REVIEW FOR ACCREDITATION

OF THE

SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

AT

TULANE UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
March 1-3, 2010

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the School of Public Health and Tropical Medicine (SPHTM) at Tulane University. The report assesses the school's compliance with the Accreditation Criteria for Schools of Public Health, amended June 2005. This accreditation review included the conduct of a self-study process by school constituents, the preparation of a document describing the school and its features in relation to the criteria for accreditation, and a visit in March 2010 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the school and verify the self-study document.

The Tulane University SPHTM was formally established in 1912, but its history dates to the early 1800s. The school’s catalog notes that “The study of public health in Louisiana began in the last century, when New Orleans suffered from endemic malaria and almost yearly epidemics of cholera and yellow fever. Attempts to control tropical diseases led to the establishment of the Medical College of Louisiana in 1834. The founders, a group of young practicing physicians, issued a prospectus which emphasized the lack of knowledge of these diseases and the necessity for studying them in the environment in which they occurred. In 1881, formal instruction in hygiene was offered for the first time. The name of the medical college was changed to Tulane University of Louisiana, College of Medicine, after the Civil War when Paul Tulane bequeathed funds to establish a new university.” The independent SPHTM was merged into the College of Medicine in 1919 and remained there as the Department of Tropical Medicine and Department of Preventive Medicine until 1947, when the two departments became a Department of Tropical Medicine and Public Health, the Division of Hygiene and Tropical Medicine, and finally in 1967 the independent SPHTM.

The school has undergone significant changes since the last accreditation review in 2003. Hurricane Katrina in 2005 was one of the single most catastrophic natural events the gulf region had ever experienced. The time frame of the self-study provided a unique view of SPHTM as it recovered from Hurricane Katrina. This unprecedented natural disaster forced the closing of Tulane University for the fall 2005 semester. Faculty returned to the SPHTM in November 2005 and the school reopened for classes in January 2006. The data presented in the self-study document and the information gained on-site indicates the recovery of SPHTM post-Katrina and demonstrates the loyalty and strength of the school’s leadership, faculty, staff and students.

The school was last accredited in 2003 for a term of seven years.
Characteristics of a School of Public Health

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

a. The school shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.

b. The school and its faculty shall have the same rights, privileges and status as other professional schools that are components of its parent institution.

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

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

e. The school shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the school shall offer the Master of Public Health (MPH) degree in each of the five areas of knowledge basic to public health and a doctoral degree in at least three of the five specified areas of public health knowledge.

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

These characteristics are evident in the Tulane University SPHTM. The school and its faculty have rights, privileges and status equivalent to other components of the parent institution. The faculty demonstrate a strong commitment to the mission of teaching, research and service, working together in a collaborative and interdisciplinary effort toward positive outcomes. The school offers masters degrees in a variety of areas, including the core areas basic to public health.

The school’s strong contributions in service, particularly its partnerships with regional public health agencies, provide clear evidence both of the school’s commitment to interdisciplinary work and to its commitment to public health values and public health practice. The school has a well-conceived mission and set of values that guides autonomously-operating departments to a shared vision of public health education, research and service.
Faculty include those with teaching experience in numerous professions including, medicine, psychology, sociology and health practice-oriented fields, exposing students to a number of perspectives and instructional styles. Full-time faculty teach most graduate courses and also provide instruction to the undergraduate program in public health. Faculty engage in research and teaching activities across disciplinary boundaries, and the school's many research initiatives serve as loci for collaboration among faculty in different disciplines.

The school has a strong commitment to teaching excellence and employs a well-qualified faculty that is genuinely interested in and devoted to the needs of the students it serves. Due to their diverse academic backgrounds, school faculty have a variety of research interests and areas of expertise.

1.0 THE SCHOOL OF PUBLIC HEALTH.

1.1 Mission.

The school shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The school shall foster the development of professional public health values, concepts and ethical practice.

This criterion is met. The school has a concise mission statement that is clearly formulated. Faculty and administrators have worked together on the development of the mission statement, a process which has also incorporated input from leaders in the student government and the SPHTM Board of Advisors. The mission is a longstanding one that has evolved over time. The refinement is periodic in nature and appropriate to the evolving state of global and domestic public health. The mission statement is as follows:

*Advance global public health knowledge and science; promote health, well-being and quality of life; prevent and mitigate disease, disability and premature mortality; promote cultural competence; and develop future public health leaders. This is accomplished through academic excellence in education, research, collaborative partnerships that translate into improved public health practice, and innovative service to the local, national and international community.*

The school works to advance the development of professional public health values, concepts and ethical practice. The mission statement has supporting goals and objectives focused primarily on public health education, research and service. The mission, goals and objectives guide the direction of the school. Similarly, values are guided through the leadership of the dean with input, discussion and approval from the executive faculty, general faculty, and student leaders. While the mission, goals and objectives are updated regularly and reviewed by the executive faculty and general faculty at the faculty retreat, the essence of the mission and goals of the school has remained stable for many years. SPHTM makes its mission and goals publicly available to internal and external sources by distribution to SPHTM faculty, staff, and students and by submission to the university administration to be incorporated into the overall
university mission and goals. The guiding statements are also publically available on the website and in publications, as well as posted in common areas at SPHTM and on publicity materials such as bookmarks.

SPHTM has a list of eight core values. These include: nurturing our students; maintaining a collaborative and collegial environment; advancing diversity; fostering excellence in teaching, research, and the practice of public health; preserving academic freedom; promoting interaction with the community; fostering a progressive attitude; and promoting high ethical standards. The values are reviewed along with the mission and goals at the fall faculty retreat and are also available online. Graduates are expected to carry forth the school’s values into their future careers.

It is clear from speaking to faculty and students as well as alumni that the school’s mission is a living document that is well known and taken very seriously in the carrying out of the mission of the school and life after graduation. It is also clear that post-Katrina life at SPHTM has provided a platform to test the mission and values of the school, allowing for refinement and affirmation of their utility for guiding the school.

1.2 Evaluation and Planning.

The school shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the school’s effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

This criterion is met with commentary. The self-study document describes the formalized planning and evaluation processes employed by the SPHTM. These were verified through interviews with school administration, instructional staff, students, alumni and community representatives. While the school enjoys autonomy in its planning and evaluation processes, these systems occur in the context of the Tulane University Renewal Plan.

The Tulane University Renewal Plan reflects the catastrophic effects of Hurricane Katrina, taking into account the $650 million property loss and damage, and an estimated $160 million in operational income losses. The plan, which affects each school at the university, was developed to ensure financial stability and to assure the university sustainability. The Tulane Plan defines the university and each of its constituent entities by four characteristics:

- World class educational and research programs;
- A unique relationship with the culturally rich and diverse city of New Orleans;
- The university’s historical strengths and ability to strategically redefine itself in light of an unprecedented natural disaster in ways that will ultimately benefit the Tulane Community, New Orleans, and communities around the Globe; and
- Financial Strength and Viability.
The plan furthermore addresses immediate and future financial planning through the articulation of four
guiding principles:

1. Diligence in retaining institutional quality and working to heighten that quality;
2. Dedication to providing unparalleled, holistic undergraduate experiences;
3. Continued strengthening of core research areas and graduate programs that build on strengths
   and can achieve world excellence; and
4. An absolute commitment to using the lessons learned from Katrina to help rebuild the city of New
   Orleans and to extend those lessons to other communities.

In July 2005 the SPHTM issued “Evidence-based Global Health”, a progress report which also outlines
strategic school priorities. This report evaluated progress in achieving the strategic priorities approved in
early 2004 and reaffirmed the school’s goals and longstanding objectives, and planned activities
concerning people, programs, and facilities. As a result, the SPHTM’s overall direction and focus has
remained relatively constant. In 2007 the school’s executive committee updated the SPHTM goals and
each department identified target goals and outcome measures consistent with the school plan.

Administration, faculty, students and alumni participate in planning through departmental activities and
schoolwide task forces. The dean presents a five-year business plan to university administration (most
recent is 2008-2013) which addresses faculty positions, enrollment and research funding projections. The
school’s Executive Committee provides leadership for planning, executing and measuring progress
against school goals, the latter of which is conducted during annual retreats. The general faculty also
convenes an annual retreat where planning, review and approval of school-wide goals and objectives
occur. In addition, the dean solicits input from a Board of Advisors biannually and actively engages the
Alumni Association for advice and direction. Students are systematically involved in planning as
appropriate.

Written and testimonial evidence suggests that each academic department engages in planning. The
SPHTM maintains a variety of processes to collect, assemble and analyze data in support of evidence
based decision making. Program, course, student performance, employment rates and alumni provide
the basis for teaching and curricular reviews. Likewise, assessments of research, service, faculty
performance and composition are also conducted.

The commentary relates to two issues. The first is academic program evaluation. While the school has
retained external consultants to evaluate overall departmental performance, interviews with faculty
revealed an overreliance on course evaluations to assess teaching and curriculum quality. The university
has recently adopted an on-line student course evaluation system, which reportedly suffers from low
participation rates. The intersection of these two factors creates an evaluation and measurement gap.
The second issue relates to constituent involvement in the development of the self-study. While individuals interviewed by the site visit team reported receiving copies of the final self-study, most did not report having meaningful, ongoing involvement in the self-study development process.

1.3 Institutional Environment.

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

This criterion is met. The school is an integral part of an accredited institution and has the same level of independence and status accorded to the other nine schools at Tulane.

Tulane University is a private, nonsectarian research university located in New Orleans, Louisiana offering undergraduate, graduate, and professional curricula. The university is comprised of ten academic divisions with a total enrollment of 11,157 students with 6,749 undergraduate students and 4,408 graduate and professional students. Tulane, the largest private employer in New Orleans, has over 2,700 full-time staff and 1,100 full-time faculty. Tulane University is accredited by the Southern Association of Colleges and Schools, Commission on Colleges. This accreditation is effective until January 2011.

The Uptown (St. Charles) Campus is the university’s main campus, housing eight of the schools and colleges including the undergraduate college, and the schools of continuing studies, business, architecture, law, liberal arts, science and engineering and social work. The Tulane University Health Sciences campus located in the downtown New Orleans houses the School of Medicine, the SPHTM and the main campus of the Tulane Medical Center. All schools and colleges within the university are fully accredited through their individual accrediting organizations. Within the school, the MHA program in the department of health systems management is accredited through Spring 2010 by the Commission on Accreditation of Healthcare Management Education (CAHME) and will have a site visit this year. The Industrial Hygiene program in the Department of Environmental Health Sciences is accredited by the Accrediting Board for Engineering Technology (ABET) through 2010.
Figure 1. Tulane University Organizational Structure
The organization of the university is shown in Figure 1. The self-study report and on-site interviews documented that schools have equal status and similar accountability. The direct reporting of the dean to the provost and the elimination of a pre-Katrina Graduate School administrative layer has reinforced this. The dean of the SPHTM reports to the senior vice president for academic affairs and provost, as do the deans of all of the schools and colleges. The dean represents the school on the University Administrative Council, which is composed of the deans of the ten schools and colleges and the senior administrative officers. At the time of the last CEPH site visit, the dean of the school of public health and tropical medicine reported to a senior vice president for health sciences. This position has been eliminated post-Katrina. The school is independently represented in the University Senate in which the dean holds ex officio membership. School faculty currently serve as the vice chair of the Senate and vice chair of the Staff Advisory Council.

