



University at Buffalo
The State University of New York

School of Public Health and Health Professions



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Self Study Report

April 2009

**Council on Education for Public Health
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Introduction

The University at Buffalo (UB) has had major programs in public health and in health professions for many decades. In 2003, the new School of Public Health and Health Professions (SPHHP) committed to becoming an accredited school of public health, while maintaining accreditations in dietetics, occupational therapy, and physical therapy. Our School has had the explicit intellectual and financial support of the President, Provost, and Vice President for Health Sciences of UB, with a comprehensive build-out plan including financing, space assignments, renovations, and new departments.

All of our Departments are related by a focus on health and well-being. When brought together within the new School, there was some diversity of practices, policies, and procedures as well as many fundamental commonalities arising from the rules of a unionized context and the policies and procedures of the State University of New York (SUNY) system as well as UB itself. Excellent progress has been made in creating an appropriate level of uniformity in policies and procedures; and this collaborative process has been good for the School. A grant from the Josiah Macy Foundation is also helping connect programs within the School by means of inclusive working groups that began the process of developing an innovative new core curriculum that will ensure grounding in public health, evidence-based practice, and communication & professionalism across all programs in the School. The “communication & professionalism” focus area within that curriculum includes content that calls attention to the importance of cultural competence, diversity, and disparities across all programs in the School.

The CEPH self-study process is not only essential to our becoming an accredited school of public health but is also working to make us better as a School.



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Criterion 1.0

The School of Public Health

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CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

Criterion 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.

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

The mission of the School is to improve the health of populations, communities, and individuals through disciplinary and interdisciplinary education, research, and service.

The School's vision statement is as follows: The School will be a leading school of public health and health professions recognized for the advantages of its combination of related academic programs that promote the understanding, prevention, and treatment of disease and disability, thereby improving the health of populations, communities, and individuals from regionally to globally.

1.1.b One or more goal statements for each major function by which the school intends to attain its mission, including instruction, research, and service.

Goal 1 (Education): provide an academic environment that includes foundational preparation in public health, evidence-based practice, and communication & professionalism for all students and prepares graduates for success as public health professionals, practitioners in the health professions, educators, and researchers

Goal 2 (Research): conduct research that relates to health issues faced by populations, communities, and individuals

Goal 3 (Service): provide service to communities (from local to global), the university, and scholarly and professional organizations

1.1.c A set of measurable objectives relating to each major function through which the school intends to achieve its goals and instruction, research, and service.

Goal 1 (Education): provide an academic environment that includes foundational preparation in public health, evidence-based practice, and communication and professionalism for all students and prepares graduates for success as public health professionals, practitioners in the health professions, educators, and researchers

Objective E1. Achieve and maintain accreditation of the School by the Council on Education for Public Health and maintain the accreditation of the health professional programs in the Department of Exercise and Nutrition Sciences and in the Department of Rehabilitation Science. Measured by:

- accreditation status of the School and programs
- accreditation self studies
- reports of accreditation site teams

Objective E2. Maintain and enhance the School's Office of Academic and Student Affairs and related functions that focus on student recruitment, advisement and career planning.

Measured by:

- # of recruitment events attended by faculty and staff
- # of centralized individual career counseling sessions
- # of career service workshops
- ratings of satisfaction by students and graduates regarding advisement and career counseling

Objective E3. Recruit a diverse and well-qualified student body. Measured by:

- % of graduate students with Verbal or Quantitative GREs greater than 50th percentile
- % of graduate students with Verbal and Quantitative GREs greater than 50th percentile
- % of undergraduate and graduate students who are members of underrepresented groups (e.g., African-American; Hispanic, Native Americans)
- % of undergraduate and graduate students who are women
- # and % of students who earn multi-award degrees (e.g., JD/MPH, MD/MPH)
- % of students from other countries, other states

Objective E4. Recruit and retain a diverse and well qualified faculty that aligns with the mission of the School and UB2020 strategic initiatives (note other key characteristics of a diverse and well qualified faculty under Research and Service goals). Measured by:

- # and % female core faculty
- # and % of SPHHP core faculty who are members of underrepresented racial and ethnic groups (African-American; Hispanic, Native Americans)
- # and % of SPHHP core faculty with doctoral degrees
- # and % of SPHHP core faculty with tenure or on tenure track lines
- # and % of SPHHP faculty seeking promotion or tenure who were successful

Objective E5. Develop and assess academic programs and their curricula. Measured by:

- current students' and graduates' assessments of the quality of their programs
- employers' assessment of the adequacy of programs and curricula and graduates

Objective E6. Provide a core curriculum that will enable students to gain and demonstrate a foundational knowledge of public health, evidence-based practice, and communication & professionalism. Measured by:

- systematic assessment of the core curriculum program by students, graduates, and faculty
- instruments that assess student performance on each learning experience

Objective E7. Prepare graduates for employment and further formal education. Measured by:

- % of graduate students in the job market, who, within one year of graduating, are either employed in their profession or pursuing further formal education or both
- % of undergraduate students who, within one year of graduating, are either employed in their profession or pursuing further formal education or both
- obtain input from surveys of graduates to determine the extent to which their program prepared them for employment in their profession
- % of students who pass certification/licensure exams (by Program)

Objective E8. Provide workforce development opportunities in public health and other health professions. Measured by:

- # of professionals who register for certificate programs as a means of professional development or advancement
- # of professionals who take courses as non-matriculated students as a means of professional development or advancement
- # of professionals who take courses as matriculated students as a means of professional development or advancement
- # of participants in continuing education programs offered in the School

Goal 2 (Research): conduct research that relates to health issues faced by populations, communities, and individuals

Objective R1. Compete successfully for external peer-reviewed funding. Measured by:

- total research expenditures relating to grants/contracts (per UB fiscal year)
- % of core faculty who serve as PI of Co-I on funded research grants/contracts
- # grants submitted and percent of submitted applications that are funded

Objective R2. Disseminate research findings and new knowledge. Measured by:

- % core faculty with peer-reviewed publications in the year reported
- average # of peer-reviewed publications per core faculty FTE per year
- % core faculty with non-refereed publications (e.g., books, chapters, technical reports, monographs) in the year reported
- % core faculty presenting at regional, national, or international conferences

Objective R3. Maintain and enhance the School's Office of Research Administrative Services to support the submission and administration of grants by the School's faculty in conjunction with the Office of the VP for Research. Measured by:

- # of grant submissions receiving support from this office
- satisfaction of faculty served by the Office

Goal 3 (Service): provide service to communities (from local to global), the university, and scholarly and professional organization

Objective S1. Develop and maintain partnerships with, and provide professional service to, community organizations that include health or public health in their missions. Measured by:

- % of core faculty who serve such community organizations (e.g., technical advisor, consultant, officer, board member, committee member, or some other paid or volunteer activity)

Objective S2. Provide professional service to the University. Measured by:

- # and % of core faculty that provide service to university committees (e.g., university-wide committees, school-wide committees, departmental/program committees)

Objective S3. Provide professional service to scholarly and professional organizations. Measured by:

- % of core faculty who provide such service (e.g., reviewer for journals or grants, technical advisor or consultant, member of a journal editorial board)

Objective S4. Maintain and enhance the School's Office of Community Relations and Clinical Affairs. Measured by:

- # of active community collaborations
- Annual report of the Office of Public Health Practice
- Annual report of the Office of Community Relations and Clinical Affairs
- Annual report on the Preventive Medicine Residency Program

1.1.d Manner in which mission, goals and objectives are developed, monitored and periodically revised and made available to the public.

A description of the process used historically to develop the strategic plan for the School from 2002 to 2007 is in the Resource File. Following is a description of the manner in which our 2008 strategic plan was developed, and our current methods for monitoring, revising, and making it publicly available.

Development of Our Strategic Plan

In March 2008, the Dean and the Public Health Accreditation Steering Committee, which included all four associate deans and the director of the MPH program, initiated a process to reassess the School's vision, mission, goals, and objectives and do so in a way that was broadly inclusive and participatory. We also wanted a plan that focused on important measurable outcomes in the areas of teaching, research, and service. We were guided by the School's Strategic Plan of 2003-2011 and its revision in 2005. We systematically sought participation from faculty, staff, students, alumni, and members of the community.

In early April 2008, a first draft of the current document was developed and discussed by the team. Next, this draft was distributed to five Project Teams of about 10-15 members each, which included faculty, staff, students, and members of the community. The draft also was submitted for review to the Dean's Advisory Council (an external group of leaders whose membership is noted below) and was sent to SPHHP Chairs, faculty, staff, and selected alumni. Each Department was asked to discuss the draft as a group. Extensive written feedback was received from all the different constituencies and all feedback was considered point by point in the preparation of another version by the CEPH Self-Study Steering Committee. The document was further revised in response to comments from both Interim Dean Kozlowski and the Vice President for Health Sciences, David Dunn. The final draft document was unanimously approved at the SPHHP Annual Meeting of faculty and staff, held in late April 2008. In October 2008, the School's Executive and Planning Committee (made up of associate deans, Department Chairs, and a Faculty Council representative) set the initial targets for our strategic plan.

Monitoring the Strategic Plan

Administrative monitoring. The first step of monitoring our strategic plan is for the associate deans to collect data annually related to their focus area. For example, the associate dean for academic and student affairs is responsible for data related to education. In addition, Department Chairs provide data regarding their Departments. The Executive and Planning Committee will devote at least one meeting a semester to discuss the strategic plan.

Non-administrative monitoring: The Strategic Plan Evaluation Committee. In March 2009, the newly established Strategic Plan Evaluation Committee reviewed the data relating to

the School's goals, and objectives. This committee made recommendations on appropriate targets and measures and commented on refinements of measures. The Executive and Planning Committee reviewed the report of the Strategic Plan Evaluation Committee and made some further revisions of measures and targets in March 2009. In the future, the Strategic Plan Evaluation Committee will provide a written report annually in October—to the Executive and Planning Committee, which will consider needed modifications in the strategic plan.

Revision of the Plan

The CEPH self-study process was instrumental in the recent revision of our strategic plan and in our plans for reviewing and revising the plan in the future. The Executive and Planning Committee will lead the process of revising our strategic plan. This Committee will consider the report of the Strategic Plan Evaluation Committee and can decide to make changes that are judged to be minor. If the majority of the Executive and Planning Committee agree that a major revision is needed, the Committee will develop suggestions for revision which will be taken up by an ad hoc Planning Project Team that includes at least one representative from the Dean's Office and one representative each from the Department Chairs, the faculty, the staff, students, alumni, and the community. The Executive and Planning Committee will review and finalize a revised draft and submit it to the SPHHP Dean, The Vice President (VP) for Health Sciences, and the UB Associate Provost for Planning for additional comment. A final draft will be voted on at the Annual Meeting of the School. A majority vote will be needed for adoption of the revised plan. It is expected that the plan should be thoroughly reviewed and updated approximately every two to three years.

Availability to the Public

Our mission, goals, and objectives are posted on the SPHHP website. Also after a final revision is completed, a link for the new version is emailed to all who participated in the process, including the members of the Dean's Advisory Council and constituents from the community.

1.1.e A statement of values that guide the school, with a description of how the values are determined and operationalized.

UB has articulated a statement of values that includes an emphasis on academic excellence and engagement with our communities (regional, statewide, national and global). The statement also honors and encourages diversity and shows concern to protect and preserve equity.

SPHHP supports and endorses the UB values.

(<http://www.research.buffalo.edu/jobs/sunyab.cfm#values>; see Appendix 1.1.e)

Additionally, values for the SPHHP are articulated in the Strategic Plan:

We value the pursuit of academic excellence through the creation, dissemination, and application of knowledge related to the health and well being of populations, communities, and individuals. We endeavor to instill in our students, faculty, and staff, ethical principles that include autonomy, justice, and beneficence. These values enable us to foster a harmonious environment as we work with others in a respectful, culturally competent manner so that populations and individuals with varying health conditions and abilities can participate in meaningful and fulfilling activities. Our efforts will be guided by a commitment to:

- public health

- evidence-based scientific and professional practice
- professionalism and communication, which includes the importance of cultural competence and diversity

Public health is exemplified by our focus on improving the health of populations, communities, and individuals. Evidence-based scientific and professional practice includes instilling a respect for, and knowledge of, scientific approaches and relevant data as a foundation for activities. Professionalism and communication involve training and opportunities to learn about and to work with diverse groups (broadly defined), including underserved communities. Our values are broadly disseminated through being posted on the School website. They are modeled by the faculty in their professional conduct in teaching, research, and service and are taught explicitly in our core curriculum. The School's statement of values will be reviewed annually by the Executive and Planning Committee

1.1.f Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The School's Strategic Plan, which includes statements of our mission, goals and objectives, was recently revised through an inclusive process that sought input from various constituencies including faculty, staff, students, alumni, and members of the community.

The School's mission and strategic plan recognize and celebrate the unique advantages of being a combination of traditional public health disciplines and disciplines that represent the health professions.

The strategic plan has been disseminated widely and is publicly available on the SPHHP website.

The School has developed a broad-based and systematic approach for monitoring progress, annual review, reconsideration, and restatement of the components of the strategic plan

Weaknesses

The updated strategic plan was only recently formulated and includes a number of new objectives and measures of performance for which we have limited prior data. Baseline data are reported here for the first time.

Plans

Implement an annual evaluation process, including the collection and analysis of data related to the achievement of strategic goals and objectives.

Depending on the annual evaluation, revise the plan to address minor changes and deficiencies based on input and approval from constituent groups.

Discuss and implement major revisions in a comprehensive review of the strategic plan that takes place every two to three years from the April 2008 approval of the current plan

Criterion 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.

1.2.a Description of the evaluation procedures and planning processes used by the school including an explanation of how constituent groups are involved in these processes.

University Level

At the highest administrative level of the University, the Provost extensively evaluates each University dean every five years and also meets annually with deans to discuss progress in relation to the strategic plan and issues pertaining to the School. All deans in the Academic Health Center, in which SPHHP is located, report directly to the Vice President (VP) for Health Sciences who also participates in the annual meeting with the Provost. The annual evaluation of the School by the Provost covers actual and projected funding sources and expenditures, investments, faculty and staff hiring plans, and turnover projections, as well as student enrollment.

Additional University level activities that assist in planning and evaluation include: 1) a monthly individual meeting between the Dean and the VP for Health Sciences, 2) biweekly meetings of the five Health Sciences deans with the VP for Health Sciences, 3) biweekly meetings of all deans with the Provost, and 4) monthly meetings of all University deans and vice presidents.

The Graduate School's Office of Comprehensive Program Reviews conducts quality assessments of all UB departments. The reviews provide structured opportunities for departments to undertake self-examinations, demonstrate future needs, and receive constructive feedback. These assessments include visits and a written report by at least two external site visitors. The review culminates in final reports and a meeting with the Dean, the Provost, and the VP for Health Sciences to discuss results and plans. The Department of Rehabilitation Science underwent such a review in 2007. We anticipate that the Department of Exercise and Nutrition Sciences will be reviewed in Fall 2009.

School Level

The Dean's Office, through the respective associate dean functions, is responsible for collecting data from University and School sources related to the objectives included in the strategic plan. The School's strategic plan is the central benchmark for ongoing evaluation by the School.

The Executive and Planning Committee devotes at least one meeting per semester to consider actions related to the strategic plan. Department Chairs are charged with consulting with their faculty and students related to evaluating the strategic plan.

The Strategic Plan Evaluation Committee (SPEC) provides a written report each year to the Executive and Planning Committee. The SPEC makes recommendations on appropriate targets and measures and comments on any emerging issues related to the plan.

The Executive and Planning Committee considers the report of the SPEC and decides on revisions to the plan as described in Criterion 1.1.d. This evaluation reflects the School's progress vis-à-vis its mission, goals, and objectives.

Additional avenues by which the School evaluates its progress and plans for the future include:

- The Dean's Advisory Council (an external group described below)
- Dean's tri-weekly meetings with the Executive and Planning Committee
- Dean's monthly individual meetings with each of the Department Chairs
- Dean's weekly meetings with associate deans
- Dean's per semester meeting with department faculty
- Annual School-wide meeting
- Periodic evaluation of the administrative staff
- Student evaluations of learning experiences
- Surveys of current students and graduates
- Informal meetings with members of the public health and personal health care organizations and providers and the general community

The Dean's Office has instituted a mechanism for periodic evaluation of the Dean and Department Chairs. This process, which the past Dean underwent in October 2006, is conducted through an independent third party, the IDEA Center (<http://www.theideacenter.org/>). This feedback evaluation system measures effectiveness by soliciting faculty input as it relates to administrative style, personal and professional characteristics. The results are compared to national norms and are used as a basis for ongoing development.

The Dean meets with Department Chairs on a regular basis, both individually and as a group. Once each year, attention is given to reviewing each Department's overall progress. In addition, every two to three years, Department Chairs are evaluated utilizing the services of the IDEA Center. To date, evaluations have been completed for the Departments of Biostatistics, Exercise and Nutrition Sciences, and Social and Preventive Medicine.

Faculty members are evaluated at least annually by their respective Department Chair. They complete yearly annual reports that focus on teaching, student advising and mentoring, research, service, continuing education, administrative duties, clinical practice, and any other relevant activities.

All senior and associate members of the SPHHP Graduate Faculty are subject to a reappointment process, which is conducted every five years. Department Chairs initiate the reappointment process.

An early review, other than every five years, may be called at the discretion of the Department Chair, if he/she identifies one or more faculty members who may no longer be appropriate for service on the Graduate Faculty.

Department Level

Each Department holds regular meetings to discuss progress toward goals and issues facing the Department. The Department Chairs also meet with the Chief Financial Officer of the School to discuss annual budget planning issues. Each semester the Dean attends Department meetings, thereby providing faculty with the opportunity to discuss and advise on the progress of the School.

Constituent Level

The Faculty Council is made up of faculty elected by each Department. The President of the Faculty Council (or designee) serves on the School's Executive and Planning Committee and the Faculty Council selects members to serve on the Strategic Plan Evaluation Committee.

The annual meeting of the School's faculty and staff provides a venue for updating them on the School's progress. It includes presentations from each of the associate deans (ADs) on his/her area of responsibility. Prior to the meeting, faculty and staff can submit questions to the Dean anonymously. Topics also can be brought up for discussion during the meeting.

All students in the School evaluate their learning experiences, including courses and practica. These evaluations are administered through the School's Office of Academic and Student Affairs which uses a web-based evaluation and reporting tool. Effective Spring 2009, Chairs and the AD for Academic and Student Affairs will receive digital reports of the ratings and comments by students. Chairs are charged with instituting corrective measures as needed.

Students also participate as members on Departmental and School curricular committees.

In 2007, the School initiated annual surveys of MPH program graduates and current MPH students. The survey instruments used by the MPH Program will be modified for use in each instructional program, with annual surveys implemented beginning in 2009/10. The MPH Program survey reports are in Appendix 1.2.a-1.

Formal and informal meetings with members of public health and personal health care organizations, providers, and the general community are important. The mission of the Dean's Advisory Council (DAC) is to support the SPHHP mission of excellence in teaching, research, and service by providing advice and counsel on key areas including organization and planning, community interaction and integration, student interaction, and articulation of workforce needs and trends and in assisting in advancing its fundraising objectives. The Committee meets quarterly and includes leaders from public health agencies and health insurers in the area. The membership of the DAC is presented in Appendix 1.2.a-2. Selected focus groups also are conducted from time to time to gain insight into the views of our constituent groups on emerging topics.

1.2.b Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.

Evaluation and planning is an ongoing process which includes, but is not limited to, specific evaluation or planning activities. Following are some specific examples of how data have been used to enhance programs and activities.

Surveys of MPH Students and Graduates

Findings from the surveys led to the following enhancements:

- a. A deficiency regarding career and placement counseling was identified. The University's Office of Career Services has many relevant services available to all students in the School and the office has provided such services to School students. However, this office is located on the north campus of the University, whereas the School is located on the south campus. To make the services more accessible to

- students at the School, a representative from the Office of Career Services now has an office in the School and an extensive program of related activities is now more readily available to our students.
- b. Student concerns regarding course scheduling conflicts and difficulties in planning course schedules led to a meeting of the graduate studies directors with the Director of the MPH Program. This resulted in a new schedule without conflicts among the core required courses. Each concentration also developed a course schedule that would minimize course conflicts.
 - c. The surveys identified a deficiency in the quality of the core biostatistics course. The MPH Program Committee discussed the matter, and the MPH Program Director and the Biostatistics Program Director worked with the Department Chair to respond by replacing both the course instructor and the textbook. Early reports from students are that the course is much improved.

Review of MPH Curriculum

A systematic review of the MPH curriculum using a competency-based framework was undertaken by the directors of the five MPH concentrations and course faculty under the guidance of the MPH Program Director. The competencies published by the Association of Schools of Public Health (ASPH) constituted the basis of the analysis. This resulted in the following:

- a. ASPH competencies were matched by faculty to each core course. Competencies addressed in each course were then matched to the course learning objectives, instructional methods, and assessment methods. This information was added to course syllabi beginning in Fall 2008.
- b. Each concentration area in the MPH program analyzed its curriculum in the competency-based format to assure the appropriate inclusions. As a result, major revisions were made to the health services administration curriculum and a section on human rights was added to the course on principles of public health.
- c. As a result of the review of the curriculum of each MPH concentration, revisions were made and forwarded to the School's Academic Affairs Committee for review and action.

Response to Student Input and Suggestions

In response to requests from students and recognizing the need to complement courses and other experiences in the curriculum, more opportunities for student interaction with practicing public health professionals have been made available. These include regularly scheduled seminars, field trips, and workshops. Also created was the MMWR Club, an informal lunchtime meeting of students with some faculty and often health department staff to review recent articles in the CDC's Morbidity and Mortality Weekly Report (see <http://sphhp.buffalo.edu/mph/students/mmwr/>)

MPH Health Services Administration Concentration Advisory Committee

In response to multiple sources of input, an advisory committee was formed to review and make recommendations regarding curricular requirements, core and elective courses, and program competencies. A core curriculum and a listing of suitable electives were developed to guide student advisement. This committee will serve as a model for the other advisory committees that are linked to each of the five MPH Concentrations.

MPH Program Committee

Initially established as a steering committee, this standing committee meets on a regular basis to advise the MPH Program Director on matters of policy as they pertain to the MPH program. The MPH Program Director serves as chair and membership includes the directors of each of the five MPH concentrations, the director of the Office of Public Health Practice, the AD for Community Relations and Clinical Affairs, and student and alumni representatives.

SPHHP Office of Research Administrative Services

In 2006, SPHHP established a unique in-house Office of Research Administrative Services (RAS), which is supported by funds from the Dean's Office. RAS was established in response to faculty feedback regarding difficulties in addressing the regulations and policies of external funders and evaluation of grant expenditures. The RAS staff (2.0 FTE) provides pre-award services that range from the development of grant budgets and subcontracts to the electronic submission of NIH applications. The staff are supervised by the AD for Research, a position recently filled by a prominent researcher who is undertaking a number of School-wide initiatives to enhance research activities within the School and increase external funding and research.

1.2.c Identification of outcome measures that the school uses to monitor its effectiveness in meeting its mission, goals, and objectives. Target levels should be defined and data regarding the school's performance must be provided for each of the last three years.

Table 1.2.c provides the School's performance on the outcome measures by which the School measures its attainment of its mission, goals, and objectives. In March 2009, targets within the table were reviewed by the Strategic Plan Evaluation Committee, and further discussed and approved by the Executive and Planning Committee. The collection of strategic planning data for 2008-09 will be facilitated by the Strategic Plan Data Committee, and presented to the Strategic Plan Evaluation Committee in the Fall of 2009. This timing will enable data collection and assembly at the conclusion of the 2008-09 academic year (when faculty annual reports are due), and also at the conclusion of the UB fiscal year (June 30 of each year). For this reason, we have not included 2008-09 data in the following table.

Table 1.2.c School performance on measures related to its goals and objectives

Goal 1 (Education): provide an academic environment that includes foundational preparation in public health, evidence-based practice, and communication & professionalism for all students and prepares graduates for success as public health professionals, practitioners in the health professions, educators, and researchers

	2005-2006	2006-2007	2007-2008	5 yr. target
<i>Objective E1:</i> Achieve and maintain accreditation of the School by the Council on Education for Public Health and maintain the accreditation of the health professional programs in the Department of Exercise and Nutrition Sciences and in the Department of Rehabilitation Science.				
<ul style="list-style-type: none"> Accreditation status of the School and programs 				
School of Public Health and Health Professions	n/a	Applicant status	Applicant status	Accredited
<i>Athletic Training</i>	Accredited	Accredited	Accredited	Deactivated
<i>Occupational Therapy</i>	Accredited	Accredited through 2018	Accredited through 2018	Accredited
<i>Physical Therapy</i>	Accredited	Accredited through 2018	Accredited through 2018	Accredited
<ul style="list-style-type: none"> Accreditation self studies 				
School of Public Health and Health Professions	n/a	In preparation	In preparation	As required
<i>Athletic Training</i>	n/a	n/a	n/a	n/a
<i>Occupational Therapy</i>	n/a	Yes	n/a	As required
<i>Physical Therapy</i>	n/a	Yes	n/a	As required
<ul style="list-style-type: none"> Reports of accreditation site teams 				
School of Public Health and Health Professions				
<i>Athletic Training</i>	n/a	n/a	n/a	n/a
<i>Occupational Therapy</i>	n/a	n/a	Yes	Rv as avail.
<i>Physical Therapy</i>	n/a	Yes	n/a	Rv as avail.

	2005-2006	2006-2007	2007-2008	5 yr. target
Objective E2: Maintain and enhance the School's Office of Academic and Student Affairs and related functions that focus on student recruitment, advisement and career planning.				
• # of recruitment events attended by faculty and staff	12	15	19	28
• # of centralized individual career counseling sessions	Not avail	Not avail	290	320
• # of career service workshops	12	13	19	25
• ratings of satisfaction by students and graduates regarding advisement and career counseling	n/a	n/a	n/a	*
Objective E3: Recruit a diverse and well-qualified student body.				
• % of graduate students with Verbal or Quantitative GREs greater than 50 th percentile	76.7%	76.7%	77.1%	85%
• % of graduate students with Verbal and Quantitative GREs greater than 50 th percentile	57%	49%	54%	60%
• % of undergraduate and graduate students who are members of underrepresented groups (e.g., African-American; Hispanic, Native Americans)	7.4%	7.8%	7.6%	9%
• % of undergraduate and graduate students who are women	61.7%	60.6%	60.3%	61%
• # and % of students who earn multi-award degrees (where one degree is the MPH)	5/19 (26%)	1/10 (10%)	3/15 (20%)	15%
• % of students from other countries, other states	n/a	5.5%, 3.8%	6.6%, 3.1%	7%, 5%
Objective E4: Recruit and retain a diverse and well qualified core faculty ¹ that aligns with the mission of the School and UB2020 strategic initiatives (Note: Other key characteristics of a diverse and well qualified faculty under the Research and Service goals).				
• # and % of female core faculty	27/64 (42.2%)	28/68 (41.2%)	30/68 (44.1%)	~ 50%
• # and % of core faculty who are members of underrepresented racial and ethnic groups (e.g., African-American; Hispanic, Native Americans)	9/64 (14.1%)	9/68 (13.2%)	12/68 (17.6%)	> 15%
• # and % of core faculty with doctoral degrees	52/58 (89.7%)	56/62 (90.3%)	63/68 (92.6%)	> 90%

	2005-2006	2006-2007	2007-2008	5 yr. target
<ul style="list-style-type: none"> # and % of core faculty with tenure or on tenure-track lines 	32/58 (55.2%)	35/62 (56.5%)	41/68 (60.3%)	> 65%
<ul style="list-style-type: none"> # and % of core faculty seeking promotion or tenure who were successful 	2/3 (66.7%%)	3/3 (100%)	1/1 (100%)	100%
Objective E5: Develop and assess academic programs and their curricula.				
<ul style="list-style-type: none"> Current students' and graduates' assessments of the quality of their programs 	BS/ES, PT, OT	MPH, BS/ES, PT, OT	MPH, BS/ES, PT, OT	*
<ul style="list-style-type: none"> Employers' assessment of the adequacy of programs, curricula and graduates 	Not avail	OT only	Not avail	*
Objective E6: Provide a core curriculum that will enable students to gain and demonstrate a foundational knowledge of public health, evidence-based practice, and communication & professionalism.				
<ul style="list-style-type: none"> Systematic assessment of the core curriculum program by students, graduates and faculty 	None	None	None	Start Sp 2010
<ul style="list-style-type: none"> Instruments that assess student performance on each learning experience 	None	None	None	Start Sp 2010
Objective E7: Prepare graduates for employment and further formal education.				
<ul style="list-style-type: none"> % of graduate students in the job market, who, within one year of graduating, are either employed in their profession or pursuing further formal education or both² 				
<i>Athletic Training</i>	3/4 (75%)	3/3 (100%)	7/8 (88%)	n/a
<i>MPH</i>	9/10 (90%)	14/14 (100%)	4/5 (80%)	100%
<i>Occupational Therapy</i>	95%-100%	95%-100%	95%-100%	100%
<i>Physical Therapy</i>	100%	100%	100%	100%
<ul style="list-style-type: none"> % of undergraduate students who, within one year of graduating, are either employed in their profession or pursuing further formal education or both 	70%	70%	70%	80%
<ul style="list-style-type: none"> Obtain input from graduates to determine the extent to which their program prepared them for employment in their profession 				
<i>MPH</i>	n/a	Yes	Yes	**
<ul style="list-style-type: none"> % of students who pass certification/licensure exams (by Program) 				
<i>Athletic Training</i>	75%	100%	100%	n/a

	2005-2006	2006-2007	2007-2008	5 yr. target
<i>MPH</i>	n/a	n/a	n/a	100
<i>Occupational Therapy</i>	93.3%	87.5%	4/5 (80%)	100%
<i>Physical Therapy (partial data for 2007 – 08)</i>	83.8%	90.7%	100%	100%
<i>Preventive Medicine Residency Program</i>	75%	n/a	100%	100%
Objective E8: Provide workforce development opportunities in public health and other health professions.				
<ul style="list-style-type: none"> # of professionals who register for certificate programs as a means of professional development or advancement 	14	14	16	21
<ul style="list-style-type: none"> # of professionals who take courses as non-matriculated students as a means of professional development or advancement 	5	6	22	27
<ul style="list-style-type: none"> # of professionals who take courses as matriculated students as a means of professional development or advancement 	18	22	25	29
<ul style="list-style-type: none"> # of participants in continuing education programs offered in the School 	359	416	507	550

Goal 2 (Research): Conduct research that relates to health issues faced by populations, communities and individuals

Objective R1: Complete successfully for external peer-reviewed funding.				
<ul style="list-style-type: none"> Total research expenditures relating to grants/contracts (per UB fiscal year) 	\$8,765,922	\$8,948,987	\$8,182,870	\$9,001,157
<ul style="list-style-type: none"> % of core faculty who serve as PI or Co-I on funded research grants/contracts 	58.6%	57.8%	44.6%	50%
<ul style="list-style-type: none"> # grants submitted, and percentage of submitted applications that are funded 	94 (26%)	104 (20%)	167 (16%)	120 (25%)
Objective R2: Disseminate research findings and new knowledge ³				
<ul style="list-style-type: none"> % core faculty with peer-reviewed publications 	51%	57%	71%	75%
<ul style="list-style-type: none"> average # of peer-reviewed publications per core faculty member 	2.5	3.5	3.1	3.5
<ul style="list-style-type: none"> % core faculty with non-refereed publications (e.g., books, chapters, technical reports, monographs) 	16%	19%	22%	> 20%
<ul style="list-style-type: none"> % core faculty presenting at regional, national or international conferences 	60%	66%	78%	> 90%
Objective R3: Maintain and enhance the School's Office of Research Administrative Services to support the submission and administration of grants by the School's faculty in conjunction with the Office of the VP for Research.				

	2005-2006	2006-2007	2007-2008	5 yr. target
• # of grant submissions receiving support from this office	n/a	96 (76%)	142 (89%)	114 (95%)
• satisfaction of faculty served by the Office	n/a	High	High	High

Goal 3 (Service): Provide service to communities (from local to global), the university, and scholarly and professional organizations

Objective S1: Develop and maintain partnerships with, and provide professional service to, community organizations that include health or public health in their missions.				
• % of core faculty who serve such community organizations (e.g., technical advisor, consultant, officer, board member, committee member, or some other paid or volunteer activity)	29%	32%	27%	>57%
Objective S2: Provide professional service to the University.				
• # and % of core faculty that provide service to university committees	23 (40%)	30 (48%)	30 (44%)	>30 (>40%)
Objective S3: Provide professional service to scholarly, professional or governmental organizations/agencies.				
• % of core faculty who provide such service (e.g., reviewer for journals or grants, technical advisor or consultant, member of a journal editorial board)	62%	69%	63%	78%
Objective S4: Maintain and enhance the School's Office of Community Relations and Clinical Affairs.				
• # of active community collaborations	8	9	13	21
• Annual report of the Office of Public Health Practice	n/a	n/a	yes	yes
• Annual report of the Office of Community Relations and Clinical Affairs	n/a	n/a	yes	yes
• Annual report on the Preventive Medicine Residency Program	yes	yes	yes	yes

n/a – not applicable

¹Core faculty are employed full-time at UB, have their primary appointment (0.50 FTE or more) in SPHHP, and have responsibilities in all three mission areas

²At present data are available only for the programs listed below. Baseline data for all other programs will be established 2009/10

³Based on calendar year data. Those shown in the column headed 2005-06 are from 2005, etc.

*Target baselines to be established in 2009/10

**Target baselines for all other programs to be established in 2009/10

1.2.d An analytical self-study document that provides a qualitative and quantitative assessment of how the school achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the school's performance against the accreditation criteria.

The School is relatively new and this is our first application for accreditation from CEPH. The present document represents the School's self-study, which is based on the analysis of both qualitative and quantitative data. Preparation of the self-study document has been helpful in our effort to further strengthen the School. Our candid assessments of strengths and weaknesses are provided as requested at the end of our response to each criterion.

1.2.e An analysis of the school's responses to recommendations in the last accreditation report (if any).

Not applicable.

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

The first step was taken by the previous SPHHP Dean who appointed a faculty person (Dr. Dennis Bertram, Director of the MPH Program) and hired Ms. Allison Garvey to coordinate the early phase of the accreditation process and prepare the initial draft of the self-study document. Dr. Bertram and Ms. Garvey assembled resource materials and developed a web page devoted to the self-study to facilitate accessibility of assembled resources. Among the resources provided were the CEPH criteria and procedures, competencies from various organizations, a compilation of job descriptions for each concentration, sample curricula, and various examples from other schools of public health.

In mid-2006, at an Executive and Planning Committee meeting, Department Chairs, ADs, and selected Dean's Office staff members reviewed the CEPH criteria and identified the individuals likely to possess or know where to obtain the information necessary to address the criteria.

Once the School received applicant status, Dr. Bertram and Ms. Garvey began the process of gathering and assembling the various data and other information needed. This involved input from Department Chairs, staff, and faculty.

In November 2007, an Accreditation Steering Committee was formed, with Dr. Dale Fish (AD for Academic and Student Affairs) as Chair and Dr. Michael Noe (AD for Community Relations and Clinical Affairs) as Associate Chair. Drs. Dennis Bertram and Paul Wietig (Core Curriculum Coordinator), along with Ms. Allison Garvey also were members. Drs. Fish and Noe facilitated information flow between the Accreditation Steering Committee and the School's Executive and Planning Committee. Accreditation was added as a standing agenda item at each Executive and Planning Committee meeting. At this time, Drs. Fish and Noe joined a meeting of the Dean's Advisory Council to provide an overview of the process and to solicit ideas and support. Interim Dean Kozlowski provided leadership on key tasks as identified and requested by the Accreditation Steering Committee.

In January 2008, five Development Project Teams were organized to address priority areas that were identified when the Accreditation Steering Committee reviewed the initial draft of the self-

study document. Those teams were: 1) Centralized Student Services; 2) Core Curriculum; 3) Personnel Tracking and Assessment; 4) Program Competencies; and 5) Service and Workforce Development. The Accreditation Committee also was expanded to include all four ADs and Dr. Donald Rowe, Director of the School's new Office of Public Health Practice. On January 18, 2008, an "MPH Town Hall Meeting" took place with at least 16 students in attendance and 9 faculty and staff. At this time, 14 students indicated a willingness to serve on one of the five Project Teams. Faculty also recommended other students who would be appropriate, and invitations were extended. Appendix 1.2.f lists the final composition of these Project Teams.

On March 12, 2008, the Interim Dean and the Steering Committee initiated a review process of the School's vision, mission, goals, and objectives. This process is described above (Criterion 1.2.d).

1.2.g Assessment of extent to which this criterion is met.

This criterion is met.

Strengths

The SPHHP evaluation and planning process was established on the framework of the School's strategic plan, which underwent major revisions after careful review and input from all constituencies.

Specific objectives and measures have been defined for each of the School's major goals.

The offices of the associate deans and the SPHHP Executive and Planning Committee oversee and coordinate the development of the information and data used in the process and lead revisions to the strategic plan.

A separate Strategic Plan Evaluation Committee, which includes faculty, external members, and a student, provides a non-administrative process that advises on and assesses targets, measures, and accomplishments of the plan. As a result of this committee's report in March 2009 to the Executive and Planning Committee, further revisions have been made to measures and targets.

Weaknesses

New measureable objectives were identified as part of the major revision to the School's strategic plan, which was approved in May 2008. Thus, we are now in the process of establishing a data collection system that supports the regular monitoring of associated outcomes.

Our initial targets were set by the Executive and Planning Committee and it is likely that our new scheme of measures will need to be revised.

Plans

Starting in the Fall of 2009, all outcome measures relative to our mission, goals, and objectives will be monitored on an annual basis by the Strategic Plan Evaluation Committee. The committee will assess progress and will provide its report to the Executive and Planning Committee, including suggestions for possible revisions.

The Executive and Planning Committee will devote a minimum of one meeting per semester to strategic planning including evaluating and acting upon the report of the Strategic Plan Evaluation Committee.

As changes are suggested and plans to address discrepancies are formulated, the School will use surveys, focus groups, and informal communications to solicit feedback and input from various constituencies, including students, alumni, and members of the community.

Criterion 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.

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

The SPHHP was established in January 2003. It merged the School of Health Related Professions (founded in 1965) with the Department of Social and Preventive Medicine (founded in 1919), previously located in the School of Medicine and Biomedical Sciences. The SPHHP is part of UB, which is accredited by the Middle States Commission on Higher Education. UB is New York's premier public center for graduate and professional education and is the State's largest and most comprehensive public university. As one of two public members in New York and New England of the prestigious Association of American Universities (AAU), UB stands in the first rank among the nation's research-intensive public universities.

Interactions among the University's professional schools and its arts and sciences faculties, especially in cross-disciplinary research centers, give education at UB a particular richness and depth. The University's public mission of outreach to community, state, and the nation is exemplified in a significant portion of its research and education efforts, particularly in its professional schools.

Within the SPHHP, accredited programs respond to the:

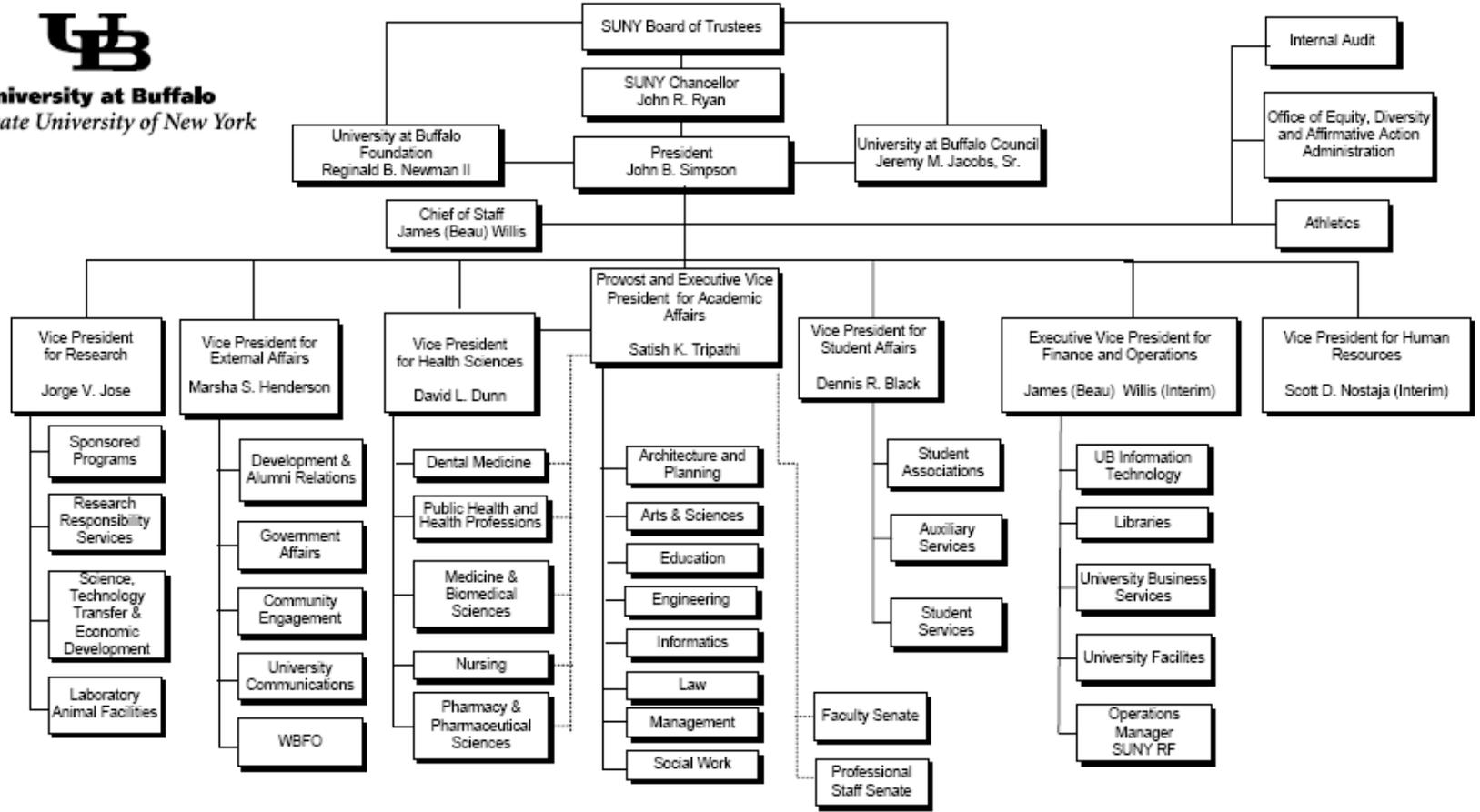
- Commission on Accreditation of Allied Health Education Programs (Program for Athletic Training)
- Commission on Accreditation for Dietetic Education of the American Dietetic Association (Dietetic Internship)
- Commission on Accreditation of Physical Therapy Education (Doctor of Physical Therapy)
- Accreditation Council for Occupational Therapy Education (Masters of Science in Occupational Therapy)
- Accreditation Council on Graduate Medical Education (Preventive Medicine Residency Program)

See Appendix 1.3.a for detailed information regarding SPHHP accredited programs.

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

The organizational chart of the University is shown in figure 1.3.b. The SPHHP is at the same administrative level as all of the other health professions schools. The chart also shows the major reporting lines. See Appendix 1.3.b for accredited schools and programs at The University at Buffalo, State University of New York.

Figure 1.3.b Organization chart, SUNY, Buffalo



February, 16, 2007

1.3.c A brief description of the University practices regarding:

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

The SPHHP is led by the Dean who reports to the VP for Health Sciences and to the Provost and Executive VP for Academic Affairs. They in turn report to the President of UB. The Dean meets regularly with the VP for Health Sciences and with the Provost.

The Dean serves on several important University committees:

- Health Sciences deans and Vice President for Health Sciences (monthly)
- deans and Provost (biweekly)
- deans and Vice Presidents (monthly)
- Space Management and Facilities Planning Committee (University deans, monthly)

The Dean also serves on committees focused on the UB2020 strategic planning initiative:

- Health and Wellness Across the Lifespan Coordinating Committee
- Molecular Recognition and Biological Sciences/Bioinformatics
- Committee for Extreme Events
- Committee for Civic Engagement

The associate deans (ADs) report to the Dean and consult with University officials as appropriate, for example:

- AD for Academic and Student Affairs – VP for Undergraduate Education, Executive Director of the Graduate School, VP for Student Affairs.
- AD for Research – VP for Research
- AD for Faculty Affairs – Vice Provost for Faculty Affairs

Three faculty members from the School are members of the University Faculty Senate. The Faculty Senate acts for and represents the voting faculty of the University on many pertinent matters including policy regarding appointment, promotion, and tenure of faculty; procedures and standards regarding conduct and evaluation of research and teaching; and any proceedings or procedures pertaining to the development of University-wide articles of governance applicable to the faculty.

(ii) Prerogatives Extended to Academic Units Regarding Names, Titles, and Internal Organization

The Dean can revise the School's internal organizational structure (i.e., how personnel are organized), but must obtain approval to make fundamental organizational changes such as establishing new departments or centers, or to alter their titles. Requests for such changes are reviewed by the deans, the VP for Health Sciences and the Vice Provost for Faculty Affairs. The request is placed on the agenda at a forthcoming Deans' meeting. If there are no objections, the request is transmitted to the campus' governing body, the Faculty Senate Executive Committee. Upon their approval, the request is forwarded to the Provost for review. After reviewing the proposed change, the Provost transmits the request to the President. Once the President has approved the request, the Office of the Vice Provost for Faculty Affairs is responsible for notifying the following areas of the new unit or unit name change: Vice Presidents, Vice Provosts, Deans, Budget Office, Human Resources, Institutional Analysis, Payroll, The Reporter (UB's newspaper). The Vice Provost for Faculty Affairs also sends a letter of notification to SUNY Central Administration in Albany, NY.

(iii) Budgeting and Resource Allocation, Including Budget Negotiations, Indirect Cost Recoveries, Distribution of Tuition and Fees, and Support for Fund Raising

The University at Buffalo (UB) is making a significant investment to establish the SPHHP as one of the premier state-supported schools of public health in the United States (see Appendix 1.3.c). UB already has allocated resources for the hire of new faculty with hard money supported lines. For the years 2006-2012, UB has committed \$2.5 million to upgrade and expand the School's facilities, and \$3.0 million for start-up costs to support the research programs of new faculty hires. The University also is investing in current programs, and establishing new programs, that will play an important role in establishing the School as a prime enterprise for research, teaching, and service in public health and health professions.

UB has committed funds to establish two new departments in the School; the Department of Health Behavior, and the Department of Public Health Practice and Health Policy. The hiring of faculty for the Department of Health Behavior is nearly completed. Plans for the Department of Public Health Practice and Health Policy are on hold due to budget constraints discussed in Criterion 1.6.a below.

Fiscal planning at UB is an annual "bottom-up" process that begins at the program levels with faculty and program directors assessing their Departmental budgetary needs. These needs are discussed with their respective Department Chairs. Negotiations within Departments produce a Departmental-level budgetary request that is discussed with the Dean. The Dean presents his funding needs to the Office of the Provost who decides budgetary allocations for the School. As part of the financial planning process, the SPHHP also makes an annual analysis of progress in its strategic plan and its complementary "build-out" plan for achieving financial self-sufficiency.

Funds accruing from tuition and fees related to courses taught within the School are distributed annually to the Dean's Office. Headcount targets for graduate/professional students were established in the School's "build-out plan" (see Appendix 1.3.c), and form the basis upon which associated funds are transferred. Promised funding is provided in full if targets are met or exceeded. Targets for undergraduate students and for service courses have remained unchanged for several years. The Dean can approach the Provost with proposals for additional funding in association with new or expanded teaching productivity. The School's Assistant Dean for Resource Management distributes tuition-related funds in consultation with the AD for Academic and Student Affairs, and with approval by the Dean. Distribution to Departments is based on their teaching productivity.

Extramural Grants and Contracts. Funds received from outside agencies in support of research and other scholarly activities (i.e., "sponsored programs") are awarded to Principal Investigators (PIs) via the SUNY Research Foundation (RF), a separate not-for-profit corporation. Grants and contract award accounts are established and administered by UB's Sponsored Projects Services, which provides both administrative and accounting services on behalf of the SUNY RF.

Private gifts and philanthropic support received by PIs in support of research and scholarly activities are generally administered through the UB Foundation, a separate non-profit educational corporation.

Facilities and Administrative Costs. The rate of recovery of facilities and administrative (F&A) costs for all extramurally-sponsored grants and contracts vary between

7.6% (for Interagency Personnel Agreements) to 58.5% (for Research and Public Service activities) of modified total direct costs (total costs less tuition, equipment and subcontracts in excess of \$25,000) or as appropriate for particular funding agencies. F&A costs are recovered by the RF after expenditures are charged to the grants/contracts. Once recovered, 12% are allocated to the decanal unit. In addition, a University incentive program returns to the PI an amount equivalent to 3% of the F&A funds generated by that investigator in the prior fiscal year.

Income fund reimbursable: When state supported faculty receive salary funding for sponsored research, the equivalent proportion of their state-funded salary and benefits are provided for support of University activities. Twenty-five percent of these funds go to the Dean for School-wide expenditures; the remaining portion is used by Departments and individual investigators for operating expenses and other approved expenses such as travel to conferences, support of graduate students, memberships, and pilot projects.

Support for Fund-Raising and Receipt of Gifts. The UB Foundation, Inc. (UBF) is charged with overseeing fund-raising activities for UB. It maintains the alumni database for each school's fund-raising activities. UBF pays the salary of the School's development officer and a half-time administrative assistant for development. The development officer works in concert with UBF, central development services, the Dean, and the appropriate Department Chairs or program director to solicit potential benefactors. Plans for fund-raising activities and donor solicitation are mutually defined between the SPHHP and the University's central development office.

(iv) Personnel Recruitment, Selection and Advancement, Including Faculty and Staff

Policies and procedures that guide UB personnel decisions for faculty and staff include: the State University of New York Policies of the Board of Trustees (http://www.suny.edu/Board_of_Trustees/), UB Faculty/Staff Handbook (<http://www.business.buffalo.edu/UbbContent/Hrs/facultyhandbook/>), Agreement between United University Professions and the State of New York (<http://www.uupinfo.org/contract/contract.html>), and the Civil Service Employees Union (<http://www.csealocal1000.org/images/plunkett/ASU.pdf>). Personnel actions are initiated at the School/College level in accordance with these guiding principles.

To recruit personnel, Department Chairs request approval from the Dean to initiate a personnel search. Once the Dean approves a search, a committee is formed and the position is advertised at UB's Central Human Resources in UBJobs (<https://www.ubjobs.buffalo.edu/>) as well as in other appropriate venues. Once there is a recommendation to hire, the selection process must meet Affirmative Action Guidelines (http://affirmativeaction.buffalo.edu/university_policies.htm) and the search procedures are reviewed by UB's Office of Equity, Diversity and Affirmative Action Administration. Recommendations to hire must be approved by the Dean and are subject to review by the VP for Health Sciences and the University Provost.

Faculty and staff advancement is based on qualification and performance. The Department Chair or immediate supervisor makes a recommendation to the Dean for advancement. Promotion and tenure decisions for unqualified faculty (tenure track) are guided by University promotion and tenure procedures and guiding principles from the University's President and Provost (<http://www.business.buffalo.edu/UbbContent/Hrs/facultyhandbook/III.htm#A>), (http://www.provost.buffalo.edu/facultyaffairs/pdf/promo_tenure_guide_princ.pdf), as well as the SPHHP bylaws (http://sphhp.buffalo.edu/assets/docs/2006-08-24_bylaws.pdf). The granting of continuing appointment (tenure) and promotion of unqualified faculty is made by the University

President with advisory reviews at the Department, School, and University-wide levels. Appointment of qualified (non-tenure track) faculty and their promotion are reviewed and approved at the School level as described in the SPHHP bylaws (http://sphhp.buffalo.edu/assets/docs/2006-08-24_bylaws.pdf).

Appointment and promotion of qualified faculty must be approved by the Dean and are subject to review by the VP for Health Sciences and the Provost. For advancement for professional staff, the Department Chair or immediate supervisor makes a recommendation to the Dean for promotion or permanent appointment. Promotion and permanent appointment of professional staff must be approved by the Dean and are subject to review by the VP for Health Sciences and the University Provost.

(v) Academic Standards and Policies, Including Establishment and Oversight of Curricula

The faculty are empowered to establish and oversee curricula. At the program level, considerable flexibility is available for faculty to design and implement curricula that are current and responsive to student and workforce needs. Review/approval by a series of committees and administrators is, however, required, and serves to assure quality and feasibility. Proposals for new programs and courses are reviewed and approved at the departmental level and by the School's Academic Affairs Committee. Once approved by that committee, undergraduate proposals are forwarded to the Office of the VP for Undergraduate Education, and graduate/professional proposals are forwarded to the Health Sciences Divisional Committee for review/approval, and then to the Graduate School for review/approval. Proposals for new programs are also reviewed by the State University of New York central offices and by the New York State Education Department.

