UNIVERSITY OF NEVADA, LAS VEGAS

Program Review Self-Study

Program Reviewed: Public Health

Degrees: Ph.D.

Program Chair or Director:

Dean: Dr. Shawn Gerstenberger

Date of Report:
I. Program Description

A. College/Department/Program
1. College or School: School of Public Health
2. Unit: Web Address: https://www.unlv.edu/publichealth
3. Program being reviewed: Public Health
   a) Degrees and their abbreviations: Ph.D.

B. Primary individual completing this worksheet
1. Name: Vivian Surwill
2. Title: Director of Assessment
3. Date of self-study:
4. Campus phone number: 702-895-5457
5. Mail stop: 3063
6. E-mail: Vivian.surwill@unlv.edu
7. Fax number: 702-895-5184

C. Other faculty involved in writing this report:

D. Catalog Description
Please insert the most recent catalog description(s) of the program(s). Due to display complications, the description must be typed into this form and not pasted from the catalog.

The School of Public Health at UNLV is pleased to offer a doctoral program (Ph.D.) in Public Health. The Ph.D. in Public Health is designed to prepare students for careers in which advanced analytical and conceptual capabilities are required, such as university teaching, research, consulting, policy development or other high-level positions. The curriculum provides a comprehensive and interdisciplinary examination of topics and experiences necessary to produce graduates who are ready to secure employment in the public health arena.

The Ph.D. in Public Health at UNLV offers four areas of concentration:
Global and Environmental Health
Epidemiology and Biostatistics
Social and Behavioral Health
Health Service Management and Policy

The specific goal of the program is to train exceptional researchers and professionals who will advance the field of Public Health and meet the needs of the profession and society. To achieve this goal, the program will address the learning objectives stated below as outcomes upon completion of the Ph.D.

1. Is this description correct? If not, what needs to be changed? Yes
II. Centrality to Mission
   A. Department/Program Mission
   What is the program’s mission statement (or the department’s if the program does not have one)?

   At the School of Public Health, we aim to advance the science of public health, improve quality of life, and eliminate health disparities for our communities, the nation, and the world.

   B. Department/Program Mission Alignment
   Briefly describe how this program is aligned to the mission of the University as described in the most recent mission statement, UNLV Mission https://www.unlv.edu/toptier/vision, and how it supports achievement of the institution’s mission:

   The SCHS has worked collaboratively to develop a clear vision and mission for our school. Our vision is to be a vibrant center of excellence for public health teaching, research, and community action, and to be a magnet for state, national, and international students. Our mission is to provide quality education, research, service, and leadership to improve public health and quality of life, and to eliminate health disparities.

   The SCHS has a well-established strategic plan that was completed in 2015 with an expiry of 2018. At the center of this plan are acquiring and maintaining accreditation in our undergraduate and graduate programs in Public Health and Health Care Administration, which directly aligns us with the overarching UNLV Top Tier efforts (see UNLV Top Tier Website for details - https://www.unlv.edu/toptier).

   Specifically, our major three-year strategic goal was to become the first accredited School of Public Health in Nevada, establish the first CAHME accredited Health Care Administration program in Nevada, and maintain, grow, and improve our AUPHA accredited undergraduate Health Care Administration degree. To accomplish the three-year goal, we began by creating an integrated strategic plan focused on four SCHS specific strategies for success: 1) Leadership in Public Health and Health Care Management and Policy Education; 2) Strong Foundation for Research, Policy, and Practice; 3) Collaborative Relationships; and 4) Multilevel Accountability. For each of the four strategies for success, we also have identified objectives, action steps, and assessment criteria that are collected by the faculty, staff, students, and university to evaluate our progress systematically in each area. Internal policies, procedures, and guidelines are created and modified to reflect and reinforce the strategic planning process, and to create clear expectations and regular feedback to ensure we are on track to accomplish these tasks.

   To engage all stakeholders in this process, we hold a weekly assessment/accreditation meeting to be sure all data are being collected and analyzed. Similarly, we hold an annual assessment/accreditation meeting where all faculty, staff, and students summarize the various data collected on our programs in a public forum and identify the strengths, weaknesses, and recommendations for improvement. Biennially, we also hold an Assessment Summit where critical information regarding our programs is collected, evaluated, and discussed by faculty, staff, students, alumni, community partners, preceptors, and research collaborators. These efforts, in combination with several others within the school, are then used to prioritize our efforts and resources for the next year. To focus these discussions and decisions, the goals listed above are explicated here:

   Leadership in Public Health and Health Care Management and Policy Education Goals
   1. Offer coursework that teaches required competencies for public health and health care workforce professionals at all levels and that meet/exceed the criteria for accreditation by relevant entities.
   2. Offer a variety of programs and services that support student recruitment, retention, progression, and graduation.
3. Build faculty with diverse skills and backgrounds in the five core areas.

Strong Foundation for Research, Policy, and Practice Goals
1. Increase impactful extramurally funded research through public and private sources.
2. Provide unique opportunities for graduate students and junior faculty to participate in public health research and real-world practice opportunities.
3. Expand and enhance the ability to access health data sources for collection, analysis, and reporting by centers, research faculty, and students

Collaborative Relationships Goals
1. Promote and support active participation in University service including department, school, and Division of Health Sciences (DHS).
2. Promote and support active participation in Community service.
3. Establish and support Professional partnerships.
4. Establish and support Community partnerships.
5. Establish and support Donor partnerships

Multilevel Accountability Goals
1. Assessment - Establish and support a diverse complement of faculty and staff sufficient to meet the needs of students and accreditation requirements
2. Infrastructure - Build a strong infrastructure to support the needs of students, faculty, centers, laboratories, and partners
3. Accreditation – Establish a process for identifying, collecting, and documenting needed information for new and continuing accreditation applications

All accreditation goals in the 2015 strategic plan were attained. The AUPHA accredited undergraduate Health Care Administration degree was reaccredited in October of 2017 and the graduate Health Care Administration program (MHA) was accredited in May of 2018. The new Executive Master of Health Care Administration (EMHA) was accredited by CAHME in October of 2018. The entire school was accredited the CEPH in November of 2018, making the SCHS the only School of Public Health in Nevada. In December of 2018, a new strategic plan was developed and approved by the school that reflects these accomplishments.

