thought to have occurred on any of the aforementioned dimensions. The program documents our commitment to maintaining and following these policies in the Student Handbook.

Discriminatory/Sexual Harassment

The program recognizes that everyone has a role in creating and maintaining a supportive and welcoming learning environment that is free of harassment and discrimination. Any type of harassment, sexual or otherwise, is against University of Hawai'i policy ([Executive Policy E1.203 on Sexual Harassment and Related Conduct](#)). UH has clear policies and procedures in place to address any concerns related to students, staff, or faculty well-being. UH faculty and staff have an obligation to report incidents to the administration if they involve discrimination, sexual violence, or stalking. Information on resources is provided to incoming students and faculty at the beginning of each academic year. In addition to the department staff and faculty, UH offers multiple resources for anyone who experiences or witnesses any type of harassment.

The Personnel Committee coordinates a workshop annually for students, faculty, and staff on relevant topics, including sexual harassment and gender equity, LGBT communities, supporting students with disabilities, etc. Workshops also help faculty explore how these topics can be incorporated into their teaching. All faculty, staff, graduate research assistants and teaching assistants received comprehensive training on sexual harassment in Spring 2014, and faculty received training in retaliation as well. In 2008, all faculty and staff completed the online Sexual Harassment Prevention Program and now this certificate is required of all new employees. Starting in Fall 2014, students enrolled in PH 600, Public Health Foundations (required of all entering MPH/MS students and DrPH students without an MPH), are required to complete this online training as well.

Information on anti-discrimination and sexual harassment policies is included in the Student Handbook and provided verbally to students on the first day of PH 600 (which also serves as new student orientation) every Fall. Students are encouraged to bring concerns to their professors, advisor, or to the Director/Chair. The Hui Ola Pono (student group) and the Student Affairs Committee also serve as venues for students to share their concerns.

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

The program is strongly committed to ensure a climate that supports working and learning in a diverse setting. This is reflected in our mission, vision, and values. It also is reflected in our evaluation indicators related to a diverse student body (e.g., 40% should be from Hawai'i and 30% should be Native Hawaiian, Pacific Islander, or Indigenous) and to diverse faculty and staff (e.g., 50% of faculty and 50% should be of minority ancestry). Our Diversity Plan outlines strategies for recruitment to meet these targets.

Culture and diversity-related competencies are included for MPH and DrPH students. All courses taught by the Native Hawaiian and Indigenous Health specialization are taught from an indigenous perspective. PH 600, required for all incoming master's students and doctoral students without MPH degrees, emphasizes the importance of developing culturally competent skills to work in diverse settings. A course on Cultural Competence (PH 630) is required for DrPH students, and other students are encouraged to enroll as an elective. The 240-hour MPH practicum provides an important opportunity for students to gain real-life public health experience, while serving the needs of diverse communities. Preceptors evaluate student performance on communication and interactions with staff and clients associated with the practicum. The program will continue to evaluate the needs of students and communities to ensure students are prepared to engage with communities in culturally sensitive and meaningful ways.

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 program addresses the development and review of courses through the Curriculum Committee, which consists of faculty from each area of specialization and a student representative. Faculty can propose course changes to the Curriculum Committee to incorporate diversity and cultural competency and service learning.

All courses are reviewed by students at the end of the semester by the University's online Course and Faculty Evaluation (eCAFE) system to ensure competencies are being adequately met, and eCAFE results are reviewed annually by the Personnel Committee during annual review of faculty members in the Fall. This provides an opportunity to provide feedback to faculty members on their teaching and courses and allows the Director/Chair and Personnel Committee Chair to assess if changes in the course instructor or course format are needed.

An example of how the program's curricula are addressing and building competency in diversity and cultural considerations is the MPH practicum. As a part of the MPH coursework, all students are required to complete a practicum. The practicum, also known as the practice placement or field training, is one of the distinguishing features of the MPH curriculum. Through the practicum, students have the opportunity to apply public health concepts and build their competence in working with diverse communities at a chosen community site. Many of the community sites that are offered serve culturally diverse populations [see Table 1.8.b for a list of community sites that have Memorandums of Agreement with the program]. The 240-hour practicum is carried out as a formal course entitled PH 791 Advanced Public Health Practice for three credits and is commonly conducted during the summer after the first year of the program. The practicum experience is supervised and guided by academic advisors and community partners through learning objectives that focus on building on the students' skills while serving the needs of the community. To help review, maintain, and strengthen the practicum curriculum, the community partners submit an assessment of the students and of the practicum experience after the practicum is completed. Students submit monthly blogs, reflection papers, and a final report to help assess their growth and competencies.

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

As outlined in the OPHS Diversity Plan, the program is dedicated to recruiting, developing, promoting, and retaining a diverse faculty. Aligned with our mission of advancing the health of the peoples of Hawai'i, the nation, and the Asia-Pacific region, we aim to recruit faculty who are from these communities and are dedicated to serving these communities. We aim to recruit a faculty that is reflective of the student body by increasing the number of women and ethnic minority professors. To ensure women and ethnic minority faculty members are successful in obtaining tenure and being promoted to leadership positions, continuous evaluation and mentorship opportunities are provided through the annual review with the Director/Chair and Chair of the Personnel Committee.

UH also offers the Faculty Mentoring Program via the UH Mānoa Office of Faculty Development and Academic Support (OFDAS), the office charged with development programs for all new faculty. OFDAS provides seminars, panel, discussions, workshops relating to professional development in teaching and scholarship. The Faculty Mentoring Program has become part of an integrated effort to retain new faculty and to provide support for faculty with tenure and seniority throughout their academic careers.

For recruiting faculty, ad hoc search committees are formed, and we ensure that women and minority faculty members participate in these search committees. This promotes the opportunity for local and nationally qualified applicants to be vetted by a balanced committee and supports the University policy regarding diversity.

Faculty recruitment is conducted via postings on the University of Hawai'i's employment webpage, a statewide newspaper, and national professional publications specific to the topic of recruitment. The search committee also disseminates the recruitment advertisement to topic-appropriate professional Listservs. We are working to post positions in appropriate professional Listservs that target women and ethnic minority communities, specifically those in Asia and Pacific Island Nations and Territories.

Each recruitment advertisement is accompanied with the following phrase:

The University of Hawai'i is an equal opportunity/affirmative action institution and is committed to a policy of nondiscrimination on the basis of race, sex, gender identity and expression, age, religion, color, national origin, ancestry, citizenship, disability, genetic information, marital status, breastfeeding, income assignment for child support, arrest and court record (except as permissible under State law), sexual orientation, domestic or sexual violence victim status, national guard absence, or status as a covered veteran.

Job descriptions note that the University of Hawai'i continues to build a culturally diverse faculty and strongly encourages applications from women and members of minority groups.

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

The program is dedicated to recruiting, developing, promoting, and retaining a diverse staff. Staff recruitment is conducted via postings on the University of Hawai'i's employment webpage and a statewide newspaper. Further, the search committee disseminates the recruitment advertisement to topic-appropriate professional Listservs. Each recruitment advertisement is accompanied with the phrase noted in 1.8.a.vi.

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

The program is dedicated to recruiting, developing, promoting, and retaining diverse students. Aligned with our mission of advancing the health of the peoples of Hawai'i, the nation, and the Asia-Pacific region, we aim to recruit high quality students who are from these communities and are dedicated to serving these communities. Because of the under-representation of Native Hawaiian, Pacific Islander, and other Indigenous students in higher education, much of the recruitment efforts are focused on these communities. Also, it is a University of Hawai'i policy that students of Native Hawaiian ancestry can attend the University of Hawai'i at the in-state tuition rate regardless of where they live at the time of application.

For the BA in Public Health, recruitment efforts are primarily focused on events targeting local middle and high school students from Hawai'i, the neighbor islands, and rural communities from which student representation tends to be low. Recruitment efforts also target areas of the continental U.S. with connections to Hawai'i, especially California, Washington, Oregon, and Nevada, where many former Hawai'i residents now live or attend school.

Recruitment efforts for our graduate programs target community colleges and universities in Hawai'i, with outreach efforts to community colleges and universities in Asia and Pacific Island Nations and Territories as well. The newly opened Native Hawaiian and Indigenous Health specialization is attracting Indigenous students from Indian Country, as well as students of Native Hawaiian and Pacific Islander ancestry. Further detail on student recruitment is provided in Criterion 4.3.

The MPH, DrPH, and PhD programs are structured in cohorts to promote connectedness among the students and between students and faculty, which can help ensure that students complete the program. The program provides a week-long orientation (through PH 600) at the beginning of the school year where faculty and students meet each other and are provided an overview of the program. Each student is assigned a preliminary advisor, but is encouraged to choose an advisor they work with best. Students are encouraged to meet with their advisor at least once a semester for educational and career advising. MPH students come together during the last semester in PH 789 Integrative Seminar to collectively review and reflect on their graduate studies. The doctoral programs also provide their students with an orientation, and the DrPH program holds monthly meetings for ABD (all but dissertation) students to keep them moving towards completion of their degree.

The University's policies as an equal opportunity/affirmative action institution, as noted in 1.8.a.iii above, covers academic considerations such as admission and access to as well as participation and treatment in the University's programs, activities, and services. Below are University services and programs that help support our diverse student body.

Commission on Diversity

The [UH Mānoa Office of Student Equity, Excellence, and Diversity](#) (SEED) provides programs for the recruitment and success of students from underrepresented groups in higher education. This office handles the University's Commission on Diversity. The commission was established as part of ongoing efforts to foster a community that embraces and values various social and cultural differences. Areas of diversity towards which the Commission focuses include curriculum change and the recruitment and retention of diverse students, faculty, and staff.

Diversity and Equity Initiative

SEED also administers the [Diversity and Equity Initiative](#) to ensure that diversity and equity issues are addressed by the University, especially given the social and cultural diversity of Hawai'i. It oversees grants for proposals and programs that deal with diversity on the University campuses. The initiative funding is provided specifically to engage the University community to work towards a more diverse campus setting. Proposals are funded for outreach and recruitment. Outreach activities to the broader community are presented through symposium and forums for university students, faculty, staff and community members.

Office of Gender Equity

The mission of the [Office of Gender Equity](#) is to create an educational and work environment on the University of Hawaii at Mānoa's campus which is free from sexual harassment and discrimination by assisting students, faculty and staff with information, counseling and advocacy on matters relating to sexual harassment and discrimination. The Gender Equity Specialist offers direct services to victims and survivors of sexual harassment and sexual assaults and also responds to general inquiries from students, staff, and faculty regarding situations potentially involving university community members. In addition, the Gender Equity Specialist offers training to the campus population on interpersonal, inter-gender and cross-cultural communication, student, faculty and staff rights and responsibilities, and sexual harassment awareness in academia, and interpretation of state and federal guidelines and procedures.

KOKUA

The [KOKUA Program](#) (Kahi O Ka Ulu 'Ana - "The Place of Growing") is the primary campus unit responsible for providing academic access services to students with disabilities toward equal opportunity. Creating equal access is a shared responsibility of students, faculty, KOKUA, and the entire campus community. KOKUA is administratively situated in the Office of Student Equity, Excellence & Diversity within the Division of Student Affairs. KOKUA aims to promote equal educational opportunity for/with these students by providing appropriate academic access services, upon request and in accordance with legitimate need, in order to offset restriction related to their disability; To promote the growth and development of these students by encouraging their self-reliance, resourcefulness, and responsibility; and to foster faculty, administrative and staff receptivity, flexibility and objectivity in their interactions with these students.

AHEC

JABSOM houses the [Hawai'i/Pacific Basin Area Health Education Center](#) (AHEC). The Center is funded by the Health Resources and Services Administration with a mandate to improve diversity, distribution and quality of the health professions workforce. The mission of the Hawai'i AHEC is to improve the health of the underserved through education. One of their activities is recruitment to the health professions.

East-West Center (EWC)

The program has a long-standing relationship with the [East West Center](#) (EWC), an education and research organization established to strengthen relationships and understanding among the people and nations of Asia, the Pacific, and the United States. The EWC provides support to citizens of countries in Asia and the Pacific for study at UH Mānoa. Public health students from the EWC help provide a rich diversity that is always appreciated by graduates of the program.

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

The needs of students related to their retention and successful completion of the program are continually assessed through faculty advising practices, course evaluations, and student exit surveys.

1.8.b Evidence that shows that 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.

Mission/Goals/Objectives

The program is guided by the values of the public health profession, which are acknowledged on the program website, brochures, and handbooks. Diversity is highly valued and integrated into the program's goals and objectives. The OPHS Diversity Plan is also on the program's website, and the goals are referenced in the Student Handbook.

The program's vision is *pono* living, locally and globally. *Pono* is a Native Hawaiian word that encompasses goodness, uprightness, morality, balance, excellence, and well-being. The mission of the program is to advance the health of the peoples of Hawai'i, the nation, and the Asia-Pacific region through knowledge, discovery, innovation, engagement, inclusion, and leadership. Diversity, respect, equity, and *ho'olohe*--(listening and responding) to the needs of our community--guide our curriculum, research, and community service activities.

Student Coursework

To instill competence related to diversity and culture, the following competencies are integrated throughout the coursework for the master's and doctoral programs:

Diversity and Culture Competency

Explain why cultural competence alone cannot address health disparities; be able to interact with both diverse individuals and groups on public health issues.

- Describe the roles of history, power, privilege and structural inequality in producing health disparities.
- Explain how professional ethics and practices relate to equity and accountability in diverse community settings.
- Differentiate among availability, acceptability, and accessibility of health care across diverse populations.
- Demonstrate ability to interact effectively in diverse groups in class, practicum, student governance, and committees.

Culturally Sensitive Community Collaboration

- Facilitate and expand collaborative relationships among a variety of entities (e.g., governmental, non-governmental, public, private, and academic).
- Apply appropriate skills to integrate community entities into the planning, implementation, evaluation and interpretation of public health projects.
- Utilize the integrating concepts and skills involved in culturally appropriate community engagement and empowerment with diverse communities.

These competencies are emphasized in the majority of our courses throughout the public health curriculum, from the foundational courses to the more advanced courses. Examples of courses that incorporate these competencies are PH 600 Public Health Foundations, PH 602 Health Care Systems, PH 630 Cultural Competency in Health Care, PH 641 Intro to Health Policy, PH 673 Health Ethics, Law, and Politics, PH 674 Advanced Native Hawaiian Health Determinants, PH 683 Global Nutrition, PH 690 Global Health Challenges, PH 704 Community-Based Participatory Research, PH 728 Indigenous Applied Research Methods, PH 765 Program Evaluation, PH 770C Research Methods in Health Disparities, PH 770D Evidence-based Public Health, and PH 789 Integrative Seminar.

In addition, the practicum is the hallmark of our MPH program and 95 different practicum sites have been utilized to offer our students access to a variety of diverse populations, organizations and projects. A list of the practicum sites that have entered into a Memorandum of Agreement (MOA) with the program is provided in Criterion 2.4.a. The sites--which include government agencies, military organizations, hospitals, community health organizations, non-profit public health organizations, community coalitions, and other UH departments and programs --all provide our students the opportunity to work with diverse populations and apply the public health concepts learned throughout the coursework.

Faculty

The program has continued to recruit and retain a diverse faculty. We have launched several initiatives to increase diversity among our primary faculty. Seven tenure-track faculty positions have been filled since 2007. Of these seven new faculty members, two are Caucasian (one male and one female) and five are non-Caucasian females. Of the non-Caucasian females, one is Native Hawaiian, one is from the Mohawk nation of Canada, and three are of Chinese ancestry.

During our 2007 CEPH site visit, we were encouraged to diversify the gender and ethnicity of our faculty especially by “growing our own” faculty who were familiar with the multiethnic islands of Hawai‘i. In 2007, we had 14 primary faculty of which only 35.7% were female and 14.3% were ethnic minority.

Among our 21 primary faculty in Fall 2014, 61.9% are female and 36.8% are minority, evidence of a substantial diversification of our faculty over a 7-year period.

The 2007 CEPH report noted that the tenured faculty included only one female. In 2014, two of the tenured faculty is female. One of the female junior faculty members was slated to apply for tenure this fall, but chose instead to relocate to the University of Rochester. Another six female faculty members are on tenure track and are being coached by the Director/Chair and other mentors on career development.

Staff

The program continues to maintain a strong commitment to staff diversity. Most of our staff is female (88.9%) and from an ethnic minority group (66.7%). Of the seven staff positions that existed during our last self-study in 2007, six (85.7%) of the staff members are still with the program, indicating a high level of retention.

Students

Our student body is quite diverse. Among the 95 students enrolled in Fall 2013, 74 (77.9%) were female and 80% were non-white, including nine Native Hawaiians and Pacific Islanders.

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

The OPHS Diversity Plan was developed in consultation with the Office of Gender Equity and SEED (the program that staffs the UH Commission on Diversity). The plan was then modified for our program following a number of meetings with our students, staff, and faculty, which took place October through December 2013. All students were invited to voluntarily provide their feedback on the strengths and areas of growth for the department. Discussions with faculty and staff took place during regularly scheduled faculty and staff meetings. Based on the feedback provided, a draft was compiled and circulated for student, faculty, and staff feedback several times until it was approved in March 2014.

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

The Evaluation Committee (EC) will monitor the Diversity Plan objectives. This ensures that the Diversity Plan policies and goals are routinely and systematically reviewed every year to evaluate the progress. To date, specific targets have been set for six objectives from the Diversity Plan, and these have been added to the Report on Evaluation Indicators (REI) table. REI data are collected annually and compiled into a matrix by the EC Chair. The EC then reviews the REI and presents it at a monthly faculty meeting. Any proposed revisions to the REIs related to the Diversity Plan are shared with the faculty, students, and staff. Below are the indicators used to measure the goals of the OPHS Diversity Plan.

Goal 1. *Cultivate and sustain a diverse and multicultural student body that is reflective of Hawai'i's communities by recruiting, retaining, and graduating ethnic minority students that are under-represented in higher education.*

1. Percent of the student body that is from Hawai'i's communities. (target = 40%)
2. Percent of the student body from Native Hawaiian, Pacific Islander, and other indigenous populations. (target = 30%)
3. Percent of new students/applicants that have direct connections to or are committed to serving Hawai'i and/or Asian Pacific communities. (no target set)

Goal 2. *Encourage and monitor the recruitment of woman and minority faculty at all levels, including leadership positions, consistent with the available pool.*

1. Percent of faculty who are women. (target = 50%)
2. Percent of faculty of ethnic minority ancestry. (target = 50%)
3. Percent of faculty from Hawai'i or the Asia-Pacific region. (no target set)
4. Percent of female and minority faculty members who serve on faculty search committees when assessing faculty applications. (no target set)
5. Percent of leadership roles held by women. (target = 50%)
6. Percent of women and/or ethnic minorities who hold leadership positions. (no target set)

Goal 3. *Provide a supportive and nurturing learning environment to prepare students to collaborate with diverse communities in Hawai'i, the nation, and the Asia-Pacific region in culturally sensitive manner.*

1. Number of classes that offer community collaborations. (no target set)
2. Number of GA or RA positions that offer community collaborations. (no target set)
3. Number of students with community collaborations. (no target set)

Goal 4. *Cultivate a supportive environment for diversity including the scholarly dialogue on diversity.*

1. Workshops provided to students, faculty, and staff on relevant diversity topics. (target = 1/year)

- 1.8.e Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. Measurable objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.**

Table 1.8.1 Summary Data for Faculty, Students and Staff

	Category/Definition	Method of Collection	Data Source	Target	2011	2012	2013
Students	Hawai'i residents	Self-report	Tuition/residency forms	40%	67%	67%	75%
	Native Hawaiian/Pacific Islander/Indigenous	Self-report	UH Graduate Division Application	30%	13%	22%	29%
Faculty	Ethnic minority (Non-white)	Self-report	REI	50%	24%	33%	35%
	Female	Self-report	REI	50%	35%	44%	53%
	Female in leadership positions ¹	Self-report	REI	50%	11%	11%	20%
Staff	Ethnic minority (non-White)	Self-report	REI	50%	75%	75%	67%

¹The ten leadership positions include Director/Chair, Associate Chair, four specialization heads, the Undergraduate Chair and the three graduate chairs. The percentage of leadership positions held by women in Fall 2014 is 40%.

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

This criterion is met.

Strengths

- The program faculty is more diverse than in the past; about 37% are of minority ancestry and about 62% are female.
- As of Fall 2014, 40% of leadership roles are filled by women, compared to 11% in 2012.
- We have a large number of practicum sites that serve multi-ethnic and/or minority populations.
- The program formalized a Diversity Plan, adding new indicators of diversity to our evaluation process.
- The Diversity Plan is posted on our website, and the goals appear in the Student Handbook.
- Specific targets and strategies are outlined that will help us increase the number of Native Hawaiian, Pacific Islanders, and Indigenous students in the program.
- As noted in the Diversity Plan, the program regularly provides workshops related to diversity for faculty, staff, and students.
- Sexual Harassment Prevention training continues to be required of faculty and staff and, starting in 2014, is required for students enrolled in PH 600, our introductory course.

Challenges

- Although the program has more female faculty than before, the majority are at the Assistant Professor level.

Plans

- Continue to track diversity-related indicators across specializations, degrees, students, and faculty, and improve recruitment processes as needed.
- Continue to track grievance and complaints related to harassment.
- Increase distance education offerings to increase enrollment of students on other islands.

CRITERION 2.1 DEGREE OFFERINGS

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

- 2.1.a** An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's, and doctoral degrees as appropriate. See CEPH Data Template 2.1.1.

Table 2.1.1 Instructional Matrix – Degrees & Specializations

	Academic	Professional
Bachelor's Degree		
Public Health		BA
Master's Degrees		
Epidemiology	MS	MPH
Health Policy and Management		MPH
Native Hawaiian and Indigenous Health		MPH
Social and Behavioral Health Sciences	MS	MPH
Doctoral Degrees		
Epidemiology	PhD	
Community-Based and Translational Research		DrPH
Joint Degrees		
MD		MD-MPH

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

Applicants requesting information on our degree programs are directed to the online [Program Information Brochure](#) (Recruitment Materials/Program Brochure.pdf). The website also provides prospective applicants with information on the admission and degree requirements (<http://manoa.hawaii.edu/publichealth/degrees>).

The [Student Handbook](#) (Handbooks/Student Handbook.pdf) is available on our website and includes the curricula of the MPH specializations and a description of all classes.

Program offerings are also listed in the UH Mānoa *Catalog* (<http://www.catalog.hawaii.edu/schoolscolleges/medicine/phse.htm>).

All publications are updated and revised annually to reflect improvements and changes made to the teaching programs. Since the BA was only approved by the Board of Regents in October 2013, it could not be included in the 2013-14 *UH Mānoa Catalog*.

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

This criterion is met.

Strengths

- The program offers the required MPH degree in four specializations.
- The program offers the DrPH in Community-Based and Translational Research and the PhD in Epidemiology.
- The program opened the BA in Public Health in October 2013. As of August 20, 2014, it has 31 declared majors.
- Degree programs are well described online and in the Student Handbook and descriptions are updated annually.

Challenges

- More discussion is needed on how to articulate the undergraduate and master's degrees.
- As we move toward becoming a school, we need to discuss our degree offerings in light of the ASPPH report "MPH for the 21st Century" and the latest report from the DrPH Expert Panel.

Plans

- The above challenges were discussed at the faculty retreat on August 18, 2014, including ideas for modifying our curriculum based on recommendations on of the "MPH for the 21st Century" report. These discussions will continue through the 2014-2015 academic year.

CRITERION 2.2 PROGRAM LENGTH

An MPH degree program or equivalent professional 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.

A University System-Wide Executive Policy (E5.228) defines a credit hour as 50-60 minutes (i.e., approximately one hour) of class contact or direct faculty instruction plus two hours of out-of-class study each week for a 15-week semester or the equivalent amount of work over a different span of time. This standard applies to all course formats, including distance learning, laboratory work, practica, and other activities for which academic credit can be earned.

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

All MPH students in the program are required to complete a minimum of 42 semester credit hours. The requisite course work for the MPH degree program is presented below.

Table 2.2.b Required Coursework for the MPH Degree Program

			Semester Offered	
	REQUIRED COURSES	Credits	Fall	Spring
MPH CORE	PH 600 Public Health Foundations	2	X	
	PH 602 Introduction to Health Services	3	X	
	PH 623 Social Science and Public Health	3	X	
	PH 655 Biostatistics I	3	X	
	PH 663 Principles of Epidemiology I	3	X	
	PH 681 Environmental Determinants of Health	3	X	
Practicum	PH 791 Advanced Public Health Practice	3	X	X
Capstone	PH 789 Integrative Seminar	2	X	X
	Final Paper and Oral Presentation		X	X
TOTAL:		22		

Required Coursework for the MPH Degree Program (Continued)

			Semester Offered	
	SPECIALIZATION COURSES	Credits	Fall	Spring
EPIDEMIOLOGY	PH 656 Biostatistics II	3		X
	PH 658 Computer Applications in Public Health	3		X
	PH 664 Principles of Epidemiology II	3		X
	PH 669 Epidemiological Study Design Critique	2	X	X
	PH 666 Seminar in Infectious Disease Control or PH 748 Chronic Disease Epidemiology	3		X
	PH 747 Statistical Methods in Epidemiological Research	3	X	
Electives	Minimum of 3 credits required	3	X	X
TOTAL:		20		

			Semester Offered	
	SPECIALIZATION COURSES	Credits	Fall	Spring
HEALTH POLICY & MANAGEMENT	PH 641 Introduction to Health Policy	3		X
	PH 660 Current Topics in Community Health	2	X	
	PH 672 Leading Health Programs	3		X
	PH 673 Health Ethics, Law and Politics	3		X
	PH 677 Global Health Management	3	X	
Electives	Minimum of 6 credits required	6	X	X
TOTAL:		20		

Required Coursework for the MPH Degree Program (Continued)

			Semester Offered	
	SPECIALIZATION COURSES*	Credits	Fall	Spring
NATIVE HAWAIIAN & INDIGENOUS HEALTH	PH 635 Indigenous Health Seminar	2	X	
	PH 673 Health Ethics, Law and Politics	3		X
	PH 674 Advanced Native Hawaiian Health Determinants	3		X
	PH 675 Community-Engaged Research and Practice	2	X	
	PH 688 Indigenous People's Food Systems, Environment & Health	3	X	
	PH 728 Indigenous Applied Research Methods	3	X	
Electives	Minimum of 6 credits required	4	X	X
TOTAL:		20		

*Revised. Effective for students admitted Fall 2014 or later.

			Semester Offered	
	SPECIALIZATION COURSES	Credits	Fall	Spring
SOCIAL & BEHAVIORAL HEALTH SCIENCES	PH 649 Needs Assessment	3		X
	PH 660 Current Topics in Community Health	2	X	
	PH 702 Health Promotion Research	3		X
	PH 750 Health Behavior Change	3		X
	PH 765 Program Evaluation	3	X	
Electives	Minimum of 6 credits required	6	X	X
TOTAL:		20		

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.

MPH graduates of the program since AY2011-12 have met or exceeded the 42-credit-hour requirement, with the exception of one student. This student was admitted to the MPH degree program in Fall 2005—at which time the credit hour requirement for graduation was 33-40 semester credits—and graduated in Fall 2011 with 34 credits of public health work. According to the University's Graduate Division policy, students are held responsible for completing the degree requirements in force at the time of their admission. If the program changes the degree requirements, students already enrolled can agree to accept the new requirements, but it is not mandatory.

All students admitted to the MPH degree program since Fall 2007 have met the 42-credit-hour requirement.

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

This criterion is met.

Strengths

- All MPH students are required to complete 42 credits of coursework before graduating. No waivers are given. The only exception was a student enrolled in 2005, who graduated under the old criteria.

Challenges

- The number of required classes does not leave much room for elective coursework.

Plans

- We do not plan to increase the required credit hours beyond 42. However, graduates of our BA in Public Health will likely have taken a series of courses that may allow them to waive some of our MPH foundation courses (for example, students completing PH 310 Introduction to Epidemiology and PH 410 Advanced Epidemiology as undergraduates could waive PH 663 Principles of Epidemiology if they entered our MPH program). This would allow them more flexibility to take electives.
- We have begun discussions of the "MPH for the 21st Century" report. We have several ideas for reducing the number of required credits in the core, which will allow students to take more electives as well as get more depth in their specializations.

Criterion 2.3

PUBLIC HEALTH CORE KNOWLEDGE

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

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

The MPH program requires all students to take core courses in each of the five areas of knowledge basic to public health and to have a broad understanding of them upon graduation. These courses, shown in Table 2.3.1, are guided by the core areas of public health knowledge as defined by CEPH. We also require all MPH students to enroll in PH 600 Public Health Foundations, which provides both an orientation to our MPH program as well as a brief overview of multiple core knowledge areas. See Criterion 2.7 for a discussion of assessment procedures utilized to ensure students have a broad understanding of the areas of knowledge basic to public health.

Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for the MPH Degree

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	PH 655 Biostatistics I	3
Epidemiology	PH 663 Principles of Epidemiology I	3
Environmental Health Sciences	PH 681 Environmental Determinants of Health	3
Social & Behavioral Sciences	PH 623 Social Science & Public Health	3
Health Services Administration	PH 602 Introduction to Health Services	3

All DrPH students are expected to have taken the core graduate-level courses in biostatistics, epidemiology, and social science theory as prerequisites for the degree. Other recommended background courses for entering DrPH students without an MPH may be taken concurrently, including PH 600 Public Health Foundations and PH 765 Program Evaluation.

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

This criterion is met with commentary

Strengths

- The program has a clearly defined set of “core courses” designed to provide professional degree students with a broad understanding of the basic areas of public health that are required to be taken by all MPH students.

Challenges

- The DrPH does not require students to enter with, or concurrently enroll in, introductory courses in environmental health or health services. However, most entering students without the MPH have practical experience in health services.

Plans

- Review the forthcoming report of the DrPH Expert Panel for guidance on DrPH prereqs.

CRITERION 2.4

PRACTICAL SKILLS

All professional 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 the students' areas of specialization.

MPH Practical Skills

The MPH practicum offers students the direct opportunity to develop and expand practical skills through applied learning in public health settings outside the classroom. The intent is to allow students to develop problem-solving skills in approved and supervised practicum experiences, to apply key academic concepts in partnership with community organizations and other agencies, and in many cases to be “of service” (service learning) to the partnering organizations and their community members.

DrPH Practical Skills

DrPH students complete two practica, usually in their second year of the program. These include a Teaching Practicum (PH 771, 3 credits) and a Research Practicum (PH 772, 3 credits).

In the PH 771 Teaching Practicum, each DrPH student assists in teaching a semester-long, public health course with a faculty mentor. The student helps to finalize the course syllabus, to prepare and present lectures, to lead discussions, and to oversee and evaluate student progress. During a seminar class that accompanies the practicum, students develop a Teaching Portfolio, which includes a teaching agreement between student and mentor, a philosophy of teaching statement, a copy of the course syllabus, a sample of a lesson plan (including handouts, assignments, and PowerPoint presentations for classes conducted by the DrPH student), and formal evaluations by participants of the classes conducted by the DrPH student. The DrPH student obtains an evaluation letter from the faculty mentor. DrPH students must also write and share journal entries about significant happenings throughout the Teaching Practicum experience— successes, frustrations, problems, emotional and learning responses, and possible solutions. By the end of the course, each student is able to:

1. Integrate educational learning theory and practice into the design of a classroom curriculum.
2. Develop and implement instructional materials and problem-based activities in a public health area.
3. Utilize a variety of current teaching techniques and methods to create a supportive and productive environment that promotes student interaction, problem-solving, and analytical thinking skills.
4. Manage overall classroom climate and conduct effective in-class and out-of-class learning activities.

The PH 772 Research Practicum is designed to increase students' skills in conducting research, analyzing data, presenting findings, and writing for publication. Each DrPH student must work with a mentor on a research project. Ideally, the mentor and DrPH student will identify an independent project that is related to the mentor's program of research. In a seminar that accompanies the Research Practicum, students gain knowledge and skills on authorship, research design, writing for publication, the publication process, and building a scientific reputation. By the end of the practicum, each DrPH student is able to:

1. Demonstrate co-learning between researchers, public health professionals, and communities.
2. Critique research appropriateness, including the ethical aspects of research designs, subject recruitment, and data collection.
3. Select appropriate research designs and methods to address questions of public health importance.
4. Review and synthesize a body of research literature.
5. Select and apply appropriate approaches for evaluation and quality improvement to assess program implementation.

2.4.a Description of the program's policies and procedures regarding practice placements.

MPH Program

The application of public health concepts, knowledge, and skills is an important learning approach for all MPH students in the program. The application component is executed through the MPH practicum with careful consideration in selecting, screening, approving, providing orientation and support, monitoring, and evaluating each practicum placement and the selected preceptor. All MPH students complete the practicum course (PH 791 Advanced Public Health Practice, 3 credits), which is intended to help students synthesize, integrate, and apply practical skills that have been learned in the classroom, to gain professional experience in a public health work environment, and to work on public health practice projects that are of particular interest. Students are generally required to complete at least 8-12 credits of MPH course work before starting their practicum. Most students begin their 240-hour practicum during the summer, following their first year in the MPH degree program and the completion of 15-24 credits.