All deans meet regularly with the senior vice president for academic affairs and provost to discuss administrative, funding and policy issues. The school enjoys the same prerogatives as other schools and colleges in the university. It is free to manage its funds, space, and faculty promotion/tenure processes with the same latitude as the other nine university academic divisions. None of the processes noted above differ for the SPHTM compared with the other professional schools and colleges of the university.

1.4 Organization and Administration.

The school shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the school's constituents.

This criterion is met. The organizational setting and administration is conducive to teaching and learning, research and service. The organization of the SPHTM is led by the dean, who holds executive authority over the operations of the school. The current dean of the school has held the position since January 2003 and agreed to serve a second five-year term in July 2008. In addition to the dean, the administration of the school includes a senior associate dean, two associate deans (for admissions and student affairs and for graduate medical education), an assistant dean for finance, a director for academic information systems, chairs of the seven departments and directors of several centers. The organization of the school is depicted in Figure 2.

An associate dean for graduate medical education is shared with the medical school and provides oversight for the preventive medicine residency MPH activities and the large MD/MPH joint degree program. The associate dean for admissions and student affairs also serves as the director of undergraduate public health studies at Tulane and provides oversight and leadership in the administration of a bachelor's degree in public health.
The department chairs administer departmental budgets and are responsible for communicating relevant administrative matters to faculty; evaluating individual faculty; advising faculty of the evaluation; and recommending merit salary increases to the dean. In conjunction with departmental faculty, chairs are responsible for planning, implementing and evaluating departmental degree offerings and other programs. The committee structure, described in Criterion 1.5, assures faculty participation in school governance, including admission and academic policies, curriculum, research, doctoral programs, honor code and grievance procedures, and promotion and tenure decisions. Policy and planning functions are carried out by the administration and the Executive Faculty. All policy and procedures documents which govern committee actions are acted upon by the General Faculty.

The school is organized into seven academic departments: biostatistics (BIOS); community health sciences (CHSC); environmental health sciences (ENHS); epidemiology (EPID); health systems management (HSMG); international health and development (INHD); and tropical medicine (TRMD).
The school’s organizational structure and physical location facilitates interdisciplinary communication, cooperation and collaboration. Many of the cross-disciplinary activities of the school are carried out through 10 research centers/offices. These centers/offices serve as a basis for interdisciplinary collaboration on a variety of basic, applied and community-based research areas. All the centers are embedded in the departments. For example, the CHSC department is the home for: the Tulane/Xavier National Center for Excellence in Women’s Health, the Mary Amelia Douglas-Whited Community Women’s Health Education Center and the Prevention Research Center. Two exceptions are the Center for Evidence-Based Global Health and the Office of Global Health which are run out of the Dean’s Office.

In addition to the activities that take place in research centers, many partnerships within the university (e.g., joint degree programs) and the community promote interdisciplinary collaboration. Close ties, including a number of formal contracts with the Louisiana Office of Public Health and other state agencies, provide ongoing mechanisms for interdisciplinary collaborations.

The self-study includes appropriate documentation of its commitment to fair and ethical dealings with students and faculty. The school has written documents outlining procedures to assure fair and equitable practices. These include documents that define expectations regarding academic freedom, conflict of interest, consulting practices, affirmative action, grievance procedures, intellectual property, human subjects, confidentiality, professional liability, student code of ethics, academic standards, orientation for new faculty and others.

In addition to formal policies regarding fair and ethical practices, the school believes these values are imparted through the courses that students take. In 2007, the school’s Curriculum Committee conducted a review and gap analysis using the Association of Schools of Public Health (ASPH) Cross Cutting Competencies. The analysis indicated that all of the professionalism competencies, including those pertaining to ethical considerations, were covered in the MPH core courses.

Student grievances are governed following the Grievance Committee Policy and Procedures for Student Academic Complaints which is published in the Student Handbook and posted on the school’s website. In the past three academic years, there has been one student complaint (in BIOS) and two formal student grievances filed (EPID-1, INHL-1). In each case, the issue was resolved without further appeal by the student.

1.5 Governance.

The school administration and faculty shall have clearly defined rights and responsibilities concerning school governance and academic policies. Students shall, where appropriate, have participatory roles in conduct of school and program evaluation procedures, policy-setting and decision-making.
This criterion is met. The administrative and governance structure of the school includes the Office of the Dean, the Executive Faculty, the General Faculty, department chairs and the Student Government Association.

Governance policies and procedures are outlined in the Faculty Handbook; the policies are within university guidelines and are in accordance with the principles of the American Association of University Professors. The self-study provides descriptions of the school’s governance and committee structure and processes as they affect general school policy development, planning, budget and resource allocation, student recruitment, admission and award of degrees, faculty recruitment, retention, promotion and tenure, academic standards and policies, research and service expectations and policies. The school has policies and procedures for the standing committees, and the self-study describes the functions of the standing committees.

Standing and Major Ad Hoc committees include:

- **Admissions and Student Affairs** – This committee makes recommendations to the Executive Faculty on admissions requirements and academic standards and oversees distribution of scholarship funds, traineeship, and hears student suspension appeals.
- **Curriculum Committee** – Evaluates school and departmental curriculum and monitors the quality of programs.
- **Doctoral Committee** – Sets policy for admission and evaluates all recommended applicants for doctoral programs.
- **Grievance Committee** – Responsible for in-house peer review of grievance; hearing board for faculty complaints.
- **Honor Board** – Composed of three faculty and two student members. Reviews alleged student violations of the Code of Academic Conduct.
- **Personnel and Honors** – Reviews department faculty and chairs' recommendations for faculty appointments, promotion, tenure, and continuation of adjunct appointments.
- **Research Council** – Awards university and school funds as seed grants.
- **General Preventative Medicine Residency Committee** – Committee members are faculty who take part in the preventative medicine residency program. This committee governs program admission and academic policies.
- **MD/MPH Advisory Committee** – Committee members represent both SPHTM and the School of Medicine. Oversees the MD/MPH program and makes recommendations, establishes criteria for scholarship awards and award contributions, selects scholarship award recipients.
- **BSPH Steering Committee** – Guides and directs the development of curriculum and the connection of SPHTM with the undergraduate academic structure.
- **Ad hoc committees** – Appointed by the dean to perform defined tasks; dissolved when the task is completed.

During the site visit, there were many examples given of faculty engagement in governance of the school. The site visit team observed that the school has appropriate checks and balances between senior leadership, department chairs, and faculty committees.
SPHTM faculty are well represented through the University Senate’s committees. The self-study included the membership of SPHTM faculty on university standing committees.

Students play an important role in the structure and function of the governance of the SPHTM and the university, exercising self-government in accordance with the SPHTM constitution and by-laws. They are well-represented in university governance. Students have voting privileges on the Executive Faculty and school-wide committees and exercise self-governance by means of the Student Government Association. It was clear from the site visit that student input is sought and highly valued. The students who met with site visitors spoke of SPHTM as a student-centered institution, and faculty and staff echoed this philosophy.

1.6 Resources.

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

This criterion is met with commentary. The school possesses the necessary resources to meet its stated mission, goals and objectives. Prior to Hurricane Katrina, the school and university employed a Decentralized Management Center (DMC) budget model. This approach fostered university-wide responsibility for supporting shared services, and ensured a consistent and transparent means of financial management and projecting operating costs. In the aftermath of Katrina, the university reverted to a centralized negotiated budget model to ensure the long term viability of the university. Under this model annual budgets are negotiated directly between the dean and central university administration. This model relies to some large degree on the discretion of university administration, which to date has been favorable the SPHTM. For example, the central university administration has provided the school with loans and direct financial support in efforts to attract caliber intellectual capital.

The school has met its budget projections and obligations over the last five years. SPHTM revenues have grown over time, with total income reported to be $48.5 million in the 2004-2005 school year. This has increased to $61 million in 2008-2009. The negotiated budget model is to end with the completion of the 2010-2011 academic school year. At this time the relatively small university class sizes related to the immediate post Katrina enrollment years will graduate from various academic programs from around the campus. As a function of this transition, university revenues are projected to return to normal with the onset of the 2011-2012 academic year.

The SPHTM reports 99 faculty for the 2008-2009 school year, which is lower than the 118 employed pre-Katrina. The loss of full-time faculty after Katrina was largely a function of individual decisions to geographically relocate. No tenured or tenure-track faculty were released from employment after the hurricane. The school has hired 16 new faculty to replace those that have elected to depart and has an objective to ultimately retain 125 FTE faculty.
The school exceeds the minimum number of faculty for each degree area. The on-campus student to faculty ratio has decreased from 8.7 in 2001 to a range of 6.3-6.5 over the most recent three years. This is a range that the school finds ideal and was achieved by decreasing on-campus FTE admissions. It is important to note that reported faculty-students ratios do not reflect the BSPH, distance education or executive degree programs.

### Table 1. Funds and Expenditures by Major Category, Fiscal Years 2005 to 2009

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<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>12,878,106</td>
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<td>11,748,812</td>
<td>12,386,949</td>
<td>14,908,559</td>
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<td>State Appropriation (Capitation)</td>
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<td>Grants/Contracts</td>
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<td>Indirect Cost Recovery</td>
<td>5,012,412</td>
<td>4,536,480</td>
<td>5,791,607</td>
<td>5,891,701</td>
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<td>Endowment (Unrestricted)</td>
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<td>722,313</td>
<td>956,045</td>
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<td>Gifts</td>
<td>329,743</td>
<td>799,998</td>
<td>270,002</td>
<td>135,100</td>
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<td>Other (Restricted Revenue)</td>
<td>2,880,072</td>
<td>3,197,921</td>
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<td>Other (Restricted Endowment)</td>
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<td>530,412</td>
<td>539,738</td>
<td>648,646</td>
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<td>Total</td>
<td>48,527,708</td>
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</table>

The SPHTM is primarily located in the Tidewater Building on Canal Street, situated on the downtown campus. This facility is located adjacent to the Tulane University Hospital, and is two city blocks from the School of Medicine. As of April 2009, the school occupied some 143,772 square feet in the Tidewater Building. Approximately 22,000 square feet of space is for classrooms. The school also occupies roughly 24,104 square feet of the J. Bennett Johnson Building, which consists of primarily wet labs and offices. There is also a student space in the Women’s Health Center on South Liberty Street.
The school’s office of Academic Information Systems (AIS) is responsible for overseeing technology and computer support. The local network is connected via a fiber optic backbone. The school supports three PC laboratories equipped with 60 terminals for academic student use and teaching. These are available 70 hours a week and are attended by support staff. Most classrooms are equipped with AMX-controlled electronic podiums that offer access to high performance PCs, document cameras, VCRs, DVDs, wireless remotes and Ethernet access. Over 140 classroom seats have full Ethernet access.

The commentary relates to four issues: 1) emerging student interest in the BSPH and its attendant resource demands; 2) allocation of grant indirect recovery; 3) the return of the decentralized management center (DMC) budget system beginning in the 2012 school year; and 4) philanthropy.