C. Core Themes
Briefly describe how this program supports UNLV’s Core Themes (the core themes can be found at: https://www.unlv.edu/provost/nwccu/core-themes):

Core Theme 1: Advance Student Achievement:

As part of the SCHS, the BSPH program has many measures of student success that are evaluated as part of an iterative assessment cycle. The SCHS Dean’s office and designated program courses facilitate many surveys in order to measure student and alumni achievements. The Student Engagement, Assessment, Research, and Development (SEARD) survey, SCHS Biennial Academic Summit, program exit survey, and annual alumni survey are a few of these measures. The SEARD survey is given to current students on the first day of class and measures their scholarly activity if applicable, their employment status, as well as information pertaining to why UNLV was their top choice. These measures are collected throughout the academic year and presented at an annual assessment meeting each spring.

Core Theme 2: Promote Research, Scholarship, Creative Activity
The BSPH program supports this core theme by promoting research among undergraduate students, faculty publications and presentations, and grants. Senior public health students can become active members of faculty-led research projects through the pre-GA program. Faculty in this program are active in the public health field and participate in local and national organizations along with students. Productivity among faculty is directed by the workload policy which allows for a reduced teaching load in order to increase scholarship and grants. As reported in the recent accreditation self-study, SCHS faculty are productive and further the field of public health with their efforts (see below).

Core Theme 3: Create an Academic Health Center

Public Health is an integral part of the Academic Health Center as community health and community engagement geared toward collaboration are a core objective of the Academic Health Center. The BSPH program support of the Academic Health Center comes from producing qualified students in the field of public health that will either contribute to the work force, participate in community service, or continue their education. While BSPH students are also introduced to community service through activities hosted by student clubs and local organizations such as the Nevada Public Health Association (NPHA), students are asked to work collaboratively throughout their program, culminating with their capstone project.

Core Theme 4: Foster Community Partnerships

The BSPH program works with community partners and student clubs to build a culture of service and collaboration. Capstone projects are often internships within the community and facilitating projects that are necessary. The SCHS Executive Director of Community Partnerships, regularly interfaces with the community to establish partnerships that benefit not only BSPH students, but the entire university. A new course has been approved and will be offered for the first time in the spring of 2019, which includes expanding student contact with community agencies.

D. Excellence

List and briefly describe five highlights or areas of excellence of the program:
1. The program has recently participated in a Council on Education for Public Health (CEPH) accreditation site visit as part of the accreditation efforts to become a school of public health. UNLV successfully achieved its accreditation as a School of Public Health in November 2018 until 2023.
2. A chapter of the UNLV Alumni Association was approved as well as the Public Health Student Association.
3. Delta Omega, the Public Health Honor Society, Delta Theta chapter was established at UNLV in 2016.

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### Outcome Measures for SCHS Faculty Research and Scholarly Activities

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of articles published in peer-reviewed journals</td>
<td>60</td>
<td>60</td>
<td>101</td>
<td>64</td>
</tr>
<tr>
<td>Number of citation references</td>
<td>120</td>
<td>NA</td>
<td>143</td>
<td>134</td>
</tr>
<tr>
<td>Total research funding</td>
<td>$6,000,000</td>
<td>$9,681,529</td>
<td>$5,152,034</td>
<td>$6,604,427</td>
</tr>
</tbody>
</table>
4. Spring 2019 outstanding graduate and 2019 Regent’s scholar award Saruna Ghimire graduated from the program and accepted a prestigious faculty position.
5. All PhD graduates have gone on to secure academic positions in the public health sector.

III. External Demand for Program

A. Stakeholders

1. Who are the main local and regional stakeholders of your educational programs, i.e., employers and entities benefiting from these programs, hiring the graduates, or admitting them to graduate and/or professional programs?

The SCHS has a Public Health Advisory Board, which is made up of community leaders and students. The purpose of the Public Health Advisory Board is to enhance the SCHS’s position in its community by serving as an advocate for SCHS to the community, providing feedback from the community to SCHS and serving as an unbiased sounding board. The Public Health Advisory Board also provides advice on issues facing SCHS. Members are also available for consultation with SCHS administration, provide feedback on degree programs, facilitate placement of students in internships, research and other activities, and help identify areas of critical community health needs and communicate these needs to SCHS. Advisory Board members are members of the community who are willing to use their influence and contacts to benefit SCHS by introducing interested parties to SCHS and fostering relationships.

The unit’s constituencies include everyone from students, public health officials, and members of the public. Community health is something that influences every person. Other constituencies include the BSPH accrediting body, the Council for Education in Public Health (CEPH). This accrediting body is the gold standard in the field of public health. Organizations that host interns and hire our graduates include:

- Aid for AIDS of Nevada (AFAN)
- American Cancer Society Cancer Action Network Nevada
- American Heart Association, Las Vegas Division
- American Lung Association
- Battle Born Progress
- Centennial Hills Hospital
- Cleveland Clinic Lou Ruvo Center for Brain Health
- Delta Academy (The)
- Desert Springs Hospital
- Environmental Protection Agency (EPA)
- Fundamental - Horizon Specialty Hospital
- Girls on the run
- Guinn Center for Policy Priorities
- Green our Planet
- HCP Davita
- Health Plan of Nevada, Inc. (United Healthcare)
- Henderson Fire and Rescue Department
- Immunize Nevada
- Iora Health, dba. Culinary Extra Clinic
- Las Vegas CHIPs (Southern Nevada CHIPs)
- Las Vegas Fire and Rescue
- Las Vegas Urban League
- Lucine Biotechnology, Inc.
- Moonridge Group
Mountain View Hospital  
MWH Americas, Inc.  
Nathan Adelson Hospice  
National Environmental Health Association  
Navy Environmental and Preventive Medicine Unit FIVE  
Nellis AFB, Epidemiology  
Nevada AIDS Research and Education Society (NARES)  
Nevada Senior Services  
Nevada Rural Hospital Partners  
Nevada Senior Services Inc.  
Nevada State Health Division  
Nevada Division of Public and Behavioral Health  
Positively Kids (Foundation for) - Neopediatrics Clinic  
Safe Routes to School, CCSD  
Saint Rose Dominican Hospitals (Dignity Health)  
Sletten Companies, Divisional VP Safety/Environmental  
Southern Nevada Adult Mental Health Services, Division of the Dept. of Health and Human Services  
Southern Nevada Health District  
Southwest Medical Associates  
Summerlin Hospital  
Sunrise Hospital  
Optum/Collaborative Care Services.  
Regional Transportation Commission  
SWCA Environmental Consultants  
The Gay and Lesbian Community Center of Southern Nevada  
Three Square Food Bank  
Trac-B Exchange  
UHS, Inc.  
University of Nevada, School of Medicine, Dept. of Emergency Medicine  
University Medical Center of Southern Nevada (UMC)  
Valley Health System  
Veterans Administration of Southern Nevada Healthcare System  
Volunteers in Medicine of Southern Nevada  
Zero Level Fitness and Wellness - McCarran

2. What are specific stakeholder needs for graduates?

Stakeholder needs include proficiency in program competencies as well as skills such as communication, problem solving, critical thinking, multicultural awareness, and ethics. These qualities are covered systematically in the students’ coursework.

At the 2018 summit, stakeholders provided input into needs such as post-graduation professional development, community engagement, mentorship, and communication. Since the summit, a joint mentorship program with the Nevada Public Health Association has been launched and a new director of communication has been hired. The director of communication will work with the director of community partnerships to ensure students and community members alike are aware of SCHS opportunities for community engagement and professional development meeting the needs of the community stakeholders.

B. Needs for Graduates and Future Plans
1. What are the anticipated needs for program graduates over the next 3-5 years? Please cite sources of information.

SCHS annual alumni survey requests that alumni rate how their degree helped them in finding new employment or progressing at their current employment indicating the impact their education and competencies had on post-graduation employment. Response rates for the 2018 alumni survey varied greatly between undergraduate and graduate programs with 7% and 28% respectively. The assessment was done a 1-to-10 scale, with 10 being the highest ranking. Students rated the usefulness of their degree in improving their employment, with average scores ranging from 4.7 in the undergraduate Health Care Administration and Policy program to 10 in the PhD program.

The 2018 SCHS Academic Assessment Summit asks community members, alumni, faculty, students, and staff to identify needs of all SCHS programs. There were 69 participants, many of whom were able to identify multiple roles with the SCHS, including 26 faculty members, 18 alumni, 15 students, 17 community partners, 12 staff members, and 10 UNLV partners. A portion of the summit was dedicated to examining the needs of the community for graduates including professional development opportunities. In the concluding survey, over 86% of participants, rated identified professional development needs as well or very well. These needs, including more professional development and specific public health skills, were documented at the summit.

2. What changes to the program will those require?

New improved methods of survey delivery and tracking was implemented in order to improve the rate of PhD students responding to the alumni survey. Text messaging and a mobile device friendly survey were implemented in order to reach more graduates. The results of this effort are not complete at this time.

Based on results of the 2018 summit, several changes were implemented. The PhD program received an overhaul so that all PhD graduates receive six core courses that cover the spectrum of public health along with their specialty track courses. The skills learned in these courses align with the needs of the community such as stronger statistics skills, data analysis skills, and community based research methods. Also, more professional development opportunities were presented to all SCHS students and faculty in conjunction with the UNLV coordinator of instructional development and research.

C. Success of Graduates

<table>
<thead>
<tr>
<th>Table B3.1c PhD Post-Graduation Outcomes</th>
<th>2013-2014 Number and percentage</th>
<th>2014-2015 Number and percentage</th>
<th>2015-2016 Number and percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>2 (100%)</td>
<td>5 (100%)</td>
<td>6 (86%)</td>
</tr>
<tr>
<td>Continuing education/training (not employed)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (14%)</td>
</tr>
<tr>
<td>Not seeking employment or not seeking additional education by choice</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Actively seeking employment or enrollment in further education</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Total</td>
<td>2 (100%)</td>
<td>5 (100%)</td>
<td>7 (100%)</td>
</tr>
</tbody>
</table>
The BSPH program was reconfigured in 2014 and students graduated with other degrees or changed their declared major to public health. There was no job placement tracking conducted in the past other than through alumni surveys. Alumni surveys have a notoriously low response rate so job placement data were unavailable. Currently, graduates are required to fill out an exit survey that asks for job placement information as well as graduates’ personal email addresses so that we can contact alumni in the future. We have also established an alumni association and will begin tracking job placement rates through that avenue as well.

MPH graduates work primarily in the public health field or go on to further their education. Job placement rates for MPH graduates are well above 80% if those continuing their education are considered (92%, 89%, and 86% for 2013-2016, respectively). The employment rates for PhD graduates is excellent as well (86%).

IV. Program Resources

A. Faculty Time

1. Faculty and GA Resources

<table>
<thead>
<tr>
<th>Table C2.1 Adequacy of Faculty Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>CONCENTRATION</td>
</tr>
<tr>
<td>Environmental and Occupational Health</td>
</tr>
<tr>
<td>MPH</td>
</tr>
<tr>
<td>PhD</td>
</tr>
<tr>
<td>BSPH</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Epidemiology and Biostatistics</td>
</tr>
<tr>
<td>MPH</td>
</tr>
<tr>
<td>PhD</td>
</tr>
<tr>
<td>BSPH</td>
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<td></td>
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<td></td>
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<tr>
<td>Social and Behavioral Health</td>
</tr>
<tr>
<td>MPH</td>
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<tr>
<td>PhD</td>
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<tr>
<td>BSPH</td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Health Care Administration and Policy</td>
</tr>
<tr>
<td>MPH, MHA, EMHA</td>
</tr>
<tr>
<td>HCAP</td>
</tr>
<tr>
<td>PhD</td>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

Totals:
2. For other non-major courses – e.g., upper division for the college or university, estimate the unit’s resources allocated to them: NA

B. Budget
1. Please fill in the table with three years of financial expenditures to be used to respond to questions 2 and 3 below.