The graduate academic and professional degree programs of the School are governed by the standards and policies set by the Graduate School (<http://www.grad.buffalo.edu/policies/index.php>). These policies and procedures relate to issues such as admissions, registration, grading, student records, monitoring student progress, and degree requirements.

The responsibility for maintaining excellence in graduate education lies with the Graduate Faculty with the support of its administrative officers (e.g., Dean of the Graduate School). The Graduate Faculty is the superior authority in the establishment of policy and in the resolution of significant issues in the conduct of Graduate School affairs. It is the mission of the Graduate School to promote and oversee the appropriate and fruitful exercise of these faculty responsibilities.

The SPHHP has a School-wide committee, the Academic Affairs Committee, to which individual departmental education committees report. The functions of the Academic Affairs Committee are: 1) to establish standards for undergraduate, graduate, and post graduate study; 2) to provide advice and counsel to the Dean on academic and curricular matters such as the establishment of new programs and courses, course and curricular changes, continuing education, academic policies and procedures, admissions, and clinical education policies; and 3) to recommend to the Dean policies and procedures for facilitating greater interdepartmental cooperation in curricular matters. The Academic Affairs Committee makes recommendations to the Dean, but in routine operation also transmits action items to the Health Sciences Divisional Committee or directly to the Graduate School.

Divisional committees are responsible to the Executive Committee of the Graduate School and the Graduate Dean. They are concerned primarily with maintaining the quality of their participating programs, and with monitoring the academic progress of the students enrolled within them. Issues having significant administrative or budgetary implications will be resolved conjointly with the appropriate dean(s).

The School contains two undergraduate programs, the BS in Exercise Science and the undergraduate portion of BS/MS in Occupational Therapy, both of which come under the jurisdiction of the Office of the Dean/Vice President of Undergraduate Studies (VPUE). All of the School's policies relating to undergraduate students must be consistent with those of the VPUE, and in most cases, it is the VPUE policies and procedures that are used without modification. For example, when handling student grievances, the procedures promulgated by the VPUE are the ones that are precisely followed.

1.3.d Identification of any of the above processes that are different for the School than for other professional schools, with an explanation.

SPHHP's policies and procedures relating to academic programs are similar to those in place at other UB professional schools. Practices vary as appropriate to meet the unique needs of various programs, some of which must be responsive to specialized accreditation requirements.

1.3.e Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

Since its establishment, the SPHHP has been recognized and has functioned operationally as a co-equal among the other schools in the University at Buffalo. All University processes apply equally to SPHHP as to other professional schools in the University.

All non-public health programs within SPHHP that can be accredited have received accreditation by the relevant accrediting organizations.

Policies regarding finances, personnel, and curricula are well developed and receive ongoing review. They are consistent with and build upon those of the overall University.

The SPHHP Dean and Chairs have autonomy in managing the day-to-day operations of their respective areas of responsibility and follow well-established University processes and procedures.

Weaknesses

The structure of the University is complex and includes the challenges of being embedded within the centralized State University of New York (SUNY) system, located in New York's capital in Albany NY. The various levels of approval within SUNY Central can slow down the adoption of initiatives such as the approval of new departments and their academic programs.

Plans

Within the past year (Spring 2008), SPHHP has reached out to the School of Public Health at the University at Albany and the Public Health Program at Downstate Medical Center, both of which are part of the SUNY system. The three entities plan to meet on a regular (at least yearly) basis to discuss and highlight commonalities and to develop approaches for moving forward with a shared agenda regarding initiatives to improve public health education programs within the SUNY system.

Criterion 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.

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

Figure 1.4.a shows the organizational structure, SUNY Buffalo, SPHHP

The SPHHP is composed of five academic departments: Biostatistics, Exercise and Nutrition Sciences, Health Behavior, Rehabilitation Science, and Social and Preventive Medicine. Each Department is headed by a Chair who is responsible to the Dean, but who also has independence for the day-to-day management of the Department. Faculty within each Department are responsible for the teaching, research, and service pertaining to their curricula and disciplines.

The Dean's Office consists of four academic associate dean's (ADs) in the areas of: Faculty Affairs, Academic and Student Affairs, Research, and Community Relations and Clinical Affairs, each of whom is responsible to the Dean. Each AD supervises faculty and staff associated with his/her areas of responsibility and participates in School governance as members of the SPHHP Executive and Planning Committee. The Directors of the MPH Program, Student Advisement and Recruitment Services, and Office of Public Health Practice are in the Dean's Office and each director reports to the relevant AD.

The nonacademic components of the Dean's Office consist of the Assistant Dean for Resource Management and the Assistant Dean for Development, each of whom reports directly to the Dean. The Directors of Information Technology and Research Administrative Services each reports to the relevant AD.

Figure 1.4.a Organizational Structure of Dean's Office and Academic Departments, SPHHP

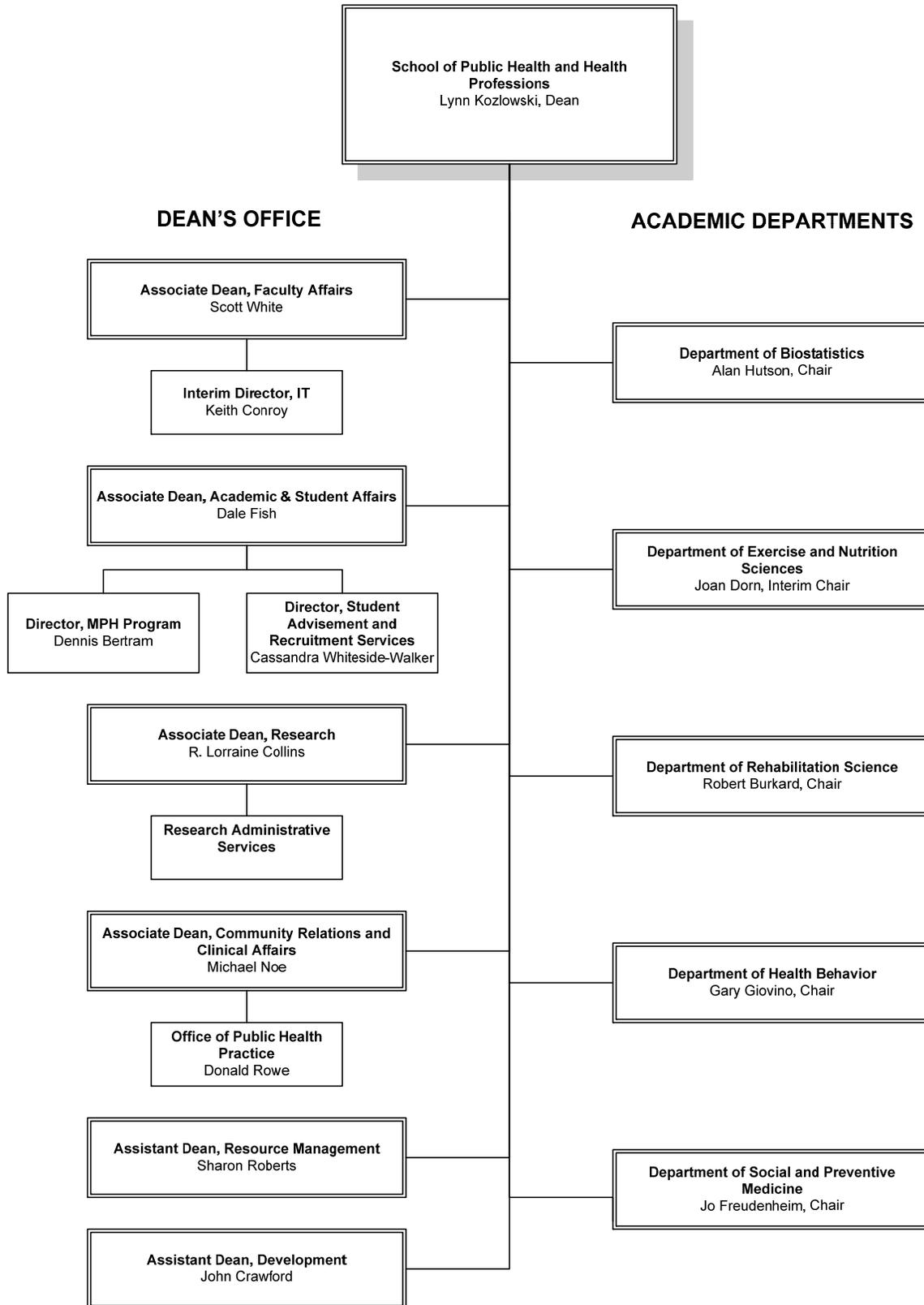
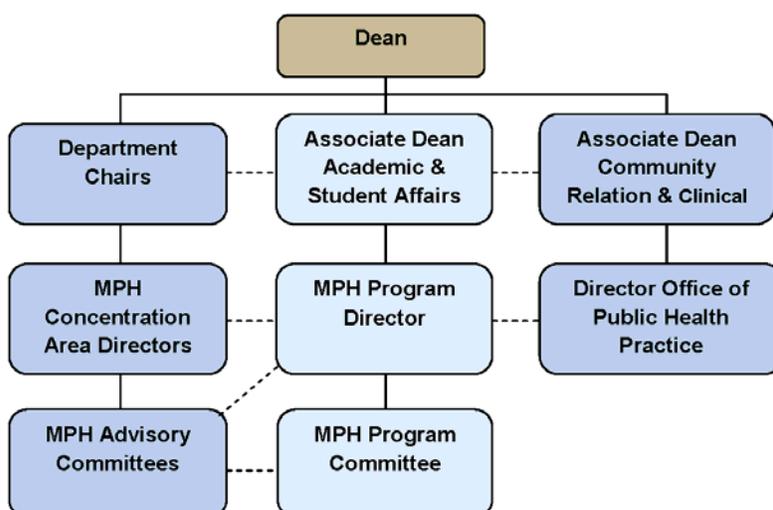


Figure 1.4.b Organizational Structure for the MPH Program



The MPH concentration areas are housed in three Departments: Biostatistics, Health Behavior, and Social and Preventive Medicine (which houses the environmental health, epidemiology, and health services administration concentrations). Coordination among the concentration areas is achieved by the MPH Program Committee which assures that key tasks are done. The MPH Program Committee is chaired by the MPH Program Director who reports to the Associate Dean for Academic and Student Affairs. Each concentration has a director who serves on the MPH Program Committee and reports to his/her Department Chair. Each concentration director is assisted by an advisory committee made up of concentration faculty and at least one student representative. The advisory committees advise their respective concentration directors on the conduct of the concentration and also provide minutes of their meetings to the MPH Program Committee. The MPH Program Director ensures that each concentration complies with CEPH requirements, and the concentration directors work with their Chairs to ensure adherence to Departmental standards.

The Director of the Office of Public Health Practice and the person to whom he reports (the Associate Dean for Community Relations and Clinical Affairs) are also members of the MPH Program Committee. Both are instrumental in making arrangements for MPH student practical experiences. The MPH Program Committee also includes the Director of the JD/MPH multi-award degree program, a faculty person whose tenure home is in the Law School. The Coordinator of the School's Core Curriculum Project is also on the MPH Program Committee and provides the link between the public health expertise represented on the Committee and the public health component of the Core Curriculum directed to non-MPH students in the School. The MPH Program Committee membership includes two MPH students and two MPH graduates to provide student and practice perspectives respectively. Student membership rotates through the different concentrations. Student perspectives are also provided within each concentration area advisory committee.

This structure provides for the effective coordination and administration of the MPH program. Academic or other issues pertaining to the MPH program not resolvable at the level of the MPH Program Committee can be addressed by the Associate Dean for Academic and Student Affairs or through him/her brought forward to the School's Executive and Planning Committee for

consideration. For Departmental level action items the concentration directors work with their Department Chairs.

MPH Program Committee composition:

- MPH Program Director, Chair
- Department of Biostatistics – Biostatistics Concentration Area Director
- Department of Social and Preventive Medicine
 - Environmental Health Concentration Area Director
 - Epidemiology Concentration Area Director
 - Health Services Administration Concentration Area Director
- Department Health Behavior – Health Behavior Concentration Area Director
- Director, Office of Public Health Practice
- Associate Dean, Community Relations & Clinical Affairs
- MPH Student Representative (2)
- MPH Graduates (2)
- Director of JD/MPH Program
- Coordinator of SPHHP Core Curriculum Project

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

Dean

The Dean is the chief administrative officer responsible for the accomplishment of educational, research, and service objectives and the implementation of policies/procedures of the School. The Dean is a member of the University's senior leadership team and works collaboratively with the UB President, Provost, VP for Health Sciences, and other school deans to implement University policies and the University strategic plan, UB2020.

The Dean of the SPHHP has primary responsibility to:

- Provide leadership and oversight for all academic programs in the SPHHP and ensure that the SPHHP effectively serves the research, teaching, and service missions of UB. Ensure sound financial, structural, and human resources management for the SPHHP.
- Provide strategic vision with regard to the School's growth in size and accomplishments; to continuously improve the ranking of the School among state-sponsored schools of public health; and to continue improving the quality of the academic programs. This includes serving as Chair of the SPHHP Executive and Planning Committee.
- Work collaboratively with the VP for Health Sciences and the other Health Science deans to promote multi-professional research, education, and service across UB's Academic Health Center and regional health care community including eight University-affiliated hospitals as well as other providers of care in various health professions.
- Work collaboratively with University leadership and faculty to implement UB 2020 strategic strengths by providing the vision and resource management skills to support the ambitious faculty hiring plans and the interdisciplinary collaborations at the heart of the areas of strategic strength.
- Guide and support the further development of effective partnerships locally, regionally, nationally, and internationally to facilitate the attainment of the School's goals and objectives in carrying out its mission.

- Serve as an effective and responsible advocate for the SPHHP to internal and external UB constituencies.
- Work collaboratively and in consultation with University colleagues to enhance the School's relationships with alumni and other external constituencies and to increase its support from individuals, corporations, and government.

Associate Dean for Academic and Student Affairs

The AD for Academic and Students Affairs is responsible for matters relating to the academic programs and students in the SPHHP. This AD works collaboratively with the Dean, other ADs and Department Chairs to promote the quality of academic programs. This includes serving as chair of the SPHHP Academic Affairs Committee, supporting accreditation activities, overseeing the SPHHP core curriculum project, facilitating the processing and maintenance of affiliation agreements, and managing the School's student enrollment, course evaluation, and HIPAA compliance programs. This AD oversees the activities of the Director of the MPH Program and serves on the SPHHP MPH Program Committee. Other tasks include management of the Office of Student Advisement and Recruitment Services.

Associate Dean for Community Relations and Clinical Affairs

The AD for Community Relations and Clinical Affairs works collaboratively with the Dean, other ADs, and Department Chairs to cultivate working relationships and collaborations with other schools in the academic health center and elsewhere in the University, as well as with public health departments, health care institutions, health care providers, and agencies locally, regionally, and nationally. This AD develops and provides overall direction of the Office of Public Health Practice, overseeing the activities of its director and coordinator of outreach activities. This AD also directs the residency program in Preventive Medicine and develops clinical service activities that expand the base of activities in the School and provide service as well as opportunities for research and educational experiences for students.

Associate Dean for Faculty Affairs

The AD for Faculty Affairs works collaboratively with the Dean, other ADs, and Department Chairs to facilitate the professional growth of faculty, to develop and implement policy related to faculty and to support the academic mission of the School. Specifically, this AD assists with matters related to faculty orientation, mentoring and retention, the process of faculty promotion and tenure review, faculty awards and recognition, graduate faculty status, faculty governance, and other such duties and responsibilities as assigned by the Dean. This AD also supervises the School's IT Director and associated staff and is involved in policies and implementation of plans related to the School's IT infrastructure and services.

Associate Dean for Research

The AD for Research works collaboratively with the Dean, other ADs, and the Department Chairs to provide leadership and guidance to promote, facilitate and sustain research productivity and excellence within the School. The ADR develops and implements strategic plans for expanding the quality and quantity of sponsored research and reports on and publicizes the School's research activities. The ADR provides administrative leadership for the Research Centers under the purview of the SPHHP Dean and supervisory leadership for the professional staff within the School's Research Administrative Services office, which supports the development and submission of grant applications. The ADR also works with UB's Vice

President for Research and UB's Sponsored Projects Services to promote interdisciplinary research within the School and across the broader University and affiliated research entities as well as to promote research related to the UB2020 strategic plan.

Department Chairs

In consultation with their respective faculty and staff, the Chair of each of the five SPHHP Departments are responsible to the Dean and relevant members of the Dean's Office for fiscal management, the supervision of personnel, and the education, research, and service mission of their respective Departments. Chairs make recommendations to the Dean in regard to faculty and staff appointment, reappointment, nonrenewal, permanency, promotion, and tenure based on systematic evaluation and review of performance. Chairs participate in School governance as members of the SPHHP Executive and Planning Committee. They have such other powers, duties, and responsibilities as assigned by the Dean.

Director, MPH Program

The MPH Program Director works with the AD for Academic and Student Affairs to oversee the MPH Program, serves as chair of the MPH Program Committee, and participates as a member of its subcommittees. This Director's areas of responsibility include: 1) serving as the field training coordinator; 2) conducting surveys of current MPH students, graduates, and employers; 3) facilitating development of collaborative dual degree programs; 4) representing the MPH program at recruitment activities and on relevant committees; and 5) participating with the Office of Public Health Practice in arranging public health field trips.

Director, Office of Public Health Practice

The Director of the Office of Public Health Practice works with the AD for Community Relations and Clinical Affairs to facilitate the development of collaborations with institutions and agencies in the community and with other schools in the University. This Director serves as liaison to local and state health departments and coordinates practicum experiences in health departments and other institutional and practice settings. This Director coordinates the development of and participates in public health practice workshops and other educational offerings for the continuing education of practitioners in local and state health departments. The Director oversees the development of interdisciplinary colloquia, seminars, and case simulation exercises for public health students. The Director organizes and implements career counseling and guidance for MPH students

Assistant Dean for Resource Management

The Assistant Dean for Resource Management is the Chief Financial Officer for the School. This individual is the central conduit through which passes the SPHHP operational budget allocation from UB as well as other sources of funding. This Assistant Dean is responsible for providing the Dean with accurate reports related to the overall finances of the School as well as information related to human resource issues.

Assistant Dean for Development

The Assistant Dean for Development strives to enhance and maintain the School's relationships with its alumni and its fund-raising capacity. Among other initiatives, this Assistant Dean

coordinates the development and distribution of the School's newsletter (*Impact*) and works with the staff of the University Communications Office to enhance SPHHP's visibility.

Director, Information Technology

Within the School, IT needs are coordinated and handled by the IT Director who supervises technical staff as they provide services in areas that range from the installation of hardware and software to the management and updating of servers. The Director of IT is supervised by the AD for Faculty Affairs.

Director, Student Advisement and Recruitment Services

This director works under the supervision of the AD for Academic and Student Affairs to coordinate and handle all aspects of student services. These include recruitment, advisement of undergraduate freshmen and sophomores, career planning and placement, student fellowships and awards, and coordination of School-wide events such as orientation and commencement.

Director, Research Administrative Services

The Director of RAS provides guidance and technical assistance and training in all aspects of research administration at the level of pre-awards. This includes overseeing technical aspects of proposal and budget preparation and the submission of applications, in cooperation with the University's Office of Sponsored Projects Services. Working with the AD for Research, this Director helps to ensure that external research projects are consistent with the objectives and policies of the School and the University and maintains databases related to research productivity and expenditures.

1.4.c Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

The SPHHP's mission explicitly highlights the role of interdisciplinary education, research and service in improving public health. In truth, SPHHP is in the advantageous position of being a combination of departments with disciplines that represent traditional public health and the health professions. This combination naturally provides opportunities and support for interdisciplinary coordination and cooperation. In addition, the close proximity of the five Departments (which are located in two buildings) as well as shared resources create opportunities for informal contacts. Examples of the School's involvement in coordination and collaboration in education, research, and service serve to illustrate our commitment to enhancing our interdisciplinary focus identity.

Interdisciplinary Educational Activities

Within SPHHP, there is active encouragement of the development of programs and courses that include students from more than one program or discipline. We encourage this approach because we value having students experience interdisciplinary learning and we want to promote the more effective use of faculty effort and other resources. Each Department offers students opportunities to engage in interdisciplinary education, including the opportunity to complete elective requirements by taking courses in UB departments within and outside of the School. A few examples of interdisciplinary education in SPHHP Departments are presented below.

The Department of Biostatistics teaches a variety of statistics courses that are either required or electives for students in all of the Departments within the School as well as in other departments/disciplines at UB. Biostatistics faculty enhance the relevance of the material, by using examples pertinent to target disciplines and students interact with others from a variety of other Schools and programs. The Department also has developed strong partnerships with several departments at UB and in the region (e.g., the Roswell Park Cancer Institute, the University at Buffalo Center of Excellence in Bioinformatics and Life Sciences), which provide multidisciplinary and interdisciplinary opportunities for teaching and training graduate students.

Within the Department of Rehabilitation Science (RS), the professional programs in Physical Therapy (PT) and Occupational Therapy (OT) have been taught by faculty from multiple disciplines for many years. A few examples follow. In PT, the Exercise Science and Nutrition Undergraduate Program in Exercise is the feeder program for the Doctor of Physical Therapy program. In OT, the Neuroscience and Neuroanatomy courses are taught by faculty from Exercise and Nutrition Sciences (ENS). A course on Critical Analysis of Scientific Literature for OT and ES students is co-taught by faculty from RS and ENS. There also are several courses that include guest lectures by faculty from other departments such as Social and Preventive Medicine (within SPHHP) and the School of Medicine (within UB).

The Department of Exercise and Nutrition Sciences (ENS) offers a combined BS/MS degree where students are exposed to the separate and combined contributions of both disciplines. Students in the Dietetic Internship Program often stay for an extra year to complete an M.S. degree in Nutrition Science. At the doctoral level, students have the opportunity to conduct research with faculty from departments/disciplines such as Physiology, Nursing, Orthopedics/Sports Medicine, and Epidemiology. ENS also houses a training grant funded by the National Institute for Occupational Safety and Health (NIOSH) that provides a 1-year interdisciplinary graduate program. The program involves graduate students and faculty from two Departments within SPHHP (Rehabilitation Science, Social and Preventive Medicine) and two other departments within UB (Industrial and Systems Engineering, Pharmacology and Toxicology) and includes experiences at local industrial worksites and the Atlantic OSHA Training Center.

Another excellent example of cooperation and collaboration can be found in the joint degree programs (MD/PhD in Epidemiology, MPH/JD, MPH/MBA, MPH/MD, MPH/PharmD, MPH/BS in Exercise Science,) in the School. In these programs, SPHHP collaborates with other UB professional schools to foster interdisciplinary education (see Criterion 2.11 and Appendix 2.11 for program descriptions). The School shares the director of the MPH/JD faculty position with the School of Law and several courses are cross-listed between the two schools. The director of the MPH/JD program has a 0.50FTE appointment in SPHHP, and provides lectures in various courses within the School.

Within the School, some courses are listed across multiple Departments to make them available to students from multiple Departments. All Departmental seminars are advertised across the School to draw audiences from the disciplines that exist in the five Departments. The SPHHP holds School-wide activities such as the annual J. Warren Perry Lecture (a 20 year tradition) that features a nationally prominent lecturer in public health or health professions, a multidisciplinary poster session, and the awarding of prizes to students representing all five Departments.

Interdisciplinary Research Coordination and Collaborations

As will be described more fully in Criterion 3.1 (Research), SPHHP is the home to four externally funded interdisciplinary research centers. The Center for Assistive Technology (CAT) focuses on developing and synthesizing knowledge about assistive devices. It includes faculty from disciplines within the School (e.g., Rehabilitation Science), disciplines outside of the School, but within UB (Architecture and Planning, Geriatric Medicine), as well as national (e.g., Duke University, Carnegie Mellon University) and international (University of Toronto, Canada; University of London, England) collaborations. The Center for International Rehabilitation Research Information and Exchange (CIRRIE) focuses on the development and dissemination of information on rehabilitation research. It includes the creation of curriculum materials for professional programs in speech therapy, occupational therapy, physical therapy, and rehabilitation counseling and, as the name implies, interacts with centers and professionals worldwide. SPHHP also houses a WHO Collaborating Centre on Health and Housing, which is co-chaired by faculty from Rehabilitation Science and Architecture and Planning. The Population Health Observatory develops collaborations with local, state, national, and international organizations and government agencies for which it analyzes population-based data to help guide policy makers and regulatory agencies.

Research collaboration at the Departmental level is exemplified by the Department of Biostatistics, whose faculty collaborate with researchers from a variety of disciplines including health scientists and local, state, and national health agencies. Some of their more important collaborations include the following: 1) The Gynecologic Oncology Group (GOG), a federally-funded cooperative formed in 1970 for the purpose of conducting clinical and basic science research in the treatment of gynecologic malignancies. Currently, there are more than 250 participating institutions. Biostatistics faculty participate in the GOG Statistical & Data Center located at Roswell Park Cancer Institute, along with collaborating statistical participants from UB, the University of Kentucky, and Memorial Sloan-Kettering Hospital. 2) The Center of Excellence in Bioinformatics and Life Sciences (CoE). Biostatistics faculty provides expertise to CoE researchers, who come from disciplines such as quantitative genetic epidemiology, statistical genetics, and bioinformatics. 3) Roswell Park Cancer Institute (RPCI). Biostatistics faculty work with RPCI scientists to conduct research and analyze basic, translational, clinical, and population based data. Concepts and tools from the disciplines of statistics, mathematics, engineering science, and computer science are used to accomplish research goals.

There are many faculty members who serve as PIs of interdisciplinary and collaborative research projects. For example, Dr. Gary Giovino, Chair of the Department of Health Behavior is a leading researcher on tobacco control. Currently, he leads the multi-disciplinary (epidemiology, psychology, economics, sociology), multi-center (University of Illinois-Chicago, University of Michigan) tobacco team on *Project ImpacTeen*, which is designed to reduce adolescent use of tobacco, alcohol, and illicit drugs. He also has contributed to the conceptual model and questionnaires for the International Tobacco Control Policy Evaluation Project in six countries (Australia, Canada, United Kingdom, United States, Thailand, and Malaysia) and leads the development of the questionnaires for the Global Adult Tobacco Survey that is being implemented in 16 countries as part of the Bloomberg Global Initiative to Reduce Tobacco Use.

Interdisciplinary Service Coordination and Collaborations

As will be described more fully in Criterion 3.2 (Service), SPHHP faculty and students participate in a variety of interdisciplinary and multidisciplinary service and community activities. The School's recently established Office of Public Health Practice works to develop

collaborations and partnerships between the School and community organizations as well as state and local health departments. Other specific examples include the *Tools for Caregivers* program and the Western New York Wellness Project. In the Tools for Caregivers program, faculty from Rehabilitation Science provide information about assistive technologies to community-based nurses, OTs, and other health professionals. The Western New York Wellness Works Project includes faculty from Exercise and Nutrition Sciences and Social and Preventive Medicine who have partnered with regional employers and health agencies to promote healthy worksites.

Interdisciplinary Administrative Coordination, Cooperation, and Collaboration

Whenever possible or appropriate, Departments and other administrative components of the School are encouraged to work in coordinated, cooperative and collaborative ways. Some examples include:

- The Executive and Planning Committee, which includes the Dean, Associate Deans, and all Department Chairs. It meets every three weeks and provides a forum for discussion of needs and opportunities of common interest.
- Various School-wide committees (e.g., Academic Affairs Committee, MPH Program Committee, Core Curriculum Steering Committee, Faculty Council) whose members are drawn from all the Departments within the School. Details are provided in Criterion 1.5.c
- Specific planning initiatives such as the revision of the Strategic Plan, which are structured to assure inclusion of all Departments and programs.
- The School's active encouragement of faculty involvement in the UB2020 Strategic Planning Process, which engaged the School in trans-disciplinary planning activities focused on the development of collaborative research initiatives across the University.
- Involvement of all Departments and disciplines in the planning and development of a core curriculum for all students in the School.
- The broad community representation on the Dean's Advisory Council, which is made of community members who have professional interest and expertise in public health, including leaders of two government agencies in the county and broader region.

1.4.d Identification of written policies that are illustrative of the School's commitment to fair and ethical dealings.

SPHHP is committed to fair and ethical practices for its faculty, staff and students. We adhere to the principles and mission of the University's Office of Equity, Diversity and Affirmative Action Administration at: (<http://affirmativeaction.buffalo.edu/about.htm>) and strive to create an academic environment that is free of discrimination and harassment. Specific written policies and procedures may be found in:

- The Policies of the Board of Trustees, State University of New York, (2006), http://www.suny.edu/Board_of_Trustees/PDF/Policies.pdf
- The Agreement between the State University of New York and the United University Professions <http://www.goer.state.ny.us/cna/current/uuppsnu/>
- UB's Faculty/Staff Handbook, http://ubbusiness.buffalo.edu/ubb/cfm/ubs_pages/displayPage.cfm?page_id=10564

The Faculty/Staff Handbook in particular, describes numerous policies and procedures that concern fair and ethical dealings. ACADEMIC POLICIES include: (1) Responsible conduct in

intellectual and creative activity; (2) Complaints against faculty; (3) Disciplinary procedures for academic infractions by students; (4) Faculty teaching responsibilities; (5) Academic standards; (6) Undergraduate grading policy and procedure; (7) Graduate School policies and procedures manual; and (8) grading procedures for the Graduate School. PERSONNEL POLICIES include: (1) Equal Opportunity/Affirmative Action policy; (2) President's statement on affirmative action and fostering diversity; (3) Sexual harassment policy and procedures; and (4) Code of ethics. SUNY GENERAL INFORMATION includes: (1) a Statement on academic freedom and (2) a Statement of professional rights and responsibilities.

Specific to the School, the policy and procedures for promotion and tenure are specified in Article VI.2 & VI.3 of the SPHHP bylaws at:
http://sphhp.buffalo.edu/assets/docs/2006-08-24_bylaws.pdf.

Within SPHHP, academic standards and policies related to students are promulgated at the Program or Department levels and reviewed/approved by the SPHHP Academic Affairs Committee, which assures that the standards and policies are clearly written and consistent with UB policies and procedures and with the mission, goals and objectives of the School.

1.4.e Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.

Whenever possible, students with concerns or complaints relating to courses are encouraged to communicate directly with course faculty. Alternatively, and in view of the sensitive nature of some student concerns/complaints, students are encouraged to approach their Program Director. In instances in which a student's complaint is against his/her Program Director, the Department Chair should be approached, and if a student's complaint is against his/her Chair, the student and/or faculty member is encouraged to approach the Associate Dean for Academic and Student Affairs.

Most concerns and complaints are resolved via informal consultation among the principals. Those cases that cannot be resolved informally enter a formal grievance procedure. For undergraduate students, the process is described at:
<http://vpue.buffalo.edu/pdfs/docs/approved/academicGrievancePolicy.pdf> (Appendix 1.4.e-1 undergrad).

For graduate students, the process is described at:
<http://www.grad.buffalo.edu/policies/grievanceprocedures.php> (Appendix 1.4.e-2 grad). Students also may seek advice and advocacy at the UB Office of Judicial Affairs and Student Advocacy <http://www.student-affairs.buffalo.edu/judicial/stuadvo.php> , which assists students through various processes, including grievances and appeals.

During the past three years, formal student complaints/grievances totaled four in 2005-06, six in 2006-07, and ten in 2007-08. All but five of these were resolved at the Departmental level. Three cases progressed to the Dean's Office for adjudication in 2007: (1) a BS/MS student in OT appealed her dismissal, which was based on unsafe clinical performance – that dismissal was upheld after review by the Dean; (2 & 3) two students not admitted to the DPT Program appealed – their cases were reviewed by a duly constituted Committee, which upheld the Department's decision to deny admission. Two cases proceeded to the Dean's Office in 2008: both were filed by students who were not admitted to the upper division of the BS Program in exercise science. Both students' grievances were supported by the Committee and both students were admitted into the BS Program in exercise science.

1.4.f Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The SPHHP enjoys advantages related to its combination of departments/disciplines that represent traditional public health and the health professions.

The SPHHP's organizational and administrative structure supports its mission and strategic plans related to teaching, research, and service and the work of its constituents (i.e., students, faculty, staff, and members of the community).

The SPHHP provides excellent opportunities and support for interdisciplinary coordination, cooperation, and collaboration among its various departments, programs, and centers.

The SPHHP and the University at Buffalo's administrative structure and values provide an environment that shows a commitment to fair and ethical dealings for its faculty, staff, and students.

A number of new standing committees (e.g., Strategic Plan Data Committee, Strategic Plan Evaluation Committee, Core Curriculum Steering Committee, Student Services Committee) and a Student Leadership Forum were established in Spring 2009 (see Criterion 1.5.c).

Weaknesses

The combination of departments in the SPHHP is relatively new, and the offices of the associate deans are still maturing. Similarly, several standing committees (noted above) and the Student Leadership Forum are new.

Plans

The associate deans will continue to meet weekly with the Dean to discuss initiatives, opportunities and challenges in their respective offices.

The associate deans will monitor and provide feedback to the standing committees under their charge.

Criterion 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.

1.5.a Description of school's governance and committee structure and processes, particularly as they affect:

General School Policy Development

The SPHHP has autonomy to set and enforce its own policies and procedures within the governance framework of SUNY Board of Trustees, University at Buffalo, and the UB Academic Health Center. Proposals for School-wide policies and procedures are initially considered by the School's Steering Committee (Dean, associate deans, and assistant deans), and/or the School's Executive and Planning Committee (Dean, associate deans, assistant deans, Department Chairs, and Faculty Council representative). These leadership committees in consultation with the Dean determine the appropriate School governance mechanism for drafting and vetting policies and procedures, depending on the issue. For example: 1) Academic policies that affect students may be sent to the Academic Affairs Committee where there is appropriate student representation; 2) Faculty appointment and retention policies may be referred only to the Executive and Planning Committee; 3) Issues of faculty governance normally are referred to Faculty Council or Departments; and, 4) Planning issues that affect faculty and staff, such as the adoption of the School's Strategic Plan, are normally presented at School-wide meetings. In some instances, ad hoc committees are organized to bring together acceptable representation. School policy and procedures, once adopted, are made accessible to faculty and staff on the School's website or by other means.

Planning

The Executive and Planning Committee is the School's key committee that plans and executes initiatives related to planning. The Strategic Plan Evaluation Committee assesses progress related to the plan and advises on appropriate measures of progress (a student serves on this committee as does one or two community representatives from the Dean's Advisory Council).

Budget and Resource Allocation

Within UB, each school receives an annual allocation of New York State funds based on an agreement between the Office of Academic Planning and Budget and the Dean. The Dean is responsible for the overall fiscal management of these resources. The Assistant Dean for Resource Management, our Chief Financial Officer, is responsible for providing the Dean with accurate reporting related to the overall finances of the School along with information related to human resource issues. Each Department Chair manages his/her own individual budgets. The School also has a Facilities Officer (Assistant to the Dean) who reports directly to the Dean, and is responsible for the appropriate distribution of space that has been allocated to the School. The Center for Health Research in SPHHP is a multi-user facility that is assignable to faculty for research related to specific projects. The Vice President for Health Sciences oversees the five Health Science schools and works in partnership with each dean to provide appropriate space for each of the Schools. Guidelines arising from the UB Academic Planning and Budget Office are followed as they pertain to instructional space, research space, and office space (<http://apb.buffalo.edu/space/principles.php>).

Student Recruitment, Admission and Award of Degrees

Recruitment. SPHHP is expected to participate in several UB events, after which it has autonomy to choose its recruitment agenda and activities. The School's recruitment efforts are meant to bolster applicant pools and, in particular, enhance numbers of qualified applicants from underrepresented groups. The SPHHP Office for Academic and Student Affairs is responsible for coordinating recruitment efforts, organizing the School's participation in UB recruitment events, and attending off-campus recruitment events. In addition, to enhance the recruitment of students for the MPH program, the Director of the MPH program participates in special recruitment events related to the program. Recruitment of students involves numerous methods including distribution of brochures, maintaining online resources, providing on- and off-campus seminars to targeted student groups, participating in on-campus formal events, and interacting with prospective students via advisement-type activities. Recruitment activities occur at UB, SPHHP, Department, and program levels and include efforts by faculty, staff, students and administrators. See Criterion 4.4.a for more information on student recruitment.

Admission. Instructional programs have autonomy to set admissions criteria within the context of UB's setting of minimal standards for application materials, credentials, and GPAs. Each Program in SPHHP has an admissions committee that defines its standards and procedures. The SPHHP Academic Affairs Committee provides guidance relating to Departmental/program headcount targets and monitors Program admissions procedures for clarity and consistency. SPHHP's instructional programs determine whether applicants who meet minimal qualifications will be offered or denied admission.

Certification for graduation. Undergraduate students must file an Application for Degree Form with [Student Academic Records and Financial Services](#) several months prior to graduation. Each academic Department receives a degree candidate list and determines if academic major requirements have been met. A final evaluation of general education and University degree requirements is completed by a degree auditor in UB's Academic Processing Services. Each graduate student files an Application to Candidacy with the Graduate School. Such applications are reviewed and approved by the student's Department, SPHHP's Academic Dean, the Health Sciences Divisional Committee, and the Graduate School. An "M-Form" indicating completion of all degree requirements, including defense of thesis or dissertation where applicable, must be signed by the student's major professor, research committee members, and the Director of Graduate Studies or Department Chair. The completed M-Form is then sent to the Graduate School – this is the Department's final indicator that a student has satisfied its degree requirements.

Faculty Recruitment, Retention, Promotion and Tenure

SPHHP's faculty consists of tenure-track (i.e., unqualified) and non-tenure track (i.e., qualified) faculty. Recruitment, retention, and promotion are the same for both types of faculty. However, tenure is available only to persons on unqualified lines. Faculty recruitment is initiated at the Department level involving ad hoc search committees organized by the Chair. Appointment and retention involves a consultative process between the Department Chairs and the Dean. Retention involves ongoing mentoring of new faculty by the Chair, other tenured faculty, as well as the ADs for Faculty Affairs and for Research. There are two separate School-wide committees that review promotions for qualified and unqualified faculty, each of which is advisory to the Dean. The New York State, University, and union policies and procedures that govern this process were identified in 1.3.c. Other governing policies are identified in the

descriptions below. For additional information on faculty recruitment, retention, promotion and tenure, please see Criterion 4.2 and 4.3.

Faculty recruitment. The primary responsibility for recruiting new faculty (qualified and unqualified) resides with the Department Chair. A search committee is formed by the Chair that includes Departmental faculty, faculty outside of the Department and student representation as appropriate. Typically, the search committee conducts a national search. Faculty and students meet with candidates in individual meetings and in group interviews. A candidate's qualifications and "fit" with the Department are discussed with the Search Committee. All search procedures must meet Affirmative Action Guidelines (http://affirmativeaction.buffalo.edu/university_policy.htm). All applicants apply through UB's Central Human Resources (UB Jobs). Selection is based on input from the search committee, faculty and students, and the Chair in consultation with the Dean. With approval from the Dean, an offer is made to the applicant judged to be the best fit for the Departmental needs. Offer letters include Departmental assignment, percent effort, a start-up package and a description of duties. All hires must be approved by the Dean and are subject to review by the Vice President of Health Sciences and the UB Office of Equity, Diversity and Affirmative Action Administration.

Faculty retention. Primary responsibility for retention and advancement of faculty (qualified and unqualified) rests with the Department Chair. Chairs can establish a formal mentoring committee for new tenure-track faculty and tenured faculty are encouraged to provide informal mentoring when appropriate or possible. All faculty members are required to submit an Annual Report in May that documents their scholarship, teaching, and service activities. Faculty are reviewed and evaluated annually at the Department level by the Chair. Chairs may review faculty more frequently if appropriate. The associate deans (ADs) work with the Chairs to support faculty development. New hires are invited to attend an introductory presentation by the AD for Faculty Affairs, the AD for Research, and the Dean that provides information about procedures and expectations in the School including promotion and tenure and research support. The Provost's Office holds an open meeting once a year to update tenure track faculty on processes related to promotion and tenure.

Promotion and tenure. Promotion and tenure procedures are outlined in the University Handbook at: (<http://www.business.buffalo.edu/UbbContent/Hrs/facultyhandbook/>) and School-level procedures are described in the School's bylaws: (http://sphhp.buffalo.edu/assests/docs/2006-08-24_bylaws.pdf). The School also provides guiding statements and describes dossier expectations of SPHHP faculty at: http://sphhp.buffalo.edu/faculty_affairs/pt_guiding_statements.php.

Recommendations for faculty promotion or tenure are initiated by the Department Chair. For faculty promotion or tenure for unqualified (i.e., tenure-track) appointments, the candidate's dossier is evaluated by external reviewers considered to be experts in the candidate's discipline. The Department's faculty, at or above the rank of the candidate if promoted, review the dossier and vote on the promotion or tenure. The Department Chair forwards a letter outlining the case for the candidate's promotion or tenure to the Dean including the results of the Department vote. The Dean refers the case to the School's Promotion and Tenure Committee for Unqualified Faculty (PTU), which assesses the dossier of the candidate. The PTU Committee is comprised of at least six full-time tenured faculty (at or above the rank at which the candidate is being considered). The committee chair reports directly to the Dean. Every Department in the SPHHP is represented by at least one member, but not more than two. A maximum of two Department

heads may serve on the committee. The Dean may appoint faculty to serve from other UB schools or colleges in the case of vacancies or if the need arises.

The PTU members vote on the appropriateness of each tenure or promotion case. The vote and comments of the PTU committee are forwarded to the Dean for his decision and recommendation. For unqualified faculty, the dossier with a letter from the Dean that outlines the candidate's achievement in scholarship, teaching, and service is forwarded with the School's PTU committee vote to the Provost's Office. The Provost refers the dossier for review to the President's Review Board (PRB), the University-wide promotion and tenure committee. The PRB is comprised of a chair, who must be a senior Professor or Librarian (non-voting), nine tenured faculty, holding the rank of Professor or Librarian (voting), and two student representatives (non-voting). The PRB reviews and considers the candidate's case and transmits its vote in a letter to the Provost. The Provost reviews the candidate's dossier and the letter from the PRB and provides a written recommendation to the University President who makes the final determination. The granting of tenure and promotion of unqualified faculty is made by the University President subject to approval by the Chancellor of the State University of New York.

The granting of promotion of qualified (i.e., non-tenure track) appointments is made by the Dean, subject to approval by the VP for Health Sciences and the Provost. The SPHHP Promotion Committee (Qualified Titles) assesses the dossier of the candidate and the members vote on the appropriateness of the case and makes a recommendation to the Dean. This committee is comprised of not less than five (5) members of the faculty, appointed by the Dean. The chair is appointed by the Dean and reports directly to the Dean.

Academic Standards and Policies

Each instructional program has a director who provides oversight relating to each student's course of study and progression through the curriculum. The program's faculty members, either via committee or as a whole, specify any admissions requirements or standards beyond minimal criteria set by UB. Students whose performance is substandard or who fail to progress on schedule are managed individually at the program level. Curricula of professional programs are designed to meet specialized accreditation standards. The SPHHP Academic Affairs Committee reviews new and substantially revised academic standards. The Committee also reviews requests for new and revised courses and curricula, and once approved, forwards these to the appropriate University committee for further review.

The University requires student evaluations of courses and instructors at the end of each course. SPHHP uses the web-based CourseEval system to facilitate these evaluations (additional information is available in 4.2.d). Related outcomes are made available to each instructor, his/her Chair, and the Associate Dean for Academic Affairs. Feedback related to academic programs may be obtained during student exit interviews, surveys, and/or focus groups.

Research and Service Expectations and Policies

The expectations for research and service vary as a function of the type of faculty (e.g., tenured, non-tenured, clinical) appointment held by a particular individual. The Department Chair or Dean

assigns responsibility for research and service, typically in consultation with the faculty member. Generally, it is expected that tenure-track and tenured faculty will teach, conduct research and engage in service. Non-tenure track faculty are assigned primary responsibilities that are associated with the nature of their appointment. For example, the primary responsibility of clinical faculty is clinical teaching and service and the primary responsibility of research faculty is to conduct research and teach research-related courses.

The University and the SPHHP consider research an important responsibility of tenure-track, tenured, and research faculty. On being hired, each faculty member is informed about expectations for research. At each annual review, each member of the faculty provides information about research activities and productivity, including applications for and receipt of external funding for research. Such information is considered for reappointments and is an important part of dossiers for promotion or tenure. Research productivity can be considered in the distribution of discretionary increases and in special School-wide awards and recognition.

The University and the SPHHP also consider service to be an important responsibility of members of the faculty. Information on service to the University, professional organizations, the School, and the community is a component of the annual reviews of faculty. Service is an essential component of dossiers submitted to the UB President for consideration for promotion or tenure. Professional services that fulfill the School's mission "...to improve the health of populations, communities and individuals..." is strongly encouraged and an important consideration when a candidate's dossier is reviewed at the School level (http://sphhp.buffalo.edu/faculty_affairs/pt_guiding_statements.php). Additional policies and practices with respect to service include informing faculty of expectations regarding service at the time of appointment, upon renewal of appointment, and when responsibilities change; consideration of service in decisions on discretionary increases in salary; and special recognition of service and leadership contributions through annual rewards and recognition by both the School and the University. For example, SPHHP established a new (2009) endowed Dean's award for community service that recognizes a SPHHP faculty member who exhibits outstanding contributions and achievements to improve the health of communities through local, regional, national or global service.

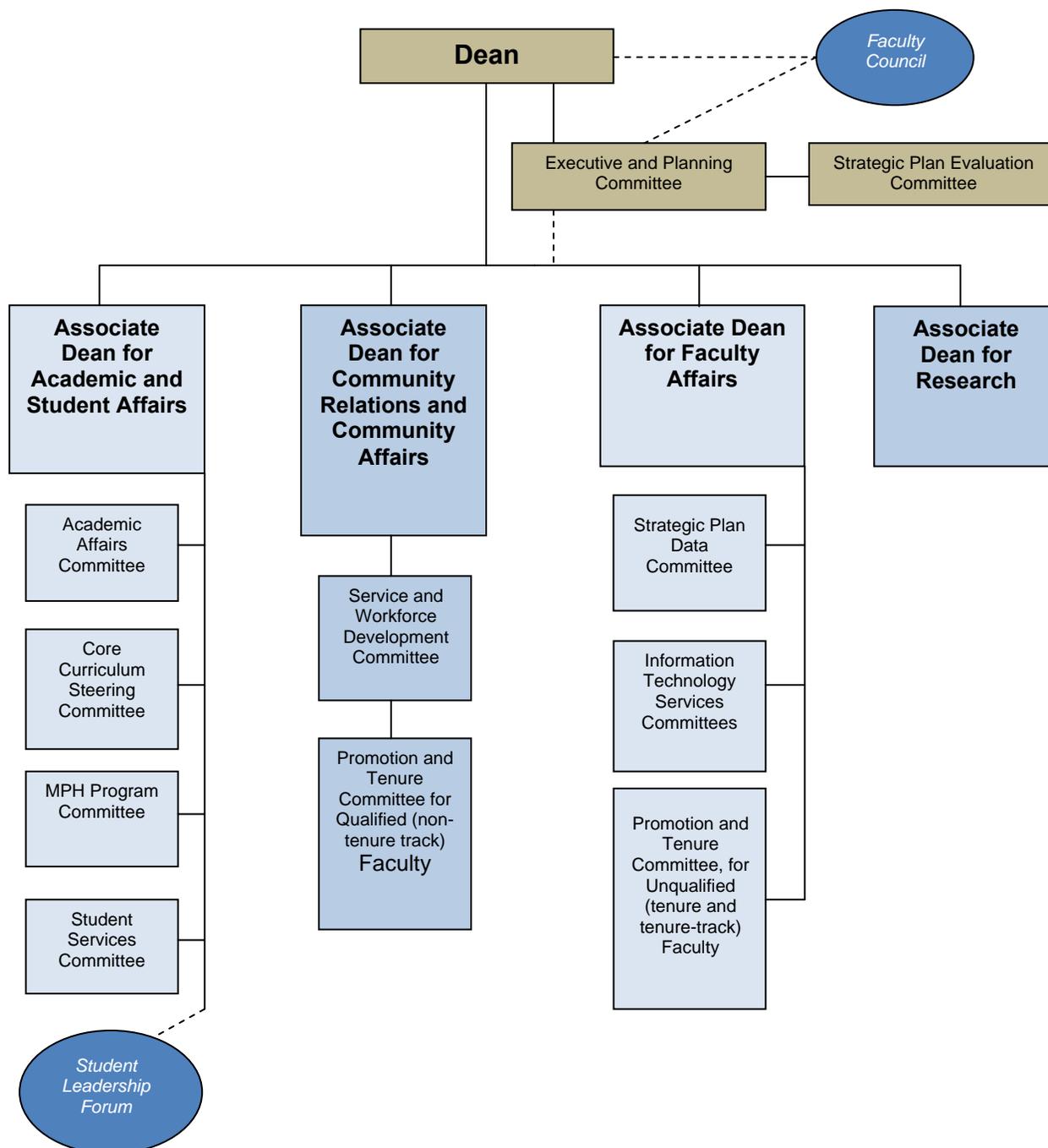
Specific policies are referenced in the *University Faculty/ Staff Handbook*; the SPHHP Bylaws; and University at Buffalo Academic Policies (see Criterion 3.2)

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

The governance roles and responsibilities of the SPHHP's administrators, faculty, and students are presented in various University documents (e.g., UB Faculty Staff Handbook, Student Handbook) and in documents specific to the School. As has been presented throughout this self-study, each of these documents is available to faculty, staff, and students via various UB and School websites. For example, the SPHHP bylaws, which are in Appendix 1.5.b may be viewed online at http://sphhp.buffalo.edu/faculty_affairs/

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

Figure 1.5.c SPHHP Standing Committees Organizational Chart



The charge, composition, and current membership of each standing School committee are presented below. In addition, task and time limited committees may be created on an ad hoc basis, typically by the Dean, to focus on specific issues.

Academic Affairs Committee

Charge. The Committee provides advice and counsel to the Dean on academic and curricular matters including the establishment of new programs, new courses, substantial course or curricular changes, continuing education, and academic policies and procedures, including student admissions and retention. The Committee also recommends to the Dean policies and procedures for facilitating greater interdepartmental cooperation in academic, curricular, and student support matters.

Composition. Associate Dean for Academic and Student Affairs is Chair *ex officio*; other members are appointed by the Dean. These include members of the Voting Faculty, the majority of whom are senior members of the Graduate Faculty. The faculty representatives include at least one member from each of the School's Departments and from each of the MPH Concentration Areas.

Current Membership

Dr. Dale R. Fish, Chair, Associate Dean, Academic and Student Affairs, *Ex Officio*
Mr. Bill Erb, Undergraduate Student, Exercise Science
Dr. Gary Giovino, Health Behavior
Ms. Lindsay Heckler, JD/MPH Student
Dr. Peter Horvath, Exercise & Nutrition Sciences
Dr. Carl Li, Social and Preventive Medicine
Dr. Karen Panzarella, Rehabilitation Science
Dr. Bill Scheider, Social and Preventive Medicine
Dr. Lili Tian, Biostatistics
Dr. Jean Wactawski-Wende, Social and Preventive Medicine

Core Curriculum Steering Committee

Charge. Oversee the implementation and evaluation of the core curriculum.

Composition. Coordinator of the core curriculum (Chair of Committee), at least one faculty member from each Department, directors (or designees) of all accredited professional programs, one undergraduate student, two graduate students, Associate Dean for Academic Affairs (*ex officio*)

Current Membership

Dr. Paul Wietig, Chair, Coordinator of Core Curriculum
Dr. Dennis Bertram, Director, MPH Program
Dr. Robert Burkard, Rehabilitation Science
Dr. Harold Burton, Exercise and Nutrition Sciences (*Committee Co-Chair*)
Dr. Gary Byrd, Health Sciences Library
Ms. Alicia Courtney, student, Exercise and Nutrition Sciences
Dr. Gaspar Farkas, Exercise and Nutrition Sciences
Dr. Dale Fish, Associate Dean for Academic Affairs, *Ex-Officio*
Ms. Janet Hinkel, student, MPH Health Behavior
Ms. Michelle Incorvia, Office of Academic and Student Affairs
Dr. Carl Li, Director of Graduate Studies, SPM
Dr. Sue Nochajski, Rehabilitation Science

Dr. Patricia Ohtake, Rehabilitation Science
Dr. Heather Orom, Health Behavior
Dr. Kirk Personius, Rehabilitation Science
Dr. John Stone, Rehabilitation Science
Dr. Lili Tian, Biostatistics
Dr. Janice Tona, Rehabilitation Science (*Committee Co-Chair*)

Executive and Planning Committee

Charge. This committee advises the Dean on all matters related to the mission and operation of the School and serves as the School's primary administrative body. The committee receives reports of the Strategic Plan Evaluation Committee, determines appropriate actions to be taken in response to evaluative procedures and data, and implements efforts to improve the quality of the School.