Site Selection

The selection of a placement site is based on the ability of the site agency to provide an exemplary experience in public health practice. The student and the student's program committee decide together whether the student's learning and competency needs can be met at a given site. The practicum organization's mission needs to be a good match with MPH student's background. Several sites have also become regular, pipeline practicum sites, which annually request MPH students and offer great partnership exchange. These pipelines allow a sequence of MPH students to assist with key programs and projects for our stakeholder organizations. The practicum course is required of all MPH students; it cannot be waived.

Table 2.4.a Practicum Placement Sites with OPHS Memorandums of Agreement (MOAs)

1.	Aloha Medical Mission
2.	American Congress of Obstetricians and Gynecologists (ACOG) Hawai'i Section
3.	American Samoa Community College, Community & Natural Resources Division
4.	American Heart Association, American Stroke Association, Hawai'i Division
5.	Atherton YMCA
6.	Cancer Research Center of Hawai'i, Cancer Control
7.	Castle Medical Center
8.	Catholic Charities Hawai'i, Mary Jane Home (2)
9.	CDC Honolulu Quarantine Station
10.	Coalition for a Tobacco Free Hawai'i
11.	Community Health Outreach Work to Prevent AIDS (CHOW) Project
12.	Consuelo Foundation, Head Office, Honolulu, HI
13.	CorePower Yoga, (Honolulu, Hawai'i)
14.	Farm to Keiki Preschool Program, Kaua'i, HI
15.	Fort Shafter – 18 th Medical Command
16.	Guam/Micronesia Area Health Education Center (AHEC-Guam)
17.	Halau Nalu (a Hawaiian culture- and language-based surf organization)
18.	Hamakua Health Center
19.	Hawai'i Alliance for Community-Based Economic Development (HACBED)

20.	Hawai'i Center for AIDS, Clint Spencer Clinic
21.	Hawai'i Endoscopy Center
22.	Hawai'i Medical Service Association (HMSA)
23.	Hawai'i State Dept. of Defense, Hawai'i Counterdrug Support Program
24.	Hawai'i State Dept. of Health, Office of the Director
25.	Hawai'i State Dept. of Health, Executive Office on Aging
26.	Hawai'i State Dept. of Health, Maui District Office
27.	Hawai'i State Dept. of Health, STD/AIDS Prevention Branch, Adult Viral Hepatitis Prevention
28.	Hawai'i State Office of the Governor, Healthcare Transformation Coordinator
29.	Hawai'i State Senator Rosalyn Baker
30.	Hawai'i Youth Diversion System (HYDS), Ho'opono Mamo
31.	Hawai'i Youth Services Network (HYSN)
32.	Health Care for All Hawai'i
33.	Honolulu Community Action Program (HCAP)
34.	Ho'omaka Hou Learning Center (literacy outreach)
35.	Hui No Ke Ola Pono (a Native Hawaiian Health Care System), Maui, Hawai'i
36.	Ifakara Health Research & Development Center (Tanzania, East Africa)
37.	Infections Limited Hawai'i
38.	International Health Providers Medical Group, LLC (Guam)
39.	International Rescue Committee, Suburban Washington DC Resettlement Center
40.	Institute for BioTechnology Futures
41.	Juntendo University, Dept. of Public Health (Tokyo, Japan)
42.	Ka Papahana Kuaola (<i>a mālama'āina-based non-profit organization</i>)
43.	Kalihi-Palama Health Center
44.	Kalikolehua- El Sistema Hawai'i (Music Education for Social Change)
45.	Kapi'olani Medical Center for Women and Children
46.	Kokua Kalihi Valley Comprehensive Family Services
47.	Kyorin University, Graduate School of International Cooperation Studies (Japan)
48.	Life Foundation, Hawai'i (HIV/AIDS treatment & prevention organization)
49.	Mental Health America of Hawai'i (MHA-Hawai'i)
50.	Nan Chang University, School of Public Health (China)
51.	National Kidney Foundation of Hawai'i
52.	Ocean View Family Health Clinic, Island of Hawai'i
53.	Pacific Health Research & Education Institute
54.	Pacific Health Research Institute, Kuakini Medical Center, Honolulu Heart Program (2)
55.	Pacific Island Health Officers' Association (PIHOA)
56.	Pact Inc. Myanmar
57.	Papa Ola Lokahi, 'Imi Hale Native Hawaiian Cancer Network
58.	Papa Ola Lokahi, Native Hawaiian Epidemiology Center

59.	Planned Parenthood of Hawai'i
60.	Quentin Burdick Rural Health Interdisciplinary Program
61.	Republic of Palau Ministry of Health, Bureau of Public Health
62.	Seattle Indian Health Board, Urban Indian Health Institute-State of Washington
63.	Shriners Hospitals for Children
64.	Stretch Your Imagination (Sustainable Yoga)
65.	Taipei Hospital, Ministry of Health and Welfare (Taiwan)
66.	The National Children's Study
67.	U.S. Dept. of Defense, Tripler Army Medical Center
68.	U.S. Dept. of Veterans Affairs, Sierra Pacific Veterans Integrated Services Network
69.	UH Board of Publications
70.	UH Cancer Center, Post-Doctoral Training Program
71.	UH Cancer Center, Hawai'i Tumor Registry
72.	UH Center on Disability Studies, Hawai'i Patient Reward and Incentives to Support Empowerment (HI-PRAISE) Program
73.	UH Center on Disability Studies, PONO Choices
74.	UH College of Tropical Agriculture and Human Resources, Dept. of Human Nutrition, Food and Animal Sciences (2)
75.	UH Hilo, College of Pharmacy, Center for Rural Health Science
76.	UH Kapi'olani Community College, Kupuna Education Program & Kupuna Mentoring Systems
77.	UH JABSOM, Telehealth Research Institute
78.	UH JABSOM, Dept. of Family Medicine and Community Health, Pacific Cancer Programs
79.	UH JABSOM, Dept. of Native Hawaiian Health, Imi Ho'ola Post-Baccalaureate Program
80.	UH JABSOM, Dept. of Pediatrics
81.	UH JABSOM, Dept. of Pediatrics, Division of Community Pediatrics
82.	UH JABSOM, Dept. of Psychiatry, Hawai'i's Caring Communities Initiative for Youth Suicide Prevention (HCCI)
83.	UH JABSOM, Hawaii/Pacific Basin Area Health Education Center (AHEC)
84.	UH Mānoa Children's Center (UHMCC)
85.	UH Sea Grant, Center for Island Climate Adaptation and Policy
86.	UH William S. Richardson School of Law, Medical–Legal Partnership for Children in Hawai'i
87.	University Health Services Mānoa, Health Promotion
88.	U.S. Office of Public Health & Science, Region IX Women's Health Coordinator
89.	Waianae Coast Comprehensive Health Center (2)
90.	Waikiki Health Center
91.	Western Australia Dept. of Health, Communicable Disease Control
92.	Wuhan University, School of Public Health, Dept. of Epidemiology (China)

Methods for Approving MPH Preceptors

Qualified practicum preceptors hold a master's degree (or higher) and will have at least one or, hopefully, many more years of experience in public health practice. The practicum preceptors are identified and selected based

on their years of service, their educational background, and their exemplary practice in the desired areas of the program's MPH specializations. Approval is also based on the ability of the preceptor's site to provide a practical training experience that can best meet the student's learning objectives and expected deliverables (learning outcomes). The practicum preceptor is the designated person to provide day-to-day supervision in the field while the student is engaged in the practicum placement experience.

A small number of preceptors who only hold a bachelor's degree have been allowed to serve as preceptors, (e.g., state legislative officials and Native Hawaiian leaders with a great deal of community experience). The evaluation process to allow this exception is guided by the student's advisor and includes a review of the suggested preceptor's curriculum vitae by the faculty of the student's specialization area. The faculty specialization decides if the preceptor has the experience, maturity, and professionalism to best support a MPH student's practicum learning.

Opportunities to Orient and Support MPH Preceptors

The Practicum Coordinator ensures that the selected preceptor acquires an overview and orientation to the program's practicum system. The two approaches typically utilized include a review of the OPHS Practicum Handbook (Practical Experience/Practicum Handbook.pdf) and the convening of a "practicum meeting" with the student, preceptor, student's MPH faculty committee members, and the Practicum Coordinator. The Practicum Coordinator usually convenes the meeting and engages the preceptor to ensure the preceptor is familiar with the practicum system and its processes.

The preceptor's responsibilities are reviewed and made available to them through three avenues—the Practicum Handbook, the program's Form 15 (Practical Experience/ Form 15 Practicum Approval.docx) that the preceptor signs to establish the approved practicum placement, and in the Memorandum of Agreement between the practicum site and OPHS. Ongoing support is provided through email contact, phone meetings, and in-person exchanges with the preceptor as needed. Once the practicum is completed, the preceptor is emailed a thank-you letter and certificate of appreciation, along with an MPH practicum request form to complete and submit if they are interested in working with a future practicum student.

Approaches for Faculty Supervision of MPH Students

The student is expected to meet with the practicum preceptor regularly over the course of the placement. The practicum is required to be at least 240 hours in length. The student also is expected to update and/or meet with faculty, including his or her program committee members and the Practicum Coordinator, to review and discuss his or her progress on the practicum learning objectives and expected deliverables (learning outcomes) listed on the Form 15. During their practicum, students are required to post monthly summary blogs on the practicum online classroom management system (Laulima) to describe their progress. The Practicum Coordinator reads the practicum blogs and provides written feedback throughout the student's practicum experience. Students are encouraged to complete their practicum in the summer or over a single semester, but flexibility is allowed to accommodate part-time and working students' schedules.

Upon completion, the student is required to prepare a practicum report, provide an assessment of the practice placement experience, and describe how they met the learning objectives and expected outcomes.

Evaluation of MPH Student Performance

The practicum preceptor is responsible for the evaluation of the MPH student's progress and outcomes during the practice placement experience. The practicum preceptor must complete the Form 16 Preceptor's Evaluation (Practical Experience/ Form 16 Preceptor Evaluation.pdf), which requires a direct and honest report of the student's level of success in completing the learning objectives and the deliverables (learning outcomes). The evaluation is reviewed by the Practicum Coordinator and shared with the student's program

committee and the student before the final grade for the practicum course (PH 791) is determined. Grades are based on all the evidence produced on the practicum checklist (page 16 in Practicum Handbook), including meeting the learning objectives, completing the 240 hours of field work, favorable evaluation by the preceptor, and good professional communication by the MPH student with the faculty and preceptor about his or her progress throughout the practicum. A sampling of completed Preceptor Evaluations is available in the electronic resource file (Practical Experience/ Completed Preceptor Evaluations.pdf).

Evaluation of Practice Placement Sites and Practicum Preceptors

Practice placement sites and practicum preceptors are consistently evaluated by public health faculty (especially the Practicum Coordinator and the student's MPH committee members). Placement site evaluations are based on the how well the site met the student's desired learning objectives. Preceptor evaluations examine the preceptor's professional and academic background, the amount of time and guidance offered to the student, stability of the practicum site/organization, and whether the expected deliverables (learning outcomes) were achieved. Once a practicum organization and preceptor demonstrate a positive experience with an MPH student, an invitation is offered to the same site and preceptor for future MPH student, which creates a "pipeline" practicum site.

Criteria for Waiving, Altering, or Reducing the Experience

To receive the MPH degree, the practicum experience must be successfully completed. Our MPH degree program does not allow the practicum to be waived, nor can the number of required hours be reduced.

DrPH Program

Methods for Approving DrPH Mentors

Qualified mentors will hold a doctoral degree (e.g., DrPH, MD, PhD) and will have sufficient experience in the practice of teaching and/or research.

For the PH 771 Teaching Practicum, selected faculty mentors are recognized as high-quality educators as demonstrated by course evaluations and, in many cases, by their nomination for or receipt of a teaching excellence award. The student's interest is also a factor in selecting and approving mentors. The instructor for PH 771 Teaching Practicum gives final approval for the faculty mentor selection with consultation from the DrPH Chair if necessary.

For the PH 772 Research Practicum, selected mentors are recognized as researchers from whom the student can gain skills. The student's interests and current skills factor heavily into the matching of the student and mentor. For example, if a student has greater comfort with qualitative methods, we strive to match him/her with a mentor who can help the student gain skills in quantitative research analysis. Although we expect the research undertaken in the Research Practicum to be independent from the student's dissertation research, it is usually in the same field of interest. For example, a student who conducted three studies related to breastfeeding for her dissertation was mentored by a researcher conducting studies related to maternal and child health, but examining incentives to increase physical activity in expectant woman and new mothers.

Opportunities to Orient and Support DrPH Mentors

For both the Teaching and Research Practica, information on mentoring expectations are provided by the DrPH program, and both the mentor and student complete a learning agreement.

For the Teaching Practicum, mentors play an essential role in preparing students to become effective and ethical educators. The learning agreement clearly describes expectations and main teaching responsibilities of the student. The faculty mentor is required to allow the student to provide input on the course syllabus and

assignments, lead at least two full classes (i.e., present a lecture, lead activities, facilitate class discussions), and assist with grading. The faculty mentor is expected to meet with the student regularly to provide constructive feedback, reflect on student's strengths, areas of improvement, and progress, and discuss any concerns in an effort to develop an open, supportive, and honest working relationship. They must review and discuss the results of the students' teaching evaluations. They must collaborate with the PH 771 Teaching Practicum instructor and the chair of student's doctoral committee to evaluate the student's performance and progress.

For the Research Practicum, mentors help students gain needed research skills. The learning agreement includes information on inclusive dates of the research practicum, the days and hours the student will regularly devote to the practicum (students should expect to spend 8-10 hours a week in the research rotation), and the research skills the student should gain. The faculty mentor is expected to meet with the student regularly to provide constructive feedback, reflect on student's strengths, areas of improvement, and progress, and discuss any concerns in an effort to develop an open, supportive, and honest working relationship.

Approaches for Faculty Supervision of DrPH Students

For the Teaching Practicum, the DrPH student is supervised both by his or her faculty mentor and by the instructor of the PH 771 Teaching Practicum course. The faculty mentor and the instructor of PH 771 meet to discuss student progress at least once during the semester or more often if needed.

For the Research Practicum, the DrPH student is supervised both by his or her research mentor and by the instructor of the PH 772 Research Practicum course. The faculty mentor and the instructor of PH 772 meet to discuss student progress at least once during the semester or more often if needed.

Evaluation of DrPH Student Performance

For the PH 771 Teaching Practicum, student performance is assessed in several ways:

1. The faculty mentor provides regular feedback.
2. Classes taught by the DrPH student are evaluated by the students in the class.
3. One class taught by the student is video-taped for evaluation purposes, and this evaluation is done in the PH 771 class.
4. An outside evaluator from the University of Hawai'i's Center for Teaching Excellence attends one class taught by the student to provide feedback on their teaching methods and style.
5. The DrPH student keeps a reflection journal for self-evaluation by documenting successes, frustrations, problems, emotional and learning responses, and possible solutions. Students share their reflections during class to encourage reciprocal learning.

The instructor of PH 771 and the faculty mentor collaborate on providing a final grade for the DrPH student. The grade for the course is based on student participation (15%), the teaching portfolio (30%), the reflection journal entries (15%), and the faculty mentor's evaluation (40%). The faculty mentor provides a written evaluation for the student in the form of a recommendation letter.

For the PH 772 Research Practicum, the DrPH student writes a research paper. The purpose of the paper is to demonstrate skills in writing research reports in a publishable format. The paper (in APA or AMA format) synthesizes the substantive, methodological (statistical and/or qualitative) components of the study and practicum. The student also participates in a formative evaluation by the research mentor through regular discussions of the strengths and limitations of the research practicum experience. These strengths and limitations also are discussed in the PH 772 course. The research mentor provides a written evaluation of the students' research skills and recommendations for his or her further development as a researcher. The instructor of PH 772 and the faculty mentor collaborate on providing a final grade for the DrPH student.

The grade for the course is based on student participation (25%), the research paper (50%), and the faculty mentor's evaluation (25%).

Evaluation of Practice Placement Sites and Mentors

The practice placement site and practicum preceptor are consistently evaluated by the instructors of the respective practica courses – PH 771 Teaching Practicum and PH 772 Research Practicum. Mentors also are evaluated by students, with feedback going to the instructors of the respective practica courses.

Criteria for Waiving, Altering, or Reducing the Experience

A DrPH student with extensive teaching experience may waive the PH 771 Teaching Practicum. To waive this course, the student must have five or more years of teaching experience prior to entering the DrPH program. The student must also demonstrate their teaching skills through a colloquium for public health faculty. To date, only three students have been allowed to waive PH 771. One was a veteran instructor at a local community college, and two had extensive teaching experience at out-of-state universities. All three were engaged in teaching activities outside of the DrPH program during the year when their cohort was expected to take PH 771.

A student with extensive research experience may waive the PH 772 Research Practicum. To date, only one student has been allowed to waive this course. This student was employed as a public health researcher and had demonstrated skills in both qualitative and quantitative methods.

The decision to allow a student to waive PH 771 or PH 772 is made by the Graduate Chair of the DrPH program in collaboration with the instructor of the respective practica.

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

Table 2.4.b Practicum Preceptors and Agencies, AY2012-13 & AY2013-14

Student	Preceptor(s)	Agency
EPIDEMIOLOGY SPECIALIZATION		
V. Kawakami	Tai-Ho Chen, MD	Centers for Disease Control (CDC), Honolulu Quarantine Station
T. Salek	Heather Lusk, MS(c)	Community Health Outreach Work to Prevent AIDS (CHOW) Project
M. Hayashi	Dominic Chow, MD	Hawai'i Center on AIDS
M. Katekaru	Ann Pobutsky, PhD	Hawai'i State Dept. of Health (DOH), Developmental Disabilities Division
D. Watters	Sarah Park, MD	Hawai'i State Dept. of Health (DOH), Disease Outbreak Control Division
J. Anderson	Don Hayes, MD	Hawai'i State Dept. of Health (DOH), Family Health Services Division
M. Corpus	Don Hayes, MD	Hawai'i State Dept. of Health (DOH), Family Health Services Division, Pregnancy Risk Assessment Monitoring System (PRAMS)

Student	Preceptor(s)	Agency
L. Takeuchi	Peter Whitar, MPH	Hawai'i State Dept. of Health (DOH), STD/AIDS Prevention Branch
T. Lee	Zhaokang Yuan, PhD	Nanchang University, School of Public Health Nanchang, Jiangxi, China
N. Deville	Inger Appanaitis, MPH & Travis Singeo, PhD	Pacific Island Health Officers' Association (PIHOA), Republic of Palau
J. Armenta	Michelle Rathke, MS	Stretch Your Imagination
C. Beyers	Rebecca Ozaki, PhD	UH Mānoa, College of Education, Center on Disability Studies
R. Corrado	Corilee Watters, PhD	UH Mānoa, College of Tropical Agriculture & Human Resources, Dept. of Human Nutrition, Food and Animal Science
S. Demapan	Michael Green, CTR	UH Cancer Center Registry
Z. Fu	Shi Yue Li, PhD	Wuhan University Wuhan, Hubei, China
M. Guo	Shi Yue Li, PhD	Wuhan University Wuhan, Hubei, China
HEALTH POLICY AND MANAGEMENT SPECIALIZATION		
A. Chang	Raydeen Burse, MD	American Congress of Obstetricians and Gynecologists (ACOG) Hawai'i Section
J. Constantino	Rebekah Sarsfield	Fort Shafter-18 th Medical Command
F. Naputi	Linda DeNorcey, MPH	Guam Dept. of Public Health & Social Services, Community Health Center
J. Brann	Lorin Pang, MD	Hawai'i State Dept. of Health (DOH), Maui District Office
S. Ludzia-Whelan	Beth Giesting, MPH	Hawai'i State Office of the Governor, Healthcare Transformation Coordinator's Office
A. Correa	Judith Clark, MPH	Hawai'i Youth Services Network (HYSN)
D. Mandari	Michael Epp, MS	Pacific Island Health Officers' Association (PIHOA), Honolulu, HI
M. Trask-Batti	Nicole Taniguchi, MPH	Papa Ola Lokahi, Native Hawaiian Epidemiology Ctr
D. Basques	Ralph Forquera, MPH	Seattle Indian Health Board, Urban Indian Health Institute
D. Navasca	Marvis Nitta, MPH	UH John A. Burns School of Medicine, Dept. of Family Medicine & Community Health, Pacific Cancer Programs

Student	Preceptor(s)	Agency
Y. Johnson	Kelley Withy, MD	UH John A. Burns School of Medicine, Hawai'i/Pacific Basin Area Health Education Center (AHEC)
M. Hitosugi- Levesque	Kelley Withy, MD	UH John A. Burns School of Medicine, Telehealth Research Institute
T. Tydingco	Kevin Hitosis, DNP	U.S. Dept. of Veterans Affairs, Rural Health Training Initiative
D. Black	Marc Gannon, MSW, MBA	Waikiki Health Center
NATIVE HAWAIIAN AND INDIGENOUS HEALTH SPECIALIZATION		
C. Noble-Tabiolo	Ron Matsuoka, DSW	Consuelo Foundation
K. Wilson	Deborah Goebert, DrPH	UH John A. Burns School of Medicine, Department of Psychiatry, Hawai'i's Caring Communities Initiative
A. Morisako	Leilani Au, MEd	UH Mānoa Children's Center
SOCIAL AND BEHAVIORAL HEALTH STUDIES SPECIALIZATION		
L. Flynn	Michelle Rathke, MS	CorePower Yoga Honolulu, HI
E. Lee	Heather Chun, MSW	Hawai'i State Dept. of Health (DOH), Executive Office on Aging
K. Takata	Heather Chun, MSW	Hawai'i State Dept. of Health (DOH), Executive Office on Aging
M. Oshiro	Therese Argoud, MPH Stan Michaels, MFA	Hawai'i State Dept. of Health (DOH), Injury Prevention & Control Section
E. Marsh	Joan Takamori, MSN	Hawai'i State Dept. of Health (DOH), Public Health Nursing Branch
S. King	Puni Johnson, MFA	Kōkua Kalihi Valley Comprehensive Family Services
K. Bifulco	Antonia Alvarez, MPH	Mental Health America of Hawai'i
M. Beemer	Vickie Crosby, APNP	Ocean View Family Health Clinic Ocean View, Island of Hawai'i
I. Chik	Giuseppe Cuboni, MD	Pacific Island Health Officers' Association (PIHOA), Palau Community College
R. Soon	JoAnn Tsark, MPH	Papa Ola Lokahi, 'Imi Hale Native Hawaiian Cancer Network
B. Kobashigawa	Holly Manaseri, PhD	UH Mānoa, College of Education, Center on Disability Studies
B. McInerny	Tai-An Miao, MS	UH Mānoa, College of Social Sciences, Dept. of Urban & Regional Planning
K. Amato	May Okihiro, MD	UH John A. Burns School of Medicine, Dept. of Pediatrics, Hawai'i Initiative for Childhood Obesity Research and Education (HICORE)

Student	Preceptor(s)	Agency
A. Hiller	Joseph Humphry, MD	UH John A. Burns School of Medicine, Telehealth Research Institute
M. Konishi	Kevin Cassel, DrPH	UH Cancer Center
M. McGurk	Yvonne Geesey	U.S. Dept. of Veterans Affairs, Health Promotion and Disease Prevention

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

The MPH practicum may NOT be waived.

One waiver was granted for the DrPH research practicum since this particular DrPH student was already a skilled researcher. Three waivers were granted for the teaching practicum since the students all had previous college-level teaching experience.

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

Not applicable.

2.4.e Assessment of the extent to which this criterion is met and analysis of the program strengths, weakness and plans relating to this criterion.

This criterion has been met.

Strengths

- A 240-hour practice-skills experience is required of all MPH students.
- DrPH students are required to complete teaching and research practica, and rigorous criteria for waiving these practica are enforced.
- The MPH and DrPH practica have well delineated policies and procedures that allow for planned, approved, supported, supervised and evaluated field work experiences that provide students opportunities to synthesize, integrate, and apply practical skills.

Challenges

- The tracking of the MPH and DrPH practica are primarily done through Excel, requiring regular data entry by the Practicum Coordinator and the DrPH Chair of Field of Study.

Plans

- To strengthen and expand practicum activities, the program plans to bring the practicum system online, which would incorporate a tracking system of practicum documents, allow public health organizations to request a practicum student, and provide better linkages between sites and students.
- Discussion has also started during the Fall 2014 semester to better articulate Teaching Practicum criteria for students working with undergraduate-level courses.

CRITERION 2.5

CULMINATING EXPERIENCE

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

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

MPH Culminating Experience

In the MPH degree program, successful completion of the culminating experience assures that students are able to integrate their classroom experiences with the realities of public health practice in the field. The MPH culminating experience includes the practicum, a final paper, and a final oral examination presentation. Students can begin the final stages of their culminating experience (the final paper and orals) after completing the practicum course (PH 791) and subsequently registering for the required Integrative Seminar course (PH 789, 2 credits) in the final semester of their MPH degree program. The final paper and final oral examination are required assignments for PH 789.

As with other milestones in the student's program of study, the final paper and oral presentation are guided by the student's program committee. The student's program committee appraises the student's attainment of the MPH degree requirements and competencies. Although the final paper and final oral examination presentation may be based on the student's practicum, all MPH students are required to integrate and synthesize a broader scope than the practicum itself. The final paper and final oral examination presentation are the opportunities for students to demonstrate mastery of the core and specialization competencies and to demonstrate their preparedness for the professional workforce. Examples of MPH capstone presentations (Culminating Experience/MPH Capstone Presentations) and final papers (Culminating Experience/MPH Final Papers) are available in the electronic resource file.

The MPH culminating experience for all specializations expects the student to demonstrate his or her ability to:

1. Examine a key issue, concern, or research problem related to the area of their public health specialization;
2. Apply conceptual models and/or theoretical frameworks to address the issue/problem; and
3. Demonstrate integration and practical application of public health concepts and evidence-based interventions for the specialization.

Each specialization provides a recommended outline for the final paper and presentation in the Student Handbook. The date and time of a student's final oral examination/capstone presentation are advertised through the program's faculty and student Listserv, and presentations are open to the public. A question-and-answer session follows the presentation, in which the committee and other members of the audience are free to ask the student questions pertinent to his or her specialization or to the field of public health to fully assess the student's knowledge and understanding of the MPH and specialization-specific competencies. The evidence used to assess the culminating experience for MPH students includes the following items:

1. The MPH student portfolios produced in the PH 789 Integrative Seminar course. Examples are available in the electronic resource file (Culminating Experience/MPH Student Portfolios).
2. A final competency matrix completed by the students themselves, linking where in the curriculum they met the required competencies.

3. Passing grades (i.e., a grade of C- or better) in all MPH courses, indicating mastery of the content and competencies.
4. Successful completion of their 240 practicum.
5. Successful completion and presentation of a written final paper.

DrPH Culminating Experience

In the DrPH degree program, the culminating experience includes the comprehensive exam, the dissertation, the dissertation defense, and the DrPH portfolio.

The DrPH Program requires the three-manuscript-ready dissertation, meaning that the dissertation includes an overview and three manuscripts of publishable quality related to the central theme of the dissertation. At least two of the three manuscripts must be based upon empirical research conducted by the student, one using quantitative and the other qualitative methods. The third manuscript may be non-empirical (e.g., a systematic literature review or a theoretical policy paper).

Dissertation research is preceded by the comprehensive exam, during which the student defends his or her dissertation proposal and answers questions testing his or her understanding and integration of knowledge. The completed dissertation itself is defended in a public forum (aka the final exam), and both the oral presentation and the written work must be approved by the 5-member dissertation committee. The electronic resource file includes examples of DrPH students' oral presentations (Culminating Experience/DrPH Presentations.pdf) and dissertations (Culminating Experience/DrPH Dissertations.pdf).

Prior to the final exam, the candidate prepares a summary of his or her portfolio products (titles and abstracts) for review by the dissertation committee members. This is sent to committee members by the chair of the dissertation committee prior to the defense, with a note certifying that the candidate has completed the portfolio. Products demonstrate mastery of skills gained through the doctoral program, including a systematic literature review, legislative testimony, a policy analysis, syllabi and evaluations from student teaching, a statement of teaching philosophy, research proposals, abstracts, and posters or PowerPoint presentations of research presented at scientific meetings.

DrPH students must demonstrate that they can:

1. Address a key issue, concern or research problem related to community-based, translational research;
2. Apply conceptual models and quantitative and qualitative research methods to address the issue/problem;
3. Demonstrate integration and practical application of public health concepts and evidence-based interventions; and
4. Demonstrate scientific writing and presentation skills.

The DrPH Chair provides a recommended outline for the three-manuscript dissertation and presentation (Culminating Experience/DrPH Dissertation Proposal Outline.pdf). The date and time of the dissertation defense are advertised program- and University-wide, and the defense is open to the public. The question-and-answer portion of the defense allows the committee members to assess the student's mastery of the DrPH competencies.

The culminating experience evidence for DrPH students includes the following items:

1. The DrPH portfolio collected prior to the dissertation defense, which is evaluated by the candidate's dissertation committee. Examples are available in the electronic resource file (Culminating Experience/DrPH Student Portfolios.pdf).
2. An assessment of competencies completed by the students themselves linking where in the curriculum

they met their competencies, completed during the DrPH Annual Review (Culminating Experience/ DrPH Student Annual Review Form.pdf). All DrPH course syllabi delineate to the students which specific course content that is linked with specific competencies that would have been mastered by the end of course. The full DrPH competency system is directly linked with overall DrPH curriculum in the form of curriculum map, as shown on page 8 of the DrPH Handbook.

3. Passing grades (i.e., a grade of B- or better) in all DrPH courses, indicating mastery of the content and competencies.
4. Passing of the qualifying and comprehensive exams.
5. Successful completion of their teaching and research practica.
6. Successful completion and presentation of their dissertation.

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

This criterion is met.

Strengths

- The MPH has a well-defined culminating experience with documented procedures and expectations. A practicum, a capstone paper, and an oral presentation are required of all students before the MPH degree is awarded.
- The DrPH has a well-defined culminating experience with documented procedures and expectations. A comprehensive exam, a dissertation, a final exam, and a portfolio are required of all students before the DrPH degree is awarded.

Challenges

- Because DrPH students are required to file their dissertations with the University's Graduate Division, the program does not keep sample dissertations on file. However, we have requested copies from our graduates to share in the electronic resource file.

Plans

- Continue to monitor the program to assure that the culminating experience provides evidence that students have mastered the competencies of their degree programs.

CRITERION 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.

- 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 program (eg, one set each for BSPH, MPH and DrPH).**

Competencies for the BA Program in Public Health

Overview of Public Health

1. Review the history and philosophy of public health.
2. Identify and explain the core functions of public health.
3. Articulate the differences in public health priorities in various regions of the world.

Role and Importance of Data in Public Health

1. Identify the basic concepts, methods, and be able to apply qualitative and quantitative tools of public health data collection, use, and analysis in elementary research analyses.
2. Explain the basic principles of epidemiology.
3. Review fundamental statistical concepts and apply them in elementary research analyses.

Identifying and Addressing Population Health Challenges

1. Apply core concepts of public health, grounded in an ecological perspective to assessing public health issues.
2. Articulate the natural and social determinants of health status in communities, and the dynamic interplay among these factors in various populations.
3. Identify current public health topics including an analysis of the societal attitudes that generate differential impacts to various communities.
4. Describe Indigenous People's health in a historical context, and discuss the impacts of colonial processes and social determinants on health outcomes.

Determinants of Human Health

1. Describe the major human diseases and their underlying etiologies.
2. Show proficiency in sub-disciplines including biological aspects of public health; epidemiology; genetics; health informatics; environmental and global health sciences; and infectious and chronic diseases.
3. Identify the impact of the environment, social disparities, and both communicable and non-communicable diseases on health.

Project Implementation

1. Explain the fundamental concepts and features of a public health-related project.
2. Use information literacy skills such as locating and evaluating pertinent public health information.
3. Generate research questions, analyze and present data, and interpret and discuss findings.
4. Exhibit critical thinking and analytical abilities, including the capacities to engage in inductive and deductive thinking, quantitative reason, and to construct sound arguments.

Overview of the Health System

1. Distinguish the fundamental characteristics and organizational structures of the U.S. health system, as well as the differences in systems abroad.
2. Explain the role that public health plays in disaster prevention and management and evaluate public policy issues with respect to access, quality and cost, when understanding health disparities within vulnerable populations.

Health Policy, Law, Ethics, and Economics

1. Discuss basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy.
2. Articulate the impact of public health policies on vulnerable populations, including Indigenous Peoples.

Health Communication

1. Apply abstract reasoning and critical thinking skills to communicate public health research and practice to public and professional audiences.
2. Demonstrate effective written communication skills.
3. Demonstrate effective public speaking skills during classroom discussions and presentations.

Competencies for the MPH Program

Epidemiology Competencies

1. Apply the basic terminology and definitions of epidemiology used to identify patterns of disease and injury in human populations and apply epidemiological methods to the identification and control of health problems.
2. Identify key sources of data and apply descriptive techniques commonly used to summarize public health data used to inform scientific, ethical, economic, and political discussion of health issues.
3. Calculate basic epidemiological measures, apply common statistical methods, and interpret results of statistical analyses used in public health studies.

Health Policy and Management Competencies

1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
2. Describe the legal and ethical bases for public health and health services.
3. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
4. Apply “systems thinking” for resolving organizational problems.