<table>
<thead>
<tr>
<th>Budget category</th>
<th>FY 15–16</th>
<th>FY 16–17</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Operating (2101)</td>
<td>$706,396</td>
<td>$897,373</td>
</tr>
<tr>
<td>Student Fees</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Indirect Cost Recovery</td>
<td>$37,178</td>
<td>$73,631</td>
</tr>
<tr>
<td>Self-supporting</td>
<td>$67,484</td>
<td>$102,034</td>
</tr>
<tr>
<td>Total Allocations</td>
<td>$811,058</td>
<td>$1,074,157</td>
</tr>
</tbody>
</table>

2. Are these resources sufficient to meet the degree program’s instructional and scholarship needs?

The budget has been sufficient in the past but due to an increase in student enrollment, increased sections of courses, equipment, and supplies. An increase in the budget will be necessary to ensure program efficiency and to meet the expected surge in enrollment because UNLV is the only CEPH accredited School of Public Health in Nevada.

3. If not, approximately what line items and amounts would be needed?

For optimal program efficiency and considering the expected growth as the only accredited School of Public Health in Nevada, twice the budget that is currently in place would be necessary. An increased budget for faculty hiring would be most beneficial as increased sections of the second year seminar and increased enrollment overall has forced increased class sizes and redirecting of faculty resources from program core classes. More program dedicated faculty need to be hired including tenure track positions, Faculty-in-Residence Positions and Part-time instructors.

C. General Education
1. If your program or unit offers General Education courses, please estimate what portion of the unit’s resources are allocated to this area:

   NA

2. Does the combined load from A and B above affect your unit’s ability to offer courses for its major? If so, please describe:

   NA
D. Other Funding and Resources

1. Is funding from other sources sufficient to assist the program in achieving its outcomes? Other sources to be considered include: differential tuition, grants and contracts, endowment income, and one-time gifts for student scholarships, other one-time gifts.

Funding from other sources are not sufficient to assist the program in achieving its outcomes.

2. If not, which funding streams could most reasonably be increased to help the program attain its outcomes?

Additional state funding is needed for staff and various faculty positions. Additional philanthropy is needed for more student scholarships.

3. Has any new donor revenue been generated since the last program review?

4. Has the unit engaged in fundraising activities to support the program over the last 5 years? If no, please explain why not:

Yes. The Dean, Department Chairs, Center Directors, and key faculty are constantly engaged in major gift solicitation strategies and asks to support our efforts in becoming a first choice school of public health while continuing to advance crucial research projects. The vast majority of these efforts are made using face to face fundraising techniques and special events are used to increase our likely donor pool. The School also maintains the single most successful employee giving campaign in the history of UNLV. All of these funds are directed at the interest of the donor.

5. What has been the result of these fundraising activities?

These efforts have produced an increase in direct support by 1,605% and the enrollment of 390% more donors in 2015, which has been followed by an annual gain thereafter of 2.9% year after year through the end of 2018.

6. Review the space data for your department and comment on its amount and quality. These data will need to be accessed by an individual with Archibus® access.

The majority of the SCHS faculty and staff are located in the Rod Lee Bigelow Health Sciences Building (BHS) and White Hall Annex Building 1 (WHA1). The SCHS shares BHS with the School of Allied Health Sciences and the School of Nursing. Overall, the SCHS occupies over 18,000 square feet of space on campus in eight different buildings.

Office and classroom space shortages have become critical for the SCHS. The growth of SCHS has compounded facility shortages. The SCHS has faculty and staff in eight different locations on campus. Some of the locations are due to dual appointments but most are due to space limitations. A critical mass of SCHS core staff are located in BHS with the administration. Due to the growth in student enrollment at UNLV, classroom space can be a premium depending on the time that the class is offered. The school has five face-to-face programs which use space at all times of day including evenings and Fridays. This can create scheduling challenges for students who take classes at specific times (e.g., evening classes only). Students who take classes primarily during the daytime are not affected by this issue. The space issue does not affect instruction, but can affect students who need to
visit faculty office hours when offices are scattered across the campus. To date the SCHS has been able to provide space and resources, including technology and computer lab classrooms, to meet the needs of students, but as we grow this may be an issue.

7. Is the quality and quantity of available consumable materials and supplies (e.g., office supplies or lab supplies) adequate and if not, explain why not:
   
The quality and quantity of available consumable materials and supplies are sufficient.

8. Is the quality and quantity of available technology resources, such as computers adequate and if not, explain why not:
   
The quality and quantity of available technology resources are sufficient.

9. Is the quality and quantity of available equipment (other than computing) adequate and if not, explain why not:
   
The quality and quantity of equipment resources are sufficient.

10. Is the quality and quantity of available library and information resources adequate and if not, explain why not:
    
The quality and quantity of available library and information resources are sufficient.

11. Staffing
   a) Are available department staff resources sufficient to attain the program’s outcomes?
      
The SCHS has eight full time staff members that support school efforts including the Business Manager/Dean’s Assistant, four Administrative Assistants, a Director of Assessment, a Director of Communications, a Director of Development, and an Executive Director of Community Partnerships. Current SCHS staffing is consistent with its needs and therefore strong. By increasing our administrative staff, it has considerably aided in the everyday efficiency of the SCHS. Specialized administrative staff have been able to accomplish tasks that were previously parsed out to administrative assistants, faculty, and administrators. Two student workers assist the administrative staff of the SCHS. A student worker provides assistance to the undergraduate and graduate coordinators of the SCHS. A comprehensive review of staffing needs should be conducted because of the expected surge in applications and admissions since we received CEPH accreditation as a School of Public Health.

   b) If not, what additional staff resources are needed and how would they be funded?
      