Composition. Dean, associate deans, Chairs, a representative of the SPHHP Faculty Council

Current Membership

Dr. Lynn Kozlowski, Dean
Dr. Robert Burkard, Chair, Rehabilitation Science
Dr. R. Lorraine Collins, Associate Dean for Research
Dr. Joan Dorn, Interim Chair, Exercise and Nutrition Sciences
Dr. Dale Fish, Associate Dean for Academic and Student Affairs
Dr. Jo Freudenheim, Chair, Social and Preventive Medicine
Dr. Gary Giovino, Chair, Health Behavior
Dr. Alan Hutson, Chair, Biostatistics
Dr. Marc Kiviniemi, President, SPHHP Faculty Council
Dr. Michael Noe, Associate Dean for Community Relations and Clinical Affairs
Dr. Scott White, Associate Dean for Faculty Affairs

Information Technology (IT) Services Committees

The School's IT Services unit has established a committee and task-specific subcommittees that work to coordinate and oversee IT operations and related projects.

Charge. This committee identifies School, staffing, and other IT-related needs and sets work objectives, timelines, and deliverables to address them.

Composition. SPHHP IT Director, assistant directors, senior staff, and affiliated staff.

Current Membership

Mr. Keith Conroy, Chair, Interim Director,
Dr. Stephen Bauer, Rehabilitation Science, IT Service Center
Mr. John Brasure, Social and Preventive Medicine
Mr. Tim Englert, Senior Staff, IT
Dr. Brian Murphy, Health Sciences IT Director
Mr. Michael Schlicht, Assistant Director, IT
Mr. Michael Anton Sciortino, Assistant Director, IT

Ms. Michelle Tipps-Ankrah, Administrative Support
Dr. Scott White, Associate Dean for Faculty Affairs

MPH Program Committee

Charge. This committee coordinates, monitors, and promotes the quality of the MPH degree programs. The MPH Program Committee has several subcommittees each charged to review current practices and identify opportunities for improvement: Curriculum/Competencies/Assessment, Field Training, Integrative Project, and Entrance Requirements.

Composition. The MPH Program Director serves as Chair; members include 3 current MPH students, 2 MPH graduates, directors of each MPH concentration area, and several additional faculty members.

Current Membership.

Faculty

Dr. Dennis Bertram, Chair, Director, MPH Program
Ms. Allison Garvey, Project Director, Accreditation
Dr. Gary Giovino, Program Director, MPH Health Behavior
Dr. Carl Li, Program Director, MPH Health Services Administration
Dr. Michael Noe, Associate Dean for Community Relations and Clinical Affairs
Dr. Donald Rowe, Public Health Liaison, Office of Public Health Practice
Dr. William Scheider, Program Director, MPH Environmental Health
Dr. Lili Tian, Program Director, MPH Biostatistics
Dr. Jean Wactawski-Wende, Program Director, MPH Epidemiology
Dr. Paul Wietig, Director, Core Curriculum Coordinator
Professor Ruqaiyah Yearby, JD, MPH, SPHHP & UB School of Law

MPH Graduates

Jacquelyn Andula, MPH, RN, Erie County Department of Health
Bernadette Hoppe, JD, MPH

Graduate Students

Michele Brooks, Health Services Administration
Janet Hinkel, Health Behavior
Ariana Martinez, Health Services Administration

Promotion and Tenure Committee for Qualified (non-tenure track) Faculty

Charge. This Committee serves as the School's review and recommending body in actions which lead to appointment at the rank of, or promotion in academic rank to, associate professor or full professor with qualified titles in the "Adjunct," "Clinical," and "Research" and "Visiting" categories. Review for reappointment and/or promotion from the rank of instructor to assistant professor is a function of the Department but requires approval at the School level.

Composition. Not less than five (5) members of the faculty, appointed by the Dean. The Chair is appointed by the Dean or the Dean's designee and reports directly to the Dean.

Current Membership

Dr. Michael F. Noe, Chair, Clinical Professor, Social and Preventive Medicine
Dr. Christine Ambrosone, Research Professor, Social and Preventive Medicine
Dr. Susan Bennett, Clinical Associate Professor, Rehabilitation Science
Dr. K. Michael Cummings, Professor, Social and Preventive Medicine
Dr. Peter Horvath, Associate Professor, Exercise and Nutrition Sciences

Promotion and Tenure Committee for Unqualified (tenure and tenure-track) Faculty

Charge. This committee is charged by the Dean with the task of evaluating unqualified (tenure or tenure-track) faculty lines for consideration of promotion or tenure. The committee's role is advisory to the Dean and their feedback must be provided in the form of a "Yes" or "No" vote by the members. The rules governing the makeup and responsibilities of the committee are found in the SPHHP bylaws in Article VI.2.

Composition. There are a total of six committee members that evaluate any given candidate's dossier. There is one member representing each of the five Departments in the SPHHP, and one at-large member who is external to the SPHHP and appointed to the committee by the Dean. Committee members must hold a rank at or above the rank of any individual case being reviewed by the PTU committee.

Current Membership (2008 - 2009)

Dr. Robert Burkard, Professor, Rehabilitation Science
Dr. Randy Carter, Professor, Biostatistics
Dr. Leonard Epstein, Professor of Pediatrics, School of Medicine and Biomedical Sciences.
Dr. Gary Giovino, Professor, Health Behavior
Dr. Luc Gosselin, Associate Professor, Exercise & Nutrition Sciences
Dr. John Krasney, Professor, Physiology and Biophysics
Dr. John Naughton, Professor, Physical Medicine and Rehabilitation
Dr. Patricia Ohtake, Associate Professor, Rehabilitation Science
Dr. Peter Rogerson, Professor, Geography
Dr. Lili Tian, Associate Professor, Biostatistics
Dr. Stephen Tiffany, Professor, Psychology
Dr. Jean Wactawski-Wende, Professor, Social and Preventive Medicine
Dr. Scott White, Associate Dean for Faculty Affairs, *Ex Officio*
Dr. John Wilson, Professor, Exercise & Nutrition Sciences

Service and Workforce Development Committee

Charge. Oversee and coordinate community service and workforce development projects and initiatives.

Composition. Associate Dean for Community Relations and Clinical Affairs (*ex officio*), Director of the Office of Public Health Practice, at least one faculty member from each Department, an undergraduate student, two graduate students

Current Membership

Dr. Michael Noe, Chair, Associate Dean for Community Relations and Clinical Affairs
Dr. Randy Carter, Vice Chair Department of Biostatistics, Director, Public Health Observatory
Dr. Thomas DeLoughry, Director, Center for Health Management
Dr. Joan Dorn, Interim Chair, Department of Exercise and Nutrition Sciences
Dr. Nadine Fisher, Department of Rehabilitation Science
Robert Furlani, Deputy Director, New York State Department of Health, Western New York Regional Office
Dr. Marc Kiviniemi, Assistant Professor, Health Behavior
Roberta Rifkin, Vice President, Government Relations, Independent Health Association
Dr. Elisa Rodriguez, Outreach Coordinator, Office of Public Health Practice
Dr. Donald Rowe, Director, Office of Public Health Practice
Dr. Machiko Tomita, Department of Rehabilitation Science
Melva Visher, Vice President, Community Health, Kaleida Health System
Kristina Young, Executive Director, WNY Public Health Alliance
Dr. Scott Zimmerman, Director, Public Health laboratory, Erie County Health Department

Strategic Plan Data Committee

Charge. Establish and maintain data collection mechanisms that support measurements of the School's goals and objectives including (1) tracking the progress of students from admission to graduation and as alumni, (2) record keeping related to faculty and staff.

Composition. Assistant Director of IT Services (Chair), Associate Dean for Faculty Affairs (*ex officio*), SPHHP enrollment manager, at least one faculty or staff member from each Department, an undergraduate student, and a graduate student.

Current Membership

Mr. Michael Anton Sciortino, Co-Chair, Assistant Director of IT Services
Ms. Sharon Roberts, Co-Chair, Assistant Dean for Resource Management
Nancy Barczykowski, Biostatistics
Kathryn Foley, Research Administration Services
Richard Harding, Social and Preventive Medicine
Maureen Lannen, Exercise and Nutrition Sciences
Debbie McDuffie, Rehabilitation Science
Susan Rauth, Center for Health Research
Theresa Rose, Health Behavior
Ms. Cassandra Walker-Whiteside, SPHHP Enrollment Manager
Dr. Scott White, Associate Dean for Faculty Affairs *Ex Officio*
Nancy Grier, MPH student
Timothy Langhans, Exercise Science under graduate student

Strategic Plan Evaluation Committee

Charge. Makes recommendations on appropriate targets and measures and comments on any emerging issues related to the plan through a written report to the Executive and Planning Committee.

Composition. A faculty member from each Department (selected by the Faculty-elected Faculty Council), one or two external community participants from the Dean's Advisory Council, and a graduate student. The committee selects one of the faculty representatives as chair.

Current Membership

Dr. Randy Carter, Biostatistics
Dr. Gaspar Farkas, Exercise and Nutrition Sciences [chair of committee in Spring 2009]
Dr. Art Goshin, President/CEO, Health World Foundation
Dr. Greg Homish, Health Behavior
Dr. Mike LaMonte, Social and Preventive Medicine
Ariana Martinez, student, MPH HSA
Dr. Karen Panzarella, Rehabilitation Sciences

Student Services Committee

Charge. Makes recommendations to the AD for Academic and Student Affairs regarding SPHHP student services, including recruitment, advisement, and career services.

Composition. Director of SPHHP Student Advisement and Recruitment Services, other staff representatives from that Office as appointed by the AD for Academic and Student Affairs, a representative from UB Career Services, two undergraduate students, and two graduate students.

Current Membership

Ms. Diane Gayles, Chair, Associate Director, Student Advisement and Recruitment Services
Dale Fish, Associate Dean, Academic and Student Affairs *Ex Officio*
Katie Finn, Student, Exercise and Nutrition Sciences
Doug Frye, Rehabilitation Sciences
Ms. Lauren Johnson, Senior Career Planning and Development Associate
Éva Monnier, Exercise and Nutrition Sciences
Demetrius Moutsiakis, Student, Social and Preventive Medicine
Terri Rose, Health Behavior
Erika Schnepf, Student, Rehabilitation Sciences
Maryann Venezia, Rehabilitation Sciences
Marcia Wopperer, Social and Preventive Medicine

The following two entities are not standing committees of the School but facilitate communication related to governance.

Faculty Council

Charge. The SPHHP Faculty Council is the official body through which the faculty participates in the governance of the School. The Council advises the administrative officers of the School regarding matters affecting the research, instructional, and service programs of the School, including but not limited to, matters related to the quality of student and faculty life relevant to the SPHHP. The SPHHP Faculty Council is the interface between the School's faculty and UB's Faculty Senate, and oversees the election and appointment of SPHHP faculty to the UB Faculty Senate.

Composition. The membership consists of the Dean, or his designee, who serves as an *ex officio* member of the Council without voting privileges and one representative and an alternative representative from each Department independent of the size of the Department. All members must be members of the SPHHP voting faculty.

Current Membership (2008-2009).

(http://sphhp.buffalo.edu/faculty_affairs/faculty_council/index.php):

Dr. Jihnhee Yu, Biostatistics
Dr. Albert Vexler, Biostatistics
Dr. Atif Awad, Exercise and Nutrition Sciences
Dr. Jennifer Temple, Exercise and Nutrition Sciences
Dr. Gregory Homish, Health Behavior
Dr. Marc Kiviniemi, Council President, Health Behavior
Dr. Jim Lenker, Rehabilitation Science
Dr. Diane Wrisley Rehabilitation Science
Dr. Pavani Ram, Social and Preventive Medicine (Council Secretary)
Dr. Carole Rudra, Social and Preventive Medicine
Dr. Scott White, Associate Dean for Faculty Affairs, *Ex Officio*

UB Faculty Senate Representatives

Dr. Robert Burkard, Rehabilitation Science
Dr. Dan Ramsey, Exercise and Nutrition Science
Dr. Stephen Bauer, Rehabilitation Science

Student Leadership Forum

Charge. To provide a SPHHP Forum for all students (undergraduate through graduate). The forum identifies and discusses agenda items related to initiatives/activities supporting curriculum, instructional and service matters.

Composition. All SPHHP students are eligible to participate. A faculty moderator and faculty advisors will be available to facilitate establishment of the forum.

Current Membership. Membership is open to all SPHHP students who wish to attend the monthly meetings.

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

The School's faculty are actively involved in various University committees. Approximately 40% of the faculty listed service involvement on UB committees outside of the School in 2007. A list of these faculty members and their committee assignments is provided in Appendix 1.5.d.

1.5.e Description of student roles in governance, including any formal student organizations, and student roles in evaluation of school and program functioning.

Within the University and the School, undergraduate and graduate students have numerous opportunities to become involved in student organizations and campus activities. As already noted, students are involved in all School-wide committees as appropriate. For example,

students are represented on the following standing committees: Academic Affairs Committee, MPH Program Committee, Core Curriculum Steering Committee, and the Strategic Plan Evaluation Committee. Students are not included as members of the Executive and Planning Committee, the Faculty Council, or the Promotions and Tenure Committee. Students also serve on numerous Departmental and program committees and are named to Departmental and SPHHP adjudication and grievance pools.

Students in some programs also participate in curriculum and program evaluations via surveys, focus groups, and exit interviews, but this has not been consistent across all programs. The recently revised SPHHP Strategic Plan explicates outcome measures that require student input. This will lead to improvements in the manner and consistency with which student evaluations are available to improve instructional programs and SPHHP operations.

UB's Undergraduate Student Association and Graduate Student Association provide governance and enrichment opportunities to all students at UB. All sanctioned student clubs are eligible for funding through their respective Student Association. In Spring 2009, SPHHP facilitated the establishment of a Student Leadership Forum, which will foster greater interdisciplinary interactions among all of our students, promote volunteerism and community outreach, and more effective communication between students and faculty/administration.

Student representation on Committees is encouraged at program, Department and School levels. Students regularly participate in end-of-semester evaluations of courses and instructors. Students in some programs also participate in curriculum and program evaluations via surveys, focus groups, and exit interviews, but this has not been consistent across all Programs. The recently revised SPHHP Strategic Plan includes outcome measures that require student input – this will lead to improvements in the utilization of student input for improving courses, instructional programs and SPHHP operations.

1.5.f Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The rights and responsibilities of the SPHHP faculty and administrators are well defined in regard to School governance and academic policies. These issues are addressed in the School's bylaws, which were recently adopted by a vote of the faculty.

The faculty actively participate in governance and serve as chairs and/or members of important School-wide and University-wide committees such as the UB Faculty Senate.

Students are encouraged to participate in a variety of School-wide and University-related committees that provide opportunities to be involved in governance and decision making. In Spring 2009, we established the SPHHP Student Leadership Forum, which will further advance student interests and participation in the governance of the School.

Students have a long history of providing evaluative information via surveys, course evaluations and other mechanisms.

Weaknesses

A number of our standing committees are new, and students have only recently been added to several other committees.

Plans

Use committees, the Student Leadership Forum, and student surveys/focus groups to strengthen the culture of active student participation in the governance of the school.

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

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

The State University of New York at Buffalo (UB), School of Public Health and Health Professions (SPHHP) has four primary sources of funding, each of which is described in detail below. They are:

- State operating allocation – salary support for the majority of our faculty, staff, student assistants, and general expenditures
- State income fund reimbursable (IFR) accounts - state salary reimbursements related to faculty and staff salaries paid by externally-funded grants
- Research grants - funds received from outside agencies in support of research and other scholarly activities
- UB Foundation – funds obtained from donations and other developmental efforts used for scholarships, endowments, and other general expenditures to support the mission of our School

The SPHHP is in its fifth year of a seven year build-out plan that was developed and approved by the Office of the Provost (see Appendix 1.3.c). This plan commits University and School resources to support the expected growth of the School, with the intent of meeting both financial and facilities requirements. As a result of recent decreases in tax revenues in New York State (which traditionally derives considerable taxes from Wall Street), the New York State Governor instructed SUNY units to reduce their permanent budgets. At UB, a 3% cut was ordered in March 2008, and an additional 2.5% cut was planned to be effected in 2009-2010. In October 2008, an additional 2.3% reduction was ordered by the Provost, in response to further cuts ordered by the Governor. These cuts require that building a proposed new Department of Public Health Policy and Practice be delayed until the state budget recovers. Delaying the building of this new department permits the return of UB state funds that had already been given to the School, or were promised for this year and next, and allows the protection and maintenance of the current programs as described. It is expected that recovery of the UB budget will occur in part through increases in tuition, both overall and selectively, and will also be influenced by improvements in the economy.

State Operating Budget

The State University of New York (SUNY) is a public higher education system consisting of 64 campuses across New York State. UB is one of four university centers within the system.

State support is a significant component of the University's operating budget. On an annual basis, SUNY, one of many state agencies, submits a budget request for inclusion in the Governor's Executive Budget. Upon completion, the Executive Budget is submitted to the State Legislature where it is debated together with Senate and Assembly versions. Once all parties have agreed on, and approved, a final budget, implementation can occur. Upon approval of the State budget, SUNY develops a financial plan, approved by the SUNY Board of Trustees, which establishes an operating budget for the campuses. The financial plan reflects allocations based on appropriations in the State budget as well as university generated revenue (such as tuition

and fees). Allocation is then distributed to individual campuses based on a SUNY Budget Allocation Process (BAP) model. In turn, the campus distributes allocations to campus units based on prior year allocation and unit requests.

Income Fund Reimbursable

When New York State-supported faculty and staff from the School serve as investigators on externally-funded grants, the grants typically cover a portion of their salary. The unused state salary monies for that portion of their salary are allocated to the School and are placed in Income Funds Reimbursable (IFR) accounts. According to State rules and regulations, these funds can be used by the School, the Departments, and the investigators for general operations as well as research related activities.

Extramural Grants and Contracts

Funds received from outside agencies in support of research and other scholarly activities are awarded to Principal Investigators (PIs) via the SUNY Research Foundation (RF), a separate not-for-profit corporation. Through a 1977 agreement with SUNY, the RF was designated as the sole organization responsible for managing all of SUNY's externally sponsored programs. Grants and contract award accounts are established and administered by UB's Sponsored Projects Services (SPS), which provides both administrative and accounting services on behalf of the RF. Sponsored Projects Services is responsible for pre-award proposal review and submission as well as post-award processing. Indirect cost rates are provided in Table 1.6.a.

Table 1.6.a University Indirect Rates on Grant Funding

Type of Program	On-campus	Off-campus
Research or Public Service	58.5%	26.0%
Training	53.0%	26.0%
Clinical Trial¹	26.0%	26.0%
Interagency Personnel		
Agreements	7.6%	7.6%
NYS Agency	22.6%	22.6%
Erie County Department of Health		
Clinical Trials which do not have a federal prime	26.0%	26.0%
Subcontract under competitive federal award to Erie County	58.5%	26.0%
All other sponsored programs funded by Erie County	20.6%	20.6%

¹ For Clinical Trials, calculate Facilities and Administrative Costs by multiplying the Clinical Trial rate by total direct costs minus IRB and pharmacy fees.

UB Foundation

Private gifts and philanthropic support received by Principal Investigator's in support of research and scholarly activities are generally administered through UB Foundation (UBF), a separate non-profit educational corporation.

Gifts to the School and its Departments are allocated and utilized according to donor intent. A description of the School's fiscal planning can be found under Criterion 1.3 c(iii).

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

Table 1.6.b Sources of Funds and Expenditures, by major categories, Fiscal Years¹ 2004 to 2009

	2004-2005	2005-2006	2006-2007	2007-2008	2008 - 2009 ²
Source of Funds (in dollars)					
Tuition & Fees	281,815	299,715	350,183	398,828	391,006
State Appropriation	6,460,743	6,635,121	6,944,000	8,714,372	9,006,927
University Funds ³	2,435,057	2,400,284	2,261,448	3,103,626	3,122,798
Grants/Contracts	7,330,645	10,126,532	6,062,429	6,598,417	5,960,622
Indirect Cost Recovery	607,171	336,768	371,415	284,984	270,870
Endowment	1,675,228	1,781,127	1,903,244	2,213,738	2,105,171
Gifts	263,715	340,589	547,026	561,540	77,667
Total Income	20,175,554	23,209,598	18,151,860	21,495,518	20,935,061
Expenditures (in dollars)					
Faculty Salaries & Benefits	4,041,000	4,707,000	5,309,734	6,509,974	6,749,759
Staff Salaries & Benefits ⁴	1,757,000	2,445,000	5,580,509	4,952,861	4,401,051
Operations	9,936,230	10,457,001	5,892,433	4,056,410	3,349,256
Travel	164,564	158,442	176,868	167,958	114,954
Student Support	792,128	711,183	714,278	661,346	746,164
University Tax	0	0	0	0	0
Total Expenditures	16,690,922	18,449,987	17,646,480	16,435,343	15,361,184

¹ UB Fiscal Year runs July 1 to June 30

² 2008 – 2009 fiscal year as of 3/6/09

³ University funds does not include the principal amount in endowments or gifts

⁴ Staff Salaries and Benefits do not include RF Hospital personnel for fiscal years 2004-05, and 2005-06.

The resources for the SPHHP are provided to the School as a whole. Within the School, funds are allotted in a fair and proportionate way to support all Departments, regardless of whether they focus on public health or the health professions. The University has made significant financial commitments to the build-out and growth of the School. These funds have been used to start a new department (Health Behavior), including the hiring of eight new faculty. They also have been used to renovate the physical plant of the School, thereby enhancing the quality of life and the academic experience of the School's faculty, staff and students.

As reflected in our trajectory to date, the School's plans anticipate steady growth during the next few years. However, the rate of growth will be slowed by the challenging financial situation faced by the State of New York and the entire SUNY system. Similar challenges also exist in the area of research awards and expenditures, where there is a decrease in the funding available from NIH, foundations and other external organizations along with increased competition for such funds. Even so, ongoing changes in the research-related culture and activities in the School may increase faculty productivity and success in receiving external funding. Barring other (unknown) financial catastrophes, the School is confident that we have the resources to successfully maintain our current level of educational, research, and service activities. However, wherever possible we will continue to seek diverse sources of funds as well as streamlining of operations to enhance the trajectory of our growth.

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

Not applicable.

1.6.d A concise statement or chart concerning the number (headcount) of faculty in each of the five concentration areas (and any other concentration areas identified in Criterion 2.1) employed by the school as of Fall for each of the last three years

Table 1.6.d Core Faculty Headcount by MPH Concentration Area¹

Concentration Area	Fall 2006	Fall 2007	Fall 2008	Spring 2009
Biostatistics	10	12	12	11
Environmental Health	2	3	4	4
Epidemiology	5	8	8	8
Health Behavior ²	2	4	8	8
Health Services Administration	6	6	4	5

¹ Complete list of faculty names is provided in the Resource File and also available on-line at: https://mysphhp.buffalo.edu/personnel/index.php?reports=1&report=mph_headcount&expand=1

² Social and Behavioral Sciences

Table 1.6.d shows core public health faculty growth from Fall 2006 to the present. Much of this is related to the growth of the new department of Health Behavior, which more than tripled in size. In Spring 2009, there are a total of 36 full-time faculty in the five public health concentrations.

1.6.e A table showing faculty, students, and student/faculty ratios, organized by department or specialty area, or other organizational unit as appropriate to the school for each of the last three years.

Table 1.6.e Faculty, Students, and Student/Faculty Ratios by Department

	Faculty						Students & SFR			
	Core		Other Faculty		Total Faculty		Students		SFR	
	HC	FTE ¹	HC	FTE ²	HC	FTE	HC	FTE ³	Core	Total
2008 – 2009⁴										
Dept of Biostatistics	11	11.0	8	0.8	19	11.8	40	33	3.1	2.9
<i>MPH Biostatistics concentration</i>	11	11.0	5	0.5	16	11.5	1	1	0.1	0.1
Dept of Health Behavior	8	7.5	13	1.0	21	8.5	12	10.4	1.4	1.2
<i>MPH Health Behavior concentration</i>	8	7.5	13	1.0	21	8.5	12	10.4	1.4	1.2
Dept of Ex & Nutrition Sciences (ENS)	14	13.9	16	3.1	30	17	333	327.1	23.5	19.2
<i>Undergraduate⁵</i>	12	11.4	4	.6	16	12	226	226	19.8	18.8
<i>Graduate</i>	14	13.4	15	3.0	29	16.4	107	101.1	7.3	5.9
Dept of Rehabilitation Science (RS)	22	21.6	7	1.0	29	22.6	280	268.9	12.4	12.0
<i>Undergraduate⁶</i>	8	7.6	2	.3	10	7.6	48	48	6.3	6.3
<i>Graduate</i>	22	21.6	5	.7	27	22.3	232	220.9	10.2	9.9
Dept of Soc & Prev Med (SPM)	17	15.8	29	4.03	46	19.8	89	76.6	4.8	3.9
<i>MPH: Environmental Health concentration</i>	4	4	8	1.2	12	5.2	3	2.9	0.8	0.6
<i>MPH Epidemiology concentration</i>	8	7.5	12	1.7	20	9.2	14	10.4	1.4	1.1
<i>MPH Health Services Admin concentration</i>	5	4.3	9	1.1	14	5.4	13	9.7	2.3	1.8
2007 – 2008										
Biostatistics	12	12.0	14	0.80	26	12.8	38	36.5	3.0	2.9
Health Behavior	4	4.0	9	0.10	13	4.1	4	3.5	0.9	0.9
Exercise and Nutrition Sciences	15	14.50	11	1.1	26	15.6	299	299	20.6	19.2
Rehabilitation Science	21	21.00	13	1.2	34	22.2	270	243.5	11.6	11
Social and Preventive Medicine	16	15.94	33	5.4	49	21.3	33	29.9	1.9	1.4
2006 – 2007										
Biostatistics	10	10.0	14	0.80	24	10.8	28	26.5	2.7	2.5
Health Behavior	2	2	1	0.10	3	2.1	0	0	NA	NA
Exercise and Nutrition Sciences	15	14.5	8	0.9	23	15.4	298	297.5	20.5	19.3
Rehabilitation Science	22	22.0	11	0.9	33	22.9	248	237.5	10.8	10.4
Social and Preventive Medicine	15	14.69	32	5.3	47	20.0	27	25.9	1.8	1.3

¹Core Faculty FTE calculated based on FTE on payroll

²Other Faculty FTE calculated based on 0.10FTE per course taught during the academic year and additional FTE based on the extent of involvement in the department (e.g. student mentoring, internship programs, student research)

³Student FTE calculated based on University's revenue percentage allocation per student

⁴ For the current academic year, we display each MPH concentration area separately, and also provide separate rows for undergrad and graduate programs in the Departments of ENS and RS.

⁵ All core faculty in ENS teach graduate students, and all but two teach undergraduates. To best approximate SFRs for undergrad teaching, this row duplicates core faculty HC and FTE. No duplication occurs for "other faculty".

⁶ All core faculty in rehab science teach graduate students, but only 8 teach undergraduates. To best approximate SFRs for undergrad teaching, this row duplicates core faculty HC and FTE. No duplication occurs for "other faculty".

Key: HC=Head Count; Core=Faculty as listed in Table 4.1.a; FTE=Full-time-equivalent; Other=adjunct, part-time and secondary faculty; Total=Core + Other; SFR=Student/Faculty Ratio

Table 1.6.e shows student and faculty headcounts, FTEs and SFRs for the past three years, presented by Department, and for 2008-09, also by each of the five MPH concentration areas. We also break out 2008-09 undergraduate and graduate data in the two Departments with undergraduate majors: ENS and RS. Data shown in the 2008-09 "Department" rows are overall totals for those Departments. Data for earlier years are presented more simply. The new, more specific reporting method will be used in future years.

Student headcounts are highest in the Departments of ENS (333) and RS (280) because ENS houses the BS Program in ES (226) and RS houses relatively large professional preparation programs, i.e., the BS/MS in occupational therapy and the DPT Program. Those departments show higher SFRs than others. This is controlled by capping student admission. Admission to the occupational and physical therapy professional preparation programs has always been limited, and in Fall 2008, admission to the junior sequence in the BS in Exercise Science was capped at 120 students to protect academic quality.

Student counts and associated SFRs are low in the relatively new Department of Health Behavior. This is expected to change with CEPH accreditation and recruitment into the newly organized PhD in Community Health.

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

The School employs a total of 62 full time support staff and another 40 part time staff. Collectively, staff FTEs total 84.24. Support staff are assigned to the Dean's Office and each of the five Departments (see table 1.6.f).

Table 1.6.f Support Staff

	Classified	Professional	Research	Foundation	Total
Department of Biostatistics					
FTE	1.00	1.00	3.00	1.66	6.66
# Full Time	1	1	2	1	5
# Headcount	1	1	4	2	8
Department of Exercise and Nutrition Sciences					
FTE	2.00	3.00	0.49	1.00	6.49
# Full Time	2	3	0	0	5
# Headcount	2	3	1	2	8
Department of Health Behavior					
FTE	0.00	2.00	0.20	0.00	2.20
# Full Time	0	2	0	0	2
# Headcount	0	2	1	0	3
Department of Rehabilitation Science					
FTE	2.75	2.00	2.70	0.60	8.05
# Full Time	2	2	2	0	6
# Headcount	3	2	4	1	10
Department of Social and Preventive Medicine					
FTE	3.00	3.00	26.22	0.00	32.20
# Full Time	3	3	15	0	21
# Headcount	3	3	35	0	41
Office of the Dean					
FTE	2.32	11.00	14.80	0.50	28.62
# Full Time	1	11	12	0	24
# Headcount	3	11	17	1	32
Total FTE	11.07	22.00	47.41	3.76	84.24
Total # Full Time	9	22	31	0	62
Total # Headcount	12	22	62	6	102

1.6.g A concise statement or chart concerning amount of space available to the school by purpose (offices, classrooms, common space for student use, etc.), by program and location.

Table 1.6.g-1 Overall Space (in square feet) of the School by Entity

Admin Offices	Faculty Offices	Research Offices	Classroom	Research Labs	Student Use Areas	Other	Total
Department of Biostatistics							
489.09	2,533.14	1,712.03	0.00	0.00	1,371.60	483.02	6,588.88
Center for Assistive Technology							
108.33	195.42	1,373.52	276.98	474.20	392.20	3,656.94	6,477.59
Center for International Rehabilitation Research Information and Exchange							
0.00	0.00	369.37	0.00	0.00	0.00	0.00	369.37
Center for Health Research							
616.43	0.00	2,080.46	0.00	2,108.21	0.00	846.24	5,651.34
Office of the Dean							
3,723.03	581.18	141.00	996.15	128.38	1,017.47	8,256.30	14,843.51
Department of Exercise and Nutrition Sciences							
106.66	5,279.10	520.93	7,346.38	9,057.52	446.16	901.07	23,657.82
Department of Health Behavior							
193.98	576.91	0.00	0.00	189.78	0.00	492.37	1,453.04
Department of Rehabilitation Science							
1,109.54	3,759.60	1,521.21	8,621.49	2,475.01	192.23	2,882.02	20,561.10
Department of Social and Preventive Medicine							
1,139.90	4,018.50	2,662.80	2,938.54	1,907.87	0.00	3,128.79	15,796.40
Women's Health Initiative							
226.47	0.00	2,219.36	0.00	1,842.30	107.51	1,231.67	5,627.31
7,713.43	16,943.85	12,606.68	20,179.54	18,183.27	3,527.17	21,878.42	101,026.36

The School has approximately 101,000 square feet of University space assigned to the Dean's Office, its five departments, and three research centers. The distribution of this space is outlined in Table 1.6.g. The UB administration has committed financing for a multi-million dollar expansion and upgrade for some of the space within the School and currently the 3rd, 4th, and 5th floors of Kimball Tower are undergoing renovations. The University administration is committed to providing the School with an appropriate amount of space to accommodate its growth.

Table 1.6.g-2 Overall Space (in square feet) of the School by Location

Admin Offices	Faculty Offices	Research Offices	Classroom	Research Labs	Student Use Areas	Other	Total
Farber Hall							
2,578.55	7,409.25	7,114.24	4,491.20	12,344.72	1,836.91	5,931.57	41,706.44
Kimball Tower							
5,134.88	8,355.28	3,073.71	3,492.54	3,174.06	1,690.26	11,143.84	36,064.57
Diefendorf Hall Annex							
0.00	0.00	190.39	8,205.89	128.38	0.00	3,672.69	12,197.35
Diefendorf Hall							
0.00	0.00	0.00	3,490.36	0.00	0.00	1,039.17	4,529.53
Sherman Hall							
0.00	752.97	122.69	499.55	2,032.81	0.00	0.00	3,408.02
Center of Excellence							
0.00	426.35	2,099.65	0.00	0.00	0.00	91.15	2,617.15
Biomedical Research Building							
0.00	0.00	0.00	0.00	503.30	0.00	0.00	503.30
7,713.43	16,943.85	12,600.68	20,179.54	18,183.27	3,527.17	21,878.42	101,026.36

Currently the majority of the faculty offices are located in two buildings (Kimball Tower and Farber Hall) that are in close proximity to each other on the same campus (the South Campus) of the University at Buffalo. Other School and Departmental entities such as laboratories also are located on the South Campus, in different buildings. The dispersion of the School across multiple buildings is overcome by excellent communication linkages and meetings of leadership and faculty in various forums in which multiple Departments are represented. The location of some Departments facilitates relationships with faculty in other schools such as the School of Medicine and Biomedical Sciences.

In addition to office and classroom space specifically assigned to the School, the faculty also has access to classrooms, particularly large lecture halls, in buildings shared among the schools in the Academic Health Center.

1.6.h A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

The School has full service clinical research facilities as well as wet and dry laboratories. Full service clinical research facilities include the Center for Health Research (CHR), a School-wide facility that is available to all faculty on a first-come, first-served basis for conducting externally-funded studies. The CHR includes six interview rooms (four of which were recently renovated to accommodate smoking cessation research), a large meeting room with a kitchen area, two multipurpose rooms, and a phlebotomy room. Specialized equipment includes ultrasound equipment for testing carotid IMT and brachial reactivity. The Women’s Health Initiative also has set aside clinical research facilities and includes a fully equipped and operational laboratory for processing of biological specimens.

The school currently utilizes twenty-nine laboratories occupying 18,183 square feet in five buildings (see Table 1.6.h). Farber Hall contains the bulk of these facilities with 12,345 square

feet of lab space distributed among eighteen labs. Kimball Tower contains 3,174 square feet of space assigned to five labs. Sherman Hall contains 2,033 square feet of space assigned to one lab. The Biomedical Research Building and Diefendorf Annex have approximately 631 square feet of ancillary lab space. Many of our lab facilities include special features and equipment related to the research topic and methodology used by the faculty researchers who use the particular labs. More details regarding lab space and equipment are located in Appendix 1.6.h.

Table 1.6.h. School Laboratory Space by Location

Location (Building)	Square Footage
Farber Hall	12,344.72
Kimball Tower	3,174.06
Sherman Hall	2,032.81
Biomedical Research Building	503.30
Diefendorf Annex	128.38
Total	18,183.27

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

Computer facilities and resources are available to SPHHP faculty, administration, students, and staff from a variety of sources including: 1) SPHHP Information Technology Services; 2) UB Information Technology Services; 3) UB Instructional Technology Services; and 4) UB Technology and Learning Center.

SPHHP-IT Computing Facilities and Resources

In 2008, School personnel utilize 307 desktop computers, 67 laptops, and 218 printers. The School has nine servers used for Departmental and faculty data storage, printer management, Symantec anti-virus, patching, graduate student data storage, research, websites, and course evaluation software.

The School computing lab has distinct management and access options. The Kimball 113 Public Computing Lab is jointly constructed, maintained and supported by the SPHHP and the School of Nursing. It provides a state-of-the-art teaching and learning environment for faculty and students. It has seventy workstations, two teaching stations and two network printers. There is a sound insulated movable partition that can divide the lab into two independent teaching spaces with forty-two and twenty-eight workstations respectively. Students and faculty are surveyed twice a year to identify areas needing improvement including support, access, resources, and the days and hours of operation.

The Departments of Biostatistics and Social and Preventive Medicine also maintain computer facilities for use by their graduate students. The facility overseen by the Department of Biostatistics has four workstations, a networked laser printer, Microsoft Office Suite, and SAS as well as various course applications. The facility overseen by the Department of Social and Preventive Medicine, contains six workstations, a networked laser printer, scanner, Microsoft Office Suite, SAS, and SPSS as well as various course applications.

UB-IT Computing Facilities and Resources

UB Information Technology Services provides a variety of computing resources to students, faculty, administration, and staff including email, personal and course web page hosting, the Blackboard Academic Suite, wireless internet access, public computing sites, virtual private network (VPN) software for access to University resources from off campus and while on public on campus networks, free student printing in many public computing sites, and Turning Technologies' classroom response system enabling students to participate in presentations or lectures by submitting responses to interactive questions via a keypad.

UB-IT also maintains computing facilities in UB libraries, including computers in the Health Sciences Library, which is located on the UB South Campus, in close proximity to the SPHHP.

UB-ITS Computing Facilities and Resources

UB Instructional Technology Services (UB-ITS) manages twenty-one centrally scheduled classrooms on UB's South Campus supporting a variety of class sizes. Sixteen of these spaces are technology classrooms outfitted with networked PCs, LCD projectors, DVD/VHS playback hardware and print material visualizers. Two additional technology classrooms are jointly managed by UB-ITS and SPHHP-IT. In addition, six of these technology classrooms support the ability to digitally record lectures which can subsequently be made available to students online.

UB Teaching and Learning Center Facilities and Resources

UB Teaching and Learning Center (UB-TLC) offers regular workshops and seminar series as well as group and one-on-one instruction on technology enhanced teaching methods and on specific software applications and technology skills to UB instructors and researchers. UB-TLC also maintains a collection of technology equipment available for loan to faculty, instructors, and staff engaged in the preparation of classroom content and other academic presentations (including digital still cameras, digital video cameras, LCD projectors, and PC and Macintosh laptop computers). In addition, Turnitin Plagiarism Prevention Software is available to assist faculty to identify plagiarism and to help students learn how to properly cite sources in scholarly writing.

1.6.j A concise statement of library/information resources available for school use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.

The University at Buffalo offers outstanding resources and technologies to support its teaching, research, and service missions. Currently the library system houses 3.6 million print volumes, 22,000 full-text electronic journals and 5.4 million microforms. UB libraries are members of the Association of Research Libraries and are nationally recognized for excellence in providing access to electronic information resources. Located on the UB South Campus, the Health Sciences Library (HSL) includes over 6,850 current biomedical journal subscriptions (5,009 of which are electronic), 88 biomedical databases, and over 350,000 volumes of book and journal titles. It is the only academic health sciences library in the Western New York area. The HSL is a resource library for the National Network of Libraries of Medicine Middle Atlantic Region and a member of the Association of Academic Health Sciences Libraries.

UB library staff consists of 171 librarians and staff. Reference assistance is provided in person, by phone, instant messaging, and via email. Librarians are available to share their searching

expertise and provide information research consultation for faculty and students working on a thesis, dissertation, research project, or grant proposal. UB Libraries have designated Subject Librarians to serve as liaisons, including one assigned to the SPHHP.

Electronic References

A growing array of electronic information resources including MEDLINE, CINAHL, PsycINFO, Web of Science, Evidence Based Medicine Reviews, and Health Reference Academic Center are available to all faculty, staff, and students either on campus or remotely as well as an online catalogue.

Delivery Service

In addition, the Library's Information Delivery and Access Services provide the campus with 'The Document Express' and the 'ILLiad'. The 'Document Express' enables the requests of documents from UB libraries to be delivered through campus mail, e-mail, fax, or pick up. The ILLiad online Interlibrary Loan service can be used to request materials UB Libraries do not own.

Programs

Information Management Education supports information literacy by providing library instruction on curriculum based and resource based topics including Basic and Advanced Ovid, E-Journals, EndNote, Web of Science, and PDAs. These classes are many times given in the Media Instruction Room of the HSL basement, free to students, faculty, and staff.

Study Amenities

The Health Sciences Library offers a silent study floor upstairs and a group study floor downstairs. Students, faculty, and staff are allowed to take advantage of the group and individual study rooms on the second mezzanine.

Roswell Park Cancer Institute: Edwin A. Mirand Library

In coordination with UB, the Roswell Park Cancer Institute's Edwin A. Mirand Library is open Monday through Saturday, and its resources and services are available to students and faculty from SPHHP, to other libraries, and to individuals in the area who have a particular need for its materials. The Edwin Mirand Library has one of the largest collections of cancer-related materials in New York State, with over 80,000 volumes of journals and monographs. This specialized collection distinguishes the library as a Resource Library within the National Library of Medicine's regional system of health-sciences libraries. Additional resources and services include subscriptions to over 900 print journals and serials, more than 800 full-text electronic journals, a very active interlibrary loan program, as well as the Library Consortium products, "OnCall" the web-based shared online library catalog, and "HUBNET," the nationally recognized electronic medical information resource collection.

1.6.k A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

The School has formal affiliation agreements with over 1,400 sites throughout the United States and Canada. These include 234 Exercise Science sites, 230 Occupational Therapy sites, 972

Physical Therapy sites, 21 Public Health sites, and 11 sites affiliated with the Preventive Medicine Residency program. Five of our academic programs (MPH, Preventive Medicine Residency, Doctor of Physical Therapy, BS/MS in Occupational Therapy, and BS Program in Exercise Science) include an internship or practicum/field work component and make use of these sites. During the 2007-2008 academic year, the School placed 566 students in 487 sites. A list of sites with which SPHHP has formal agreements is provided in Appendix 1.6.k.

The School also has formal agreements with regional research and clinical sites. The regional entities include: UB's Research Institute on Addictions, the Roswell Park Cancer Institute, BlueCross BlueShield of Western New York, Independent Health Association, Jacobs Neurologic Institute, Buffalo General Hospital, and the Erie County Department of Senior Services. These agreements enhance our ability to develop close collaborations on research as well as provide opportunities for student involvement in research, clinical and other educational experiences.

1.6.l A concise statement of the amount and source of "in-kind" academic contributions available for instruction, research and service, indicating where formal agreements exist.

The School has received "in-kind" academic contributions from a variety of sources and kinds. These include contributions to instruction (e.g., guest lectures as a part of class or seminar series, practicum supervision), research (e.g., uncompensated participation on a research project, research supervision) and service (e.g., service on Departmental and School committees, equipment and supplies).

Each year, colleagues and other professionals donate their time and expertise to speak on various educational and research topics from "Data Transformations in Statistics" to "Cultural Competence Education in Rehabilitation". During the 2007-2008 academic year, professional and academics from throughout the United States and Canada gave 103 seminars and guest lecturers. The School considers these unpaid and minimally-compensated speaking engagements to be "in-kind" academic contributions for instruction and research. "In-kind" contributions also occur in the supervision provided to students who participate in research, educational, and clinical experiences at various regional, national, and international sites with which the School has affiliation agreements, as described in 1.6.k.

In some cases, prominent researchers provide research supervision and mentoring to SPHHP students, for which they receive no compensation. These formative research contributions can range from welcoming a student to work in the individual's laboratory to providing feedback on multiple drafts of grant applications and manuscripts.

Community experts and other academics provide "in-kind" service on various committees, including the Dean's Advisory Council. Other contributions have come from donors who have provided the School with "in-kind" contributions of equipment and supplies such as lab coats, a bariatric platform scale, and a Neuromax model 1002 electromyography machine.

1.6.m Identification of outcome measures by which the school may judge the adequacy of its resources, along with data regarding the school's performance against those measures for each of the last three years. At a minimum, the school must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.

Table 1.6.m Outcome Measures Related to Adequacy of Resources

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009 ¹	Five Year Target
Institutional Expenditures per Student FTE						
Total Expenditures	\$14,973,193	\$16,112,514	\$16,649,052	\$17,820,921	\$11,994,746	\$12,594,483
Enrollment (AAFTE) ²	717	708	692	758	781	833
Expenditures/AAFTE ²	\$20,883	\$22,758	\$24,059	\$23,501	\$15,358	\$15,119
Research Dollars per Faculty FTE						
Research Expenditures	\$8,773,008	\$8,948,987	\$8,223,673	\$8,182,870	\$4,688,157	\$9,001,157
Core Faculty FTE	54.44	61.22	71.58	72.00	72.00	79.00
Core Tenure/ Tenure Track Faculty FTE	26	32	35	41	44	49
Expenditures/ Core Faculty FTE	\$161,150	\$146,178	\$114,888	\$113,651	\$65,113	\$113,939
Expenditures/ Core Tenure/ Tenure Track Faculty FTE	\$337,423	\$279,656	\$234,962	\$199,582	\$106,549	\$183,697
Extramural Funding for Service and Training as a Percent of Total Budget						
Extramural Funding	\$767,479	\$1,673,279	\$2,252,873	\$1,836,058	\$1,142,336	\$2,019,664
Budget	\$12,474,000	\$14,746,000	\$18,236,829	\$17,662,825	\$14,104,569	\$15,091,889
%	6.2	11.3	12.4	10.4	8.1	13.4

¹July 1 2008 – March 1 2009

²Annual Average FTE includes all graduate/professional students and only those undergraduate students promoted to the upper division because freshman and sophomores take few SPHP courses.

Complete data are provided through March 1, 2009. UB's fiscal year ends on June 30 of each year, so data for 2008-09 are partial at this time. In Table 1.6.m, we provide three types of indicators of the adequacy of our resources. The first, indicator "Expenditures per student FTE" shows a decrease in the funds available at this time. This reflects funding that is adequate to meet student needs, but is reflective of cuts in funding as a result of challenges to the budget of New York State.

The second indicator, "Research dollars per faculty FTE", is based on expenditures per graduate faculty (i.e., tenure track and tenured), which is relatively strong. The data presented in Table 1.6.m indicated that during the past three years there has been a growth in the number of faculty and a slight decrease in the research funds per faculty FTE. This reflects the hiring of a relatively new cohort of junior faculty (e.g., in the new department of Health Behavior) who are in the process of establishing their research programs. We expect a stabilizing and slight increase in research dollars per faculty when these research programs come "on line". We also

anticipate stability in light of the current national trend for a decline in the availability and amount of research dollars.

Extramural awards for service and training constitute a healthy amount of the total budget. We anticipate that this will continue, particularly when the School becomes accredited.

1.6.n Assessment of the extent to which this criterion is met

This criterion is met.

Strengths

The UB financial build-out plan for SPHHP has been able to provide the resources required for combining established departments and newly formed department to create a viable School of Public Health and Health Professions.

Within the past three years, The School has built a new department of Health Behavior. However, plans to add a new department of Health Policy and Practice are on hold because of a decrease in New York State funding.

SPHHP has a sound financial management system in keeping with the established policies and procedures of UB and the State University of New York system.

The SPHHP contains a critical mass of faculty needed to cover the five core concentration areas in public health and the three Ph.D. areas.

The School currently has adequate academic, research, and service space for our programs, along with excellent library and computing resources.

The School's academic environment and success is supported by an active set of colleagues, community organizations, governmental entities, and alumni who provide in-kind contributions to our instructional, research, and service activities.

Weaknesses

The New York State budget for UB and for the School declined in 2008-2009 by 5.3% and is likely to decline by an additional 2.5% (or more) next year. To address these cuts, the School has placed a hold on building of a new Department of Health Policy and Practice, in which the Health Services Administration MPH eventually will be housed.

National reductions in the amount and availability of research funds have created many challenges for faculty, particularly junior faculty, as they try to build and maintain portfolios of externally-funded research.

Plans

Work with UB and other SUNY schools to restore New York State support for higher education.

Work within UB to restore funding for the proposed Department of Health Policy and Practice that currently is on hold.

Make further modifications to the Ph.D. program in Community Health to enhance its grounding in social and behavioral sciences; change the name of the program to “PhD in Community Health and Health Behavior” to better reflect the revised curriculum.

Diversify sources of income through development of additional educational opportunities (e.g., summer school, continuing education).

Continue efforts to maintain and build research productivity and increase external research funding portfolios for all faculty.



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Criterion 2.0

Instructional Programs

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CRITERION 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 master's degree in at least five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

The School offers the Master of Public Health (MPH) degree with five areas of concentration: Biostatistics, Environmental Health Sciences, Epidemiology, Health Behavior (Social and Behavioral Sciences), and Health Services Administration. The School also offers public health doctoral degree programs in Biostatistics, Epidemiology, and Community Health. A doctoral degree in Epidemiology and Community Health will end when all current students have graduated.

All aspects of training for the MPH program is overseen by the MPH Program Committee, which has several subcommittees (Entrance Requirements, Field Training, Integrative Project, Curriculum/Competencies/Assessment), each charged to review current practices and identify opportunities for improvement.

2.1.a An instructional matrix presenting all of the school's degree programs and areas of specialization, including undergraduate degrees, if any. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

In addition to the MPH degree and the three PhD degrees offered in traditional public health disciplines, the School offers two masters degrees in traditional public health disciplines, a Bachelor of Science (BS) degree in Exercise Science, three Master of Science (MS) degrees in other health disciplines, two PhD degrees in other health disciplines, and a Doctor of Physical Therapy degree (Table 2.1.a Instructional Matrix). The PhD program in Rehabilitation Science is being revised, in part to add a public health component. Students currently enrolled in the program are completing studies, but an admissions hiatus is in place until the revisions are formally approved by the State Education Department. Three joint degrees are offered at the BS/MS levels, one of which will end when all current students have graduated. A joint MD/PhD degree is also offered, the PhD being in Epidemiology. In addition, the MPH degree is offered collaboratively as multi-award degrees with six other disciplines (see Criterion 2.11 for more details).

Table 2.1.a Instructional Matrix – Degree/Specialization

Degree/Specialization	Academic	Professional
Bachelor's Degrees		
Bachelor of Science – Exercise Science	X	
Masters Degrees		
Master of Arts – Biostatistics	X	
Master of Public Health – Biostatistics		X
Master of Public Health – Epidemiology		X
Master of Public Health – Environmental Health Sciences		X
Master of Public Health – Health Behavior		X
Master of Public Health – Health Services Administration		X
Master of Science – Epidemiology	X	
Master of Science – Exercise Science	X	
Master of Science – Nutrition - Clinical Nutrition Track		X
- Nutrition Science Track	X	
Master of Science – Occupational Therapy	X	
Doctoral Degrees		
Doctor of Philosophy – Biostatistics	X	
Doctor of Philosophy – Epidemiology	X	
Doctor of Philosophy – Community Health	X	
Doctor of Philosophy – Epidemiology and Community Health ¹	X	
Doctor of Philosophy – Exercise Science	X	
Doctor of Philosophy – Rehabilitation Science ²	X	
Doctor of Physical Therapy – Physical Therapy		X
Joint Degrees		
Bachelor of Science and Master of Science – Athletic Training ¹		X
Bachelor of Science in Exercise Science/Master of Science in Nutrition Science	X	
Bachelor of Science in Occupational Science and Master of Science in Occupational Therapy		X
MD/PhD (PhD in Epidemiology)	X	
Multiple-Award Degrees		
BS in Exercise Science/MPH (MPH in Epidemiology)	X (BS)	X (MPH)
MPH/JD		X
MPH/MBA		X
MPH/MD		X
MPH/MSW		X
MPH/PharmD		X

¹ Degree program ends when all current students have graduated

² PhD Program in Rehabilitation Science is being revised and admission of new students will resume when formal approval of proposed changes is obtained

2.1.b The school bulletin or other official publication, which describes all curricula offered by the school for all degree programs. If the school does not publish a bulletin or other official publication, it must provide for each degree program and area of concentration identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

The School does not publish a bulletin; however a course catalog with program curricula and course descriptions has been prepared and is included with the materials transmitted to CEPH.

The official descriptions for all academic and professional programs can be found on the SPHHP's Departmental websites, at: <http://sphhp.buffalo.edu/departments.php>.

2.1.c Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The SPHHP provides the MPH degree in five concentration areas and three public health PhD programs.

The MPH degree is offered with six other degrees as multiple award degrees, and masters degrees are offered in Biostatistics and Epidemiology.

The School also has professional and academic degree programs in several fields that are complementary to public health.

Weaknesses

None identified.

Plans

The SPHHP will continue to offer the current list of graduate degrees.

The SPHHP will pursue changes in the Rehabilitation Science PhD program.

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

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

The University at Buffalo defines one semester credit as being equal to 50 minutes of classroom-contact time per week. For practice experiences that take place outside of the classroom, one credit is based on 40 hours of onsite experience.