Social and Behavioral Health Sciences Competencies

1. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
2. Identify the causes of social and behavioral factors that affect health of individuals and populations.
3. Describe the merits of social and behavioral science interventions and policies.
4. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.

Biostatistics Competency

1. Apply basic statistical methods to address, analyze and solve problems in public health.

Environmental Health Competency

1. Describe how environmental factors (biological, physical, and chemical) affect the health of a community.

Diversity and Culture Competency

1. Explain why cultural competence alone cannot address health disparities; be able to interact with both diverse individuals and groups on public health issues.

Public Health Biology Competency

1. Discuss how public health biology – the biological and molecular context of public health – impacts public health practice.

Systems Thinking Competency

1. Recognize system-level properties that result from dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations, communities, and environments.

Ethics and Professionalism Competency

1. Demonstrate ethical choices, values and professional practices implicit in public health decisions; consider the effect of choices on community stewardship, equity, social justice and accountability; and to commit to personal and institutional development.

Communication and Informatics Competency

1. Collect, manage and organize data to produce information and demonstrate ability to present this information in meaningful ways to different audiences.

Competencies for the DrPH Program

Advocacy and Policy Development

1. Serve as a liaison and advocate to the policy community for diverse pressing public health issues.
2. Interact productively with stakeholders and decision-makers to impact public policy.
3. Identify, develop, and apply policies, laws and regulations for public health improvement.
4. Translate policy into organizational plans, structures and programs.

Communications (all courses)

1. Demonstrate effective written and oral skills for communicating with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds and persons of all ages and lifestyle preferences.

Culturally Sensitive Community Collaboration

1. Facilitate and expand collaborative relationships among a variety of entities (e.g. governmental, non-governmental, public, private, and academic).
2. Apply appropriate skills to integrate community entities into the planning, implementation, evaluation and interpretation of public health projects.
3. Utilize integrating concepts and skills involved in culturally appropriate community engagement and empowerment with diverse communities.

Ethics

1. Demonstrate and apply high ethical standards to all activities, including the communication and interaction with diverse populations, the general conduct of research, and the handling of information and data.

Informatics

1. Collaborate with communication and informatics specialists in the process of design, implementation and evaluation of public health programs.
2. Use information technology to access, interpret and evaluate public health data and reduce health disparities.

Leadership

1. Develop strategies to promote collaborative problem solving, decision-making and evaluation.
2. Engage stakeholders and manage teams, groups, and organizations to work toward a defined goal.

Planning and Evaluation

1. Integrate evidence and community experience to describe, anticipate, and mediate public health needs and problems.
2. Identify and apply appropriate theory to inform the design and evaluation of public health interventions.
3. Integrate theory, empirical knowledge, and community needs with financial planning and infrastructure design in the context of acquiring external funds.

Research

1. Promote co-learning between researchers, public health professionals and communities.
2. Critique research appropriateness, including the ethical aspects of research designs, subject recruitment and data collection.
3. Select appropriate research designs and methods to address questions of public health importance.
4. Review and synthesize a body of research literature.
5. Select and apply appropriate approaches for evaluation and quality improvement to assess program implementation.

Critical Analysis and Systems Thinking

1. Critically analyze, use and synthesize information from multiple sources to address public health problems/issues.
2. Analyze and evaluate the impact of inter-relationships among systems that influence the quality of life of diverse populations in their communities.
3. Analyze the impact of local, national, and global trends and interdependencies on PH related problems and systems.

Teaching

1. Teach, advise, and mentor to enhance the capacity of students, peers, and community members.
2. Identify, develop and implement engaged teaching methods that are appropriate for the respective audiences and conditions.

2.6.b Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

The bachelor's degree in public health does not offer an area of specialization.

The competencies for the specialization in Community-Based and Translational Research are included with the DrPH competencies in 2.6.a.

There are four MPH specializations: 1) Epidemiology; 2) Health Policy and Management; 3) Native Hawaiian and Indigenous Health; and 4) Social and Behavioral Health Sciences.

Competencies for the MPH Specializations

MPH Epidemiology Specialization Competencies

1. Identify the epidemiological dimensions of the major causes of morbidity and mortality regionally, nationally and internationally with particular emphasis on chronic and infectious disease.
2. Identify public health practices for disease control including surveillance, screening and outbreak investigation.
3. Identify practices for disease detection including the use of biomarkers and molecular biology.
4. Demonstrate proficiency in computer based data collection, management and analysis using major statistical software and fundamental strategies for biostatistical analysis.
5. Demonstrate application of epidemiology knowledge and skills through a practicum, by 1) developing and achieving practicum learning objectives; 2) demonstrating application of dimensions of epidemiology in the field; 3) completing an epidemiological practicum project; and 4) articulate how the project contributes to the field of public health.
6. Demonstrate skills in the synthesis of epidemiological knowledge and practice, by including in the final paper/oral: 1) a critical assessment of the epidemiological data and literature relevant to a public health problem or topic; 2) an overview of the existing studies that address the public health problem or topic; 3) an overview of the practicum project and application of appropriate approach; 4) presentation and interpretation of the findings; and 5) implications for public health.

MPH Health Policy and Management Specialization Competencies

1. Discuss the policy process for improving the health status of populations.
2. Apply principles of strategic planning and marketing to public health.
3. Apply quality and performance improvement concepts to address organizational performance issues.
4. Communicate health policy and management issues using appropriate channels and technologies.
5. Demonstrate leadership skills for building partnerships.

MPH Native Hawaiian and Indigenous Health Specialization Competencies

1. Describe indigenous people's health in a historical context and analyze the impact of colonial processes on health outcomes.
2. Analyze key comparative health indicators and social determinants of health for indigenous peoples.
3. Critically evaluate indigenous public health policy and programs.
4. Apply the principles of economic evaluation to indigenous programs with a particular focus on the allocation of resources relative to need.
5. Demonstrate a reflexive public health practice for indigenous peoples' health contexts.
6. Demonstrate a disease prevention strategy, which values and incorporates indigenous peoples' traditional knowledge.

MPH Social and Behavioral Health Sciences Specialization Competencies

1. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.
2. Describe the role of social and community factors in both the onset and solution of public health problems.
3. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.
4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.

5. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.
6. Apply ethical principles to public health program planning, implementation and evaluation.
7. Demonstrate application of SBHS knowledge and skills through a practicum, by 1) developing and achieving a practicum learning objectives; 2) demonstrating application of dimensions of SBHS in the field; 3) completing a practicum project; and 4) articulate how the project contributes to the field of public health.
8. Demonstrate skills in the synthesis of SBHS knowledge and practice, by including in the final paper/oral: 1) a critical assessment of the data and SBHS literature relevant to a public health problem or topic; 2) an overview of the existing programs and policies that address the public health problem/topic; 3) an overview of the practicum project and application of appropriate approach; 4) presentation and interpretation of findings; and 5) implications for public health.

The academic degrees offered are the PhD and MS in Epidemiology and the MS in Social and Behavioral Health Sciences.

Competencies for the PhD in Epidemiology

General Skills and Knowledge

1. Descriptive Epidemiology

- Produce the descriptive epidemiology of a given condition, including case definition, calculation of the primary measures of disease morbidity and mortality, and appropriate comparisons by person, place and time.
- List the strengths and limitations of descriptive studies.
- Identify data from existing national and international sources.

2. Biology

- Complete course work or equivalent in human physiology and pathophysiology, with special competence in the disease addressed in the student's dissertation.

3. Basic knowledge of the leading public health problems and the history of the discipline

- Identify major chronic and infectious diseases, their general pathophysiology, descriptive epidemiology and risk factors.
- Identify leading causes of death.
- Understand the general history of the development of epidemiology, including the major epidemiological studies of selected diseases.
- Know the principles of screening and of surveillance systems, including understand the concepts of validity and reliability of screening tests and be able to calculate associated measures and know the types of surveillance systems and approaches used in disease surveillance.
- Understand the global, cultural, and social context of health problems and how these influence the conduct, interpretation, and dissemination of research and intervention studies.

Research

1. Problem Conceptualization

- Search the literature.
- Review and critically evaluate the literature (be familiar with different approaches to reviewing and synthesizing the literature).
- Synthesize available information.
- Identify meaningful gaps in knowledge.
- Formulate an original and key hypothesis or statement of the research problem.

2. Study Design

- Design a study using any of the main study designs (including clinical trials and community trials).
- Understand the advantages and limitations of each design for addressing specific problems, as well as the practical aspects of their uses, including trade-offs. This understanding will be reflected in selecting the most appropriate and efficient design for a designated problem.
- Calculate the requisite sample size.
- Identify and minimize sources of bias; describe both the direction and magnitude of the bias and the effect of potential biases on the measures of association.
- Use basic population sampling methods.

3. Data Collection and Monitoring

- Use methods of measurement – design data collection forms assessing both exposures and outcomes; determine the validity of the instrument; identify the presence and magnitude of measurement error; adjust for measurement error when appropriate data are available.
- Monitor the conduct and progress of data collection; develop, implement and assess quality control measures.

4. Data Management

- Create data files appropriate for analysis; carry out the steps needed to create new variables, clean the data sets, etc.

5. Data Analysis

- Use statistical computer packages to calculate and display descriptive statistics, analyze categorical data, and perform multivariable regression, survival analysis, and longitudinal analysis.
- Examine data for the presence of confounding and interaction (effect modification), identify their presence, and manage them appropriately.

6. Interpretation

- Interpret the research results, make appropriate inferences based on results, and recognize the implications of the research results; (also see 2.2.4 above – Study design).

7. Communication

- Communicate research results orally and in writing to both scientists and non-scientists (includes preparation of a manuscript suitable for publication in a scientific journal and presentation of research proposals).
- Present research data in both tabular and figure forms.

8. Ethics

- Understand the concepts of human subjects protections and confidentiality, and awareness of particular issues relevant to the study of specific populations.
- Apply this understanding as evidenced in the design and conduct of their research.

9. Substantive area

- Demonstrate mastery of a substantive area, including knowledge and application of that knowledge in conducting original research related to a specific topic.

Competencies for the MS in Epidemiology

1. Demonstration of an understanding of epidemiologic-specific theoretical constructs, research design, research methodology, and analytic strategies.
2. Participation in an original research project that makes a contribution to the body of knowledge in epidemiology.

Competencies for the MS in Social and Behavioral Health Sciences

1. Develop a study protocol detailing research questions, sampling strategies, and quantitative and/or qualitative research methods.
2. Use the scientific method to design, conduct and report on a study about a question concerning the social and behavioral health sciences.

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. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.

Table 2.6.1.a DrPH Competencies Matrix

DrPH Competencies		PH 770B Global & Domestic Health Disparities	PH 770C Research Methods in Health Disparities	PH 770D Evidence-Based Programs in Global Health & Health Disparities	PH 770E Topics in Health Disparities & Policy	PH 630 Cultural Competency	PH 704 Community-Based Participatory Research	PH 771 Teaching Practicum	PH 772 Research Practicum	Statistics & Methods	Qualifying Phase	PH 800 Dissertation Research
Advocacy & Policy Development	Serve as liaison & advocate to the policy community	P			R							
	Interact productively with stakeholders and decision-makers	P			R							
	Identify, develop, & apply policies, laws and regulations	P			R							
	Translate policy into organizational plans, structures and programs	P										
Ethics	Demonstrate and apply high ethical standards to all activities	P	P	P	R		P					R
Culturally Sensitive Community Collaboration	Facilitate & expand collaborative relationships					P	R					R
	Apply appropriate skills to integrate community entities					P	R					R
	Utilize integrating concepts & skills involved in culturally appropriate community engagement and empowerment					P	R					R
Communication	Demonstrate effective written and oral skills for communicating	P	P	R	R	P	P	R	R		P	R
Informatics	Collaborate with communication and informatics specialists	P				P		P	P		P	R
	Use information technology	P	P	P		P		P	P		P	R
Leadership	Develop strategies to promote collaborative problem solving, decision making and evaluation	P	P	R			P	R	R			R
	Engage stakeholders and manage teams, groups, and organizations	P	R	R			P	R	R			R

DrPH Competencies	Planning & Evaluation	Integrate evidence & community experience to describe, anticipate, and mediate needs and problems Identify & apply appropriate theory to inform design and evaluation of interventions Integrate theory, empirical knowledge, & community needs with financial planning and infrastructure design	PH 770B Global & Domestic Health Disparities	PH 770C Research Methods in Health Disparities	PH 770D Evidence-Based Programs in Global Health & Health Disparities	PH 770E Topics in Health Disparities & Policy	PH 630 Cultural Competency	PH 704 Community-Based Participatory Research	PH 771 Teaching Practicum	PH 772 Research Practicum	Statistics & Methods	Qualifying Phase	PH 800 Dissertation Research
			P	P	P			P					R
			P	P	R								R
	Research	Promote co-learning between researchers, public health professionals and communities		P	R			P		R	R		R
		Critique research appropriateness		P	R			P		R	R		R
		Select appropriate research designs and methods		P	R			P		R	R		R
		Review and synthesize a body of research literature		P	R			P		R	R		R
		Select and apply appropriate approaches for evaluation and quality improvement						P		R	R		R
		Critically analyze, use and synthesize information from multiple sources	P	P	P	R	P	P	R	R	R	P	R
	Critical Analysis & Systems Thinking	Analyze and evaluate the impact of inter-relationships	P			R	P	P	R	R	R	P	R
		Analyze the impact of local, national, and global trends and interdependencies	P	P	P	R	P	P	R	R	R	P	R
		Teach, advise, and mentor							P	P			
	Teaching	Identify, develop and implement engaged teaching methods							P	P			
									P	P			

Table 2.6.1.b PhD Competencies Matrix

PhD in Epidemiology Competencies		PH 655 Biostatistics I	PH 656 Biostatistics II	PH 658 Computer Applications in PH	PH 663 Principles of Epi I	PH 664 Principles of Epi II	PH 665 Infectious Diseases Microbio I	PH 669 Epi Study Design	PH 747 Stat Methods in Epi Research	PH 748 Chronic Disease Epi	PH 771 Teaching Practicum	PH 772 Research Practicum	PH 800 Dissertation Research
Descriptive Epidemiology	Produce the descriptive epidemiology of a given condition, including case definition, calculation of the primary measures of disease morbidity and mortality, & appropriate comparisons by person, place and time				P					R			
	List the strengths & limitations of descriptive studies				P	R							
	Identify data from existing national & int'l sources				P	R							
	Identify major chronic and infectious diseases, their general pathophysiology, descriptive epidemiology and risk factors						P			R			
Basic Knowledge of the Leading Public Health Problems and the History of the Discipline	Identify leading causes of death				P	P							
	Understand the general history of the development of epidemiology, including the major epidemiological studies of selected diseases				P	P			R	R			
	Know the principles of screening and of surveillance systems, including understand the concepts of validity and reliability of screening tests and be able to calculate associated measures and know the types of surveillance systems and approaches used in disease surveillance				P	P							
	Understand the global, cultural, and social context of health problems and how these influence the conduct, interpretation, and dissemination of research and intervention studies					P							

PhD in Epidemiology Competencies		PH 655	PH 656	PH 658 Computer Applications in PH	PH 663 Principles of Epi I	PH 664 Principles of Epi II	PH 665 Infectious Diseases Microbio I	PH 669 Epi Study Design	PH 747 Stat Methods in Epi Research	PH 748 Chronic Disease Epi	PH 771 Teaching Practicum	PH 772 Research Practicum	PH 800 Dissertation Research
Problem Conceptualization	Search the literature					P	P		R	P		P	R
	Review and critically evaluate the literature					P			R				R
	Synthesize available information					P			R		R		R
	Identify meaningful gaps in knowledge								R			P	R
	Formulate an original and key hypothesis or statement of the research problem											P	R
Study Design	Design a study using any of the main study designs											P	R
	Understand the advantages & limitations of each design for addressing specific problems, as well as the practical aspects of their uses, including trade-offs.				P	P						P	R
	Calculate the requisite sample size			P				R					R
	Identify & minimize sources of bias; describe both the direction & magnitude of the bias and the effect of potential biases on the measures of association					P						P	R
	Use basic population sampling methods		P			R		R					R
Data Collection and Monitoring	Use methods of measurement- design data collection forms assessing both exposures & outcomes; determine the validity of the instrument; identify the presence & magnitude of measurement error; adjust for measurement error when appropriate data available											P	R
	Monitor the conduct and progress of data collection; develop, implement and assess quality control measures											P	R
Biography	Complete course work or equivalent in human physiology & pathophysiology, with special competence in the disease addressed in the student's dissertation						P						

PhD in Epidemiology Competencies		PH 655	PH 656	PH 658 Computer Applications in PH	PH 663 Principles of Epi I	PH 664 Principles of Epi II	PH 665 Infectious Diseases Microbio I	PH 669 Epi Study Design	PH 747 Stat Methods in Epi Research	PH 748 Chronic Disease Epi	PH 771 Teaching Practicum	PH 772 Research Practicum	PH 800 Dissertation Research
Data Management	Create data files appropriate for analysis; carry out steps to create new variables, clean the data sets, etc.			P				P				R	R
Data Analysis	Calculate and display descriptive statistics, analyze categorical data, and perform multivariable regression, survival analysis, and longitudinal analysis	P	P	P		P		P				R	R
	Examine data for the presence of confounding and interaction (effect modification), identify their presence, and manage them appropriately					P		P				R	R
Interpretation	Interpret the research results, make appropriate inferences based on results, and recognize the implications of the research results					P			P			R	R
Communication	Communicate research results orally and in writing to both scientists and non-scientists										P	R	R
	Present research data in both tabular & figure forms					P		P	P	R	R	R	R
Ethics	Understand the concepts of human subjects protections & confidentiality, and awareness of particular issues relevant to the study of specific populations					P						P	R
	Apply this understanding as evidenced in the design and conduct of their research											P	R
Substantive Area	Demonstrate mastery of a substantive area, including knowledge and application of that knowledge in conducting original research related to a specific topic										R	P	R

Table 2.6.1.c MPH Core Competencies Matrix

MPH Core Competencies		PH 600 Foundations in PH	PH 602 Intro to Health Services	PH 623 Social Science and PH	PH 655 Biostatistics I	PH 663 Principles of Epi I	PH 681 Environ Determ of Health	PH 789 Integrative Seminar	* PH 791 Practicum
Epidemiology	Identify patterns of disease	P			P	P	R		
	Identify key sources of data				P	P			
	Calculate basic epidemiological measures				P	P			
Health Policy and Management	Identify main components of health service systems		P						
	Describe legal and ethical bases	P	P	P					
	Apply organizational structure principles		P						
	Apply “systems thinking”		P						
Social and Behavioral Health Sciences	Identify SBHS theories, concepts and models	P		P					
	Identify causes of SBHS and health effects			P					
	Describe merits of interventions and policies			P					
	Apply evidence-based approaches			P					
Biostatistics	Apply basic statistical methods				P	R			
Environmental Health	Describe how environmental factors affect community health						P		
Cross-Cutting Competencies	Diversity and Culture	P						R	R
	Leadership	P	P					R	R
	Public Health Biology	P						R	R
	Systems Thinking	P	P					R	R
	Program Planning	P	P					R	R
	Ethics and Professionalism	P	P					R	R
Communication and Informatics		P						R	R

* Competencies achieved in the practicum (PH791) vary with the student’s placement, experience and MPH specialization

Table 2.6.1.d MPH Epidemiology Specialization Competencies Matrix

	PH 656 Biostatistics II	PH 658 Computer Applications in PH	PH 664 Principles of Epi II	PH 669 Epi Study Design	PH 747 Statistical Methods in Epi Res	PH 666 Seminar in Infectious Disease Control or PH 748 Chronic Disease Epidemiology
Epidemiology Competencies						
Identify dimensions of major causes of morbidity and mortality	P		R	P	R	R
Identify public health practices for disease control			R	P		R
Identify practices for disease detection			R	P		R
Demonstrate proficiency in computer based data collection, management, and analysis for biostatistical analysis	P	P			R	

Table 2.6.1.e MPH Health Policy and Management Specialization Competencies Matrix

	PH 641 Intro to Health Policy	PH 660 Current Topics in Comm Hlth	PH 672 Leading Health Programs	PH 673 Health, Ethics, Law and Politics	PH 677 Global Health Mgmt
Health Policy & Management Competencies					
Discuss the policy process for improving population health status	P		R	P	R
Apply principles of strategic planning & marketing to public health			P		R
Apply quality and performance improvement concepts to address organizational performance issues			P		R
Communicate health policy and management issues using appropriate channels and technologies	P	P		P	R
Demonstrate leadership skills for building partnerships			P	P	R

Table 2.6.1.f MPH Native Hawaiian and Indigenous Health Specialization Competencies Matrix

	PH 635 Indigenous Health Seminar	PH 673 Health Ethics, Law & Politics	PH 674 Advanced Native Hawaiian Health Determinants	PH 675 Community-Engaged Res & Practice	PH 688 Indigenous People's Food Systems, Environment & Health	PH 728 Indigenous Applied Research Methods
Native Hawaiian & Indigenous Health Competencies						
Describe Indigenous people's health and analyze the impact of colonial processes on health outcomes		P	R	P	R	R
Analyze key comparative health indicators and social determinants of health for Indigenous peoples	P	P	R	P	R	P
Critically evaluate Indigenous public health policy & programs	P	P	R	P		
Apply principles of economic evaluation to indigenous programs with focus on allocation of resources		P	R	P		P
Demonstrate reflexive public health practice for Indigenous peoples' health contexts	P	P	R	P	R	P
Demonstrate disease prevention strategy which values and incorporates Indigenous peoples' traditional knowledge			R	P	R	

Table 2.6.1.g MPH Social & Behavioral Health Sciences Specialization Competencies Matrix

	PH 649 Needs Assessment	PH 660 Current Topics in Comm Hlth	PH 702 Health Promotion Research	PH 750 Health Behavior Change	PH 765 Program Evaluation
Social and Behavioral Health Sciences Competencies					
Identify individual, organizational and community concerns, assets, resources and deficits for interventions	P		R	R	
Describe role of social and community factors in onset and solution of public health problems		P	R	R	P
Specify multiple targets and levels of intervention for programs and/or policies	P	P	R	R	P
Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions	P	P	R	R	P
Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions	P	P	R	R	R
Apply ethical principles to public health program planning, implementation and evaluation	P		R		R

Table 2.6.1.h MS Epidemiology Specialization Competencies Matrix

MS in Epidemiology Competencies	PH 656 Biostatistics II	PH 658 Computer Applications in PH	PH 664 Principles of Epi II	PH 669 Epi Study Design	PH 747 Statistical Methods in Epi Res	PH 700 Thesis Research	Adv Statistical Methods Elective	Adv Epidemiology Elective
Demonstrate understanding of epidemiologic-specific theoretical constructs, research design, research methodology and analytic strategies	P	P	R	P	P	R	R	R
Participate in an original research project that makes a contribution to the body of knowledge in epidemiology						P	R	R

Table 2.6.1.i MS Social and Behavioral Health Sciences Specialization Competencies Matrix

MS in Social and Behavioral Health Sciences	PH 656 Biostatistics II	PH 658 Computer Applications in PH	PH 660 Current Topics in Comm Health or PH 669 Epi Study Design Critique	PH 649 Needs Assessment or PH 765 Program Evaluation	PH 702 Health Promotion Research	PH 750 Health Behavior Change	PH 700 Thesis Research
Develop a study protocol detailing research questions, sampling strategies, and quantitative and/or qualitative methods	R	R	P	R	R	R	R
Use the scientific method to design, conduct and report on a study about a question concerning the social and behavioral health sciences				R		P	R

Table 2.6.1.j Bachelor of Arts (BA) Public Health Program Competencies Matrix

Bachelor of Arts (BA) Public Health Competencies		PH 201 Intro to PH	PH 202 PH Issues in HI	PH 203 Global Health	PH 310 Intro to Epi	PH 341 PH Biology & Pathophysiology	PH 480 App of PH Principles in Res & Practice	PH 485 PH Applied Learning Experience	PH 489 PH Undergrad Capstone Seminar
Overview of Public Health	Review the history & philosophy of PH	P	P						
	Explain core functions of public health	P	P	P					
	Articulate differences in public health priorities in various regions of the world	P	P	P					
Role and Importance of Data in PH	Identify qualitative & quantitative tools	P			P		R		
	Explain basic principles of epidemiology	P			P				
	Review fundamental statistical concepts				P		R	R	P
Identifying & Addressing Population Health Challenges	Apply ecological perspective to issue assessment	P	P	P			R		
	Articulate natural & social determinants of health status	P	P	P	P				
	Identify current public health topics	P	P	P					
	Describe Indigenous People's health	P	P						
Determinants of Human Health	Describe major human diseases and underlying etiologies					R			
	Proficiency in sub-disciplines	P				R			
	Identify impact of environment, social disparities, CD & NCD	P	P	P		R			
Project Implementation	Explore concepts & features of public health-related project						P	R	
	Use information literacy skills						P	R	R
	Generate research questions, analyze and present data, interpret and discuss findings						P	R	R
	Exhibit Critical thinking & analytical abilities						P	R	R
Overview of the Health System	Distinguish characteristics & organizational structures of U.S. health system, and differences abroad	P	P	R					
	Explain role in disaster prevention & management, evaluate public policy issues	P		R					
Health Policy, Law, Ethics, and Economics	Discuss legal, ethical, economic, regulatory dimensions of health care and PH policy	P	P						
	Articulate impact of policies on vulnerable populations, including Indigenous Peoples		P	R					
Health Communication	Apply abstract reasoning & critical thinking skills to research and practice						P		R
	Demonstrate written communication skills						P		R
	Demonstrate public speaking skills						P		R

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

Following the preliminary self-study, we reviewed the competencies and learning experiences for the MPH to distinguish primary and reinforcing experiences.

As a result of our previous self-study and analysis of the MPH competencies, courses, and program activities, it was decided to offer the Public Health Foundations course (PH 600) as a week-long pre-fall semester course for all incoming MPH students. Student evaluations from the courses suggest that this was a positive experience and useful format to introduce public health. An unanticipated consequence of the course was the opportunity for students to feel a part of their MPH cohort due to the peer relationships built during the course.

No changes have been made to the DrPH program.

No changes have been made to the new BA Public Health Program, launched January 2014.

No changes have been made to the PhD or MS program in Epidemiology or the MS in Social and Behavioral Health Sciences.

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

DrPH Program

The competencies for the DrPH program were adopted from those recommended by the DrPH Task Force of the Association of Schools of Public Health (ASPH). Minor adaptations were made in consideration of our DrPH program focus. For students, an Annual Review is conducted each fall to check progress against competencies and portfolio products. Students provide feedback on the relevance of the competencies, as well as their progress against them. The competencies are made available on the OPHS website, DrPH handbook, and course syllabi.

MPH and MS Programs

The competencies for the MPH and MS programs are primarily based on those approved by the Association of Schools of Public Health (ASPH) in 2006. The competencies are selected based on the five core areas (biostatistics, epidemiology, environmental health sciences, health policy management and social and behavioral sciences) and the seven cross-cutting areas of public health. Each specialization selected and approved the competencies that they cover during the courses of the master's degree programs. Final acceptance for the competencies and revisions to competencies are obtained during full faculty meetings, after their review.

The program reviewed and began revising the competencies in the summer of 2007 following the CEPH accreditation site visit in March. The Association of School of Public Health (ASPH) MPH competencies were just released and were being utilized by many schools and programs of public health. The CEPH Site Visit Team members suggested that ASPH competencies would be a good option to updating the old OPHS competencies dating back to 1988. A competency workgroup was formed consisting of faculty members willing to meet in the summer, which included chairs of the Curriculum Committee and Personnel Committee, as well as the Director/Chair. The specialization chairs were consulted.

We started with one competency to reflect each of the 12 competency areas (five core and seven crosscutting).

For each competency, we listed 2-8 criteria for judging mastery of the competency. All criteria should be achievable by students who successfully completed our required MPH courses, including PH 600, 602, 623, 655, 663, 681, 791, and 789.

We shared the relevant competencies and criteria with the instructors of the required MPH courses, asking for verification that these criteria could be achievable by students who successfully completed their class. Edits/modifications to the competency and criteria were solicited and incorporated.

Since then, each specialization faculty group brought additions or revisions to their specialization competencies to the full faculty membership.

Development of competencies for the Native Hawaiian and Indigenous Health began in 2012 by an international collaboration on Competencies for Indigenous Public Health Evaluation and Research (CIPHER). The members of CIPHER are researchers and scholars from the United States, Canada, Australia and New Zealand who are experts in Indigenous health. These competencies were brought to the full faculty meeting for review in 2013.

The competencies are made available to students on the OPHS website, through the University's online collaborative course management system called *Laulima* (a Hawaiian word meaning cooperation, joint action), in the Student and Practicum Handbooks, and in the course syllabi.

Bachelor of Arts (BA) Public Health Program

The undergraduate competencies were developed and refined primarily by the Undergraduate Chair and the Ad Hoc Undergraduate Workgroup. Competencies from long-standing undergraduate programs from several accredited schools of public health were reviewed, and the program's undergraduate competencies were developed so as to also maintain consistency with the ASPPH undergraduate learning objectives. The mission and goals of OPHS were also incorporated into the competencies. The Ad Hoc Undergraduate Workgroup approved the competencies, which were later approved by the full faculty. The competencies are made available to students on the OPHS website.

PhD Program

The competencies associated with the PhD program were drawn from the core competencies recommended by the American College of Epidemiology and Association of Schools of Public Health (ASPH) Workshop on doctoral education in epidemiology held December 9-11, 2002. These are posted on the website and in the student handbook. They are shared with PhD students during orientation and over the course of their studies.

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

DrPH Program

The DrPH Committee meets at least once a semester to review student progress against the competencies and portfolio products. These data are discussed to determine changes needed to the program and/or the competencies. For example, in Fall 2013, we tested an alternative approach to the Teaching Practicum, having DrPH students work as a team to teach a single undergraduate public health course vs. having each DrPH student serve as a teaching assistant for a single professor. We learned that both approaches have merit, and decided to apply the "teaching assistant" model for DrPH students without prior teaching experience, and to allow DrPH students to take Teaching Practicum again if they wanted (and were ready) to teach a single class on their own, with supervision. Thus, a change in curriculum was made to enhance our ability to help students meet the competencies related to teaching. Changes have not been made to the competencies since 2008. Our next review is scheduled for Fall 2014.

MPH and MS Programs

Faculty members from each of the four specialization areas annually review the competencies for their respective specializations. The purpose of the review is to ensure the specialization program is adequately meeting the competencies, and to make modifications as needed. Any changes are included into the University-wide Assessment Report that is utilized to maintain the Western Association of Schools and Colleges (WASC) accreditation for the University of Hawai'i system.

The program's Practicum Coordinator, who also serves as the Curriculum Committee Chair, the MPH Assessment Coordinator, and Chair of the Public Health Training Hui, seeks feedback on competencies from faculty members, practicum preceptors, and other community stakeholders who supervise MPH students at their respective practicum sites. As the Training Hui Chair, she also ensures that a continuing education needs assessment is regularly conducted (every 3-5 years) to provide a forum for community input on competency-based training needs. This forum provides insight into changing needs and desires of public health practice and research.

Bachelor of Arts (BA) Public Health Program

The Undergraduate Education Committee reviews the set of undergraduate competencies annually, seeking input from faculty instructors of undergraduate courses and undergraduate public health students.

PhD Program

The Epidemiology specialization faculty reviews the MS and PhD competencies every three years to assure that they reflect current practice and research in the field. In this process, faculty review up-to-date literature on programs and policies, and research new guidelines for curricula and competencies to inform potential revisions to course requirements and program competencies.

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

This criterion is met.

Strengths

- The program has competencies for its degrees (the BA, MPH, MS, PhD, and DrPH) that are based on recommended competencies from ASPPH and other relevant associations.
- Core and specialization course work and other learning experiences provide students with a curriculum to achieve those competencies.
- Competencies are assessed regularly by faculty, with input from students and community stakeholders to ensure that changing practice and research are integrated into the curriculum as needed.
- Competencies are used as key learning objectives in the university-wide assessment report submitted annually to maintain the University accreditation with Accrediting Commission for Schools for Western Association of Schools and Colleges (ACS-WASC).

Challenges

- Faculty members have read report on "MPH for the 21st Century." We are beginning to discuss how our current core curriculum can be streamlined to reflect the recommendations outlined in this report while meeting the core MPH competencies.
- The ASPPH competencies for public health degrees do not align with the current public health workforce competencies. This creates a misalignment between employers and career advising making it difficult to integrate until the competencies for both groups are better aligned and integrated.

Plans

- The Curriculum Committee is leading an effort to clarify the criteria for the assessment of each competency using checklist of skills, knowledge areas, and levels of mastery including the range of exposure level, experience level, and proficiency level.
- Joint meetings will be held with key specialization faculty members and the Curriculum Committee to best integrate the competency progress through the newly created academic pipeline from the BA Public Health Program to the MPH/MS degree programs and doctoral programs.