      Additional staff resources could include a state funded pre-post award position to assist with grants for the SCHS.

12. Additional comments:

V. Size of Program
1. Below are headcount, course enrollment, and degrees conferred data from Decision Support.

Enrollment Data
### Table Intro 1b Enrollment Data

<table>
<thead>
<tr>
<th>Degree</th>
<th>Current Enrollment (2017-2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master's</td>
<td></td>
</tr>
<tr>
<td>MPH</td>
<td></td>
</tr>
<tr>
<td>Environmental and Occupational Health</td>
<td>20</td>
</tr>
<tr>
<td>Epidemiology and Biostatistics</td>
<td>23</td>
</tr>
<tr>
<td>Health Care Administration and Policy</td>
<td>10</td>
</tr>
<tr>
<td>Social and Behavioral Health</td>
<td>11</td>
</tr>
<tr>
<td>All remaining Master's degrees</td>
<td></td>
</tr>
<tr>
<td>Master of Health Care Administration</td>
<td>32</td>
</tr>
<tr>
<td>Executive Master of Health Care Administration</td>
<td>22</td>
</tr>
<tr>
<td>Doctoral</td>
<td></td>
</tr>
<tr>
<td>Academic public health doctoral (PhD)</td>
<td></td>
</tr>
<tr>
<td>Global and Environmental Health</td>
<td>7</td>
</tr>
<tr>
<td>Epidemiology and Biostatistics</td>
<td>6</td>
</tr>
<tr>
<td>Health Service Management and Policy</td>
<td>2</td>
</tr>
<tr>
<td>Social and Behavioral Health</td>
<td>10</td>
</tr>
<tr>
<td>Bachelor's</td>
<td>BS Public Health</td>
</tr>
<tr>
<td>All remaining bachelor's degrees (SPH)</td>
<td></td>
</tr>
<tr>
<td>BS Health Care Administration</td>
<td>136</td>
</tr>
</tbody>
</table>

2. Discuss the headcounts from the last five years, i.e., are the trends in line with projections in your unit’s strategic plan?

On average, the SCHS has graduated over four PhD students annually since the degree’s inception. The expectations that we will double our PhD program comes with a steep cost. With the recent CEPH accreditation, we have received more applicants but staffing has prohibited growth. Just recently more faculty lines have been approved and when those positions are filled, we will be able to accept for PhD students.

3. If not, why not?

The major growth expected is reliant on faculty lines to support those students. These lines have recently been made available and once filled, the expectations of growth will be met.

4. Does your program’s enrollment trend differ from national trends?

Yes.

5. If yes, please discuss the reasons why:
The SCHS PhD program has grown steadily since its inception but with the recent CEPH accreditation and additional faculty resources, the growth should surpass that of national trends.

6. Additional comments:

VI. Retention, Progression, Completion

A. Major Course Offerings

1. Are enough courses offered to meet enrollment demands? Yes

2. How many major courses have been added or eliminated in the last 5 years? Yes
   
   ___3___Added   ___0___Eliminated

   This program has recently had major revisions. The number of dissertation credits was reduced from 24 to 21 beginning in the fall of 2018, and five new courses representing the four tracks have been approved as required courses for all PhD students. These, along with the doctoral seminar, will become the core required courses for all sub-plans of the PhD program. These courses will be offered beginning in the fall of 2018 and include:
   
   • HCA 791-Policy Analysis of Health Care Delivery and Financing
   • EOH 791-Implementation Science for Global Health
   • HED 791-Community Based Participatory Research Methods
   • EAB 791-Intermediate Biostatistics
   • EAB 756-Epidemiology and Research

3. Why were the actions taken?

   These actions were taken in order to ensure that all PhD students had a comprehensive public health foundation as well as skills necessary for conducting research, which is required of PhD students.

4. After reviewing the program, what additional actions should be taken to improve retention, progression and completion?

   Given the redesign of this program, students will be able to attain the foundational core prior to going into their specialty and conducting research, which will make conducting quality research more likely. Effective Fall 2018, there will be five core doctoral level courses required by all students as well as track specific requirements and electives. These new courses have gained approval and will be available for students beginning in the fall of 2018.

5. Are there any courses that students routinely have difficulty getting enrolled in, that slow progression and/or graduation? If so, please identify them:

   NA

6. If last question was answered yes, what steps can be taken to reduce “bottle-necks” in these courses. Please indicate both financially-based and non-financially-based solutions.

   NA

7. Can any changes in sequencing of courses be made to facilitate graduations?


An increase in faculty will help facilitate graduation as some of the tracks within the PhD are overwhelmed with advising duties. When new faculty are hired and available, this problem will be eliminated.

B. Curriculum

There are four tracks within the SCHS PhD program including Global and Environmental Health, Epidemiology and Biostatistics, Health Services Management and Policy, and Social and Behavioral Health. The PhD program is designed to prepare students for careers in which advanced analytical and conceptual capabilities are required, such as university teaching, research, consulting, policy development, or other high-level positions.

Curricular requirements for the four tracks or sub-plans in the PhD program are currently under revision. The number of dissertation credits will be reduced from 24 to 21 beginning in the fall of 2018, and five new courses representing the four tracks have been approved. These, along with the doctoral seminar, will become the core required courses for all sub-plans of the PhD program. These courses will be offered beginning in the fall of 2018 and include:

- HCA 791-Policy Analysis of Health Care Delivery and Financing
- EOH 791-Implementation Science for Global Health
- HED 791-Community Based Participatory Research Methods
- EAB 791-Intermediate Biostatistics
- EAB 756-Epidemiology and Research

These courses, along with the doctoral seminar, will be available to PhD students only, while other courses are available to masters and doctoral level students. Courses have clearly indicated requirements for doctoral level students that align with PhD track specific competencies. New degree sheets have been developed and can be seen in the electronic resource file along with the approved program change form and course syllabi.