2.2.b Information about the minimum degree requirement for all professional degree curricula shown in the instructional matrix.

The MPH program is 49 credits for the biostatistics, epidemiology, health behavior, and health services administration concentrations and 50 credits for the environmental health concentration. The MPH program can be completed in four semesters ("two" years) with full-time attendance. Individuals with relevant prior experience and/or education can request waivers for the field training, the biological basis of public health course, and up to two additional courses thereby potentially reducing the number of credit hours to 33 credits. The biological basis of public health course (SPM 535, 3-credits) can be waived for health professionals (for example, physicians, doctors of osteopathy, doctors of chiropractic, nurses, dentists, veterinarians, medical technologists, and physician assistants) and students with relevant prior course work and work experience.

2.2.c Information about the number of MPH degrees awarded for less than 42 semester credit units over each of the last three years. A summary of the reasons should be included.

In the past three full academic years (2005-2006, 2006-2007, 2007-2008) thirteen students were awarded the MPH degree for less than 42 credits (all graduated with 40 credits). For the current academic year through February 2009, one student will be awarded the MPH degree with 40 credits. Reasons for graduating with fewer than 42 credits included:

- Four preventive medicine residents who had a practicum year but did not register for credit and as physicians were also waived out of SPM 535 Biological Basis of Public Health.
- Five physicians and one chiropractor who had relevant experience for their concentration were waived out of field training (practical experience) and as health professionals were also waived out of SPM 535. Biological Basis of Public Health.
- One physician who did the field training but because she was paid due to legal reasons could not register for credit. As a physician, she also was waived out of SPM 535 Biological Basis of Public Health.
- One student who did the field training but because she was paid due to legal reasons could not register for credit. She also was waived out of SPM 535 Biological Basis of Public Health based on prior course work.
- One student waived out of field training because of prior work experience. She also waived out of STA 506 Introduction to Statistical Computing for Public Health Practitioners based on her documented statistical computing experience and skills.
- One student who worked at the Erie County Health Department and did not need to do a separate field training and who also had prior course work by which she was waived out of SPM 535 Biological Basis of Public Health.

2.2.d Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

Within the SPHHP, the number of credits hours for the MPH degree is 49 for all concentrations except environmental health for which it is 50 credit hours. This exceeds the requirement of a minimum of 42 semester credit units.

Weaknesses

There are no weaknesses in that students who graduated with fewer than 42 credit hours had appropriate reasons for doing so.

Plans

It is the School's intention to maintain the MPH program requirements in excess of the minimum required 42 credit hours.

The MPH Program Director and the MPH Program Committee will assure that the MPH stays at or exceeds the minimum number of 42 required credit hours.

The standards for obtaining waivers will continue to be reviewed and adjusted as appropriate (e.g., see Waiver Criteria in Criterion 2.4.a). The responsible entity is the MPH Program Committee.

2.3 Public Health Core Knowledge. All professional degree students must demonstrate an understanding of the public health core knowledge.

The School offers the MPH degree and no other equivalent professional master’s degrees. All MPH students, irrespective of their concentration, are required to take a set of core courses including five courses that present the basics of each of the five public health core knowledge areas. In addition, general public health courses are required; one on principles of public health and another covering the biological basis for public health. The courses and descriptions are presented in the following table. Students are required to obtain a grade of “B” or better in these courses.

Table 2.3 Public Health Core Knowledge

Core knowledge area	Course and course description
Biostatistics	STA 527 Introduction to Medical Statistics (4 credits) Descriptive statistics, probability concepts (independence, conditional probability), probability distributions of random variables, sampling distributions, estimation, confidence intervals, hypothesis testing, analysis of variance procedures, linear regression, nonparametric methods. Computers and statistical packages will be used throughout the course. No extensive computer experience is required.
Epidemiology	SPM 501 Principles of Epidemiology (4 credits) Introduction to the basic principles, methods and uses of epidemiology.
Environmental health	SPM 549 Environmental Health (3 credits) An introductory course that explores the role of environmental factors in health with an emphasis on characterization, assessment, and control of environmental hazards. Topics include application of toxicological and epidemiologic methods in assessing risk and setting exposure limits; the nature of and control of hazards associated with food, water, air, solid and liquid waste, occupation, and radiation; risk communication and management, environmental justice; and environmental laws. The course concludes by examining the impact of human activity, such as energy use and pollution, on the environment and how human-induced environmental change, in turn, impacts public health and that of the planet as a whole.
Health services administration	SPM 507 Introduction to Health Care Organization (3 credits) Broad introduction to health care delivery in the US. Examines topics such as health manpower, ambulatory care, hospitals, long-term care, managed care, financing, cost containment, and quality of care.
Social and behavioral sciences	HB 527 Study of Health Behavior (3 credits) Examination of selected approaches for explaining people's health-related behaviors (i.e., cultural, economic, social structure, social psychological), and a review of intervention strategies designed to modify health-related behaviors.
General Public Health	SPM 533 Principles of Public Health (3 credits) Provides an introduction to the concepts and practice of public health at the community, state, and national levels. Addresses the philosophy, purpose, history, organization, function, tools, activities and results of public health practice along with a number of important health issues and problems facing the public health system. SPM 535 Biological Basis for Public Health (3 credits) Intended for students with little or no background in the biological sciences and health professions. The course provides a broad overview of public health topics related to human health and disease focusing on disease etiology with particular emphasis on parasitic and microbial infections.

Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The MPH program has the five courses necessary to provide students with core public health knowledge, as well as two courses providing general public health information.

Weaknesses

None identified.

Plans

The MPH Program intends to retain these essential core courses.

The core courses in the five basic public health disciplines are required by accreditation standards. Any changes in the general public health courses would require approval of the MPH Program Committee.

The Curriculum/Competencies/Assessment subcommittee of the MPH Program Committee will collect and examine feedback from students, graduates and employers as it considers topics such as course syllabi, adequacy of competencies addressed, and methods to assess student accomplishment. This is an ongoing effort by the Curriculum/Competencies/Assessment subcommittee. The subcommittee is as of this writing (March 2009) finalizing guidelines with examples for standardized syllabi, has provided suggestions for improving the MPH program evaluation questionnaires, and has ongoing discussions on how to approach evaluations of competencies at a program level.

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.

2.4.a Description of the school's policies and procedures regarding practice experiences, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites and preceptor qualifications, and criteria for waiving the experience.

The SPHHP strives to identify and conduct field training experiences that are beneficial for students and the sites hosting them. The practice experience consists of at least 240 clock hours equaling 6 credit hours. The work can be done over the summer, in one semester or in two semesters. Students can do field training at their place of employment if it is independent of their regular work and not required by their employer.

Specific objectives of the field training experience are to: provide students with experience working in a public health environment; have students involved in activities providing benefit to the site; provide a learning experience by applying what was learned in the classroom or extension of that learning into new areas, and motivate further learning; help students envision their own career paths and gain insight into various types of employment opportunities; identify a topic to be investigated in more detail in the MPH integrative project; and obtain job references. Competencies acquired vary by particular experiences. Competencies are provided in Appendix 2.6.c-5. The Field Training subcommittee of the MPH Program Committee considers topics such as criteria for sites and preceptors, adequacy of sites, and waiver criteria, which are discussed below.

Selection of Field Training Sites

Minimally, sites are required to 1) conduct programs relevant to MPH concentrations, 2) be oriented at the population level, and 3) focus on prevention. Potential sites are identified by students, faculty, and the Office of Public Health Practice and brought to the attention of the MPH concentration area directors and the MPH Program Director. Concentration directors assess site suitability for their concentrations. The MPH Program Director arranges affiliation agreements and posts information on the MPH website. Affiliation agreements are between the University at Buffalo and sites and provide liability insurance coverage. A site list is in Appendix 2.4.a-1.

Method for Approving and Evaluating Preceptors

The minimal criterion is that preceptors must have expertise demonstrated by at least one year of relevant work experience or adequate formal education. Preceptor qualifications are verified by concentration area directors or the MPH Program Director.

Procedures and Faculty Supervision

Students, in consultation with their faculty advisors, identify potential sites for their field training. Site descriptions are on the website (http://sphhp.buffalo.edu/mph/program/field_training_sites.php). If a student identifies a potential site not listed and it meets the site selection criteria and is judged suitable by the appropriate concentration area director, then the MPH Program Director initiates an affiliation agreement. The student meets with the prospective mentor to determine if the student is compatible with the

site and, if so, the student arranges a meeting between the student, mentor, and faculty advisor. The overall process is documented and guided by the forms shown in Appendix 2.4.a-2. The first step involves completing “Form 1 -- Confirmation of Field Training” documenting field training objectives and activities. Shortly into the field training a second form (“Form 2 -- Early Review of Field Training”) is completed documenting progress and any changes in the original plan. The field site mentor provides on-site student supervision. When field training is with projects conducted by SPHHP primary or secondary faculty, the faculty advisor and field site mentor may be the same person. Students maintain a time record, submit a field training report, and complete an evaluation of the experience (“Form 3 – Student Evaluation of the Field Training”). The mentor also evaluates the student (“Form 4 – Field Site Mentor’s Evaluation of the Field Training”). The faculty advisor monitors student progress, reviews the report and evaluations, and assigns a grade (satisfactory or unsatisfactory).

Evaluation of Field Training Sites

Through their contact with students, faculty advisors can identify site shortcomings. In evaluating sites, such information and student and mentor evaluations are considered by the concentration area directors, the Field Training subcommittee of the MPH Program Committee, and the MPH Program Director.

Waiver Criteria

Students with relevant prior experience can request a waiver from the field training requirement. The MPH Program Committee requires students requesting a waiver to document that their public health experience was 1) relevant to their MPH concentration, 2) cohesive, focused, and of appropriate quality as determined by their concentration area director, and 3) of sufficient duration (at least 120 clock hours in a single cohesive experience for a 3 credit waiver and 240 clock hours in one or two cohesive experiences for a 6 credit waiver). Students requesting a waiver complete “Form 5 -- Waiver Request for Field Training Credit Based on Previous Public Health Experience,” which is provided in Appendix 2.4.a-2. Any waiver request must be approved by the Departmental director of graduate studies and the MPH Program Director.

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

The agencies and preceptors used for practice experiences by MPH students other than preventive medicine residents are listed in Table 2.4.b. Information on the practicum rotations of preventive medicine residents is provided in Criterion 2.4.d.

Table 2.4.b Practice Experience Agencies and Preceptors Spring 2007 – Spring 2009¹

Student	Date	Field training site	Preceptor	Faculty advisor
Biostatistics				
A	Spring 2007	SPHHP Population Health Observatory	Jinhee Yu, PhD	Jinhee Yu, PhD
Environmental Health				
B	Summer 2007	Erie County Health Department, Environmental Health Services	Mr. Thomas P. Casey, Associate Public Health Engineer	Carl Li, MD
C	Summer 2007	Genesee County Health Department	Ginny Sellan, RN Supervisor of Public Health	William Scheider, PhD
D	Summer 2008	Clean Air Coalition of Western New York	Ms. Jackie James, Executive Director	Carole Rudra, PhD
E	Fall 2008 Spring 2009	Women's Health Initiative, University at Buffalo	Dr. Karen Falkner, Study Coordinator	Jean Wactawski-Wende, PhD
Epidemiology				
F	Summer 2007	Western New York Worksite Wellness Project, UB	Cassandra Hoebbel, M.A. WNYWW Project Director	Joan Dorn, PhD
G	Spring, Fall 2007	Behavioral Medicine Laboratory, UB School of Medicine and Biomedical Sciences	Leonard Epstein, PhD, Director	Leonard Epstein, PhD
H	Fall 2007	Roswell Park Cancer Institute	Martin Mahoney, MD, PhD	Martin Mahoney, MD, PhD
I	Spring, Summer 2008	Kaleida Health School Based Health Programs	Ms. Melva Visher, Director	Joan Dorn, PhD
J	Spring 2008	Independent Health Association	Susan Becker, RN, BSN, Health Management Program Coordinator	Carl Li, MD
K	Summer 2008	Erie County Health Department, Epidemiology	Dr. Heather Lindstrom, Mary Walawander, Epidemiologists	Carl Li, MD
L	Summer 2008	Erie County Health Department	Peter Tripi, Senior Public Health Sanitarian, Vector Control Program	William Scheider, PhD
M	Fall 2008	Women's Health Initiative, University at Buffalo	Dr. Karen Falkner, Study Coordinator	Jean Wactawski-Wende, PhD
N	Fall 2008	Erie County Health Department	Tracy Chalmers, Director, Office of Public Health Emergency Preparedness	Carl Li, MD
O	Fall 2008	Erie County Health Department	Cheryll Moore, Community Coalition Coordinator	Carl Li, MD
	Spring 2009	Erie County Health Department, Epidemiology	Mary Walawander, Epidemiologists	Carl Li, MD
Health Behavior				
P	Summer, Fall 2008	Growing Green, Massachusetts Avenue Project	Diane Picard, MSW, Growing Green Project Director	Gary Giovino, PhD
Q	Fall 2008	Wellness Institute of Greater Buffalo and Western New York	Philip Haberstro, Director	Gary Giovino, PhD
	Spring 2009	Erie County Health Department	Cheryll Moore, Community Coalition Coordinator	Gary Giovino, PhD
R	Spring 2009	Erie County Health Department	Cheryll Moore, Community Coalition Coordinator	Gary Giovino, PhD
Health Services Administration				
S	Spring, Fall 2007	Family Justice Center of Erie County	Paul Gevirtzman, LCSW, Program Coordinator	Dennis Bertram, MD, ScD
T	Spring, Fall 2008	Roswell Park Cancer Institute, BMT program evaluation	Student has the responsible managerial role at RPCI	Frank Schimpfhauser PhD
U	Spring 2007	Community Economic Development, UB Law School	Professor Lauren Breen	Professor Lauren Breen

		clinics		
V	Spring 2008	Erie County Health Department, prison pandemic flu planning	Lee Nadler, Medical Care Administrator	Donald Rowe, PhD
W	Spring 2008	Government Affairs Office, Independent Health	Roberta Rifkin, Director	Dennis Bertram, MD, ScD
X	Summer 2008	Genesee County Health Department	Cary Midla, Supervisor of Certified Home health Agency and Long Term Home Health Care Program	Donald Rowe, PhD
Y	Summer, Fall 2008	Gaymar Industries	Heather Lindstrom, PhD, Clinical Research Manager	Carl Li, MD
Z	Fall 2008	Independent Health Association	Carey Shoemaker, Director, Care Coordination	Frank Schimpfhauser PhD
AA	Fall 2008 Spring 2009	Independent Health Association	Carey Shoemaker, Director, Care Coordination	Ken Rogers
BB	Spring 2009	Western New York Public Health Alliance	Kristina Young, Executive Director	Donald Rowe, PhD
CC	Spring 2009	Community Health Foundation and Northwest Buffalo Community Health Care Center	Joanne Haefner, Interim Executive Director, Northwest Buffalo Community Health Center	Gayle Brazeau, PhD

[†] Excludes preventive medicine residents completing their practicum years (see Criterion 2.4.d).

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

Six students were waived in the June 2005-May 2006 academic year, five in the 2006-2007 academic year and no students were waived in the 2007-2008 academic year. To date (March 2009), no students have been waived for the 2008-2009 academic year. Reasons for waivers are provided in Appendix 2.4.c.

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

There were six preventive medicine residents in the academic years 2006-2007 (3 residents), 2007-2008 (1 resident), and 2008-2009 (2 residents). All except one were in the MPH degree program. The residents in the practicum years and their rotations follow.

2005 – 2006

Resident A – Occupational Health, Buffalo General Hospital; Geriatric Medicine, Department of Medicine; Worksite Wellness Program, Department of Social and Preventive Medicine; Alcoholism and Substance Abuse, Kaleida Health.

Resident B – OSHA Consultation Bureau, OSHA; Continuity Clinic, Family Medicine; Robert Graham Center, Society of Family Practice, Washington, DC; Preventive Cardiology, buffalo Cardiology and Pulmonary Diseases Associates; Alcoholism and Substance Abuse, Kaleida Health; Continuity Clinic, Family Medicine.

Resident C – Occupational Health, Buffalo General Hospital; Evidence Based Medicine, Department of Medicine; Continuity Clinic and QI Project, Ambulatory Care Center, Kaleida Health; Worksite Wellness Program, Department of Social and Preventive Medicine; Alcoholism and Substance Abuse, Kaleida Health.

2006 – 2007

Resident D – Cardiology, Buffalo Cardiology & Pulmonary Diseases Associates; Geriatrics, Department of Medicine; Alcoholism and Substance Abuse, Kaleida Health; Cancer Prevention, Roswell Park Cancer Institute; Continuity Clinic, Allergy-Immunology, Buffalo General Hospital.

2007 – 2008

Resident E – Lipid Reduction Clinic, Buffalo Cardiology and Pulmonary Diseases Associates; Erie County Department of Health; Continuity Clinic and Geriatrics, Millard Fillmore Gates Hospital.

Resident F – Health Policy, Independent Health; Erie County Health Department; School Based Health, Kaleida Health; Partners for Prevention Program, American Cancer Society; Roswell Park Cancer Institute; Addiction Clinic, Kaleida Health; Management of Health Risk Enrollees, Independent Health; Ambulatory Clinic, Towne Garden Pediatrics.

Resident G - Office of Disease Prevention and Health Promotion, HHS; Health Administration, Catholic IPA; Ambulatory Care, Clarence Sheridan Medical Center; Erie County Department of Health; Lipid Risk Reduction Clinic, Buffalo Cardiology and Pulmonary Diseases Associates; Health Policy, Independent Health; Roswell Park Cancer Institute.

Resident H (MS in Epidemiology degree program) - Agency for Health Research & Quality, Washington DC; Ambulatory Clinic, Family Medicine; WNY Diabetes Clinic, Millard Fillmore; Jefferson Family Medicine; Erie County Department of Health; Independent Health; Lipid Risk Reduction Clinic, Buffalo Cardiology and Pulmonary Diseases Associates.

2008-2009 (completed and anticipated rotations)

Resident H (continuation) - Agency for Healthcare Research and Quality, Bethesda, MD; Roswell Park Cancer Institute, Department of Cancer Prevention and Population Sciences; Department of Social and Preventive Medicine, SPHHP, completion of master's thesis; Jefferson Family Medicine Center, primary care continuity clinic.

Resident I - Roswell Park Cancer Institute, Medical Genetics Program; Erie County Health Department; Independent Health Association (MCO, policy experience); Occupational Medicine, Employee Health Service, Kaleida Health System; Preventive Cardiology, Buffalo Cardiology and Pulmonary Associates; Clarence-Sheridan Medical Center, primary care continuity clinic.

2.4.e Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

There is an adequate number and variety of sites relevant to public health and the MPH concentration areas including local health departments and the Western Region of the New York State Department of Health.

Oversight is provided by the MPH Program Committee and its Field Training Subcommittee, which provide mechanisms for assuring good experiences and evaluating students and sites.

The Office of Public Health Practice, through the leadership of its Public Health Liaison, provides contacts with the practicing public health community that will help to identify additional sites.

Weaknesses

Steps to strengthen the practicum experience have only recently taken place and it will take time to assess their effectiveness.

Plans

The MPH Program Committee and its Field Training Subcommittee are examining how to assure the incorporation of competencies into the field training experiences and to identify other opportunities for improving field training. This is an ongoing effort. The Field Training Subcommittee has as of this writing (March 2009) obtained concentration-specific field training competencies from each of the concentration areas.

The Office of Public Health Practice, in cooperation with the concentration area directors, will continue to seek additional sites to accommodate program growth.

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

2.5.a Identification of the culminating experience required for each degree program.

A culminating experience is required for all graduate degree programs in the SPHHP. These culminating experiences differ based on discipline and program requirements, but each experience is designed so that students can demonstrate the requisite knowledge and skills.

The MPH integrative project is the culminating learning experience for each MPH concentration. The MPH Program Committee has an Integrative Project subcommittee that considers topics such as assessing integration and evaluating student presentations. Students demonstrate integration of public health knowledge and skills by addressing a specific public health issue. The integrative project gives students the opportunity to incorporate what they learned from their courses and practice experiences. The project takes the form of a paper prepared during a student's last semester, providing them further experience in writing and critical thinking. Students are advised to prepare for their project before their last semester, particularly by researching the literature. Students are given example outlines for five types of projects: 1) analyzing a public health problem, 2) writing a public health research grant proposal, 3) designing a program/community intervention, 4) proposing a program evaluation, and 5) describing the epidemiology of a selected health problem. Faculty and students have the option of developing their own project rather than following one of the suggested options as, for example, when students do a study related to faculty research or other projects. Instructions are provided on-line (see http://sphhp.buffalo.edu/mph/program/project_instructions.php and http://sphhp.buffalo.edu/mph/program/project_guidelines.php).

MPH students work with faculty on a one-on-one basis. Competencies vary by projects, but students must demonstrate effective written and oral skills for communicating with different audiences in a professional manner and they must demonstrate integration by identifying linkages between the specifics of their project's topic and the five public health disciplines. Students give an oral presentation based on their integrative project which provides experience in public speaking. A list of project titles is provided in Appendix 2.5.a. Student surveys find that most MPH students are somewhat to very satisfied with their integrative project experience (see the Resource File for survey reports).

Among the other (i.e., non MPH) degree programs, the culminating experiences include: an internship (BS in Exercise Science), a thesis or project (for all MS degree programs) or a dissertation (for all PhD degree programs). Please see Table 2.9.c for a detailed listing.

2.5.b Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

MPH students are provided detailed instructions, guidelines, and resources on the MPH website to help them with their culminating projects.

There is a variety of options for the MPH integrative project and students are assigned to a faculty advisor for one-on-one guidance.

Oversight is provided by the MPH Program Committee and its Integrative Project subcommittee.

Survey data on the culminating experience are starting to be collected from MPH students and the results are encouraging.

Weaknesses

Currently, the School lacks a way to assure that competencies have been incorporated and achieved in each integrative project.

Plans

The Integrative Project subcommittee of the MPH Program Committee has developed a rating form that faculty can use to assess the level of integration of the five core public health disciplines in students' projects and next will develop forms to assess accomplishment of concentration-specific competencies and evaluate student presentations.

Use feedback from surveys of graduates and other mechanisms to improve student satisfaction with the culminating experience.

The MPH Program Committee Integrative Project Subcommittee will be reviewing in upcoming meetings responses from prior questionnaires of current students and graduates as part of the subcommittee's activities to look for opportunities to improve the integrative project.

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.

2.6.a Identification of school wide core public health competencies that all MPH or equivalent professional degree students are expected to achieve through their courses of study.

The School-wide core public health competencies that all MPH degree students are expected to achieve were adopted from those recommended by the Association of Schools of Public Health. These are well known and include the seven interdisciplinary competencies in 1) public health biology, 2) leadership, 3) communication and informatics, 4) diversity and culture, 5) program planning, 6) professionalism, and 7) systems thinking. The SPHHP also adopted competencies for the five discipline-specific areas in 1) biostatistics, 2) environmental health sciences, 3) epidemiology, 4) health policy and management, and 5) social and behavioral sciences.

2.6.b Matrix that identifies the learning experiences by which the core public health competencies are met.

The ASPH competencies addressed by the core courses taken by MPH students are in Table 2.6.b-1. The matrix that provides the instructional objectives, methods, and assessment for these courses is in Appendix 2.6.b-1. Note that STA 506 Statistical Computing for Public Health Practitioners is an elective for students in the health services administration concentration but a requirement in all other concentrations. Syllabi for all courses are available in the Resource File.

Table 2.6.b-1 ASPH Competencies Addressed by MPH Core Courses¹

Public Health Biology Competencies

Competency	Courses
Specify the role of the immune system in population health.	SPM 535, SPM 507
Describe how behavior alters human biology.	SPM 535, SPM 507, HB 527
Identify ethical, social & legal issues implied by public health biology.	SPM 535, SPM 507
Explain the biological and molecular basis of public health.	SPM 535, HB 527, SPM 549
Explain role of biology in ecological model of population-based health.	SPM 535, SPM 549
Explain how genetics and genomics affect disease processes and public health policy and practice.	SPM 535
Articulate how biological, chemical & physical agents affect human health.	SPM 535, SPM 549
Apply biological principles to development and implementation of disease prevention, control, or management programs.	SPM 501, SPM 507, SPM 549
Apply evidence-based biological and molecular concepts to inform public health laws, policies, and regulations.	SPM 535, SPM 507, SPM 549
Integrate general biological & molecular concepts into public health.	SPM 535, SPM 549

Leadership Competencies

Competency	Courses
Describe alternative strategies for collaboration and partnership among organizations, focused on public health goals.	SPM 529, HB 527, SPM 533
Engage in dialogue & learning from others to advance public health goals.	SPM 507
Demonstrate team building, negotiation, and conflict management skills.	SPM 507
Apply social justice and human rights principles when addressing community needs.	HB 527, SPM 533
Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation.	SPM 507, HB 527

Communication and Informatics Competencies

Competency	Courses
Describe how societal, organizational, and individual factors influence and are influenced by public health communications.	HB 527
Apply theory and strategy-based communication principles across different settings and audiences.	SPM 549, HB 527
Apply legal and ethical principles to the use of information technology and resources in public health settings.	HB 527
Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.	SPM 549, HB 527
Use informatics and communication methods to advocate for community public health programs and policies.	HB 527

Diversity and Culture Competencies

Competency	Courses
Describe the roles of history, power, privilege and structural inequality in producing health disparities.	HB 527, SPM 549, SPM 533
Explain why cultural competence alone cannot address health disparity.	HB 527
Use the basic concepts and skills involved in culturally appropriate community engagement and empowerment with diverse communities.	HB 527
Apply the principles of community-based participatory research (CBPR) to improve health in diverse populations.	HB 527
Differentiate among availability, acceptability, accessibility of health care across diverse populations.	SPM 507
Differentiate between linguistic competence, cultural competency, and health literacy in public health practice.	HB 527

Program Planning Competencies

Competency	Courses
Describe how social, behavioral, environmental, and biological factors contribute to specific individual and community health outcomes.	HB 527, SPM 533
Describe the tasks necessary to assure that program implementation occurs as intended.	SPM 533

Differentiate between qualitative and quantitative evaluation methods in relation to their strengths, limitations, and appropriate uses, and emphases on reliability and validity.	SPM 507
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Professionalism Competencies

Competency	Courses
Discuss sentinel events in the history and development of the public health profession and their relevance for practice in the field.	SPM 533
Apply basic principles of ethical to issues of public health practice and policy.	SPM 533
Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health.	SPM 507, SPM 549, HB 527
Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.	SPM 533
Analyze determinants of health and disease using an ecological framework.	HB 527, SPM 533
Distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of public health programs.	HB 527, SPM 533
Embrace a definition of public health that captures the unique characteristics of the field and how these contribute to professional practice.	SPM 533
Appreciate the importance of working collaboratively with diverse communities and constituencies (e.g., researchers, practitioners, agencies, organizations).	HB 527
Value commitment to lifelong learning and professional service including active participation in professional organizations.	HB 527, SPM 533

Systems Thinking Competencies

Competency	Courses
Identify characteristics of a system.	SPM 549, HB 527
Identify unintended consequences produced by changes made to a public health system.	SPM 549
Provide examples of feedback loops and “stocks and flows” within a public health system.	SPM 549
Explain how systems (e.g. individuals, social networks, organizations, and communities) may be viewed as systems within systems in the analysis of public health problems.	HB 527
Explain how the contexts of gender, race, poverty, history, migration, and culture are important in the design of interventions within public health systems.	HB 527
Assess strengths and weaknesses of applying the systems approach to public health problems.	HB 527

Biostatistics Competencies

Competency	Courses
Describe the roles biostatistics serves in the discipline of public health.	HB 527, SPM 533, STA 527
Describe basic concepts of probability, random variation and commonly used statistical probability distributions.	STA 527
Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.	STA 527, STA 506
Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.	STA 527, STA 506
Apply descriptive techniques commonly used to summarize public health data.	SPM 501, STA 527, STA 506
Apply common statistical methods for inference.	STA 527, STA 506
Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.	STA 527, STA 506
Interpret results of statistical analyses found in public health studies.	HB 527, STA 527

Environmental Health Sciences Competencies

Competency	Courses
Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.	SPM 549
Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.	SPM 549
Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues.	SPM 549
Specify current environmental risk assessment methods.	SPM 549
Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety.	SPM 549
Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.	SPM 549
Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.	SPM 549

Epidemiology Competencies

Competency	Courses
Identify key sources of data for epidemiologic purposes.	SPM 501
Identify the principles & limitations of public health screening programs.	SPM 501
Describe a public health problem in terms of magnitude, person, time and place.	SPM 501
Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.	SPM 501
Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.	SPM 501
Apply the basic terminology and definitions of epidemiology.	SPM 501
Calculate basic epidemiology measures.	SPM 501
Communicate epidemiologic information to lay & professional	SPM 501, SPM 507

audiences.	
Draw appropriate inferences from epidemiologic data.	SPM 501
Evaluate the strengths and limitations of epidemiologic reports.	SPM 501
Competencies not derived from ASPH competencies:	
Identify major risk factors for morbidity and mortality in the United States and globally, including causal influences at different levels of society, trends over time and health disparities affecting specific subgroups of the population.	SPM 533
Identify the full range of interventions available to address a given public health problem and develop the rationale for selecting potentially effective interventions.	SPM 533
Apply knowledge of human subjects protections, informed consent and confidentiality to research activities	SPM 533
Describe a surveillance system and different principles of investigation for acute outbreaks versus chronic conditions or other adverse outcomes in populations	SPM 533

Health Policy and Management Competencies

Competency	Courses
Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.	SPM 507, SPM 533
Describe the legal & ethical bases for public health & health services.	SPM 507, SPM 533
Explain methods of ensuring community health, safety & preparedness.	SPM 507, SPM 533
Discuss policy process for improving the health status of populations.	SPM 507, SPM 533
Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.	SPM 533
Apply principles of strategic planning and marketing to public health.	HB 527
Apply quality and performance improvement concepts to address organizational performance issues.	STA 527
Apply “systems thinking” for resolving organizational problems.	HB 527

Social and Behavioral Sciences Competencies

Competency	Courses
Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research & practice.	HB 527
Identify the causes of social and behavioral factors that affect health of individuals and populations.	HB 527
Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.	HB 527
Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.	HB 527
Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.	HB 527

Describe the role of social and community factors in both the onset and solution of public health problems.	HB 527
Describe the merits of social and behavioral science interventions and policies.	HB 527
Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.	HB 527
Apply ethical principles to public health program planning, implementation and evaluation.	HB 527
Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.	HB 527

¹ The MPH competencies are covered in courses in each of the three public health departments, which are listed as follows: HB = Health Behavior, SPM = Social and Preventive Medicine, STA = Biostatistics.

In addition to formal course work, students are offered learning opportunities via: 1) field trips to relevant sites (e.g., to locations such as the Erie County Department of Health Public Health Laboratory and the Batavia Wastewater Treatment Facility); 2) a bi-weekly *MMWR* Club lunch meeting during which two articles from a recent issue of the *MMWR* are discussed; and 3) two or more “Fireside Chats” each semester with Dr. Donald Rowe and local public health practitioners. Full-time MPH students and students in the Department of Social and Preventive Medicine are required to attend a weekly Graduate Seminar, in which students, faculty, and invited guests present data from research projects and/or information on public health practice-related matters of local and regional interest. The Graduate Seminar is open to the entire University.

2.6.c Identification of a set of competencies for each program of study, major or specialization, depending on the terminology used by the school, identified in the instructional matrix, including professional and academic degree curricula.

Competencies covered by required concentration area courses (other than core required MPH courses) for each of the MPH concentrations and competencies for the three doctoral programs in public health disciplines (Biostatistics, Community Health, and Epidemiology) and the MS in Epidemiology are in Appendix 2.6.c-1. Competencies for other degree programs are provided in Appendix 2.6.c-2. Appendix 2.6.c-3 provides detailed information for each MPH concentration (except for the MPH concentration in Epidemiology) on course learning objectives, instructional methods, and assessment. That information is provided for the MPH concentration in Epidemiology in Appendix 2.6.c-4. MPH field training competencies, learning objectives, instructional methods, and assessment are provided in Appendix 2.6.c-5. Appendix 2.6.c-6 provides similar information for the MPH integrative project.

Multi-award degrees meet the competency requirements of each degree separately and students receive two diplomas, one for each degree. A limited number of course credits are shared between degrees (see Criterion 2.11.a).

2.6.d A description of the manner in which competencies are developed, used and made available to students.

Bachelor of Science – Exercise Science

Competencies are based on guidelines from the American College of Sports Medicine Committee on Certification and Registry. The guidelines were developed to assist universities with Exercise Science programs establish standardized curricula focused on knowledge, skills, and abilities requisites contained in certification programs offered by the College. The competencies were reviewed by faculty and incorporated into the course offerings. Competencies are distributed to students in course syllabi and are available in summary form on the Department's website.

Master of Public Health

The MPH Program Director and the directors of each MPH concentration relied primarily on competencies developed by ASPH in developing competencies for the MPH. The epidemiology and environmental health concentrations adopted additional competencies based on those used by other schools of public health and CDC/CSTE Competencies for Applied Epidemiologists in Governmental Public Health Agencies. Competencies were reviewed and accepted by Departmental faculty and course faculty reviewed their courses to determine which competencies were addressed. Those addressed became the competencies for the concentrations. Course faculty also analyzed their course competencies in terms of educational objectives, instructional methods, and assessment. Competencies are made available to students via course syllabi and graduate student handbooks. The competencies are also available in summary form on the MPH and Departmental websites. A task of the MPH Program Committee Curriculum/Competencies/Assessment Subcommittee is to review the competencies and their place in the curriculum and identify opportunities for improvement in this aspect of the MPH program.

***Biostatistics – Master of Arts
– Doctor of Philosophy***

Competencies were developed by the graduate director and Department Chair in consultation with faculty. No professional organization has developed a set of competencies so competencies of other successful programs were used as guides. Competencies guide course offerings and are available to students via the Department website, course syllabi, and student handbook.

***Master of Science – Epidemiology;
Doctor of Philosophy – Epidemiology; Epidemiology and Community Health; MD/PhD
(Epidemiology)***

These degrees are in the Department of Social and Preventive Medicine (except the MD). Competencies were derived from other university's programs and two published consensus documents on PhD competencies and the knowledge base of SPM faculty working in epidemiology. Competencies guide course offerings and are made available to students in course syllabi, in summary on the Department website and in the student handbook, and are discussed at student orientation.

***Master of Science – Exercise Science
Doctor of Philosophy – Exercise Science***

The graduate faculty of the Department of Exercise and Nutrition Sciences identified competencies and during a faculty retreat the competencies were presented, discussed, reviewed, and rewritten. The competencies also were presented to the broader faculty and rewritten to better encompass the scope of the program. Competencies are made available to students in course syllabi, in summary form in the student handbook, and on Departmental websites.

***Master of Science – Nutrition – Clinical Nutrition Track
– Nutrition – Nutrition Science Track***

In 2002, the American Society for Nutritional Sciences published core knowledge objectives for future doctoral students trained in the nutritional sciences. Graduate and clinical faculty of the Department of Exercise and Nutrition Sciences were sent a copy and asked to identify competencies appropriate for master's level. The competencies guide course offerings and are made available to students in course syllabi, in summary form in the student handbook, and on Departmental websites.

Master of Science – Occupational Therapy

Competencies were originally developed in the 1990's when occupational therapy professional education was at the baccalaureate level. The competencies addressed the needs of practicing clinicians. Since then, occupational therapy has expanded its base of theoretical knowledge and breadth of practice which increased the need for advanced study. In response, the Master of Science in Occupational Therapy was designed to provide occupational therapists with formal study beyond the baccalaureate. With the change in occupational therapy professional education to the graduate level, the post-professional MS program and its competencies were reviewed by the occupational therapy faculty (see SWOT analysis in Resource File). Competencies guide the educational experiences and are made available to students via course syllabi and at an orientation session.

Doctor of Philosophy – Community Health

The competencies were developed and approved by the Community Health PhD faculty, which includes the Chair of the Department of Health Behavior and the Dean. They were derived from faculty expertise, other universities' programs, a position paper by the American Academy of Health Behavior, and in part from those of the MPH concentration in Health Behavior (i.e., ASPH competencies for social and behavioral sciences). Competencies guide course offerings are made available to students in course syllabi, on the Department website, in the student handbook, and at orientations.

Doctor of Philosophy – Rehabilitation Science

The curriculum is currently under revision and the program is not admitting new students.

Doctor of Physical Therapy (DPT) – Physical Therapy

Competencies were established by the Commission on Accreditation for Physical Therapy Education (CAPTE). Competencies are revised every five to eight years to meet the changing health care environment and responsibilities of a physical therapist in autonomous practice and

there is an opportunity for comment by all academic programs, practitioners, and the public. The competencies provide the curricular framework and assist faculty in curricular reviews and revisions that occur on a bi-annual basis during which faculty demonstrate how competencies are integrated into courses and measured. As competencies are imbedded in all course work, students are aware of them and expectations as they move through the program. This is true both for didactic courses as well as the 54 weeks of clinical education.

Bachelor of Science and Master of Science – Exercise Science, Program in Athletic Training

The Athletic Training program will be discontinued as of May 2010. The final round of students, the class of 2010, was accepted into the program in the summer of 2007. The program relies on the competencies developed by the Commission on Accreditation of Athletic Training Education (CAATE). These are made available through course syllabi and practicum competency booklets.

Bachelor of Science in Exercise Science/Master of Science in Nutrition Science

The competencies encompass those described for the BS in Exercise Science and the MS in Nutrition, Nutrition Science track. Competencies are made available to students via course syllabi, in summary form in the student handbook, and on the Departmental websites.

Bachelor of Science in Occupational Science and Master of Science in occupational therapy

The curricular competencies are based on the Accreditation Council for Occupational Therapy Education Standards for Educational Programs. Curricular reviews are held twice a year. Competencies are made available to students via course syllabi and the student handbook.

2.6.e A description of the manner in which the school periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs

As noted above, programs rely upon national professional bodies where they exist for guidance on updating competencies. At the School level, the Dean's Advisory Committee is a source for guidance. The Office of Public Health Practice is represented on or associated with the public health practitioner community through organizations such as the New York State Rural Health Council, the Western New York Public Health Alliance, the Rural Area Health Education Centers, the New York State Association for Rural Health, and the New York State Department of Health, all of which provide opportunities to identify changing needs of public health practice. The MPH program uses periodic surveys of its graduates working in the field of public health to identify current or foreseeable public health challenges that the MPH program can address. The MPH program is investigating how to obtain such information from employers of MPH graduates. Advisory committees for each of the MPH concentrations consult with public health professionals including those supervising students in their field training experiences as to changing needs in public health practice. Faculty attendance at scientific meetings and review of the scientific literature as well as their own ongoing research inform their course revisions.

2.6.f Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

All of the School's programs are competency based. Some programs have the benefit of utilizing information from national professional bodies for updating their competencies and some have done so for many years.

The faculty contributes to developing competencies for their programs and the School has made a commitment to strengthening competency-based education.

The MPH Program Committee, its subcommittees, and the concentration advisory committees provide an administrative structure to identify opportunities for MPH program improvement.

The MPH program also utilizes periodic surveys of its graduates.

Weaknesses

Competency-based education is relatively new for some programs in the school.

Plans

The MPH Program Committee will review and identify ways to keep MPH-related competencies updated. Strategies include obtaining feedback from recent graduates and their employers, monitoring national professional bodies, and outreach to the local public health practice community for timely assessment of public health needs.

The future questionnaires of graduates will include relevant questions related to updating competencies. These questionnaires are conducted through the office of the MPH Program Director. The MPH Program Committee's Curriculum/Competencies/Assessment subcommittee and the Office of Public Health Practice will in the near future consider how best to approach employers and the local public health practice community

For non-MPH programs, continue review and integration of competency-based education.

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.

2.7.a Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.

Master of Public Health

Upon entry to the MPH program, students are assigned faculty advisors who assist them with course selection, identifying appropriate field training sites and guidance for their integrative projects. Students are encouraged to meet with their advisors each semester for advisement and to assess progress toward the degree. Students also are required to schedule a meeting with their advisor at the end of each academic year to review their academic progress and complete a progress report. This review is designed to develop a program most suitable for each student, to promote discussions relating to coursework and plans for upcoming registration, and to advise a student of any deficiency in progress toward the degree. When students do their field training and integrative project they may be assigned a different faculty advisor just for those experiences if another faculty has more expertise in the area than their regular advisor.

MPH competencies are assessed within courses (exams, assignments, projects, papers). MPH field training experiences are evaluated by both the student and the student's mentor through questionnaires which include questions addressing competencies. The student's faculty advisor for the field training uses these questionnaires and the student's field training report to assign a grade. The integrative project is evaluated by the student's integrative project faculty advisor. Students must maintain at minimum an overall 'B' average (3.0 on a 4 point scale) and achieve a grade of 'B' (3.0) or better in each required course. The field training and integrative project are graded as either Satisfactory/Unsatisfactory. Specific procedures for academic deficiency, probation, and dismissal for students in each degree program, not just the MPH, are provided in Department graduate student handbooks (see the Resource File). Progress toward the collaborating degrees in multi-award degree programs (MPH/JD, MPH/MD, MPH/MBA, MPH/MSW, MPH/PharmD, MPH/BS in ES) is evaluated by the respective schools of law, medicine, management, social work, and pharmacy.

Biostatistics: Master of Arts and Doctor of Philosophy

Each student has a faculty advisor within the Department, and they, along with the graduate director, develop a schedule to meet the program competencies. The student and advisor meet at least once per year to update the student's academic plan. Per new Graduate School policy, PhD students also will be evaluated after their first semester. The graduate director reviews student performance each semester and monitors progress toward the degree. For the MA and PhD comprehensive exams, the Exam Committee determines who has performed satisfactorily. MA project and PhD dissertation committees monitor and evaluate student progress on the MA data analysis project and PhD dissertation, respectively.

Master of Science, Epidemiology; Doctor of Philosophy, Epidemiology; Doctor of Philosophy, Epidemiology and Community Health; MD/PHD in Epidemiology

These degree programs are housed within the Department of Social and Preventive Medicine. Students are assigned an academic advisor to assist in planning a program to meet their educational goals and to answer questions relating to graduate studies and career planning. The academic advisor assists students until all course work is completed and they choose a major professor to chair their MS thesis or PhD dissertation committee. Students are encouraged to consult with their advisor prior to registration each semester. Students also are required to schedule a meeting with their advisor at the end of each academic year to review their academic progress and complete their Student General Progress Report. This review is designed to develop a program most suitable for each student, to promote discussions relating to coursework and plans for upcoming registration, and to advise a student of any deficiency in progress toward the degree. Per new Graduate School policy, PhD students also will be evaluated after their first semester. Students must maintain at minimum an overall 'B' average (3.0) and achieve a grade of 'B' (3.0) or better in each required course.

PhD students are required to pass comprehensive exams after their first year of courses and preliminary exams after completing all of their course work before starting work on the dissertation. A general comprehensive examination committee and preliminary examination committee specific to the student and their specialty determine whether a student passes these examinations. The procedure for MD/PhD students is the same as for PhD students in Epidemiology.

MS students are required to submit a thesis proposal and PhD students a dissertation proposal. The proposal is defended in an oral presentation to the student's thesis or dissertation committee. Once a student's committee has approved the proposal, the student conducts the planned research. Students are also required to successfully present and defend their thesis or dissertation research. These defenses are open and members of the Department attend. In addition, PhD students present their research in a seminar to the whole Department.

Doctor of Philosophy, Community Health

Students are paired with a primary research/academic advisor during their first semester in the Ph.D. program. Each student establishes an individualized Doctoral Supervisory Committee no later than the middle of their 2nd year (i.e., by the end of the 3rd Semester) enrolled in the Ph.D. program. The primary research advisor and, when formed, the supervisory committee have key responsibility for advising and supervision of the student. The Director of Graduate Studies monitors the progress of and training plans for all graduate students in the program and is available to provide additional advising and supervision as needed.

There are three types of monitoring and evaluation for students in the program – evaluations each semester to monitor ongoing progress, preliminary examination evaluation to assess knowledge and ability in the discipline of community health, and evaluation of the dissertation process to ascertain knowledge and ability in the specialty area. For the regular end of the semester evaluations, each semester the Director of Graduate Studies prompts each student in the program to complete a brief report of the semester's activities, including grades in coursework, research productivity, teaching activity, and other relevant training and professional development efforts. This brief report is provided to the faculty prior to a faculty meeting at which each student's report, semester grades, and other relevant markers of progress are discussed. For each student, the faculty provides one of the following evaluations: 1)

exceptional progress, to be commended; 2) adequate progress; 3) marginal progress, lacking in one or more areas; or 4) inadequate progress, work not to standards for student in program. Following the faculty meeting, each student's primary academic advisor and, if deemed necessary, the Director of Graduate Studies meets with the student to convey the faculty evaluation and to provide a summary of the faculty's feedback about the student's progress. As necessary, the faculty advisor and Director of Graduate Studies works with the student to develop an action plan to address the feedback. A student in good standing in the program is defined as one who maintains an overall average of at least B in all coursework, has not received any grades of B- or lower in the prior semester, and who receives a rating of either exceptional or adequate from the faculty at the evaluation meeting. The first time a student either receives a grade of B- or a rating of marginal progress, the student is given a warning about adequate progress. Having an overall GPA of B- or lower, receiving a rating of inadequate on a semester evaluation, or meeting the criteria for warning more than once is grounds for declaring a student to be on academic probation. Once placed on academic probation, the student has two semesters to correct the deficiencies that led to the probation (e.g., raise GPA to B, receive a rating of adequate). Failure to do so is grounds for dismissal from the program. In addition, being placed on probation a second time is grounds for dismissal. Should a student meet the grounds for dismissal, the faculty votes on the dismissal decision. Dismissal is defined as a majority vote of the faculty in the program.

Students complete a preliminary exam at the end of the 2nd year/beginning of the 3rd year of the program. This examination will be based on the courses a student has taken and on a reading list prepared by the Supervisory Committee and assesses core knowledge in community health. Students also complete a two part comprehensive exam: a written comprehensive which involves writing a grant application proposing original research in the substantive domain and an oral exam covering the written examination, the written comprehensive paper, the topic area the student has chosen for the dissertation project, and breadth of knowledge about the substantive areas of community health covered in the core curriculum and the student's individualized program of studies.

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

Since the inception of the MPH program in 2001, for the period ending February 2009, there have been 86 graduates, by concentration as follows: biostatistics, 2; environmental health, 2; epidemiology, 34; health behavior, 2; and health services administration, 46. The School uses degree completion rates and job placement experience of graduates as indicators of student achievement. For the MPH multi-award degrees graduation from the MPH component is included in the statistics for the MPH degree. There has been only one MD/PhD Epidemiology joint degree student in recent years and information on that student is included in the PhD in Epidemiology and Community Health statistics. Table 2.7.b-1 provides degree completion rates. The normal time period presented in Table 2.7.b-1 is four years for masters degrees (e.g., students who matriculated in 2004 would have normally graduated by 2008 or earlier) and seven years for doctoral degrees. The individual PhD programs in Epidemiology and in Community Health are too new to have had graduates.

Table 2.7.b-1 Degree Completion Rates in Normal Time Period

Degree Program	Year of Normal Graduation ¹		
	2006	2007	2008
Master of Arts – Biostatistics	N/A ²	N/A ²	100% (7/7)
Master of Public Health	56% (10/18) ³	82% (18/22) ³	75% (12/16) ³
Biostatistics	N/A ²	100% (1/1)	100% (1/1)
Environmental Health	N/A ²	N/A ²	N/A ²
Epidemiology	75% (3/4)	88% (7/8)	83% (5/6)
Health Behavior	N/A ²	N/A ²	N/A ²
Health Services Administration	50% (7/14)	77% (10/13)	67% (6/9)
Master of Science - Epidemiology	71% (5/7) ⁴	0% (0/3) ⁴	50% (3/6) ⁴
PhD – Epidemiology and Community Health	57% (4/7) ⁵	50% (6/12) ⁵	50% (6/12) ⁵

¹ The year 2006 represents students who matriculated in the Fall of 2002 and should have graduated by June 2006, 2007 represents students who matriculated in the Fall of 2003 and should have graduated by June 2007, and 2008 represents students who matriculated in the Fall of 2004 and should have graduated by June 2008.

² No students had matriculated in 2002, 2003 and 2004 who would have graduated by the year of normal graduation, 2006, 2007 and 2008 respectively.

³ See 2.7.c for discussion of reasons for MPH students not graduating in a timely manner.

⁴ For 2006, 2 students withdrew (one for employment and one for a residency program); for 2007, 1 withdrew to enter a residency program, 1 graduated beyond 4 year limit, and 1 is still enrolled; for 2008, 2 withdrew (Primary Care Fellows who did not complete their degree programs) and 1 is still enrolled.

⁵ For 2006, 2 withdrew to transfer to other graduate programs, 1 graduated beyond 7 year limit; for 2007, 3 withdrew (1 transferred to another graduate program, 1 for financial difficulty, 1 for academic difficulty), 1 was dismissed, 1 graduated beyond the 7 year limit, and 1 is still enrolled; for 2008, 4 withdrew for personal reasons, 1 was dismissed, and 1 is still enrolled.

Job Placement Experience

Job placement rates were calculated for the last three years and include graduates employed at or about 12 months after graduation and exclude those not employed but pursuing further education. For this information, 2002-2006 MPH graduates were surveyed in Spring 2007 (39 of 60 responded) and 2007 graduates (6 of 9 responded) were surveyed in Fall 2008. 2008 MPH graduates will be surveyed in Fall 2009. For the other graduates the information came from Departmental records. The individual PhD degrees in Epidemiology and in Community Health were too new to have any graduates. Job placement rates were calculated as follows: Job placement rate = $[B/(A-C)] \times 100\%$, in which A = number who responded to MPH survey or program graduates, B = number employed in field of training within 12 months of graduation, and C = number not employed and pursuing further education.

Table 2.7.b-2 Job Placement¹

Degree Program ²	Year of Graduation ¹		
	2005	2006	2007
Master of Arts – Biostatistics	N/A ³	100% (1/1)	100% (3/3)
Master of Public Health	90% (9/10)	100% (14/14)	80% (4/5)
Master of Science - Epidemiology	100% (2/2)	NA ⁴	100% (1/1)
PhD – Biostatistics	N/A ³	N/A ³	100% (2/2)
PhD – Epidemiology and Community Health	100% (4/4)	100% (5/5)	100% (5/5)

¹Job placement data is for graduates employed at or about 12 months after graduation. Data for 2008 graduates will be forthcoming in Fall 2009.

²At present data are available only for the programs listed below. Baseline data for all other programs will be established 2009/10.

³Degree program too new to have had graduates.

⁴The single graduate pursued further education.

2.7.c If the outcome measures selected by the school do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the last three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.

Degree completion rates and job placement experience are provided above for Criterion 2.7.b. The footnotes to Table 2.7.b-1 indicate reasons students did not graduate within the acceptable time period. The MPH Program Committee analyzed the reasons MPH students who matriculated Fall of 2002-2005 did not or were not going to graduate within 4 years (Table 2.7.c).

Table 2.7.c Reasons MPH students do not graduate within an acceptable time period.

Reason	N	% (N=21)
Entered another degree program or medical residency (1 still working to complete MPH)	6	29%
Dismissed because of inadequate academic performance	6	29%
Withdrew - employed and could not accommodate the MPH workload	3	14%
Withdrew, reason unknown	2	10%
UB faculty - taking classes sporadically	2	10%
Family illness	1	5%
Took job out of town	1	5%

Plans to improve MPH graduation rates include an examination of admissions requirements and procedures. We are now better able to identify students who are not likely to succeed in the program. Further, we are increasing recruitment efforts in order to expand the pool of highly qualified applicants who will fit the programs we offer such as participating in University and School-wide open houses and recruitment fairs. In addition, we are requiring part-time students to take on average at least 2 courses per semester to assure they graduate in time. To enhance the application process, we are scrutinizing applications more closely to discern true interest in public health and offering non-matriculate status to applicants who are considered borderline in order to first evaluate their performance in the required introductory courses before offering

acceptance to the program. We are also working to strengthen the curriculum in order to retain students who are already in the program.

The Department of Social and Preventive Medicine (SPM) is the longest standing public health department in the School. For several years, there has been a drop in eligible applications to the MS and PhD programs. As such, the Department is examining its student performance in the MS and PhD programs to identify ways to improve graduation rates. In addition, the Department has been working to identify the causes of that drop and to improve and increase applications. Part of the drop was related to difficulties for foreign students to obtain the necessary visas. SPM has now accelerated their processes to admit highly qualified students and give them the time to get their visas. Their more rapid response to good applications also allows them to recruit students who in the past may have gone elsewhere. A measure being implemented University wide for PhD students and adopted by the Department is a formal evaluation of students' academic performance after the first semester of enrollment in addition to annual progress evaluations and the inclusion therein of student's own assessment of their progress. SPM also participates in the School-wide efforts described below.