Data provided to the site visit team indicates that as of January 2010, in aggregate, 260 students were pursuing the BSPH as an undergraduate major and an additional 28 had declared a minor in public health. While primary responsibility for advising and processing of these undergraduate students does not rest with the SPHTM, the school’s faculty nonetheless have, and will continue to, shoulder increased teaching loads, and collateral labor consistent with the growing interest in public health education. The school will need to remain vigilant that the added burden on faculty resources do not dilute research and service efforts, particularly in departments where scholarship productivity is currently lower.

Research faculty reported that investigators and applicable departments do not benefit from grant indirec ts under the negotiated budget model. Some faculty communicated dissatisfaction with this arrangement. While this model is projected to come to an end in 2012 when the DCM is to be reinstated, clearly some of the school’s most productive research faculty lack enthusiasm for the current financial management system.

The return of the DMC scheduled for the 2012 academic year represents a critical juncture in the post-Katrina era. At that time, the emergency negotiated budget model is to sunset, and the return of usual and customary financial policies and procedures are to be reestablished. The school’s operating budget will be subject to a new set of operating parameters at that time.

In an effort to control salaries and wages, philanthropic initiatives waned in the aftermath of Katrina as approximately half of the university advancement staff were released from employment. The SPHTM dean has reported an objective to grow the school endowments some $75 million dollars to a total of $100 million by 2013. An explicit plan and dedicated personnel to support this objective were not evident during the site visit.
2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met. The SPHTM offers an array of degrees, both academic and professional, in public health fields. Table 2 presents the school’s degree offerings. The school offers the MPH in all five core areas of public health knowledge; the MSPH in four areas including biostatistics, environmental health sciences, industrial hygiene and parasitology; and the MHA in health sciences management. In addition, the school offers a MPHTM in tropical medicine.

The school’s additional graduate degrees include several academic degree programs including a MS in biostatistics, bioinformatics, clinical research and epidemiology. The school has seven PhD programs including biostatistics, community health sciences, environmental health sciences, epidemiology, health systems management, international health and development and tropical medicine. The school has two professional doctoral degrees, the DrPH in community health sciences and epidemiology.

The BSPH degree is an academic degree which addresses the health of populations and communities through instruction in the natural and behavioral sciences, service-learning, and community-based research. The degree is firmly grounded in the basic sciences, humanities, social science, and the liberal arts. During their course of study, students pursuing a BSPH complete all Tulane University undergraduate proficiency requirements in writing, mathematics, and foreign languages as well as distribution requirements in the humanities and fine arts, social sciences, and natural sciences. Public health courses are integrated throughout the curriculum. Students with a BSPH major are required to complete the Newcomb-Tulane College core curriculum, additional BSPH proficiency requirements, and the Public Health Major Curriculum Requirements. Completion of the BSPH degree requires a minimum of 120 credit hours.

The BSPH degree is an offering within Tulane’s undergraduate liberal arts and science education and is directed through the Undergraduate Public Health Studies (UPHS). As an undergraduate program, Newcomb-Tulane College has administrative oversight for full-time undergraduate students and ensures completion of the common core undergraduate curriculum. All full-time undergraduate programs at the university are within the Newcomb-Tulane College. The UPHS program is governed by a representative body consisting of faculty and staff of each of the seven SPHTM departments as well as representatives from University Admissions, Academic Advising, Registrar’s Office, and Louisiana Office of Public Health. This group is referred to as the UPHS Governing Committee, and includes several sub-committees as well as an executive committee.
The BSPH degree fulfills Tulane University's campus-wide undergraduate core proficiencies combined with study in public health. The public health curriculum is determined by SPHTM faculty who teach all undergraduate public health courses. The UPHS program offers a baccalaureate degree with three possible focus areas and also allows students in other undergraduate programs to obtain a minor in public health.

The school offers an array of joint degree programs with the MPH and MHA that include law, medicine, business, social work and a joint BS/MPH with Xavier University of Louisiana in environmental health. There are several distance learning and executive degree programs as well. The distance learning offerings are the MPH degrees in occupational health and safety management, occupational and environmental health and disaster management and the MSPH in industrial hygiene. The executive degrees offered are the MPH Taiwan Asia Elite Leadership (TAEL) and the ScD in health system management.

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<tr>
<th>Table 2. Instructional Matrix – Degree/Specialization</th>
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<tbody>
<tr>
<td><strong>Bachelors Degrees</strong></td>
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<tr>
<td>Bachelor of Science in Public Health (BSPH)</td>
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<tr>
<td>BSPH in Environmental Health Sciences</td>
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<td>BSPH in Global and Community Health</td>
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<tr>
<td>BSPH in Health Informatics</td>
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<tr>
<td><strong>Masters Degrees</strong></td>
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<tr>
<td>Master of Public Health (MPH)</td>
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<tr>
<td>MPH in Health Education and Communication (CHSC)</td>
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<td>MPH in Maternal and Child Health (CHSC)</td>
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<td>MPH in Nutrition (CHSC)</td>
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<td>MPH in Community Health Sciences (CHSC)</td>
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<td>MPH in Environmental Health Sciences (ENHS)</td>
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<td>MPH in Epidemiology (EPID)</td>
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<td>MPH in Health Systems Management (HSMG)</td>
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<td>MPH in International Health (INHD)</td>
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<td>Master of Science in Public Health (MSPH)</td>
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<td>MSPH in Biostatistics (BIOS)</td>
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<td>MSPH in Environmental Health Sciences (ENHS)</td>
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<td>MSPH in Industrial Hygiene (ENHS)</td>
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<tr>
<td>MSPH in Parasitology (TRMD)</td>
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<tr>
<td>Master of Public Health and Tropical Medicine</td>
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<td>MPH&amp;TM (TRMD)</td>
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<td>Master of Health Administration (MHA) (HSMG)</td>
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<tr>
<td>Master of Science (MS)</td>
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<tr>
<td>MS in Biostatistics (BIOS)</td>
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<tr>
<td>MS in Bioinformatics (BIOS) (Begin Fall, 2010)</td>
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<tr>
<td>MS in Clinical Research (EPID)</td>
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<tr>
<td>MS in Epidemiology (EPID)</td>
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<tr>
<td><strong>Doctoral Degrees</strong></td>
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<tr>
<td>Doctor of Philosophy (PhD)</td>
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<tr>
<td>PhD in Biostatistics (BIOS)</td>
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<td>PhD in Community Health Sciences (CHSC)</td>
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<td>PhD in Environmental Health Sciences (ENHS)</td>
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<th>Table 2. Instructional Matrix – Degree/Specialization</th>
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<td>PhD in Epidemiology (EPID)</td>
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<td>PhD in Health Systems Management (HSMG)</td>
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<td>PhD in International Health and Development (INHD)</td>
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<tr>
<td>PhD in Tropical Medicine (TRMD)</td>
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<tr>
<td>Doctor of Public Health (DrPH)</td>
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<tr>
<td>DrPH in Community Health Sciences (CHSC)</td>
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<tr>
<td>DrPH in Epidemiology (EPID)</td>
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<tr>
<td>Doctor of Science (ScD)</td>
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<tr>
<td>ScD in Biostatistics</td>
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**Joint Degrees**

**Tulane School of Medical** — Doctor of Medicine/Master of Public Health or Master of Science in Public Health
- MD/ MSPH in Biostatistics (BIOS)                      | X  |
- MD/MPH in Community Health Sciences (CHSC)            | X  |
- MD/MPH or MSPH in Environmental Health (ENHS)         | X  |
- MD/MPH in Epidemiology (EPID)                          | X  |
- MD/MPH in Health Systems Management (HSMG)             | X  |
- MD/MPH in International Health and Development (INHD)  | X  |
- MD/MPH&TM in Tropical Medicine (TRMD)                  | X  |

**Tulane School of Social Work**
- Master of Social Work /Master of Public Health
  - MSW /MPH Community Health Sciences (CHSC)            | X  |
  - MSW/MPH Environmental Health Sciences                 | X  |
  - MSW /MPH International Health and Development (INHL)  | X  |

**Tulane School of Law**
- Juris Doctor/Master of Health Administration
  - JD/MHA Health Systems Management (HSMG)               | X  |
- Juris Doctor/Master of Public Health
  - JD/MPH Community Health Science (CHSC)               | X  |
  - JD/MPH or MSPH Environmental Health Sciences (ENHS)  | X  |

**Tulane School of Business**
- Master of Business Administration/Master of Health Administration
  - MBA/MHA Health Systems Management                     | X  |

**Tulane Undergraduate Schools**
- Bachelor of Science in Public Health/Master of Public Health
  - BSPH/MPH                                             | X  |
  - BSPH/MSPH                                            | X  |

**Xavier University 4+1 Program**
- Bachelor of Science/Master of Science in Public Health
  - BS/MSPH Environmental Health                           | X  |
  ^^^ Being reinstating during recovery

**Executive and Distance Learning Programs**
- Distance Learning Environmental Health Sciences (ENHS)
  - MPH in Occupational Health and Safety Management     | X  |
  - MPH in Occupational and Environmental Health         | X  |
  - MPH in Disaster Management                            | X  |
  - MSPH in Industrial Hygiene                            | X  |
- Executive Programs - Health Systems Management (HSMG)
  - MPH – Taiwan Asia Elite Leadership (TAEL) program    | X  |
  - ScD – Health System Management                       | X  |

---

1 No new students accepted after fall 2008
2.2 Program Length.

An MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.

This criterion is met. All professional masters students who were admitted in fall 2006 or later are required to complete at least 42 semester credits to graduate. MPH, MSPH and MHA degrees require 45 semester-credit hours, and the MMM (which was discontinued in January 2010) requires 42 semester-credit hours. The school defines one credit as equal to 15 hours of classroom contact. Degrees can be completed either full-time or part-time. A full-time student can complete the masters degrees in 1½ – 2 years; part-time students can complete the program in 3 – 3½ years.

2.3 Public Health Core Knowledge.

All professional degree students must demonstrate an understanding of the public health core knowledge.

This criterion is met. All MPH and MSPH students obtain knowledge in the core areas through the same designated courses in biostatistics, epidemiology, environmental health, health systems management, and social and behavioral sciences. In addition, SPHTM students must take a course in human health and disease. Physicians and others with extensive biological and disease backgrounds can petition waiver of this course, but not the credits toward a degree. All students in every professional program (masters and doctoral) must take these designated core courses. Successful completion of each core course is a means of demonstrating this knowledge. In addition to successful completion of the core courses, each student must also demonstrate the application of knowledge for solving public health problems through practical experiences in the practicum and the integration across the core areas in the culminating experience. Core courses include the following:

- BIOS 603 Introductory Biostatistics
- EPID 603 Epidemiologic Methods I
- ENHS 603 Survey of Environmental Health
- HSMG 603 Principles of Health Systems Administration and Management
- SPHL 603 Social and Behavioral Aspects of Global Health
- SPHL 601 Biological Basis of Disease

DrPH and ScD students must either document completion of all masters-level core courses through previous study or must complete all courses listed above. In addition, each DrPH student must complete 1) a biostatistics or research methods course beyond the masters core level and 2) advanced-level core classes for each of the school’s two DrPH degrees, that provide students with exposure to other core areas outside of their areas of specialization.

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.
This criterion is met. SPHTM instituted the degree requirements for a separate practicum and culminating experience for students entering January 1, 2007 and thereafter. Prior to that, it was common for students to combine a practicum/field experience within a capstone project. The practicum is a planned, supervised and evaluated practice experience that complements the student’s field of study. The practicum must be a minimum of 200 contact hours for masters students (MPH, MSPH) and 300 contact hours for doctoral students (DrPH, ScD). Some departments have longer time requirements, and all students must write a final practicum report.