C. Graduation Rates

Program graduation numbers and rates are summarized below.

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># Students entered</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students withdrew, dropped, etc.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students graduated</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students continuing at beginning of this school year (or # entering for newest cohort)</td>
<td>8</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students withdrew, dropped, etc.</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students graduated</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students continuing at beginning of this school year (or # entering for newest cohort)</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students withdrew, dropped, etc.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students graduated</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td>13%</td>
<td>33%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Program Review Self-Study
#### Academic Year 2018–19

<table>
<thead>
<tr>
<th>Year</th>
<th># Students continuing at beginning of school year (or # entering for newest cohort)</th>
<th># Students withdrew, dropped, etc.</th>
<th># Students graduated</th>
<th>Cumulative graduation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016</td>
<td>5 2 6 6</td>
<td>0 0 0 0</td>
<td>2 0 0 0</td>
<td>38% 33% 0% 0%</td>
</tr>
<tr>
<td>2016-2017</td>
<td>3 2 6 6 4</td>
<td>0 0 0 0 0</td>
<td>2 0 0 0 0</td>
<td>63% 33% 0% 0% 0%</td>
</tr>
<tr>
<td>2017-2018</td>
<td>1 2 6 6 4 *Only includes Summer and Fall 2017 graduates</td>
<td>0 0 0 0 0</td>
<td>0 1 1 0 0*</td>
<td>63% 66% 17% 0% 0% 0%</td>
</tr>
</tbody>
</table>

Using the data in the tables above, please answer the following questions:

1. Are trends in 6-year cohort graduation close to the University’s goals (UNLV’s undergrad goal is 50%)?

   The cumulative graduation rate for PhD students is 63% which is well above the UNLV goal of 50%.

2. If not, what is being done to reach the goal? NA

3. Discuss how and why the graduation rate is changing. NA

4. Additional comments:

### VII. Relationship to Other Programs

1. What relationship does your program have to other programs (e.g. articulation, transfers, collaborations, partnerships) in the NSHE system?

   The PhD program was initiated in 2008 in collaboration with the University of Nevada at Reno. While there is no formal memorandum of understanding, these programs were developed simultaneously. This collaboration allows students to be admitted into one university but take classes at the other school as a non-admitted student. Students are required to follow the course requirements for graduation and receive advising at their home university. If a student wanted to switch from one university to the other, they would need to apply, be formally accepted, and the transfer credits evaluated.

   The UNLV School of Community Health became a School of Public Health (SPH) in November 2018 by meeting or exceeding the accreditation requirements of the Council on Education for Public Health (CEPH). UNR’s School of Community Health Sciences is quite new and has not yet achieved that benchmark, thus the degrees were separated through NSHE Board of Regents approval.

2. What the relationship does this program have to other programs at UNLV (e.g., collaborations, partnerships, affiliated faculty, General Education requirements, etc.)?

3. Additional comments:
VIII. Impact

1. What impact has this program had or will have in the following areas:
   a) University

   The field of public health is very important to the university as the field fosters ideals that are meant to benefit the greater good for all humanity. Public health issues on college campuses should be in the forefront of the university’s agenda as students grow into adulthood, they need to be aware of public health issues and well informed on issues such as vaccinations, public safety, sexual health, and clean air, etc. This program, through the Public Health Student Association, seeks to make students more aware and include students in campaigns, community service events, and promote a healthy environment.

   The School of Community Health Sciences brings in approximately $5 million in grants annually to conduct public health research. There were over 180 journal articles and other intellectual contributions in 2017 as well as over 10,000 publication downloads where our research is being accessed from all over the world. These efforts align with the university’s top tier initiative.

   b) Community

   This program provides the community with a much needed skill set. Not only do our graduates work in vital community agencies such as the Southern Nevada Health District and in various non-profit agencies, our students work as interns learning the field providing a much needed resource for agencies while giving the student field experience. The school has over 70 community affiliation agreements with community partners which allow for student interns to gain experience in the field prior to graduation. Alumni hold much needed positions such as health educators, behavioral analysts, and medical scribes.

   As part of the School of Community Health Sciences, this program has access to four laboratories and four centers that are all public health focused. One center, the Nevada Institute for Children’s Research & Policy (NICRP), focuses on issues related to children in Nevada and has been in place for twenty years. Undergraduate students also participate in community based research through the capstone’s Pre-GA option.

   c) Field

   This program, as part of the School of Community Health Sciences, has a great impact on the field of public health. Every research article published reaches a broad audience. In fact, in 2017 faculty in the school published over 180 journal articles and other intellectual contributions. Research produced by the school has been downloaded over 10,000 times from locations around the globe demonstrating the impact our efforts have on the field and the population.

2. What are the benefits to the institution of offering this program?

   By having a public health PhD program, the university is demonstrating the importance of public health to the general population, making the university a leader in the community and state. This program focuses on graduating research ready public health academics that will conduct the research needed to promote a healthy lifestyle, healthy environments, and public safety. Public health students also have an impact on the campus by working as leaders on research projects, grants, and in centers. These graduates help to fill the deficiency of health professionals in Nevada.
3. Provide examples of the integration of teaching, research, and service (e.g., faculty mentoring leading to student presentations at conferences, service learning classes, community service activities involving students, or other student activities and/or achievements that you think are noteworthy).

Faculty also interact while conducting research and writing for publications. Of the 101 distinct publications authored by SCHS faculty in 2016, over thirty were co-authored by another SCHS faculty member. In 2017, 64 original publications were authored by SCHS faculty, with 34 of them co-authored by other SCHS faculty.