The SPHHP is working to improve its website to provide better information for prospective students and to better reflect the rich opportunities in the graduate program. As part of our active recruitment effort, the School is holding workshops to recruit students from local undergraduate programs who may be interested in topics such as epidemiology, but are not aware of the field. Departments within the SPHHP also recruit MS and PhD candidates at national scientific meetings, such as the American Public Health Association meeting. Further, we are working on our acceptance criteria so that we limit acceptances to those graduate students who are most likely to commit to and succeed in our programs. For PhD programs, we are making particular efforts to make sure that candidates' interests fit with the research opportunities that we can offer. Typically, departments interview all potential candidates by telephone and/or pay for travel to Buffalo for PhD candidates who live in the US whom they think are most promising. Meeting with the candidates serves as a recruiting tool and also provides both the student and the faculty an opportunity to evaluate the fit between the student and the programs. Further, we try to offer financial support to all of our PhD students. Departments within the School are working to strengthen their curricula so as to retain students who already are in their programs. These measures allow the SPHHP to recruit, admit and retain the best students. These initiatives are currently being implemented and are not yet reflected in the graduation rates.

2.7.d A table showing the destination of graduates by specialty area for each of the last three years. The table must include at least a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed.

Table 2.7.d provides the destination of graduates by specialty area for the last three years. This information was obtained by the surveys of MPH graduates for the MPH program and from Departmental records for the other degree programs. The PhD in Community Health and the PhD in Epidemiology have not yet had any graduates and are not included in the table. There were no responses from the two Biostatistics MPH graduates to the survey of MPH graduates. There have been graduates in the newest Health Behavior and Environmental Health MPH concentrations, but none graduated early enough to have been included in the MPH surveys which are conducted approximately a year after students graduate. 2008 MPH graduates will be surveyed in Fall 2009.

The most prevalent (53%, 16/30) destination for MPH graduates in the three years was in a university or research setting. Few were in non-health related endeavors (7%, 2/30) and few were not employed (13%, 4/30). The latter includes graduates who went on to further education; for the three years, 33% (10/30) pursued further education. Among 2007 graduates, one went to medical school and another to law school. From the survey conducted of all 2002-2006 MPH graduates, of 38 responders (out of 60 graduates) to a question about further education, 6 went on to medical school, 4 entered a PhD program, and 1 a doctor of veterinary medicine program.

Table 2.7.d Destination of Graduates by Department or Specialty Area for Each of the Last 3 Years^{1, 2}

	Government		Non-Profit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Master of Public Health																		
2007 (N = 6)	0	0%	1	17%	2	33%	0	0%	3	50%	0	0%	2	33%	0	0%	1	17%
EPI (N= 4)	0	0%	1	25%	2	50%	0	0%	3	75%	0	0%	1	25%	0	0%	0	0%
HSA (N= 2)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	50%	0	0%	1	50%
2006 (N=14)	6	43%	2	14%	6	43%	1	7%	7	50%	0	0%	4	29%	2	14%	2	14%
EPI (N=7)	3	43%	1	14%	4	57%	0	0%	5	71%	0	0%	3	43%	1	14%	1	14%
HSA (N=7)	3	43%	1	14%	2	29%	1	14%	2	29%	0	0%	1	14%	1	14%	1	14%
2005 (N=10)	2	20%	3	30%	2	20%	1	10%	6	60%	1	10%	4	40%	0	0%	1	10%
EPI (N=5)	2	40%	2	40%	1	20%	0	0%	4	80%	0	0%	3	60%	0	0%	0	0%
HSA (N=5)	0	0%	1	20%	1	20%	1	20%	2	40%	1	20%	1	20%	0	0%	1	20%
Master of Arts – Biostatistics																		
2007 (N= 3)	0	0%	0	0%	1	33%	0	0%	0	0%	0	0%	0	0%	2	67%	0	0%
2006 (N= 4)	0	0%	0	0%	0	0%	0	0%	1	25%	0	0%	3	75%	0	0%	0	0%
2005 (N= 0)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Doctor of Philosophy - Biostatistics																		
2007 (N= 2)	0	0%	0	0%	0	0%	0	0%	2	100%	0	0%	0	0%	0	0%	0	0%
2006 (N= 0)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2005 (N= 0)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Master of Science – Epidemiology																		
2007 (N = 3)	0	0%	0	0%	0	0%	0	0%	1	33%	0	0%	2	67%	0	0%	0	0%
2006 (N = 1)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%
2005 (N = 2)	0	0%	0	0%	1	50%	0	0%	1	50%	0	0%	0	0%	0	0%	0	0%
Doctor of Philosophy – Epidemiology and Community Health																		
2007 (N = 6)	1	17%	0	0%	2	33%	0	0%	4	67%	0	0%	1	17%	0	0%	0	0%
2006 (N = 9)	1	11%	0	0%	0	0%	0	0%	4	44%	0	0%	4	44%	0	0%	0	0%
2005 (N = 5)	0	0%	0	0%	0	0%	0	0%	4	80%	0	0%	1	20%	0	0%	0	0%

¹ Job placement data is for graduates employed at or about 12 months after graduation. Data for 2008 graduates will be forthcoming in Fall 2009.

² Row percentages add to >100% and individual cell counts add to more than the N for each row because respondents could check more than one job characteristic.

2.7.e In public health fields where there is certification of professional competence, data on the performance of the school’s graduates on these national examinations for each of the last three years.

MPH graduates are not yet eligible to take the National Board of Public Health Examiners’ certification exam. Results for the Preventive Medicine Residency Program are as follows:

Table 2.7.e Performance on National Examinations 2005 – 2008

Certification/National Examination	2005-06	2006-07	2007-08
American Board of Preventive Medicine Board Certification Exam	75% pass (n=4)	(n=0)	100% pass (n=1)

2.7.f Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the school’s graduates to effectively perform the competencies in a practice setting.

MPH 2002-2006 graduates were surveyed in Spring 2007 (39 of 60 responded) and 2007 graduates (6 of 9 responded) in Fall 2008 (2009 graduates will be surveyed Fall 2009). Table 2.7.f shows the percent of graduates who rated their preparation, on a 5 point scale, as moderately to extremely well prepared (for the 2002-2006 graduates) or moderately to very well prepared for the 2007 graduates by competency area. The 2007 graduates’ survey questions were modified to be more consistent with the ASPH competency areas and brief descriptors of each competency area were provided in the questionnaire. A number of areas received relatively low ratings. For example, biostatistics received low ratings. Changes were made to address the quality of instruction, as described in Criterion 1.2.b. Anecdotal responses of currently enrolled students are positive (current students will be formally surveyed latter half of the Spring 2009 semester). Those changes, however, were not reflected in the survey of 2007 graduates simply because of the timing of the changes. We hypothesize that we will see improvements in ratings for biostatistics in future surveys that include members of the current class. Environmental Health ratings improved between the two surveys. The sample sizes are small and the questions changed, so the data should be interpreted with caution. That said, the difference may reflect a change in the instructor, development of a course focused on Environmental Health for MPH students, and the hiring of additional faculty in the concentration.

Table 2.7.f. Graduates' ratings of their preparation by competency area¹

Survey of 2002-2006 graduates: Competency Areas	Moderately to extremely well prepared	N
Understanding the determinants of health and disease	91.6%	35
Epidemiology	88.9%	36
Find, evaluate, and communicate public health information	88.9%	36
Making ethical choices	86.1%	36
Behavioral, social and cultural factors related to individual and population health	86.1%	36
Design, implement and evaluate public health programs	86.1%	36
Health policy	82.3%	36
Biostatistics	80.5%	36
Interacting with culturally diverse individuals and communities	69.4%	34
Leadership	69.4%	36
Environmental health	66.7%	36
Biological and molecular aspects of public health	63.9%	36
Administration/management	62.9%	36
Survey of 2007 graduates: Competency Areas	Moderately to very well prepared	
Epidemiology	100%	6
Social and behavioral sciences	100%	6
Communication and informatics	83%	6
Environmental health	83%	6
Leadership	83%	6
Professionalism	83%	6
Program planning	83%	6
Biostatistics	67%	6
Diversity and culture	67%	6
Public health biology	67%	6
Policy and administration	60%	5
Systems thinking.	60%	5

¹ Surveys are conducted approximately a year after students have graduated. 2008 MPH graduates will be surveyed in Fall 2009.

The MPH Program Committee is investigating how to elicit similar information from employers. The committee has expressed doubts about the value of a survey approach with concerns about graduates' privacy and likelihood of obtaining meaningful information.

2.7.g Assessment of the extent to which this criterion is met.

This criterion is partially met.

Strengths

Programs have procedures in place to monitor and evaluate student progress.

The MPH Program Committee has analyzed the reasons for MPH students not graduating in a timely fashion and has plans to address the situation.

MPH graduates have almost all either pursued further education or were employed in various types of settings following graduation. The diversity of employment settings indicates the program serves the needs of diverse employers.

As is consistent with the intent of the MS and PhD degree programs, graduates mostly either pursued further education or were destined for university and research positions.

The MPH program has surveyed its graduates to assess how well prepared they were to perform competencies and most graduates felt moderately to well prepared. Areas of weakness have been or will be addressed.

Improvement in environmental health will likely continue as the program matures and the curriculum is strengthened.

The low rating of biostatistics was addressed with an extensive discussion resulting in a change of both the instructor and the text for the introductory biostatistics course.

The Department of Social and Preventive Medicine is examining student performance in the MS and PhD programs to identify methods to improve graduation rates and has implemented a number of measures to improve recruitment, admission and retention.

Weaknesses

Graduation rates are low.

Although MPH surveys of graduates revealed generally good preparation for performing competencies, graduates' level of preparedness in several competencies could be improved.

A method to obtain feedback from employers of the School's graduates needs to be developed.

Plans

The MPH Program Committee has proposed plans to improve MPH graduation rates and will be addressing the other competency areas that have received the lowest preparation ratings by graduates.

The Department of Social and Preventive Medicine (SPM) will continue to identify opportunities to improve the graduation rates in the MS and PhD programs. Considerable efforts are already underway in SPM and the entire SPHHP to improve student recruitment, admission and retention.

Explore and implement a method for eliciting information from employers of MPH graduates.

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

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

The other professional degree programs are listed in Table 2.1.a. Curricular details for the following degree programs will be available in the Resource File.

Bachelor of Science and Master of Science – Exercise Science, Program in Athletic Training

The accredited athletic training program (known officially as Exercise Program for Athletic Training) is a 5-year program that combines coursework and clinical experience in athletic training as well as exercise science. The exercise science component includes courses such as gross anatomy, neuroscience, biomechanics, and exercise prescription and assessment. The athletic training sequence includes courses such as injury prevention techniques, pharmacology and athletic training administration. Upon program completion, students can take the national certification examination.

- Credits: 183 - 201
- Time: 5 years
- Practical and/or culminating experience: internship and project
- Accrediting body: Commission on Accreditation of Athletic Training Education (CAATE)

Master of Science – Nutrition - Clinical Nutrition Track

The Master of Science program in Nutrition, Clinical Track, is designed to meet the needs of registered dietitians who desire to pursue graduate study in clinical dietetics with strong emphasis on nutrition science. Clinical nutrition applicants are registered dietitians who have completed at least one year of clinical nutrition experience. The track offers emphases in specialized areas of health care, clinical instruction in dietetics, and program management of clinical/community nutrition services. Candidates undertake a research experience that can range from a small study up to a thesis eligible for peer-reviewed publication.

- Credits: 36
- Time: 2 years
- Practical and/or culminating experience: choice of exam, project or thesis
- Accrediting body: Advanced professional program; disciplinary accreditation not applicable.

Bachelor of Science in Occupational Science and Master of Science in Occupational Therapy

This program promotes an occupation-centered approach to education, research and service. It is a five-year entry-level professional program structured to prepare students for personal and professional development. It ensures that graduates are competent to pass the national

certification examination administered by the National Board for Certification in Occupational Therapy and state licensure requirements.

- Credits: 173
- Time: 5 years (Yrs 1 and 2 - pre-professional component; Yrs 3 through 5 - professional component)
- Practical and/or culminating experience: Six months full time fieldwork experience; Masters project
- Accrediting body: Accreditation Council for Occupational Therapy Education (ACOTE)

Doctor of Physical Therapy – Physical Therapy

The program is an accredited 3 calendar-year professional program leading to the Doctor of Physical Therapy (DPT) degree. Students begin their studies with three years in an exercise science program, acquiring a solid understanding of movement and exercise in healthy populations, and then the three-year DPT program that follows focuses heavily on clinical populations and the assessment and treatment of individuals with a wide variety of disorders. Graduates have skills in problem solving, critical analysis, and creative thinking to enable the comprehensive management of patients.

- Credits: 108
- Time: 3 years
- Practical and/or culminating experience: enrichment capstone (PT 718)
- Accrediting body: Commission on Accreditation in Physical Therapy Education

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

All students, undergraduate through graduate, enrolled in the SPHHP's non-MPH professional programs are expected to complete a core curriculum composed of a series of learning experiences that support the School's "Core Essentials" (see Appendix 2.8.b). The focus areas around which the School's Core Essentials were established are: 1) Public Health (also known as "population health, wellness and disability), 2) Evidence Based Practice/Bioinformatics, and 3) Professionalism & Communication. Each of the Core Essentials aligns with one or more of the ASPH Competencies (see Table 2.8.b). Development, implementation, evaluation, and dissemination of the core curriculum have been funded by private benefactors and a grant from the Josiah Macy, Jr. Foundation (2007-2010). All students admitted to SPHHP degree programs after Fall 2009 will be required to complete the core curriculum requirements before they graduate. [Detailed descriptions of the development and implementation of the core curriculum are provided in the Resource File.]

In the following table (table 2.8.b), each row represents an ASPH Competency area and the numbers indicate the specific competency within each ASPH Competency area. The three columns on the right represent each of the SPHHP Core Curriculum focus areas. For example, in the ASPH Public Health Biology row, competency number 4 aligns with the Core Essentials in the SPHHP Public Health focus area.

Table 2.8.b How core essentials align with ASPH competencies

ASPH Competency Areas	SPHHP Public Health Core Essentials	SPHHP Evidenced-Based Practice/Bioinformatics Core Essentials	SPPHP Communication & Professionalism Core Essentials
Public Health Biology	4	1,5	5,6
Leadership	6	5	2,3,5,9
Communication & Informatics	7,10	1,2,3,4,5	1,5,10
Health Policy and Management	4,8		3,6
Diversity and Culture	5,6		7,8
Program Planning	2,5	3	
Professionalism	2,3,4	1,2,3,4,5	3,4,5,6,7
Systems Thinking	1,5,6	5	3,8
Biostatistics	7,10	3	1,2,10
Environmental Health Sciences	9		
Epidemiology	7,3	2,3,5	5
Social and Behavioral Sciences	1,3,4,5,6	2,4	5,6

The Core Curriculum has been in development since 2005. In Spring 2007, a total of 28 faculty and 3 staff members from across the School formed three “Focus Area Working Groups” to define content and resources associated with the three focus areas. In Spring 2008, 9 faculty members representing all of the School’s five Departments were joined by two students on a “Core Curriculum Project Team”, which further refined the learning expectations described by the Focus Area Working Groups, and endorsed the 25 Core Essentials that describe the knowledge, skills and attitudes to be gained from the Core Curriculum. The Core Curriculum will be a substantial and pervasive series of learning experiences (not courses) that will assure that SPHHP’s values and vision influence the education of all our students. The “Core” is designed to add value to our instructional programs without detracting from the disciplinary prerogative and priorities of those programs.

The overall academic “weight” of the Core has yet to be determined, but current best estimates place it at a total of about 3 credit hours of 400-500 level coursework. SPHHP’s instructional programs vary in level (BS to PhD) as well as discipline, so implementation cannot easily be accomplished by simply adding one or more courses to a student’s program of study. Further, although each program already addresses some of the Core Essentials, each program aligns with a unique subset of those Essentials. Thus, a course in which all Essentials were addressed would be inefficient from a student perspective – redundancies would be present (and those would be different for students in different instructional programs).

Implementation requires curricular analyses guided by Program Directors. Program competencies have been established and some analyses have begun. Each Program Director will compare his/her program competencies to the Core Essentials to determine which essentials are already addressed within the extant curriculum and which will need to be added to accomplish the goals of the Core Curriculum for his/her particular program. For some programs, e.g., the MPH program, current program competencies are known to align with the Core Essentials to a great extent – in such cases, the Core Curriculum will be accomplished with few additional learning experiences. For other programs, e.g., the BS in exercise science, current program competencies fail to address a greater number of competencies – this will require the inclusion of more learning experiences from the Core Curriculum.

The notion that some curricula will require more “adaptation” (infusion of learning experiences) than others to achieve Core goals, and a general positive inclination toward the goals of the

Core, have begun to inspire a positive “pre-emptive” strategy by some Chairs/Program Directors. This strategy starts with interdisciplinary discussions that lead to “guest lecture” or “PHHP team teaching” arrangements. As an example, it was agreed that an epidemiologist will present cardiac epidemiology content in a DPT course that deals with cardiopulmonary physical therapy. Natural relationships of this sort are welcomed and will reduce the “mismatch” between program competencies and Core Essentials that would otherwise require addition of specialized learning experiences. Specialized learning experiences designed to assist achievement of core curriculum goals will include a variety of asynchronous learning methods (which eliminate scheduling challenges), but they also may include synchronous learning modules delivered, e.g., in association with student orientation sessions and seminars. Funding from the Josiah Macy, Jr. Foundation will be used to support identification and development of learning resources.

Overall implementation, quality assurance, and tracking of student performance related to the Core Curriculum will be guided by a new standing committee, the Core Curriculum Steering Committee, which includes all Directors of SPHHP instructional programs, several student representatives, and several at-large members (see Criterion 1.5.c for charge, composition and current membership of the Committee).

Tutorial – “Core Learning Experiences Online” (CLEO)

An online UB/SPHHP tutorial system, i.e., “Core Learning Experiences Online” (CLEO) will be established during 2009-2010. The system will include tools for assessing learning, and will provide a certificate of completion for those who successfully complete the tutorial. Content within the tutorial will be organized within the three focus areas of the core, i.e., communication/professionalism, evidence based practice/bioinformatics, and public health (population health, wellness, and disability). CLEO will serve as a resource for all students and faculty within SPHHP.

The public health focus area within CLEO will include such content areas as:

Definition and history of public health	Environmental health issues
Health status and determinants of health	Epidemiology and biostatistics
Health disparities	Evaluation
Culture and health	Community risk assessment
Public health programs and infrastructure	Future challenges in public health
Public health law	

We estimate about a 1 credit-hour equivalent for completing the public health section of CLEO. Collectively, SPHHP faculty members possess the content expertise needed to develop this tutorial and all other learning materials that will support implementation of the Core. In October 2008, we purchased lecture-capture and editing hardware/software that will allow us to place learning materials (including the UB PH tutorial) online, using UB’s BlackBoard-based “UBlearns” system. Content related to Public Health History has been assembled for use in a prototype module that will support early tests of the online system.

Analysis of OT and PT Professional Curricula – Comments from Rehabilitation Science

The DPT and BS/MS curricula in Occupational Therapy were recently examined for public health content. Aspects of public health and epidemiology were noted in multiple courses. For example, the epidemiology of various diseases and disorders are presented in a number of OT and PT professional classes (e.g., PT503 Medical Sciences I; PT504 Medical Sciences II,

OT412 Medical Sciences I, OT322 Rehabilitation Medicine 2; OT314 Pediatric Dysfunction and Occupation). Evidence-based practice is included as a separate course in the DPT curriculum (PT505 Evidence Based Practice), and is included within multiple OT practice courses (OT403 Psychosocial Practice, OT405 Physical Disability Practice, OT 440 Pediatric Practice, OT410 Neurophysiologic Processes). Statistics (STA119 Statistical Methods or equivalent) is a required prerequisite for both the BS/MS in OT and the DPT programs. Other critical analysis coursework (OT/ES341 Critical Analysis Scientific Literature) is required for both the BS/MS in OT and the BS in Exercise Science (which is the predominant feeder for the DPT program). Health and Wellness is part of both curricula (OT505 Applied Geriatrics; OT509 Community Based Practice; OT371 Human Growth and Development I; OT372 Human Growth and Development II; PT511 Practicum in Health and Wellness). And, there are research project requirements for both degrees. In some instances research is conducted, in other instances merely proposed. In every case, the process of research is pursued—including, at a minimum, an evidence-based literature review.

Rehabilitation Science embraces a dual commitment to Public Health and the Health Professions; public health content is addressed in numerous courses, research requirements, seminars, and soon will be implemented via the SPHHP Core Curriculum. These means will ensure that all Rehabilitation Science students will graduate with substantial knowledge not only in PT or OT, but in Public Health as well.

Analysis of Program Competencies against ASPH Competencies – Professional Programs

The Director of Graduate Studies in the Department of Social and Preventive Medicine recently completed an intensive examination of program competencies within the Departments of Exercise & Nutrition Sciences and Rehabilitation Science. Specifically, program competencies were compared to the ASPH competencies as an initial determination of the extent of public health content that currently exists within those curricula. The following data show the number of ASPH competencies (from a total of over 100 such competencies) addressed within each program's stated competencies. Details of this analysis are available in the Resource File.

Number of ASPH competencies addressed (in whole or in part)

BS/MS in Exercise Science/Athletic Training	3*
BS/MS in Nutrition – Clinical Nutrition Track	22
BS/MS in Occupational Sci/OT	33
DPT	26

* This program is accredited but is being phased out, with the last cohort scheduled to graduate in May 2010.

2.8.c Assessment of the extent to which this criterion is met.

This criterion is met with commentary.

Strengths

Development of the Core Curriculum has been ongoing since 2005, and has involved broad input from across the School. The Core Curriculum project is funded through June 2010 by the Josiah Macy, Jr. Foundation. The Core will be required of all SPHHP students, and every one of

the “Core Essentials” that define the core curriculum aligns with one or more of the ASPH competencies. The Core Curriculum will work to assure that all of our students possess basic knowledge, skills, and attitudes related to public health, evidenced-based practice/bioinformatics, and communication & professionalism.

The professional programs in Occupational Therapy and Physical Therapy are accredited by their respective councils (ACOTE, CAPTE), and include substantial content related to the ASPH competencies.

The SPHHP faculty is supportive of the configuration of the School, which includes public health and health professions, and they willingly participate in activities that cross disciplinary lines.

The Core Curriculum Steering Committee began meeting as a standing committee of the School this semester (Spring 2009).

Weaknesses

The Core Curriculum has not yet been implemented.

Plans

Implement the Core Curriculum starting Spring 2010. Implementation requires an analysis of the relationships between each program’s stated competencies and the Core Essentials – this is now being addressed by the Core Curriculum Steering Committee, which includes all Program Directors.

Promote inclusion of Core Essential content within current courses.

Develop the core curriculum tutorial system “Core Learning Experiences Online” (CLEO) by Spring 2010. Starting in summer 2009, work to establish and test technical infrastructure and prepare public health teaching content and assessment items.

Criterion 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.

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

The academic degree programs are listed in Table 2.1.a. Current programs are the BS in Exercise Science; MA in Biostatistics; MS degrees in Epidemiology, Exercise Science, Nutrition (Nutrition Science Track), Occupational Therapy (advanced master's); PhD degrees in Biostatistics, Epidemiology, Community Health, Exercise Science, Rehabilitation Science; and joint degrees: BS/MS in Exercise Science/Nutrition Science, and MD/PhD (PhD in Epidemiology).

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

Our Core Curriculum will be required of all SPHHP students and includes "Public Health" as one of the three focus areas (the other two are "Evidence Based Practice/Bioinformatics" and "Communication & Professionalism"). The Core Curriculum is described in our response to Criterion 2.8.b (Core Essentials are provided in Appendix 2.8.b), and further details are available in the Resource File.

In addition to the required Core Curriculum, graduate students in our academic programs will be required to complete (1) a graduate course in epidemiology, or (2) pass a written examination after completing an epidemiology lecture series that includes selected readings. The graduate course may be completed either on campus (e.g., our SPM501, Epidemiology Principles, 4cr) or online (e.g. University at Albany's EPI501, Principles and Methods of Epidemiology I, 3cr, which is available through the State University of New York Learning Network). The epidemiology lecture series with selected readings is currently being developed, but will be equivalent to no less than a one credit hour graduate course.

Students in academic programs outside of the traditional public health areas are students in disciplines that are closely allied with and committed to public health, i.e. exercise science, nutrition, and rehabilitation science. Numerous competencies for these programs relate to public health (see following "Analysis of Program Competencies..."). In addition, special interdisciplinary seminars, e.g., "Health Professions in Public Health" (sponsored by the Departments of Exercise & Nutrition Sciences and Rehabilitation Science, Nov 21, 2008), are provided to underscore the relationships between public health and exercise science, nutrition, physical therapy, and occupational therapy.

Faculty in the Department of Exercise and Nutrition Sciences have agreed to require an epidemiology/public health course, ES428/528 (3cr; Health Promotion, Prevention & Wellness) for all students admitted to that unit's academic programs after Fall 2009. The ES428/528 syllabus is provided in Appendix 2.9.b, but for convenience, a brief course description follows: *Health promotion will be examined from a public health perspective, a community and corporate perspective, and in terms of individual behavior change. This course will introduce epidemiology and public health as they relate to health promotion.*

Other coursework: The MS in Exercise Science and both MS in Nutrition Sciences (Science Track and Clinical Track) programs require a 3-credit biostatistics course (STA527 is preferred, schedules permitting) and the PhD in Exercise Science requires a minimum of 7 credits of Statistics and Experimental Design (STA527, STA536). Grant Writing for Scientists (ES620) teaches students the principles of grant proposal writing, focusing on the preparation of research proposals to the US Department of Health and Human Services.

Research seminar (ES539/NTR630-2 credits) is required for all graduate students (MS 2 semesters, PhD 4 semesters) and beginning in Fall 2009, each semester will be focused on an important public health issue relevant to both exercise and nutrition sciences (i.e. Fall 2009 “the emergent obesity epidemic”), with required readings to include manuscripts published in top-tier epidemiologic and public health journals. Students will be expected to read, understand and critique these papers for content, methodology and public health implications of the findings. In addition, students enrolled in Research Seminar are required to attend ENS Departmental seminars and other SPHHP Departmental seminars. In Fall 2008, the ENS Departmental seminar series included presentations by two epidemiologists: Carole Rudra, PhD (SPM) presented “Physical Activity and Preeclampsia” and Mary Platek, PhD (Roswell Park Cancer Institute) presented “Alcohol Consumption and Risk of Breast Cancer: An Epidemiologic Investigation of Possible Mechanisms”.

SPM515 (Epidemiology and Prevention of Cardiovascular Diseases) is now cross-listed in the Department of Exercise and Nutrition Sciences (ES515) and in Fall 2008, four (50%) Nutrition Sciences MS students enrolled together with masters and doctoral level students in epidemiology and nursing. This course has reportedly been greatly enhanced by the blending of students from these different disciplines, each of whom bring a different perspective to class discussion.

Many other opportunities for exposure to basic epidemiology and important public health content are available in required content courses and elective courses. For example, in Nutrition and Health (NTR503 - 3 credits, required for Nutrition Science, Science track graduate students), students examine the nutritional needs across the lifecycle and the importance of nutritional factors in the major health problems plaguing the US, including obesity, diabetes, cardiovascular diseases, and cancer. In Nutrition Assessment (NTR523 - 3 credits, required course for Nutrition Sciences Clinical Track), students are taught the epidemiologic and clinical basis for assessing and monitoring major nutritional risks in adult years. Similarly, in Neuromuscular and Metabolic Responses to Exercise (ES502) and Cardiopulmonary Responses to Exercise (ES503) (two semester exercise physiology sequence required for all ES graduate students), in order to fully understand the effects of physical exercise on the various systems of the body (i.e. cardiovascular, pulmonary, etc) students learn about the incidence, prevalence, and risk factors for a number of chronic diseases such as COPD, asthma, diabetes, metabolic syndrome, peripheral vascular disease, coronary heart disease, and stroke.

Research experience: The doctoral dissertation, MS thesis or MS project will provide students a “hands on” opportunity to develop their research skills, whereas students who elect to take the comprehensive examine are required to participate in research and a practicum (ES592/NTR540). Committee members for these research projects have often included faculty with expertise in epidemiology and public health from other departments within SPHHP (SPM/HB) and the medical school (Division of Behavioral Medicine within the Department of Pediatrics).

The PhD in Rehabilitation Science requires a minimum of 6 credits of public health coursework. Also required are a minimum of two 3-credit statistics courses. The PhD seminar will require attendance at both the RS seminar series, as well as seminars offered in other Departments in SPHHP. The pre-dissertation project and the dissertation will both give students experience in the design and execution of a research project. The advanced MS in OT requires OTD532, Societal Impact on Persons with Disabilities, which addresses public health and health policies for persons with disabilities. The MS in OT program also requires coursework in statistics and research methods (OTE 522 Research Design and Methodology) and a research thesis.

Analysis of Program Competencies against ASPH Competencies – Academic Programs outside the Traditional Public Health Areas

The Director of Graduate Studies in the Department of Social and Preventive Medicine recently completed an intensive examination of program competencies within the Departments of Exercise & Nutrition Sciences and Rehabilitation Science. Specifically, program competencies were compared to the ASPH competencies as an initial determination of the extent of public health content that currently exists within those curricula. The following list shows the number of ASPH competencies (from a total of more than 100 such competencies) addressed within each program’s stated competencies. Details of the analysis are available in the Resource File.

Number of ASPH competencies addressed (in whole or in part)

BS in Exercise Science	16
MS in Exercise Science	14
MS in Nutrition, Clinical Science Track	11
MS in Occupational Therapy (advanced masters)	12
PhD in Exercise Science	28
PhD in Rehabilitation Science	26

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

Table 2.9.c Culminating Experience by Degree Program

Degree Program	Culminating Experience
Bachelors Degree	
BS in Exercise Science	Internship
Masters Degrees	
MA – Biostatistics	Project
MS – Epidemiology	Thesis
MS – Exercise Science	Thesis or exam
MS – Occupational Therapy	Thesis
MS – Nutrition – Nutrition Science Track	Thesis, project or exam
Doctoral Degrees	
PhD – Biostatistics	Dissertation
PhD – Epidemiology	Dissertation
PhD – Community Health	Dissertation
PhD – Exercise Science	Dissertation
PhD – Rehabilitation Science	Dissertation
Joint Degrees	
BS in Exercise Science/MS in Nutrition Science	Thesis or exam
BS/MS in Athletic Training	Internships and thesis or project
MD/PhD in Epidemiology	Dissertation

All MS theses and PhD dissertations are research-intensive, with dissertations requiring substantial new inquiry that can be expected to result in refereed publications.

Graduate projects are required for the MA in Biostatistics and the MS in Nutrition, Nutrition Science Track. The MA in Biostatistics requires practical data analysis experience and the MS in Nutrition provides students with an opportunity to investigate a specific problem in nutrition or dietetic practice.

Comprehensive examinations for the MS in exercise science and the BS/MS in exercise science/nutrition science are structured to enable students to demonstrate integration of the knowledge and skills obtained in numerous courses, i.e., beyond the constraints imposed by content within individual courses.

The senior internship (ES429, 12cr) in the BS curriculum in exercise science is completed after all other courses and degree requirements have been met and provides opportunities for integration of didactic learning in a practice setting. Internships take place within select settings in which students can further develop professional skills under expert supervision. Student performance is evaluated by on-site supervisors, and P/F grades assigned by the Clinical Coordinator (on-campus faculty).

2.9.d Assessment of the extent to which this criterion is met.

This criterion is met with commentary.

Strengths

The innovative Core Curriculum described in Criterion 2.8.b will be required of all SPHHP students admitted after Fall 2009.

The ASPH competencies (between 11 and 28 of them) already are addressed in our academic programs outside the traditional public health areas.

Graduate students in our academic programs will be required to complete either a graduate course in epidemiology or pass a written examination after completing an epidemiology lecture series that includes selected readings.

The PhD in Rehabilitation Science requires a minimum of 6 credits of public health coursework and a minimum of two 3-credit statistics courses.

Weaknesses

The Core Curriculum is in development and will not be implemented before Spring 2010. Given the demands of their current programs, graduate students outside the traditional public health areas have limited flexibility in their opportunities to gain knowledge and skills in epidemiology. An online epidemiology lecture series with accompanying readings will serve as a possible alternative to a 3-4 credit graduate epidemiology course for graduate students in our academic programs.

Plans

In Spring 2010, implement a Core Curriculum that is rigorous (consistent with 400-500 level coursework) and substantial (see Core Essentials in Appendix 2.8.b).

Develop a flexible online graduate epidemiology lecture/readings series that, when coupled with other curricular elements, will assure that all SPHHP students in graduate level academic programs obtain a broad introduction to public health.

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.

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

See the instructional matrix presented in Table 2.1.a. Doctoral degrees are offered in Biostatistics, Community Health, and Epidemiology. Two programs have graduates (Biostatistics and the PhD in Epidemiology and Community Health). The PhD in Epidemiology and Community Health ends when all current students have graduated. It was replaced with separate doctoral degrees in Community Health and in Epidemiology.

The students enrolled in ongoing doctoral programs have up to 7 years to complete all of their degree requirements. The Community Health PhD and the Epidemiology PhD programs are projected to have their first graduates by June 2013.

2.10.b Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.

Table 2.10.b Data on Doctoral Degree Programs¹

	2006	2007	2008
Biostatistics²			
Applications	46	55	56
Acceptances	10	23	29
Enrollments	4	3	3
Graduates	0	2	1
Total enrollees	4	5	7
Community Health³			
Applications	N/A ³	N/A ³	4
Acceptances	N/A ³	N/A ³	1
Enrollments	N/A ³	N/A ³	1
Graduates	N/A ³	N/A ³	0
Total enrollees	N/A ³	N/A ³	1
Epidemiology³			
Applications	N/A ³	N/A ³	10
Acceptances	N/A ³	N/A ³	7
Enrollments	N/A ³	N/A ³	5
Graduates	N/A ³	N/A ³	0
Total enrollees	N/A ³	N/A ³	14 ⁴
Epidemiology and Community Health³			
Applications	22	11	N/A ³
Acceptances	7	4	N/A ³
Enrollments	3	3	N/A ³
Graduates	6	10	6
Total enrollees	29	21	7 ⁵

¹ Applications, acceptances, enrollments and total enrollees are for the Fall of the stated year. Number of graduates are for the calendar year.

² See text for explanation of low number of enrollments in Biostatistics.

³ The PhD in Epidemiology and Community Health was replaced with the PhD in Epidemiology and the PhD in Community Health.

⁴ Includes students who switched from the PhD in Epidemiology and Community Health to the PhD in Epidemiology.

⁵ These students elected not to change their degree of record.

The rate of enrollment for accepted applicants is low for Biostatistics. This is because students are actually accepted into the MA program with the expectation that if they pass the MA requirements and if they are still interested, enrollment into the PhD is automatic. The discrepancy between acceptances and enrollments is explained by students not satisfying the MA requirements and students not wishing to continue with the PhD.

2.10.c Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The SPHHP has the requisite number of relevant public health doctoral degree programs.

The SPHHP has a long tradition of successful doctoral graduates in the former Epidemiology and Community Health PhD degree and more recently in the Biostatistics PhD degree. It expects a similar record for the new PhDs in Community Health and in Epidemiology.

Weaknesses

As of Fall 2008, there is only one student enrolled in the new PhD program in Community Health.

Plans

Recruit additional students for the PhD in Community Health. With its location in the Department of Health Behavior and the adequate faculty support and research present therein, enrollment is expected to increase.

Criterion 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.

2.11.a Identification of joint degree programs offered by the school and a description of the requirements for each.

The School offers six multi-award degrees (MPH/JD, MPH/MBA, MPH/MD, MPH/MSW, MPH/PharmD, BS in Exercise Science/MPH in Epidemiology) whereby students obtain two separate degrees. Program descriptions are provided in the Resource File.

Students in the MD/MPH and the BS in Exercise Science/MPH in Epidemiology do not have to take SPM 535 Biological Basis of Public Health; otherwise the MPH curriculum is the same as for a separate MPH degree.

The MPH portion of the MPH/MBA is limited to the health services administration concentration and the curriculum is identical to a separate MPH degree except that selection of the practice experience is determined in consultation with the School of Management so that it is relevant to both the MPH and the MBA.

The MPH/MSW is limited to the health services administration concentration, two social work courses are counted towards the MPH degree (SW564 Administration and Management and SW569 Community Social Work), and selection of the practice experience is determined in consultation with the School of Social Work.

In the MPH/PharmD program two pharmacy courses (PHC517 Principles of the Human Genome, Pharmacogenomics and Bioinformatics and PHC543 Pharmaceutical Genetic Methods) substitute for one 3 credit MPH course and the MPH practice experience and integrative project are determined in consultation with the pharmacy school so that the experiences are relevant to both degrees.

In the MPH/JD up to 15 credits of concentration area coursework can be counted towards both degrees and the practice experience can be satisfied by law school clinics in family violence, affordable housing, elder law, or community economic development. This makes it possible for students who select the health services administration concentration and are interested in legal policy as applied to public health to take relevant law school courses. Such courses would be selected in consultation with the student's MPH faculty advisor and the Director of the MPH/JD program, who is on faculty in the Law School, to assure relevance to public health. Students who do not express interest in courses on legal policy would take the courses and practice experiences required by their MPH concentration and the law school would accept the credits towards the JD degree.

2.11.b Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The School offers multi-award MPH degrees that create opportunities for interdisciplinary learning, which is beneficial to public health practice.

Weaknesses

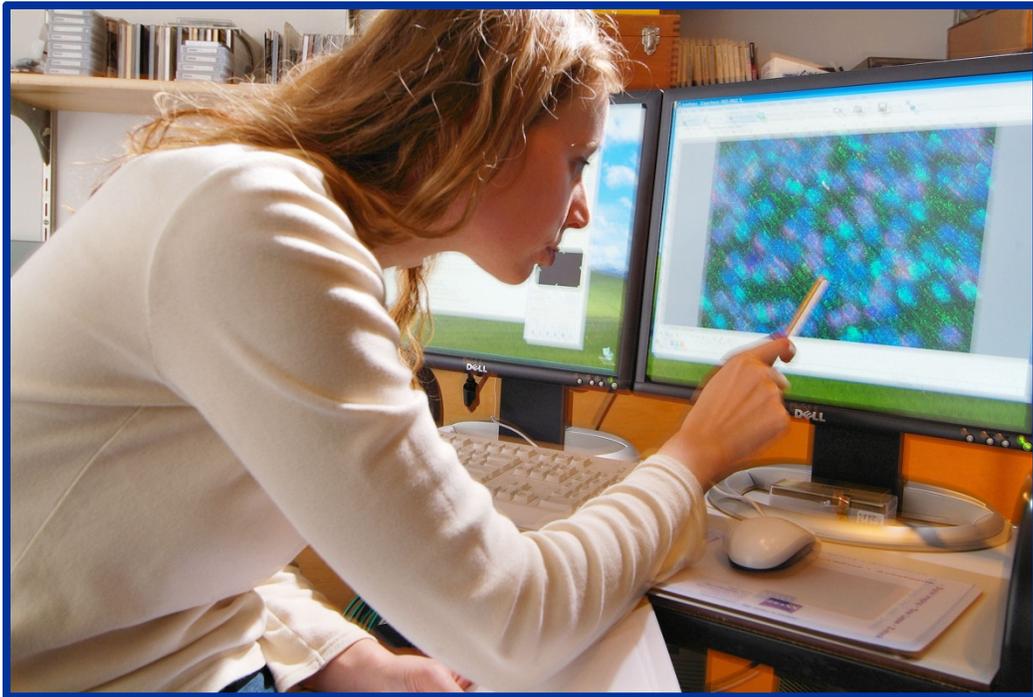
There are no apparent weaknesses as curricula for the professional public health degree component of the multi-award degrees are equivalent to that required for a separate public health degree.

Plans

The SPHHP plans to continue to provide interdisciplinary multi-award degrees that include the MPH and will be amenable to considering potential additional multi-award degree programs.

Criterion 2.12 Distance Education or Executive Degree Programs.

The School currently does not have distance education or executive degree programs. At present, we do not have the necessary resources to pursue these, but we plan to examine potential for this as the School matures.



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Criterion 3.0

**Creation, Application, and
Advancement of Knowledge**

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CRITERION 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.

Research and scholarship are integral parts of the activities of the faculty, staff, and students of the SPHHP. This is reflected in the current strategic plan of the SPHHP, in which the School states its commitment to supporting and conducting disciplinary and interdisciplinary “research that relates to important health issues faced by populations, communities, and individuals.” Objectives related to this goal include competing successfully for peer-reviewed external funding, disseminating research findings and new knowledge, and providing services to support the submission and administration of grants.

During the five-year history of the School, research activity has fluctuated as related to changes in the faculty roster of the different departments within the School. Research expenditures increased 13% between FY2004 (\$7,929,708, the year SPHHP was established) and FY 2006 (\$8,948,987). Unfortunately, much of this gain was lost in FY 2007 (\$8,182,870) when the School experienced the departure of four faculty members, each of whom transferred funded grants. These faculty members have been replaced, though with non-tenured faculty who are beginning to develop their research portfolios. As the School grows, we continue to add other research faculty. Current trends suggest that funding is now stable and additional efforts (described below) are in place to gradually increase the number of active research awards and related research expenditures during the next few years.

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

The SPHHP has a wide range of policies, procedures, and practices to support its research efforts, each of which is described below. In addition, the School adheres to the overall policies and procedures of UB, within which the School’s research efforts are embedded. We begin with a presentation of activities and policies within the SPHHP and follow that with a presentation of relevant research-related policies and activities at UB.

SPHHP Research Activities

Research activities within the SPHHP are conducted within the School’s Strategic Plan’s stated mission “. . .to improve the health of populations, communities, and individuals. . .” and its related goal “to conduct research that relates to important health issues faced by populations, communities, and individuals.” As already noted, there is considerable collaboration among SPHHP Departments and with other investigators in the University and in other institutions. The major foci of each of the Departments can be summarized as follows:

Department of Biostatistics. The faculty in Biostatistics engage in theoretical, methodological, and applied statistical research related to public health and the health sciences. Biostatistics faculty participate in ongoing research projects in topics related to medical informatics and bioinformatics, cancer research, maternal and child health, genetics, addictions, and epidemiology.

Department of Health Behavior (HB). The faculty in HB conduct research to consider and address the causes, prevention, and reduction of chronic diseases that can shorten life and cause suffering and disability. Research related to health behavior focuses on maladaptive behaviors such as cigarette smoking, excessive use of alcohol and other substances, poor diet, low physical activity, and high-risk sexual behavior. The context (including socioeconomic, media, and policy issues) and the role of mediators and moderators that influence health and health behaviors also are topics of interest.

Department of Exercise and Nutrition Sciences (ENS). The faculty in ENS conduct research on topics such as aging, inflammation, and chronic diseases. ENS research programs investigate how nutrients and physical activity interact with cardiovascular disease, musculoskeletal disease, cancer, and the health consequences of nutritional disorders and obesity.

Department of Rehabilitation Science (RS). The faculty in RS focus on research to optimize the quality of life and independence of those whose functional capabilities are limited by disability, disease, injury, developmental delay or advancing age. Research efforts range from animal studies of the anatomy and physiology of aging muscle to translational human studies in balance, aging, assistive technology, environmental accommodations, and neurodegenerative disease. The common theme is to better understand the anatomical, physiological, and psychosocial manifestations of disease, injury, and disability and to identify optimal theoretically-driven intervention strategies.

Department of Social and Preventive Medicine (SPM). The faculty in SPM conduct research in disease epidemiology and prevention. Research topics include the epidemiology of cancer, cardiovascular disease, diabetes, diarrheal disease, perinatal outcomes, and osteoporosis. Factors such as nutrition, physical activity, occupation, environment, genetics, and hormonal and socioeconomic factors are examined. Studies focus on wellness, clinical trials of disease prevention, and on biologic and environmental factors that may modify disease incidence. The Department has facilities for processing of blood and other biological samples as well as a repository for specimens collected as part of ongoing epidemiological studies.

Research Centers

Located within the SPHHP are the following externally-funded centers that provide a home for disciplinary and multidisciplinary research that are consistent with SPHHP's research mission. Faculty and staff from various departments within the School are involved in various aspects of the research and administration of the research centers.

Center for Assistive Technology. website: <http://cat.buffalo.edu/>

The Center for Assistive Technology (CAT) conducts research, education, and service to increase knowledge about assistive devices for persons of all ages who have functional impairments. The Center works in four related areas: 1) research, development, transfer, and commercialization of advanced technologies and assistive devices; 2) education programs for professionals, students, and consumers; 3) client assessment and training services in computer access for education & employment; and 4) dissemination of best practices and information about assistive technology devices and services.

Multidisciplinary activities within these four project areas involve Departmental faculty from Rehabilitation Science within the SPHHP as well as UB departments such as Architecture and

Planning, Communicative Disorders and Sciences, Counseling and Educational Psychology, Geriatric Medicine, Law, Mechanical, Electrical, and Industrial Engineering, Nursing, Rehabilitation Medicine, and Special Education. Currently (2008-2013), CAT personnel have a grant from the U.S. Department of Education's National Institute on Disability and Rehabilitation Research (NIDRR) to improve the knowledge translation and technology transfer skills of NIDRR grantees and related stakeholders. The program of research and related activities is designed to increase technology transfer results that improve the quality of life for persons with disabilities.

Center for International Rehabilitation Research Information and Exchange.

website: <http://cirrie.buffalo.edu/>

The mission of the Center for International Rehabilitation Research Information and Exchange (CIRRIE) is to facilitate the sharing of information about rehabilitation research and related expertise between the U.S.A. and other countries. CIRRIE has developed a database of international rehabilitation research, which can be searched by parameters that include subject, author, country, title, and year. CIRRIE is expanding its existing database and synthesizes information from it for dissemination to target audiences. CIRRIE also is developing a free, online, multi-lingual encyclopedia of rehabilitation that will be available in English, Spanish and French. To support collaborative activities between the U.S. and other countries, CIRRIE conducts four types of international exchange programs. CIRRIE also develops initiatives in the area of cultural competence and is currently focusing on pre-service education within university programs. The strategy is to create new curriculum materials tailored to four professional programs: speech therapy, occupational therapy, physical therapy, and rehabilitation counseling. Curriculum design will integrate material into existing courses.

World Health Organization (WHO) Collaborating Centre on Health and Housing.

website: <http://sphhp.buffalo.edu/hih/>

The WHO Center on Health and Housing is a collaborative activity of the SPHHP and the School of Architecture and Planning. In April 2008, this center was re-designated as a WHO Collaborating Centre until 2012.

During the period covered by the current designation, the main foci of the center on Health and Housing are:

1. Conduct research and provide technical assistance in the design of the built environment that will foster the health and functioning of all persons in the community, including those with disabilities.
2. Collect, collate, and disseminate information from rehabilitation research through an online database of research and develop an online international encyclopedia of rehabilitation in English, French, and Spanish.
3. Provide training, develop publications, and disseminate information on the WHO International Classification of Functioning, Disability and Health (ICF).
4. Conduct research and provide technical assistance on the prevention of water borne diseases.
5. Conduct research disseminate information, and provide training on technology transfer of assistive technology.

SPHHP's Research Facility: The Center for Health Research.
(<http://sphhp.buffalo.edu/chr/>).

Faculty from each of the Departments and centers of the School have access to the Center for Health Research (CHR) a state-of-the-science facility that is available for conducting funded research.

The CHR includes a waiting area, six interview rooms, two multi-purpose rooms, one meeting/kitchen area, and one phlebotomy room. A core group of employees (including nurses) are available to coordinate studies, screen and/or interview study participants, obtain physical measurements (e.g., weight, blood pressure), draw blood, as well as code and enter data. Specialized services include the availability of ultrasound equipment and certified technicians for testing carotid EMT and brachial reactivity.

SPHHP Research Policies and Practices

The SPHHP research policies and practices are overseen by the Associate Dean for Research. The responsibilities of the AD for Research are summarized as follows:

- provide leadership and guidance to promote, facilitate, and sustain a culture of research productivity and excellence within the School
- encourage, facilitate, and monitor inter- and multi-disciplinary research and scholarly interactions between and among the faculty of the various Departments of SPHHP consistent with the School's strategic mission and research goals as well as with others outside of the SPHHP consistent with the University's strategic plan, UB2020
- advise the Dean, Chairs, and faculty from individual Departments on strategies to enhance the research environment to increase productivity as well as attract faculty, staff, and students
- assist in developing research-related policies that will enhance research efforts and supervise staff within SPHHP's Office of Research Administrative Services.
- assist in the development of the research potential of new faculty including development and implementation of a research mentoring program and research-related educational programs for faculty.
- oversee SPHHP-supported research facilities and resources, such as the Center for Health Research (CHR) as well as the externally-funded research Centers.

Since February 2008, the new AD for Research has successfully completed initiatives such as: conducting a workshop on NIH grant writing for non-tenured faculty; overseeing the renovation, renaming, and focus of the Center for Health Research as a School-wide research facility; providing internal reviews of grant applications; providing research mentoring for interested (mostly non-tenured) faculty; and allocating funds for external reviews of grant applications. The School's Research Administrative Services (RAS; see below) also have been enhanced by systematizing the monthly collection of information on planned grant submissions (to better track and identify planned research) and the solicitation of feedback concerning faculty satisfaction with the services provided by the staff of RAS to identify areas that need improvement. Each of these initiatives has served to enhance the research environment within the School and has been well received by faculty and staff.

The School's Office of Research Administrative Services (RAS; website: <http://sphhp.buffalo.edu/research/admin/>) exists to enhance the SPHHP research enterprise by

providing professional guidance and administrative support to faculty and staff pursuing external funding for research, service, and scholarly activities. The RAS staff consists of two full-time employees who are supervised by the ADR. They possess a wealth of experience in various aspects of research administration and apply their expertise to working with faculty. RAS provides comprehensive pre-award research administrative support which complements (but does not duplicate) the functions of the University-wide Sponsored Program Services (SPS). SPHHP is unique among Schools at UB in having established in 2006, this decanal-level centralized research administrative unit.

Examples of the type of support provided by RAS include:

- Performing general and targeted searches for funding sources
- Disseminating notices of funding opportunities
- Liaising with the University-wide SPS and collaborating institutions during all phases of the pre-award process
- Coordinating and assisting with proposal preparation and submission
- Advising PIs on the interpretation and application of University and sponsor policies and on a wide range of research management issues
- Maintaining data on the SPHHP's research enterprise

Typical searches for funding opportunities involve accessing the sponsored projects search engines such as those listed below.

- [Grants.gov](#) Official source for all federal government grant opportunities
- [FedBizOpps](#) Official source for all federal government contract opportunities
- [Sponsored Programs Information Network \(SPIN\)](#) Extensive search capabilities
- [Community of Science \(COS\)](#) International database of funding opportunities
- [New York State Department of Health \(NYDOH\)](#) List of recent funding announcements
- [U.S. Dept of Education Ed.gov](#) List of all DOE and NIDRR Federal Register documents
- [RAMS Proposal Central](#) A user-friendly on-line funding search engine

University Oversight and Support of Research: Overview

UB is the flagship institution of the 64-campus system of the State University of New York (SUNY), the largest public university system in the United States. UB also was the first public university in New York state to be admitted (in 1990) into the prestigious Association of American Universities (AAU).

UB's Mission Statement states; "UB serves the people of New York as the State University's sole comprehensive research-intensive university and primary center for professional education and training." <http://www.business.buffalo.edu/UbbContent/Hrs/facultyhandbook/I.htm#D>

As mentioned earlier, SPHHP policies and activities are developed and implemented within the framework provided by UB. Faculty of the SPHHP Departments are expected to meet UB's policies and expectations for research and scholarly activities, as indicated in the following documents:

- [Promotion and Tenure: Guiding Principles](#)
- [Statement of Professional Responsibilities and Rights](#)
- [Faculty Responsibility: Policy and Process](#)

University Oversight and Support of Research: Research Administration

Within UB, research is administered within the following framework:

The Research Foundation (RF) of the State University of New York (SUNY) is a not-for-profit organization that supports research, education, and public service throughout SUNY. Since 1977, the RF has been responsible for managing sponsored programs, including externally-funded faculty research (https://portal.rfsuny.org/portal/page/portal/About_us/Overview).

Within UB, the Vice President for Research (VPR) oversees and is responsible for managing the research enterprise. The Office of the VPR provides support for campus-wide research efforts, advocates on behalf of research needs and resources, and oversees the University's research facilities and offices. The VPR serves as the liaison with the State University of New York Research Foundation and oversees UB's Sponsored Projects Services, Laboratory Animal Facilities, the Office of Science, Technology Transfer and Economic Outreach, and Research Subjects Protection (<http://www.research.buffalo.edu/ovpr/>).