Practicum sites are identified by the student in conjunction with their advisor. A wide variety of practicum sites may be selected. The site must be in an established organization primarily engaged in an aspect of public health practice; this may include public health agencies, community organizations, non-profit organizations, businesses, consulting firms or health care institutions. Research laboratories are not permitted as practicum site placements.

Students work with advisors to identify a preceptor is identified for each practicum. The preceptor hosts the student at the practice site, serves as a mentor and supervises the practicum. The preceptor must be in a responsible position and able to provide technical and administrative oversight to the student throughout the practicum period. If the preceptor is unknown to the faculty advisor, he/she will meet or have a telephone conference to assess the practicum site, explain the responsibilities and determine if the person is qualified as a preceptor. When speaking with students, some mentioned to the site visit team the need for more support in the selection and matching process for practice sites. Specifically, epidemiology students expressed the need for more practice sites that are directly related to epidemiology skill sets.

Each student develops a practicum plan in coordination with the preceptor and faculty advisor. The practicum plan identifies joint responsibilities of the practicum project, measurable learning objectives that support the student’s program competencies and the available technical and programmatic support to achieve the objectives. The practicum plan and a placement agreement are signed by the student, preceptor and advisor. The advisor tracks the progress of the student throughout the practicum and receives feedback from the preceptor and student. If any problems arise, the advisor is to be informed immediately so appropriate measures can be taken to correct the problem.

School leaders developed a student practicum handbook to provide guidance to students on the practicum and its requirements. The handbook lists the roles and responsibilities of the student, advisor and preceptor, lists frequently asked questions and contains forms for the approval and documentation of the practicum including the practicum site approval. It also includes the placement agreement with goals and objectives, practicum progress reports and instructions for the final practicum report.
There was initial concern relating to the waiver policy regarding some professional degree students, specifically in the MMM program. The school has discontinued the MMM program as of January 2010. While the school has chosen to discontinue the domestic MMM program, it notes that it may choose to enroll foreign cohorts in the future. Even when only foreign cohorts are enrolled the requirement for a practicum experience remains the same in any professional degree program that is part of an accredited school of public health.

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.

This criterion is met. All professional degree students are required to complete a culminating experience for the program. The choice of culminating experience is made by the student in consultation with an advisor. The selection of an option is influenced by the student’s program of study and practicum and other practice experiences. The overarching competencies for the culminating experience (all options) are as follows:

1. Demonstrate general knowledge and understanding of the core discipline areas of public health.
2. Apply general knowledge of the core discipline areas of public health to identify and solve public health problems.
3. Investigate public health issues using evidence-based practice.
4. Analyze public health issues using contemporary theories and research techniques.
5. Evaluate the outcomes of public health-related interventions.
6. Clearly communicate public health concepts orally and in written form.

The research thesis is an in-depth study of a public health problem that requires the student to develop research hypotheses and develop a study design to conduct appropriate research to address the hypotheses. The thesis includes a literature review, generation and analysis of data, with discussion and conclusions based on the research findings. The student produces a document that describes and discusses the research in the context of the hypotheses. Some departments also require the results to be presented orally in a seminar or other venue. The thesis is original applied research that contributes to the field.

The public health analysis identifies a public health problem and develops goals and objectives for conducting the analysis of the issue or problem. The analysis is written in a formal document that includes a literature review, analysis and evaluation of the body of knowledge relevant to the problem, and a discussion that evaluates the public health activities and results. Some departments also require the results to be presented orally in a seminar or other venue.

Both the research thesis and public health analysis generate manuscripts that are expected to show: an understanding of general public health knowledge and how the core disciplines in public health are
employed in the thesis or analysis (overarching competencies 1 and 2 above); skill in employing tools for the investigation, analysis, and evaluation for the problem addressed (overarching competencies 3, 4, and 5 above); and specific knowledge, skills and abilities relevant to the student’s area of concentration.

Faculty evaluation of the research thesis and public health analysis is based on the student demonstrating achievement of the overarching competencies. These two culminating experiences also demonstrate written communication competency (overarching competency 6). The presentation of data at a poster session, department seminar, or other venue also provides students the opportunity to demonstrate oral communication competency (overarching competency 6).

The masters comprehensive examination must also show that the student has achieved a desired level in these six overarching competencies. The exam tests for knowledge of the public health core areas and the area of study. The comprehensive exam consists of two parts:

Part A: Focuses on the school-wide core courses and is geared to assess competency in the core knowledge and application of knowledge and tools in public health (overarching competencies 1 and 2). The student must achieve a grade of 70% to pass the exam.

Part B: Assesses the student’s knowledge from a discipline-specific perspective and is administered separately by each department in the school. Individual departments develop questions (in written form) to examine the other four overarching competencies. Thus, department examinations place emphasis on the student’s ability to investigate, analyze, evaluate and communicate a public health problem, activity or issue. Faculty evaluate the student’s level of successful achievement in each of these six overarching competencies.

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 educational programs.

This criterion is partially met. The school has defined competencies for all degree programs and specializations, and courses are mapped to each competency. Competencies for the MPH, MSPH and MHA program are met through core courses, practicum and culminating experience. Course objectives address the related competencies.

The self-study includes competencies for the six public health core courses, the various options for the culminating experience (research thesis, public health analysis, and comprehensive exam) for each degree program. The listing of competencies for each degree program includes a linkage to course(s) in which each competency is addressed. Typical learning experiences and outcome measures are listed for each core course.
Competencies for the BSPH address only the public health content, not the complete liberal arts degree. Students complete five of the six public health core courses as part of the undergraduate degree requirement. Site visitors verified that this use of graduate credit is acceptable for any 4+1 program; one goal of the undergraduate program is to generate a pipeline of prospective graduate students.

Program competencies typically reflect the concentration area. For example, only one professional degree (the MPH in biostatistics) included a competency relating to the public health core.

Both in preparation for the self-study and in response to a necessary streamlining of programs following Hurricane Katrina, the faculty carefully reviewed “each program to determine its relationship to the core mission of the university and the school, feasibility of combining and eliminating programs and ensuring that programs were aligned with faculty capability and resources.” Nationally accepted competencies, faculty experience in the field, work with public health and other agencies and partners, consultation with other public health faculty, and experience on research and community-based projects all informed competency development. The Curriculum Committee conducted surveys to alumni and employers/preceptors to solicit input into competencies. Several preceptors/employers indicated they had talked to the appropriate department chair with specific concerns/suggestions.

Learning objectives for each course were then linked to the various competencies. Faculty monitor student attainment of the competencies through performance in course work, the culminating experience and the practicum (if applicable).

The concern relates to the level of the competencies and/or course work. For several of the PhD programs, all course work seemed to be identical to that of the corresponding masters program. For example, the PhD in biostatistics included only courses that were also listed on the MSPH and MS programs; the first six competencies are identical between the MS and PhD, with three additional competencies listed without explicit course linkage (research, teaching and communication). For environmental health sciences, the PhD competencies were different, but the same courses required in the masters programs were listed as addressing these competencies. In addition, the same courses are associated with different competencies in different programs. For example, the MSPH and MS programs in biostatistics use virtually the same set of courses, though the competencies are substantially different. This similarity in course work suggests that the MS may not be sufficiently different from the MSPH beyond the public health core. More generally, it suggests that the sets of competencies reflect differential descriptions of the program’s goals to which the course work was forced to fit. When comparing masters to doctoral programs in the same department, the similarity in the available course work suggests that the school may not provide the breadth and depth of courses needed for doctoral study in every discipline. Some or all of the competencies for several of the PhD programs reflect broad
components of the research process to which all the course work is linked (e.g., environmental health sciences, community health sciences).

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

This criterion is met with commentary. The school utilizes four primary methods to assess individual student progress: grades in individual courses, practicum, culminating experience, and progress toward completion of academic program. At the school level, assessment is based on grade distribution in the core public health courses, performance on Part A of the comprehensive exam, student course evaluations, surveys of student opinions, graduation rates and post-graduation measures.

At the individual program, the school has a comprehensive system for tracking student progress. While individual course grades should not be considered a single indicator of competency achievement, the courses and other academic requirements include papers, presentations, practical experience and other examples that require synthesis and application of the knowledge and skills. Each student completes a self-assessment near the end of the program of study in which s/he rates personal achievement of each program competency. For professional masters degree students, the practicum preceptor evaluates work in the field as another indicator of competency achievement. Indicators for doctoral students are similar but also include service as teaching assistants, a required comprehensive examination and defense of research prospectus and dissertation.

The school is justifiably proud of its high graduation rates. Even with rigid expected times to completion, the graduation rates for the various masters degree programs average above 80%, and the school notes that these rates have been lower since Hurricane Katrina. The reported rates are lower for doctoral students, but substantial numbers of those not graduated are continuing in doctoral studies within reasonable time frames. The school was unable to track graduation rates for cohorts that had more than six years to complete the degree because of the substantial reorganization of doctoral programs after the elimination of the graduate school. The school reports employment rates around 90% (one year post graduation) for the past three years, with most of the remaining 10% including those for whom no information was available. In the meeting with alumni, employers and community partners, several individuals spoke of hiring graduates after completion of the practicum and graduation or after national searches because of the quality of their preparation. Similarly, the vast majority of respondents to the employer survey rate the preparation of students as good or excellent in a variety of domains.

The commentary relates to program-level assessment of competency achievement and program outcomes. While the school has substantial student-level information, most of it is not compiled at the
program level. For example, student self-assessments could be aggregated to see if there is a particular competency for which achievement is consistently lower. The measurable program level outcome measures are all at the broader program level rather than individual competency level. Grade distribution is not a good indicator of competency achievement, as is somewhat indicated by the large proportion of acceptable grades relative to the distribution of scores on Part A of the comprehensive exam. The student opinion survey seems to reflect students’ perception of relevance and applicability of the course more than success in providing essential knowledge. Student course evaluations are useful to evaluate instructional quality, but might not be viewed as an appropriate indicator of competency achievement.

2.8 Other Professional Degrees.

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is met. Prior to Hurricane Katrina in 2005, the PhD and MS degrees were offered through the Tulane University Graduate School, and only four SPHTM departments offered the PhD. Following Hurricane Katrina, the university reorganized the Graduate School in 2005 so that each school became responsible for all of its degree programs, including the MS and PhD degrees. All seven departments opted to offer the PhD as the academic research degree. Two departments (biostatistics and epidemiology) offer the MS degree.

The bachelors of science in public health (BSPH) degree is a four-year undergraduate academic program that is designed to provide public health education on the undergraduate level within the liberal arts and science framework at Tulane University. The first BSPH students were accepted for the fall semester of 2005. However, because of Hurricane Katrina, the first class offerings began in spring 2006. The undergraduate program is a means of bringing a new cadre of highly qualified students into public health. BSPH students complete 12 credits of public health core courses including epidemiology.

Students in the MS and PhD academic programs obtain public health orientation through both course work and in-depth research in an area of public health. All MS and PhD students must successfully complete the public health core courses in biostatistics and epidemiology. In addition, the majority of the other course work consists of public health courses offered in their department and throughout the school. Given the public health orientation of the majority of the faculty in these programs, illustrative materials used in SPHTM courses have a public health focus. Further, classroom instruction with public health
students, especially the opportunity for group projects, allows MS/PhD students to be integrated into the public health-oriented environment.