4. Additional comments:

IX. Productivity

1. Please provide an indication of faculty productivity appropriate for your unit (lists of publications by type, grants by type, performances by type, installations by type, etc.):

   **Peer reviewed publications (students bolded)**


   **National Conferences**


Siweya, A. Cheong, P., Shegog, M., Coughenour, C., Ghimire, S., Sagadraca, L., Sy, F.  
Access and Barriers to Health Care among Filipino Immigrants in the Greater Las 
Vegas Area"

as a factor in pedestrian crashes. Poster – presented at the American Public Health 
Association Annual Meeting, Atlanta, GA

Bungum, T., Pharr, J., Shan, G., Coughenour, C. A., Manlove, H., & Abelar, J. (October 31, 
2016). The effects of an intervention on behavior and attitudes related to distracted 
driving among college undergraduates. Poster – presented at the American Public 
Health Association Annual Meeting, Denver, CO

International Conferences

Abelar, J., & Coughenour, C. A. (July 18, 2017). Examining race, gender, and class bias as a 
factor in driver yielding behaviors. Poster – presented at the 8th International 
Conference on Applied Human Factors and Ergonomics, Los Angeles, CA

Examining racial bias as a potential factor in pedestrian crashes. Oral Presentation – 
presented at the 3rd Annual International Conference on Demography and Population 
Studies, Athens, Greece.

Local Conference

Coughenour, C. A., Dennis, S., & Abelar, J. (October 17, 2016 - October 19, 2016). The 
connection between urban planning and public health. Panel, Chair – presented at the 
44th Annual Nevada Chapter of the American Planning Association State 
Conference, Nevada Rejuvenated, Henderson, NV.

Local Presentation, other (invited)

Nevada. Public Talk – presented at the Health Equity in Southern Nevada, Las 
Vegas, NV.

Campus Presentations

Reynolds, C., Clark, S., & Coughenour, C. Examining the use of pedestrian crossing flags 

Lachina, M. & Coughenour, C. A., Does neighborhood walkability influence levels of social 

Abelar, J., & Coughenour, C. A. Examining race, gender, and class bias as a factor in driver 

Abelar, J., & Coughenour, C. A. Examining race, gender, and class bias as a factor in driver 

Jiaxin, L. & Coughenour, C. The association between neighborhood food environment and 

Manuscripts Under Review


Coughenour, C., Regalado, M. N., & Bungum, T. Healthy food options at dollar discount stores are equivalent in quality and lower in price compared to grocery stores: an examination in Las Vegas, NV. International Journal of Environmental Research and Public Health. Submitted 2018


1. Additional Comments

None.

2. Additional comments:

X. Quality

A. Admission and graduation requirements

1. Please insert program admission requirements from the current UNLV catalog. Due to display complications, this description must be typed into this form and not pasted from the Catalog.

Admission into the Public Health Ph.D. Program at UNLV will require applicants to meet the standard criteria of the UNLV Graduate College, applicable to all graduate students, both domestic and international, and contingent upon the qualifications of the applicant and the availability of openings for new students. Doctoral students are admitted as a cohort, once a year, for the fall semester. Applicants must have submitted all required materials by the deadline for admission in the following fall semester. Students will be admitted directly into the doctoral program, and all admissions will require the final approval of the Dean of the UNLV Graduate College. In addition to the generic requirements of the UNLV Graduate College, applicants will be expected to meet the following criteria:

Earned a bachelor's and Master's of Public Health (MPH) or a master's degree in an appropriate field from an accredited university. Applicants educated outside of the United States will need to demonstrate proof of equivalent education and advanced degrees.
A minimum grade point average of 3.0 (4.0=A) earned in a master's program of study. The most competitive students will have a master's level GPA of 3.5 or higher. Applicants must present competitive Graduate Record Exam (GRE) scores on verbal, quantitative and analytical measures. GRE scores will be assessed relative to other applicants in the pool, as well as relative to other graduate programs at UNLV. The exam must have been taken with the institutions' graduate school/college requirements. The most competitive students will have a combined verbal/quantitative GRE score of 1200 (old test) /300 (new test) or higher. The GRE is required for all applicants.

Letters of Recommendation - Three (3) letters of recommendation are required from faculty and other individuals who can evaluate the applicant's motivation, academic capability, scholarship potential, and personal goals for doctoral study.

Written Self-Presentation - Applicants must submit for review a written statement of personal career, educational and scholarship goals including identification of research interests. The most competitive students will clearly identify their plan for dissertation research and its contribution to the field of public health.

A current CV or resume must be submitted.

Interview - Applicants may be asked to participate in an interview with member(s) of the Admissions Committee, either in person or by telephone. Applicants may also be asked to submit a writing sample. Applicants must identify an Area of Emphasis (subplan) at the time of application.

All students are required to take or have taken at the Master's level the following 15 credit hours or their approved equivalent:
- EOH 740 - Fundamentals of Environmental Health or HED 705 - Theoretical Foundations in Health Promotion
- EAB 703 - Biostatistical Methods for the Health Sciences
- EAB 705 - Epidemiology and Public Health
- HCA 701 - U.S. Health Care System: Programs and Policies
- HED 720 - Program Planning and Grant Writing in Health Promotion

2. Are there any updates that need to be made to the catalog and if so, what are they?
   NA

3. How many full-time advisors are available at the college level?

   While there are no full-time advisors at the graduate level, all faculty work as advisors to PhD students. Students select a chair and committee that work to facilitate the student’s program and eventual research agenda.

B. Outcomes and Assessment

1. Student Learning Outcomes and Program Assessment Plans and Reports by program concentration are listed at http://provost.unlv.edu/Assessment/plans.html. Please attach the most recent assessment report in the Appendix.

2. Describe specific program changes made based on the program’s evaluation of its assessment reports:

   At the 2016 Assessment Summit, three focus group sessions were conducted with questions aimed at both students and employers. More hands-on experience was requested including networking, real life situations, getting students into the field sooner, more time for internships, opportunities for undergraduate research, and teaching training for PhD students. Within employer needs, responses included a need for better communication skills (oral and written), program evaluation skills, and data
management skills. Some of actions based on findings from this summit include the development of a SAS course, strengthening the school’s annual job fair and career night activities, and increasing the number of gatherings and activities of two student associations. The goals for the 2018 Assessment Summit were to discuss ways to improve professional development, including mentorship, improve engagement, participation, and collaboration, and identify effective communication strategies.