The Assistant Vice President for Sponsored Programs oversees proposal and award administration under the auspices of the Sponsored Projects Services (SPS). SPS is the centralized research administrative unit that supports the University's faculty and staff in their efforts to garner external awards for programs of research, scholarly and creative activities, education and training, public service, and to assist in and oversee post-award administration (<http://www.research.buffalo.edu/sps/about/>).

In addition to information on its website, SPS publishes a *Project Director's Handbook* that provides detailed and comprehensive "cradle-to-grave" information for conducting research at UB. The *Handbook* contains pre- and post-award research-related policies, procedures and practices, as well as important information on peripheral administrative functions (such as personnel, purchasing, and travel) that are integral to the conduct of extramurally-funded research.

University Oversight and Support of Research: Programs for Enhancing Research

Internal research funding is provided through the OVPR, which uses three competitive and targeted seed-funding programs designed to help faculty initiate or enhance their research programs within UB2020: Framework for the Future areas of strategic strength. UB2020 organizes multidisciplinary research, teaching, and service within the following areas: Civic Engagement and Public Policy, Cultures and Texts, Health & Wellness Across the Lifespan, Information and Computing Technology, Integrated Nanostructured Systems, Molecular Recognition in Biological Systems and Bioinformatics, Artistic Expression and Performing Arts, and Extreme Events: Mitigation and Response (http://www.research.buffalo.edu/funding_programs/).

The three seed-funding programs are the Scholars Fund, the Interdisciplinary Research Development Fund, and the Multi-investigator Proposal Support program. Each will be described in turn.

- ***UB2020 Scholars Fund.*** Specifically for faculty in the Arts, Humanities, and Social and Natural Sciences, this program provides competitive awards of up to \$15,000 to foster the development of innovative work by faculty in academic disciplines where such resources are not available from the department or decanal unit.

- **UB2020 Interdisciplinary Research Development Fund.** This program seeks to catalyze collaboration among faculty across disciplines in order to increase the probability of attracting major extramural grant support. Under this program, awards of up to \$50,000 are made to teams that can make a convincing case that a major external proposal (e.g., R01) can be submitted within 18 months of the award date.
- **Multi-investigator Proposal Support (MIPS).** The criteria for this program include an external funding target in excess of \$1 million/year in total costs and an interdisciplinary approach that crosses decanal and institutional boundaries. Under this program, the OVPR will assist investigators in the formation and support of research teams to develop center-level grant applications. Awards may take the form of funding to generate preliminary data or for travel to funding agencies or collaborative sites. They also may include non-financial support such as provision of institutional data or management of the team formation and the proposal development process.
- **Principal Investigator's Research Incentives Program.** In addition to the three seed programs, the OVPR has created incentives to individual faculty who serve as principal investigators (PIs) on externally funded projects. In this program, the OVPR returns to PIs 3% of the indirect costs recovered annually from their extramurally funded projects. The program is meant to both recognize and reward UB faculty who are successful in competing for external support of University research and to serve as a catalyst to expand the University's research enterprise. These funds can be used by PIs on research related activities, typically ones that will result in additional sponsored funding (<http://sphhp.buffalo.edu/research/admin/announcements/2006-11-16.php>).

University Oversight and Support of Research: Ethical Research Practices

As part of its responsibility to ensure compliance with all federal, state, and University regulations governing the conduct of research, the OVPR has created a *Compliance Guide*, which is available at <http://www.research.buffalo.edu/compliance.cfm>. Some of the important issues addressed in the *Guide* include:

- Personnel effort and cost sharing
- Conflict of Interest
- Use of Hazardous Materials
- Handling confidential information and data
- Research Subjects Protection

All research involving human subjects must be reviewed by the appropriate institutional review board to ensure that the rights and well-being of research volunteers are protected to the greatest extent possible, in accordance with federal regulations, and following the dictum of the World Medical Organization: "In research on man, the interest of science and society should never take precedence over considerations related to the well-being of the subject." All SPHHP human subjects research is reviewed by either the Health Sciences Institutional Review Board or the Behavioral Sciences Institutional Review Board. Any research that primarily involves children is reviewed by the Children & Youth Institutional Review Board. Funding for projects involving human subjects will not be released by the University's SPS until such time that SPS has received evidence that the use of human subjects (for the particular funding source and period) has been approved by an appropriate IRB.

The use of animal subjects in research at UB must be reviewed by the Institutional Animal Care and Use Committee (IACUC). UB's Animal Care Program and Laboratory Animal Facilities are

fully accredited by the Association for Assessment and Accreditation of Laboratory Animal Care (<http://www.research.buffalo.edu/rsp/>).

All research personnel involved in human or animal research are required to complete the applicable training in the proper conduct of research involving research subjects. UB's Human Research Protection Program (HRPP) utilizes courses from the Collaborative IRB Training Initiatives (CITI) in the Protection of Human Research Subjects. CITI courses are recognized as the national standard for human research education (<http://www.research.buffalo.edu/rsp/education.cfm>).

The IACUC and Laboratory Animal Facility conduct the Responsible Care and Use of Laboratory Animals Certification Program, which consists of an on-line tutorial and competence demonstration in basic animal procedures in a hands-on web lab environment (<http://www.research.buffalo.edu/iacuc/training/>).

Collaborative Research across the University at Buffalo

As is evident in the School's vision and mission, faculty in the SPHHP are aware of the multidimensional nature of the wide range of public health and community problems that must be addressed to improve the health of populations, communities, and individuals. Many such problems are best addressed using multidisciplinary and interdisciplinary approaches and so collaborations are an integral feature of research conducted within the School. In addition, research collaborations are promoted within UB's strategic plan, UB2020 Framework for the Future, and among funding agencies such as the National Institutes of Health.

Members of the SPHHP faculty were involved in the development of UB2020 strategic strengths and are conducting research that is consistent with a number of the areas of strength. For example, many SPHHP faculty conduct research that is consistent with Health and Wellness Across the Lifespan and others are involved in research pertaining to the areas of Information and Computing Technology, Integrated Nanostructured Systems, Molecular Recognition in Biological Systems and Bioinformatics, and Extreme Events: Mitigation and Response. The topic of Civic Engagement and Public Policy is highly relevant to faculty in the SPHHP. However, research in this area awaits further development of this strategic strength within UB.

The SPHHP is varied in the disciplinary and multidisciplinary research conducted within each of its Departments. In many cases, researchers work with colleagues within UB (e.g., Department of Psychology, Research Institute on Addictions, New York State Center of Excellence in Bioinformatics and Life Sciences; Roswell Park Cancer Institute) as well as the broader region (e.g., Western New York Public Health Association, University of Rochester), the nation (e.g., University of Puerto Rico, University of Wisconsin-Madison, Georgetown University, University of Pennsylvania, Centers for Disease Control and Prevention) and the international community (e.g., University of Toronto, University of Waterloo, World Bank, WHO, collaborators in Bangladesh, Vietnam, Kenya).

Within SPHHP, research collaborations with colleagues across UB accounted for 40% of funded research in FY 2006, 31% in FY 2007, and 33% in FY 2008. Collaborations with academic institutions outside of UB accounted for 29% of funded research in FY 2006, 42% in FY 2007, and 39% in FY 2008. Even given these levels of success, the School is committed to continuing to foster and enhance fruitful research collaborations among its five Departments as well as among other relevant schools and departments across UB and with other institutions.

3.1.b A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

Community-based research is an important component of the research portfolio of the SPHHP. Members of the faculty are involved in a wide range of community-based research activities, a sampling of which is presented below.

Population Health Observatory (PI/Director, Randolph Carter, Professor of Biostatistics)

The Population Health Observatory (PHO) conducts public health informatics research in collaboration with local and state health departments, entities within UB, and health care providers. Research within the PHO typically involves the analysis of data-sets to provide policy makers, regulatory agencies, and program managers with scientifically accurate information. A number of community-related research and evaluation projects are being conducted under the auspices of the PHO. They include the following:

- ***Early Childhood Outcomes Data System.*** Sponsor/Community Collaborator: NY State Department of Health, Division of Family Health
- ***Near East Side Health Study.*** Sponsors/Community Collaborators: Buffalo Black Leadership Forum, Kaleida Health, The Wegman's Corporation.
- ***Establishing a Regional Approach to Maternal and Child Health Assessment Activities in Western New York.*** Sponsors/Community Collaborators: New York Department of Health, The Western New York Public Health Alliance
- ***The Western New York Public Health Alliance Health Risk Assessment Update, 2004-2005.*** Sponsors/Community Collaborators: The Community Health Foundation of Western and Central New York and the U.S. Department of Health and Human Services through Health for All, Inc. of Buffalo.

Western New York Wellness Works (PI: Joan Dorn, Interim Chair, Exercise and Nutrition Sciences, and Associate Professor, Social and Preventive Medicine). Sponsor/Community Collaborators: State of New York Department of Health, major health insurers in Western New York. The objective of the WNYWW project is to improve workers' health and evaluate the impact of health promotion programs conducted at worksites on health care costs. In 2005, 13 groups, representing over 10,000 employees, were provided matching funds to implement wellness programs at their worksites. The research component of this project involves collecting valid and reliable data to track individual employee health risks, their perception of the health culture at work, corporate environmental health and health care costs at baseline and after two years of wellness interventions.

The Health Improvement Project: An Evaluation of Nonsurgical Interventions in the Management of Class III Obesity (PI: Michael Noe, Associate Dean for Community Relations and Clinical Affairs). Sponsor/Community Collaborator: BlueCross BlueShield of Western New York. This study involves ongoing (up to 3 years) evaluation of obese participants randomized to four nonsurgical interventions for reducing weight.

Osteoporosis Prevention and Education Program (PI, Jean Wactawski-Wende, Professor, Social and Preventive Medicine). Sponsor/Community Collaborators: New York State Department of Health, Catholic Health System/Sisters Hospital, Kaleida Health System. This community collaboration covers the 17 counties in the Western New York region of New York

State and is one of five such programs in the State. The research component of the program involves ongoing evaluation of osteoporosis screening programs and educational programs that are conducted in the community and in worksites.

Adolescent HIV/Safer Sex Curriculum Evaluation Program (PI: Marc Kiviniemi, Assistant Professor, Health Behavior). Sponsor/Community Collaborator: AIDS Community Services of Western New York. This program involves the evaluation of a health education curriculum for adolescents developed by AIDS Community Services of Western New York. The primary focus of the evaluation is assessing changes in student risk perception, knowledge, and intent to engage in safer sexual practices as a result of the curriculum. In addition, the project involves exploratory examination of factors influencing teacher receptivity to the program.

3.1.c A list of current research activity of all primary and secondary faculty identified in Criterion 4.1.a. and 4.1.b., including amount and source of funds, for each of the last three years. This data must be presented in table format and include at least the following information organized by department, specialty area or other organizational unit as appropriate to the School: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based, and h) whether research provides for student involvement.

Research Activity of Primary and Secondary Faculty for each of the last three years (2005 to 2007) is included in Appendix 3.1.c

3.1.d Identification of measures by which the school evaluates the success of its research activities, along with data regarding the school's performance against those measures for each of the last three years.

The outcome measures listed in Table 3.1.d serve as important indicators of the School's success in research activities, as described in our strategic plan. During the past three years, some outcome measures indicate strong improvements in research productivity while others indicate steady growth or a slight decrease in productivity. Each of these trends will be described in turn.

The SPHHP has shown strong improvements in the percentage of faculty (FTE) who published a peer-reviewed article and the percentage of faculty who presented a paper at a scientific meeting. There was modest growth in the number of peer-reviewed articles per faculty. All of these outcomes indicate that SPHHP faculty are actively disseminating their research findings and are deriving the benefits that accrue to those who participate in the peer-review process. Our 5-year targets are based on our anticipation that these outcomes will continue to grow during the coming years, particularly as the tenure-track faculty make progress in establishing their research portfolios and disseminating their research findings.

The School has experienced slight decreases in research productivity as indicated by annual research expenditures and the percent of faculty serving as investigators on funded research. These two outcome measures are linked. As we indicated earlier, during the past three years there were some losses associated with the departure of four tenured faculty members who moved with their externally-funded grants. Their replacements are non-tenured faculty who currently are in the process of establishing and building their research portfolios. In addition, the two departments that constitute the "health professions" have significant undergraduate teaching and clinical training loads, which in some cases have negatively impacted research

productivity. The School also faces the challenges associated with the national decrease in the research funding that is available from government sources, such as the National Institutes of Health as well as many foundations. To address these challenges, the AD for Research is mounting efforts to improve the quality of grant applications and to better prepare faculty to compete for grant awards. The faculty also are continuing to work to enhance research collaborations within the School as well as with colleagues within the University at Buffalo and across the nation and the world. Given these efforts, we anticipate that these outcomes will stabilize and even experience slight growth (around 10%) during the next five years.

Table 3.1.d Research Outcome Measures

Outcome Measures	2005 - 2006	2006 - 2007	2007 - 2008	Five Year Target
Research expenditures (grants and contracts)	\$8,765,922	\$8,948,987	\$8,182,870	\$9,001,157
Percent faculty serving as an Investigator (PI or Co-I) on funded research	58.6%	57.8%	44.6%	50%
Percent of faculty (FTE) who published a peer reviewed article ¹	51%	57%	71%	75%
Number of peer reviewed articles/faculty (FTE) ¹	2.5	3.5	3.1	3.5
Percent of faculty (FTE) who presented a paper at a national or international conference ¹	60%	66%	78%	90%

¹Based on calendar years 2005, 2006 and 2007; data for the summer and fall 2008 will not be available until faculty annual reports (which are based on academic year) are completed (by May 15th 2009). For this reason, no 2008 data are reported at this time.

3.1.e A description of student involvement in research.

SPHHP's strategic goal for education includes preparing students for success as researchers. Thus, students at all levels are involved in learning about research and/or being actively involved in conducting research. This involvement recently was captured in a survey in which faculty reported on student participation in research. Currently (2008 - 2009), the School has a total of 494 graduate students. Approximately 232 of the doctoral students are enrolled in the Doctor of Physical Therapy (DPT) program and are not expected to be involved in research. Across the five Departments of the SPHHP, the faculty reported that more than 30% of the 262 graduate students who were not enrolled in the professional DPT (where research is not required) were actively involved in research with faculty. Approximately 6% of undergraduate students were involved in research, even though the undergraduate programs in the School do not have specific requirements or expectations that students will be involved in research. These percentages are reflected in the students' success in presenting scientific posters and serving as authors on published manuscripts designed to disseminate research findings. During the period from Spring 2008 through the present (March 2009), students from all five Departments in SPHHP were authors on 51 scientific posters and 16 scientific manuscripts that either were published or are "in press." Below, we provide citations of two publications and two presentations that illustrate the variety of research projects in which students have participated and served as authors. The names of student authors are in bold. A list of student-related manuscripts and posters is available in the Resource File. Other opportunities and activities that involve students in research are described following the citations

Dollar K.M., **Mix J.M.**, & Kozlowski L.T. (2008). Little cigars, big cigars: Omissions and commissions of harm and harm reduction information on the Internet. *Nicotine and Tobacco Research*, 10(5):819-26.

Tomita, M.R., **Tsai, B.M.**, Fisher, N.A., **Kumar, N.A.**, & Wilding, G.J. (2008) Raising adherence to exercise in patients with heart failure through Internet-based self management, *Journal of the American Geriatrics Society*, 56 (10).1986-1988.

Kiviniemi, M.T., **Bennett, A.L.**, & **Zaiter, M.** (2009). Theory-based examinations of decision making about colorectal cancer screening: Have we adequately examined influences on screening decisions? Poster session presented at the annual meeting of the *American Society for Preventive Oncology*, Tampa, FL. March.

Ray, A.D., Pendergast, D.A., **Simpson, A.**, & Lundgren, C.E.G. Respiratory muscle training against a resistance reduces the work of breathing at depth. 2008 Annual Meeting of the American College of Sports Medicine. Indianapolis, IN. May

Research Requirements for Graduate Degrees

The five Departments of the SPHHP grant Doctor of Philosophy degrees in Biostatistics, Exercise Science, Rehabilitation Science, Community Health, and Epidemiology. The requirements for the doctoral degree include performing research. Each Department also provides opportunities to conduct research to fulfill the requirements for Master's degree programs. Doctoral students take up to 12 credits of research and write a research-oriented dissertation. A selection of titles of doctoral degrees granted during the past three years provide a sampling of the broad range of research topics and interests of SPHHP doctoral students.

- Generalized linear model approach for estimating and testing equality of conditional correlations. (Biostatistics)
- Recognizing nonverbal cues of affect: An intervention to enhance performance of persons with traumatic brain injury (Rehabilitation Science)
- Alcohol consumption and risk of breast cancer: An epidemiological investigation of possible mechanisms (Social and Preventive Medicine)
- Resistance training, protein supplementation and cardiovascular disease risk reduction (Exercise and Nutrition Sciences)
- The association between cigarette smoking and colorectal cancer over five decades (Social and Preventive Medicine)
- Measurement error modeling (Biostatistics)

Each year awards are presented for the best dissertation (The Richard N. Schmidt Outstanding Ph.D. Award in Biostatistics, The Saxon Graham Award in Epidemiology) and the best Master's thesis (The Sidney Addelman Master's Award).

Research and Graduate Assistantships

Funded research assistantships are available within each of the Departments of the SPHHP. In some case, students have to meet specific requirements related to academic standing (e.g., Biostatistics requires a GPA of 3.0) or length of time in the program (e.g., at least one year). Some departments provide research assistantships as part of endowed scholarships or possess externally-funded training grants. For example, the Department of Social and Preventive Medicine has an interdisciplinary training grant in cancer epidemiology that funds stipends, tuition, and research for predoctoral fellows in Cancer Epidemiology.

Student Involvement in Faculty Research. Along with the funded positions, students also have the opportunity to participate in faculty research projects in the form of independent study and to receive research course credit. Many faculty provide research training via "hands-on" experiences that teach students skills related to running participants, collecting and coding data, data analyses and report writing. When possible, student participation in research is directly funded by external awards.

J. Warren Perry Lecture. For each of the past 17 years, the School has presented an annual lecture to honor J. Warren Perry, the first Dean of the School of Health Related Professions, a predecessor to the current SPHHP. The occasion includes a lecture by a prominent national researcher, the presentation of five funded student awards named for SPHHP benefactors (J. Warren Perry, Alfred T. Caffiero, Carlton R. Meyers, Francis V. Hanavan, Denise Howland), and the presentation of research posters by approximately 30 students. The posters cover topics in basic, clinical and population science from each of the five SPHHP Departments. Poster abstracts are published in the Perry Lecture program. One poster is selected for the Perry Poster Award.

UB Celebration of Academic Excellence. Each year, UB celebrates research and scholarly excellence by recognizing the accomplishments and contributions made by faculty, staff, and students. As part of this celebration, undergraduate and graduate students are selected to present posters that represent student research at the SPHHP. From this pool, one outstanding undergraduate poster is selected as best exemplar of SPHHP student research.

Graduate Student Association (GSA) Funding. Master's and doctoral level students can seek funding from UB's Graduate Student Association (GSA) to support their research related activities. Students can compete for funding from the GSA's Mark Diamond Fund which provides up to \$2,000 to support doctoral research and up to \$1,000 to support Master's level research. They also can compete for funds to travel to conferences to present their research findings; up to \$400 for doctoral students and up to \$250 for Master's students.

During the next five years, we plan to continue to support student involvement in all of the research activities that we have described and to broaden opportunities for students in all of the School's graduate and professional programs to be involved in research. As we increase externally-funded faculty research, we anticipate that student involvement in such research will increase. We plan to gather additional data on student research.

3.1.f Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The SPHHP is a multidisciplinary entity within which research thrives. The School is made up of well-established Departments with long histories of garnering external funding and newly established Departments that are gaining momentum in establishing and growing their research endeavors.

Faculty research productivity in the form of publications and scientific presentations is generally excellent. Departments within the school have hired a number of promising new tenure-track faculty for whom research productivity is a priority.

The SPHHP faculty is conducting interdisciplinary and multidisciplinary research in collaboration with colleagues within the School and UB, as well as across the Western New York region, the nation, and the global community. Research collaborations with community agencies are well established and are flourishing.

The School provides opportunities and support for student involvement in a range of research activities and rewards student accomplishments in research.

The School has a new Associate Dean for Research and a well functioning staff within its Research Administrative Services. This team is putting policies and systems in place to create and maintain the appropriate infrastructure (e.g., support for developing and submitting applications, funds for external review of grant applications) for maintaining and growing externally funded research.

The School has invested in developing and maintaining a state-of-the-science facility (The Center for Health Research) to promote and enhance the running of clinical studies.

SPHHP provides excellent space and generous start-up packages for new faculty to purchase equipment and other resources needed to establish their programs of research.

Weaknesses

The School needs to stimulate and maintain steady growth in its portfolio of funded research awards. Challenges include the building of relatively new departments, the undergraduate teaching and clinical training loads of the two departments that constitute the “health professions”, and the decreased availability of research funds from government agencies and foundations.

The Associate Dean for Research was hired within the past year and so is still in the process of evaluating faculty needs and developing support for areas that have the potential to enhance research involvement and productivity.

Plans

Build SPHHP’s portfolio of funded research awards by systematizing research support and mentoring, particularly for non-tenured faculty near the start of their research careers.

Fine-tune research administration within SPHHP and develop mechanisms, tracking data, and resources for funding student research and faculty pilot studies as well as other opportunities for faculty and students to engage in research and related activities.

Develop a Research Development Advisory Committee composed of UB researchers who are productive and successful at garnering external funding. The committee will support the development of research capability within SPHHP by engaging in activities such as: providing research mentoring; selecting applications worthy of seed money for pilot studies; and identifying external reviewers to prescreen grant applications.

Continue to update and enhance the research infrastructure related to information technology, specialized laboratories, and other research facilities.

Criterion 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.

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

Policies

The mission of the SPHHP is “to improve the health of populations, communities, and individuals through disciplinary and interdisciplinary education, research, and service.” A stated goal of the School's Strategic Plan is “to provide service to communities (from regional to global), to the University, and to scholarly and professional organizations.” Accordingly, stated objectives in the Plan that pertain to service include: developing and maintaining partnerships with and providing professional service to community organizations that include health or public health in their missions; professional service to the School and to the University; and service to scholarly and professional organizations.

Recognizing the importance of service in the mission of SPHHP, the School has adopted a set of Guiding Statements on Promotion and Tenure (Appendix 3.2.a-1) which define expectations regarding service to the University and to the community throughout a faculty member's career. The School and the University make consideration of contributions in service, along with activities in education and research, a required component of annual reports by the faculty. This information is used in the annual review of faculty and is considered in actions on proposals for promotion of both tenure track faculty and those with qualified titles. Contributions through service are considered in making decisions on discretionary increases in salary. Special recognition of service and leadership contributions is given by the School in annual awards (e.g., Dean's Award) and by the University (e.g., Chancellor's Award).

The University's policy regarding service is stated in the Faculty/Staff Handbook at <http://www.business.buffalo.edu/UbbContent/Hrs/facultyhandbook/> (see Resource File), and in “Promotion and Tenure: Guiding Principles”, a statement by UB's President and Provost at http://www.provost.buffalo.edu/facultyaffairs/pdf/promo_tenure_guide_princ.pdf. The importance of service is referenced also in the Bylaws of the SPHHP (Appendix 1.5.b) http://sphhp.buffalo.edu/assets/docs/2006-08-24_bylaws.pdf. The faculty are appropriately advised of these expectations at the time of appointment, upon renewal of appointment, and when responsibilities change.

Service and Related Activities in SPHHP

Contributions through service and activities which support service are described below. They include those carried out under the auspices of the Office of Public Health Practice, the Population Health Observatory in the Department of Biostatistics, and several community collaborations along with other projects that are local, regional, national, and international in scope. The School considers it a great advantage to have a diverse faculty that includes Departments of Rehabilitation Science and Exercise and Nutrition Sciences along with the traditional core disciplines in public health. This array of academic expertise enhances our ability to address needs in primary, secondary, and tertiary prevention in our service activities, as well as in educational and research endeavors. These are exemplified in the various activities described below. Examples of service-related activities that support and contribute to

the service mission of the School are listed in Appendix 3.2.a-2. Departments whose faculty and/or students were involved are specified (* denotes student involvement).

Office of Public Health Practice. SPHHP has recently established an Office of Public Health Practice. The Office Reports to the Associate Dean for Community Relations and Clinical Affairs and is directed by a former public health official (Dr. Donald Rowe, former Director, Genesee County Health Department). Its responsibilities include the development of meaningful and mutually advantageous collaborations and partnerships between the School and organizations in the community, including state and local health departments. Such collaborations serve to promote the health of the populations we serve and provide research and/or supervised educational experiences for students in public health and in the health professions. The Office works closely with the Western New York Public Health Alliance, a legally established organization whose members include the health commissioners of the eight counties of Western New York (WNY), representation from the WNY Healthcare Association, and the Eighth District Medical Society as well as the School. In early 2008, the School recruited and appointed an Outreach Coordinator to enhance the functions of the office.

Population Health Observatory. The Population Health Observatory (PHO) is a public health informatics research and training center seeking to improve public health through population-based research and health informatics in collaboration with local and state health departments and health care providers. The PHO serves a service function as well as the research functions described above. Further, student training is an integral part of its mission. PHO faculty and students apply biostatistics and computational expertise to analyze large, population-based, data sets. The PHO data warehouse houses local, statewide, national, and international data sets that provide a foundation for its activities. The goal is to provide policy makers, program managers, public health professionals, and regulatory agencies with information that promotes data driven health policy and decision making, evidence-based program management, scientifically sound program evaluation, and accurate information for regulatory decisions.

WHO Collaborating Centre on Health and Housing. (Social and Preventive Medicine; Rehabilitation Science) UB's Center on Health and Housing is a collaborative activity of the SPHHP and the School of Architecture and Planning. Co-directors are Drs. John Stone (SPHHP) and Edward Steinfeld (Architecture and Planning). This center has been re-designated as a WHO Collaborating Centre until 2012. This designation enables SPHHP and its collaborators to extend their reach internationally in fostering exchange of information and stimulating research in areas that impact public health. Current activities are delineated in Criterion 3.1.a.

Tools for Caregivers. (Rehabilitation Science*; Social and Preventive Medicine): The goal of this project is to improve knowledge about developments in assistive technology that are useful in enhancing functionality in the activities of daily living for those with disabilities, as well as to increase awareness of techniques to facilitate acceptance and use of this technology by people in need. A curriculum was developed by faculty and staff in Rehabilitation Science and delivered to practicing occupational therapists, nurses, and other health professionals in workshops held throughout the area. The program also was adapted to a web-based format, providing a continuously available learning experience for which continuing education credits are available. Workshops also were delivered to interested members of the lay public.

Powerful Tools for Caregivers. (Social and Preventive Medicine): In collaboration with the Erie County Department of Senior Services and with the endorsement of the Western New

York (WNY) Caregiver Coalition, this psycho-educational program was brought to WNY from the Mather Institute on Aging in Illinois. The program has proven to be effective in helping informal (family) caregivers to increase self-efficacy, improve communication skills, and better manage the stress of the caregiver role which is a problem of major public health importance. Over thirty Class Leaders from agencies in Erie and Niagara Counties were trained to deliver the program which has now reached over 500 caregivers. Four Class Leaders, including two members of the faculty, have been certified as Master Trainers in the program. They have trained additional regional Class Leaders in other Western and Central New York counties as well as participants in New Hampshire and Vermont, further extending the program's impact. Eight additional Class Leaders from minority communities (African-American, Hispanic, and Native American) were recently trained to better enable reaching caregivers from minority populations in the area. The program is now being promoted to University faculty, staff, and employees through the Employee Assistance Program and the University's Wellness and Work-Life Balance Program. The program was awarded the Program of the Year Award by the Network in Aging of WNY in 2006.

Public Health Emergency Preparedness. (Social and Preventive Medicine*): Since 2006, the SPHHP has been working with the WNY Public Health Alliance Inc. to develop an Advanced Practice Center for rural public health emergency preparedness. Faculty, with the assistance of a MPH/JD graduate student, developed a "Guide to Multi-jurisdictional Collaborations". This Guide was designed to assist rural communities in assessing local capacity and to facilitate response and recovery through multi-jurisdictional agreements. The Guide has been presented nationally at the CDC-sponsored Public Health Emergency Preparedness Summit 2007 and 2008, at APHA (Oct 2008), and at several state and local venues.

Nutrition Education and Related Services. (Exercise and Nutrition Sciences): Members of the faculty in the Dietetic Internship Program provide consultative support to fellow practitioners in the community on matters pertaining to dietetic practices. These activities include participation in in-service programs on nutrition care and support of efforts to develop a system for medical nutrition documentation in a local health system.

International Health Promotion Activities (Social and Preventive Medicine*): Since 2005, Dr. Pavani Ram has been providing service to non-governmental organizations outside the United States. These have included technical assistance to groups implementing household water quality and hand-washing promotion programs in Bangladesh (Dushta Shasthya Kendra) and Sri Lanka (Tropical and Environmental Disease and Health Associates), as well as an evaluation for a family planning program in Uganda. Dr. Ram also has served on the Monitoring and Evaluation Technical Group of the Global Public Private Partnership for Hand Washing Promotion, which is based in Washington, DC. A related student research project which she supervised, in collaboration with the Birla Institute of Technology and Sciences (Pilani, Rajasthan, India), examined the acceptability and use of waterless hand sanitizers by street food vendors in Pilani, India. Dr. Ram currently is working closely with the Office of Child Health in the Republic of Kenya, Ministry of Health and the US Agency for International Development as well as the Water and Sanitation Program at the World Bank on issues related to hand-washing behavior and pediatric diarrhea.

Center for International Rehabilitation Research Information and Exchange (CIRRIE) (Rehabilitation Science). Based in the SPHHP and funded by the US Department of Education's National Institute on Disability and Rehabilitation Research, CIRRIE is an international resource, sharing information on rehabilitation research and related topics

developed around the world, thus providing and enhancing cross-cultural perspectives and understanding of these interventions. CIRRIE's research components were described in Criterion 3.1.a. In addition, CIRRIE provides service related to sharing information on rehabilitation, education in cultural competence, an international exchange program for researchers, and programming to promote the International Classification of Function, Disability, and Health. It has a lead role in weaving cultural competence into the curriculum throughout rehabilitation practice education and training and organizes an annual student exchange involving students in the health professions at UB and a university in Brazil, thus promoting better cross-cultural education in health.

Other Service Activities

Faculty from the Departments of Social and Preventive Medicine and Rehabilitation Science also have been actively engaged as steering committee members of projects sponsored by local foundations. These include: 1) A community-based program to prevent falls in the elderly population (with the Community Health Foundation); 2) A project to promote reform in the delivery of services in long term care facilities through the implementation of patient-centered care and services (with Beechwood Homes and The Oishei Foundation); and 3) Development of a center to serve the needs of frail elders in the community (with the Community Health Foundation).

Service activities also provide assistance to the quality of the ongoing academic programs of the School. To highlight the importance of service to the School, the SPHHP Academic Service Award is given to recognize the efforts of an alumnus/alumna and his or her long-standing volunteer academic service to one or more academic programs within the School. Since its inception in 2003, this award is presented at the annual Perry Lecture.

3.2.b A list of the school's current service activities, including identification of the community groups and nature of the activity, over the last three years.

Service activities for each of the last three years (2005 to 2007) are extensive and are presented in Appendix 3.2.b. This appendix includes service activities that range from community service (e.g., working with various affected groups) to university service (e.g., committees) and service to professional organizations (e.g., reviewing manuscripts for journals). Community service occurs in all programs and departments. Members of the faculty, staff, and students volunteer their time and expertise to community organizations such as the American Heart Association (Heart Walk), the American Red Cross, the New York State Public Health Workforce Taskforce, AIDS Family Services, and the American Occupational Therapy Association, and the Health in Brazil Exchange.

The data provided in Table 3.2.b were collected in May 2008, when the University implemented a web-based system for core faculty to provide annual reports of their activities. This table describes public service activities. In Appendix 3.2.b there is a very long associated table that describes professional service activities; noted in bold on this table in the Appendix are activities with public health relevance. Over time, as the SPHHP administration and faculty become more familiar with this system, we look forward to having enhanced capability to collect and organize the data to best characterize School's involvement in service activities.

Table 3.2.b Community Service Activities. (Note that the Table 3.2.b-1 in the appendix also indicates professional service with many examples of public health service of a professional nature.)

Current Service Activities 2006¹

Dept	Faculty	Role	Agency/Organization	Service Activity	PHR ²	Student Role	Date Range
Public: Local							
BIOS	Carter, R.	Guest Speaker	Western New York Public Health Alliance	Meeting	Yes	1, did analysis for masters project	July 2006
HB	Collins, R.	Member	WNED, WNY Public Broadcasting	Community Board	No		1/ 205 – 12/08
RS	Bennett, S.	Coordinator	National MS Society	MS Wellness Program	Yes	approx 7 - 9 students assist	2/1994 - Present
RS	Bennett, S.	Volunteer	Women and Children's Hospital	Buffalo News Kids Day	No	approx 10 - 12 volunteers	2/1991 - Present
RS	Panzarella, K.	Member	Alfred T. Caffiero Foundation	committee		benefactors of scholarship fund	2003 - Present
RS	Panzarella, K.	Member	Suneel's Light Foundation	committee	No		2002 - Present
RS	Shriber, L.	Vice President	Summit Educational Resources	Board of Directors	Yes		9/1997- Present
SPM	Dorn, J.	Volunteer	The Nichols School	Research Scholars Program	Yes	Local High School students- as EPI interns	2006 - Present
SPM	Dorn, J.	Guest Speaker	Niagara Walkers' Club	Presentation New Food Pyramid	Yes		July 2006
SPM	Freudenheim, J.	Guest Speaker	UB Newman Center	Talk	Yes		6/ 2006 -
SPM	Noe, M.	Member	Buffalo Community Health	Medical Advisory Committee	Yes	PreMedicine/ MPH students work on QI	8/1996 - Present
SPM	Rudra, C.	Member	Western NY Perinatal Forum		Yes		
SPM	Wactawski-Wende, J.	Chairperson	Komen for the Cure, WNY	Community Foundation			2006 - Present
SPM	Wactawski-Wende, J.	Member	Western New York Regional Perinatal Forum	Committee			2003 - Present
Public: State							
HB	Giovino, G.	Member	New York State Department of Health	Tobacco Use Prevent. & control Advisory Board	Yes		July 2002 - Present

¹ Data collected via new online Faculty Annual Reporting System in May 2008 and includes activities of current SPHHP Core Faculty only.

² PHR: Public Health Related

Dept	Faculty	Role	Agency/Organization	Service Activity	PHR ³	Student Role	Date Range
Public: State							
HB	Kiviniemi, M.	Consultant	Ponca Tribe (NE)/Univ. of Nebraska Research Center Prevention Partnership	Diabetes Prevention Study	Yes		April 2006 - August 2006
RS	Bauer, S.	Reviewer	Indiana State Economic Development Corporation	21st Century Research and Technology Grants	Yes		2006
SPM	Noe, M.	Member	Public Health Workforce Task Force	NYS Department of Health Task Force	Yes		July 2005 - Present
SPM	Noe, M.	Member	NYS Council on Graduate Medical Education	Committees on GME Reform and Primary Care	Yes		May 2004 - Present
SPM	Noe, M.	Member	Data Protection Review Board, NYS Dept of Health	Committee	Yes		1990 - Present
SPM	Rowe, D.	Chairperson	Pandemic Influenza	Planning Committee			October 2006 - Present
Public: Regional							
HB	Collins, R.	Member	Planned Parenthood of Buffalo and Erie County	Community Board	Yes		9/ 1988 – 12/2006
RS	Bennett, S.	Member	AIDS Family Services	Board of Directors	Yes		9/2001 – 9/2008
RS	Nochajski, S.	Member	Transition Committee/Buffalo Public School District	Committee	No		January 2005 - Present
SPM	Dorn, J.	Guest Speaker	Chautauqua County Healthy Heart Association	Present on "WNY Wellness Works"	Yes	one JD/PhD student- data collection and presentation prep	May 2006
SPM	Noe, M.	Leader	Powerful Tools for Caregivers Program, SPHHP and Erie County Dept of Senior Services	Master Trainer & Class Leader	Yes		April 2004 - Present
Public: National							
RS	Bauer, S.	Reviewer	National Science Foundation	Research to Aid Persons with Disabilities Grants	Yes		2006
RS	Tomita, M.	Provider	Aging and Technology Research	Providing health related information	Yes	two to update contents	9/2000 – Present

³ PHR: Public Health Related

Current Service Activities 2007⁴

Dept	Faculty	Role	Agency/Organization	Service Activity	PHR ⁵	Student Role	Date Range
Public: Local							
ENS	Kuo, S.	Volunteer	Sister-to-Sister Connection, Buffalo, NY	Mini-mentoring for high school students	No	20 high school students from East side of Buffalo	November 2007
HB	Kozlowski, L.	Member	P2 Collaborative of WNY	Leadership Team	Yes	N/A	2007-Present
HB	Kiviniemi, M.	Member	Univera Fun 2B Fit Intervention Program	Evaluation Team	Yes		August 2007 – August 2008
RS	Bennett, S.	Coordinator	National MS Society	MS Wellness Program	Yes	approx 7 - 9 students assist	February 1994 - Present
RS	Bennett, S.	Volunteer	Women and Children's Hospital	Buffalo News Kids Day	No	10-12 assist	February 1991 - Present
RS	Burkard, R.	Volunteer	Women's and Children's Hospital of Buffalo	Ambient noise recording in hospital NICU	Yes		January 2007 - Present
RS	Panzarella, K.	Member	Alfred T. Caffiero Foundation	committee		benefactors of scholarship fund	2003 - Present
RS	Panzarella, K.	Member	Suneel's Light Foundation	committee	No		2002 - Present
RS	Shriber, L.	Officer, Vice President	Summit Educational Resources	Board of Directors	Yes		September 1997 - Present
SPM	Dorn, J.	Liaison to UB potential speakers/consultants	Mended Hearts	Mended Hearts University at Buffalo Liaison	Yes		January 2007 - Present
SPM	Dorn, J.	Volunteer	The Nichols School	Research Scholars Program	Yes	Local High School Epi interns	2006 - Present
SPM	Dorn, J.	Guest Speaker	WNY Chapter Mended Hearts	Presentation: Exercise and Heart Disease:	Yes		October 2007
SPM	Dorn, J.	Guest Speaker	Niagara Walkers Club	Presentation: Health Risk Assessment	Yes	One: processing of Health Risk Appraisals and Health Risk Reports	July 2007
SPM	Dorn, J.	Guest Speaker	Community Day, South Park High School	Presentation: Epidemiology as a Career Choice	Yes		May 2007

⁴ Data collected via new online Faculty Annual Reporting System in May 2008 and includes activities of current SPHHP Core Faculty only.

⁵ PHR: Public Health Related

Dept	Faculty	Role	Agency/Organization	Service Activity	PHR ⁶	Student Role	Date Range
Public: Local							
SPM	Dorn, J.	Guest Speaker	Buffalo Public Schools	Presentation: WNY Wellness Works, Health Risk Appraisal Process	Yes	one JD/PhD, one MPH- assisted	March 2007
SPM	Dorn, J.	Guest Speaker	Roswell Park Medical Club	Presentation: Evaluating Fiscal 7Physical Benefits of Wellness Programming in Workplace	Yes		March 2007
SPM	Dorn, J.	Guest Speaker	Buffalo Public Schools, Board of Education	Presentation: Worksite Wellness	Yes	One PhD/JD student- assisted	January 2007
SPM	Dorn, J.	Guest Speaker	Western New York Chapter of Mended Hearts	Presentation: Epi Research in Heart Disease Prevention at UB	Yes		January 2007
SPM	Freudenheim, J.	Guest Speaker	Breast Cancer Network WNY	Talk	Yes		10/2007 - Present
SPM	Freudenheim, J.	Guest Speaker	UB Newman Center	Talk	Yes		June 2006 - Present
SPM	Noe, M.	Member	Buffalo Community Health	Medical Advisory Committee	Yes	Preventive Medicine/MPH students work on QI	August 1996 - Present
SPM	Rudra, C.	Member	Western NY Perinatal Forum		Yes		
SPM	Wactawski-Wende, J.	Member	Canisius College Medical Advisory Board	Advisory Board			2007 - Present
Public: State							
HB	Giovino, G.	Member	New York State Department of Health	Tobacco Use Prevention and control Advisory Board	Yes		July 2002 - Present
RS	Bauer, S.	Member	Minority Organ Donor & Education Program	Board of Directors	Yes		6/2007 - Present
SPM	Dorn, J.	Member	NYS DOH	NYS Worksite Wellness Advisory Board	Yes		2007 - Present

⁶ PHR: Public Health Related

Dept	Faculty	Role	Agency/Organization	Service Activity	PHR ⁷	Student Role	Date Range
Public: State							
SPM	Dorn, J.	Guest Speaker	New York State Workers' Compensation Conference	Presentation: Evaluating Fiscal and Physical Benefits of Wellness in Workplace	Yes		May 2007
SPM	Noe, M.	Member	New York State Council on Graduate Medical Education	Committees on GME Reform and Primary Care	Yes		5/2004 - Present
SPM	Noe, M.	Member	Public Health Workforce Task Force	NYS Department of Health Task Force	Yes		7/2005 - Present
SPM	Noe, M.	Member	Data Protection Review Board, NYS DOH	Committee	Yes		1990 - Present
Public: Regional							
RS	Bennett, S.	Member	AIDS Family Services	Board of Directors	Yes		2001 - 2008
RS	Burkard, R.	Chairperson	Regional consortium	Chair of Falls Prevention subcommittee	Yes		2007 - 2008
RS	Burkard, R.	member Steering committee	A Regional consortium	Member of Falls Prevention Steering Committee	Yes		2007 - 2008
RS	Burkard, R.	Member	local consortium	Member of Falls Prevention Consortium	Yes		2007 - 2008
RS	Nochajski, S.	Member	Transition Committee/Buffalo Public School District	Committee	No		January 2005 - Present
SPM	Dorn, J.	Guest Speaker	Walsh Insurance Group and Manning & Napier Benefits Annual Fall Benefit Seminar	Presentation: WNY Wellness Works:	Yes	2 helped with data analyses, & presentation	October 2007
SPM	Noe, M.	Leader	Powerful Tools for Caregivers Program, SPHHP and Erie County Department of Senior Services	Master Trainer and Class Leader	Yes		April 2004 – Present
SPM	Wactawski-Wende, J.	Chairperson	Komen for the Cure, WNY	Community Foundation			2006 - Present
SPM	Wactawski-Wende, J.	Member	Western New York Regional Perinatal Forum	Committee			2003 - Present

⁷ PHR: Public Health Related

Dept	Faculty	Role	Agency/Organization	Service Activity	PHR ⁸	Student Role	Date Range
Public: National							
ENS	Kuo, S.	Member	ASBMB	Visit the Capitol Hill Program	Yes		April 2007
RS	Tomita, M.	provider	Aging and Technology Research	Providing health related information	Yes	two to update contents	9/ 2000 – Present
Public: International							
HB-local	Collins, R.	Member	WNED,WNY Public Broadcasting	Community Board	No		1/ 2005 – 12/ 2008

⁸ PHR: Public Health Related

Current Service Activities 2008⁹

Dept	Faculty	Role	Agency/Organization	Service Activity	PHR ¹⁰	Student Role	Date Range
Public: Local							
HB	Collins, R.	Member	WNED, WNY Public TV	Community Board	No		1/ 2005-12/2008
HB	Collins, R.	Member	WNED, WNY Public TV	Strategic Planning Bd.	Yes	N/A	1/2009-Present
RS	Bennett, S.	Coordinator	National MS Society	MS Wellness Program	Yes	approx 7 - 9 assist	2/ 1994 - Present
RS	Burkard, R.	Chairperson	Regional consortium	Chair of Falls Prevention subcommittee	Yes		2007 - 2008
RS	Burkard, R.	Volunteer	Women's and Children's Hospital of Buffalo	Ambient noise recording in hospital NICU	Yes		1/ 2007 - Present
RS	Panzarella, K.	Member	Suneel's Light Foundation	committee	No		2002 - Present
RS	Panzarella, K.	Member	Alfred T. Caffiero Foundation	committee		benefactors of scholarships	2003 - Present
RS	Shriber, L.	Officer, Vice President	Summit Educational Resources	Board of Directors	Yes		September 1997 - Present
SPM	Dorn, J.	Liaison to UB speakers/consultants	Mended Hearts	Mended Hearts University at Buffalo Liaison	Yes		January 2007 - Present
SPM	Dorn, J.	Volunteer	The Nichols School	Research Scholars Program	Yes	Local High School student- epi intern	2006 - Present
SPM	Dorn, J.	Guest Speaker	Buffalo Public Schools Health Advisory Board	Presentation: Health Risk Appraisal Results		3-4collected Health Risk appraisals on 1000 faculty/staff-	April 2008
SPM	Freudenheim, J.	Guest Speaker	Breast Cancer Network of WNY	Talk	Yes		October 2007 - Present
SPM	Freudenheim, J.	Guest Speaker	UB Newman Center	Talk	Yes		June 2006 - Present
SPM	Noe, M.	Member	Alliance for Person-Centered Care	Leadership Steering Committee	No		January 2008 - Present
SPM	Noe, M.	Member	Buffalo Community Health	Medical Advisory Committee	Yes	Residents Prevent Medicine/MPH students did QI	August 1996 - Present
SPM	Rudra, C.	Member	Western NY Perinatal Forum		Yes		

⁹ Data collected as of March 9, 2009.

¹⁰ PHR: Public Health Related

Dept	Faculty	Role	Agency/Organization	Service Activity	PHR ¹¹	Student Role	Date Range
Public: Local							
SPM-local	Scheider, William	Member	WNY Clean Air Coalition	Community Board	Yes	N/A	1/1/2009-Present
SPM-local	Scheider, William	Member	WNED, WNY Public TV	Strategic Planning Comm.	Yes	N/A	1/1/2009-Present
SPM-local	Wactawski-Wende, J.	Member	Canisius College Medical Advisory Board	Advisory Board			2007 - Present
SPM-local	Wactawski-Wende, J.	Chairperson	Komen for the Cure, WNY	Community Foundation			2006 - Present
SPM-local	Wactawski-Wende, J.	Member	Western New York Regional Perinatal Forum	Committee			2003 - Present
Public: State							
ENS	Burton, Harold	Guest Speaker	U.B. Career Development	Presenter to high school students pursuing health science careers	Yes	Participants-35	March 2009
HB	Giovino, G.	Member	New York State Department of Health	Tobacco Use Prevention & control Advisory Board	Yes		July 2002 - Present
HB	Kozlowski	Member	New York State Department of Health	Tobacco Use Prevention & control Advisory Board	Yes		July 2008-Present
RS	Bauer, S.	Member	Minority Organ Donor and Education Program	Board of Directors	Yes		June 2007 - Present
SPM	Dorn, J.	Member	NYS DOH	NYS Worksite Wellness Advisory Board	Yes		2007 - Present
SPM	Noe, M.	Member	Public Health Workforce Task Force	NYS DOH Task Force	Yes		July 2005 - Present
SPM	Noe, M.	Member	Data Protection Review Board, NYS DOH	Committee	Yes		1990 - Present
SPM	Noe, M.	Member	New York State Council on Graduate Medical Education	Committees on GME Reform and Primary Care	Yes		May 2004 – Present
Public: Regional							
RS	Bennett, S.	Member	AIDS Family Services	Board of Directors	Yes		9/ 2001 – 9/ 2008
RS	Burkard, R.	Member	Regional Planning group	Frailty Institute Planning Committee	Yes		2008

¹¹ PHR: Public Health Related

Dept	Faculty	Role	Agency/Organization	Service Activity	PHR ¹²	Student Role	Date Range
Public: Regional							
RS	Burkard, R.	member	A Regional consortium	Member Falls Prevention Steering Committee	Yes		2007 - 2008
RS	Burkard, R.	Member	local consortium	Member of Falls Prevention Consortium	Yes		2007 - 2008
RS	Nochajski, S.	Member	Transition Committee/ Buffalo Public Schools	Committee	No		January 2005 - Present
SPM	Noe, M.	Member	Univera Healthcare	Evaluation Committee, Fun 2B Fit Program	Yes	MPH student / Prevent Med resid. involved in project	February 2008 – August 2008
SPM	Noe, M.	Leader	Powerful Tools for Caregivers Program, SPHHP& Erie County Dept. Senior Services	Master Trainer and Class Leader	Yes		April 2004 - Present
Public: National							
ENS	Kuo, S.	Volunteer	AACR	American Association for Cancer Research High School Program	No	10	April 2008
RS	Bauer, S.	Reviewer	USDE/National Institute on Disability & Rehab. Research	Disability Rehabilitation Research Project Grant	Yes		April 2008
RS	Tomita, M.	provider	Aging and Technology Research	Providing health related information	Yes	two to update contents	September 2000 - Present
Public: International							
BIOS	Liu, S.	Member	Department of Biostatistics, UB & Roswell Park Cancer I	Stat. Genetics & Genomic Resource	Yes		April 2008 - Present

¹² PHR: Public Health Related

3.2.c Identification of the measures by which the school may evaluate the success of its service program, along with data regarding the school’s performance against those measures for each of the last three years.

Table 3.2.c presents data on four measures of SPHHP service activity during the past three years. These measures were outlined in the School’s Strategic Plan and are being monitored on an annual basis. They are as follows: 1) Percent of faculty who serve community organizations (e.g., as technical advisor, consultant, board member); 2) Percent of faculty who provide professional service to the University (e.g. University-wide committees); 3) Percent of faculty who provide service to scholarly and professional organizations (e.g. grant reviewers, journal reviewers); and 4) Number of active community collaborations related to the School’s service mission.

Table 3.2.c Outcome Measures of the Scope of Faculty Involvement in Service, 2005-2008

Outcome Measure	2005 - 2006		2006 - 2007		2007 - 2008		2008 - 2009 ¹		Five year target
	No	%	No.	%	No.	%	No.	%	
Service to Community Organizations	17	29	20	32	18	27	39	55	>45 (>57%)
Service to UB, beyond the SPHHP	23	40	30	48	30	44	*	*	>30 (>40%)
Service to Professional/Governmental Organizations	36	62	43	69	43	63	*	*	54 (78%)
Active Community Collaborations	8	-	9	-	13	-	15	-	21

¹data as of March 15th, 2009

*annual reports are due March 15th each year so these data are not yet available for 2008/09

In evaluating the progress of the School in its development of the service component of its mission, the focus will be on indicators of growth in faculty and student involvement and in the number of active community collaborations in which the School is involved.

The five-year targets include increases of around 10 percent. Targets have been identified based on considerations such as the following: 1) The potential to include more faculty and students in community-based initiatives that currently are in the early stages of development; 2) The anticipated continuing success of the Office of Public Health Practice in identifying additional opportunities for service to the community; 3) The heightened awareness among faculty of the importance of service in the mission of the School as a result of the adoption of the revised Strategic Plan; and 4) An anticipated increase in the number of inter-disciplinary service collaborations by faculty as the UB2020 Strategic Plan is further implemented.

3.2.d A description of student Involvement in service.

Students in the School are provided with many opportunities to provide service to the community, some of which were described in Criterion 3.2.a. Student service can be a component of practica, internships, and various disciplinary and interdisciplinary training and research projects. SPHHP students have participated in service activities that reach populations and organizations that are local, regional, state-wide, national, and international. Volunteerism/service is an important element in the selection process for student awards and scholarships offered at the Departmental level (e.g., Perry Scholars, Caffiero Award). The development and implementation of a core curriculum in public health, which will be delivered to students in all disciplines and Departments, is expected to enhance student motivation to

become involved in service activities as well as engender new service opportunities that are oriented to public health.

Student involvement in service activities have been described in Criterion 2.4 and Criterion 3.2.a. Additional examples of service activities by students in the School's programs are identified in Appendix 3.2.d.

3.2.e Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

Service activities that involve the community, university, and professional organizations are an integral part of the School's strategic plan. They are required for promotion and tenure at the University, and are an important consideration in annual evaluations of faculty, decisions on discretionary increases, and in decisions on special recognition and awards.

The involvement of faculty and students in meeting the SPHHP's goals and objectives in service is broad and encompasses single and multiple disciplines in each of the School's Departments. The scope of service provided also is broad; encompassing local, regional, national, and international organizations and communities and reaching various populations.

Student involvement in service is extensive and involves students in all Departments.

SPHHP has established the position of Associate Dean for Community Relations and Clinical Affairs and an Office of Public Health Practice through which to identify additional opportunities for service and further extend working relationships in support of education and research.

The planning and implementation of a core curriculum in public health has involved each academic unit and is expected to further inform and encourage activities, including those in service, to promote the public health.