CRITERION 2.7

ASSESSMENT PROCEDURES

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

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

Master's Degree Programs

Students evaluate their competency achievement in a number of ways. For MPH students, the practicum requires students to assess if their learning objectives, which are competency driven, have been met. This is documented in the student's practicum report and is submitted to the practicum Coordinator for evaluation. MPH students also assess their competency achievement in the integrative seminar course (PH789) where an inventory is completed identifying course work, and other experiences as evidence for meeting the competencies (Culminating Experience/MPH Competencies Matrix.xlsx). Finally, MPH students prepare a portfolio of their program curricula to substantiate evidence of MPH competency achievement.

For MS students, advisors meet regularly with their students to formulate plans to achieve competencies and to make sure they are on track toward achieving expected competencies. The thesis and final oral defense serve to assure that competencies have been attained during the candidate's tenure as an MS student.

DrPH Program

An Annual Review is conducted by each DrPH student starting in his or her second year in the program. Student progress is discussed in a meeting of the DrPH Committee. The chair of the DrPH student's dissertation committee or the CFS, who is the interim advisor for all DrPH students until they pick their dissertation chair, meets with the student to determine a plan of action to increase student competency in areas rated as low (vs. moderate or high). The qualifying and comprehensive examinations, the evaluations of the two DrPH practica, and the dissertation and final defense all serve to assure that competencies are attained during the candidate's tenure as a doctoral student.

PhD Program

Advisors meet regularly with their students to formulate plans to achieve competencies and to make sure they're on track toward achieving expected competencies. The qualifying and comprehensive examinations, and the dissertation and final defense all serve to assure that competencies are attained during the candidate's tenure as a doctoral student.

Bachelor of Arts (BA) Public Health Program

The Bachelor of Arts (BA) Public Health Program was launched in January of 2014. The Undergraduate Advisor monitors evaluation of student success and progress through the program during mandatory advising appointments scheduled once a semester, with additional appointments scheduled as needed. The Undergraduate Advisor presents a summary of student progress each semester to the Undergraduate Education Committee. In addition to this, all courses require documentation of evaluation procedures to assess student achievement. Assessment of this documentation also provides another method for monitoring student progress. Student progress also is checked against competencies during the required undergraduate capstone course (PH 489) prior to graduation.

2.7.b Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years.

Table 2.7.b Outcome Measures for Evaluating Student Achievement

Outcome Measures		Target	2011-12	2012-13	2013-14
E1f.	At least 90% of enrolled students will maintain a GPA of 3.0 or better.	≥ 90%	99.3% (150/151)	98% (150/153)	100% (165/165)
E1g.	At least 80% of exiting MPH students will complete their degrees within two years. *Adjusted rate for E1g excludes part-time (i.e., enrolled for <8 credits for 2+ semesters) and concurrent degree students.	≥ 80%	63.6% (14/22) Adjusted:* 93.3% (14/15)	75% (15/20) Adjusted:* 93.7% (15/16)	76.7% (23/30) Adjusted:* 88.5% (23/26)
E2c.	At least 80% of the practicum preceptor will complete the student evaluation form.	≥ 80%	100%	100%	100%
E2d.	At least 80% of exiting students will rate the program as excellent or good.	≥ 80%	83%	86%	73%
E2e.	At least 80% of exiting students will rate the quality of instruction as excellent or good.	≥ 80%	84%	90%	97%
E2h.	At least 80% of exiting students will rate student involvement in governance as excellent or good.	≥ 80%	84%	83%	Revised Spring 2014
E3a.	Every three years, all core and specialization competencies will be reviewed and amended as necessary.	Every 3 years	Last Review: 2011 Next Review: 2014	Last Review: 2011 Next Review: 2014	Reviewed March 2014
E3b.	At least 80% of alumni will agree or strongly agree that their degree coursework facilitated mastery of public health competencies.	≥ 80%	66.7% (22/33)	Last Survey: 2012 Next Survey: 2015	Last Survey: 2012 Next Survey: 2015
E4a.	OPHS will sign 5 new MOAs each year with practicum sites located in Hawai'i, the Pacific, Asia, or with Indigenous communities	5 new/ year	9	18	25
	At least 80% of alumni working in the health field will rate the program's preparation for their present job as excellent or good	≥ 80%	75% (15/20)	Last Survey: 2012 Next Survey: 2015	Last Survey: 2012 Next Survey: 2015
	All graduating students will complete the Exit Survey	100%	89%	100%	91%
	At least 30% of surveyed graduates will complete the Alumni Survey	30%	40.2% (33/82)	Last Survey: 2012 Next Survey: 2015	Last Survey: 2012 Next Survey: 2015

Table 2.7.1.a MPH Degree Completion by Cohorts Entering Between 2006-07 and 2013-14*

AY	Cohort of Students	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
2006-07	# Students continuing at beginning of this school year	17							
	# Students withdrew, dropped, etc.	1							
	# Students graduated	1							
	Cumulative graduation rate	6%							
2007-08	# Students continuing at beginning of this school year	15	25						
	# Students withdrew, dropped, etc.	0	1						
	# Students graduated	10	1						
	Cumulative graduation rate	65%	4%						
2008-09	# Students continuing at beginning of this school year	5	23	18					
	# Students withdrew, dropped, etc.	0	2	0					
	# Students graduated	3	10	0					
	Cumulative graduation rate	82%	44%	0%					
2009-10	# Students continuing at beginning of this school year	2	11	18	32				
	# Students withdrew, dropped, etc.	1	2	0	0				
	# Students graduated	1	5	10	1				
	Cumulative graduation rate	88%	64%	56%	3%				
2010-11	# Students continuing at beginning of this school year	0	4	8	31	21			
	# Students withdrew, dropped, etc.	0	0	0	2	0			
	# Students graduated	0	2	7	20	0			
	Cumulative graduation rate	88%	72%	94%	66%	0%			
2011-12	# Students continuing at beginning of this school year	0	2	1	9	21	24		
	# Students withdrew, dropped, etc.	0	0	0	0	1	0		
	# Students graduated	0	2	0	5	15	0		
	Cumulative graduation rate	88%	80%	94%	81%	71%	0%		
2012-13	# Students continuing at beginning of this school year	0	0	1	4	5	24	29	
	# Students withdrew, dropped, etc.	0	0	1	1	0	1	4	
	# Students graduated	0	0	0	3	4	13	0	
	Cumulative graduation rate	88%	80%	94%	91%	90%	62%	0%	
2013-14	# Students continuing at beginning of this school year	0	0	0	0	1	10	25	34
	# Students withdrew, dropped, etc.	0	0	0	0	0	2	0	2
	# Students graduated	0	0	0	0	1	6	22	1
	Cumulative graduation rate	88%	80%	94%	91%	95%	79%	76%	3%

***Graduate students at UH Mānoa must complete all degree requirements within seven years after admission to the program. An approved leave of absence is not counted in the seven years.**

Table 2.7.1.b MS Degree Completion by Cohorts Entering Between 2006-07 and 2013-14*

AY	Cohort of Students	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
2006-07	# Students continuing at beginning of this school year	2							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0%							
2007-08	# Students continuing at beginning of this school year	2	5						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	1	0						
	Cumulative graduation rate	50%	0%						
2008-09	# Students continuing at beginning of this school year	1	5	0					
	# Students withdrew, dropped, etc.	0	0	0					
	# Students graduated	0	3	0					
	Cumulative graduation rate	50%	60%	0%					
2009-10	# Students continuing at beginning of this school year	1	2	0	4				
	# Students withdrew, dropped, etc.	0	0	0	0				
	# Students graduated	0	1	0	0				
	Cumulative graduation rate	50%	80%	0%	0%				
2010-11	# Students continuing at beginning of this school year	1	1	0	4	5			
	# Students withdrew, dropped, etc.	1	1	0	1	0			
	# Students graduated	0	0	0	2	0			
	Cumulative graduation rate	50%	80%	0%	50%	0%			
2011-12	# Students continuing at beginning of this school year	0	0	0	1	5	3		
	# Students withdrew, dropped, etc.	0	0	0	0	1	0		
	# Students graduated	0	0	0	1	0	0		
	Cumulative graduation rate	50%	80%	0%	75%	0%	0%		
2012-13	# Students continuing at beginning of this school year	0	0	0	0	4	3	0	
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0	
	# Students graduated	0	0	0	0	2	2	0	
	Cumulative graduation rate	50%	80%	0%	75%	40%	67%	0%	
2013-14	# Students continuing at beginning of this school year	0	0	0	0	2	1	0	1
	# Students withdrew, dropped, etc.	0	0	0	0	0	1	0	0
	# Students graduated	0	0	0	0	0	0	0	0
	Cumulative graduation rate	50%	80%	0%	75%	40%	67%	0%	0%

***Graduate students at UH Mānoa must complete all degree requirements within seven years after admission to the program. An approved leave of absence is not counted in the seven years.**

Table 2.7.1.c DrPH Degree Completion by Cohorts Entering Between 2008-09 and 2013-14*

AY	Cohort of Students	2008-09 ⁺	2009-10	2010-11	2011-12	2012-13	2013-14
2008-09⁺	# Students continuing at beginning of this school year	6					
	# Students withdrew, dropped, etc.	0					
	# Students graduated	0					
	Cumulative graduation rate	0%					
2009-10	# Students continuing at beginning of this school year	6	7				
	# Students withdrew, dropped, etc.	0	1				
	# Students graduated	0	0				
	Cumulative graduation rate	0%	0%				
2010-11	# Students continuing at beginning of this school year	6	6	4			
	# Students withdrew, dropped, etc.	0	0	1			
	# Students graduated	2	0	0			
	Cumulative graduation rate	33%	0%	0%			
2011-12	# Students continuing at beginning of this school year	4	6	3	5		
	# Students withdrew, dropped, etc.	0	0	0	0		
	# Students graduated	4	1	0	0		
	Cumulative graduation rate	100%	14%	0%	0%		
2012-13	# Students continuing at beginning of this school year	0	5	3	5	2	
	# Students withdrew, dropped, etc.	0	0	0	0	0	
	# Students graduated	0	4	1	0	0	
	Cumulative graduation rate	100%	71%	25%	0%	0%	
2013-14	# Students continuing at beginning of this school year	0	1	2	5	2	4
	# Students withdrew, dropped, etc.	0	0	0	1	0	0
	# Students graduated	0	1	1	1	0	0
	Cumulative graduation rate	100%	86%	50%	20%	0%	0%

***Doctoral students at UH Mānoa who do not complete the degree within ten years are subject to dismissal. An approved leave of absence does not count towards this limit.**

+The DrPH Program began admitting students in Fall 2008.

Table 2.7.1.d Students in PhD Degree Program by Cohorts Entering Between 2006-07 and 2013-14

AY	Cohort of Students	2006-07*	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
2006-07*	# Students continuing at beginning of this school year	4							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0%							
2007-08	# Students continuing at beginning of this school year	4	0						
	# Students withdrew, dropped, etc.	1	0						
	# Students graduated	0	0						
	Cumulative graduation rate	0%	0%						
2008-09	# Students continuing at beginning of this school year	3	0	1					
	# Students withdrew, dropped, etc.	0	0	0					
	# Students graduated	0	0	0					
	Cumulative graduation rate	0%	0%	0%					
2009-10	# Students continuing at beginning of this school year	3	0	1	0				
	# Students withdrew, dropped, etc.	0	0	0	0				
	# Students graduated	1	0	0	0				
	Cumulative graduation rate	25%	0%	0%	0%				
2010-11	# Students continuing at beginning of this school year	2	0	1	0	5			
	# Students withdrew, dropped, etc.	0	0	0	0	0			
	# Students graduated	1	0	1	0	0			
	Cumulative graduation rate	50%	0%	100%	0%	0%			
2011-12	# Students continuing at beginning of this school year	1	0	0	0	5	4		
	# Students withdrew, dropped, etc.	0	0	0	0	0	0		
	# Students graduated	0	0	0	0	0	0		
	Cumulative graduation rate	50%	0%	100%	0%	0%	0%		
2012-13	# Students continuing at beginning of this school year	1	0	0	0	5	4	4	
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0	
	# Students graduated	1	0	0	0	0	0	0	
	Cumulative graduation rate	75%	0%	100%	0%	0%	0%	0%	
2013-14	# Students continuing at beginning of this school year	0	0	0	0	5	4	4	3
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0	0
	# Students graduated	0	0	0	0	1	1	0	0
	Cumulative graduation rate	75%	0%	100%	0%	20%	25%	0%	0%

*Doctoral students at UH Mānoa who do not complete the degree within ten years are subject to dismissal. An approved leave of absence does not count towards this limit.

+The PhD Program began admitting students in Fall 2006.

Table 2.7.1.e BA Degree Completion by Cohorts Entering Between 2013-14*

AY	Cohort of Students	2013-14 ⁺
2013-14 ⁺	# Students continuing at beginning of this school year	31
	# Students withdrew, dropped, etc.	0
	# Students graduated	0
	Cumulative graduation rate	0%

*Undergraduate students at UH Mānoa are expected to complete their academic work and apply for a degree in a timely manner. A student who by the end of any semester has earned 24 credit hours beyond those required for graduation and has fulfilled all specific program and UH requirements may be graduated by action of the student's college/school.

+Public health became an approved undergraduate major effective Spring 2014.

Table 2.7.2 Destination of Graduates by Employment Type*

	AY2010-11		AY2011-12		AY2012-13	
Employed						
MPH	(21/31)	68%	(14/22)	64%	(12/20)	60%
MS	--	--	(1/1)	100%	(1/4)	25%
DrPH	(2/2)	100%	(5/5)	100%	(5/5)	100%
PhD	(2/2)	100%	--	--	(1/1)	100%
Continuing Education/Training (Not Employed)						
MPH	(6/31)	19%	(6/22)	27%	(5/20)	25%
MS	(2/2)	100%	--	--	(2/4)	50%
DrPH	--	--	--	--	--	--
PhD	--	--	--	--	--	--
Actively Seeking Employment						
MPH	(4/31)	13%	--	--	(1/20)	5%
MS	--	--	--	--	(1/4)	25%
DrPH	--	--	--	--	--	--
PhD	--	--	--	--	--	--
Not Seeking Employment (not employed & not continuing education/training, by choice)						
MPH	--	--	(1/22)	5%	(2/20)	10%
MS	--	--	--	--	--	--
DrPH	--	--	--	--	--	--
PhD	--	--	--	--	--	--
Unknown						
MPH	--	--	(1/22)	5%	--	--
MS	--	--	--	--	--	--
DrPH	--	--	--	--	--	--
PhD	--	--	--	--	--	--

*As reported in the CEPH Annual Reports, 2011-2013.

One MS graduate from AY2012-13 had not yet found employment at the time this data was collected for the CEPH Annual Report. The student had recently returned to the mainland and has since found employment in a non-health related field.

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 program 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.

Job placement data is collected qualitatively through follow up. Within a calendar year of graduation, faculty advisors are asked to contact the graduated MPH and doctoral student regarding job placement or future education plans for the CEPH Annual Report and our annual reports to UH Mānoa Graduate Division. Most faculty members keep in touch with their former students and are aware of their future plans. For students who have not kept in touch with faculty members, the OPHS Student Services Specialist uses e-mail and social media connections (e.g., Facebook and LinkedIn) to collect employment information. Over the past three years, we have been able to report job placement, or higher education, information from 100% (35/35 - 2011), 96.4% (27/28 - 2012), and 100% (30/30 - 2013) of graduates.

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 program's graduates on these national examinations for each of the last three years.

Not applicable.

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

Data and analysis regarding the ability of graduates to perform competencies in an employment setting is assessed through the Employer Survey (Surveys/Employer Survey.pdf). This survey is sent to local employers of public health graduates once every three years. Results of the Employer Survey (Surveys/Employer Survey Report.pdf) are analyzed and discussed by the Evaluation Committee, which makes suggested competency revisions and proposes revisions to the full faculty for approval.

The last Employer Survey was administered in 2010 via SurveyMonkey. To assure a broad reach, the Hawai'i Public Health Association was asked to send an invitation to participate and a link to the survey to its membership, which included about 350 individuals in 2011. From this call, 125 surveys were received. Only the 75 surveys that were fully completed and were not submitted by individuals continuing their education were included in the analysis. Almost half of the 75 eligible respondents worked in state government, and another 30% worked in nonprofits. In general, employers rated the MPH competencies as highly relevant to their organizations, but rated MPH-level employees as just above satisfactory in their ability to demonstrate these skills in a professional setting.

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

This criterion is met with commentary.

Strengths

- The program has procedures to monitor and evaluate student programs in achieving the expected competencies.
- The program tracks outcomes of student achievement, including job placement after graduation.
- Cumulative graduation rates are high, especially if withdrawals/drop-outs are excluded from the denominator.
- Survey tools for employers and alumni have been developed and are administered regularly.

Challenges

- One or two students withdraw or drop-out each year.
- In the last alumni survey, less than 80% of respondents agreed that their degree coursework facilitated mastery of public health competence, and employers rated employed graduates as just above satisfactory.
- We asked the Hawaii Public Health Association to send a SurveyMonkey link to its members to complete our last employer survey, but this meant the survey went to many individuals ineligible to complete it (e.g., they weren't employers or they were continuing their education).

Plans

- We want to learn more about students who withdraw or drop-out.
- We will assess employers and alumni again this coming academic year, and plan to include both qualitative and quantitative measures of graduate performance and achievement.

CRITERION 2.8

BACHELOR'S DEGREE IN PUBLIC HEALTH

If the program offers baccalaureate public health degrees, they shall include the following elements: Required coursework in public health core knowledge, elective public health coursework; and a capstone experience. The required public health coursework and capstone experience must be taught (coursework) and supervised (capstone) by faculty documented in Criteria 4.1.a and 4.1.b.

2.8.a Identification of all bachelor's-level majors offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Table 2.8.a Instructional Matrix – Bachelor's Degree

	Academic	Professional
Bachelor's Degree		
Specialization/Concentration/Focus Area	Degree*	
Public Health	BA	

2.8.b Description of specific support and resources available in the program for the bachelor's degree programs.

Most resources are shared among the bachelors, masters, and doctoral degree programs. However, there are specific resources that we have dedicated to the BA program. Dr. Denise Nelson-Hurwitz has been hired as a full time faculty member to support the BA program. Her role in the department includes teaching several of the required courses, as well as serving as the Recruitment Advisor. In May 2014 she took over the role of Chair of the BA Program from Dr. Robert Cooney.

We have also invested in student advising. We have hired a Graduate Assistant to advise current and potential undergraduate majors in public health. This person served as a peer health sciences advisor throughout her undergraduate career at UH Mānoa and is highly knowledgeable about the requirements for graduation. A search for a professional full-time advisor also was launched. This advisor was to be shared with the College of Natural Sciences to work with students trying to decide between a major in public health and biology. However, a recent University-wide hiring freeze has delayed our ability to fill this position.

Several of our department faculty members have volunteered to teach in the undergraduate program. However, all new tenure-track hires will have an expectation of teaching in the undergraduate program. We recently hired three tenure-track faculty members, and the undergraduate teaching requirement was included in all three job descriptions, and was reiterated in the interview process. We have also funded two graduate teaching assistant (TA) positions to help with the introductory courses (one hired in January 2014 and a second in August 2014).

In lieu of a student handbook, undergraduate student resources are available on our website (<http://manoa.hawaii.edu/publichealth>). Information regarding our program, including BA degree requirements, a list of approved non-Public Health elective courses, information regarding our capstone experience, and information concerning academic advising is available at <http://manoa.hawaii.edu/publichealth/degrees/undergraduate/sample>.

2.8.c Identification of required and elective public health courses for the bachelor's degree(s).

Public Health Required Core Courses (24 credits)

PH 201 Introduction to Public Health (3 cr). A survey of the broad disciplines involved with Public Health and the role of Public Health in society. Introduction to public health concepts with an emphasis on principles and tools for population health, disease prevention, health professions and healthcare systems, and public health professions and systems.

PH 202 Public Health Issues in Hawai'i (3 cr). This course focuses primarily on application of general public health concepts and tools specifically from a State of Hawai'i perspective. Broader public health issues will also be discussed as they relate to the State of Hawai'i.

PH 203 Global Health (3 cr). Introduction to the basic principles of global Public Health. Topics include the application of these principles to global Public Health issues, exploration of links between health, economic and social status, health disparities and global interventions.

PH 310 Introduction to Epidemiology (3 cr). Introductory course in the fundamentals of epidemiology and its applications to public health issues. Lecture/discussion on the fundamental principles of epidemiology, exploring patterns of disease, threats to health and epidemiological methods for prevention, control and treatment.

PH 341 Public Health Biology and Pathophysiology (3 cr). Explores the biological and chemical bases for human disease and its prevention and treatment.

PH 480 Application of Public Health Principles in Research and Practice (3 cr). The purpose of this course is to prepare students for an independent, applied learning project. Students will be introduced to a range of public health projects and methods while developing their own project proposal.

PH 485 Applied Learning Experience (3 cr). Course will allow students to execute an independent, mentor-supervised, applied learning project as implementation of skills learned in previous public health coursework.

PH 489 Public Health Undergraduate Capstone Seminar (3 cr). This course focuses on integration of public health knowledge, skills, and practice acquired during the public health undergraduate degree. Students will also reflect on, finalize, and present, their applied learning experience projects.

Public Health Elective Courses (Minimum of 12 upper division elective credits)

Public Health General

PH 301 Seminar in Public Health Issues (3 cr). Seminar will explore current issues and case studies in epidemiology, issues and causes of chronic and infectious diseases, how the environment interacts with health, and how social and behavioral factors affect personal health.

PH 492 Current Issues & Topics in Public Health (Experimental). Variable description. Current and emerging issues and varying topics related to public health. (B) biostatistics; (E) epidemiology; (H) health policy and management; (S) social and behavioral health sciences; (T) public health.

PH 499 Directed Research (Maximum 3 credits toward elective requirement) Variable description

Indigenous & Hawaiian Health

PH 305 Native Hawaiian and Indigenous Health: Population Health, Social Determinants, and Health Disparities (3 cr). The primary objective of this course is for students to work with faculty in applying evidence-based knowledge about the social determinants of health in the formation of research, policy, and program development for improving population health and reducing health disparities for Native Hawaiians

Epidemiology

PH 410 Advanced Epidemiology (3 cr). Advanced course in epidemiology and its applications to public health issues. Lecture/discussion on the fundamental principles of epidemiology, exploring patterns of disease, threats to health and epidemiological methods for prevention, control and treatment.

PH 411 Nutrition and Disease Prevention (3 cr). Familiarizes students with the methods and results of studies associating diet with disease incidence, outcome and prevention.

Environmental Health

PH 340 Public Health and the Environment (3 cr). Explores the role of the environment as a determinant of public health.

Health Policy and Management

PH 330 The United States Health Care System (3 cr). This course is an overview of the US health care system. Topics will include health economics, health service expenditures, comparative health systems, health policy, and issues of cost containment, access, and quality of care.

PH 430 Health Policy & Management (3 cr). Course examines the role that health policy and management plays in population-based public health practice, including the delivery, quality and costs of health care and the structure, process and outcomes of health service delivery.

Social Behavioral Health Sciences

PH 325 Youth Risk and Protection - Public Health Research, Practice, & Policy (3 cr). This course is intended to provide students with a foundation of public health related to youth health risks and protective factors using an eco-developmental framework.

PH 420 Social Behavioral Health I: Health Education & Health Promotion (3 cr). Focus on the application of social and behavioral theory in health education, and how health promotion programs are constructed for various populations with an emphasis on cultural diversity and social determinants of health.

PH 422 Social Behavioral Health II: Health Promotion in Communities (3 cr). Introduction to health education and health promotion programming in public health, and to social/behavioral theories used to develop health interventions that affect communities, institutions, and policies. Also provides an introduction to common program planning models.

Required and elective public health courses related to the undergraduate degree are listed in the competency matrix in Criterion 2.6.d.

2.8.d A description of program policies and procedures regarding the capstone experience.

Undergraduate Culminating Experience

The intent of the culminating experience in the BA program is to provide students the opportunity to actively apply classroom knowledge and associated skills to real-world application in the public health field. This is facilitated by a three-course series required for graduation with the BA Public Health degree: PH 480 Application of Public Health Principles in Research and Practice, PH 485 Applied Learning Experience, and PH 489 Public Health Undergraduate Capstone Seminar.

The purpose of PH 480 is to prepare students for an independent, supervised, integrated learning project to be performed as part of the public health undergraduate capstone experience. Throughout the course, students will be introduced to a diverse range of public health projects and associated methods while working to develop their own applied learning project proposal. The final project proposal will then be used as the foundation for the PH 485 course (Applied Learning Experience). This course additionally exposes students to common research tools and practices, including writing a literature review, creating a written and oral project proposal, designing a poster for public presentation, seeking external funding, and ethics education and working with an Institutional Review Board. At the conclusion of PH 480, students will have a written proposal for an applied learning experience project, as well as experience presenting their proposals at a public forum hosted by OPHS.

The Applied Learning Experience course (PH 485) is designed to allow students to execute an independent, supervised, applied learning project, which is part of the public health undergraduate capstone experience. Based on an applied learning project proposal, developed through the PH 480 (Application of Public Health Principles in Research and Practice) course, students will be involved in independent research projects under the supervision of both the course instructor and an appropriate, approved, identified project mentor or advisor. Grading of this course will be pass/fail.

Finally, PH 489 (Public Health Undergraduate Capstone Seminar) is taken near the completion of the BA degree program. It focuses on integration of public health knowledge, skills, and practice acquired during the course of study. Students will be involved in assessing their level of achievement of educational degree objectives, develop professional goals, and reflect on, finalize, and present their applied learning experience projects.

OPHS faculty, as well as other mentors appropriate to the individual student project, will guide the capstone experience. OPHS faculty will be primarily involved as instructors of the PH 480, 485, and 489 courses and advisors during project development. Additional OPHS faculty members, other University of Hawai'i at Mānoa faculty, or approved community experts are encouraged to serve as advisors and mentors to specific Applied Learning Experience projects, as appropriate to the student selected topics.

Undergraduate Culminating Experience Evidence

The final assessment of the undergraduate capstone experience is made jointly by the instructor of the PH 489 (Undergraduate Capstone) course and the Undergraduate Chair. The undergraduate culminating expectations include the following:

- Address a key issue, concern, or research problem related to the field of public health;
- Apply knowledge and skills accumulated through public health course work to address the selected issue/problem;
- Demonstrate integration and practical application of public health concepts; and
- Demonstrate appropriate written and oral communication skills.

Concrete evidence of successful completion of culminating experience include the following:

- Written project proposal for Applied Learning Experience;
- Poster presentation of Applied Learning Experience project proposal at Public Health Undergraduate Summit;
- Completion and submission of signed Mentor/Advisor Agreement Form;
- Completion and submission of Final Applied Learning Experience Assessment of Advisor or Mentor;
- Completion and submission of Applied Learning Reflection Paper;
- Completion and submission of Final Applied Learning Project Report; and
- Oral presentation of Final Applied Learning Project at Public Health Undergraduate Summit.

Students must also complete and obtain passing grades (above “C-”) in all required and elective coursework associated with the BA in Public Health degree as evaluated by faculty instructors indicating mastery of the content and competency.

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

Criterion is met.

Strengths

- The program has a strong curriculum for its BA in Public Health.
- The programs offers a variety of introductory courses for BA students, and courses from across UH Mānoa that can count toward the BA also have been identified.
- This curriculum includes a clear structure for applied learning and an integrative capstone.

Challenges

- Frequent discussion of the operations and articulation of the BA program are required, as the program has offered only graduate degrees since its establishment in the 1960s,
- Since the BA was only established in 2014, there is minimal evidence as to the success of structures and practices put in place.

Plans

We will be regularly assessing our progress in establishing and operating the BA.

We continue to discuss articulation of the BA and master’s degrees in public health.

CRITERION 2.9

ACADEMIC DEGREES

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

2.9.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.

Table 2.9.a Instructional Matrix – Academic Degrees & Specializations

Academic Degrees	
Specialization/Concentration/Focus Area	Degree
Epidemiology	MS
Social and Behavioral Health Sciences	MS
Epidemiology	PhD

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

All MS (Plan A, Thesis) students must complete at least 18 credits of course work, 12 of which must be earned in courses numbered 600-798 (excluding 699 and Thesis 700), including at least one graduate seminar in the major or a related field. With advanced approval from the graduate program and the Graduate Division, MS students may count up to six credits of 699 toward their degree.

MS students also must complete between six to 12 credits of PH 700. Upon request by the student's graduate program, the Graduate Division will count PH 699 (directed reading/research) as 700 thesis work for degree check purposes. However, no more than 12 credits (combined total) in PH 699 (directed reading/research) and PH 700 (thesis research) may be counted towards the degree. MS students must register for at least one (1) credit of 700 during their final semester of their program of study.

The MS student meets with his or her interim faculty advisor before the end of the first semester of enrollment to determine the specific requirements the students must meet prior to graduation. It is highly recommended that the choice of topic for the student's thesis and potential committee members also be discussed at this time. Progress Form I and the Form 14 MS Program Plan are completed at this meeting. Form 14 is the student's "contract" for academic work and is designed to ensure that the department's specified educational outcomes are met.

Once admitted, the MS student is responsible for forming a thesis committee to provide guidance and supervision for his or her thesis. The committee is comprised of at least three graduate faculty members, one of whom will serve as chair. The committee chair may be the student's faculty advisor or another faculty member from his or her specialization area who has expertise in the student's research topic.

The thesis committee's responsibilities are to guide the student through the academic program, supervise the thesis, supervise his or her progress toward the degree, and file Graduate Division Student Progress Forms at the appropriate times. It is the responsibility of the student to keep all members of the committee informed about the progress of both the research and the thesis and to notify the committee if any problems arise.

The MS student develops his or her thesis proposal concurrently with the formation of the thesis committee. Proprietary or classified information is not an appropriate basis for thesis research because free and full dissemination of research results and a public defense of the thesis are required.

MS in Epidemiology

In addition to several courses in epidemiology and biostatistics, students enrolled in the MS in Epidemiology program must pass additional courses related to public health, including PH 600 (Public Health Foundations) and PH 658 (Computer Applications in Public Health). MS candidates are also encouraged to take coursework in the other public health areas based on their interests and professional goals.

The MS (Thesis) program for the Epidemiology specialization requires a minimum of 31 credit hours. The table below illustrates the courses required for students pursuing the MS degree in Epidemiology.

Table 2.9.b.1 Required Courses for the MS in Epidemiology +

	Courses	Credits	Fall	Spring
Biostatistics Courses	PH 655 Biostatistics I	3	X	
	PH 656 Biostatistics II	3		X
	PH 747 Statistical Methods in Epidemiological Research	3	X	
	Advanced Statistical Methods	3*	X	X
Epidemiology Courses	PH 663 Principles of Epidemiology I	3	X	
	PH 664 Principles of Epidemiology II	3		X
	PH 669 Epidemiological Study Design Critique	2	X	X
	PH 699 Directed Reading/Research	**	X	X
	PH 700 Thesis Research	6-12**	X	X
	Advanced Epidemiology Courses	^	X	X
Other Courses	PH 600 Public Health Foundations	2	X	
	PH 658 Computer Applications in Public Health	3	X	
Grand Total	A minimum of 31 credits required	31		

+ Undergraduate courses may be required, depending on the student's academic and professional background. Courses below the 300-level cannot be counted toward the MS degree.

* A minimum of 3 credits is required.

** A minimum of 6 credits of PH 700 thesis work is required. No more than 12 credits (combined total) of PH 699 and PH 700 may be applied to the minimum degree requirement. Upon request by the student's graduate program, the Office of Graduate Education will count PH 699 (directed reading/research) as 700 thesis work for degree check purposes.

^ Credit hours to be determined by advisor based on the student's experience and professional goals.

MS in Social and Behavioral Health Sciences

In addition to several courses in health promotion, students enrolled in the MS in Social and Behavioral Sciences (SBHS) program must pass additional courses related to public health, including PH 600 (Public Health Foundations), PH 663 (Principals of Epidemiology) and PH 658 (Computer Applications in Public Health). MS candidates also are encouraged to take coursework in the other public health areas based on their interests and professional goals.

The MS (Thesis) program for SBHS requires a minimum of 42 credit hours. The table below illustrates the courses required for students pursuing the MS degree in SBHS.

Table 2.9.b.2 Required Courses for the MS in Social and Behavioral Health Sciences

Social and Behavioral Health Sciences	Core Courses	Courses	Credits	Fall	Spring
		PH 600 Public Health Foundations	2	X	
		PH 623 Social Science and Public Health	3	X	
		PH 655 Biostatistics I	3	X	
		PH 663 Principles of Epidemiology I	3	X	
	Specialization Courses	PH 649 Needs Assessment or PH 765 Program Evaluation	3 3		
		PH 655 Biostatistics II	3		X
		PH 658 Computer Applications in Public Health	3	X	
		PH 702 Health Promotion Research	3		X
		PH 750 Health Behavior Change	3		X
	Seminar Course	PH 660 or PH 669	2	X	
	Thesis Work	PH 700 Thesis Research	6	X	X
	Elective Courses		2-8	X	X
	Grand Total	A minimum of 36-42 credits required	36-42		

PhD in Epidemiology

Students admitted to the PhD program without an MPH or MS in Public Health must take six prerequisite public health courses (18 credits total) in the core MPH curriculum, including two 3-credit courses in biostatistics, two 3-credit courses in epidemiology, and one 3-credit course on computer applications in public health. Doctoral candidates are also required to: (1) take courses that cover the public health importance of infectious and chronic diseases, (2) pass a qualifying examination that includes questions relevant to public health, (3) complete a teaching practicum with a faculty member in public health, and (4) complete a research practicum with a faculty member in public health.