Results from the 2016 MPH/PhD alumni survey, which had a 19% response rate, included suggestions to improve academic advising. Results for the 2018 PhD alumni survey, which had a 63% response rate, rated academic advising as satisfied with an average of 3.17/4.

Exit survey data from MPH and PhD students report that students rate the effectiveness of their advisor as a career mentor on a five-point scale, where one is “very poor” and five is “very well”. While these response rates are low, around 50%, students rated their faculty advisors positively in this area.

3. Has the program revised its curriculum such as changing prerequisites, adding or eliminating required or elective courses, or co-curricular experiences for the degree(s) in the last 5 years? Yes

   a) If yes, what changes were made and why?
   This program has recently had major revisions. The number of dissertation credits was reduced from 24 to 21 beginning in the fall of 2018, and five new courses representing the four tracks have been approved as required courses for all PhD students. These, along with the doctoral seminar, will become the core required courses for all sub-plans of the PhD program. These courses will be offered beginning in the fall of 2018 and include:
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   • HED 791-Community Based Participatory Research Methods
   • EAB 791-Intermediate Biostatistics
   • EAB 756-Epidemiology and Research

   These actions were taken in order to ensure that all PhD students had a comprehensive public health foundation as well as skills necessary for conducting research, which is required of PhD students.

4. Has the program revised course content or instructional approaches (pedagogy, technology) in the last 5 years? No.
   a) If yes, what changes were made and why?

5. Describe any other changes made in the last 5 years (for example, advising) based on assessment reports:

   Advising was a theme at our 2016 Academic Assessment Summit that resulted in major changes. We heard from students and alumni that they needed more substantial and regular advising from faculty. Due to this information, a new plan was enacted. Each graduate student is assigned an advisor based on program and interests prior to their first semester. This is their initial advisor and point of contact. They are required to meet with their advisors. They may change this advisor when they form their committee but they are never without a faculty advisor. An advising packet was also created that documents all contact between student and advisor in terms of their course path, research agenda, and progress through the program. This new documentation requirement has made transiting advisors much easier.
6. List and describe two specific improvements in student learning outcomes and why they represent forward movement.

1. The changes in the PhD curriculum are important. Requiring students to complete a set of core courses provides them with a foundation in public health and research that prepares them for their specialty track. This format will set students up for successful completion of their program and dissertation.

2. During the recent CEPH accreditation, each PhD track developed new competencies and courses that are PhD specific. These courses have added depth to the program and give students the opportunity to work at the doctoral level whereas prior to this classes were merged for PhD and MPH students.

7. Additional comments:

XI. Conclusions, Self-Assessment

A. Faculty Review of self-study

1. On what date did the program and/or department faculty review this self-study?

2. What were the results of the faculty review?

3. What are the top 3 priorities and/or needs for the future development of the program?

Leadership in Public Health and Health Care Management and Policy Education Goals

1. Offer coursework that teaches required competencies for public health and health care workforce professionals at all levels and that meet/exceed the criteria for accreditation by relevant entities.

2. Offer a variety of programs and services that support student recruitment, retention, progression, and graduation.

3. Build faculty with diverse skills and backgrounds in the five core areas.

Strong Foundation for Research, Policy, and Practice Goals

1. Increase impactful extramurally funded research through public and private sources.

2. Provide unique opportunities for graduate students and junior faculty to participate in public health research and real-world practice opportunities.

3. Expand and enhance the ability to access health data sources for collection, analysis, and reporting by centers, research faculty, and students

Collaborative Relationships Goals

1. Promote and support active participation in University service including department, school, and Division of Health Sciences (DHS).

2. Promote and support active participation in Community service.

3. Establish and support Professional partnerships.

4. Establish and support Community partnerships.

5. Establish and support Donor partnerships

Multilevel Accountability Goals

1. Assessment - Establish and support a diverse complement of faculty and staff sufficient to meet the needs of students and accreditation requirements
2. Infrastructure - Build a strong infrastructure to support the needs of students, faculty, centers, laboratories, and partners
3. Accreditation – Establish a process for identifying, collecting, and documenting needed information for new and continuing accreditation applications

4. What are the strengths of the program?

This PhD program is research intensive. Students have the opportunity to participate in research from the very beginning and most do just this. Program faculty have various labs and centers that help students focus on program areas and conduct meaningful research. Program alumni are grateful for the opportunities available to them in the program including working with excellent faculty, working in top quality labs, and working with the community.

5. What are the challenges facing the program?

The SCHS doctoral programs are relatively young and have grown steadily. One concerning factor is in the Health Services Management and Policy (HSMP) track, in which enrollment is low and there have been no graduates. One explanation for low enrollment is that some health care students may not be interested in a public health PhD. Master of Public Health or Master of Health Care Administration degrees in the health care field are more typical. Another reason may be that there have not been any full-time students in the PhD program with the Health Services Management and Policy (HSMP) concentration, which means that students remain in the program longer as they progress more slowly. One of the students is currently working on her dissertation proposal and plans to defend her dissertation in fall 2018. Another student is preparing her oral part of the comprehensive exam that will focus on her dissertation topic. One student, a large hospital administrator, is currently taking a year of leave of absence due to the demanding commitment from the high administrative position. The remaining students are still completing their coursework.

6. What recent additions, corrections, or other changes have been made to the program that reflect changes or developments in the field?

Becoming a CEPH accredited School of Public Health requires programs to be up to date in all ways. CEPH itself went through a total revision in 2016, which greatly changed the requirements to align with current standards in the field of public health. During the CEPH accreditation process, many changes were made to facilitate this new caliber of program. Each PhD track developed new competencies and courses that are PhD specific. These courses have added depth to the program and give students the opportunity to work at the doctoral level closely with faculty.

B. Other comments

1. Is there anything else you would like to discuss about the program? NA