Weaknesses

The revised SPHHP Strategic Plan has only recently been approved and adopted. Work on achieving its goals and objectives related to service will be an ongoing process.

Although viewed by the University as an important component of considerations in decisions on promotion and tenure, service has traditionally been somewhat eclipsed by teaching and research activities.

Plans

Through the Office of Public Health Practice, the School will continue to make concerted efforts with local and regional partners, including local and state health agencies and foundations, to identify more opportunities for SPHHP's faculty and students to increase involvement in initiatives that are consistent with our service mission.

The SPHHP will strive to identify opportunities for service that include an educational and/or research component, thus integrating the areas of focus of the School and most effectively utilizing our strengths.

The service mission and its importance will be given a high profile in our internal organs of communication and through opportunities for awards and other forms of recognition for faculty and students.

Efforts will continue to increase the importance of service in the considerations by faculty in their setting of priorities and in the evaluation of faculty for various forms of recognition.

Criterion 3.3 Workforce Development. The school shall engage in activities that support the professional development of the public health workforce.

SPHHP recognizes the need to support and participate in the continuing education and professional development of personnel who are engaged in public health practice but who lack formal training or, if previously trained, are seeking to advance their knowledge and skills. The School and its faculty also are cognizant of opportunities to meet the educational needs of health professionals and those in related disciplines whose work involves health promotional activities that respond to public health needs outside of traditional public health practice. As a new school of public health, SPHHP has concentrated its efforts on the development and refinement of its curriculum for formal degree programs that include the MPH degrees. Thus far, program offerings in the category of continuing education for public health professionals have been limited and are described below. With accreditation, the SPHHP will be able to overcome restrictions on our participation in government-funded educational initiatives, including those in New York State.

3.3.a A description of the school's continuing education program, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies.

In collaboration with the Western New York Public Health Alliance, whose membership includes the Directors of the Health Departments in the eight counties of Western New York along with representation from SPHHP, we are striving to get a clearer perspective on work force education needs in the local public health agencies. The Directors have recently been asked to identify and prioritize educational and skill development needs in their agencies and in the existing workforce (instrument attached, Appendix 3.3.a-1).

The MPH Program Committee is planning to survey employers of graduates and alumni to ascertain the graduates' readiness for the workforce and to obtain information regarding areas where competency development can be strengthened. This information is and will continue to be useful to faculty in SPHHP in curriculum development, as well as in preparing continuing education offerings.

SPHHP has been actively represented in the work of the Public Health Work Force Task Force. In 2006, this group was convened by the Commissioner of Health, State of New York to respond to actual and emerging public health work force needs at the State and local levels. The Task Force has been gathering data from health agencies on the competencies most needed in public health graduates; training and education needs in the existing work force; and manpower needs in various agencies and programs. In its report issued in September, 2008 (Appendix 3.3.a-2), the Task Force outlined a blueprint for action to monitor workforce needs, improve recruitment of new workers, strengthen retention of the existing workforce, expand opportunities for formal public health training, and respond to educational and skill development needs in the existing workforce. SPHHP will be well positioned to add to the effectiveness of those efforts because of our geographic location in New York State.

3.3.b Description of certificate programs or other non-degree offerings of the school, including enrollment data for each of the last three years.

Two formal certificate programs are housed in SPHHP: The dietetics internship program, and a certificate program in assistive and rehabilitation technology.

The Dietetics Internship Program is a one-year academic sequence that includes graduate coursework (15 credits) as well as an internship in dietetics. Students are involved in a number of community projects pertinent to the discipline, and the majority of students continue study for a master’s degree.

The Advanced Graduate Certificate Program in Assistive and Rehabilitation Technology is housed in the Department of Rehabilitation Science. The program emphasizes a dynamic, problem-based approach to learning through classroom projects, community involvement, and exposure to current research literature. Its goal is to educate practitioners and researchers who share a common professional interest in improving the independence and quality of life of people with disabilities who use assistive technology. The program draws upon the existing strengths within the University, including those in the Center for Assistive Technology, and architecture, industrial engineering, physical therapy, communicative disorders and sciences and social and social and preventive medicine. The program provides an open, progressive atmosphere for the professional development of therapists, engineers, special educators and others who share a common interest in learning the science and art of assistive technology research and service delivery for people with disabilities.

Health professionals and public health practitioners have also enrolled on a non-matriculated basis in the Department of Social and Preventive Medicine (primarily in MPH courses), and also in the Department of Biostatistics (see following data). The following are headcount data for the two certificate programs, and for health professionals and public health practitioners enrolled in graduate courses on either a non-matriculated or matriculated basis.

Table 3.3.b Headcount Data for the Two Certificate Programs, and for Health Professionals and Public Health Practitioners Enrolled in Graduate Courses on Either a Non-Matriculated or Matriculated Basis

	2005-2006	2006-2007	2007-2008	2008-2009
Students in Certificate Programs	14	14	16	16
Non-matriculated students	5	6	22	5
Matriculated students	18	22	25	12

3.3.c A list of the continuing education programs offered by the school, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.

Continuing education and other program offerings over the past three years are presented in Table 3.3.c.

Table 3.3.c Continuing Education Programs conducted by SPHHP

Title	Audience	# of participants	Date(s)
2005 – 2006			
Aging and Technology Research On-line Continuing Education for OT, PT and Nursing	Occupational Therapy, Physical Therapy, and Nursing	43	On-going
Biostatistics	Health Dept. Directors and Staff, WNY counties	12	October, 2005 (part of one day program)
Assistive Technology Workshop	Counselors, Center for the Blind and Visually Handicapped	7	May 11, 2005 November 9, 2005
Tools for Caregivers	Occupational Therapists and Nurses	140	Originally offered eight one- day programs, Sept.-Nov. 2004; Web-based program for CEU's continues to be offered
The Super-size Epidemic of the Next Generation	Physicians, Physical therapists, occupational Therapists	84	April 27, 2006
Assistive Technology Workshop	Counselors, Center for the Blind and Visually Handicapped	7	May 5, 2006
Working Effectively with Children with Autism	Occupational Therapists (Continuing Education credits provided)	50 (maximum allowed)	May 24, 2006
Powerful Tools for Caregivers	Class Leader Training Program for participants from Greater Buffalo Area	16	June 14-16 and June 27-29, 2006
2006 -2007			
Aging and Technology Research On-line Continuing Education for OT, PT and Nursing	Occupational Therapy, Physical Therapy, and Nursing	24	On-going
Update On Assistive Devices	NYS Association for Education and Rehabilitation of the Blind and Visually Impaired Conference, Albany, NY	30	November 6, 2006
Assistive Technology Workshop	Upstate Counselors, Center for the Blind and Visually Handicapped	35	November 16, 2006
Autism: A Neurophysiological Perspective on the Role of Sensory Interventions in Meeting the Child's	Occupational Therapists (Continuing Education credits provided)	100	May 7, 2007

Needs and Improving Function			
Advances in Assistive Technology	Counselors for the Blind and Visually Handicapped	7	May 10, 2007
Sensory Integration	Occupational Therapists, Physical Therapists, Speech/Language Pathologists, Special Educators	60	May 27, 2007
Sensory Integration	Occupational Therapists, Physical Therapists, Speech/Language Pathologists, Special Educators For Buffalo Hearing and Speech Center, Buffalo, NY	60	May 29, 2007
13 th Annual North American Collaborating Center Conference on ICF	International conference on classification of functioning, disability and health.	100	June 5 – 7, 2007
2007 - 2008			
Aging and Technology Research On-line Continuing Education for OT, PT and Nursing	Occupational Therapy, Physical Therapy, and Nursing	11	On-going
Autism: A Neurophysiological Perspective on the Role of Sensory Interventions in Meeting the Child's Needs and Improving Function	Occupational Therapists (continuing Education credits provided)	40	September 29, 2007
Supporting Students With Disabilities	NYS Occupational Therapy Association Conference	50	September 29, 2007
Department of Rehab Science, Interdisciplinary Program on Balance Disorders and Treatments	MDs, Physical Therapists, Occupational Therapists, AuDs, Rehab Administrators	64 (day 1) 56 (day 2)	October, 11-12, 2007 (2- day program)
Powerful Tools for Caregivers	Class Leader training program for participants from Cattaraugus and Allegany counties, Southern NYS	13	December 3-5, 2007
The Sensory Profile	Occupational Therapists	10	March 14, 2008
Autism: A Neurophysiological Perspective on the Role of Sensory Interventions in Meeting the Child's Needs and Improving Function	Occupational Therapists, Physical Therapists, Speech/Language Pathologists, Psychologists, Special Educators	70	March 31, 2008

Sensory Integration	Occupational Therapists, Physical Therapists, Speech/Language Pathologists, Psychologists, Special Educators	50	April 24, 2008
Sensory Integration	Occupational Therapists (Continuing Education credits provided)	60	May 13, 2008
Training Program for Rehabilitation Counselors	Rehabilitation counselors from NYS Vocational rehabilitation agencies, Veterans Administration, special education teachers	43	June 5, 2008
"Help When You Need it: An On-line Guide to Multi-jurisdictional collaborations	Northern NYS Health Care Alliance	40	June 26, 2008
2008 – 2009¹			
Aging and Technology Research On-line Continuing Education in Assistive Technology for OT, PT and Nursing	Occupational Therapy, Physical Therapy, and Nursing	26	Ongoing
Powerful Tools for Caregivers Class leader Training Program	Class Leader training program for minority participants from the Greater Buffalo area Being trained to extend the program in the African American, Native American and Hispanic communities (Certificate and license as Class leader provided)	7	September 29-October 1, 2008
Toward Culturally Responsive Disability Services	International Conference in Niagara Falls, NY	60	October 6 – 7, 2008
Assistive Technology Workshop	All statewide counselors for the visually handicapped and program administrators	60	October 29, 2008
Assistive Technology Workshop	Counselors - Commission for the Blind and Visually Handicapped	7	December 18, 2008
Sensory Dysfunction Issues in Children in Autism Spectrum Disorders	Special Educators, Speech/Language Pathologists, Parents	30	January 30, 2009

¹ Information thru March 1st 2009

The SPHHP is a new school of public health which has necessarily been concentrating on the development of its curriculum, policies and procedures as pertain to its MPH and doctoral programs. However, there have been some success in reaching out to various sectors of the public health practice and health provider communities both regionally and beyond through educational programs that are intended and designed to address issues of public health importance.

The SPHHP faculties have worked with various professional and community organizations to provide continuing education programs to a wide range of audiences. With the exception of the on-line Tools of Caregivers education program and the Aging and Technology Research on-line continuing education, the programs presented in Table 3.3.c did not involve distance learning,

although this is an area that we hope to develop in the future. In the past three years, the Table shows that the nature scope and number of continuing education programs offered by the School is expanding.

3.3.d A list of other educational institutions or public health practice organizations, if any, with which the school collaborates to offer continuing education.

Discussions among the deans and associate deans of the three SUNY schools of public health (Buffalo, Albany, and Downstate Medical School) was formally initiated on June 16, 2008. An agenda for future collaboration, which includes workforce development needs, was agreed upon. It is anticipated that regular meetings will follow and that discussions will lead to cooperative approaches to the development and delivery of continuing educational programs.

Discussion between SPHHP and the State University of New York at Fredonia were initiated in November, 2008. That Fredonia campus offers a minor concentration in public health and is seen as an opportunity to work with their students and faculty both in recruitment to graduate programs and in the development of certificate programs for interested students.

Collaborations that pertain to workforce development include local and regional relationships with the public health practice community through the WNY Public Health Alliance, relevant committees of the New York State Department of Health (NYSDOH), and a developing relationship with the Western New York Regional Office of the NYSDOH, all of whom share a mutual interest in continuing education and workforce development.

3.3.e Assessment of the extent to which this criterion is met.

This criterion is partially met.

Strengths

The SPHHP has expressed its commitment to workforce development as an objective in its Strategic Plan and has begun to establish a record of quality continuing education activities that are well attended and serve the professional community. Successful educational programs that have been conducted exemplify the breadth of opportunity the School has in carrying out this component of its mission.

The recent establishment and staffing of an Office of Public Health Practice has enabled identification and pursuit of additional opportunities to address workforce needs through education.

The School is developing relationships with sister schools and other university campuses in the SUNY system, which will enhance the scope and reach of its workforce development activities.

The representation of disciplines in the Departments of Rehabilitation Science and in Exercise and Nutrition Sciences extends the reach of SPHHP in responding to needs both within and outside the framework of traditional public health practice.

Weaknesses

A concentrated focus on developing curricula in our School-based programs has been given priority and thus has limited our ability to develop more continuing education programs, particularly those with a focus on public health.

The lack of a full complement of faculty in all programs limits our capacity. It is anticipated that our capacity will increase as recruitment is completed and new departments grow and are added.

The School currently lacks the capacity to implement distance learning programs which are expected to be an important part of future activities.

Plans

Develop continuing education programs, including certificate programs that are based on input from various sources (e.g., WNY Public Health Alliance, WNY Regional Office of the NYSDOH, surveys of the provider community and employers) that can help the School to identify priorities for meeting educational needs in the public health work force and in sectors of the broader provider community.

Continue to provide the face-to-face educational experiences preferred by many professionals, but also work to develop and implement distance-learning capabilities for continuing education. The latter approach is an efficient mode of delivering programs to those in the work force and to meet the needs of geographically distant communities.

Continue to develop joint degree programs leading to a Master of Public Health degree and/or to explore shared initiatives through which the choice of careers in public health and pursuit of graduate training in public health can be promoted.

Build collaborations with other programs and Schools of Public Health in the SUNY system to best respond to educational needs in the public health and health professions work force.



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Criterion 4.0

Faculty, Staff, and Students

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CRITERION 4.0 FACULTY, STAFF AND STUDENTS

Criterion 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.

4.1.a A table showing primary faculty who support the degree programs offered by the school. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institution from which degrees were earned, j) current teaching areas, k) current research interests, and l) current and past public health practice activities. *Note: classification refers to alternative appointment categories that may be used at the institution.

The SPHHP is committed to recruiting, retaining, and promoting well-qualified, productive faculty to meet its instructional, research, and service mission, goals, and objectives. Table 4.1.a documents the SPHHP's current core faculty with primary appointments that support the many degree programs. Faculty that support instructional needs of the different departments as part-time, adjunct or through affiliated professional connections (e.g., Roswell Park Cancer Institute) are listed in Table 4.1.b. In table 4.1.a, we illustrate current and past public health activities by presenting several examples for each member of the core faculty. The faculty's wide array of involvement with public health research and service is described in Criterion 3. The FTE for this 'other' designation of faculty is calculated based on effort contributed to their affiliated departments. Both tables are organized by Department.

Table 4.1.a. Primary Faculty Who Support SPHP Degree Programs

Name	Title/ Academic Rank	Tenure Status	FTE	Gender	Race/ Ethnicity	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/Past PH Activities ¹
Department of Biostatistics											
Andrews	Assistant Professor	Tenure Track	1.0	█	█	PhD, MS MA	Carnegie Mellon Univ. Univ. of California, Berkeley	Statistics	Mathematical Statistics; Survival Analysis	Survival analysis; Bayesian statistics; genetics; sports	Cancer Research
Carter	Professor; <i>Associate Chair</i>	Tenured	1.0	█	█	PhD MS	Iowa State Univ. San Diego State Univ.	Statistics	Mathematical Statistics; Multivariate Statistics	Longitudinal data; measurement error; risk assessment; modeling; MCH and radiation effects	MCH epidemiology and radiation effects
Gaile	Assistant Professor	Tenure Track	1.0	█	█	PhD MA	Texas A&M Univ. at Buffalo	Statistics	Bioinformatics; Computational statistics; Mathematical Statistics; Statistical Genetics	Quantitative trait loci mapping; array comparative genomic hybridization analysis; microarray analysis; Markov models	Cancer Research
Hutson	Professor; <i>Chair</i>	Tenured	1.0	█	█	PhD MA	Univ. of Rochester Univ. at Buffalo	Statistics	Computational Statistics	Bioinformatics; clinical trials; computational methods and order statistics	DSMB for FDA sponsored CoQ10 formulation trial, Roswell Park Cancer Institute CCSG Steering Committee
Ma	Assistant Professor	Tenure Track	1.0	█	█	PhD MA	Nankai Univ.	Statistics	Design of Experiments; Statistical genetics	Statistical genetics; Bioinformatics	Child Health
Miecznikowski	Assistant Professor	Tenure Track	1.0	█	█	PhD, MS	Carnegie Mellon Univ.	Statistics	Bioinformatics, Computational Statistics; Statistical Genetics	Bio-technical image analysis, array comparative genomic hybridization (aCGH) analysis; microarray analysis.	Statistical Applications in Genetics and Molecular Biology; Bioinformatics
Sucheston	Assistant Professor	Tenure Track	1.0	█	█	PhD, MS	Case Western Reserve Univ.	Genetic and Molecular Epidemiology	Statistical genetics	Genetic Epidemiology; Multivariate Dependence Functions; Longitudinal Pedigree Data Methods	Cancer Research
Tian	Associate Professor	Tenure	1.0	█	█	PhD, MS	Univ. of Rochester	Statistics, Physics	Mathematical Statistics, Longitudinal data analysis	Goodness-of-fit testing; skewed data analysis; order-restricted inference; inverse Gaussian models ; design of clinical trials, ROC analysis	Cancer Research Editorial Board
Vexler	Assistant	Tenure	1.0	█	█	PhD, MS	Hebrew Univ.	Statistics and	Decision theory	ROC curves analysis;	Family Medicine

	Professor	Track						Probability theory		Optimal designs; Censored data; Multivariate analysis	Research
Wilding	Assistant Professor	Tenure Track	1.0			PhD, MA	Univ. of Rochester	Statistics	Linear Models; Computational Statistics; Medical Statistics	Re-sampling techniques; goodness-of-fit tests;; tests of independence; clinical trial design	Cancer Research
Yu	Assistant Professor	Tenure Track	1.0			PhD	Texas A&M Univ.	Statistics	Stochastic models, Medical Statistics, Multivariate analysis	Clinical trials, Nonparametric methods, Stochastic processes	Cancer Research, Obesity, Oral Health
Biostatistics FTE = 11; Head count = 11											
Department of Exercise and Nutrition Sciences											
Awad	Associate Professor	Tenured	1.0			PhD MS	Rutgers Univ. Ain Shams Univ.	Nutrition Animal Science	Nutrition	Lipids, phytochemicals in relation to chronic diseases such as cancer, cardiovascular and inflammatory diseases	
Burton	Associate Professor	Tenured	1.0			PhD MS	Univ. of Guelph Univ. of Windsor	Cardio-vascular Physiology; Exercise Physiology	Exercise Science	Physical activity and diet in the prevention and management of chronic, behavior-driven disease.	Cancer and Cardiovascular risk reduction
Dedrick	Clinical Instructor	Term	.80			MS	Univ. of Massachusetts , Amherst	Exercise Science	Exercise Science Health Promotion	Muscle damage and aging	Erie-Niagara Tobacco-Free Coalition.
Dorn*	Associate Professor; <i>Interim Chair, Dept. of Exercise and Nutrition Sciences</i>	Tenured	.50			PhD MS	Univ. at Buffalo SUNY Cortland	Epidemiology and Community Health; Physical Education; Exercise Physiology	Epidemiology and Prevention of Cardiovascular Diseases; Epidemiology and Prevention; The Role of Physical Activity in the Etiology, Treatment, and Prevention of Chronic Disease	Cardiovascular disease epidemiology and Prevention; Physical Activity Epidemiology Worksite Wellness	Community presentations focusing on CVD prevention, exercise, alcohol, etc.; Principal Investigator in Community Based Worksite Wellness Project; Western New York Physical Activity Coalition
Farkas	Associate Professor	Tenured	1.0			PhD MS	McGill University University de Montreal	Pulmonary Physiology Exercise Physiology	Neuroscience Pulmonary Physiology	Pulmonary Physiology; Muscle plasticity in chronic disease	
Gosselin	Associate Professor	Tenured	1.0			PhD MS	Univ. of Wisconsin Univ. of Tennessee	Exercise Physiology	Exercise Science	Exercise Physiology; Exercise training and risk factor modification; Muscle Injury and repair	American College of Sports Medicine
Horvath	Associate Professor	Tenured	1.0			PhD, MS	Cornell Univ.	Human Nutrition	Nutrition; Exercise Nutrition; Gastrointestinal Physiology	Nutritional aspects of cardiovascular disease; antioxidants and cancer; ergogenic aids;	Cancer and Cardiovascular risk reduction

										Postprandial lipemia and oxidative stress	
Kozlowski	Clinical Instructor	Term	1.0	█	█	PhD EdM	Univ. at Buffalo Univ. at Buffalo	Exercise and Nutrition Sciences Education, Leadership & Policy	Exercise Science and Sports Medicine	Exercise; Head Injury; Sports Medicine	
Kuo	Associate Professor	Tenured	1.0	█	█	PhD, MS	Cornell Univ.	Nutritional Sciences	Nutrition; Biochemistry	Molecular action of nutrients; Membrane protein structure and function	
Possinger	Clinical Instructor	Term	.56	█	█	MS	Univ. at Buffalo	Nutrition	Nutrition; Health Promotion	Diabetes	Board member of Western New York Dietetic Association & Erie/Niagara County Nutrition Committee. Research Coordinator for Diabetes community outreach grant. Past speaker for American Heart Association. Past speaker for Prostate Cancer support group.
Ramsey	Assistant Professor	Tenure Track	1.0	█	█	PhD MA	Karolinska Institute Univ. of Ottawa	Surgical Sciences; Orthopaedic Biomechanics; Human Kinetics	Undergraduate and Graduate Biomechanics lectures	Biomechanical basis for normal and pathological motion; knee osteoarthritis (OA).	
Temple	Assistant Professor	Tenure Track	1.0	█	█	PhD	Univ. of Virginia	Neuroscience	Human nutrition; Eating behaviors and obesity; Community-based research	Human ingestive behavior and obesity; caffeine use among adolescents; nutrition and physical activity interactions	Obesity Society
You	Assistant Professor	Tenure Track	1.0	█	█	PhD M.Ed.	Univ. of North Carolina, Greensboro National Institute of Sport Science	Exercise Physiology Exercise Science	Physical Activity for Special Cases; Neuromuscular and Metabolic Response to Exercise	Adipose tissue metabolism;. Metabolic and physical Dysfunctions associated with obesity and aging; Metabolic and hormonal adaptations to diet and exercise.	Obesity Society; American Diabetic Association
White	Associate Professor; Associate	Tenured	1.0	█	█	PhD	Univ. of Waterloo	Kinesiology	Biomechanics of Human Movement; Biomechanics of	Biomechanics of normal and pathological motion; knee osteoarthritis (OA);	

	<i>Dean, Faculty Affairs</i>					MA	Univ. of Western Ontario	Physical Education	Musculoskeletal Injury.	injury mechanisms; biomechanical modeling.	
Wilson	Professor	Tenured	1.0	■	■	PhD, MS	Univ. of Toronto	Comparative Physiology	Exercise and nutrition sciences	Comparative Physiology; nutrition; molecular biology; medicine	
Exercise & Nutrition Sciences FTE = 13.86; Head count = 14*											
*Dorn is .50 FTE in Exercise & Nutrition Sciences as Interim Chair and .50 FTE in Social & Preventive Medicine (headcount for Dorn is in SPM)											
Department of Health Behavior											
Alderman	Research Assistant Professor	Non- Tenure Track	.50	■	■	JD	Harvard	Law	Public Health Law; Bioethics; Food & Drug Law	Public Health law, public health policy	Journal of Law, Medicine, & Ethics, reviewer
						MD	Univ. California at San Francisco	Medicine			
Collins	Professor; <i>Associate Dean, Research</i>	Tenure (effective 7/1/09)	1.0	■	■	PhD, MS	Rutgers Univ.	Psychology	Health Behavior; Addictive Behaviors; Research Methods	Cognitive and behavioral approaches to the conceptualization, prevention, and treatment of addictive behaviors	National Advisory Committee, Center for Scientific review, NIH
Giovino	Professor; <i>Chair/ Director of Graduate Studies</i>	Tenured	1.0	■	■	PhD, MS	Univ. at Buffalo	Epidemiology	Public Health Health Behavior; Behavioral Epidemiology	Patterns, determinants, consequences and control of tobacco use; Lifestyle factors in health and disease	Global Tobacco Surveillance Advisory Committee
Homish	Assistant Professor	Tenure Track	1.0	■	■	PhD	Univ. of Pittsburgh	Psychiatric Epidemiology	Addictive Behaviors; Research Methodology	Substance use; Social Networks, Psychiatry; Family relationships; Epidemiology; Emergency Preparedness; Methodology	Contributor, Western New York Public Health Alliance
Kiviniemi	Assistant Professor	Tenure Track	1.0	■	■	PhD	Univ. of Minnesota	Social Psychology	Health Behavior; Public Health; Health Decision Making	Health cognition and behavior; social cognitive and effective processes involved in health decisions	Health literacy and health education evaluation projects with AIDS Community Services of Western New York
Kozlowski	Professor; <i>Dean</i>	Tenured	1.0	■	■	PhD, MA	Columbia Univ.	Psychology	Health Behavior	Various aspects of tobacco use (e.g. its epidemiology, its treatment with nicotine replacement therapies, the risks of low-tar cigarettes, filter vent blocking, and nicotine addiction).	Contributor to Surgeon General Reports on Smoking and Health
Orom	Assistant Professor	Tenure Track	1.0	■	■	PhD	University of Illinois at	Social & Personality	Health communication;	Family-based approaches to health promotion,	APHA Cancer Forum

							Chicago	Psychology	Community-based participatory research; Health disparities	personality and health; aging and health; health disparities; communication and health behavior change	
Rodriguez	Research Assistant Professor	Non-Tenure Track	1.0	█	█	PhD MS	Johns Hopkins Bloomberg School of Public Health Univ. at Buffalo	Health Behavior Natural Sciences at RPCI division	Health Behavior; Community-based participatory research	Cancer control, psychosocial and behavioral factors that influence minority health status and health outcomes related to chronic disease conditions	Western New York Public Health Alliance-Community Health Assessment Planning committee
Health Behavior FTE =7.5; Headcount = 8											
Department of Rehabilitation Science											
Bauer	Clinical Assistant Professor	Non-Tenure Track	1.0	█	█	PhD MS	Univ. at Buffalo Univ. at Buffalo	Electrical and Computer Engineering Electrical and Computer Engineering	Ergonomics; Assistive Technology	Technology Transfer, Disability and Public Policy, Assistive Technology Product Design	Board member, Minority Organ Donors Education Program; Board Member, Rehabilitation Engineering and Assistive Technology Society of Western New York.
Bennett	Clinical Associate Professor	Non-Tenure Track	1.0	█	█	EdD, MS	Univ. at Buffalo	Health Behavior Sciences	Neurologic assessment and treatment; Medical sciences; Critical analysis in patient management	Standardized assessment of functional mobility in MS; Balance retraining in MS; Spasticity management in neurologic patients	Offers a wellness exercise program for people with MS; Provides free screening for stroke survivors with education on managing risk factors of 2 nd stroke; Provides patient education to people with MS on "living well with MS"
Burkard	Professor; <i>Chair</i>	Tenured	1.0	█	█	PhD, MS	Univ. of Wisconsin-Madison	Audiology	Medical Terminology, Hearing, Balance Function	Acoustics; Hearing; Balance; Aging	Reviewer and Committee Chair of SBIR Study Section/NIH, Makes sound level measurements in NICU at Children's Hospital; serve on a committee to

											create Frailty Institute in region.
Fish	Associate Professor; <i>Assoc Dean, Acad and Student Affairs</i>	Tenured	1.0	█	█	PhD MS (PT)	Univ. at Buffalo Boston Univ.	Anatomical Sciences	Physical Therapy	Efficacy of different forms of electrotherapy; Curriculum development; Interprofessional education	Board member, NYS Area Health Education Center System
Fisher	Clinical Associate Professor	Non-Tenure Track	1.0	█	█	EdD EdM	Univ. at Buffalo Univ. at Buffalo	Exercise Science Physical Education	Health and Wellness Research	Exercise Testing and Program Design for People with Disabilities; Osteoarthritis; Aging	Board of Directors, Network in Aging of WNY
Frye	Clinical Instructor	Non-Tenure Track	1.0	█	█	MS	Boston Univ.	Physical Therapy	Physical Therapy	N/A	
Lenker	Assistant Professor	Tenure Track	1.0	█	█	PhD MS	Univ. at Buffalo Univ. of California, Davis	Industrial Engineering Mechanical Engineering	Assistive Technology	Cost-Benefit Outcomes of Assistive Technology; Universal Design and Usability of Consumer Products	Community Presentations on Proper Computer Workstation Ergonomics to Avoid Injury; Community Presentations on Caregiving of Older Adults with Dementia
Matteliano	Clinical Assistant Professor	Non-Tenure Track	1.0	█	█	MS	Univ. at Buffalo	Occupational Therapy	Occupational Therapy	Use of constraint induced movement therapy for stroke patients; cultural competence among health care providers; cultural competence in rehabilitation programs	Teaching cultural competency in health professions education programs
Nochajski	Clinical Associate Professor	Non-Tenure Track	1.0	█	█	PhD, MS	Univ. at Buffalo	Special Education	Impact of physical and social environments on persons with disabilities; adult human growth and development	School to work transition for students with disabilities; Role of occupational therapy in transition services; Aging with a focus on assistive technology, environmental modifications, and caregiving	Thesis advisor: Computer Games to Promote Healthy Diets and Physical Activity in Preteens
Ohtake	Associate Professor	Tenured	1.0	█	█	PhD MS	Queen's Univ. Queen's Univ.	Physiology Physical & Health Education	Management of patients with Cardiopulmonary Dysfunction; Evidence-Based Practice; Ethics &	Acute Lung Injury; Respiratory Physiology; Functional Impairments of Individual's with Cardiopulmonary Disease	Participated in a one-day wellness event sponsored by WNYPTA Oct. 2007.

Panzarella	Clinical Assistant Professor	Non-Tenure Track	1.0	█	█	EdD, MS	Univ. at Buffalo	Educational Psychology	Professionalism Pediatric Physical Therapy; Professional Development; Case Management	Clinical and Cultural Competence using Standardized Patients	Pediatric Multiple Sclerosis Committee member
Personius	Clinical Assistant Professor	Non-Tenure Track	1.0	█	█	PhD	University of Arizona	Physiology	Neuro-development; Wound care; PT functional assessment	Neuromuscular disease and development	Serves on national committee for education on PT treatment in neurodegenerative diseases
Ray	Assistant Professor	Tenure Track	1.0	█	█	PhD	University at Buffalo	Exercise Science	Physical Therapy	Apnea/hypoxia during sleep	
Russ	Clinical Assistant Professor	Non-Tenure Track	.55	█	█	PhD MS	Univ. at Buffalo Univ. at Buffalo	Rehabilitation Science	Occupational Therapy	Assistive Technology Interventions that Reduce Burden in Caregivers	Aids for caregivers
Schweitzer	Clinical Assistant Professor	Non-Tenure Track	1.0	█	█	MS	Univ. at Buffalo	Occupational Therapy	Occupational Therapy	Psychosocial Practice Across the Lifespan	
Shriber	Clinical Assistant Professor	Non-Tenure Track	1.0	█	█	EdD MS	Univ. at Buffalo State Univ. College at Buffalo	Educational Administration Exceptional Education	Pediatric Occupational Therapy; Sensory Integration; Neurodevelopmental Therapy;	Positioning & Infant Development; Parental Stress and the NICU; Sensory Integration & Pervasive Developmental Disorders	Serves on Board of Directors of Various Community Agencies
Stone	Clinical Associate Professor	Non-Tenure Track	1.0	█	█	PhD MPA	Florida State Univ. North Carolina State Univ.	Education	Academic writing and presenting; Culture and disability	International rehabilitation; Culture and disability; Health in housing	Co-directs the WHO Collaborating Center on Health in Housing; Co-directs the study abroad program <i>Health in Brazil</i> ; Member of the Core Curriculum committee for SPHP
Tomita	Clinical Associate Professor	Non-Tenure Track	1.0	█	█	PhD MA	Univ. of Minnesota Univ. of Minnesota	Communication / Social Research Mass Communication Research	Research Design and Methods; Statistics; Aging and International Health Care Systems	Self-Management of Older Adults with Chronic Conditions; Health Literacy and Health Behavior of Adults with Disability; Wellbeing of Caregivers of Adults with Dementia (International Focus)	Worked with Community Health Foundation for the Maintaining Older Adults' Independent Living; Providing Information for Older Adults and

											their Caregivers Regarding Health and Function Through Publicly Accessible Website.
Tona	Clinical Assistant Professor	Non-Tenure Track	1.0	█	█	PhD MS	Univ. at Buffalo Univ. of Pittsburgh	Educational Psychology Pediatric Occupational Therapy	Pediatric development; Evidence-Based Practice; Issues in OT service delivery	Pediatric assistive technology; occupational development in children; Clinical Reasoning	Coordinated attendance at NYSOTA lobby day to promote public health policy.
Wrisley	Assistant Professor	Tenure Track	1.0	█	█	PhD MS (PT)	Univ. of Pittsburgh Old Virginia Univ.	Rehabilitation Science	Physical Therapy	Vestibular and Balance Dysfunction	
Wylegala	Clinical Assistant Professor	Non-Tenure Track	1.0	█	█	PhD MS	Univ. at Buffalo Univ. at Buffalo	Exercise & Nutrition Science Exercise Science	Physical Therapy	Mechanisms of Deterioration of Motor Performance in Aging	
Youakim	Clinical Assistant Professor	Non-Tenure Track	1.0	█	█	PhD, MA	Univ. at Buffalo	Physiological Psychology	Neuroscience; Neuroanatomy; Pathophysiology	Neural mechanisms of attention; visual processing	
Rehabilitation Science FTE = 21.55; Head count = 22											
Department of Social and Preventive Medicine											
Bertram (Health Services Administration)	Clinical Assistant Professor Director of the MPH program	Non-Tenure Track	1.0	█	█	MD MPH, ScD	Washington Univ. Johns Hopkins Univ.	Medicine Health Services Administration	Principles of Public Health; History & Philosophy of Public Health	Physician specialty and career choices; Physician workload; Physician and hospital payment systems; Access to care	National Office of the American Cancer Society
Bonner (Environmental Health)	Assistant Professor	Tenure Track	1.0	█	█	PhD MPH	Univ. at Buffalo Univ. of Rochester	Epidemiology Epidemiology & Community Health	Molecular Epidemiology, Environmental epidemiology	Occupational/environmental exposures and genetic susceptibility in the development of cancer	American Red Cross Blood Services
Donahue (Epidemiology)	Professor	Tenured	1.0	█	█	PhD MPH	Univ. of Michigan Univ. of Pittsburgh	Epidemiology Epidemiology	Grant writing; Epidemiology of Metabolic Diseases	Diabetes & cardiovascular disease	Palm Beach County Dept PH Residency Advisory Program
Dorn* (Epidemiology)	Associate Professor; <i>Interim Chair, Dept. of Exercise</i>	Tenured	.50	█	█	PhD MS	Univ. at Buffalo SUNY Cortland	Epidemiology and Community Health Physical Education Exercise	Epidemiology and Prevention of Cardiovascular Diseases; Epidemiology and Prevention; The	Cardiovascular disease epidemiology and Prevention; Physical Activity Epidemiology Worksite Wellness	Community presentations focusing on CVD prevention, exercise, alcohol, etc.; Principal

	<i>and Nutrition Sciences</i>							Physiology	Role of Physical Activity in the Etiology, Treatment, and Prevention of Chronic Disease		Investigator in Community Based Worksite Wellness Project; Western New York Physical Activity Coalition
Freudenheim (Epidemiology)	Distinguished Professor; <i>Chair</i>	Tenured	1.0	█	█	PhD, MS	Univ. of Wisconsin Univ. of Wisconsin	Nutritional Science Preventive Medicine	Principles of Epidemiology; Advanced Epidemiologic Study Designs; Advanced Cancer Epidemiology	Diet & alcohol consumption in relation to cancer – particularly breast cancer	WIC program, providing counseling to pregnant and breastfeeding women and to parents with children under age 5.
LaMonte (Epidemiology)	Assistant Professor	Tenure Track	1.0	█	█	PhD MPH MS	Univ. of Utah Univ. of South Carolina Marshall University	Exercise Physiology Epidemiology Physical Education/Sports Medicine	Principles of Epidemiology; Advanced Epidemiologic Study Designs; Epidemiology of Physical Activity	Role of physical activity and functional capacity in the prevention and management of chronic disease, with emphasis on cardiovascular disease (CVD)	President's Council on Physical Fitness and Sport; Associate Editor Research Digest
Li (Health Services Administration)	Research Assistant Professor	Term	1.0	█	█	MD MPH	St. Louis Univ. School of Medicine Univ. of Michigan	Public Health	Principles of Public Health; Preventive Medicine Seminars; Public Health to Medical Students	Public health and the prevention of chronic diseases: hepatitis C prevention, risk factors for obesity & diabetes, stress among police officers	Epidemic Intelligence Service officer at CDC
Millen (Epidemiology)	Assistant Professor	Tenure Track	1.0	█	█	PhD	Univ. of Wisconsin	Nutritional Sciences	Nutritional Epidemiology; Introduction to Epidemiology	How dietary intake affects the etiology and pathology of age-related diseases; vitamin D and chronic disease etiology	Grant review panel member for the Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation
Mu (Environmental Health)	Assistant Professor	Tenure Track	1.0	█	█	MD PhD	Shanzi Medical Univ., China Fudan Univ. China	Medicine Epidemiology and Health Services	Environmental Epidemiology	Environmental exposures in relation to cancer, primarily respiratory cancers	NSF China projects on water pollution
Noe (Health Services Administration)	Clinical Professor; <i>Associate Dean, Community Relations</i>	Term	1.0	█	█	MD MPH	Upstate Medical Center, SUNY Tulane Univ.	Medicine Preventive Medicine	Management for Public Health Professionals; Preventive Medicine Seminars	Graduate training of physicians in Preventive Medicine; medical management, with particular interest in Quality improvement in healthcare; geriatric medicine with	Member, Public Health Work Force Task Force, NYSDOH

	<i>and Clinical Affairs</i>									interest in long term care; interventions to treat Class III obesity	
Ochs-Balcom (Epidemiology)	Research Assistant Professor	Term	1.0	█	█	PhD MS	Univ. at Buffalo Clarion Univ., Pennsylvania	Epidemiology and Community Health Biology	Genetic Epidemiology	Genetic epidemiology of Barrett's esophagus; esophageal cancer, colon cancer, lung cancer, oxidative stress, nutrition, adiposity, disease prevention	
Ram (Epidemiology)	Assistant Professor	Tenure Track	1.0	█	█	MD	Mount Sinai School of Medicine	Medicine	Introduction to International Public Health, Infectious Disease Epidemiology	Diarrheal diseases in developing world; household water disinfection strategies; antimicrobial agents vs. rehydration therapies for management of diarrhea; use of waterless hand sanitizers for reduction of respiratory & diarrheal illness among children in day care centers	Technical assistance to large-scale programs implementing hand washing and household water disinfection programs promotion internationally
Rowe (Health Service Administration)	Clinical Assistant Professor, <i>Director, Office of Public Health Practice</i>	Term	.80	█	█	PhD	Univ. at Buffalo	Organic Chemistry	Public Health Practice; Biological Basis of Public Health; Community Health Assessment	Public health collaborations and partnerships; environmental health policy and practice; public health emergency preparedness	Governor's appointment to NYS Rural Health Planning Committee
Rudra (Environmental Health)	Assistant Professor	Tenure Track	1.0	█	█	PhD MPH	Univ. of Washington Emory University	Epidemiology Epidemiology	Perinatal & reproductive epidemiology	Pregnancy-related risks and complications; methods of using geographic information systems for exposure assessment in epidemiologic studies of physical activity	Member, WNY Perinatal Forum
Scheider (Environmental Health)	Research Assistant Professor	Term	1.0	█	█	PhD MS	Univ. at Buffalo Cornell University	Epidemiology & Community Health Nutrition	Environmental Health; Principles of Measurement in Public Health; Application of Statistics to Epidemiology	Building community capacity to respond to public health issues; risk communication to communities about environmental hazards	Food security advocacy and community action (Food for All Program & Erie Co. Hunger Task Force); risk communication on food issues (Erie Co. Nutrition Committee & NYS

												Nutrition Council); community response to air pollution (Clean Air Coalition of WNY)
Wactawski-Wende (Epidemiology)	Professor; Associate Chair	Tenured	1.0			PhD, MS	Univ. at Buffalo	Epidemiology	Advanced Methods; Advanced Epidemiologic Study Designs	Women's Health Osteoporosis; Cancer Hormone therapy; Perinatal health; Oxidative stress Prevention Clinical trials Periodontal disease		Member, Niagara County Health Dept Board of Directors
Yearby	Visiting Associate Professor	Term	.50			JD MPH	Georgetown University; Johns Hopkins	Law and Public Health	Public Health law, bioethics, health care regulation	Bioethnics; Racial disparities; Health Policy and International Health		American Public Health Association, member; Public Health Fellow scholar

Social and Preventive Medicine FTE = 15.8; Head count = 17

***Dorn is .50 FTE in Social & Preventive Medicine (headcount for Dorn is in SPM) and .50 FTE in Exercise & Nutrition Sciences as Interim Chair**

¹ A more complete listing of current and past public health activities" for selected faculty will be available in the Resource File (see "Addendum to Table 4.1.a").

We found it difficult to keep this table brief because many of our faculty have numerous current and past public health activities (rightmost column). We elected to restrict the number of entries per faculty member in that column to save space, but we will provide in the on-site Resource File a more complete listing of “current and past public health activities” for selected faculty (see “Addendum to Table 4.1.a”).

As was just presented in Table 4.1.a, the School has a well qualified faculty that has achieved a high level of scholarship in support of its mission. For example, in the area of teaching, the Chair of the Department of Social and Preventive Medicine is a UB Distinguished Professor. In the area of research, two of SPHHP’s current faculty have received the “SUNY Chancellor’s Award for Excellence in Research and Scholarship”. Measures by which the SPHHP evaluates its research activities were presented in Table 3.1.d. The School has maintained a consistent portfolio of grant funding over the past three years in spite of the loss of several senior faculty who were funded, the hiring of many new tenure-track faculty just starting their academic careers, and a concomitant overall decrease in federal grant support. Nearly half of the faculty are PIs or Co-Is on funded grants. The faculty have been productive scholars in the form of research publications and presentations, with more than 50% publishing peer reviewed articles resulting in an annual publication rate of more than 3 peer reviewed articles per faculty FTE (Table 3.1.d). Overall, the educational and scholarship balance across Departments allows the School to meet its academic goals while achieving its research goal (Goal 2) of supporting and conducting research that relates to health issues faced by populations, communities and individuals. Nevertheless, the School plans to increase its publication and presentation profile in future years. The five-year targets for evaluating the School’s expectations and ability to improve in this area while continuing to fulfill its mission and goals are:

- Increase percent of faculty with peer-reviewed publications to 75% and the School’s publication/FTE to 3.5 annually. Improvements will come from Chairs setting Department targets and from the professional growth of junior faculty. [Note: Delineating the publication/FTE measure between qualified (non-tenured) and unqualified (tenure-track) faculty is being considered for future analyses].
- Increase percent of faculty with non-peer-reviewed publications to > 20% after 5 years as more of the tenure-track faculty moving up in rank contribute book chapters, monographs, review papers, and similar publications. Expectations for qualified faculty to contribute to the literature will increase.
- Increase percent of faculty presenting at meetings annually to 90% after 5 years by setting expectations that most tenure-track and non-tenure-track faculty are expected to participate at appropriate professional meetings.
- Grantsmanship (targets are described at Criterion 3.1.d)

Faculty involvement in public health service is extensive and varied (Table 3.2.b and Appendix 3.2.b). Measures by which the SPHHP evaluates its service activities were presented in Table 3.2.c. More than 50% of the faculty are engaged in providing professional service while about a quarter of the faculty serve community organizations. All faculty members are expected to be actively engaged in Department and School governance; and the School has achieved a substantial University-wide faculty representation with more than 40% presently providing service to UB. Present faculty professional service involvement, which we expect to grow in the next few years, will promote additional opportunities for student practice experience and benefit community organizations (Goal 3 of the Strategic Plan). Performance increases of around 10% have been established and the five-year targets for evaluating the School’s expectations and

ability to improve its service activities while continuing to fulfill its mission and goals, were presented in Criterion 3.2.c and Goal 3 of Table 1.2.c.

4.1.b If the school uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to teaching program, f) gender, g) race, h) graduate degrees earned, i) discipline in which degrees were earned, and j) contributions to the teaching program.

See Table 4.1.b.

Table 4.1.b Other Faculty Used to Support Teaching Programs (e.g., adjunct, part-time, secondary appointments)

Name	Title / Academic Rank	Title & Current Employer	FTE	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Teaching Areas
Department of Biostatistics								
Blessing	Research Professor	Roswell Park Cancer Institute	.05	█	█	PhD	Statistics	Clinical Trials
Brady	Research Associate Professor	Roswell Park Cancer Institute	.05	█	█	PhD	Statistics	Clinical Trials
Desu	Professor Emeritus	UB	.10	█	█	PhD	Statistics	Nonparametric methods
Gold	Research Assistant Professor	Roswell Park Cancer Institute	.10	█	█	PhD	Statistics	Bayesian Statistics
Liu	Research Assistant Professor	Roswell Park Cancer Institute	.05	█	█	PhD	Computational Biophysics	Bioinformatics
Kuhlmann	Adjunct Assistant Professor	Canisius College	.25	█	█	PhD	Statistics	Introductory Statistics
Sill	Research Assistant Professor	Roswell Park Cancer Institute	.05	█	█	PhD	Statistics	Clinical Trials
Wang	Adjunct Assistant Professor	UB	.10	█	█	MD / PhD	Biostatistics	Biomedical Statistics
Biostatistics FTE = 0.75								
Department of Exercise and Nutrition Sciences								
Ali-Sayeed	Adjunct Instructor	Clinical Nutrition Manager at Kenmore Mercy Hospital	.10	█	█	MS	Health Care Administration	Nutrition
Bartalone	Adjunct Instructor	Dietitian at Deaconess	.10	█	█	MS	Nutrition	Nutrition
Daun-Barnett	Adjunct Instructor	UB Student Health & Wellness	.10	█	█	MS	Rehabilitation Counseling	Health & Wellness
Dehn	Adjunct Instructor	Dept. of ENS	.30	█	█	MS	Athletic Training	Athletic Training
DiMarzio	Adjunct Instructor	Dietitian at ECMC	.40	█	█	MS	Nutrition	Nutrition
Limprasertkul	Adjunct Instructor	Dept. of ENS	.40	█	█	MS	Exercise Science and Nutrition	Nutrition
McBride	Adjunct Instructor	UB Student Health & Wellness	.10	█	█	MS	Rehabilitation Counseling	Health & Wellness
Nyrop	Adjunct Instructor	UB Dept of Athletics	.20	█	█	MS	Nutrition	Nutrition

Roemmich	Adjunct Instructor	Associate Professor - School of Medicine - Pediatrics	.30	█	█	PhD	Exercise Physiology	Exercise Science
Salvy	Volunteer App't	Assistant Professor - School of Medicine - Pediatrics	.20	█	█	PhD	Pediatric Psychology	Exercise Science
Sandler	Adjunct Instructor	Dept. of ENS	.10	█	█	MS	Exercise Science	Exercise Science
Schultz	Adjunct Instructor	EdlerWood Health Care at Heathwood	.20	█	█	MS	Nutrition	Nutrition
Waldorf	Adjunct Instructor	Dietitian at Niagara Falls Memorial Medical Center	.20	█	█	MS	Nutrition	Nutrition
Whelan	Adjunct Instructor	Clinical Coordinator at D'Youville College for Dietetic Program	.10	█	█	MS	Nutrition	Nutrition
Yerke	Adjunct Instructor	Clinical Instructor - Dept. of Physiology and Anatomy	.20	█	█	MS	Physical Therapy	Exercise Science
Exercise & Nutrition Sciences FTE = 3								
Department of Health Behavior								
Bansal-Travers	Research Assistant Professor	Postdoctoral Fellowship – Dept. of Health Behavior – Roswell Park Cancer Institute	.10	█	█	PhD	Epidemiology and Community Health	Consumer perceptions of tobacco products and treatments for smoking cessation;
Beehler	Research Assistant Professor	Research Psychologist - VA Western NY Healthcare System	.05	█	█	PhD	Counseling Psychology	Health behavior promotion among cancer survivors and underserved groups; integrated primary care for chronic disease self-management; Cross-cultural models of risk
Cummings	Professor	Professor and Chair, Department of Health Behavior; Roswell Park Cancer Institute	.10	█	█	PhD	Health Behavior	Tobacco control; Influence of tobacco product marketing and counter-marketing campaigns. Influence of public policy on tobacco use behaviors
Dollar	Research Assistant Professor	Psychologist - VA Western NY Healthcare System	.10	█	█	PhD	Clinical Psychology	Aspects of tobacco use: barriers that limit the effective use of NRT; misperceptions of tobacco-use interventions
Epstein	Professor	Distinguished Professor – Department of Pediatrics, UB	.10	█	█	PhD	Clinical Psychology	Childhood obesity; Health behavior changes
Hawk	Adjunct Associate Professor	Associate Professor – Dept. of Psychology, UB	.05	█	█	PhD	Clinical Psychology	ADHD, smoking initiation and cessation, motivated cognition, psychopharmacology, psychophysiology
Mahoney	Research Associate Professor	Associate Professor of Oncology, Roswell Park Cancer Institute	.05	█	█	PhD MD	Epidemiology Family Medicine	Cancer prevention
O'Connor	Research Assistant Professor	Assistant Member – Dept. of Health Behavior-Roswell Park Cancer Institute	.10	█	█	PhD	Biobehavioral Health	Tobacco control
Parks	Research Associate Professor	Post doctoral Research Associate – Research Institute on Addictions	.05	█	█	PhD	Neuroscience and Behavior	Women's substance abuse, victimization, risky sexual behavior, club drugs

Raja	Adjunct Assistant Professor	Assistant Professor- Department of Urban and Regional Planning, UB	.10	█	█	PhD	Urban and Regional Planning	Planning and design for healthy communities; access to healthy foods; effect of the built environment on childhood obesity
Rintamaki	Adjunct Assistant Professor	Assistant Professor, Department of Communication, UB	.05	█	█	PhD	Communication	Intersection of risk communication and health behavior outcomes; Psychosocial variables and risky behaviors
Ross	Research Assistant Professor	Associate Member, Department of Cancer Control and Population Sciences, Roswell Park Cancer Institute	.05	█	█	PhD	Health Education and Health Promotion	Development of cancer information-seeking models and the development and testing of interventions to increase access to cancer care among vulnerable populations
Sebrie	Research Assistant Professor	Research Scientist, Department of Health Behavior, Roswell Park Cancer Institute	.10	█	█	MD	Medicine	Implementation and evaluation of effective tobacco control policies in Latin America and the Caribbean
Health Behavior FTE = 1								
Department of Rehabilitation Science								
Aesbischer	Adjunct Instructor	PT/WNY Occupational and Physical Therapy Group	.05	█	█	BS	Physical Therapy	Physical Therapy
Brogan	Adjunct Instructor	Chairman of PT/ Daemen College	.10	█	█	PhD	Higher Education	Physical Therapy
Owcarz	Adjunct Instructor	PT, Kaleida Health	.2	█	█	DPT	Physical Therapy	Physical Therapy
Owen	Lecturer 10M	Vice-President/Kaleida Health	.10	█	█	MBA	Business	Physical Therapy
Niswander	Adjunct Instructor	OT/Hand Center	.10	█	█	MS	Occupational Therapy	Occupational Therapy
Pyra	Adjunct Instructor	OT/ECMC	.10	█	█	MS	Occupational Therapy	Occupational Therapy
Simon	Adjunct Instructor	PT/WNY Occupational and Physical Therapy Group	.05	█	█	DPT	Physical Therapy	Physical Therapy
Rehabilitation Science FTE = 0.70								
Department of Social and Preventive Medicine								
Ambrosone Epidemiology	Research Professor	Chair, Department of Cancer Prevention & Control, Roswell Park Cancer Institute	.10	█	█	PhD	Experimental Pathology	Molecular epidemiology; pharmacogenetics, cancer epidemiology
Billittier HS	Clinical Assistant Professor	Commissioner of Health, Erie County Department of Health	.10	█	█	MD	Emergency Medicine	Emergency medicine & emergency medical services; public health, pediatric medicine; pre-hospital care
Burstein Epidemiology	Research Assistant Professor	Medical Director, Epidemiology and Surveillance, Erie County Department of Health	.10	█	█	MPH MD	Public Health Medicine	Epidemiology of sexually transmitted diseases
DiPasquale HS	Adjunct Instructor	Healthcare Consultant	.10	█	█	DrPH	Health Services Administration	Administrative theory & practice

Gall Epidemiology	Clinical Assistant Professor	Regional Entomologist, Western Region, NYS Department Health	.10	█	█	PhD	Zoology	Epidemiology of infectious diseases
Horrigan HS	Clinical Assistant Professor	President and CEO, Catholic IPA	.10	█	█	MS	Epidemiology	Physician & managed health care
Hyland Epidemiology	Research Assistant Professor	Research Scientist, Department of Health Behavior, Roswell Park Cancer Institute	.30	█	█	PhD	Epidemiology and Community Health Statistics	Tobacco control; public health policy; statistical computing for PH practitioners; biostatistics
Kostyniak Environmental Health	Clinical Professor	Professor & Chair, Department Biotechnical & Clinical Laboratory Services, SUNY Buffalo	.10	█	█	PhD	Toxicology	Toxicology in environmental & occupational health; fundamentals of pharmacology; clinical research
Kuettel HS	Adjunct Instructor	Counsel, General Counsel Office, Roswell Park Cancer Institute	.10	█	█	JD	Law	Occupational health
Lee Epidemiology	Clinical Professor	Professor, Department of Medicine, SUNY Buffalo	.10	█	█	MD	Internal Medicine	Geographical medicine
Lindstrom Epidemiology	Research Assistant Professor	Clinical Research Manager, Gaymar Industries	.10	█	█	PhD	Anthropology & Quantitative Methods	Epidemiology of infectious diseases
Ludwig HS	Adjunct Instructor	Vice President, Western New York Purchasing Alliance	.10	█	█	MBA	Management & Marketing	Health economics
Mahoney Epidemiology	Clinical Associate Professor	Research Scientist, Department of Cancer Prevention, Roswell Park Cancer Institute	.20	█	█	PhD MD	Epidemiology Family Medicine	Cancer epidemiology; cancer screening
Marcus HS	Clinical Instructor	HealthNow	.03	█	█	MBA	Business Administration	Administration; human resource management
Marshall Epidemiology	Professor	Chair, Department of Cancer Prevention and Population Sciences, Roswell Park Cancer Institute	.10	█	█	PhD	Sociology	Epidemiologic methods, issues in measurement, cancer epidemiology
McCann Epidemiology	Research Assistant Professor	Associate Professor of Oncology and Associate Member, Cancer Prevention Program, Roswell Park Cancer Institute	.20	█	█	PhD	Epidemiology & Community Health	Analysis health related data; cancer epidemiology; nutritional epidemiology
Michalek Epidemiology	Professor	Professor & Dean, RPCI Graduate Division	.10	█	█	PhD	Epidemiology	Cancer education and evaluation; molecular epidemiology; HIV/AIDS
Moysich Environmental Health	Research Associate Professor	Associate Member, Department of Epidemiology, Roswell Park Cancer Institute	.30	█	█	PhD	Epidemiology & Community Health	Environmental epidemiology, cancer epidemiology
Olson Environmental Health	Clinical Professor	Professor, Department of Pharmacology & Toxicology, SUNY Buffalo	.30	█	█	PhD	Pharmacology-Toxicology	Environmental health
Rogers HS	Adjunct Instructor	Consultant, Strategic Management & Marketing	.10	█	█	MBA	Management & Marketing	Strategic & operations management in health care systems
Rogerson	Adjunct	Professor, Department	.10	█	█	PhD	Geography	GIS

Environment al Health	Instructor	Geography, SUNY Buffalo						
Schimpf-hauser HS	Associate Professor	Assistant Dean & Director, Educational Evaluation & Research, School of Medicine and Biomedical Sciences, SUNY at Buffalo	.20	■	■	PhD	Evaluation and Research	Program evaluation and assessment; quantitative and qualitative methods; curriculum assessment of clinical competence
Tumiel-Berhalter Epidemiology	Research Assistant Professor	Assistant Professor and Vice Chair of Research, Department of Family Medicine, SUNY Buffalo	.20	■	■	PhD	Epidemiology & Community Health	Research designs & methods; community health assessments; principles in primary care research
Van Houten Environment al Health	Clinical Assistant Professor	Regional Environmental Program Director, NYS Department Health	.10	■	■	MS	Environmental Science	Environmental Science, Public Health Issues
Wieczorek Epidemiology	Adjunct Instructor	Director, Center for Health & Social Research, SUNY College at Buffalo	.10	■	■	PhD	Geography	Alcohol epidemiology
Young HS	Clinical Assistant Professor	Executive Director, WNY Public Health Alliance, Inc.	.30	■	■	MS	Epidemiology	Health care organization & delivery
Zimmerman HS	Research Instructor	Director, Erie County Department of Health's Division of Public Health Laboratories, Epidemiology, and Environmental Health	.10	■	■	DPH	PH Laboratory Practice	Public health microbiology

Social and Preventive Medicine FTE = 3.83

Notes: 0.10 FTE per course taught during the academic year; 0.05 FTE for lab assistants; additional FTE assigned at Departmental discretion where faculty member has deeper involvement (e.g., member of student dissertation committees, research collaboration with students, student mentoring)

4.1.c Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the school.