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

MS Degree Programs

Students enrolled in the MS programs must write a thesis and defend it in an oral defense open to the public.

In consultation with his or her committee, the student will draft a thesis proposal which should include the following: (1) a brief overview of the thesis, stating the topic, the research problem or questions to be

addressed, and the proposed research method; (2) a detailed chapter outline; (3) a literature review; and (4) a timetable for thesis completion, including the dates draft copies of the thesis are to be submitted. Once the thesis proposal is approved by the student's committee, he or she may be advanced to candidacy by completing and submitting Progress Form II. The student may register for PH 700 Thesis Research once this form and all necessary attachments are received and approved by the Graduate Division. All candidates, including those who have already accumulated the maximum number of thesis credits must be registered for at least one credit of PH 700 or GRAD 700F in the semester of graduation.

Under the guidance of his or her thesis committee, the student follows the timetable for completion of the thesis submitted with his or her proposal. As scheduled, drafts of thesis chapters should be presented to the committee chair for review and critique. The student will be advised by his or her committee chair when the final draft of the thesis is complete and ready for review by all thesis committee members. Copies of the final draft must be submitted to committee members at least two weeks prior to the date of the final oral examination.

Upon approval from his or her committee chair, the student may schedule the thesis final defense/final oral examination. Most students complete their final examinations during their last semester of course work.

The student is responsible for coordinating the date/time his or her committee members will be available to attend. The thesis defense must be at least one hour in length and is open to all faculty members, students, and the general public. Students who fail the final examination may repeat it once, upon committee recommendation and with Graduate Division approval. The student's committee indicates their approval or disapproval of the content of the thesis and his or her ability to defend it by signing Progress Form III. If the majority of the student's committee agrees the thesis is acceptable, or can be made acceptable with revisions suggested at the final oral exam, the student may prepare the final copy of the thesis.

The final manuscript is submitted in digital format as a PDF document saved on a CD. The student meets with his or her committee chair or faculty advisor to verify all MS course requirements have been met.

PhD Degree Program

The doctoral dissertation and final oral defense open to the public are included in the culminating experience for students in the PhD program. Doctoral students are required to complete a dissertation proposal and pass an oral comprehensive examination focusing on his or her dissertation topic and specialization area. The dissertation proposal outlines the research to be undertaken by the student. The purpose of the examination is to ascertain the student's comprehension of the chosen field and the suitability and feasibility of the proposed research. The examination is given only when, in the judgment of the faculty, the student has had sufficient preparation either through course work or individual study and research. The comprehensive examination is an oral examination and is conducted by the prospective doctoral committee. Candidates may not proceed to the final defense of the dissertation until the comprehensive examination has been passed.

The doctoral dissertation is a substantial contribution to knowledge in which the student exhibits original scholarship and the ability to conduct independent research. It is highly recommended that the dissertation take the form of a series of three or more related papers suitable for publication as scientific journal articles. The dissertation presents research that has been conducted by the student under the supervision of the chair of his or her doctoral committee. The document may not have been published previously, and the research must be successfully defended in an oral examination.

A final examination in defense of the dissertation, which may also cover related subjects, is required of all candidates for the PhD degree. The exam is oral and is conducted by the candidate's full doctoral committee and is at least one hour in length.

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

This criterion is met.

Strengths

- Both MS programs require PH 600, which provides a broad introduction to the field of public health and PH 663, which provides an introduction to epidemiology.
- Both MS tracks require a research thesis, which must be presented orally and in writing and passed by their committee.
- The PhD in Epidemiology has established procedures to gauge progress and clear expectations for the culminating experience.

Challenges

- We had very few MS students in the Social Behavioral Health Sciences specialization, and for several years, it was stopped out. It reopened in 2014.

Plans

- We will continue to monitor our academic degree programs for ways to improve them.

CRITERION 2.10 DOCTORAL DEGREES

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

2.10.a Identification of all doctoral programs offered by the program, by degree and area of specialization.
The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Table 2.10.a.1 Instructional Matrix – Doctoral Degrees

	Academic	Professional
Doctoral Degrees		
Specialization/Concentration/Focus Area	Degree	
Epidemiology	PhD	
Community-Based and Translational Research		DrPH

Doctor of Public Health (DrPH)

The DrPH program at the University of Hawai‘i was initially established by the School of Public Health in the 1980s. It was stopped out in 2001 when the school was reorganized as a program. It reopened in 2008, with a focus on community-based and translational research in public health.

The purpose of the DrPH program is to prepare students to lead programs and conduct independent investigations addressing public health topics relevant to culturally diverse groups, with a special focus on those in the state of Hawai‘i and the Asia-Pacific region. We focus on translational research, which is the study of how to successfully transform scientific discoveries arising from laboratory, clinical, or population studies into community applications to reduce incidence, morbidity, and mortality. We emphasize community-based participatory research (CBPR) methodologies, reflecting our commitment to working in partnership with people and communities to recognize, quantify, and reduce health disparities. CBPR in health is a collaborative approach to research that equitably involves community members and investigators in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action to achieve social change to improve health outcomes and reduce health disparities. Health disparities refer to significant differences in the incidence, prevalence, mortality, or burden of diseases and other adverse health conditions or outcomes that exist among specific population groups. For example, in the US, many immigrant and minority groups have higher prevalence of chronic diseases, less access to healthcare, and lower life expectancy than Caucasian Americans.

Doctor of Philosophy (PhD)

In the summer of 2011, the Council on Education for Public Health (CEPH) Board of Councilors approved the program’s “substantive change” request to add the PhD program in Epidemiology to our list of degree programs.

The PhD in Epidemiology is comprised of graduate faculty from the Department of Public Health Sciences, University of Hawai‘i Cancer Center, JABSOM Department of Tropical Medicine, Medical Microbiology and Pharmacology, the UHM Department of Microbiology, and the Pacific Biosciences Research Center, thus offering training opportunities in multiple disciplines critical to public health and disease control and prevention. Candidates who successfully complete the PhD in Epidemiology are prepared to teach in academic and other settings, conduct independent and collaborative epidemiologic research, and provide consultative services to academic, not-for-profit, governmental, and private organizations.

Both the PhD and DrPH programs are important locally because they train our next generation of public health leaders, researchers, and professors. The Hawai'i Department of Health is facing a shortage of qualified leaders, and anticipates an increasing shortage as the current generation of leaders retire. Graduates of our program work in key positions in the State of Hawai'i Department of Health, other local, state, federal and international health posts, in academia, and in the private sector.

Faculty

The DrPH and PhD faculty include well-known researchers who are funded by the National Institutes of Health, other units of the U.S. Department of Health and Human Services, and private foundations. All members have active programs of research, publishing, and presenting. At least six have won university-wide teaching awards.

Table 2.10.a.2 PH Graduate Faculty and Committee Membership Eligibility

	MPH/MS		DrPH		Epi PhD	
	serve	chair	serve	chair	serve	chair
Regular Graduate Faculty – Faculty member based in PH						
Albright, Cheryl	X	X	X	X	X	
Braun, Kathryn L.	X	X	X	X	X	
Buchthal, Opal Vanessa	X	X	X		X	
Canyon, Deon V.	X	X	X	X	X	
Chung-Do, Jane	X	X	X		X	
Cooney, Robert	X	X	X		X	X
Delormier, Treena	X	X	X		X	
Fan, Victoria	X	X	X			
Grandinetti, Andrew	X	X	X		X	X
Hurwitz, Eric	X	X	X		X	X
Katz, Alan R.	X	X	X		X	X
Lu, Yuanan	X	X	X		X	X
Maddock, Jason (Jay) E.	X	X	X	X	X	
McFarlane, Elizabeth	X	X	X	X	X	
Nelson-Hurwitz, Denise	X	X	X		X	
Nigg, Claudio R.	X	X	X	X	X	
Sentell, Tetine	X	X	X	X	X	
Taualii, Maile M.	X	X	X		X	
Yontz, Valerie J.	X	X	X		X	
Williams, Rebecca J.	X	X	X			
Wu, Yan Yan	X	X	X		X	
Cooperative Graduate Faculty – UH Employee in another department						
Cassell, Kevin, UH Cancer Center, Prevention	X	X	X		X	
Chang, Sandra, JABSOM, Trop Med	X	X	X		X	X
Chen, John, JABSOM, Biostatistics	X		X		X	
Davis, James, JABSOM, Biostatistics	X		X		X	X
Douglas, James, UHM Microbiology	X		X		X	
Fagan, Pebbles, UH Cancer Center, Tobacco	X		X	X	X	
Fernandes, Sasha, JABSOM, Culture	X		X		X	

	MPH/MS		DrPH		Epi PhD	
	serve	chair	serve	chair	serve	chair
Garmire, Lana, UH Cancer Center, Microbiology	X		X		X	
Goebert, Deborah, JABSOM, MCH	X		X	X	X	
Hedges, Jerris, JABSOM, Health Admin	X		X		X	
Herzog, Thaddeus, UH Cancer Center, Tobacco	X		X	X	X	
Izutsu, Satoru, JABSOM, Health Admin	X	X	X		X	
Juarez, Deborah, Pharmacy, Health Econ	X		X		X	
Kaholokula, Joseph, JABSOM, Culture	X		X	X	X	
Le, Thao, Family Resources, LGBT	X	X	X			
Le Marchand, Loic, UH Cancer Center, Epi	X		X		X	X
Lee, Hye-Ryeon, Communication, Health Com	X		X	X	X	
Li, Fenfang, CTAHR, Biostatistics	X	X			X	
Maskarinec, Gertraud, UH Cancer Center, Epi	X		X		X	X
Mau, Marjorie K, JABSOM, Culture	X		X		X	
Maunakea, Alika, JABSOM, Epigenetics	X		X		X	
Nerurkar, Vivek, JABSOM, Neuro	X	X			X	X
Nishita, Christy, UH Disability Studies, Aging	X		X		X	
Novotny, Rachel, CTAHR, Nutrition	X		X	X	X	X
Pagano, Ian, UH Cancer Center, Biostatistics	X		X		X	
Rodriguez, Beatriz, JABSOM, Aging	X		X		X	X
Soon, Reni, JABSOM, OB/Gyn	X		X		X	
Sugimoto-Matsuda, Jeanelle, JABSOM, Psych	X		X		X	
Sy, Angela, UH Nursing, CBPR	X		X		X	
Wilkens, Lynne, UH Cancer Center, Biostatistics	X		X		X	X
Yamada, Seiji, JABSOM, Culture	X		X		X	
Yanagihara, Richard, JABSOM, Micro	X		X		X	
Zhang, Guangxiang, JABSOM, Biostatistics	X		X		X	
Affiliate (including Emeritus) Faculty – not a UH employee						
Campbell, James, International Health	X		X		X	
Dye, Timothy, Anthropology	X		X		X	
Greenwood, Margo, Indigenous Health	X		X		X	
Grove, John, Biostatistics	X		X		X	
Hayes, Donald, MCH	X		X		X	
Kolonel, Lawrence, Cancer Epi	X		X		X	
Li, Dongmei, Biostatistics	X		X		X	
Reading, Jeff, Indigenous Health	X		X		X	

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

DrPH Resources

The program is concerned about financial support for the DrPH students. The DrPH Committee is committed to helping them find GRA positions, scholarships, or jobs at UH or in the community. Our record is shown below.

Table 2.10.b.1 Financial Support for DrPH Students

	All students admitted since 2008	Students enrolled in Fall 2013
Received/requested GRA position	13/14	6
East-West Center grantee	1	0
Prince Hirohito Scholarship	1	1
Sano Fellowship	1	1
Working at UH Mānoa or another part of UH system	7	3
Working off campus in public health-related job	5	4
Total	28	14

PhD

The program also is concerned about financial support for PhD students, and we are committed to helping them find GRA positions, scholarships, or jobs at UH or in the community. Our record is shown below.

Table 2.10.b.2 Financial Support for PhD Students

	All students admitted since 2010	Students enrolled in Fall 2013
Received/requested GRA position	7/7	2
East-West Center grantees	2	0
Working at UH Mānoa or another part of UH system	2	0
Working off campus in public health-related job	5	1
Total	16	3

2.10.c Data on student progression through each of the program'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. See CEPH Template 2.10.1.

Table 2.10.c.1 Doctoral Student Data for Year 2014-15

	DrPH	PhD
Number newly admitted in 2014-15	6	2
Number currently enrolled (total) in 2014-15	15	14
Number completed coursework during 2013-14	3	5
Number advanced to candidacy (cumulative) during 2013-14*	3 in 2013-14 6 ABDs total	4 in 2013-14 6 ABDs total
Number graduated in 2013-14	3	2

*At UH Mānoa, students who have advanced to candidacy (i.e., passed the comprehensive exam) are considered ABD (all but dissertation).

DrPH

Cumulative data since DrPH was reorganized in Fall 2008.

Table 2.10.c.2 Employment Data for DrPH Graduates

Students*	May 2011	Dec 2011	May 2012	Dec 2012	May 2013
Number graduated or graduating	2	4	1	2	3
Location					
Hawai'i	2	2	1	1	2
Other US		1			1
International		1		1	
Positions					
University-based professor or researcher	2	3	1		1
Government based researcher		1			
Hospital or NGO				2	1
Post-Doctoral					1
Looking for work					

* Students admitted since Fall 2008 and graduated/graduating by May 2013

PhD

All of the students admitted to the program since the PhD program has been under the auspices of Public Health (Fall 2010) are still enrolled. The four students admitted in fall 2010 passed the written qualifying examination in spring 2012 and are on schedule to graduate within the next year. Students admitted to the program prior to its move to Public Health took from three to eight years from admission to graduation. Four to seven years from admission to graduation is typical for epidemiology doctoral candidates who matriculate without prior graduate degrees (average=5.8 years). All students in the 2011 cohort took and passed the qualifying examination in spring 2013, and all students in the 2012 cohort are expected to take the qualifying examination in spring 2014. Two PhD candidates graduated in May 2014, and another two are expected to graduate in the coming year.

Graduates from the PhD program in Biomedical Sciences (Epidemiology) have found work as epidemiologists in the State of Hawai'i Department of Health, Kaiser Health Research Hawai'i, pharmaceutical and health insurance companies, and in universities.

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

Courses Restricted to Doctoral Students

PH 771 Teaching Practicum (3 credits). Each DrPH and PhD student must take the lead in teaching a semester-long course, with assistance from a faculty member. The student will finalize the course syllabus, prepare and present lectures, lead discussions, and oversee and evaluate student progress. The goal of this rotation is to build students' skills in teaching and mentoring.

PH 772 Research Practicum (3 credits). Each DrPH and PhD student must work with a mentor on a research project. Ideally, the mentor and DrPH or PhD student will identify an independent project that is related to the mentor's program of research. The goal of this rotation is to increase students' skills in conducting research, analyzing data, presenting findings, and writing for publication.

PH 800 Dissertation research (1 credit). Each DrPH and PhD student designs, carries out, and writes up an independent research project.

Additional Courses Restricted to DrPH Students

PH 770 DrPH Seminar on Health Disparities (2 credits; taken four times, for a total of 8 credits). This seminar is offered twice a year with topics rotating every two years. Topics focus on (b) health disparities and social justice, (c) research methods for health disparities and research translation, (d) evidenced-based programming, and (e) advanced social policy. Seminars will emphasize presentation and scholarly writing pertinent to professional development. Students will produce literature reviews, policy analyses, research and program proposals, testimony, abstracts, and slide shows.

Additional Courses Required of PhD Students

PH 665/TRMD604 Infectious Diseases Microbiology I (2 credits). This course is offered once a year. Pathogenesis, epidemiology, immunobiology of infectious diseases caused by bacterial and fungal pathogens; principles of host-pathogen interactions; public health aspects of infectious diseases.

PH 748 Chronic Disease Epidemiology (3 credits). This course is offered once a year. The course covers selected topics in chronic diseases with critical analysis of the current epidemiologic literature. Methodological issues, contemporary findings and recommendations for future research are discussed.

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

This criterion is met.

Strengths

- The program offers PhD and DrPH degrees.
- Each program has specific coursework aimed at doctoral-level education.
- Most students had received some support for their education, whether through a scholarship, graduate assistantship, or tuition waiver.
- Progression through both doctoral programs has been good.

Challenges

- Ideally, we would like to be able to offer more assistantships to the doctoral students.

Plans

- With the development of the new BA program, we are anticipating funding two to four teaching assistants per year. Doctoral students will have preference for these positions.

CRITERION 2.11

JOINT DEGREES

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

2.11.a Identification of the joint degree programs offered by the program.

The program offers an MD-MPH Program. The MPH is only offered for students in the epidemiology track.

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

All core and required courses are the same for the separate stand-alone MPH and the MD-MPH. The only difference is that students may double count 3 credits of electives in preventive medicine, ambulatory care, community health, or other public-health-oriented offering, approved in advance by the student's public health academic committee/public health faculty advisor. Any student simultaneously enrolled in two graduate programs at the UH Mānoa is allowed to double count an elective with the permission of their advisors.

2.11.c Assessment of the extent to which this criterion is met and an analysis of the programs strength, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- The MD-MPH program has the same requirements as the stand-alone MPH program.
- JABSOM and OPHS administration strongly support the concurrent degree program (UH Documentation/MD-MPH Program MOU.pdf).

Challenges

- Degrees are overseen by multiple offices: JABSOM Office of Student Affairs and OPHSAS in coordination with the Office of Graduate Education.
- Need to ensure student oversight is coordinated so students can complete the concurrent degree program on schedule and any financial aid support provide to the student is adjusted to appropriately cover tuition costs.

Plans

- OPHS is working with JABSOM administration to ensure student tracking and financial aid are coordinated.

CRITERION 2.12

DISTANCE EDUCATION OR EXECUTIVE DEGREE PROGRAMS

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners.

Not applicable.

CRITERION 3.1

RESEARCH

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

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

The program actively supports research and scholarly activities through the following policies, procedures and practices:

Annual Review Process

All primary faculty members, whether or not on tenure-track, are reviewed annually. Active involvement in research is required for all primary faculty members in instruction (I) ranks. The annual review process of each faculty member's work is conducted by the Personnel Committee and reviewed with the Director/Chair of OPHS. See Criterion 4.2.c for a description of the annual review process.

Promotion, Tenure, and Periodic Review

Promotion and tenure require formal review by the University and Vice Chancellor for Academic Affairs, as well as the OPHS Personnel Committee. Creation and dissemination of knowledge is a key factor in successfully earning tenure and being promoted. UH Mānoa is classified by the Carnegie Foundation at a Research University with very high research activity, thus research productivity is highly weighted in awarding promotion and tenure decisions.

Formal review by the University also is required periodically (usually every five years) after being awarded tenure, following procedures outlined by the University (Promotion and Tenure/UHM Review of Tenured Faculty.pdf).

Criteria for Hiring New Faculty

Candidates for open instructional positions are evaluated on their commitment to research and their track record in securing research funds and contributing to the public health dialogue.

Funding to Support Research Activities

OPHS uses its returned indirect funds to support faculty and staff for research activities. Decisions on allocation of indirect cost recovery are made by the Budget Committee. Several types of funding are available including:

- 1) Research "start-up" funds for new faculty to enhance research activity;
- 2) A faculty fund for research project development, where primary faculty members are invited to apply for funds to support projects and/or travel to increase their capacity to win grants, contracts, and/or salary offset;
- 3) A faculty incentive fund for faculty who offset 50% or more of their salary to support their travel to professional conferences, collaborative research activities, travel, equipment and expenses that would not otherwise be covered; and
- 4) A graduate student fund for research project development, which was newly established in Academic Year 2013-14, to which graduate students can apply for funds to support conference travel or research costs.

RCMI Multidisciplinary and Translational Research Infrastructure eXpansion (RMATRIX)

The University's John A. Burns School of Medicine hosts a Research Center in Minority Institutions (RCMI)-funded program from NIH called RMATRIX, which provides support for investigators in translational research. Five cores—Biostatistics, Bioinformatics, Clinical Research Resources, Community-based Participatory Research, and Regulatory—provide free consultation to investigators, with priority given to early-stage investigators conducting translational research with Filipinos, Native Hawaiians, and other Pacific Islanders in the areas of obesity/metabolic disease and growth, development, and reproductive health. In August 2014, three research teams that included members of the primary public health faculty applied and were recommended for funding through the RMATRIX pilot project funding mechanism.

Reduced Teaching Load to Accommodate Research Activities

The program provides for a reduction in the required teaching load for faculty member that offset their salary with non-department funds. For example, 9-month faculty members with 25% of their salary covered through extramurally funded grants are only required to teach three rather than four courses per year, and 11-month faculty members with 20% offset are required to teach four rather than five courses per year. This policy also gives the Director/Chair the discretion to reduce teaching load for faculty members to investigate new research areas. However, all primary faculty members are required to teach at least one course per year regardless of salary offset.

Budget Committee Membership

Faculty members who bring in 50% or more of their salary become members of the program's Budget Committee. This committee works with the Director/Chair and Administrative Officer to review OPHS income/expenditures and participate in spending decisions regarding indirect cost recovery.

Administrative and Clerical Support

OPHS has a department secretary, two administrative officers, and a personnel officer to assist program faculty in their research activities.

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

Research activities evidence the program's commitment to research and scholarly activity. This can be seen in the numerous collaborative research relationships with public and private organizations enjoyed by nearly all of the program faculty members. These relationships in research have benefited both the students and the program faculty. Below we present highlighted faculty projects in depth to illustrate our research efforts.

Dr. Kathryn Braun

International Collaborations

Children's Health Living Program (Pacific), UNICEF Myanmar.

Local Collaborations

Ha Kupuna National Resource Center for Native Hawaiian Elders, Hawai'i Department of Health, 'Imi Hale Native Hawaiian Cancer Network, Papa Ola Lokahi, The Queen's Medical Center (NCCCP and NCORP), RMATRIX.

Foci

Kathryn Braun's research focuses on minority health, with projects in the areas of cancer prevention and control, healthy aging, and Hawaiian health. For example, as Principal Investigator (PI) of the 'Imi Hale Native Hawaiian Cancer Network (U54CA153459), she works with Papa Ola Lokahi (the Native Hawaiian Board of Health), Native Hawaiian communities, local hospitals, community health centers (CHCs), and other groups to improve cancer care outcomes for Native Hawaiians and Pacific Islanders and to train indigenous and minority researchers in Community-Based Participatory Research (CBPR). Sample research questions currently being addressed include: What are the best ways to increase Human Papillomavirus (HPV) vaccine uptake? When and how should The Queen's Medical Center approach cancer patients to ask them to participate in biobanking their tissue for future research? Can an educational intervention directed at physicians and staff at CHCs increase the number of CHC patients up-to-date with colorectal cancer screening? Can an intervention aimed at hospital administrators and nurses increase the number of Hawai'i hospitals that offer a cancer patient navigation program?

As Co-Investigator with Ha Kupuna National Resource Center for Native Hawaiian Elders, Dr. Braun is working with faculty members at the UH School of Social Work to investigate research questions like: What are the needs of Native Hawaiian elders and their caregivers? Are disparities in life expectancy and other indicators experienced by Native Hawaiians decreasing over time?

As Lead Evaluator for the Hawai'i Healthy Aging Partnership, Dr. Braun is working with the Executive Office on Aging, the Department of Health, and more than 20 service providers to address research questions like: How can evidenced-based interventions developed elsewhere be adapted to Hawai'i without jeopardizing intervention fidelity? Do these adapted programs produce to the same good client outcomes as suggested by national research? What factors are associated with the successful sustainment of these programs by Hawai'i service providers?

Finally, Dr. Braun is committed to assist her doctoral students in publishing their work. Recent publications with students are in areas of Korean immigrant health, interpersonal violence, and use of CBPR methods in disaster preparedness planning.

Dr. Tetine Sentell

Local Collaborations

Center for Native and Pacific Health Disparities Research and the Hawai'i Health Information Corporation

Foci

The elimination of pervasive health disparities across race and ethnicity is a major goal of current U.S. health research, practice, and policy. Dr. Sentell's research focuses on untangling the complex relationship between health disparities and health communication factors, particularly health literacy (the ability to read, comprehend, and use health-related information) and English language proficiency, both in individuals and communities. She is currently the PI for a National Cancer Institute (NCI) R03 considering disparities in cancer screening among Asian Americans by health literacy and for an Agency for Health Care Research and Quality (AHRQ) R21 considering maternal quality information for Asian Americans and Pacific Islanders, especially those with limited English proficiency and low health literacy. She is also the PI for a 5-year study funded by the National Institute on Minority Health and Health Disparities (NIMHD) under the Center for Native and Pacific Health Disparities Research concerning racial/ethnic differences in preventable hospitalizations and re-hospitalizations.

An example of Dr. Sentell's health disparities research compared preventable hospitalizations for diabetes across Asian and Pacific Islander groups in Hawai'i. Preventable hospitalizations are defined by the AHRQ as those potentially avoided with access to timely and effective primary care. Preventable hospitalizations impose unnecessary pain and suffering on individuals and families and also cost Hawai'i at least \$112 million per year. (Diabetes-related preventable hospitalizations specifically account for \$13 million.) Analyzing 146,854 hospitalizations in Hawai'i over a 4-year period among the elderly (65 years and older) using Hawai'i Health Information Corporation (HHIC) data, we found that rates of preventable hospitalizations for diabetes were almost three times higher for Native Hawaiians and Filipinos and almost two times higher for Japanese elderly than for Whites.

An example of her research in health literacy considered the role of health literacy in access to health insurance after considering employment status, poverty, education, and other factors among 35,033 adults in California. Lower health literacy predicted lack of access to health insurance above and beyond other factors. In another health-literacy focused study, we used state-wide data to measure health literacy across Asian and Pacific Islander populations, finding particular health literacy disparities among Filipinos. Dr. Sentell also considers these issues not just at the individual level, but also in the community context in which people live. A recently student found that both individual and community health literacy independently predict poor health. This provides not only insights to health disparities, but an innovative opportunity for solutions. To complement the quantitative findings from analyses of these large datasets, she also performs qualitative research, including focus groups and in-depth interviews. For example in a study funded by 'Imi Hale Native Hawaiian Cancer network, we conducted focus groups of Filipino and Native Hawaiian women to better understand access to health information generally and specifically around cancer screening. Participants noted many health information challenges, including lack of plain English by doctors.

Dr. Claudio Nigg

National and International Collaborations

University of Colorado at Denver, Colorado State University, and the Children's Healthy Living Program

Local Collaborations

Kama'aina Kids, YMCA, Hawai'i Department of Education (DOE), and Kaho'omiki (a 501C3 community non-profit)

Foci

Dr. Nigg's research includes childhood obesity prevention. He is investigating the effects of schoolyard renovations and recess curricula on elementary schools children's physical activity in inner city Denver (the IPLAY project; >50% Hispanic children) in collaboration with the University of Colorado at Denver and Colorado State University supported by an NICHD/NCI/NIDDK funded RO1. He is working on the dissemination of Fun 5 - an evidence based physical activity and nutrition program across elementary afterschool programs in Hawai'i in collaboration with the providers (Kama'aina Kids, YMCA, and the DOE) and Kaho'omiki (a 501C3 community non-profit). He also trains grade 12s in the research process where they measure and provide a physical activity and nutrition curriculum to grade 9-11s in Waipahu High school (predominantly Filipino; N>200).

Dr. Nigg also work on the Children's Healthy Living (CHL) project addressing preschool obesity prevention in communities across the pacific from American Samoa, Guam, Commonwealth of the Northern Mariana Islands, Alaska and Hawai'i, in collaboration with the land grant colleges supported by the US Department of Agriculture (USDA). Dr. Nigg also has projects in adolescent alcohol prevention in collaboration with the Hawai'i state DOH funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), and oral health promotion/cavity prevention in elementary school children in collaboration with New York University, University of East Carolina and University of Southern California funded by NIDCR.

Dr. Eric Hurwitz

National and International Collaborations

Stanford University, University of California, Los Angeles, Western University of Health Sciences, RAND Corporation, Brown University, University of Guam, University of Alberta, and University of Toronto.

Foci

Dr. Hurwitz's research interests include the epidemiology and treatment of musculoskeletal disorders and chronic diseases; the safety and effectiveness of therapeutic and preventive interventions; and methods in observational and clinical epidemiology. In the past five years, Dr. Hurwitz has published on the epidemiology, diagnosis and treatment of low back and neck pain; adverse events associated with lumbar fusion, use of recombinant human bone morphogenetic protein-2 (rhBMP-2), and spinal manipulation; development and evaluation of instruments used to identify adverse events and improve diagnostic assessment in spinal pain; and pediatric orthopedic injuries requiring hospitalization, among other topics. Dr. Hurwitz and his collaborators were the first to systematically review the safety profile of rhBMP-2 in spinal surgery, finding that the actual risks of serious complications were 10-50 times greater than the estimates originally reported. Dr. Hurwitz collaborates with investigators from several universities and institutions in the U.S. and Canada, including Stanford University, University of California, Los Angeles, Western University of Health Sciences, RAND Corporation, Brown University, University of Guam, University of Alberta, and University of Toronto, among others.

Dr. Yuanan Lu

International Collaborations

Fudan University, Wuhan University

Foci

Dr. Lu is involved in several projects that employ cutting-edge molecular biology and virology techniques for the development of novel strategies for effective detection and preventive and therapeutic approaches to combat pathogenic viruses of humans and marine species.

Human immunodeficiency virus type 1 (HIV-1) is known to infect brain macrophages and causes HIV-associated dementia (HAD). Current approaches to the treatment of HAD are limited due to the inability of many antiretroviral drugs to efficiently traverse the blood-brain barrier (BBB). Our study is focused on testing and establishing the possible use of blood derived monocytes and macrophages (BDMM) as drug delivery into the brain since these cells are able to traffic across the BBB. We have recently established conditions for successful isolation and cultivation of BDMM and these cells can be effectively transduced with defective lentiviral vectors. In addition, potential neuroprotective gene was expressed at high level, stable and protective to neuronal cells from patent neurotoxins. We are currently testing these neuroprotective genes for their protective effect in the brain using transgenic mice as a model. This is expected to establish new approaches for treatment of neuroAIDS and other neurological diseases.

Fecal Indicator Bacteria (FIB) are currently tested as an indicator to monitor recreational water for safety. However, there are several limitations associated with this monitoring system including poor correlation of FIB concentration with sewage pathogens and human disease risk. Human enteric viruses are considered as a possible indicator because they are directly associated with human diseases, directly from human sewage, and free of replication in water. However, extreme low number of viral particles in environmental waters and lack of effective methods are the main challenges for their application. Therefore, our research is focused to overcome this limitation by testing and establishing effective methods for virus concentration

from environmental waters, viral nucleic acids extraction, and sensitive viral detection. We have recently established optimized protocols for effective concentration of enteric viruses from both fresh water and beach waters, including from sewages. We have developed effective protocols for sensitive detection of several enteric viruses including human noroviruses, adenoviruses, enteroviruses. Our findings have recently published in Virology Journal, Water Research, and PLoS ONE. To facilitate the use of human enteric viruses as practical indicators, we have recently developed laboratory protocol for effective concentration and recovery of infectious enterovirus from environmental waters using human poliovirus as a model. We are currently testing and establishing effective conditions for enhanced recovery of infectious viruses from environmental samples, which will facilitate the use of human enteric viruses as an indicator and more accurate assessment for water risk.

Dr. Jay Maddock (PI)

Local Collaborations

State of Hawai'i Department of Health

National Collaborations

Physical Activity Policy Research Network

Foci

The Healthy Hawai'i Initiative Evaluation Team (HHIET) has partnered through a formal contract with the Hawai'i Department of Health since 2000 to provide research and evaluation support to the Healthy Hawai'i Initiative (HHI). The HHI is funded by the Hawai'i Tobacco Settlement Special Fund and focuses on increasing physical activity, improving nutrition and reducing obesity among the people of Hawai'i. The HHIET focuses on practice-based research and has published dozens of articles examining the effects of social marketing on health behaviors, school-based health programs, policy-makers attitudes toward active communities and the effects of policy on promoting health behaviors. The HHIET has also provided graduate research assistantships for over 20 graduate students since its inception.

Dr. Maddock has also been a long time member of the Physical Activity Policy Research Network (PAPRN). This national network of researchers examines the development, implementation and efficacy of physical activity policies and has over 20 universities involved.

3.1.c A list of current research activity of all primary and secondary faculty identified in Tables 4.1.a and 4.1.b, 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: a) principal investigator and faculty member's role (if not PI), 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. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.

A list of extramural funding for primary and secondary faculty is shown in Table 3.1.c.