Doctoral students must also participate in the Interdisciplinary Doctoral Seminar that provides an interdisciplinary perspective of public health issues. Students must register for credit in each of two semesters and are encouraged to attend every semester. Doctoral students’ dissertation research frequently focuses on public health issues where they conduct in-depth work in their disciplines that includes both theory and public health application.

Very few students select the MS, so most students entering the PhD program have completed the MPH or MSPH degree and have a solid understanding and orientation to public health. Students who are enrolled in the MS program must take the biostatistics and epidemiology courses. In addition, their degree coursework is primarily in the school of public health where the public health perspective and examples are used.

2.10 Doctoral Degrees.

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

This criterion is met. The school exceeds the minimum quantitative requirement, offering seven PhDs, three DrPHs and one ScD. The DrPHs in international health and development suspended admissions in 2009, and is currently in teach-out mode as is the ScD in biostatistics. The ScD in health systems management is offered in an intensive executive style format (three days a month, eight months a year), and the remaining degrees are provided in the traditional academic format.

Since the last accreditation, the school has examined its doctoral degrees, and consolidated its doctoral policies and procedures. These procedures include clarification of minimum credit requirements for each degree, including instruction of minimum numbers of post-masters didactic credits. In the 2006-2007 academic year, the ScD was terminated in all of the school’s academic programs except health systems management. Existing ScD students were provided an option to complete their degrees or opt into a different one. The combined effect of the deletion of most of the ScDs, and the implications of Hurricane Katrina, led some students to request additional time (beyond the seven-year completion policy) to complete their degrees. Such requests were considered on a case by case basis, and had an impact on graduation rates.

Faculty reported a recent emphasis on accepting fewer, high quality applicants, which was supported by data provided in the self-study. At the same time, the SPHTM does not systematically provide financial support in the way of stipends and tuition waivers to all doctoral students. This has resulted in some prospective students opting to attend other SPHs, particularly qualified minority applicants.
Students expressed overall satisfaction with the quality of their programs, and the mentoring from their departments. These students shared faculty frustration regarding the lack of financial support for individual doctoral candidates, while others voiced concern that some courses are not regularly offered although they appear in the school catalog.

2.11 Joint Degrees.

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

This criterion is met. Joint degrees are offered in conjunction with several other schools at Tulane. The SPHTM has joint degree programs with five other schools (undergraduate programs, medicine, social work, law and business) within the university and with two other universities (Xavier University of Louisiana and Southeastern University) in the area. Joint masters programs are offered with the School of Medicine (MD/MPH, MD/MPH&TM, MD/MSPH), the A. B. Freeman School of Business (MBA/MPH, MBA/MHA), the School of Social Work (MSW/MPH), and the School of Law (JD/MPH, JD/MSPH, and JD/MHA). Undergraduate students in Tulane College and Newcomb College may obtain a joint BSPH/MPH or BSPH/MSPH. The SPHTM also has had a joint BS/MPH and BS/MSPH degrees which are currently on hold post-Hurricane Katrina with Xavier University of Louisiana, a Historically Black University (HCBU). A BS/MPH or MSPH joint degree has recently been established with Southeastern Louisiana in Hammond, Louisiana.

Joint degree programs require that the student be admitted to each school independently and meet all of the basic requirements of each school. In the case of the school of public health, these students must take the public health core, must meet the departmental expectations for the area of specialization, and must do a practice experience and capstone. The savings in time and credit that accrue to joint degree students occur because required courses in one school are accepted for electives in the other.

The largest joint degree program is the MD taken in collaboration with the MPH, MSPH or MPH&TM. The program is supported by a dedicated director who oversees administrative functions and assignment of program advisors for students and an MD/MPH Advisory Committee (MMAC) consists of representatives from the School of Public Health and the School of Medicine. The committee serves as a focus for reviewing applicants, academic scholarships, students’ progress, and program design and implementation of joint degree curricula and advises as needed on relevance to the changing health care environment, the accreditation requirements. Student progress is monitored primarily by the faculty advisor in the specific department and the MD/MPH program office staff as needed. Students can enter this program in their first or second year of medical school, but the school of public health recommends that the student begin in the summer before medical school starts or in the second semester of the first
year in order to complete the public health degree within the four-year structure of the medical curriculum. Medical students have to take at least 32 semester credits in the school of public health; medical school courses are counted toward the remainder of the electives. All students waive requirement for SPHL 601 Biologic Basis of Health and Disease; MPH requirements and therefore reduced to 42 hours.

Typically one or two required MPH courses are dropped for MD/MPH students. From the web material that was presented, it was not clear if competencies for those courses are covered by other courses. Practicum requirements are explicitly documented. During the 2001-2002 academic year, there were 153 medical students pursuing a public health degree. During the 2008-09 academic year, 47 incoming medical students enrolled in a joint MD/MPH degree for a total of 150 medical students (first through fourth year) currently working toward the joint degree. Approximately 35-45 of the joint degree medical students graduate annually.

A concern had related to credit sharing for other joint degrees. Some efficiencies in shared course work and credit is achieved at the expense of fulfillment of public health competencies. The MSW/MPH in international health and development joint degree clearly meets all competency requirements. However, for the JD/MHA, four MHA required courses are not required in the dual program plus three of four internship classes. However, as of spring 2010, this joint degree has been reconfigured so that the coursework for the stand alone MHA and the joint degree MHA component are now identical. In particular, the competencies covered by HSMG 632 Managerial Communications and HSMG 766 Health Policy Analysis are not fulfilled by other coursework required by the law degree.

For the MBA/MHA, competencies seem to be satisfied as long as equivalence between HSMG and business courses is acceptable. The self-study documents such linkages eg, HSMG 650 Introduction to Health Care Accounting’s or equivalence to ACCN 601 External Reporting and Financial Analysis. Both the MSW/MPH and JD/MPH in environmental health sciences satisfy the full 45 hour MPH requirement. Documentation for the JD/MPH in community health sciences show competencies with relevant law school courses along with CHSC courses. MPH requirements are reduced from 45 to 42 with 10 hours of law school credit accepted. The school revised the JD/MPH degree so that it is now 45 hours, making the MPH component of the joint degree, equal to the stand alone MPH. For the MSW/MPH in community health sciences, the competencies are blended from the three sets of competencies for the different majors/concentration rather than any single set of competencies. The competencies listed are similar in context and level but the MPH in the dual degree does not match any single degree. Currently, however, the “blended” MPH component of the MSW/MPH has been eliminated. The course work for the stand alone MPH and the MPH component of the joint degree are now identical. For the JD/MPH degrees in community health sciences, the requirement of CHSC 613 Research Methods is dropped without comment from requirements and competency-course linkage. All joint degree options must be carefully
examined with regard to credit sharing and competency coverage. Credit sharing decisions must be made deliberately and documented carefully.

The joint degree programs with law, business and social work are much smaller, accounting for about 15 students total each year. Students pursuing a JD have the option to pursue either an MPH or an MSPH in health systems management or environmental health. The same two options are open to students pursuing the MBA. Students in the school of social work may pursue the MPH in community health sciences or in international health and development. In 2008-09, a total of five students enrolled in joint degree programs with other professional schools; typically two to three students are formally in joint degrees with the schools of business, law, and social work.

The “4+1” joint degree program allows BSPH students to complete the class requirements for both undergraduate and masters degrees at the SPHTM in a period of approximately five years. With permission of the deans of undergraduate and graduate admissions and the appropriate department chair at SPHTM, BSPH students may apply to the MPH or MSPH degree programs while an undergraduate. Fifteen credit hours of graduate core coursework apply toward the BSPH and the MPH for those in the joint degree program. The MSPH and MPH degree offerings at SPHTM require 42 – 45 credit hours at the graduate level.

Students apply to the SPHTM for the “4+1” program during the spring semester of their junior undergraduate year. Admissions requirements for the masters component of the “4+1” program are identical to those for admission into the school’s regular masters programs. Program admission takes effect upon receipt of the BSPH degree and acceptance by the dean of Graduate Admissions. Students are strongly encouraged to work closely with their academic advisers to ensure that the requirements of the BSPH degree, and the MPH or MSPH degree are all successfully met.

Students in the BSPH/MPH program may select a specialization in each department:

- Biostatistics-MSPH
- Community Health Sciences-MPH
- Environmental Health Sciences-MPH, MSPH
- Epidemiology-MPH
- Health Systems Management-MPH
- International Health and Development-MPH
- Tropical Medicine-MSPH

Similar joint degree arrangements have been developed with Xavier University of Louisiana and is awaiting a renewal post-Katrina. A new relationship for a bachelors level degree is being implemented with Southeastern University.
2.12 Distance Education or Executive Degree Programs.

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

This criterion is met. The SPHTM has delivered executive style and distance education programs for close to two decades. Seven non-traditional degree programs are delivered in two modalities. The first is the executive style health services management (HSMG) masters and doctoral program, characterized by concentrated weekend or seven-day on campus sessions complemented by independent work assignments. These degrees include the masters of medical management (MMM)—which was discontinued in January 2010, the MPH in elite leadership offered onsite in Taiwan and the ScD. The second delivery style is anchored in the department of environmental health sciences. The department provides technology mediated distance education in which the student and instructors are geographically separated. The distance education program students may pursue an MPH in occupational safety and health management, disaster management or occupational and environmental health. An MSPH in industrial hygiene is also offered. All non-traditional programs target mid-career professionals for whom traditional on-campus experience may not be feasible.

The school ensures that the programs are equivalent to traditional courses in that admissions requirements, program requirements, inclusive of practicum and culminating experiences mirror those of the on-campus student. Assessment and evaluation procedures are also identical. Many of the faculty who teach in the non-traditional programs are the same instructors who teach in the traditional semester face-to-face format. The two responsible departments provide administrative and technical support for instructors and students. Admissions requirements are consistent with the traditional on-campus programs. Instructional designers are available to faculty who employ distance mediated technology.

The retention and graduation rates for non-traditional students appear to be excellent with overall completion rates for the various programs over 85%. An assessment of student performance in the technology-mediated class performance measures compared to traditional student performance was made using metrics such as exam scores, project quality, and assignment completion rates. This assessment revealed distance learning students typically performed equivalent to, or slightly better, than their on-campus counterparts.
The SPHTM utilizes I-Linc software to deliver the distance learning programs. This system mimics a traditional classroom providing synchronous courses for 15-25 students per class. A supporting virtual classroom through Blackboard is available. This site may host lectures, slides, videos, podcasts, assignments, exams, syllabi and other course materials.

The site visit team communicated with on-line students at the beginning of one of their classes to assess the technology and to evaluate student satisfaction with their Tulane experience. Students reported being satisfied with class content and felt part of Tulane even in the absence of being on campus. Some students described intermittent challenges with technology, but that those were quickly addressed as issues arose.