Table 3.1.c Research Activity of Faculty from Fiscal Year* 2011 to 2013

Project Name	PI and Specialization	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Primary Faculty (in bold)									
'Imi Hale Native Hawaiian Cancer Network	Braun (Co-PI), SBHS	Papa Ola Lokahi NCI, U54CA153459	2010-2015	To PH: \$403,000	\$134K	\$13K	\$157K	Y	Y
Hookele Cancer Patient Navigation	Braun (PI), SBHS	Hawai'i Cancer Consortium	2013-2015	To PH: \$300,000	N/A	N/A	\$150K	Y	N
Ha Kupuna National Resource Center for Native Hawaiian Elders	Braun (Co-I), SBHS Mokuau (PI), UH Sch. of Social Work (SSW)	SSW, US Admin on Aging, #90OI0006/01	2012-15	To PH: \$30,000	\$10K	\$10K	\$10K	N	Y
Hawai'i Healthy Aging Partnership	Braun (PI), SBHS	State funds	2013-2014	\$181,000	\$62K	\$45K	\$74K	Y	Y
RCMI Multidisciplinary & Translational Research Infrastructure eXpansion (RMATRIX)	Braun (Core Leader), SBHS Hedges (PI), JABSOM	JABSOM, NIMHD, NIH U54MD007584	2013-2014	To PH: \$50,000	N/A	N/A	\$50K	Y	Y
Evaluating the impact of advanced technology on a primitive tribe	Canyon (PI), HPM	University of Hawai'i Foundation	3/2013-3/2014	\$18,500	N/A	N/A	\$18,500	Y	N
Community Voices for Our Keiki-Child Abuse and Neglect Prevention	Chung-Do (PI), SBHS Kanuha (PI), Sociology	Hawai'i DOH	9/1/2013-5/30/2014	\$200,000	N/A	N/A	\$200K	Y	Y
Hawai'i's Caring Communities Initiative for Youth Suicide Prevention	Chung-Do (Co-I), SBHS Goebert (PI), Psychiatry	SAMHSA	8/1/2011-7/30/2014	To PH: \$60,000	\$20K	\$20K	\$20K	Y	Y
Hawai'i Health Data Warehouse: Healthy People 2020	Maddock (PI), HPM	John Snow Foundation	6/1/11-5/31/12	\$35,000	\$35K	N/A	N/A	N	N

Project Name	PI and Specialization	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Evaluation of the Healthy Hawai'i Initiative	Maddock (PI), HPM	Hawai'i Department of Health	7/1/211-06/30/14	\$1,620,546	\$525K	\$530K	\$566K	Y	Y
Hawai'i Health Data Warehouse Project	Maddock (PI), HPM	Hawai'i Department of Health	07/01/12-06/30/14	\$1,615,000	N/A	\$600K	\$1.015M	N	N
Hawai'i Nutrition and Physical Activity Coalitions	Maddock (PI), HPM	Hawai'i Department of Health	7/1/12-6/30/13	\$591,912	N/A	\$592K	N/A	Y	N
Evaluation of the Hawai'i State Tobacco Prevention and Control Plan	Maddock (PI), HPM	Hawai'i Department of Health	09/1/12-3/29/13	\$25,000	N/A	\$25K	N/A	Y	Y
Perinatal Periods of Risk Report	Maddock (PI), HPM	Hawai'i Department of Health	7/1/13-12/20/13	\$9,000	N/A	N/A	\$9K	N	N
Hospital Quality Reports for Expectant Mothers: Considering Race and Language	Sentell (PI), HPM	AHRQ	10/12-9/15	\$903,000	N/A	N/A	\$317K	N	Y
Health Literacy and Cancer Screening Disparities in Asian American Populations	Sentell (PI), HPM	NCI	1/12-2/14	\$100,000	N/A	\$50K	\$50K	N	N
Native Hawaiian Center for Excellence: Substudy #1	Sentell (SubK PI), HPM Mau (PI), Native Hawaiian Health	NIMHD	12/12-11/17	Subk: \$507,000	N/A	\$100K	\$100K	N	Y
Health Literacy and Cancer Screening Disparities in Asian-American Populations	Sentell (SubK PI), HPM Chong (PI), Queen's Hospital	NCI	1/2012-12/2012	\$33,000	N/A	\$33K	N/A	Y	Y

Project Name	PI and Specialization	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
National Children's Health Study Health Disparities Formative Research	McFarlane (PI), HPM	Johns Hopkins University	March 2013 - March 2015	\$223,000	N/A	N/A	\$223K	Y	N
Hawai'i Assessment and Development of Oral Health Care System	Nigg (PI), SBHS	DentaQuest Foundation	6/1/2013-5/31/2014	\$100,000	N/A	N/A	\$100K	Y	N
State Epidemiological Outcome Workgroup (SEOW) Project	Nigg (PI), SBHS	Alcohol and Drug Abuse Division, DOH	12/17/2012-11/30/2013	\$180,000	N/A	N/A	\$180K	Y	Y
Children's Healthy Living (CHL) Program for Remote Underserved Regions of the Pacific	Nigg (Co-I), SBHS Braun (Co-I), SBHS Novotny (PI), CTAHR Nutrition	CTAHR (UDSA, #: 2011-68001-30335)	03/01/11-2/30/16	To PH: \$125,000	\$25K	\$50K	\$50K	Y	Y
The Impact of an Environmental and Curriculum Change on Children's Obesity Related Behaviors	Nigg (Multiple PIs); SBHS	NICHD/NCI/ NIDDK	09/15/09-6/30/14	Subk: \$705,000 Total: \$2,826,000	\$132K	\$138K	\$140K	Y	Y
Integrating Social, Behavioral & Preventive Sciences to Reduce Children's Caries	Nigg (Multiple PIs); SBHS	NIH;NIDCR	09/01/11 - 08/31/13	199,991	N/A	\$94,592	\$105K	Y	Y
HICORE/Hawai'i 5210 Let's Go! Initiative	Nigg (Evaluator), SBHS Okhiro (PI), Pediatrics	HMSA Foundation	09/15/12 - 09/14/13	\$21,000	N/A	N/A	\$21K	Y	Y
Fun 5 Evaluation	Nigg (Evaluator), SBHS Zeug (PI)	Office of Hawaiian Affairs	07/01/12-06/30/13	\$45,000	N/A	\$45K	N/A	Y	Y
Pacific Kids Dietary Approaches to Stop Hypertension (DASH) for Health	Nigg (Co-I), SBHS Novotny (PI), CTAHR Nutrition	USDA	2/15/08 - 2/14/13	Subk: \$168,000	\$34K	\$43K	N/A	Y	Y

Project Name	PI and Specialization	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Alcohol and Drug Abuse Division ("ADAD") Epidemiological and Evaluation Services	Nigg (PI), SBHS	Alcohol and Drug Abuse Division, DOH	03/19/12 – 09/30/12	\$251,000	N/A	\$251K	N/A	N	Y
A Computerized, Tailored Intervention for Behavioral Sequelae of PTSD in Veterans	Nigg (Co-I), SBHS Spira (PI), Psychiatry	U.S. Army Medical Research and Materiel Command / Telemedicine and Advanced Technology Research Center	10/15/09 - 03/09/12	SubK: \$83,000	\$56K	\$27K	N/A	N	Y
State Prevention Framework State Incentive Grant (SPF SIG) Epidemiology	Nigg (PI), SBHS	Alcohol and Drug Abuse Division, DOH	05/01/08 – 09/29/12	\$417,000	\$62K	\$99K	N/A	N	Y
Center for 'Ohana Self-Management of Chronic Illnesses in Hawai'i (COSMCI): Building research team for the future	Nigg (Co-I; lead of Eval sub-core), SBHS Inouye (PI), School of Nursing	NIH/National Institute of Nursing Research (NINR)	09/30/07- 09/27/12	\$600,000	\$300K	\$300K	N/A	Y	Y
Evaluation of the Hawai'i State Department of Health Nutrition Education Network	Buchthal (PI), SBHS	USDA / Hawai'i Department of Health	4/24/12- 9/30/13	\$138,000	N/A	\$75K	\$63K	Y	Y
Underage Tobacco Compliance	Williams (PI), SBHS	FDA/SAMHSA/ State of Hawai'i	9/1/13- 8/31/14	\$144,000	N/A	N/A	\$144K	N	N
Evaluation of the Hawai'i State Tobacco Plan	Williams (PI), SBHS	State of Hawai'i	10/1/2013- 10/1/2014	\$25,000	N/A	N/A	\$25K	N	N

Project Name	PI and Specialization	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Experiment Testing Message Strategies for Pregnant Women Smoking Cessation & Reduction & Post-Partum Relapse Prevention	Williams (PI), SBHS	NIH (Subcontract with University of Connecticut)	11/1/2013-4/31/2014	\$23,000	N/A	N/A	\$23K	N	N
New drugs from the sea	Lu (PI), Epi	Hawai'i Community Foundation	2011-2013	\$50,000	N/A	\$25K	\$25K	N	N
Modeling Monocytes and Macrophages Based Gene Therapy for NeuroAIDS	Lu (PI), Epi	NIMH, NIH MH079717 (R01)	2009-2014	\$1,745,000	\$250K	\$250K	\$250K	N	Y
Ocean and human health	Lu (PI), Epi	NSF OCE09-11000	2009-2012	\$386,000	\$75K	\$40K	NA	Y	Y
Secondary Faculty									
KATS: Kruisin' Against Tobacco Sales	Rodericks (PI), HPM	Hawai'i Department of Health, Alcohol and Drug Abuse Division	9/26/12-9/25/13	\$103,000	N/A	\$103K	N/A	Y	Y
Synar	Rodericks (PI), HPM	Hawai'i Department of Health, Alcohol and Drug Abuse Division	August 1 2012 to July 2013	\$97,000	N/A	\$97K	N/A	Y	Y

Project Name	PI and Specialization	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
FDA Tobacco	Rodericks (PI), SBHS	Hawai'i Department of Health, Alcohol and Drug Abuse Division and FDA	September 1 2012 to August 2013	\$164,000	N/A	\$164K	N/A	Y	Y
REACT: Retail Establishment Alcohol Compliance Team	2012 Rodericks (PI), HPM 2013 Nigg (PI), SBHS	Hawai'i Department of Health, Alcohol and Drug Abuse Division	May 1 2012 to April 2013	\$177,000	N/A	\$17K	\$171K	Y	N
Team PLUS – Preventing Liquor Underage Sales	Rodericks (PI), HPM	Honolulu Liquor Commission	July 1, 2012 to June 30, 2013	\$75,000	N/A	\$75K	N/A	Y	N
REAL	Rodericks (PI), HPM	Tobacco Free Hawai'i Coalition	January 2012 to December 2012	\$250,000	N/A	\$250K	N/A	Y	N
Totals				\$13,176,949	\$1,720,000	\$4,161,592	\$4,256,500	28	27

*Year = UH Fiscal Year, July 1st through June 30th.

*Amount Total Award = Total award amounts for all research projects active during that fiscal year, e.g., for FY2011-2012, "Amount Total Award" = the total award amount for all research projects active during the period 7/1/11 through 6/30/12. This would include the total amount awarded for multi-year projects, single year projects, and continuing projects which started during the course of that fiscal year, continued all the way through that fiscal year, or ended at some point during that fiscal year.

**Amount Current Year = New research funding received for the grant or contract during that fiscal year, e.g., for FY 2011-2012.

3.1.d Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (e.g., citation references), extent of research translation (e.g., adoption by policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at professional meetings), and other indicators. See CEPH Outcome Measures Template.

The program has identified three broad goals related to research. They are:

Research Goal R1. To discover and create new knowledge, evaluate health services needs, and apply research with an emphasis on Hawai'i, the Asia-Pacific region, and Indigenous peoples.

Research Goal R2. To disseminate research findings through publications and participation in local, national, and international professional societies.

Research Goal R3. To involve students in research and evaluation projects.

The indicators and their related data over the past three years are listed below:

Table 3.1.d Outcome Measures for Research Goals and Objectives

Outcome Measure		Target	2011-12	2012-13	2013-14
R1a.	Program faculty will generate \$100,000 or more per faculty FTE in extramural funding.	\$100,000+	Total Active: \$378,850	Total Active: \$396,507	To be added
R1b.	All tenure-track faculty (100%) will serve as either PI, Co-PI or Co-Investigator on an extramurally funded research project.	100%	92.3%	87.5%	94.1%
R2a.	Program faculty will publish a mean of three peer-reviewed papers per year per FTE.	Mean of 3/ year	4.0	5.1	5.0
R2b.	All full-time instructional faculty (100%) will present at a national or international meeting at least once per year.	100%	100%	94.4%	100%
R2c.	All full-time faculty (100%) will present to a local public health audience one or more times per year.	100%	100%	88.9%	100%
R3a.	All primary faculty (100%) will engage at least one student in his or her research as evidenced by a Graduate Assistant (GA) position and/or authorship on presentations, reports and manuscripts.	100%	100%	88.9%	Review October 2014
R3b.	At least one student per year will be supported by the Elmer J. Anderson Travel Award.	≥ 1	3	5	5

Increasing Rate and Mean Number of Faculty Publications

The most widely recognized method of assessing research and scholarship is through publication in peer-reviewed journals, and it is the primary evaluation criterion of the program. Other publications, such as peer-reviewed abstracts, are also valued.

Over the past three years, the mean number of peer-reviewed publications per faculty FTE per year averaged about four. The publication rate during this period is about one more compared to our previous accreditation self-study (2003-2006). The faculty also averaged three published conference abstracts per year during this period.

3.1.e A description of student involvement in research.

As indicated on Table 3.1.d, 100% of program faculty members have involved students in their research over the past two years. In addition, the program has met target goals for awarding travel scholarships to students.

There are numerous opportunities for students to participate in research activities under the direction of the program's faculty, adjunct faculty, or other faculty in JABSOM, the Pacific Biomedical Research Center, or the University of Hawai'i Cancer Center. In some cases, the students have received graduate research assistantships for their work and/or an independent field practicum conducted through an outside agency which can lead to student-involved research. Highlighted examples of student research follow:

- Thomas Lee, under the direction of Professors Lu and Maddock led a team of researchers in China to examine parents' perception of the effects of poor air quality on their children's health. This study, conducted during the summer of 2013, has resulted in two international conference presentations and two papers which are currently under review.
- Jennifer Elia presented her first national conference poster presentation at the Society of Behavioral Medicine in 2012 and followed it with a podium presentation (a first, too) later that same year at an international conference in Australia. The analyses of the accelerometer and exercise log data addressing physical activity in new mothers she conducted and presented were very complex; but, she presented the results with confidence and answered audience questions very effectively and professionally.
- Kris Bifulco and Tasha Tydingco have given numerous local and national presentations on suicide prevention and safe messaging to community groups, youth leaders, and health professionals across the State for the HCCI project (directed by Dr. Jane Chung-Do). They recently presented at the Statewide Suicide Prevention and Healing Conference 2013 where they presented to over 100 people about safe messaging and community awareness on suicide prevention.
- May Rose Dela Cruz, Jermy Domingo, and Lehua Choy collaborated with God's Country Waimanalo to conduct a small-scale CBPR project by coordinating focus groups with youth and families using aquaponics systems in their homes. They presented the findings of this project to the other families and community members who are part of God's Country Waimanalo, at the Waimanalo Neighborhood Board meeting, and as a conference poster at the Pacific Health Global conference 2012.
- Katie Amato and Eunhee Park conducted a needs assessment to identify the research and practice needs of multiple behavior change research. This manuscript is now accepted for publication. Katie Amato has also worked on the Fun 5 cohort study, a five-year follow-up of elementary students on physical activity, nutrition and sedentary behavior to investigate if children's health behaviors track into adolescence and if they predict academic, and general health indicators in adolescence. The abstract has been accepted at the 28th International Congress of Applied Psychology and the paper is under review.

A list of student publications and conference presentations for the past three years is provided in the electronic resource file (Research/Student Publications.pdf). The names of the public health students are in boldface.

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

This criterion is met.

Strengths

- The program's policies and procedures place a high priority on research activities.
- There is great depth and breadth to topics researched by faculty.
- Collaborative research relationships with community and government organizations are longstanding, well developed, and productive.
- The number of peer reviewed publications and presentations at conferences is significant.
- The measured outcomes relative to research are steadily improving.

Challenges

- Although 100% of tenure-track faculty and most non-tenure-track faculty are serving as PI, Co-PI, or Co-Investigator on research projects, not all faculty members have extramurally-funded research projects.

Plans

- The importance and value of serving as PI, Co-PI, or Co-Investigator on an extramurally-funded research projects will continue to be stressed.
- During annual review, faculty members not meeting this criterion will be asked to develop an action plan. Guidance, potential collaborators, and potential funding opportunities will be provided to the individual faculty.
- With the hiring of several new faculty members in the past three years, research productivity is expected to grow.

CRITERION 3.2

SERVICE

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

3.2.a Description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

The program has an outstanding history of service activities that meet the needs of the community as it relates to the program's mission and values. *Ho'olohe*--to listen and respond) to the needs of our community--is one of the values of the program. Faculty expectations regarding service are described in university and OPHS policies governing faculty tenure and promotion. The guidelines are available in the Promotion and Tenure section of the electronic resource file.

The program's faculty provides service to our communities through a variety of ways. In addition to the Colloquium Seminar Series that are offered by the program, our faculty are involved in formal funded contracts and agreements with local and national agencies, such as the State of Hawai'i Department of Health, Hawai'i Community Foundation, National Institutes of Health, Substance Abuse and Mental Health Services Administration, Centers for Medicare and Medicaid Services, Centers for Disease Control and Prevention, Health Resources and Services Administration, and United States Department of Agriculture (see Table 3.2.2). Also, the Director/Chair of the program has a permanent seat on the board of the Hawai'i Public Health Association.

The program also is the site of the Hawai'i Chapter for the Delta Omega National Public Health Honor Society. The Delta Omega Honorary Society in Public Health was founded in 1924 at Johns Hopkins University within the School of Hygiene and Public Health (now known as the Bloomberg School of Public Health) to promote the study of public health and recognize outstanding achievement in the field. Currently, Delta Omega has expanded to more than 80 chapters throughout the world and has more than 15,000 members from graduate schools and programs of public health, as well as the public health community (<http://www.deltaomega.org/>). The Hawai'i Chapter of Delta Omega was revived in 2008 by the program's faculty and students and other health professionals from the community. Since then, the chapter has:

- Sponsored an annual Delta Omega Distinguished Lecture that showcases a prominent public health professional during National Public Health Week;
- Held a *Public Health Forum to Reform the Hawai'i Department of Health* to provide recommendations to assist the incoming State of Hawai'i Department of Health administration in 2012;
- Co-sponsored the annual meeting of the Hawai'i Public Health Association to foster collaboration and service among member of the HPHA;
- Solicited and supported our students in poster abstract submission for the annual Delta Omega student APHA poster contest. At least one student from the program has been selected and awarded by the National committee each year since this support began.
- Inducted over 25 students, faculty members, and community members into the chapter and honored the inductees at the annual Hawai'i Delta Omega Society Distinguished Lecture.

The Hawai'i Chapter is considered to be one of the most active chapters across the country and was recognized with the National Delta Omega Chapter Award for service activities in 2010.

3.2.b Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Specifically, four types of service are important in considering promotion and/or tenure—service to the program, service to the university, service to the profession, and service to the community. Service contributes to the individual's growth and development, supports the functioning of the program and the university, and enhances the reputation of the University in Hawai'i nationally and abroad. Holding a leadership position in any of these services--President, Vice-President, Chair, Secretary, and/or Treasurer--is valued at a higher level. OPHS Standards for annual review require that faculty members provide professional service for at least one national/international society and at least one local public health organizations each year.

3.2.c A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. 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 Template 3.2.2 Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.

The program faculty members engage in an impressive number of service activities. For example, all faculty members review manuscripts for peer-reviewed journals, and some additionally serve on editorial boards (Table 3.2.1.a).

Table 3.2.1.a Faculty Service as Editorial Board Members for AY 2011-12 to 2013-14

Members of Editorial Boards				
Faculty member	Organization	Local/National/International	Activity or Project	Year(s)
Cheryl Albright	Translational Behavioral Medicine: Practice, Policy, & Research (Journal)	National	Review journal articles submitted for publication	2011-2014
Kathryn Braun	Physical and Occupational Therapy in Geriatrics, NEXUS, Home Health Care Services Quarterly	International	Assist in editorial directions, review manuscripts, recommend reviewers	2011-2014
Deon Canyon	Journal of Global Health Systems, Leadership in Health Services, Open Dermatology Journal, Journal of Rural and Tropical Public Health	International	Reviewing, editing	2012-2013
Robert Cooney	Nutrition & Cancer	National	Review articles submitted to the journal	2012-present
Eric Hurwitz	Journal of Manipulative and Physiological Therapeutics, The Spine Journal	National	Editorial Board member	2011-present
Jay Maddock	Journal of Physical Activity and Health, American Journal of Health Behavior, American Journal of Health Promotion	National	Editorial Board Member	2008 2011 2013
Claudio Nigg	Sport, Exercise and Performance Psychology, Health Psychology, Translational Behavioral Medicine: Practice, Policy, Research Journal, Psychology of Sport and Exercise	National/International	Provide Editorial direction and oversee manuscript review process	2011-2013

All faculty members belong to professional societies relevant to their research areas. Table 3.2.1.b provides examples of faculty members who serve in leadership and advisory positions in local, national, and international health organizations.

Table 3.2.1.b Faculty Service in Leadership Positions for AY 2011-12 to 2013-14

Faculty member	Role	Organization	Local/National/ International	Activity or Project	Year(s)
Kathryn Braun	President	Active Aging Consortium Asia Pacific (ACAP)	International	Lead organization, coordinate monthly board meeting, edit monthly newsletter	2008 to present
Robert Cooney	Chair-Elect, Chair, Immediate Past Chair	American Chemical Society - Hawai'i Chapter	Local	Coordinate meetings of the executive committee, Plan annual meetings and awards	2010-Present
Treena Delormier	Founding Member	International Indigenous Diabetes Alliance (IIDA)	International	Coordinate research and advocate for Indigenous health issues related to diabetes on an international level	2011-present
Eric Hurwitz	Data and Safety Monitoring Committee Chair	Developmental Center for Clinical and Translational Science in Chiropractic (DCCTSC), Developmental Center for Research on Complementary and Alternative Medicine (DCRC) (NCCAM/NIH), Extending Ultrasound Elastography to Manual Treatment Methods clinical trial (NCCAM/NIH)	National	Monitor clinical trials for adverse events	2011-2014
Alan Katz	Board of Directors	CHOW Project: State-wide syringe exchange program	Local	Advises Executive Director; Approves Budget; Sets program agenda	2012-2014
Jay Maddock	Chair	APHA	National	Physical Activity Section	2012-13
		Asia-Pacific Academic Consortium for Public Health	International	Secretary	2011-13
Claudio Nigg	Chair	North American Society of Psychology of Sport and Physical Activity Conference	International	Symposium organizer	2012
Nancy Partika	Vice President	Hawai'i Public Health Association	Local	Vice-President	2013
Maile Taulii	Co-Chair	Regional Health Equity Council, Dept. of Health and Human Service, Office of Minority Health	National/ Regional	Eliminate health disparities and achieve the highest possible level of health for all communities	2011-2014
	Executive Board	APHA	National		2012-13
Valerie Yontz	President	Hawai'i Public Health Training Hui	Local	Provide continuing education for the public health workforce in Hawai'i	2011-2014

Table 3.2.2 presents examples of funded service projects in which public health faculty are involved.

Table 3.2.2 Funded Faculty Service Activity from Academic Year 2011-12 to 2013-14

Project Name	Principal Investigator & Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community Based Y/N	Student Participation Y/N
Hawai'i's Caring Communities Initiative	Deborah Goebert (PI), Psychiatry Jane Chung-Do (co-PI), SBHS	SAMHSA	2011-2014	\$1.4 mil	\$25k	\$25k	\$25k	Y	Y
HI-PRAISE	Rebecca Rude Ozaki (PI) and Ritabelle Fernandes (Co-PI) Dongmei Li (Evaluation Coordinator), EPI	Centers for Medicare and Medicaid Services	September 2011 to June 2016	\$9,937K	\$14k	\$14K	\$21K	Y	Y
RMATRIX	Jerris R Hedges (PI) Dongmei Li (Biomedical Informatics Core Key Function Associate Leader), EPI.	NIH/NCRR	September 2010 to June 2014	\$3,590K	\$8K	\$8K	\$8K	Y	N
BRIDGES	Marla Berry (PI) Dongmei Li (consultant), EPI	NIH/NIMHD	August 2012 to July 2016	\$2,590K	\$8K	\$8K	\$8K	N	N
Evaluation of the Hawai'i State Tobacco Plan	Rebecca Williams , SBHS	CDC, State tobacco control trust fund	October 2013 to –October 2014 (renew annually)	\$25K	NA	NA	\$25K	N	N
State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors	Jay Maddock , HPM	CDC (RFA-DP13-1305)	June 2013-to June 2018	\$506K	NA	NA	\$506K	N	N
Underage Tobacco Compliance Checks (Synar, FDA, KATS)	Rebecca Williams , SBHS	Synar: CDC FDA: FDA KATS: State of HI tobacco settlement	June 2013 to June 2014 (renewed annually)	Synar:			Synar: 76K KATS: \$147K FDA: \$144K	N	N
CALPACT	Valerie Yontz (Hawai'i PI and Overall PI at UC-Berkeley under Jeff Oxendine), SBHS	HRSA	2010-2015	\$3.25 mil	\$75k	\$77k	\$79k	Y	Y
Fuel for Fun: Cooking with Kids 2.0: Plus Parents and Play	Szabo-Cunningham (PI), Colorado State University; Claudio Nigg (consultant), SBHS	USDA	June 1, 2012 to May 31, 2017	\$4,880K	N/A	\$4.5K	\$4.5K	Y	Y
Physical Activity Interventions LLC	Baeverstad (PI, PAI LLC); Claudio Nigg (consultant), SBHS	PAI LLC	April 1, 2011 to August 15, 2011	\$14K	\$14K	N/A	N/A	N	N
State Epidemiological Outcomes Workgroup	Claudio Nigg , SBHS	Alcohol and Drug Abuse Division (ADAD), Hawai'i State Department of Health	2012-2013	\$185K		\$20K		Y	Y

3.2.d Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

The program has two main service goals. They are:

Service Goal S1. To be an active partner in providing continuing education to the Hawai'i public health workforce

Service Goal S2. To provide consultative and direct services to community, state, federal, national and international organizations in support of the program's mission.

The service goals, their related outcome indicators and the last three years of data are listed below.

Table 3.2.d Outcome Measures for Service Goals and Objectives

Outcome Measure		Target	2011-12	2012-13	2013-14
S1a.	Every three years, the program will conduct a survey to assess local public health training and service needs.	Every 3 years	Surveyed in Summer 2012	Last Survey: 2012 Next Survey: 2015	Last Survey: 2012 Next Survey: 2015
S1b.	The program will provide or partner in the provision of at least three trainings annually to the local public health community.	≥ 3/year	33	25	27
S2a.	All full-time faculty (100%) will provide professional service for one or more national or international society or organization annually.	100%	100%	100%	100%
S2b.	All full time faculty (100%) will provide service to a local public health society or agency annually.	100%	92.3%	94.4%	89.5%
S2b.	All full-time faculty (100%) will contribute to one or more local continuing education activity per year	100%	84.6%	88.9%	94.7%

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.

Along with the MPH practicum requirement, many of our courses provide students opportunities to engage in service activities with the community, as shown in Table 3.2.e.

Table 3.2.e Student Community Service Activities

Course	Community Organization Served	Activities
PH 649 Needs Assessment (Spring 2014)	<p>ACCESS Line & Prevent Suicide Hawaii Task Force: How can ACCESS Line evaluate consumer satisfaction – surveying other call centers nationwide, and speaking with Taskforce member on their suggestions for evaluation.</p> <p>Goodwill: What knowledge do employees have about health/wellness, why are employees not accessing preventative services?</p> <p>DWI Court & Impaired Driving Taskforce: How do language and cultural norms around drinking/ driving affect involvement in the criminal justice system?</p>	<ul style="list-style-type: none"> • Work in teams on needs assessment projects, selected by the instructor, from diverse community organizations. • Conduct a needs assessment with their chosen organization. • Define and assess a specific public health problem, synthesize relevant literature, and collect data from key stakeholders. • Receive practical experience working with project stakeholders • Interpret and prioritize assessment findings in order to suggest possible recommendations/ interventions. • Compile data & recommendations into a final technical report which are reported back to the program/organization.
PH 704 Community- Based Participatory Research (Fall 2011, Spring 2014)	<p>Kokua Kalihi Valley: Partnered with Lei Hipu'u o Kalihi Valley, the elder health program, and Hou'ulu 'Aina, a volunteer program, to help enhance cultural and community competencies for workforce development.</p> <p>God's Country Waimanalo: Coordinate community engagement and service opportunities; assess and evaluate the aquaponics project. Data from this partnership used in grant proposals and conference and community presentations.</p> <p>Goodwill Ola I Kahana Youth Program: Conducted focus groups with youth participants to help inform the health curriculum.</p> <p>Create One Ohana LGBT Camp: Coordinated the camp and created evaluation framework to gather data on impact of the camp on multiple stakeholders.</p> <p>Fun Five Nutrition and Physical Activity Program: Conducted a focus group with parents to assess program needs.</p>	<ul style="list-style-type: none"> • Gain a deeper understanding of the potential of CBPR in Hawai'i's communities. • Collaborate with a community group to conduct a CBPR project that meets the community's needs and interests. • Integrate real-life practice with continuous reflective and collaborative learning. • Engage in the transformative process of CBPR.

Course	Community Organization Served	Activities
PH 765 Program Evaluation (Spring 2013)	Lunalillo Home: Evaluation system for their patient-centered care initiative.	
	Maui County YMCA: Evaluation plan for their new worksite wellness initiative.	
	Maui Community College: Evaluation plan for a proposed medical technology pathway.	
	Pali Momi: Evaluation plan to assess effectiveness of a program to reduce readmissions.	<ul style="list-style-type: none"> • Link with an existing community-based program.
	Kokua Kalihi Valley: Evaluation plan for assessing implementation of a new domestic violence prevention program within the clinic.	<ul style="list-style-type: none"> • Conduct key informant interviews.
	UH Mānoa Pre-Law Advising Center: Evaluation plan for assessing outreach effectiveness with students.	<ul style="list-style-type: none"> • Develop a logic model, evaluation plan, and evaluation tools for the program.
	DOH Public Health Nursing Branch: Evaluation plan for a program to build community capacity for Waianae Coast disaster response.	
	Planned Parenthood of Hawai'i: Evaluation plan for assessing impact of PPH programs to increase policy-related involvement among stakeholders.	
	Hiki Ni'o Mentoring Program: Evaluation plan for a grant proposal.	

Hui Ola Pono Student Organization

In addition to the program's coursework, the Hui Ola Pono provides a vehicle for students to provide service. For example, members of the group serve on OPHS committees, provide support and guidance for incoming students, serve as Student Ambassadors to help recruit new students to the field of public health, and link students in the public health program with other students and public health professionals locally, nationally, and internationally. They have organized events during National Public Health Week and coordinated regular community service visits to local organizations. Examples of community service activities that were organized by the Hui in 2012-2014 include:

- Visiting middle and high schools to raise awareness and encourage more students to pursue careers in public health by having students participate in a Photovoice project.
- Hosting a booth at the 2013 World Food Day event. The Hui used phone surveys to gather information and perceptions about food security among UH Mānoa students. The booth display featured the cost of common fruits and vegetables and the times and locations of local farmer's markets. They also created wallet cards with Indigenous food recipes from Hui members (e.g., Chamorro stew native to Guam) which use local Hawai'i vegetables.
- Hosting a booth at the Annual Great American Smokeout at the UH Mānoa campus.
- Co-hosting the Hui Food Exchange and Pau Hana (after work) event for students and faculty to gather, socialize, and share fresh fruits and vegetables.
- Collaborating with JABSOM and the Hawai'i/Pacific Basin Area Health Education Center which allowed 11 public health students to visit Kalaupapa, Moloka'i where students learned about the history and public health implications affecting patients with Hansen's disease in Hawai'i.
- Hosting a Pet Therapy event at UH Mānoa in partnership with Tails of Aloha, a volunteer Animal Assisted Therapy organization, to promote public health and the health benefits of pets, reaching more than 300 students, faculty, and community members.
- Recycling almost 500 pounds of aluminum, glass, and plastic, collected in containers at the Biomedical Sciences Building where the program is located.

- Participating at the Ho‘ulu ‘Aina community garden in Kalihi Valley, where students engage with approximately 40 other community members to promote health through cultivating the land and relationships to the land and each other.
- Participating in the 2013 Making Strides Against Breast Cancer walk and raising \$385 towards breast cancer research and services.
- Hosting a booth at the UH Mānoa Condom Fair to promote safe sexual health, reaching 75 high school and college students through interactive games that encouraged conversation about sexual health and by giving away free condoms.

Student Service Awards

Each year, the Student Affairs Committee solicits nomination for student awards in a number of areas, including two awards that specifically recognize student service.

- **The Koseki Award for Excellence in Community Services, endowed by the family of Dr. Lawrence K. Koseki, is awarded annually to a student with an outstanding record of service to individuals and organizations and service in public policy.**
- **The Outstanding Public Health Graduate Student Award, established in honor of Dr. Pauline Stitt, is awarded to a student demonstrating excellence in scholarship and participation in the department’s governance, student activities, and community service.**

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

This criterion is met.

Strengths

- Faculty members are expected to provide service, and it is tracked through our internal annual review of faculty as well as tenure and promotion mechanisms.
- All faculty members are involved in professional service, and >90% provide service to the local public health community.
- In addition to the practicum, several public health courses require student engagement with community agencies, including classes on needs assessment, evaluation, and community-based participatory research.
- The Hawai‘i Chapter of the Delta Omega National Public Health Honor Society is considered one of the most active chapters across the country.
- The Hui Ola Pono (student organization) conducts numerous service projects throughout the school year.
- Program honors two students annually in recognition of their service activities.

Challenges

- In the process of this self-study, we have identified a need to measure not just the percentage of faculty engaging in service but also to assess the quality of this service. We also would like to measure the degree to which our department is aligned with our own core values of *ho‘olohe* and respect.

Plans

- To review other models for measuring community engagement, and work with the Personnel Committee to improve indicators of community engagement.

CRITERION 3.3

WORKFORCE DEVELOPMENT

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

The program has a Continuing Education Coordinator who works with and is the current president of the Hawai'i Public Health Training Hui (HPHTH). *Hui* means group in the Hawaiian language. The HPHTH was established in 2006 to assess need for and provide workforce training in Hawai'i. The HPHTH Steering Committee is composed of ten members from seven organizations, which, aside from our program, includes the UH Cancer Center, the Coalition for a Tobacco Free Hawai'i (CTFH), and various branches and divisions of the State of Hawai'i Department of Health (DOH), including the Injury Prevention and Control Section, the Office of Planning, Policy & Program Development, the Chronic Disease Management Branch, and the Public Health Nursing Branch.

The HPHTH approach is to "pool" financial resources from the members' organizations and programs to pay for trainings and conferences open to public health workforce members in Hawai'i. The non-profit member, the Coalition for Tobacco Free Hawai'i (CTFH), carries out the HPHTH financial administrative duties. The training topics are based on the needs assessments conducted periodically by the HPHTH steering committee. More than 120 different organizations, including various programs from the University of Hawai'i and DOH, have participated in these sponsored trainings, which has created the existing network for ongoing continued education. More than 1,100 members exist on the Listserv, and all trainings require attendees to complete an evaluation, which is tallied and summarized to help inform future trainings (Workforce Development/Training Evaluation Form.pdf).

The Continuing Education Coordinator simultaneously collaborates with the national network of the Health Resources and Services Administration (HRSA)-funded Public Health Training Centers. From 2007-2009, she was Co-PI and managing member of the Pacific Public Health Training Center (PPHTC). Since 2010, she has been Co-PI and managing member of the California Pacific Public Health Training Center (CALPACT). Funds from these center grants have been used to support workforce training provided by the Public Health Training Hui in Hawai'i.

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

The primary method the program employs to assess the continuing education needs of the Hawai'i public health workforce is through a formal online survey. The program worked with the Hawai'i Public Health Training Hui (HPHTH) to conduct Public Health Training Needs Assessment Surveys in 2008 and 2012. The continuing education trainings offered over the last seven years have been guided by these survey results. The electronic resource file includes a copy of the 2012 Public Health Training Needs Assessment Survey (Surveys/PH Training Needs Assessment Survey.pdf) and a summary report (Surveys/PH Training Needs Assessment Survey Report.pdf).

In summary, more than 300 individuals responded to the needs assessment survey in 2012. They were asked to rank their interest in nine training categories linked to the public health competencies and in specific training topics within competency-linked categories.

The top five categories included: (1) health communication and informatics; (2) data organization and statistical skills; (3) qualitative and quantitative data collection tools; (4) community-based practice, partnering, and empowerment; and (5) project/program planning, development and management. Training workshops have been offered based on these rankings.

Survey data also indicated an overwhelming preference for a face-to-face/conference-based training modality, followed by webinars as a second choice. Preferred levels of training varied by training category, but were most commonly preferred at a mid-level offering (Tier 2), which would entail emphasis on application of skills with tools, methods, and approaches.

Key informant interviews and focus groups also were conducted in 2012 to gather supplemental data. Specifically, ten key informant interviews and five focus groups solicited feedback from workforce personnel on the usefulness of the continuing education trainings and how the program could better meet its mission to serve Hawai'i and the Asia Pacific region.

3.3.b A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years.

Table 3.3.b lists the trainings and numbers of workforce attendees participating in training over the last three years.

Table 3.3.b Continuing Education Training for Workforce Development 2010-2013

Years	Continuing Education Training Topics	No. of Trainings	No. of Trainees	No. of Distance Learning Modality
Year 1 (9/1/10-8/31/11)	<ul style="list-style-type: none"> • Evaluation for Project Management –Four Parts • Tobacco Control • Burden of Chronic Disease • Building Diversity and Capacity in Healthcare Workforce • Health Communication • Key Informant Interviews • Focus Groups • Project Management • Survey Development • Logic Model • Data Management • Grant Writing-Two Parts • Epidemiology Review • Biostatistics Microessay 	20	1083	3

Years	Continuing Education Training Topics	No. of Trainings	No. of Trainees	No. of Distance Learning Modality
Year 2 (9/1/11-8/31/12)	<ul style="list-style-type: none"> • Survey Development • Data Management • Social Marketing • Grant Writing- Two Parts • Evaluation Skills-Logic Model • Calculating the Program Costs for Hawai'i Aging Network • CDC 2009 American Samoa Tsunami Response Analysis in Hawai'i • Care and Feeding Evidence-Based Medicine • Future of the Public Health at Hawai'i State DOH • Evaluation Conference • Chronic Disease Summit • 2011 Pacific Preparedness Conference • Social Marketing • Hawai'i Primary Care Association Annual Conference on Social Determinants of Health • Cross-Cultural Health Care Conference • Tobacco control Policies Workshop • Social Media Training for public health efforts • Tobacco Control Expansion, update and Outreach • Chronic Obstructive Pulmonary Disease - Professional Update for Clinicians 	33	2082	9
Year 3 (9/1/12-8/31/13)	<ul style="list-style-type: none"> • Social Determinants of Health • Digital Age-Using Social Media to control tobacco • Tobacco Control Update—Policy Enforcement • Veterans Administration Resource and Network • Transformation Across the Pacific—Pacific Global Health Conference (PGHC) • Cultural Competency • Affordable Care Act • HIV/AIDS Awareness and Update • Harm Reduction • Housing & Service Options in Hawai'i for Seniors • Cultural Competency series for all DOH • Considering Culture and Context in the Marshall Islands • Design Thinking for Planning and Solutions • Public Health Foundations • Designing Cultural Relevant Services for Asian and Pacific Islanders Youth • Social Media for Public Health • Homeless Resources for Veterans • Preventing Youth Suicide and Violence 	25	1716	11
	TOTALS:	78	4881	21

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

Graduate Certificate in Global Health Protection and Security

The program currently offers a graduate certificate in Global Health Protection and Security. This interdisciplinary program prepares students to work with health security issues in rapidly evolving environments that present both geographical and cultural challenges. Students may elect to participate in the program in conjunction with a UHM graduate degree program, including public health, to develop the trans-disciplinary knowledge and skills needed to address contemporary global health challenges that often blur the boundaries of academic disciplines.

A minimum of 15 credits is required to obtain the certificate. These credits must include nine core credits, six elective credits, and a capstone project such as literature review paper or grant proposal. Enrollment data for the GHPS Certificate Program is provided in Table 3.3.c.1.

Table 3.3.c.1 Enrollment Data for the Global Health Protection & Security Certificate Program

Year	GHPS Students	
	Admitted	Graduated
2010-11	9	2
2011-12	1	4
2012-13	1	0
2013-14	3	0

Healthcare Professional Teleconference Training Series

Through a partnership with the Hawai'i Public Health Training Hui, the program also offers a Healthcare Professional Teleconference Training Series. Participants may earn continuing education units (CEUs) for each month's 1.5 hour training sessions on various leading-edge topics. Various guest speakers are asked to present on public health training topics on the second Friday of each month. The continuing education modality involves a three-way combination of face-to-face presentation held at The Queen's Conference Center, the distance learning online format of the Hawai'i State Video Teleconference system, and Scopia video conferencing. Table 3.3.c.2 provides the number of trainings and attendees of the Healthcare Professional Training Series since 2011.

Table 3.3.c.2 Enrollment Data for the Healthcare Professional Training Series

	Number of Trainings	Enrollment numbers
2011 Calendar Year	12 trainings	322 attendees
2012 Calendar Year	12 trainings	456 attendees
2013 Calendar Year	12 trainings	736 attendees
TOTALS:	36 total trainings	1514 total attendees

OPHS Colloquium Series

The program offers a Colloquium Series on relevant public health topics. The series hosts guest speakers from community organizations, from evidence-based projects, from other academic units of the University of Hawai'i, and from other universities to update the present and future public health workforce. The series is held in the Biomedical Sciences Building, and sessions can be offered via the University's Blackboard Collaborate (virtual classroom) upon request. The attendance data for the Colloquium Series are presented in Table 3.3.c.3.

Table 3.3.c.3 Attendance Data for the OPHS Colloquium Series

	Number of Presentations	Attendance numbers
2010-2011 Academic year	11 presentations	117 attendees
2011-2012 Academic Year	7 presentations	75 attendees
2012-2013 Academic Year	6 presentation	66 attendees
TOTALS:	24 Total trainings	258 total attendees

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

The program demonstrates its commitment to support continuing education and workforce development in these ways:

1. Appointment of a faculty member to serve as Continuing Education Coordinator.
2. Participation in and leadership of the Hawai’i Public Health Training Hui and the HRSA-funded national network of Public Health Training Centers.
3. Co-sponsorship of regularly conducted assessments of training needs.
4. A requirement that faculty members provide at least one continuing education event each year. This requirement is tracked through the annual review of faculty.

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

The program is a key provider of training funds and staff time that ensures that needs assessments are conducted, that training is provided to meet identified needs, and that trainings are evaluated. The Continuing Education Coordinator works with a variety of agencies through the Hawai’i Public Health Training Hui. There are more than 120 organizations that have collaborated with the program to offer continuing education opportunities (Workforce Development/Community Partnership Organizations.xlsx).

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

This criterion is met.

Strengths

- The program has supported a faculty member to serve as the Continuing Education Coordinator since 2007.
- The program participates in and provides leadership to the Hawai'i Public Health Training Hui (HPHTH) and the HRSA-funded national network of Public Health Training Centers.
- With the HPHTH, the program has conducted assessments of training needs and trainings have been attended by more than 5,000 members of the public health workforce over the last three years.
- Individuals that attend the Professional Healthcare Teleconference Training Series can earn continuing education credits.
- The program requires faculty members provide at least one continuing education event each year. This requirement is tracked through the annual review of faculty.
- The program offers a Global Health Protection and Security Certificate Program and a Colloquium Series.

Challenges

- Distance learning is a key area that needs expansion for Hawai'i's training platform. This would include linking to all the Hawaiian islands as well as the partnering Pacific Island nations that have been included in the grant funded by HRSA's Public Health Training Centers.

Plans

- Although needs assessment findings suggest that the workforce prefers in-person training, the program is working with HPHTH to expand the use of video teleconferencing and webinars to better reach members in rural areas and on the neighbor islands.
- New funding with HRSA is being sought in order to design an integrated distance learning platform and approach for Hawai'i and its partners in the U.S. Affiliated Pacific Islands (USAPI), which include American Samoa, Guam, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Republic of Palau, and Republic of the Marshall Islands.

CRITERION 4.1

FACULTY QUALIFICATIONS

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

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

Public Health has 21 primary faculty (Table 4.1.1), defined as full time UH employees spending 50% or more of their time on activities associated with public health, including regular responsibility for a public health course.

Table 4.1.1.1 Primary Faculty by Specialization

Name	Title/ Rank	T/ TT	FTE	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest
Area: Native Hawaiian and Indigenous Health – MPH								
Delormier, Treena	Asst Prof	TT	1.0	PhD MSc	U Montreal McGill U	Public Health Nutrition	Indigenous Health	Nutrition in indigenous communities
Nelson-Hurwitz, Denise*	Asst Prof	NTT	1.0	PhD MS	U Hawai'i	Microbiology Public Health	Public Health Intro and Practice	Cancer in Native Hawaiians and Pacific Islanders
Tauaii, Maile*	Asst Prof	TT	1.0	PhD MPH	U Washington	Public Health	Indigenous Health	Public health genetics, ethical issues in indigenous communities
Area: Social and Behavioral Health Sciences – MPH, DrPH								
Albright, Cheryl	Prof	T	.50	PhD MPH	U Houston UC Berkeley	Experimental Psychology	Intervention	Behavioral interventions
Braun, Kathryn	Prof	T	1.0	DrPH MPH	U Hawai'i	Public Health	Health Disparities; Research Methods	Health disparities, gerontology, cancer
Buchthal, Vanessa *	Asst Prof	NTT	1.0	DrPH MSPH	U Hawai'i UCLA	Public Health	Social Behavioral Health; Promotion	Community based participatory research; network analysis
Chung-Do, Jane	Asst Prof	TT	1.0	DrPH MPH	U Hawai'i	Public Health	CBPR; Teaching Practicum	Youth violence
Nigg, Claudio	Assoc Prof	T	1.0	PhD MSc	U Rhode Island U of Calgary	Psychology Kinesiology	Behavior Change; Integrative Sem	Physical activity, multiple health behavior change, theory, intervention, youth, older adults
Williams, Rebecca	Asst Prof	NTT	1.0	DrPH MPH	U Hawai'i	Public Health	Research Methods	Tobacco control
Yontz, Valerie*	Specialist	NTT	1.0	PhD MPH MA MSN MS	U Hawai'i U Hawai'i U Hawai'i U Utah Saint Louis U	Sociology Gerontology Sociology Nursing Biology	Public Health Practice	Gerontology, public health practice, community-based participatory research, health disparities, cross-cultural equity
Area: MPH/PhD in Epidemiology								
Cooney, Robert*	Assoc Prof	T	1.0	PhD	Washington U in St. Louis	Chemistry	Public Health Biology; Env Health; Integrative Sem	Role of diet and lipid-soluble antioxidants in the prevention of chronic diseases of aging and survival.
Grandinetti, Andrew*	Assoc Prof	T	1.0	PhD	U Hawai'i	Epidemiology	Epidemiology	Chronic disease epidemiology, Native Hawaiian health, health disparities

Name	Title/ Rank	T/ TT	FTE	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest
Hurwitz, Eric*	Prof	T	1.0	PhD MS DC	UCLA UCLA LA College of Chiropractic	Epidemiology Epidemiology Chiropractic	Epidemiology; Methods	Epidemiologic methods, chronic disease epidemiology, clinical epidemiology, complementary and alternative medicine
Katz, Alan	Prof	T	1.0	MD MPH	UC Irvine U Hawai'i	Preventive Medicine Epidemiology	Epidemiology	Infectious disease epidemiology: leptospirosis, sexually transmitted diseases
Wu, Yan Yan*	Asst Prof	TT	1.0	MA PhD	York Univ	Biostatistics	Biostatistics	Collaboration on research in the area of diabetes, mental health, HIV, education, cancer, and molecular biology
Lu, Yuanan	Prof	T	1.0	PhD MS	U Hawai'i Oregon State U	Virology Microbiology	Environmental Health	Molecular-based gene therapy for HIV and West Nile virus; marine virology; medical virology; marine antiviral actives; novel methods for diagnosis of leptospirosis
Area: MPH in Health Policy and Management								
Canyon, Deon*	Assoc Prof	TT	1.0	DBA MPH PhD	U Western Aust. James Cook U	Health Leadership Mgmt Vector Control and Capacity	Public Health Management; Global Health	Crisis management; bioterrorism; medical entomology
Fan, Victoria*	Asst Prof	TT	1.0	ScD SM SB	Harvard Harvard MIT	Global Health Population I Health Mechanical Eng	Health Economics and Global Health;	Health economics; health policy, global health
Maddock, Jason	Prof	T	1.0	PhD MA	U Rhode Island	Experimental Psychology	Doctoral Research Rotation; Current topics	Community-level health promotion / policy and behavior
McFarlane, Elizabeth	Assoc Prof	NTT	1.0	PhD MPH	U Hawaii	Educational Psychology	Program Evaluation	Maternal and child health
Sentell, Tetine	Assoc Prof	T	1.0	PhD MA MA	UC Berkeley UC Berkeley Hollins U	Health Services Political Science Exp Psychology	Health Services and Health Policy	Health literacy, health disparities, health policy

*Faculty actively teaching in the undergraduate program

T = tenured; TT = tenure track; NTT = Not tenure track

Specialists are a faculty track that does not have research as an expectation and facilitates having public health practitioners on faculty.

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

Public health has 50+ secondary faculty members. Eleven have active teaching or mentoring roles (Table 4.1.2), and another 40+ serve on our Graduate Faculty (Table 4.1.3).

Table 4.1.2 Secondary Faculty Members in Public Health

Name	Title/ Rank	Current Employer	FTE	Graduate Degrees Earned	Discipline	Contributions to the Program
Area: Native Hawaiian and Indigenous Health						
Maunakea, Alikea	Asst. Prof	UHM – Dept of Native Hawaiian Health	0.20	PhD	Biomedical Sciences	Mentoring (MPH)
Kaholokula, Keawe	Prof	UHM – Dept of Native Hawaiian Health	0.20	PhD	Clinical Psychology	Mentoring (MPH and DrPH)
Fernandez, Sasha	Asst. Prof	UHM – Dept of Native Hawaiian Health	0.10	PhD MSc	Public Health Nutrition	Teaching – Cultural Competency
Area: Social and Behavioral Health Sciences						
Butel, Jean	Specialist	College of Tropical Agriculture and Human Resources	0.20	MPH	Behavioral Interventions	Teaching Intro to Public Health (undergrad)
Choy, Lehua	Junior Researcher	Program – Primary Research Faculty	0.20	MPH	Social and Behavioral Health Sciences	Program Evaluation /Mentoring
McGurk, Meghan	Junior Researcher	Program – Primary Research Faculty	0.20	MPH	Social and Behavioral Health Sciences	Program Evaluation /Mentoring
Area: Health Policy and Management						
Sugimoto-Matsuda, Jeanelle	Asst. Prof.	Medical School	0.20	DrPH	Health Policy	Teaching Needs Assessment
Guo, Mary	Junior Researcher	Program – Primary Research Faculty	0.20	MPH	Health Policy	Program Evaluation/Mentoring
Rodericks, Rebekah	Junior Researcher	Program – Primary Research Faculty	0.20	MSPH	Health Policy	Program Evaluation & Mentoring (MPH)
Tomioka, Michiyo	Asst. Researcher	Program – Primary Research Faculty	0.20	PhD MPH	Organizational Development	Mentoring (MPH and DrPH)
Area: Epidemiology						
Novotny, Rachel	Prof	College of Tropical Agriculture and Human Resources	0.10	PhD RD	Nutritional Epi	Mentoring (DrPH and PhD)

“Graduate Faculty” is a designation by the University of Hawai‘i for faculty members who are research active and thus eligible to serve on dissertation and thesis committees. The primary public health faculty members (Table 4.1.1) are regular graduate faculty. Table 4.1.3 shows public health graduate faculty in two other categories: 1) cooperating graduate faculty, which includes research-active faculty with primary appointments in other UH units; and 2) affiliate graduate faculty, which includes research-active faculty members who were on our graduate faculty but have retired or relocated and are still serving on thesis and dissertation committees or have been invited to our graduate faculty because of their unique area of expertise (e.g., indigenous health).

Table 4.1.3. Public Health Graduate Faculty

	MPH/MS		DrPH		Epi PhD	
	serve	chair	serve	chair	serve	chair
Cooperating Graduate Faculty – UH Employee in another department						
Cassell, Kevin, Cancer Center, Prevention	X	X	X		X	
Chang, Sandra, JABSOM, Trop Med	X	X	X		X	X
Chen, John, JABSOM, Biostatistics	X		X		X	
Davis, James, JABSOM, Biostatistics	X		X		X	X
Douglas, James, Microbiology	X		X		X	
Fagan, Pebbles, Cancer Center, Tobacco	X		X	X	X	
Garmire, Lana, Cancer Center, Micro	X		X		X	
Goebert, Deborah, JABSOM, MCH	X		X	X	X	
Hedges, Jerris, JABSOM, Health Admin	X		X		X	
Herzog, Thaddeus, Cancer Center, Tobacco	X		X	X	X	
Izutsu, Satoru, JABSOM, Health Admin	X	X	X		X	
Juarez, Deborah, Pharmacy, Health Econ	X		X		X	
Le, Thao, Family Resources, LGBT	X	X	X			
Le Marchand, Loic, Cancer Center, Epi	X		X		X	X
Lee, Hye-Ryeon, Communication, Health Com	X		X	X	X	
Li, Fenfang, CTAHR, Biostatistics	X	X			X	
Maskarinec, Gertraud, Cancer Center, Epi	X		X		X	X
Mau, Marjorie K, JABSOM, Culture	X		X		X	
Nerurkar, Vivek, JABSOM, Neuro	X	X			X	X
Nishita, Christy, Disability Studies, Aging	X		X		X	
Pagano, Ian, Cancer Center, Biostatistics	X		X		X	
Rodriguez, Beatriz, JABSOM, Aging	X		X		X	X
Soon, Reni, JABSOM, OB/Gyn	X		X		X	
Sy, Angela, Nursing, CBPR	X		X		X	
Wilkens, Lynne, Cancer Center, Biostatistics	X		X		X	X
Yamada, Seiji, JABSOM, Culture	X		X		X	
Yanagihara, Richard, JABSOM, Micro	X		X		X	
Zhang, Guangxiang, JABSOM, Biostatistics	X		X		X	

	MPH/MS		DrPH		Epi PhD	
	serve	chair	serve	chair	serve	chair
Affiliate (including Emeritus) Faculty – not a UH employee						
Campbell, James, International Health	X		X		X	
Dye, Timothy , Anthropology	X		X		X	
Greenwood, Margo, Indigenous Health	X		X		X	
Grove, John, Biostatistics	X		X		X	
Hayes, Donald, MCH	X		X		X	
Kolonel, Laurence, Cancer Epi	X		X		X	
Li, Dongmei, Biostatistics	X		X		X	
Reading, Jeff, Indigenous Health	X		X		X	

The program also appoints non-UH employees as Adjunct Faculty (Table 4.1.4) for a 3-year term. These are individuals who are not UH employees and do not wish to serve on thesis and dissertations committees, but want to contribute to our teaching or research mission. This may be accomplished by presenting in the public health colloquia series, providing at least one guest lecture to a course offering, or mentoring graduate students. Research contributions may be in the form of collaboration with faculty on research projects, or co-authorship on publications or conference presentations.

Table 4.1.4 Public Health Adjunct Faculty

Name	Workplace	Contributions to teaching and research program
Whelen, A. Christian	Hawaii State Department of Health (HDOH)	Guest lecturer, research collaborator, student preceptor (Epidemiology program)
Hirokawa, Robert	Hawaii Primary Care Association	Colloquia presentations, guest lecturer (HPM program)
Zoraster, Richard	Los Angeles County Emergency Medical Services	Guest lecturer, colloquia presentations (Epidemiology program)
Chosy, Erin	Hawaii Health Data Warehouse	Colloquia presentations, guest lecturer, research collaborator (HPM program)
Chen, Tai-Ho	CDC	Guest lecturer, colloquia presentations, student preceptor (Epidemiology and HPM programs)
Wasserman, Glenn	HDOH	Guest lecturer, student preceptor (Epidemiology program)
Henderson, Alden	CDC	Colloquia presentations (Epidemiology program)
Baker, Kathleen	HDOH	Research collaborator, student preceptor (Epidemiology)
Shim, Matthew	US Air Force, Joint Base Pearl Harbor Hickam	Guest lecturer, colloquia presentations, student preceptor (Epidemiology)
Woolley, Robert	US Air Force, Joint Base Pearl Harbor Hickam	Guest lecturer, colloquia presentations, student preceptor (Epidemiology)
Lin, Sam	USPHS, retired Asst. Surgeon General	Student preceptor, colloquia presentations (HPM program)

Name	Workplace	Contributions to teaching and research program
Mansfield, Alyssa	Veterans Administration	Guest lectures, colloquia presentations, research collaborator (HPM program)
Hii, Jeffrey	World Health Organization	Research collaborator (Global Health certificate program)
Canyon, Sarah	UH Dept. of Family Practice and Community Health	Guest lecturer, research collaborator (Global Health certificate program)
Mao, Zongfu	Wuhan University School of Public Health	Student preceptor (China exchange program)
Bi, Yongyi	Wuhan University School of Public Health	Student preceptor (China exchange program)
Wu, Tangchun	Huazhong University of Science and Technology	Student preceptor (China exchange program)
Chen, Wen	Fudan University School of Public Health	Student preceptor (China exchange program)
Chen, Yingyao	Fudan University School of Public Health	Student preceptor (China exchange program)
Fu, Hua	Fudan University School of Public Health	Student preceptor (China exchange program)
Yuan, Zhaokang	Nanchang University School of Public Health	Student preceptor (China exchange program)
Fan, Guangqin	Nanchang University School of Public Health	Student preceptor (China exchange program)

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 program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The program does not automatically appoint practicum supervisors to its Adjunct Faculty. Rather, the program formalizes its relationship with practicum supervisors through Memorandums of Agreement, as noted in section 2.4.

Several mid-career public health professionals are enrolled in our doctoral programs. Since all doctoral students are required to complete a teaching practicum, their experience is shared widely in the BA and MPH classes.

About 25% of our faculty members worked as practitioners prior to joining the program. For example, Dr. Al Katz is a physician, working in the STD clinic of the Hawaii Department of Health; Dr. Kathryn Braun formerly worked as Director of Quality Management at The Queen's Medical Center; and Dr. Treena Delormier was a health worker in her First Nations community in Canada. Of course, Dr. Yontz, our Practicum Coordinator, has many years of experience in public health practice. She was employed at a local primary care health center before coming to the program and worked as a public health nurse in the US and abroad. Her experience is

invaluable in setting up practica for students, workforce development and town-gown partnerships.

Because of the strong community-based orientation of the program faculty, our classes include a strong practice component. Professors Braun, Buchthal, Chung-Do, Delormier, Nelson-Hurwitz, Katz, Maddock, McFarlane, Nigg, Tauali'i, Williams, and Yontz all have extensive partnerships with public health practitioners.

Several of our faculty are funded by contracts with the State of Hawai'i Department of Health (Braun, Choy, Maddock, Nigg, Rodericks, Tomioka, and Williams). They are able to involve students in real world public health practice through mentoring and work experiences. For example, Dr. Williams' work involves conducting undercover inspections of retail outlets to ensure that they are not selling tobacco and alcohol to minors.

4.1.d Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

Table 4.1.d Outcome Measures for Faculty Qualifications

Outcome Measure		Target	2011-12	2012-13	2013-14
E2a.	All tenure-track faculty (100%) will carry a full teaching load (four courses/year for 9-month faculty; five courses/year for 11-month faculty) unless offset by other academic activities.	100%	100%	87.5%	100%
E2b.	All faculty (100%) will solicit student feedback on courses through the use of the University's electronic Course and Faculty Evaluation survey system (eCAFE).	100%	100%	100%	100%
E2e.	At least 80% of the exiting students will rate the quality of instruction as excellent or good.	≥ 80%	84%	90%	97%
E2f.	At least 80% of the exiting students will rate faculty expertise as excellent or good.	≥ 80%	92%	97%	100%
E2g.	At least 80% of the students will rate access to faculty as excellent or good.	≥ 80%	96%	93%	94%
R1a.	Program faculty will generate \$100,000 or more per faculty FTE in extramural funding.	\$100,000+	Current Year: \$116,021 Total Active: \$378,850	Current Year: \$123,000 Total Active: \$324,076	Current Year: \$84,814 Total Active: \$317,469
R1b.	All tenure-track faculty (100%) will serve as either PI, Co-PI or Co-Investigator on an extramurally funded research project.	100%	92.3%	87.5%	94.1%
R2a.	Program faculty will publish a mean of three peer-reviewed papers per year per FTE.	Mean of 3/year	4.0	5.1	5.0

R2b.	All full-time instructional faculty (100%) will present at a national or international meeting at least once per year.	100%	100%	94.4%	100%
R2c.	All full-time faculty (100%) will present to a local public health audience one or more times per year.	100%	100%	88.9%	100%
S2a.	All full-time faculty (100%) will provide professional service for one or more national or international society or organization annually.	100%	100%	100%	100%
S2b.	All full time faculty (100%) will provide service to a local public health society or agency annually.	100%	92.3%	94.4%	89.5%
P1a.	A Report on Evaluation Indicators (REI) will be collected annually and reported on at a monthly faculty meeting.	Annually	Collected Spring 2012	Collected Spring 2013	Collected Spring 2014
P1b.	Program faculty will review any indicators not meeting the target for two or more years and create an action plan for improvement.	Annually	Spring 2012	Spring 2013	Spring 2014
P2b.	The mean offset for tenure-track faculty on extramural funds will meet or exceed 25%.	≥ 25%	33.2%	24.8%	24.6%
P2d.	At least 80% of the exiting students will rate academic advising as excellent or good.	≥ 80%	84%	83%	70%
P3a.	The program will offer at least one training session annually on working with diverse populations.	≥ 1/year	Implemented Spring 2014	Implemented Spring 2014	2 trainings in Spring 2014

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

This criterion is met.

Strengths

- The program's primary faculty is diverse in training, skills, and research foci.
- Secondary faculty (including members from other UH units) enhance the learning experience for the students through teaching and mentoring.
- The program has a large Graduate Faculty, including the 21 primary faculty in public health and 50+ individuals from other units qualified to serve on thesis and dissertation committees.
- Public health practitioners are actively involved in the teaching of the program as adjunct faculty and practicum supervisors.
- Two new primary faculty members joined in August 2014 (in biostatistics and health policy and management) and a third (in environmental health) will join in January 2015.

Challenges

- As a new biostatistician joins our faculty, one is leaving. We have had difficulties in growing our biostatistics unit. Fortunately, we can tap on the Biostatistics Core at JABSOM.

Plans

- Continue to grow our primary faculty through tuition funding generated by our undergraduate program.
- Continue to grow our practicum faculty through Memorandums of Agreement.

CRITERION 4.2

FACULTY POLICIES AND PROCEDURES

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

4.2.a A faculty handbook or other written document that outlines faculty rules and regulations.

The program does not have a faculty handbook. Instead, new faculty members meet with the Human Resources Officer to review an Onboarding Checklist and make sure they can access our webpage with links to documents that outline that outline faculty rules, regulations and conduct (<http://manoa.hawaii.edu/publichealth/faculty/resources-for-faculty>). These documents include:

- Contract between the University of Hawai'i Professional Assembly (UHPA) and the Board of Regents of the University of Hawai'i (www.uhpa.org),
- Human Resources and Benefit Information (www.hawaii.edu/ohr)
- Tenure and Promotion Guidelines and Resources (<http://manoa.hawaii.edu/ovcaa/faculty/>)
- Center for Teaching Excellence (<http://www.cte.hawaii.edu/>)
- New Faculty Hire and Faculty Information Handbook (<http://www.ofdas.hawaii.edu/NFO.html>).
- OPHS Governance Document (<http://manoa.hawaii.edu/publichealth>)
- OPHS Diversity Plan (<http://manoa.hawaii.edu/publichealth>)

In 2014, the program added a New Faculty Orientation at OPHS, organized by our Practicum Coordinator. This is in addition to the orientation provided by the University, which new faculty members are encouraged to attend. The two-hour OPHS orientation was provided on August 18 following the annual faculty retreat. It included overviews of the following topics:

- IT Staff – IT needs, purchasing, etc.
- Department Secretary – mail, keys, travel, text books, office supplies, etc.
- Human Resources – hiring, online documents, required trainings, benefits, etc.
- Office of Public Health Student Academic Services – student admissions, advising, forms, files, online student/grade management systems, website, etc.
- Associate Chair – graduate and adjunct faculty
- Chair – faculty expectations, governance, annual review, tenure and promotion, grants management (pre and post award), conflict of interest, etc.
- Practicum Coordinator – capstones, practicum, etc.

Additionally, the Associate Chair serves as the go-to mentor for new faculty during their first year, answering questions or directing new faculty members to the appropriate resource person.

4.2.b Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

The program supports the University's philosophy that continual professional development of an individual is essential in maintaining a high quality faculty. Faculty development is encouraged in a number of ways, including resources and support from the department and through workshops and other offerings through the Uh Mānoa Office of Faculty Development and Academic Support (OFDAS). Most of these resources are open to core as well as other faculty who support the program.

Office of Faculty Development and Academic Support (OFDAS)

Examples of resources available through the OFDAS are listed below:

- The New Faculty Orientation, offered semi-annually, is open to all new faculty and provides a comprehensive overview to the University.
- The Center for Teaching Excellence offers a Teaching Assessment Diagnostic Instructional Feedback Service. The services include: small group instructional diagnosis, paper & pencil assessment, videotape assessment, and classroom observation (<http://www.cte.hawaii.edu/>).
- The Center for Instructional Support provides support for instruction through technology and technology-related resources.
- The electronic Course and Faculty Evaluation system (eCAFE) provides valuable information for assessing the impact of educational experiences on students, generating information for professional portfolios, and improving course content and instructional methods.
- The Faculty Mentoring Program focuses on professional development related to successful renewal, promotion and tenure processes for UH Mānoa faculty.
- Department Leadership Workshops are provided on a periodic basis for all those interested in department leadership. The goal of the workshop is to provide current and incoming chairpersons or those interested in becoming a chairperson with help in effective department leadership. Some of the topics to be covered are leadership strategies, legal issues, personnel and fiscal procedures, creating a cooperative work environment, creating a chair's checklist, and discussions about key issues in department leadership
- The University Research Council administers a Faculty Travel Fund for faculty and staff members to attend professional conferences, for the purpose of presenting results of research and/or scholarship.