The business plan for the executive and distance learning programs appears to be successful in that the HSMG executive program has been in existence for nearly 20 years while the environmental and occupational degree offerings are in their 15th year. These programs are self-supporting and are responsible for their relative contribution to the school and university budget and for paying their direct expenses. Net positive revenue is reinvested into the programs for technical upgrades and also supports overall departmental expenses. The HSMG MMM program will graduate its last domestic cohort in May 2010, and is not planning to enroll additional domestic students.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The school’s research goals are clearly stated, and it was abundantly evident to site visitors through university and school administration interviews, and discussions with school faculty that research is a central focus of the institution and the school. The SPHTM manages ten centers or offices that serve as the basis for interdisciplinary collaboration on a variety of basic, applied, and community-based research. While many of these centers are departmentally based, they are effective at promoting multidisciplinary scholarly inquiries.

The school’s commitment to research is found in its goals, objectives, policies, procedures and practices. In illustration, the school has articulated its goals to dramatically increase overall research income and NIH awards by 2013, while concurrently growing the overall number of peer-refereed publications and the impact factor of those articles. A wide variety of explicit expectations exist, including those related to tenured, tenure track and research faculty.
Facilitating and enabling mechanisms to support the ambitious plans exist at the school level. These include junior faculty mentoring, protected time for new faculty hires and logistics support for application submissions. These school-based mechanisms are complemented by those at the university such as funding for seed grants, multidisciplinary research speakers series, and support for civic engagement grants which historically possess low F&A rates. Overall, the school creates an environment where scholarship is visible, valued and expected.

For the year 2008-2009, 37% of its faculty enjoyed principal investigator (PI) status, reflecting over $21 million in revenue producing on average some $223,000 per faculty. At the same time, roughly 55% of those grants were community-based. Average departmental faculty publications ranged from 0.4 publications per FTE faculty to 3.8, with a school average of 1.8. The uneven distribution of publications appears evident over the last three years, with grant revenue correlated to higher publication productivity in various departments. There is a revitalized effort reported by both students and faculty to include students in the research enterprise. The self-study reports that some 200 students enjoy some level of primary exposure to research, involving some 55-65% of the funded research efforts over the last three years. Students at the undergraduate, masters and doctoral levels have opportunities to become involved in disciplined inquiry.

3.2 Service.

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

This criterion is met. Service is one of the school’s many strengths. The school has a long and robust tradition of providing service to its community. Commitment to service is reflected throughout the activities, and policies of the school of public health. The school clearly made major contributions to the immediate response to Katrina as well as to the long-term rebuilding of New Orleans. In the aftermath of Hurricane Katrina (2005), faculty and students were a major source of assistance to local, state, federal agencies and community organizations that assisted in the recovery of the city. Immediately following Katrina, many faculty provided professional expertise to local, state and federal public health agencies including: the environmental impact of the flooding; surveillance of emergency rooms and hospitals for hurricane-related illness and disease; assessment of the damaged health delivery system; development of plans for community clinics; among many other activities. The school faculty and students were instrumental in reopening the city and in assessing damage to the health care system and in developing plans for rebuilding and recovery. During recovery and rebuilding students and faculty brought public health into every recovery activity, eg, the emergence of bike and walking paths as a part of the new city design and support for farmers markets.
The school’s administration has designated a practice coordinator, who is currently the senior associate dean. The role of the practice coordinator is to initiate and/or facilitate school-wide practice activities. Activities include the formal affiliation with the Louisiana Office of Public Health (LOPH), the regional South Central Public Health Leadership Institute, the HRSA Workforce Training Center and the CDC Preparedness Center. Funds and staffing in support of school-wide practice activities are provided as needed by the dean’s office.

The self-study report and on-site interviews documented that faculty and students are engaged in a large number and wide variety of service activities in the local community, in the region and at national and international levels. Service and practice engagements appear to be a primary focus for the faculty and students. The SPHTM has formal and informal agreements for collaboration or services with local, national, and international agencies.

The relationship with the LOPH appears to be especially strong. The school has a formal affiliation with LOPH through a memorandum of understanding which emphasizes the mutual interest in: (1) joint faculty appointments, (2) a formal program for student internships and field practice sites, (3) support for LOPH programs and projects. One clinical faculty member is jointly funded by the school and the Louisiana Office of Public Health to promote practice activities. A faculty workforce development coordinator serves as the liaison between the school and LOPH, arranges and manages the school student practica. This faculty member also coordinates and manages the school/LOPH internship program.

The breadth and depth of faculty contributions over the years is particularly noteworthy. All faculty are involved in some service activities. Every faculty member (100%) reported having engaged in community service activities each year for the last three years. 92% of faculty reported engaging in professional service activities. Eighty percent of the school faculty report having practice experience in addition to their academic focus. These activities included consultancies and professional service to organizations and public health agencies, grant reviewers and peer journal reviewers. 63% of the faculty participated in community-based research during 2008. These include activities that support the public health profession, such as providing editorial review or grant reviews; presentations to community groups; and contracts and projects serving disadvantaged populations locally or in other countries. In recent years, the school of public health has significantly increased the amount and scope of community-based research, much of which is in support of community partners. A faculty member’s history of service is included in the documentation used for evaluation for tenure and promotion and is essential in qualifying for promotion.

3.3 Workforce Development.

The school shall engage in activities that support the professional development of the public health workforce.
This criterion is met. The school sponsors an array of continuing education opportunities on and off campus, classroom and distance-based for domestic and international public health professionals. The school’s strong focus on health departments is particularly important given the difficulty that these public health professionals often have in identifying affordable, accessible, and job-relevant training and education. Continuing education opportunities target a range of public health professionals. The self-study, resource material and on-site interviews documented a commitment to education for the mid-career working public health professionals, in particular. A major focus of the school’s effort in developing and delivering continuing education to practitioners is based on partnerships with public health agencies, the LSU Health Sciences Center and the University of Alabama at Birmingham School of Public Health. The local partnership is with the Louisiana Office of Public Health, regionally with the Arkansas, Mississippi, and Alabama state health departments.

The school’s formal affiliation with LOPH, described in Criterion 3.2, also emphasizes the mutual interest in public health leadership and workforce development. Courses are primarily supported by CDC and HRSA grants and offered through the school’s three public health centers/institute (South Central Public Health Leadership Institute, South Central Public Health Training Center and South Central Center for Public Health Preparedness). The school’s workforce development activities regionally target the Louisiana, Mississippi, Arkansas, and Alabama public health communities, and these efforts are collectively known as the South Central Public Health Partnership.

South Central Public Health Partnership training and education offerings are designed and re-designed based on needs assessments, feedback received on course evaluations, and conversations with practitioners in the state health agencies; public health practitioners also participate in the development of training modules. From 1999-2006 five formal needs assessments for the public health training center and the preparedness center were conducted to identify the training needs of public health practitioners in the region. Informal needs assessments, ie, course evaluation forms, key informant interviews, feedback from practicum preceptors and discussions with members of public health organizations in the region, supplement this information. Faculty involvement in public health practice provides essential feedback to update the curriculum and insure the relevance of the teaching programs and continuing education courses. A needs assessment conducted prior to the last reaccreditation indicated decreased ability for participants to travel to traditional continuing education programs. This was confirmed by an actual decline in enrollment for traditional classroom continuing education courses and attendance at professional meetings. Based on this experience, the school has continued to develop its web-based continuing education program.

In addition, traditional continuing education is offered by departments and research centers (ie, Tulane Prevention Research Center, Tulane Xavier National Center of Excellence in Women's Health (TUXCOE)
Continuing Education Program, Center of Applied Environmental Public Health), as well as through
departmental seminars for faculty which are also open to local public health practitioners. The various
departments also offer training and education in nontraditional degree formats, off-site degree programs,
and on-site diploma courses and graduate certificate programs (e.g., tropical medicine, industrial hygiene,
disaster management, global health and dietetics).

Course offerings for continuing education and workforce development annually reach more than 30,000
students. For the most part, continuing education credit (CME/CEU) are granted through the University
of Alabama in Birmingham. The school’s continuing education courses meet the standards of professional
organizations that provide continuing education credits. The OPHP offers courses that are approved for
credits in the following areas: Continuing Medical Education (CME), American Board of Industrial Hygiene
(ABIH). The school’s Office of Public Health Practice (OPHP) submits continuing education applications
for the other disciplines directly to the organization responsible for approving the credits, e.g., Alabama
Board of Nursing (ABN CEU) Alabama State Nursing Association (ASNA CEU).

Workforce development programs are evaluated in several ways including registration data, tests and
student course evaluations. Registration data includes standard demographic data, detailed information
on education and job history, job setting, primary job duty and work sector. Student evaluation of training
effectiveness includes evaluations on the value of printed and audio/visual materials, facilities, activities,
equipment, tests, coverage of state and federal regulations and the overall quality of the course.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. At the time of the site visit, there were 102 faculty with appropriate expertise for
their respective disciplines. Most descriptive information related to the faculty complement of 99 available
in 2008-2009. At this time, the faculty complement included 42 tenured, 24 tenure track, 19 clinical and
14 research faculty. The school also reports 40 adjunct teaching faculty over the three year period 2007-
2010. The additional faculty added in 2009-2010 includes two department chairs.

All faculty members are adequately qualified, in terms of academic preparation and professional
experience, to teach the courses in their respective fields. Faculty members come from many disciplines
and universities and bring a breadth and depth of experience and expertise in all aspects of public health.
The school reports three faculty tracks: tenured/tenure-track, research and clinical; the latter two are not
eligible for tenure. There is an appropriate mix of faculty ranks and classifications. Partially in response
to changes at the higher administrative levels, the school has recently approved a new appointment, tenure and promotion document that addresses the policies and procedures for all three tracks. Tenured and tenure-track faculty must participate in teaching, research and service activities. Clinical faculty must participate primarily in teaching and service activities, and community based research is encouraged. Research faculty must be highly productive in research activities.

Approximately half of the faculty have a masters or doctoral degree in a public health discipline or from a school of public health. Only three faculty, all in the clinical track, do not have a doctoral degree. The self-study reports that 80% of the faculty have public health practice experience, but this descriptor utilizes a broad catchment that includes activities such as grant and journal reviewer. Virtually all the faculty report some professional service activities. Just over half the faculty published at least one manuscript in 2008 and were engaged in funded research in the past two to three years; over 60% were involved in community-based research. Global health is a key component of the school’s mission and is reflected in the relatively large number of international faculty.

Currently the school reports a relatively small number of adjunct teaching faculty. After Katrina, contracts with all part-time faculty were terminated as a cost-savings measure, although some have been replaced more recently. Preceptors also play an important role in the education of students in that they are formally involved in the evaluation of student competencies.

The school lost 35 faculty members during or after Katrina for a variety of reasons, and about half of the vacancies have been filled since that time. The school has set the ambitious goal of 125 faculty by 2013. These positions are being searched strategically across the seven departments and the three faculty tracks. The school has taken advantage of the ability to move appropriate clinical faculty into tenure-track positions.

4.2 Faculty Policies and Procedures.

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

This criterion is met. Policies and procedures that govern faculty appointments are contained in the Tulane Faculty Handbook, last updated in December 2009. The comprehensive handbook covers the full complement of faculty issues including general administrative issues, employment, professional development, compensation, grades, curriculum and facilities.

The school has a comprehensive policy statement on faculty appointment, promotion and tenure, revised in January 2010. This document, in the context of university procedures described in the Tulane Faculty Handbook, provides school policies and procedures and department criteria for appointment, promotion
and tenure with the three faculty tracks. The criteria for all three tracks document requirements for teaching, research and service. The criteria are explicit, specifying, for example, minimum numbers of publications and presentations, levels of funding for salary support, and number of student committees.