OPHS offers funding through the Budget Committee to support faculty and staff for teaching and research activities and their career development. Several types of funding are available including research "start-up" funds for new faculty to enhance research activity; incentive fund for faculty who offset 50% or more of their salary to support their travel to professional conferences and their collaborative research activities; and a general fund for all faculty members to enhance their competence in teaching and research. In addition, the program's Budget Committee offers a special fund for upgrading technology in the classrooms to improve teaching and learning activities. The program's reduced teaching load of two classes a semester provides ample time for professional development. The program has sponsored several trainings over the past three years to support faculty development with topics that include GIS, Photovoice, and online teaching.

The UHPA faculty contract allows all tenure track faculty to take a sabbatical every seven years. This sabbatical is either one semester at full pay or two semesters at half pay.

4.2.c Description of formal procedures for evaluating faculty competence and performance.

The program's Personnel Committee (PC) conducts annual faculty evaluations to assess faculty performance. The annual review examines research productivity, teaching competency, and service activities. The review forms for faculty and specialist faculty are available in the Promotion and Tenure section of the electronic resource file.

Faculty members submit their updated CVs, teaching evaluations, and a completed form with targets for teaching, research, and service. The PC reviews each faculty member's annual evaluation and reports to the Director/Chair. The Director/Chair and the Chair of the PC then meet with each faculty member individually to discuss his or her annual evaluation. Improvement plans are developed in this forum when needed. Annual review indicators are linked to our evaluation system (which link to our mission), and summary findings are reported through our Report of Evaluation Indicators (REI) and presented to faculty annually.

4.2.d Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

Teaching competency is evaluated through the standardized university-wide Course and Faculty Evaluation system (eCAFE). The PC reviews each faculty member's eCAFE results annually during the annual review process. A summary of findings is provided to the Director/Chair by the PC. The Director/Chair and the Chair of the PC discuss eCAFE results with individual faculty members when they meet annually to discuss faculty competence and productivity.

Instructional effectiveness also is assessed through the Integrative Seminar class (PH 789). This class requires students to complete an assessment of how they feel they are meeting the program competencies (Culminating Experience/MPH Competencies Matrix.xlsx). If a wide range of students feel that certain competencies are not being mastered, those competencies are reviewed in PH 789 and feedback is provided to all faculty members so that instructional effectiveness can be improved.

A third method used to evaluate instructional effectiveness is the Exit Survey, which asks students to rate the range of courses provided and list courses they found to be most and least valuable. Data from the Exit Survey triggered us to revise the structure of PH 600, Public Health Foundations, from a semester-long course to a week-long intensive course.

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

This criterion is met.

Strengths

- The program follows the University's well-defined and documented policies to recruit, appoint, and promote qualified faculty.
- In addition to a University-wide orientation, the program provides an OPHS orientation.
- The University offers numerous resources for faculty development through its Office of Faculty Development and Academic Support.
- The program has a formal procedure for evaluating faculty competence and performance, called annual review.
- The department has three mechanisms to assess instructional effectiveness (eCAFE, PH 789, and the Exit Survey).

Challenges

- The program has no written faculty handbook.

Plans

- The program will consider the need for a written faculty handbook to complement its web-based resources and in-person orientation sessions.

CRITERION 4.3

STUDENT RECRUITMENT AND ADMISSIONS

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

4.3.a Description of the program's recruitment policies and procedures.

In an effort to recruit and retain high-quality students committed to public health, particularly focused on Hawai'i, Asia, and the Pacific, the following policies and procedures are in effect. These policies and procedures are also integrated with our Diversity Plan as described in Criterion 1.8, as it relates to recruitment of a diverse student body.

Recruitment Policy #1

Policy

To address Goal #1 of the Diversity Plan (cultivate and sustain a diverse and multicultural student body that is reflective of Hawai'i's communities by recruiting, retaining, and graduating ethnic minority students that are under-represented in higher education), and to encourage recruitment of local students from the state of Hawai'i, recruitment efforts shall include specific events targeting local middle and high school students, their teachers, counselors, and advisors. Recruitment of high school students shall emphasize potential entry into the undergraduate public health program, whereas recruitment of middle school students will be intended to raise awareness about public health as a potential career option.

Procedure

The program shall participate in a variety of different recruitment events for these targeted audiences periodically throughout the academic year. Recruitment events in the past three years have included public health representation at Options in Health Professions events, where students from various high schools across the state, but primarily O'ahu, are welcomed to the UH Mānoa campus and oriented to both the campus and health profession programs available (3-5 events per academic year), and representation at the annual High School Counselors' Workshop, which is an annual event for high school counselors and advisors. Program students and faculty have also participated in periodic high school-specific college and career fairs when invited.

Recruitment Policy #2

Policy

To encourage recruitment of local students from the neighboring Hawaiian Islands (non-O'ahu), recruitment efforts shall include invitations to neighbor island high schools to participate in UH Mānoa recruitment events. Collaborations shall be made to support the transportation efforts of schools and students to O'ahu.

Procedure

The program shall either participate directly in student recruitment events on neighbor islands or participate in events where neighbor island students are specifically represented. In the past three years, the program has participated in collaborative events with other UH Mānoa health profession programs to host high school student visitors from the neighbor islands, specifically including Kauai, Maui, and Hawai'i, on the UH Mānoa campus. In these cases, the State of Hawai'i Department of Education supported transportation efforts.

Recruitment Policy #3

Policy

To encourage recruitment of students of ethnically diverse backgrounds, especially those of Native Hawaiian or indigenous ancestry, recruitment efforts shall include invitations to students from Native Hawaiian or indigenous communities to participate in recruitment events where the program is present. This policy is also consistent with Goal #1 of the OPHS Diversity Plan.

Procedure

The program shall specifically participate in events held in communities where ethnically diverse students are represented, or in events targeting students from these communities. In the past three years, the program has participated in hosting high school students from ethnically diverse communities to the UH Mānoa campus to learn about options in health professions, including public health. In addition to this, recruitment materials have been specifically made available at events in communities with large concentrations of Native Hawaiian, such as the Waianae and Waimanalo Community Health Fairs.

Recruitment Policy #4

Policy

To encourage recruitment of students from the continental United States, especially those with past or current connections to Hawai'i, into both our undergraduate and graduate programs, we will participate in specific recruitment events held on the continental U.S. for prospective students.

Procedure

The program shall participate in at least two events on the continental U.S. per year. Preference shall be made to target at least one of these recruitment efforts in western coastal states, as populations from these areas have been particularly interested in higher education in Hawai'i in the past. For example, the program was represented at the 2013 University of California at Davis Pre-Medical & Pre-Health Conference. Over the past three years, a booth, coordinated by faculty member Becky Rodericks and staffed by both students and faculty, has represented the program at the American Public Health Association (APHA) Annual Meeting.

Recruitment Policy #5

Policy

To encourage recruitment of students from the Asia-Pacific region, we will develop relationships with specific universities abroad, establish and strengthen connections with the East-West Center, and engage in recruitment events in the Pacific islands when possible. This policy is also consistent with Goal #1 of the OPHS Diversity Plan.

Procedure

The program has developed formal relationships with three universities in China, which encourages exchanges of both students and faculty between our program and Chinese universities. In addition to this, the Program also has strong connections with the East-West Center, which is part of UH Mānoa. The East-West Center actively promotes recruitment of students, particularly those on the Asian continent, to attend UH Mānoa, and encourages public health as an available program for both undergraduate and graduate study. Our past and current students also play an important role in international recruitment efforts. Those with personal connections to Pacific Island Nations will be provided recruitment training and promotional information to take with them and distribute during personal visits.

Recruitment Policy #6

Policy

To promote the involvement of current students in the recruitment of future students and the education of community members, a public health student ambassador program shall be developed and supervised by a primary faculty member.

Procedure

The program shall create a public health Student Ambassador program and assign a primary faculty member to both train and supervise ambassadors. This program was created in the fall of 2013, and is currently supervised by a faculty member. In academic year 2013-14, there were a total of 14 graduate-level students trained and actively participating in the ambassador program.

Recruitment Policy #7

Policy

To develop consistency in recruitment efforts from year to year, it shall be a key responsibility of a primary faculty member to coordinate, and engage in, recruitment efforts. This faculty member shall have oversight from the administration as represented by the OPHS Director/Chair and oversight by the program faculty and student body as represented by faculty and student representatives serving on the Student Affairs Committee.

Procedure

In the summer of 2013, Dr. Denise Nelson-Hurwitz was hired as a faculty member, and both coordination of, and participation in, recruitment efforts was specifically included in the description of her position. She brings with her over ten years of student recruitment experience, including over four years of experience specifically targeting recruitment of prospective public health students. It is a responsibility of this faculty member to report regularly to the Director/Chair and the Student Affairs Committee regarding participation in recruitment events and evaluation of respective events.

4.3.b Statement of admissions policies and procedures.

Undergraduate Admissions Policies

The program's undergraduate admissions policies and guidelines function within the admissions guidelines established by the UH Mānoa Office of Admissions. Our program admits two categories of students: (1) students applying to UH Mānoa may declare public health as their major upon entry; or (2) students requesting to transfer into the major from other departments or academic institutions must first complete PH 201 Introduction to Public Health with a B or better.

Master's Degree Admissions Policies and Procedures

The program's admissions policies and guidelines function within the admissions guidelines established by the University's Office of Graduate Education. Complete policy statements are contained in the *UH Mānoa Catalog* and the program's brochure.

Applications meeting the requirements of the Office of Graduate Education and the program's requirements are transmitted to the Graduate Admissions Committees for each specialization by OPHSAS. These committees determine adequacy of prior training, background experience in a health field, the student's potential to become an effective public health professional, and the student's goals to determine the best match with program faculty resources. Prospective students may be interviewed to determine how the program would help them to develop their career/professional goals.

Admission to the master's degree programs is recommended to the MPH/MS Chair of the Graduate Field of Study (CFS) by the specialization heads based on the objective and subjective faculty assessment, including the guidelines listed below. The CFS forwards the recommendations to the Office of Graduate Education's Director of Admissions, who makes the official decision on admissions for the University.

Criteria used to determine admission include graduation from an accredited university or college, undergraduate and graduate academic performance, appropriate course work in social or biological sciences, chemistry, and mathematics, and prior health-related research and/or work experience. A 3.0 (B) GPA or equivalent is the minimum required for a bachelor's program and all post-baccalaureate course work; however, the program has set a higher standard. Objective E1a. states that the average GPA for admitted students will be 3.4 or higher. The Graduate Record Examinations (GRE) General Test is required for all applicants. Exceptions may be made for applicants with an advanced degree from an accredited U.S. institution.

Doctoral Degree Admissions Policies and Procedures

The program's admissions policies and guidelines function within the admissions guidelines established by the University and the Office of Graduate Education. Complete policy statements are contained in the *UH Mānoa Catalog* and the Program's brochure.

Applications meeting the Office of Graduate Education and Program's requirements are transmitted to the Admissions Committees for the relevant doctoral program (the DrPH or the PhD) by OPHSAS. These committees determine adequacy of prior training, background experience in a health field, the student's potential to become an effective public health leader who can be called upon to apply research and teaching skills, and the student's goals to determine the best match with program faculty resources. Prospective students may be interviewed to determine how the program would help them to develop their career/professional goals.

Admission to the doctoral programs is recommended to the respective CFS for the DrPH and PhD programs by the respective Admissions Committees based on the objective and subjective faculty assessment. The CFS forwards the recommendations to the Office of Graduate Education's Director of Admissions, who makes the official decision on admissions for the University.

Criteria used to determine admission to the DrPH program include graduation with a master's degree in public health or a graduate degree in an allied profession from an accredited university or college. A 3.0 (B) GPR or equivalent is the minimum required for all post-baccalaureate work. The GRE and writing samples are required for all applicants.

Criteria used to determine admission to the PhD program include graduation with a master's degree, strong background in the natural/social sciences, and prior research and related work experience. A 3.0 (B) GPA or equivalent is the minimum required for all post-baccalaureate work. The GRE is required for all applicants.

4.3.c Examples of recruitment materials and other publications and advertising that describe, as a minimum, academic calendars, grading and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements and the official representation of the program. In addition, references to website addresses may be included.

Examples of recruitment materials are available in the electronic resource file. Program information can be found on our Website at manoa.hawaii.edu/publichealth/.

4.3.d Quantitative information on the number of applicants, acceptances and admissions, over the last three years.

Table 4.3.1 Admissions Process Data: Applicants, Acceptances, and New Enrollments

Degree/Specialization	Status	2011-12	2012-13	2013-14
Master of Public Health (MPH) Degree				
Epidemiology	Applied	23	28	22
	Accepted	10	18	17
	Enrolled	6	11	10
Health Policy & Management	Applied	19	28	18
	Accepted	12	18	13
	Enrolled	5	9	6
Native Hawaiian and Indigenous Health*	Applied	N/A	N/A	10
	Accepted	N/A	N/A	8
	Enrolled	N/A	N/A	7
Social & Behavioral Health Sciences	Applied	24	32	27
	Accepted	16	15	19
	Enrolled	11	8	11
Master of Science (MS) Degree				
Epidemiology	Applied	6	5	0
	Accepted	5	2	0
	Enrolled	3	1	0
Social & Behavioral Health Sciences	Applied	2	1	0
	Accepted	2	1	0
	Enrolled	1	0	0
Doctoral Degrees				
DrPH	Applied	14	12	13
	Accepted	5	3	5
	Enrolled	5	2	4
PhD	Applied	10	10	7
	Accepted	8	8	4
	Enrolled	4	4	3
Undergraduate Degree				
BA**	Applied	N/A	N/A	N/A
	Accepted	N/A	N/A	31
	Enrolled	N/A	N/A	31
TOTAL***				
	Applied	98	116	97
	Accepted	58 (59%)	65 (56%)	66 (68%)
	Enrolled	35 (60%)	35 (54%)	41 (62%)

*Native Hawaiian and Indigenous health started in the Fall of 2013.

**The Bachelor of Arts (BA) degree with a major in public health was approved effective spring 2014.

***Total excludes the BA degree as their admission process differs from the graduate degrees.

As shown in Table 4.3.1, the program accepts about 60% of applicants, demonstrating selectivity and adherence to GPA and TOEFL criteria established by the program. In the past three years, about 60% of those accepted eventually enrolled in the program, compared to about 45% reported in the 2007 report. This increase likely was due to the fact that the program moved the application due date from March 1 to January 15 following the 2007 CEPH visit. Still, there is room for improvement. Interviews with accepted students that chose not to enroll revealed that late notification of admission was an issue. Thus, faculty voted last year to move the application deadline to December 1. The other major reason accepted students said they did not enroll was cost.

4.3.e Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including head counts of full- and part-time students and a full-time-equivalent conversion, 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 program or specialization.

Table 4.3.2 Student Enrollment Data from AY 2011-12 to 2013-14

	2011-12		2012-13		2013-14	
	HC	FTE	HC	FTE	HC	FTE
EPI (MPH & MS)	21	18	24	21.2	24	20.6
HPM (MPH)	16	14.4	16	14.3	15	14.1
NHIH (MPH)	N/A	N/A	N/A	N/A	9	9.0
SBHS (MPH & MS)	25	22.6	22	20.3	19	17.6
DrPH – CBTR	18	11	15	7.8	13	8.0
PhD – EPI	10	7.1	14	8.9	15	10.0
BA	N/A	N/A	N/A	N/A		

4.3.f Identification of outcome measures by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

Table 4.3.f Outcome Measures for Student Recruitment and Retention

Outcome Measure		Target	2011-12	2012-13	2013-14
E1a.	The average GPA for admitted students will be 3.4 or higher.	3.4+ GPA	58.3% (21/36) Mean=3.48	57.5% (27/47) Mean=3.39	51.0% (26/51) Mean=3.34
E1b.	No more than 10% of admitted students will receive a waiver of any admission criteria.	≤ 10%	8.9% (4/45) Adjusted: 6.7% (3/45)	14.8% (8/54) Adjusted: 7.4% (4/54)	15.8% (9/57) Adjusted: 8.8% (5/57)
E1c.	At least 50% of the admitted students will have previous health experience.	≥ 50%	82.2% (37/45)	74.1% (40/54)	63.2% (36/57)
E1d.	At least 40% of students will be Hawai'i residents.	≥ 40%	67%	67%	75%

E1e.	At least 30% of students will be Native Hawaiian, Pacific Islander or Indigenous.	≥ 30%	13%	22%	29%
E1f.	At least 90% of enrolled students will maintain a GPA of 3.0 or better.	≥ 90%	99.3% (150/151)	98% (150/153)	100% (165/165)
E1g.	At least 80% of exiting MPH students will complete their degrees within two years.	≥ 80%	63.6% (14/22) Adjusted:* 93.3% (14/15)	75% (15/20) Adjusted:* 93.7% (15/16)	76.7% (23/30) Adjusted:* 88.5% (23/26)
R3a.	All primary faculty (100%) will engage at least one student in his or her research as evidenced by a Graduate Assistant position and/or authorship on presentations, reports and manuscripts.	100%	100%	88.9%	Review October 2014
R3b.	At least one student per year will be supported by the Elmer J. Anderson Travel Award.	≥ 1	3	5	5

*Adjusted rate for E1g excludes part-time (i.e., enrolled for <8 credits for 2+ semesters) and concurrent degree students.

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

This criterion is met.

Strengths

- The program has recruitment policies and procedures that align with our mission to serve Hawai'i, Asia, and the Pacific and indigenous peoples.
- The program has clear admissions policies and procedures, and <10% of students receive waivers of admission criteria.
- The program has recruitment materials specific to its different degree programs.
- 93.3% of fulltime masters students graduate within two years.

Challenges

- When we added the Native Hawaiian and Indigenous Health specialization, some students switched from their initial area of specialization. At this time, all specializations are attracting and retaining applicants, and we believe enrollment will grow as students graduate with the BA in Public Health.
- Only 60% of accepted students enroll in our program.

Plans

- Continue to assess progress against recruitment indicators and adjust recruitment strategies as needed.
- Continue to articulate the undergraduate- and graduate-level curricula.

CRITERION 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 program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Undergraduate Student Advising

In Fall 2012, the program appointed a faculty member to serve as Undergraduate Chair, and an Undergraduate Advisor was added to the student services (OPHSAS) staff as we begin to grow our undergraduate program.

The Undergraduate Chair works in concert with the Director/Chair, the Recruitment Advisor, the Undergraduate Advisor, and the student services (OPHSAS) staff to ensure continuity, adequacy of curriculum, and processes for incoming and current students. The Undergraduate Chair represents the degree program and is responsible to the Director/Chair for the robustness of the undergraduate degree program.

The Undergraduate Advisor is supervised by the Undergraduate Chair and works closely with the Recruitment Advisor to ensure students receive consistent, accurate information concerning the BA in Public Health and have a contact to assist them with course planning, to offer support as they progress through the program, and to ensure they are on track to a timely graduation. Current and prospective students are made aware of advising through emails and our Website (<http://manoa.hawaii.edu/publichealth/degrees/undergraduate/advising>). The Undergraduate Advisor guides students using materials developed by the undergraduate committee, which are available in the electronic resource file. The Recruitment Advisor is also available as a contact for both prospective undergraduate majors and prospective graduate students.

Undergraduate advising is also tracked and assessed using a database (FileMaker Pro) created by the Recruitment Advisor and maintained by the Undergraduate Advisor.

Graduate Student Advising

An orientation letter is sent to the new students notifying them of their interim advisor assignment and asking them to contact their advisors to discuss their anticipated course selections and program goals. Faculty members who serve as advisors are additionally asked to initiate contact with their assignees after acceptance.

Additionally, the OPHSAS staff e-mails the admitted students 2-3 times during the summer prior to their arrival to provide additional information on registration and remind them about the mandatory enrollment in PH 600 Public Health Foundations. After arrival, all new master's degree students are required to schedule an advisory meeting with the OPHSAS staff to ensure they are informed about the program resources and complete any necessary academic forms.

The program hosts an orientation event in the fall, which, in 2008, was integrated into the mandatory public health introductory course, PH 600. Since 2013, PH 600 has been offered as an intensive, week-long class starting the week before the semester begins. A brief orientation is provided in the morning of the first day. PH 600 is team-taught by a large number of department faculty.

Each student enrolled in the program is assigned an interim faculty advisor, determined by specialization faculty upon admission to the program. An attempt is made to match student interests with faculty member research focus.

All MPH faculty advisors are primary faculty in public health. Once the faculty member has been hired, he or she receives an orientation to the academic program from the department and their specialization head. During the faculty member's first year in the department, they serve as secondary members on student committees and only become primary advisors after completing their first year. If faculty members are unclear about requirements or other questions from students, they refer the students to either their specialization head or OPHSAS staff depending on the question.

In their first year, students are encouraged to become acquainted with faculty and choose a permanent faculty advisor to chair their academic committee. After selecting a permanent faculty advisor, the student and advisor will identify another faculty member to serve on the student's committee. The committee meets with the student at least once a semester to assess the student's progress, review course offerings, and make recommendations to the student's academic training plan. This academic committee also assists the student in identifying appropriate practicum placement.

Doctoral Student Advising

For the doctoral programs, the appropriate CFS serves as the interim advisor for all students during the first year. This provides consistency and ensures a home base for students. The student chooses a permanent mentor when he or she begins to develop the dissertation proposal, usually in the second or third year in the program. A doctoral chair must be a member of the Public Health Graduate Faculty (see Table 4.1.3), although he or she may have their primary appointment in another department. The graduate faculty of both doctoral programs meet regularly to discuss program requirements and changes.

DrPH students complete an Annual Review, which asks them to report on their progress in the program, in mastering the DrPH competencies, and in accruing their portfolio products. The students' advisor reports to the DrPH Committee, which discusses ways to help students if needed.

Student Handbook

The Student Handbook is distributed on USB drives during the new master's degree student's mandatory advising meeting with OPHSAS staff. The Student Handbook is a supplement to information delivered by faculty advisors and the OPHSAS staff. Degree coursework requirements and suggested course sequences are specified in detail, including required core courses (and associated prerequisite courses).

OPHS Website

OPHS invested in a complete redesign of our Website in 2012/2013 and has improved the resources available to students online.

4.4.b Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific results in the program's student population.

Faculty

Career counseling/advice and possible employment contacts are provided by the faculty. Faculty connections throughout the community and out of state are often conduits to future employment, or result in contacts for additional career advice and consultation. Faculty members also receive notifications of employment opportunities, and these are funneled to the students via the student Listserv.

Practicum

OPHS has a dedicated Practicum Coordinator, who works closely with students and faculty to ensure appropriate and effective practicum placements and maintains partnerships with preceptors which help strengthen the career opportunities for graduates. The student's practicum, while not necessarily an entrée into a position following graduation, often provides a network for the student, which can be utilized to find employment.

Colloquia

The program hosts colloquia by public health professionals to give students exposure to different types of careers available for people in the public health field.

Hawai'i Public Health Association

The program has an agreement with the Hawai'i Public Health Association (HPHA) to provide one year of free membership for all students. The HPHA presents and provides membership forms at the student orientation and other events. Each week, the HPHA sends out an e-blast with public health job opportunities. For the last eight years, the program has hosted a mixer with HPHA and the UH School of Public Health Alumni Association, which provide an excellent opportunity for students to mingle with public health professionals and potential employers.

Annual Career Panel

Due to a low student rating of our career counseling on Exit Surveys, in 2013, the program began to work with the Hui Ola Pono (the student organization) and the UH School of Public Health Alumni Association to host an annual career panel. The event is held in the spring and, when possible, coincides with National Public Health Week.

University Resources

The Mānoa Career Center is available to assist students in their employment search. The Mānoa Career Center also conducts workshops and seminars on topics such as resume writing, job search techniques, and interviewing.

Although the program provides linkages to students for employment purposes and career development, the majority of our local graduates are studying specifically to enter or re-enter the Hawai'i community and its public health workforce upon graduation and have no intention of moving for employment opportunities. Many of our students from other Pacific island locations (e.g. Guam and Saipan) are here to earn a degree and return home to their communities.

4.4.c Information about student satisfaction with advising and career counseling services.

Students are encouraged to provide feedback throughout their program. Two of the program's objectives relate to student satisfaction with advising. The Program's formal evaluation procedure, the Exit Survey, tracks these objectives. A copy of the Spring 2013 Exit Survey and the AY2012-13 Exit Survey Report are available in the Electronic Resource File. The AY2013-14 Exit Survey and Report and will be available for review during the site visit in September.

Results for the last three years are shown below. The majority of exiting students rate academic advising, access to faculty and administrative support as excellent or good. Career advising received the lowest rating, although the percentage rating it as excellent or good has increased since 2010-11. This increase was due, in part, to providing a better explanation of "career advising" on the Exit Survey. Specifically, the survey notes that career advising includes: (1) experiential opportunities in public health careers (such as practicum and class projects); 2) coverage of employment or career topics within course curricula; 3) colloquia or class

sessions focused on employment or career planning; (4) career discussion or future planning in formal or drop in meetings with PH faculty or staff; (5) career information and job opportunities shared with students via email; (6) providing letters of recommendation for employers or academic program; and (7) referral to other career advising resources.. For the last item, students have access to the UH Mānoa career advising program, which offers advice on how to develop resumes and search for jobs. Still, the data suggest that more work is needed in this area.

Table 4.4.c Outcome Measures for Academic Advising and Career Counseling

Outcome Measure		Target	2011-12	2012-13	2013-14
E2g.	At least 80% of the students will rate access to faculty as excellent or good.	≥ 80%	96%	93%	94%
P2d.	At least 80% of the exiting students will rate academic advising as excellent or good.	≥ 80%	84%	83%	70%
P2e.	At least 80% of the exiting students will rate administrative support as excellent or good.	≥ 80%	80%	93%	85%
	At least 60% of the exiting students will rate career advising as excellent or good.	≥ 60%	28%	57%	45%

4.4.d Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.

There are both informal and formal means by which the students may communicate their concerns and complaints to the program. Students are informed of these avenues during orientation, and information on academic grievance procedures is included in the Student Handbook.

OPHS Faculty and Staff

Students are encouraged to discuss their concerns with their professors, their advisor, the OPHS Director/Chair, or the OPHSAS staff. Faculty and staff will try to address the concerns. They also have been trained in UH Mānoa grievance procedures and understand when a concern needs to be referred to a higher office, e.g., in cases of harassment, discrimination, or retaliation.

Student Affairs Committee

The Student Affairs Committee is another avenue for hearing about and addressing student concerns. The committee is composed of three faculty members and at least one student representative. The Chair of the Student Affairs Committee is the faculty liaison to the Hui Ola Pono and they work together to assure the wellbeing of the student body.

Hui Ola Pono

The Hui Ola Pono student organization provides another venue for hearing about and addressing student concerns. These can be communicated to the faculty via student representatives on standing and *ad hoc* committees, the Hui Ola Pono representative to the monthly faculty meetings, or through the Student Affairs Committee. The Hui Ola Pono President and Vice President meet with the OPHS Director/Chair at least once a semester to address student concerns and ways to improve the program.

University Resources

Students are informed about the University resources related to harassment, discrimination, and retaliation, including:

- Office of Gender Equity <http://manoa.hawaii.edu/genderequity/>
- Sexual harassment complaint procedure <http://www.hawaii.edu/offices/eeo/docs/UHMSHprocedure2006.pdf>
- SEED (Student Equity Excellence Diversity) program <http://www.hawaii.edu/diversity/>

Current Student Grievances

The program has been alerted that a student grievance was filed in Spring 2014 and is currently under investigation.

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

This criterion is met.

Strengths

- The program has well defined academic advising services.
- Access to faculty and academic advising are rated highly by students.
- The procedure for student grievances is clear and well documented.

Challenges

- Although the percentage of students rating career advising as excellent or good has increased dramatically over the past few years, we still are not meeting our target of 60%.
- We are recruiting for an additional advisor to focus on our growing undergraduate program, but we have been unable to hire due to the recent hiring freeze.
- A student grievance currently is being investigated.

Plans

- Faculty and staff continue to examine ways to improve career advising.
- The program will continue to try to fill the advisor position after the hiring freeze.

ELECTRONIC RESOURCE FILE INDEX

ADVISING

Criterion	File Description
2.9.b	Form 14 MS Program Plan Form 10 MPH Checklist
4.4.a	Undergraduate Advising Materials

BYLAWS

Criterion	File Description
1.2.a	Report on Evaluation Indicators (REI) Table
1.3.a	University of Hawai'i Reference Guide
1.5.c	OPHS Governance Document

COMMITTEE MEETING MINUTES

Criterion	File Description
1.5	Department Faculty Meetings
1.5	Curriculum Committee
1.5	Evaluation Committee
1.5	Student Affairs Committee
1.5	PH Undergraduate Workgroup (ad hoc)
1.5	Accreditation Committee (ad hoc)

COURSE EVALUATIONS

Criterion	File Description
1.2.a / 1.8.a.v / 4.2.d	eCAFE Survey Instrument
1.2.a / 4.2.d	eCAFE Course Evaluations

CULMINATING EXPERIENCE

Criterion	File Description
2.5.a	MPH Capstone Presentations: Examples
2.5.a	MPH Final Papers: Examples
2.5.a	MPH Student Portfolios: Examples
2.5.a / 2.7.a / 4.2.d	MPH Competencies Matrix
2.5.a	DrPH Presentations -- Qualifying Paper Presentations: Examples -- Dissertation Defense Presentations: Examples
2.5.a	DrPH Dissertations: Examples
2.5.a	DrPH Student Portfolios: Examples
2.5.a / 2.6.e / 2.7.a / 4.4.a	DrPH Student Annual Review Form
2.5.a	DrPH Dissertation Proposal Outline

CURRICULUM

Criterion	File Description
2.1	Schedule of Courses: AY 2011-12 to AY 2013-14

CURRICULUM VITAE

Criterion	File Description
4.1.1	Primary Faculty Curriculum Vitae
4.1.2	Secondary Faculty Curriculum Vitae
4.1.3	Graduate Faculty Curriculum Vitae

DIVERSITY

Criterion	File Description
1.8.a.i	OPHS Diversity Plan
1.8.a.ii	UHM Strategic Plan

GRIEVANCES AND COMPLAINTS

Criterion	File Description
4.4.d	UHM Academic Grievances Procedures
4.4.d	UHM Process for Resolving Academic Grievances
4.4.d	UHM Online Resources for Student Grievances

HANDBOOKS

Criterion	File Description
1.1.f / 1.8.a.iii	OPHS Student Handbook
2.4.a	Practicum Handbook (see also "Practical Experience")
2.5.a	DrPH Handbook

PRACTICAL EXPERIENCE

Criterion	File Description
2.4.a	Practicum Handbook
2.4.a	Completed Preceptor Evaluations: Examples
2.4.a	Practicum Reports by Students: Examples
2.4.a / 2.7.a	Form 15: Practicum Approval
2.4.a	Form 16: Preceptor Evaluation
2.4.a	Memorandums of Agreement with Practicum Sites

PROMOTION AND TENURE

Criterion	File Description
1.3.c / 1.5.b / 3.2.a	UHM Promotion and Tenure Guidelines
1.3.c / 1.5.b / 3.2.a	OPHS Tenure, Promotion and Retention (TPR) Guidelines
1.5.b / 4.2.c	OPHS Faculty Annual Review Form
4.2.c	OPHS Specialist Faculty Annual Review Form
3.1.a	UHM Review of Tenured Faculty

RECRUITMENT MATERIALS

Criterion	File Description
2.1.1.b	Program Brochure
4.3.c	BA Program Flier
4.3.c	Recruitment Material: Examples

RESEARCH

Criterion	File Description
3.1.e	Student Publications and Conference Presentations

SURVEYS

Criterion	File Description
1.2.a / 4.4.c	Exit Survey: Survey Instrument
1.2.a / 4.4.c	Exit Survey Report: Summary Results
1.2.a	Employer Survey: Survey Instrument
1.2.a	Employer Survey Report: Summary Results
1.2.a	Alumni Survey: Survey Instrument
1.2.a	Alumni Survey Report: Summary Results

SYLLABI

Criterion	File Description
2.2.b	MPH Core Courses
2.2.b	MPH Specialization Courses
2.10.d	DrPH Core Courses
2.10.d	PhD Core Courses
	PH Elective Courses (Graduate Level)
2.8.c	BA Core Courses
2.8.c	BA Elective Courses

THIRD PARTY COMMENTS

Criterion	File Description
	E-Mail Notices
	Third Party Comment Solicitation Evidence
	--OPHS Community Constituents
	Website Posting

UH DOCUMENTATION

Criterion	File Description
1.3.a	UHM List of Accreditations
1.3.b	OVCAA Reporting Relationship Memorandum
1.4.b	College of Health Sciences and Social Welfare MOU
1.8.a.ii	UHM Strategic Plan (see "Diversity")
2.11	MD-MPH Program MOU

WORKFORCE DEVELOPMENT

Criterion	File Description
3.3	Training Evaluation Form
3.3.a	PH Training Needs Assessment Survey: Survey Instrument
3.3.a	PH Training Needs Assessment Report: Summary Results
3.3.e	Community Partnership Organizations