Each department chair conducts an annual review of all faculty members, in the context of progress toward criteria for tenure and/or the next promotion. Every new faculty member completes a three-year plan during the final stages of recruitment and early weeks at Tulane. Progress as recommended in this document becomes the basis of the early annual reviews and the third-year review. Junior faculty members each have at least one senior faculty mentor. Generally the mentor relationship is informal and based on common interests. Faculty members of all ranks report that its implementation and effectiveness is variable across departments. Most faculty have some start up funds for research and typically have a lighter teaching load for the first two years.

Faculty development activities available for all faculty members include grant writing workshops, teaching workshops, Blackboard workshops, SPHTM annual advising workshop, travel to professional meetings, continuing education, professional practice, sabbatical leave and research and practice activities.

Tenured and tenure-track faculty are responsible for teaching, developing and carrying out research, and providing service to the community. Tenured and tenure-track faculty positions must be filled through a national competitive search. Faculty hired into tenure-track positions must have a doctoral degree in a field related to public health and demonstrate research capability. Clinical faculty have responsibilities for teaching, community service, and for integrating practice into the school’s curriculum and research agenda, especially community-based research. Appointments to clinical faculty positions require a regional search and consideration is given to the type of practice experience needed within the teaching programs. While the majority of clinical faculty have doctoral degrees, a few have masters degrees with extensive practice experience. This track allows SPHTM to incorporate practitioners within the faculty. Research faculty oversee major research programs and do not have major teaching responsibilities. Research faculty must hold a doctoral degree. Research faculty are supported on research funding and rank is based on research experience, productivity and accomplishments.

Each department has developed its own criteria for appointment, promotion and tenure (if applicable) for the three faculty tracks. Each set of criteria has explicit benchmarks for a positive third year review, tenure and/or promotion to associate professor and promotion to professor. Benchmarks include formal and informal teaching, publications, presentations, external funding, service to the academic community, community service, and professional service. To vote or make recommendations for tenure-track faculty, a faculty member must have tenure at the rank requested or higher. To vote or make recommendations for research and clinical faculty, a faculty member must have rank at or above that requested. At the
department level, all eligible faculty vote on tenure and promotion as applicable. This vote becomes a recommendation to the school Appointment, Promotion, and Tenure Committee. The committee votes and sends a recommendation to the Executive Committee and ultimately to the dean. Those involved can meet to discuss any discrepancies in the recommendations. The dean reviews all the materials to make a recommendation to the provost, who makes the final decision.

Students review all courses using a web-based student course evaluation. Faculty express appreciation for the rapid processing time before results are distributed but frustration at the low response rates compared to those for the earlier paper evaluations. Some departments have limited peer review of classroom teaching but this is not mandated or standardized across departments.

In the area of service, most faculty requirements relate to service in the academic community and professional service. Departments either do not mention community service (beyond professional consultation to local agencies) or state only that it is encouraged, despite the verbal reports of how much civic engagement and community outreach is valued and accomplished. Community service seems to be part of the culture of the Tulane SPHTM although it is not formally required in the faculty appointment, promotion and tenure process.

4.3 Faculty and Staff Diversity.

The school shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

This criterion is partially met. The core faculty (n=99) are primarily Caucasian (73%) and male (57%). Core male faculty are comprised of 41 Caucasians, three African Americans and 12 Pacific Islanders/Asians. Female faculty are comprised of 31 Caucasians, three African Americans, three Latinas and six Pacific Islander/Asians. The core and secondary faculty combined are 53% male and 78% Caucasian. The staff members are predominantly female (77%) and Caucasian (65%).

The site visit team commends the school’s effort to increase the number of women on the faculty, especially in senior rank and leadership positions. Substantial progress in this area has been made since the last site visit.

The concern relates to faculty recruitment and retention. While the number of Pacific Islanders/Asians has increased steadily, the number of African Americans on the faculty has decreased. Six African American faculty have left Tulane since Hurricane Katrina. While the storm was certainly an unprecedented event, retention apparently remains a critical challenge for the school. In addition, recruitment is difficult. For example, through an innovative arrangement between the department of environmental health sciences and Xavier University of Louisiana, the institutions attempted to recruit four
candidates for four shared faculty positions. Only two qualified African-American candidates (both female) were identified, despite utilizing the HBCU network. The two remaining positions were offered to white males. Ultimately two of these faculty members went to Xavier and two to Tulane (including one African American who recently was tenured and promoted to associate professor).

Site visitors queried faculty in several meetings about the diversity challenges and talked with university administrators about the issues. At the school level, faculty expressed concern and talked about the challenges of recruitment from a limited pool of applicants in a large competitive market in addition to the earlier difficulty of recruiting any candidates to New Orleans earlier in the recovery/renewal effort. However, none had tangible plans for how to recruit more effectively. There is a faculty taskforce on diversity, but the site visitors did not hear any specific assessments of how to make the SPHTM environment more welcoming; site visitors reviewed a report from this taskforce but saw no evidence of action steps since its completion. At the university level, the provost and president both said they are supportive of efforts to recruit and retain minority faculty, including responding to requests to support an unexpected opportunity hire.

4.4 Student Recruitment and Admissions.

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

This criterion is met. Tulane SPHTM attracts a strong and growing number of qualified applicants who are committed to public health, eager to learn and apply their public health knowledge to the challenges of a post-Katrina New Orleans and engage in significant global health work. Overall the university has bounced back in terms of enrollment post-Katrina and applicants are significantly up for the university and for SPHTM.

SPHTM attracts qualified applicants through a wide variety of methods. These procedures include brochures and other written materials, website and other Internet materials, APHA and other professional meetings, graduate and professional school recruitment fairs at universities, targeted recruitment at HBCUs, Masters Internationalist Collaboration with the US Peace Corps, promoting 4+1 BSPH/MPH degree with Tulane undergraduate students. Recent recruitment activities include advertising in Worldview Magazine, a US Peace Corps publication, and participating in career days, for example. In order to increase interest in the school, the Office of Admissions encourages personal contact with interested applicants and responds quickly and thoroughly to requests for information and assistance. Potential applicants are encouraged to meet with professors, staff, and students. Students also receive assistance with interpreting their financial aid packages from the SPHTM Office of Financial Aid.
During the site visit, it was apparent from direct comments and observations that the undergraduate public health program is an area of tremendous growth for SPHTM and will provide a valuable pipeline into graduate education. There was discussion during the site visit of potentially capping the enrollment of the undergraduate program to allow for proper alignment with resources. This could also provide to further enhance the quality of students attracted to this program by setting GPA or other types of admission criteria. The long standing relationships between SPHTM and the HBCU seems to be on the road to recovery five-years after Katrina and has the potential to further the school’s efforts to promote student diversity.

The acceptance rate for SPHTM is approximately 75-80%. Accepted students have qualifications that are at or above the requirements for admission to SPHTM. The admissions policies are well-defined and the SPHTM Office of Admissions manages and oversees the application and admissions process. The director of admissions reviews each application for completeness and minimal standards. Faculty from the different departments then review applications and determine if students meet qualifications based on department standards. The Admission Committee and the Doctoral Committee also provide additional review and input. SPHTM has a list of minimal standards/requirements set by the SPHTM for admission to the MS, MPH and for the ScD, DrPH and PhD degree programs. The application process for both masters and doctoral programs includes documentation that the student has the ability to succeed at SPHTM. For the masters programs, each department reviews applications and makes decisions based on the standards of the department, considering GPA, GRE scores, career goals and recommendations; students are admitted on a rolling admissions basis. For the doctoral programs, the department reviews the applicant for previous academic performance, GPA, GRE scores, career goals and recommendations and determines if there is a faculty member with enough expertise to be the student’s mentor.

Approximately 36% of accepted students enroll at SPHTM; for students who wish to attend SPHTM, insufficient scholarship funds is the main deterrent, but as noted in Criterion 4.5, the school is working to increase scholarships, particularly for minority students. A table included in the self-study provided quantitative information on applicants, acceptances, and new enrollments. SPHTM has had a steady increase in applicants recently; from 2007 to 2008 there was a 21% increase in applicants and new enrollments increased from 327 to 382. SPHTM’s objective is to bring the percent accepted to be in line with the average of other schools of public health, while increasing the percent accepted who enroll. Quantitative data on the distribution of students who enrolled in each program for the last three years is also provided in the self-study. SPHTM also identifies outcome measures by which the school may evaluate its success in enrolling a qualified student body and data regarding the performance of the school against those measures for each of the last three years.
SPHTM has up-to-date resources available including their academic calendar, catalog, information about the application process/admissions policies, grading policies, academic integrity standards, and degree completion requirements. The SPHTM website, contains the SPHTM's policies, procedures for admission and degree requirements.

4.5 Student Diversity.

Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

This criterion is met. SPHTM believes that diversity is essential to public health and welcomes individuals from a wide variety of backgrounds as members of the student body. The school has formal policies in place to provide equal opportunity to all, which includes plans to recruit, admit, and graduate students from underrepresented groups. A table in the self-study illustrates the applications, acceptances and enrollment of minority students for the last three years. About 48-50% of SPHTM applications are from white students in the US; about 25-29% are from US minority students and 20-25% from international students.

As a result of Hurricane Katrina, the stream of highly-qualified minority students, especially African Americans, to SPHTM was interrupted; efforts are underway to increase the number of minority students, particularly African Americans. Xavier University of Louisiana was a major source of African American public health students at Tulane and SPHTM is working on rebuilding this pipeline, which was interrupted as a result of Hurricane Katrina. SPHTM has special recruitment efforts in place in many venues, including career days at HBCUs. SPHTM is also actively working to raise and obtain funds for minority/disadvantaged students; finances are a major barrier to many students who wish to pursue graduate studies and grant funding has been shown to have a positive effect on these students' ability to obtain a masters or doctoral degree.

SPHTM is also interested in increasing the enrollment of groups other than African Americans, such as Hispanic students and international students. There is a high rate of cultural diversity at the school, which reflects Tulane’s mission for global public health: international students from 73 countries attend the school. The International Students Office supports international students at Tulane. Distance learning has also helped to increase the number of Native American students who attend SPHTM. Many of these students live in rural areas and may be reluctant to leave their home and culture for school. Minority students have also begun to be more involved in student government since the last accreditation and serve as role models and leaders for their under-represented peers and potential applicants, which also encourages more diverse students to attend SPHTM.
One of SPHTM’s objectives is to increase the percentage of minority graduate students to 30%; since the last self-study, the percentage of minority students has decreased. There are a number of measures that the school uses to track the characteristics and diversity among the student body. The percentage of minority students at SPHTM over the last three years has ranged from 29% to 32%, which includes 15-16% African Americans, 6-9% Asians, 4-5% Hispanics and 3% Native Americans. Approximately 48-50% of SPHTM applications are from white students in the US; approximately 29-32% from US minority students, and 20-25% from international students. The successful degree completion for minority students is high; nearly 95% of minority students complete their masters programs. It was observed and discussed during the site visit that doctoral education should be prioritized for further diversity initiatives which would strengthen the pipeline for the school and the field in terms of creating a great pool of faculty applicants from historically underrepresented US minorities.

4.6 Advising and Career Counseling.

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

This criterion is met. SPHTM has a systemic advising process in place for all entering students. During orientation, students meet individually with their advisors. The department chair is responsible for ensuring that each student has an advisor; students receive an advisor from the department in which they will matriculate and based on the career statement that they submitted as part of their application. Students may request to change advisor.

Students receive a model course plan for their major/track, which the student and the advisor may modify in order to better suit the needs of the student. Advisors must sign off on course plans before students register for courses; students will not be given their PIN number to access TUTOR, the online registration system, until they have met with their advisor. In the past, students were generally responsible for scheduling a meeting with their advisor at least once a semester before registration. Advisors should notify their advisees of times they are available to meet during preregistration. The advisor should contact the student if the student does not schedule a meeting. Advising sessions may occur by means of phone or email if the student finds this arrangement acceptable. Entering students are required to meet with their advisor in person during their first two semesters. Over the past three years, SPHTM has worked to make sure faculty are informed of changes and new degree requirements and is working on ways to better utilize technology in the advising process.

The school strives to maintain a culture that is open and welcoming to students and their opinions. For the last two accreditation site visits, improvement in the satisfaction of student advising was recommended; mechanisms are in place to review and monitor the effectiveness of the advising process and ensure the school is meeting the needs of the students. Student surveys administered in spring 2008
and 2009 show that there is still some improvement needed with faculty availability (in 2009, for all departments, 90% of students noted that advisors were available anytime/most of the time), but measures are being taken to improve availability and how frequently students meet with advisors (in 2009, for all departments, 77% of students reported consulting with their advisor one or more times a semester) by encouraging faculty to contact students with whom they have not spoken. A school-wide advising workshop was held in response to confusion about requirements as a result of Hurricane Katrina. Students' responses to the 2009 survey showed a slight increase in their understanding of requirements. The school, as well at the department level has been conducting workshops to train faculty of improved advising strategies. The site visit team observed that these workshops have been well received and provide legitimate hope that continued progress in this domain will continue.

The school is committed to meeting student’s career planning needs and provides career counseling to all students through the Career Services Center, which is open five days a week and staffed by a director with an MA in counseling. The center provides students with services for career development and placement; services provided by the center include individual student counseling, resume critiquing, workshops on placement skills, alumni speakers, employer visits and job fairs, a job listserv for students and alumni and online web pages with public health career information. The center has also launched a LinkedIn group for networking purposes. The Career Center also has an alumni career network of over 500 contacts for student networking and a career library with public health career information, placement directories, employer information, placement skills, information and lists of jobs, fellowships, and internships. The director of the Career Center has developed a large network of employers who send job opportunities to SPHTM for students. All affiliates of the school can utilize the services of the career center.

According to student survey responses, of the students who utilize the Career Services Center, the majority (32%) are highly satisfied and report that the services are excellent; however, only about 50% of students report using the center. One of the reasons why many students are not utilizing the Career Center is because 70% of students who graduate report already having obtained a job or are going on to pursue additional education. It was also clear from the site visit that a fair amount of career advising was also taking place at the departmental level. This was deemed appropriate and encouraged as a way to reach a variety of student demographics at the school. Faculty advisors also often serve as career counselors to students and provide career guidance, helping students to find jobs and access networks within their discipline.
Agenda
Council on Education for Public Health
Accreditation Site Visit
Tulane University
School of Public Health and Tropical Medicine
March 1-3, 2010

Monday, March 1, 2010

8:30 am  Meeting with Site Visit Coordinators
LuAnn White, Chair CEPH Steering Committee
Ann C. Anderson, Sr. Associate Dean
Discuss Agenda revisions; documents to be assembled

8:45 am  Review of Resource File

9:00 am  Meeting with School Administration
Pierre Buekens, Dean
Ann Anderson, Sr. Associate Dean
Tonette Krousel-Wood, Associate Dean, Graduate Medical Education and Associate Provost
Jeffery Johnson, Associate Dean, Admissions and Student Affairs
Susan Barrera, Assistant Dean, Finance
Fran Mather, Director, Academic Information Systems
LuAnn White, Chair CEPH Steering Committee

10:00 am  Travel to the Uptown Campus

10:30 am  Meeting with Tulane University President
Scott Cowen

11:00 am  Meeting with Tulane University Provost
Michael Bernstein

11:30 am  Meeting with Tulane University Senior Vice President for Operations and Chief Financial Officer,
Anthony P. Lorino

12:00 pm  Travel to Downtown Campus

12:30 pm  Lunch with Students
Laura DeBoer
Brad Waffa
Elizabeth McGehee
Ron Ikechi
Jay Colingham
Suzanne Zagury
Amina Ahmad
Marco Vincenti
Jamie Carpenter (Undergraduate PH)
Jiwon Bae (Undergraduate PH)
Ty Bryant
Tamara John
Deborah Barbeau

2:00 pm  Meeting Relating to Instructional Programs
Curriculum Committee:
AJ Englande, ENHS
Jeanette Gustat, Chair, EPID
3:00 pm  Jeanette Magnus, Chair CHSC  
         John Lefante, Chair BIOS  
         Maureen Lichtveld, Chair ENHS  
         Lydia Bazzano, EPID  
         Dominique Meekers, Chair INHL  
         Jane Bertrand, Chair HSMG  
         Nirbhay Kumar, Chair TRMD  
         Richard Oberhelman, TRMD  
         Tonette Krousel-Wood MD/MPH  
         LuAnn White, Distance Learning  
         Ted Chen, TAEL  
         Mahmud Khan, TAEL  
         Latha Rajan, Undergraduate Programs  

4:00 pm  Review Resource File  

5:00 pm  Adjourn for the Day  

Tuesday March 2, 2010  

8:30 am  Meeting with Doctoral Committee  
         Chuck Miller, Chair, ENHS  
         Thom Eisele, INHL  
         Dawn Wesson, TRMD  
         Gretchen Clum, CHSC  
         Mark Diana, HSMG  
         Janet Rice, BIOS  
         Emily Harville, EPID  

         Claudia Campbell, HSMG, e-ScD  
         Paul Hutchinson, INHL  
         Patty Kissinger, EPID  

         Jocelyn Lewis, Student  
         Angela Thompson, Student  
         Brad Hawkins, Student  

9:30 am  Meeting Relating to Student Services  
         Jeffery Johnson, Associate Dean for Admissions  
         Penny Jessop, Faculty INHL  
         Susan Hassig, Faculty EPID  
         Dan Kuras, Admissions Staff  
         Chris Lane, UPHS Program Manager  
         Erica Geary, Staff EHS  
         Rosie Chavez, Staff TRMD  
         Roseanna Rabalais, Staff INHL  
         Zarie Hodges, Staff CHS  
         Kathy Ball, Director Career Counseling  
         Mark Diana, MHA Internships  
         Maya Begalieva, MPH Internships  

Paul Hutchinson, INHL  
Lizheng Shi, HSMG  
Aubrey Spriggs, CHSC  
Arti Shankar, BIOS  
Young Hong, TRMD  
Felicia Rabito, EPID  
Jay Colingham, Student  
Ronald Iikech, Student  
Carolyn Johnson, CHSC  
Assaf Abdelghani, Undergraduate Programs  
Paula Furr, Staff  
Tonette Krousel-Wood MD/MPH  
LuAnn White, Distance Learning  
Ted Chen, TAEL  
Mahmud Khan, TAEL  
Latha Rajan, Undergraduate Programs  

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10:30 am  Break

10:45 am  Meeting Relating to Research
Carl Kendall, INHL
Jiang He, EPID
Xu Xiong, EPID
Diego Rose, CHS
Lizheng Shi, HSMG
Dawn Wesson, TRMD
Richard Oberhelman, TRMD
Prescott Deininger, EPID, Director Cancer Center
Larry Webber, BIOS, Chair Research Council
Faye Grimsley, EHS, Research Council
Megan Gatski, Student
Jinan Liu, Student
Jocelyn Lewis, Student
Brady Skaggs, Student
Cara Joyce, Student

12:15 pm  Working Lunch
Faculty Assembly and Promotion and Tenure

Officers of the General Faculty:
Mark Wiser, Chair
Felicia Rabito, Vice Chair
Joe Keating, Secretary
Paul Hutchinson, Senior Senator

Personnel and Honors Committee:
Mark James, Chair, TRMD
Patty Kissinger, EPID
Hugh Long, HSMG
Roy Rando, ENHS
Diego Rose, CHSC
Mark VanLandingham, INHL
Larry Webber, BIOS

Ted Chen, Chair, Faculty Diversity Workgroup
Mai Do, Faculty Diversity Workgroup
Ken Orie, Clinical Faculty

1:30 pm  Meeting Relating to Service
LuAnn White, ENHS
Jeanette Magnus, CHSC
Diego Rose, CHSC
Stacy Gage, INLH
Felicia Rabito, EPID
Marco Vincenti, President Student Government Association
John Marmion, Student
Alex Friend, Student Undergrad PH
Lisa Wiggleton, Student
Courtney Southard, Student
Sarah Szubowicz, Student
Joelle Brown, Student

2:15 pm  Meeting Relating to Workforce Development
Ann Anderson, Sr. Associate Dean
Tom Augustson, Dean’s Office
Maya Begalieva, CHSC
Joseph Contiguglia, ENHS
Frederique Jacquieroz, TRMD
Jeanette Magnus, Chair CHSC
Shokufeh Ramirez, CHS
Richard Oberhelman, TRMD
TJ Stranova, HSMG
LuAnn White, ENHS

3:00 pm      Break
3:15 pm      Review Resource File
4:00 pm      Meeting with Alumni, Community Representatives, Employers of Graduates, Preceptors
James Miller, PhD, President, Dean’s Advisory Board
Sally Knight, DrPH, Member, Dean’s Advisory Board, Member SPHTM  Alumni Board
Juan Gershank, MD, Member, Dean’s Advisory Board
Joseph D. Kimbrell, Chief Executive Officer, Louisiana Public Health Institute (LPHI)
Lisanne Brown, PhD, Director, Division of Evaluation, LPHI
Luanne S. Francis, Executive Director, New Orleans Faith Health Alliance
Antor Ndep, Executive Director, Common Ground Health Clinic
Lisa Longfellow, STD Program Manager, Louisiana Office of Public Health
Joan Wightkin, DrPH, Louisiana Office of Public Health
Sambe Duale, MD, Tulane Faculty, Academy for Educational Development.
Gary Boillotat, Health Systems Consultant
Stacey Cunningham, Assistant Director of the Mary Amelia Douglas White Community Women’s Health Education Center
Matt Kallmyer, Deputy Director, Office of Homeland Security & Emergency Preparedness, City of New Orleans
Sarah Mack, Alumna
Frances Ventress, Franklin Ave. Baptist Church

5:00 pm      Adjourn for the Day

Wednesday March 3, 2010

8:30 am      Open.  Special Meetings as Requested by Team
11:30 am    Working Lunch in Executive Session
1:00 pm        Exit Interview
            Pierre Buekens, Dean
            Ann Anderson, Sr. Associate Dean
            Jeffery Johnson, Associate Dean, Admissions and Student Affairs
            Susan Barrera, Assistant Dean, Finance
            Fran Mather, Director, Academic Information Systems
            LuAnn White, Chair CEPH Steering Committee