All faculty members integrate perspectives from the field of practice into the education and training curriculum in a number of ways. These include:

- Courses taught or coordinated by qualified practitioners, thus providing an opportunity for adding a practical dimension to the content.
- Scheduling presentations on relevant topics in seminar series that is attended by all students. These include programs with a focus on matters pertinent to public health, frequently presented by public health practitioners.
- Facilitating or arranging mentoring experiences with community-based practitioners for students doing field projects, practicum experiences, internships and other educational experiences.

Practitioners who provide off-site education and training experiences are provided “qualified” academic titles consistent with their qualification and experience. These titles may be made in one of several categories, including adjunct, clinical, and research and at ranks from instructor to professor, depending on education, training, experience, and contributions to the community, School, and University. Promotion to the rank of Associate Professor and above are overseen by the Promotions Committee for Faculty with Qualified titles and granted by the Vice President for Health Sciences and Provost following recommendation by the Committee and the Dean of the SPHHP. While many contributions to such activities are made voluntarily, compensation may be provided to such faculty either through term appointments or on a per-course basis.

4.1.d Identification of outcome measures by which the school may judge the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years.

Two of the outcome measures used for judging the School’s faculty complement are presented in Table 4.1.d. Outcome measures of scholarship (Table 3.1.d) and service (Table 3.2.c) presented previously are also used to evaluate the qualifications of the School’s faculty. Together, these data provide the basis for assessing the SPHHP’s progress in recruiting, retaining and promoting faculty that support the School’s mission, objectives and goals presented in Criterion 1.0 (E4, R2, S2).

Table 4.1.d Outcome Measures of Faculty Qualification

Department		Fall 2006 ¹	Fall 2007 ¹	Fall 2008 ¹	Current ²	5 yr. target
SPHHP core faculty (Full time and Part-time) with doctoral degrees						
P H	Biostatistics	10/10 (100.0%)	12/12 (100.0%)	12/12 (100.0%)	11/11 (100%)	> 90%
	Health Behavior	2/2 (100.0%)	5/5 (100.0%)	8/8 (100.0%)	8/8 (100%)	> 90%
	Social & Preventive Medicine	13/13 (100.0%)	16/16 (100.0%)	16/16* (100.0%)	17/17* (100%)	> 90%
	Total Public Health	25/25 (100.0%)	33/33 (100.0%)	36/36 (100.0%)	36/36 (100%)	> 90%
H P	Exercise & Nutrition Sciences	13/15 (86.7%)	12/14 (85.7%)	12/14* (85.7%)	13/15* (86.7%)	> 90%
	Rehabilitation Science	18/22 (81.8%)	18/21 (85.7%)	19/22 (85.7%)	19/22 (86.4%)	> 90%
	Total Health Professions	31/37 (83.8%)	30/35 (85.7%)	31/36 (85.3%)	32/37 (86.5%)	> 90%
Total PH/HP		56/62 (90.3%)	63/68 (92.6%)	67/71* (94.4%)	68/72* (94.4%)	> 90%
SPHHP core faculty (Full time and Part-time) that are tenured or on tenure track lines						
P H	Biostatistics	10/10 (100.0%)	11/12 (91.7%)	11/12 (91.7%)	11/11 (100%)	> 90%
	Health Behavior	2/2 (100.0%)	4/5 (80.0%)	6/8 (75.0%)	6/8 (75%)	> 70%
	Social & Preventive Medicine	6/13 (46.2%)	9/16 (56.3%)	10/16* (62.5%)	10/17* (58.8%)	> 70%
	Total Public Health	18/25 (72.0%)	24/33 (72.7%)	27/36 (75.0%)	27/36 (75.0%)	> 80%
H P	Exercise & Nutrition Sciences	12/14 (85.7%)	12/14 (85.7%)	12/14* (85.7%)	12/15* (80%)	> 90%
	Rehabilitation Science	5/21 (23.8%)	5/21 (23.8%)	6/22 (27.3%)	6/22 (27.3%)	> 33%
	Total Health Professions	17/35 (48.6%)	17/35 (48.6%)	18/36 (50.0%)	18/37 (48.6%)	> 50%
Total PH/HP		35/62 (56.5%)	41/68 (60.3%)	44/71* (62.0%)	44/72* (61.1%)	> 70%

¹as of October 1 of each year reported

²as of March 13, 2009

*Joan Dorn is counted as 50% ENS (interim chair) & 50% SPM, but counted only once as 100% in total row.

Faculty with Doctoral Degrees

One hundred percent of Public Health (PH) faculty in the three Departments that support the MPH degree (Biostatistics (Biost), Health Behavior (HB), Social and Preventive Medicine SPM)) have doctoral (PhD, MD, ScD) degrees (Table 4.1.d). More than 85% of the Health Professions (HP) faculty (Exercise and Nutrition Sciences (ENS) and Rehabilitation Science (RS)) have achieved the doctoral degree (PhD, EdD). Those faculty listed with MS degrees (5) fill important instructional and administrative needs within their respective Departments. Overall, more than 90% of the School's faculty have doctoral degrees. Maintaining this high standard will facilitate the School's instructional, research, and service mission.

Tenure or Tenure-Track Faculty

Among full-time PH faculty (Table 4.1.d), three-quarters are tenured or tenure-track. The non-tenured track Public Health faculty is a mix of research and clinical appointments. This mixture of non-tenured PH faculty meets important Department administrative or research needs. More than half of the RS faculty are not tenured or have qualified (non-tenure) appointments. The RS faculty mix is appropriate. They have the appropriate degree and critical background for clinical instruction responsibilities that recently resulted in the successful accreditation of the Occupational Therapy and Physical Therapy programs. The RS Department plans to continue

to increase the number of tenured and tenure-track faculty in future years as new hires become available.

Overall, the educational degrees and training of our diverse faculty can provide the "... academic programs that promote the understanding, prevention, and treatment of disease and disability ...". To evaluate the School's expectations and ability to improve its academic credentials while continuing to fulfill its mission and goals, the following five-year targets were set.

- Increase faculty with doctoral degrees by one or two in the Health Professions Departments to achieve 90% or higher in that category.
- Increase the number of tenured or tenure-track faculty in the School to achieve an overall percentage of 70% or greater.
- Continue to accept no less than a 100% success rate for SPHHP faculty seeking tenure and promotion.

4.1.e Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The SPHHP has a diverse, disciplinary and interdisciplinary faculty able to support the School's instructional, research, and service mission, goals, and objectives.

The School's faculty possesses the appropriate educational degrees and training. They have continued to achieve as scholars.

The School's professional service contribution is substantial and encompasses faculty across all Departments.

Involvement with community service is an area of growing faculty participation as the School evolves and matures.

The SPHHP has an Associate Dean for Faculty Affairs to support and promote the professional growth of its faculty and three other Associate Deans who work on the advancement of research, teaching, and service opportunities for faculty.

Weaknesses

The three public health Departments (Biostatistics, HB, SPM) have a substantial complement of assistant professors who need time and nurturing to develop grant portfolios, evolve as teachers and gain the professional recognition that will provide more senior service opportunities.

The Departments that represent the health professions (ENS and RS) have heavy teaching demands and have not realized their potential for scholarship.

The planned increase in MPH student enrollment will add workload stresses for faculty that will need to be managed carefully by Department Chairs.

The State and the nation are in a fiscal crisis that is reducing UB's budget. There is a hiring moratorium and a limit on discretionary spending. This economic climate is limiting options and slowing the School's ability to hire new faculty.

Plans

In the current budgetary climate, faculty hires is State/UB budget-dependent, a dynamic and fluid process. Temporary and adjunct appointments, as well as partnerships within the University and outside (e.g. RPCI and RIA) can provide immediate, short-term solutions, as needed. The School administration has outlined a strategy to deal with these issues (see Criterion 1.6.a).

The School is making professional development of faculty a priority through:

Mentorship: Department Chairs are working to assign mentor committees for recent tenure-track hires, which was not a common practice across all Departments in previous years. The Associate Dean for Research is exploring means of augmenting these initiatives by providing grantsmanship mentors tapping into the expertise of established, funded scholars within and outside the SPHHP.

Workshops/Seminars: The Associate Dean for Faculty Affairs began offering an annual promotion and tenure orientation seminar to all pre-tenured faculty in 2007. A similar information sharing opportunity about promotion from Associate to full Professors will be initiated in 2009. The Associate Dean for Research developed a NIH grant writing workshop for non-tenured faculty in 2008 that will be offered annually and expanded to encourage participation of unfunded tenured faculty. The School's Faculty Council sponsored the first research town hall meeting in March, 2009.

Promoting Teaching Effectiveness: A School-wide policy for evaluating classroom teaching effectiveness on a semester basis was recently adopted by the School. Strategies for enhancing teaching effectiveness will evolve from the analysis of these data. The School's Faculty Council is exploring the opportunity to provide a teaching effectiveness town hall meeting in 2009-10.

Scholarship productivity: Department Chairs have evaluated three year trends in faculty productivity (in publication, presentation, and grantsmanship) and are considering these data relative to faculty workload.

Professional and Community service: Plans for enhancing faculty service were discussed in Criterion 3.2.e.

Criterion 4.2 Faculty Policies and Procedures. The school shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

4.2.a A faculty handbook or other written document that outlines faculty rules and regulations.

UB has well established, clearly articulated policies and procedures that govern faculty and staff personnel issues. The different schools and the College of Arts and Sciences (CAS) have some latitude in developing unit specific policy and procedures but they must adhere to these rules. There are three main documents that govern the different academic units; these are:

- UB's Faculty/Staff Handbook at:
http://ubbusiness.buffalo.edu/ubb/cfm/ubs_pages/displayPage.cfm?page_id=10564
- The Agreement between the State University of New York and the United University Professions <http://www.goer.state.ny.us/cna/current/uuppsnu/index.html>
- The University's Office of Equity, Diversity and Affirmative Action Administration (<http://affirmativeaction.buffalo.edu/about.htm>)

In addition, the SPHHP has developed written statements regarding criteria for promotion and tenure within the School.

4.2.b Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

School Administrative Support Structure

The School's future excellence depends on its commitment to promoting and providing opportunities for the professional growth of its faculty. SPHHP has an administrative structure specifically designed to support the professional development of its faculty. The School has a dedicated Associate Dean (AD) for Faculty Affairs to focus on faculty, one of only three Schools in the University with such an AD. This individual works closely with the Dean, other ADs, and Chairs to promote overall professional growth of faculty. The AD for Research supports scholarship; the AD for Academic and Student Affairs supports teaching effectiveness; and, the AD for Community Relations and Clinical Affairs provides faculty opportunities for professional service involved in the community through the Office of Public Health Practice.

There are a number of specific mechanisms and opportunities in place for all categories of faculty to develop professionally.

Scholarship

As a hiring principle, the Dean's office and the Department Chair provide new tenure track faculty with startup funds and space necessary to initiate their research program. At the time of hire, the Chair generally works closely with new faculty to develop a plan for development of a research program. Department Chairs can adjust workload allocation to protect research time for new faculty.

All faculty members are required to submit an annual report describing in detail their professional activities and accomplishments; these reports are reviewed by the Chair and by the Dean's office. Based on this report a faculty member's performance is evaluated in the context of expectations and current needs of the Department, School, and University with feedback provided to the faculty member as appropriate.

School-wide as well as University-wide research support systems are in place to support all faculty. These have been described in Criterion 3.1 under "*SPHHP Research Policies and Practices*". Similarly, the University provides research support to all faculty, which has been described in Criterion 3.1 under "*University Oversight and Support of Research: Programs for Enhancing Research*". In addition, the faculty union (United University Professions) provides opportunities for all faculty on New York State lines to compete for small grants and awards (<http://www.uupinfo.org/grants/grants.html>) that can be used for research or professional development activities such as attending meetings and training sessions.

Teaching

All new faculty are invited to a two day orientation workshop offered through the Office of UB's Vice Provost for Faculty Affairs. One of the days is devoted to teaching, University resources and classroom management. All faculty categories may take advantage of a variety of on-campus programs for teaching development.

UB's Teaching & Learning Center provides opportunities for faculty to enhance their excellence as teachers by disseminating knowledge, through workshops, speakers, programs, discussion groups, and consultations. Typically, the topics include up-to-date information about the teaching and learning process, about skills and methods to enhance teaching and learning, and about how to utilize the latest developments in information technology and media to enrich course content and presentations. The programs are free and open to all UB instructors and researchers: full-time and part-time faculty, adjuncts, lecturers, teaching and research assistants, librarians, and campus-wide IT staff.

UB's Central IT and the University Libraries offer free workshops to all members of the UB community. The University has a centralized Course Management System (UBlearns) built on the Blackboard™ academic software suite that faculty use as a course website for distributing course materials and fostering student interactions. Teaching evaluations are collected for all courses taught.

4.2.c Description of formal procedures for evaluating faculty competence and performance.

Each May, all primary faculty file an Annual Faculty Report documenting in detail their professional activities during the past 12 months. UB recently adopted an automated Faculty Annual Report, supported by Activity Insight from Digital Measures, a versatile and secure web-based information management system for managing and reporting faculty and staff activities. The annual report is the primary source for evaluating performance and competence of all individual faculty. The Department Chair reviews and comments on reported activities of each faculty member. These reviews provide the basis for personnel actions or recommendations (e.g., re-appointment, promotion, merit). Additional information on formal procedures for evaluating faculty, including promotion and tenure were presented in Criterion 1.5.a

4.2.d Description of processes used for student course evaluation and evaluation of teaching effectiveness

Teaching evaluations are expected for all teaching faculty, for all courses taught, for all years. This feedback is reviewed annually by Department Chairs or Program Directors as appropriate. Staff in the SPHP Office of Academic and Student Affairs use CoursEval software to facilitate student evaluations of courses and instructors throughout the School. We attempt to promote use of a common set of survey questions: There are two School-wide evaluation questions that are required of all faculty for all Departments, but Departments/faculty are able to modify other survey questions as they wish. Evaluation data are made available to: 1) course instructors, for the courses they teach; 2) each Chair, for all courses taught in his/her Department; and 3) the Associate Dean for Academic and Student Affairs, who reviews teaching evaluations of Departmental Chairs and monitors those of other faculty. Instructors are expected to use the results of evaluation to improve their teaching effectiveness and course content. Results of course and instructor evaluations are part of annual faculty evaluations and are considered in personnel decisions including promotion and tenure.

4.2.e Description of emphasis given to community service activities in the promotion and tenure process.

The School has articulated specific statements regarding the importance of faculty service, including community service, in the School's promotion and tenure evaluation. Effective and continued professional service, which may be directed within or outside UB is expected throughout a faculty member's academic career, with generally increasing expectations as the faculty member progresses through the ranks. Service (professional, public, community) that fulfills the School's mission: "... to improve the health of populations, communities, and individuals ..." is expected and is an important consideration when a candidate's dossier is reviewed at the School level. Candidates being evaluated for promotion to full professor are expected to have been engaged in nationally visible professional/public service relevant to the School's mission. Candidates evaluated for continuing appointment (tenure) may not have been asked to undertake substantial administrative tasks as they develop as scholars and educators; nevertheless, all members of the faculty are expected to have evidence of involvement in service activities such as governance, operation, policy formulation, or curriculum development at the Department, School, or University level. For unqualified academic faculty (tenured, tenure-track), research and teaching achievement in the absence of service is not acceptable. Similarly, service is important, but cannot by itself substitute for achievement as a researcher and teacher.

All tenure track and tenured faculty are expected to participate in teaching, research, and service as outlined in: 1) "Promotion and Tenure: Guiding Principles" statement by UB's President and Provost is provided in Appendix 4.2.e-1) and at (http://www.provost.buffalo.edu/facultyaffairs/pdf/promo_tenure_guide_princ.pdf) and UB's Faculty/Staff Handbook is available at (<http://www.business.buffalo.edu/UbbContent/Hrs/facultyhandbook/>) (see the Resource File). The School's guiding statements for promotion and tenure are provided at http://sphhp.buffalo.edu/faculty_affairs/pt_guiding_statements.php , but for convenience, the section relating to service follows:

"Effective and continued professional service, which may be directed within or outside the University is expected throughout a faculty member's academic career, with generally

increasing expectations as the faculty member progresses through the ranks. Professional service that fulfills the School's mission: "... to improve the health of populations, communities and individuals ..." is strongly encouraged and an important consideration when a candidate's dossier is reviewed at the School level. Candidates evaluated for continuing appointment may not have been asked to undertake substantial administrative tasks as they develop as scholars and educators; nevertheless, all members of the faculty are expected to be involved in governance, operation, policy formulation or curriculum development at the Department, School or University level. Candidates being evaluated for promotion to full professor are expected to have been engaged in nationally visible professional/public service relevant to the School's mission. For tenure track academic faculty, research and teaching achievement in the absence of service relevant to the School's mission is not acceptable. Similarly, service is important but cannot, by itself, substitute for achievement as a researcher and teacher."

4.2.f Assessment of the extent to which the criterion is met.

This criterion is met.

Strengths

Both the University and School provide support systems and opportunities for faculty development.

The School has a well defined administrative structure to mentor and support the professional growth of faculty.

The SUNY system, UB, and the faculty union have well-established policies and procedures that the School can abide by for personnel actions.

There is a systematic mechanism in place to collect data by which the School can evaluate the performance of its faculty in the context of its mission and objectives. Each faculty member's performance is reviewed on a semester-by-semester basis or annually as appropriate, by their Chair so that timely professional guidance is provided.

The School has developed and disseminated its own promotion and tenure guiding statements that outline the School's expectations for service, teaching and research.

Weaknesses

We are just entering our second year in using a new UB online annual faculty report system. That system needs refinement and clearer instructions to faculty to assure maximal compliance and quality of reports generated by the system.

Plans

Review policies, procedures and practices of each Department within the context of SUNY, UB, and union rules and regulations to refine and/or establish further School-wide policy and procedures as appropriate.

Seek feedback and support of draft policies by vetting them through the governing and advisement bodies of the School and the UB Vice Provost's Office for Faculty Affairs.

Increase use of a central web location where all policies and guidelines are available to all SPHHP faculty.

Criterion 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.

4.3.a Summary demographic data on the school's faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a. Data must be presented in table format.

Table 4.3.a describes the ethnic and gender distributions of faculty in the SPHHP. Minority ethnic groups are underrepresented. Approximately 83% of the School's core instructional faculty is White. The overall percentage of the School's core faculty from minority ethnic groups (16.7%) (Table 4.3.a) is slightly less than that for UB overall (19.4%) (Table 4.3.f-2). Compared to demographics for the Buffalo-Niagara MSA and Erie County (Table 4.3.f-2), the School's faculty ranks are not representative of the minority ethnic groups in the community. Approximately 4% of the SPHHP's core faculty consists of Black and Hispanic/Latino ethnic groups, compared to approximately 14.6% in the Buffalo-Niagara MSA (which includes Erie and Niagara Counties) and 16.3% in Erie County (Table 4.3.f-2). The proportion of Black and Hispanics/Latinos in the core faculty (4%) is also less than the percentage of 1998-2002 doctoral recipients in the United States who were African American or Hispanic/Latino (Table 4.3.f-3). Native Americans are not represented in the School; they are only minimally represented among recent doctoral graduates (Table 4.3.f-3). Asians/Pacific Islanders make up the largest percentage (12.5%) of minority core faculty in the School, slightly lower than the distribution at UB (13.0%). Proportionally, the Asian/Pacific Islander minority group in the School exceeds that in the Buffalo-Niagara MSA (1.3%) and Erie County (1.5%) (Table 4.3.f-2). The percentage of Asian/Pacific Islanders employed overall by the School is comparable to that of recent biostatistics PhD recipients and slightly higher than among recent US doctorate recipients for other related disciplines.

The genders are close to being evenly distributed across the School's core faculty, with males making up 53% and females 47% (Table 4.3.a). This distribution is more equitable than in the entire University faculty, which is 36% female (Table 4.3.f-2). The percentage of recent US doctorate recipients from several related fields that are female is somewhat higher than our overall School distribution (Table 4.3.f-3). Women are less well represented in leadership positions in the School. SPHHP has five departments and four Associate Deans. One Department Chair, one interim Department Chair, one Associate Dean and one Associate Chair are female.

Table 4.3.a Summary Demographic Data for SPHHP Core and Other Faculty¹

	Core Faculty		Other Faculty		Total	
	#	%	#	%	#	%
White Male	35	48.61	33	47.83	68	48.23
Black Male	0	0.00	1	1.45	1	0.71
Asian/Pacific Islander Male	3	4.17	3	4.35	6	4.26
Hispanic/Latino Male	0	0.00	1	1.45	1	0.71
Native American Male	0	0.00	0	0.00	0	0.00
Unknown/Other Male	0	0.00	0	0.00	0	0.00
International Male ²	6	8.33	2	2.90	8	5.67
Male Total	38	52.78	38	55.07	76	53.90
White Female	25	34.72	27	39.13	52	36.88
Black Female	2	2.78	0	0.00	2	1.42
Asian/Pacific Islander Female	6	8.33	4	5.80	10	7.09
Hispanic/Latina Female	1	1.39	0	0.00	1	0.71
Native American Female	0	0.00	0	0.00	0	0.00
Unknown/Other Female	0	0.00	0	0.00	0	0.00
International Female ²	3	4.17	4	5.80	7	4.96
Female Total	34	47.22	31	44.93	65	46.10
Total	72	51.06	69	48.94	141	100.00

¹ As of March 31, 2009

² International faculty are also counted in appropriate ethnicity classification; counts and percentages for international faculty are not included in column totals.

4.3.b Summary demographic data on the school’s staff, showing at least gender and ethnicity. Data must be presented in table format. See Table 4.3.b

The ethnic minority representation among the SPHHP’s full-time staff (Table 4.3.b) is somewhat more representative of UB demographics. The School’s 16% minority staff is slightly larger than UB’s minority (13%) and close to the minority population percent in the Buffalo-Niagara MSA (16.6%) and in Erie County (18.4%) (Table 4.3.f-2). African Americans make up about 5% of the School’s staff and there is 1 Native American (1.5% of staff). Hispanics/Latinos, however, are not represented. The largest ethnic group employed as staff is Asian/Pacific Islander (approximately 13%). Females make up 80% of the School’s full-time staff. The percent of female staff employed by the School is greater than the 61% full- and part-time female staff employed at UB.

Table 4.3.b Summary Demographic Data (from 2007-08) for SPHHP Full-Time Staff^{3,4}

Ethnicity	Male		Female		Total	
	number	percent	number	percent	number	percent
Black	0	0.00	3	6.0	3	4.8
White	10	83.3	42	84.0	52	83.9
Hispanic/Latino	0	0.00	0	0.0	0	0.00
Asian/Pacific Islander	2	16.7	4	8.0	6	9.7
Native American	0	0.00	1	2.0	1	1.6
Unknown/Other	0	0.00	0	0.00	0	0.0
International ⁵	1	8.3	5	10	6	9.7
Total	12	19.4	50	80.6	62	100.00

³ Staff is defined as those individuals not defined as students or faculty

⁴ As of March 13, 2009

⁵ International Staff are also included in appropriate ethnicity classification above; counts and percentages for international faculty are not included in column totals.

4.3.c Description of policies and procedures regarding the school's commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.

The School and the University have a commitment to recruiting and supporting a diverse faculty and student body and to providing its employees and students with a discrimination-free work environment. Because UB receives a considerable portion of the University's overall budget from federal contracts, it is required by federal law to develop a written affirmative action program. As stated in §60-2.10 (a) (1) of the Code of Federal Regulations Chapter 60: Equal Employment Opportunity,

An affirmative action program is a management tool designed to ensure equal employment opportunity. A central premise underlying affirmative action is that, absent discrimination, over time a contractor's workforce generally will reflect the gender, racial and ethnic profile of the labor pools from which the contractor recruits and selects.

UB has developed and implemented its Affirmative Action Plan to provide guidance and a means of measuring progress toward this goal. The Affirmative Action Plan describes the steps UB will take to comply with Federal Executive Order 11246.

UB Affirmative Action Plan serves as a working document for reporting on various staff personnel actions and informing University management and the local community of programs and procedures undertaken by the University to ensure equal employment opportunity and to implement UB's commitment to affirmative action in accordance with University policy and applicable federal and state laws and regulations.

The Affirmative Action Plan contains a diagnostic component that includes a number of quantitative analyses designed to evaluate the composition of the workforce of UB and compare it to the composition of the relevant labor pools. The Affirmative Action Plan also includes action-oriented programs where women and minorities are not being employed at a rate to be expected given their availability in the relevant labor pool. Effective internal auditing and reporting systems are maintained as a means of measuring the University's progress toward achieving the workforce that would be expected in the absence of discrimination.

The Affirmative Action Plan's diagnostic component describes the following: The delegation of responsibilities to various University employees for the implementation of affirmative action and equal employment opportunity; workforce analysis; job group analysis; availability analysis; utilization analysis; adverse impact analysis; and action-oriented programs. UB's affirmative action programs for individuals with disabilities, special disabled veterans and veterans of the Vietnam era are also included in a separate plan.

UB neither condones nor tolerates practices that discriminate against any person employed or seeking employment on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age. In keeping with this goal, UB recruits, hires, trains and promotes into all job levels the best qualified person without regard to race, color, creed, religion, national origin, sex, marital status, disability, sexual orientation, or age. UB administers all other personnel matters including, but not limited to, compensation, benefits, transfers, layoffs, college-sponsored training, education, tuition waivers, and social and recreational programs in accordance with policy.

The goal of UB's Affirmative Action Plan is to establish and maintain a workforce that is representative of the availability of females and minorities in the relevant labor markets. To this end, UB plans and carries out actions to increase the participation of these groups who are underutilized. University equal opportunity policies are available in the Resource File.

4.3.d Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.

The Office of Equity Diversity and Affirmative Action Administration (EDAAA) at UB serves as technical assistant and historian in the procedure to recruit, select, and hire faculty and professional/non-faculty staff. The EDAAA continually expands and updates its resources of directories and bibliographies that are consulted for names and addresses of publication and organizations that have the attention of minorities and women. The EDAAA has assembled a variety of recruitment resources that are made available to the search committee at the initiation of a search. The goal of all affirmative action searches at UB is to increase the number of individuals of protected groups in areas where they are underrepresented and on the campus at large. In units with a predominance of one protected group, affirmative action searches are directed toward other protected groups. These efforts supplement the traditional procedures of advertising through newspapers, professional journals, conferences, and form announcements.

For the recruitment process, UB utilizes an electronic applicant tracking tool called UBJOBS (<http://www.ubjobs.buffalo.edu>). Hiring managers create and submit job requisitions online for review and approval using electronic workflow. This allows managers and the human resource staff to track requisitions as they move through the approval process.

This electronic process allows increased control and oversight of the employment process by tracking search processes and results in real time. The hiring managers enter reasons for non-selection online for each search. Hiring managers, with search committee input, select an individual for hire and submit an online hiring proposal for review and approval.

For the applicant review, the hiring manager and search committee can determine instantly if applicants meet minimum or preferred qualifications using job specific qualification questions. Applications, resumes, cover letters and other attachments are routed to hiring managers and search committees online. Applicants are provided automated notification both online and via email regarding the status of their application.

From the application review and the hiring proposal in UBJOBS, the University Office of Equity, Diversity and Affirmative Action Administration can examine: 1) that extraordinary efforts have been made to identify and recruit members of protected groups; and 2) that all employment decisions are based on objective standards/criteria and the furtherance of equal opportunity and affirmative action for protected group members.

Advertising: Advertisements are targeted to publications that serve minorities and women with qualifications for positions to be filled. These position announcements are included in journals, newsletters and periodicals, websites, and listserves relevant to minority populations and that reach a wide audience of health professionals.

Networking: Search committee members are expected to make direct contact with colleagues who are likely to know potential candidates from diverse backgrounds. In addition, faculty are encouraged to establish on-going dialogues and to build relationships with minority faculty at

conferences, professional meetings, through research and service on editorial boards or study committees.

Spousal Hires: To lower one of the barriers to recruiting diverse candidates, the SPHHP can make special arrangements with the Office of the Provost to facilitate spousal hires. For example, we were able to recently hire a female faculty member (Dr. Rudra in SPM) at the same time that her husband was being hired as a faculty member in Computer Science.

Mentorship/Teaching Release: Department Chairs meet with non-tenured (junior level) faculty on a regular basis to guide and assist them in planning their teaching, research, and service activities. In some cases, departments are starting to appoint mentoring committees composed on senior faculty who can use their experience to provide specific expertise to assist with promoting the individual's successful professional growth. Along with mentoring, diversity in new faculty also is supported by mechanisms such as providing release time from their teaching responsibilities so that they can devote their to establishing their research programs.

4.3.e Description of efforts, other than recruitment and retention of core faculty, through which the school seeks to establish and maintain an environment that supports diversity.

UB has formalized fostering of a diverse environment as a core principle. UB mission statement includes the following:

UB serves the people of New York as the State University's sole comprehensive research intensive university and primary center for professional education and training. . . UB will build upon the many cultures and traditions that have shaped us and our nation, in order to better prepare our students and state for the global community and economy of the twenty-first century. UB will nurture mutual commitment between the University and its peoples, supporting the development and advancement of all members of UB community and expecting their like support for the development and advancement of the University.

The University's focus on diversity incorporates employees, students, and the community and intends for these cohorts to experience meaningful exploration and exchange through dynamic and reciprocal interaction. The UB community understands that this is an issue that is more comprehensive than simply demographics.

Office of Equity, Diversity and Affirmative Action

The Director of the Office of Equity, Diversity and Affirmative Action Administration (EDAAA) and the Affirmative Action Officer are responsible for ensuring that the University is in compliance with federal, state and system laws, regulations and policies pertaining to affirmative action/equal opportunity and is responsible for the overall implementation and administration of the University's equal employment opportunity programs. The Office of EDAAA seeks the cooperation and assistance of various institutional and community groups.

The mission of the Office of EDAAA is to promote a campus environment that values the tenets of a democratic and pluralistic society; an environment that supports the intellectual, personal and professional development of each individual; an environment that generates understanding, attitudes, and perspectives that create an atmosphere of civility, collegiality, appreciation, and mutual respect for diversity and cultural differences. The Office is committed to ensuring, for all individuals, a work and educational environment that is free of discrimination and harassment.

The Office of EDAAA reports to the President of the University and is responsible for ensuring that the University is in compliance with statutory and regulatory non-discrimination laws and executive orders and for educating the University community in regard to affirmative action and equal opportunity regulations. Details about EDAAA responsibilities are contained in the Resource File.

Disability Services Office

Disability Services is UB's center for coordinating services and accommodations to ensure accessibility and usability of all programs, services, and activities of the University by people with disabilities and is a primary resource for information and advocacy toward their full participation in all aspects of campus life. Disability Services collaborates with the entire campus community to provide services in the most integrated setting appropriate to the access needs of the individual.

In its mission statement Disability Services affirms support for individual consumer choice and independence through informed self-advocacy and legislatively-ensured civil rights. The important role of educational leadership in the planned, persistent removal of architectural and attitudinal barriers is also recognized.

Students, faculty, staff, and campus visitors with disabilities are encouraged to contact Disability Services as needed to request reasonable accommodation to participate in and benefit from any program, service, or activity of the University. Depending on the type of the consumer's impairment, medical or psychological documentation may be required for academic or employment accommodation.

UB is subject to the requirements of Section 504 of the Rehabilitation Act of 1973 and Titles I and II of the Americans with Disabilities Act of 1990 (ADA) regarding academic adjustments, including auxiliary aids for testing and other course activities, to qualified University students with disabilities. Individuals with complaints regarding denials of academic adjustments and auxiliary aids should contact the Equity, Diversity and Affirmative Action Administration Office at 716-645-2266.

Intercultural and Diversity Center

The mission of the Intercultural and Diversity Center is to provide cultural enrichment programming and leadership experiences to raise the awareness and appreciation of diversity and social justice issues. The Center works to maintain a University climate that celebrates difference and improves the quality of intercultural life for students at UB.

Student Life's Intercultural and Diversity Center is a comfortable, welcoming location to study or engage in small group work. The location is also used for educational and awareness-building programs to help students and the entire University build an understanding and appreciation of diversity, social justice and cultural identity. Programs and services foster academic and personal growth – that promotes a multi-ethnic, culturally conscious University community. The Center provides programs and services that foster academic and personal growth – that promotes a multi-ethnic, culturally conscious University and encourages the celebration of cultural awareness. A listing of UB's Intercultural and Diversity Center events and programs is provided in the Resource File.

Diversity Committee (Student Affairs)

UB Diversity Committee is committed to fostering a supportive educational environment for all faculty, staff, and students regardless of age, gender, national origin, religion, race, physical ability, disability, or sexual orientation. UB encourages commitment to the principles of respect and diversity by all who work, study, live, teach, and visit within the University community.

This committee is composed of faculty, staff, and students representing a broad spectrum of campus constituencies. Additional details about the Diversity Committee's mission are provided in Appendix 4.3.e

Faculty Senate Affirmative Action Committee

The charge to this committee, as described in the Standing Orders of UB Faculty Senate, is as follows:

This committee shall appropriately consult, review, report and recommend to the Senate on affirmative action in the recruitment, appointment, and retention of faculty members, and on matters concerning policies and practices conducive to the improvement of inter-group relations and communications and to the reduction of prejudice at the University.

A current project of this committee is the development of a Recruitment and Retention Guide for faculty search committees.

Professional Staff Senate Diversity Committee

The charge to this committee is to ensure that the Professional Staff Senate in all of its activities adheres to the principles of affirmative action for protected class members. Further, it provides annually, a visible and proactive project to advance the principles of affirmative action, subject to prior approval of the Executive Committee. Such projects might include but are not limited to: workshops; guest lectures; legislative agendas; or action plans.

Office of Veterans Affairs

UB's Office of Veterans Affairs supports matriculating veterans at UB as they navigate the array of federal and state programs available to them. In addition, the VA has a Work-Study Program that offers employment to veterans attending UB at least three-quarter time and receiving educational benefits. UB also is a participating institution in ConAP. ConAP is a joint program of the Army Recruiting Command and participating colleges. Army ROTC at UB develops great students into great leaders. This program allows all qualified individuals to achieve an officer's commission into the US Army, Army Reserves, or National Guard. Four-year, three-year, and two-year scholarship opportunities exist for qualified students in all academic majors. The classes are offered on UB campus to all students with no obligation for the first two years of the program.

SPHHP Technology Initiatives

The SPHHP seeks faculty, staff, and student input to help ensure that technology resources align with the SPHHP teaching, research, and administrative missions; while also meeting the needs of all people – including those with special needs. Since 2005, the SPHHP has implemented the following recommendations from the School's Graduate Student Advisory

Committee: a graduate student server with 100MB of storage space per student; installation of wireless access points in School buildings (Kimball, Farber, Sherman, and Diefendorf); and a video surveillance system to improve the safety of School faculty, staff and students – particularly in the evenings and on the weekends. The SPHHP is amongst the first of UB's schools to offer universal wireless access to all of its constituents. The SPHHP conducts an annual audit to better manage institutional needs. Every three years, the SPHHP conducts a survey of its constituents prior to updating the SPHHP website – an important tool for recruitment, information dissemination, outreach, and public relations. The SPHHP has a great concern for the well-being, comfort, health and performance of its faculty, staff and students. Our buildings have ramps to provide wheelchair access, all websites are fully W3C compliant and our student computing lab is fully ADA compliant. The SPHHP-based Center for Assistive Technologies provides workplace ergonomic assessments and in cooperation with Disability Services, also provides ADA assessments.

Home to the Department of Rehabilitation Science and Center for Assistive Technology (CAT), the SPHHP has a long history of training and employing persons with disabilities. SPHHP operates service programs for people with sensory, developmental and mobility impairments. The building is fully accessible, all ramps, signage, elevators, and emergency evacuation elements meeting or exceeding code. SPHHP offices are located in a building served by accessible parking reserved for CAT clients and employees with disabilities. No activity associated with SPHHP is located in an inaccessible space. Off campus activities are always scheduled in accessible facilities. The SPHHP works closely with the Western NY Independent Living Center, which conducts accessibility audits of facilities to ensure full access.

SPHHP materials can be produced in a wide range of accessible formats, such as enlarged print, audio tape, Braille, and ASCII format for use with computer-generated synthesized voice output. Services for people with hearing impairments are available including portable listening systems for meetings and sign language interpreters. SPHHP has three TDD terminals for incoming or outgoing calls. New York State operates a twenty-four hour telephone relay system for people with hearing impairments. All persons with disabilities participating in the activities of the SPHHP have access to this service free of charge. Persons with disabilities participating in SPHHP conferences and workshops are provided with materials in alternative format.

In the area of cultural competence the SPHHP has explicitly included this competency in its Core Curriculum that will be implemented in 2008. The Core Curriculum will be mandatory for all students in all the programs in the SPHHP.

SPHHP is home to the federally funded Center for International Rehabilitation Research Information and Exchange (CIRRIE). One of CIRRIE's current projects is to develop curricula and curriculum materials on cultural competence for use by university faculty nationally. CIRRIE has published a 12 volume monograph series on the cultures of the countries of origin of the principal immigrant groups in the U.S. It also published a book on the topic in 2005.

4.3.f Identification of outcome measures by which the school may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the school against those measures for each of the last three years.

Two measures in the School's strategic plan were selected to provide an initial evaluation of the School's efforts to recruit and retain a diverse and well qualified faculty that aligns with the mission of the SPHHP (E4 of Table 1.2.c). In order to improve, the School has set the following five-year targets (Table 4.3.f and Goal 1, E4 of Table 1.2.c).

- Achieve and maintain an equal gender representation of faculty.
- Increase the School's percent of core faculty who are members of underrepresented racial and ethnic groups by 5 - 10% over 5 years to approach UB's full- and part-time faculty (20 -25%). Attempt to do so by targeting African American, Hispanic/ Latino or Native American ethnic groups that are underrepresented in the School.

Additionally, the SPHHP would like to increase its percentage of underrepresented minorities on staff by:

- Increasing the School's percentage of full-time staff who are members of underrepresented racial and ethnic groups by 1 - 5% over 5 years to match the community's overall percentage of approximately 18 %. Attempt to do so by targeting African American, Hispanic/ Latino or Native American ethnic groups that are underrepresented in the School.

Table 4.3.f-1 Outcome Measures: Demographics of SPHHP Staff and Core Faculty

Population	Fall 2006 ¹	Fall 2007 ¹	Fall 2008 ¹	Current ²	
% Ethnic Diversity of SPHHP Full-Time Staff					5 yr. target
Black	3/52 (5.8%)	3/65 (4.6%)	3/65 (4.6%)	3/62 (4.8%)	
Hispanic/Latino	0/52 (0.0%)	0/65 (0.0%)	0/65 (0.0%)	0/62 (0.0%)	
Asian/Pacific Islander	4/52 (7.7%)	7/65 (10.8%)	7/65 (10.8%)	6/62 (9.7%)	
Native American	1/52 (1.9%)	1/65 (1.5%)	1/65 (1.5%)	1/62 (1.6%)	
Total Underrepresented	8/52 (15.4%)	11/65 (16.9%)	11/65 (16.9%)	10/62 (16.1%)	> 15%
% Ethnic Diversity of SPHHP Core Faculty					
Black	0/64 (0.0%)	0/68 (0.0%)	2/69 (2.9%)	2/72 (2.8%)	
Hispanic/Latino	0/64 (0.0%)	0/68 (0.0%)	1/69 (1.4%)	1/72 (1.4%)	
Asian/Pacific Islander	9/64 (14.1%)	9/68 (13.2%)	10/69 (14.5%)	9/72 (12.5%)	
Native American	0/64 (0.0%)	0/68 (0.0%)	0/69 (0.0%)	0/72 (0.0%)	
Total Underrepresented	9/64 (14.1%)	9/68 (13.2%)	13/69 (18.8%)	12/72 (16.7%)	> 15%
% Gender Diversity of SPHHP Core Faculty and Full Time Staff					
Female Full-Time Staff	42/52 (80.8%)	51/65 (78.5%)	51/65 (78.5%)	50/62 (80.6%)	
Female Core Faculty	26/60 (43.3%)	29/68 (42.6%)	32/71 (45.1%)	34/72(47.2%)	~50%

¹ data snapshots taken on October 1 of academic year

² as of March 13, 2009

Table 4.3.f-2 Ethnic and Gender Diversity of the Community

Ethnic Diversity	Buffalo-Niagara MSA ¹	Erie County ²	UB 2007 ³
African American/Black	11.7%	13.0%	3.6%
Hispanic/Latino	2.9%	3.3%	2.2%
Asian/Pacific Islander	1.3%	1.5%	13.0%
Native American	0.7%	0.6%	0.6%
Female Faculty Full-Time	NA	NA	35.8%
Female Full-Time Staff	NA	NA	57.0%

¹ U.S. Census Bureau (Buffalo—Niagara Falls, NY MSA Profile of General Demographic Characteristics 2000)

² U.S. Census Bureau (Erie County, New York Profile of General Demographic Characteristics 2000)

³ All UB Faculty, as of December 31, 2007 (UB EDAAA office)

Table 4.3.f-3 Ethnic and Gender Diversity of Doctorate Recipients⁴

	Bio-statistics	Epi demiology	Exercise Science	Nutrition	Psy-chology	Public Health	Rehab. Science
African American/Black	4%	4%	2%	5%	5%	6%	4%
Hispanic	1%	3%	3%	4%	5%	4%	2%
Asian	14%	8%	3%	8%	4%	9%	9%
Native American	0%	0%	0%	0%	1%	1%	0%
Unknown	2%	2%	1%	1%	2%	1%	1%
Female	50%	66%	38%	74%	67%	67%	63%

⁴ US Summary Reports 1998-2002, Doctorate Recipients from US Universities (UB EDAAA Statistics)

4.3.g Assessment of the extent to which this criterion is met.

The criterion is met with commentary.

The School of Public Health and Health Professions has achieved a representation of both genders in the faculty. Minority representation is less than optimal, consistent with UB demographics but falling short of representing ethnic groups in the community and the percent of minorities who have received doctorates in the United States. African Americans and Hispanic/Latinos are particularly underrepresented in the School faculty.

Strengths

New York State, the State University of New York system, and the University at Buffalo have well defined laws and rules for recruiting a diverse faculty and staff, which the School of Public Health and Health Professions follows closely.

UB’s Office of Equity, Diversity and Affirmative Action Administration (EDAAA) provides guidance and support to all Schools in their effort to establish and maintain a diverse workforce.

There are numerous campus-wide activities and opportunities that promote cultural and ethnic diversity.

The gender distribution across the School is favorable toward women, reflects demographic characteristics in higher education (EDAAA), and exceeds UB’s overall gender distribution.

The School's high percentage of Asian/Pacific Islanders, some of whom are foreign-born, offers a global and cultural perspective of public health issues for sharing with North American students.

The School's faculty are engaged in research with many diverse and challenged populations, which model and instill a School-wide culture of inclusion.

The School has a strong record in providing an environment that is accessible to faculty, students, and community members with disabilities.

Weaknesses

The School's percentage of underrepresented minority faculty and staff is lower than the community and somewhat lower than the national community for these disciplines.

Both minorities and women are underrepresented in leadership positions within the School.

New York State, UB, and hence the School are dealing with budget shortfalls that challenges plans to expand faculty and makes the hiring of any new faculty more difficult.

Plans

Develop specific procedures for enhancing search procedures, identification, and recruitment of underrepresented minority faculty for all searches. In February 2009, leadership in the Office of Equity, Diversity & Affirmative Action Administration (EDAAA) was invited to the SPHP Executive and Planning Committee to advise Chairs of methods to increase the response pool of underrepresented groups for faculty searches. A follow-up meeting is planned for May 2009.

Develop experiences to increase student exposure to faculty with diverse perspectives and from diverse minority ethnicities, including bringing in guest lecturers and utilizing community members as adjunct faculty.

Search for opportunities to incorporate the viewpoint of ethnic minorities and the disadvantaged in classes and seminars in order to understand the community's perspective on issues of diversity, disability, and other contemporary public health issues.

Criterion 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.

4.4.a Description of the school's recruitment policies and procedures.

The SPHHP includes departments that represent traditional areas of public health as well as the health professions. Therefore, not all of our students are expected to enter careers in public health *per se*. We have nonetheless included all of our instructional programs in responding to this criterion.

The overarching goal of student recruitment is to assure a strong and diverse applicant pool from which a well-qualified and representative student body can be admitted. The Office of the AD for Academic and Student Affairs (OASA) contributes to student recruitment and coordinates collaborative recruitment efforts among SPHHP Departments and programs. Apart from being expected to participate in UB's recruitment events, SPHHP is provided autonomy in establishing its recruitment program. Student recruitment is a cooperative process involving OASA staff and faculty/staff within the units – this is particularly evident in recruiting graduate/professional students, as prospective students in these categories typically seek in-depth information and insights best provided by faculty.

Each summer, the AD for Academic and Student Affairs meets with OASA staff to plan recruitment for the upcoming academic year. Planning includes suggestions from Departments/programs and involves the review and selection of recruitment events to be attended by staff, as well as discussion of recruitment materials to be used. All SPHHP instructional programs participate in recruitment activities. Such activities include:

- On-campus presentations to undergraduate students outside the School, including undergraduate workshops sponsored by SPHHP Departments
- UB-sponsored recruitment events (e.g., Fall and Spring Open House events, Diversity Fair, Graduate Student Awareness Day, McNair Research Conference)
- SPHHP events, e.g., Fall Graduate Open House, and Departmental seminars
- Professional conference recruitment opportunities, such as exhibits and presentations at the American Public Health Association
- Program descriptions in UB catalogs and print media, e.g., SPHHP recruitment brochures
- Program descriptions on web pages
- Participation in graduate recruitment fairs, including those in western New York, Canada, Pennsylvania.
- Seminars by faculty at local and regional colleges/universities. These raise awareness of the SPHHP programs and encourage applications from qualified undergraduates. A typical visit involves a seminar presentation (e.g., discussing Biostatistics in general and the UB program in particular) followed by a less formal meeting with students.
- Recruitment by faculty through informal advisement of students and alumni.
- Descriptions of our accredited programs in OT and PT are provided in the educational institutions sections of the American Occupational Therapy Association (AOTA) and the American Physical Therapy Association (APTA) web pages.
- Listings in Peterson's Guide, Gradschools.com and Princeton Review.

Among the pool of potential graduate students are our own undergraduate exercise science majors. The Departments of Exercise & Nutrition Sciences and Social & Preventive Medicine recently were approved for a joint BS/MPH (epidemiology concentration) program, which with careful planning, could be completed in 5 years. Graduates of the BS/MPH program will be able to integrate a solid scientific foundation in movement science with public health competencies that include program planning, administration, and evaluation. Such graduates will be particularly skilled in using physical activity as a prevention and health promotion modality.

Recruitment in general is facilitated by the availability of scholarships, assistantships, and tuition scholarships, particularly for graduate students. Each Department is provided funding for these purposes. Additional mechanisms include:

- Rachman Scholarships: The Department of Exercise and Nutrition Sciences distributes about \$80,000 each year to graduate students in nutrition. Rachman Scholars must maintain a 3.0 GPA to receive up to \$5,000 per year.
- Presidential Fellowships: Starting in 2004-05, the UB Graduate School has awarded to SPHHP funding for 2-3 of these PhD fellowships each year as a tool to recruit the strongest PhD candidates. The Fellowships provide \$4000/year to each fellow in addition to his/her departmental assistantship/tuition scholarship offer. SPHHP also provides up to \$1000/year to support special luncheons and seminars for Presidential Fellows, and up to \$1000/year/fellow for conference expenses during their 3rd and 4th years of study.
- The Department of Social and Preventive Medicine has a Training Grant in Cancer Epidemiology with a Multidisciplinary focus from the National Cancer Institute. This grant supports doctoral students' stipends, tuition and research-related costs for students whose focus area is cancer epidemiology. .
- Graduate students are frequently supported on research assistantships with grant funding. These assistantships generally include a tuition stipend.

Other efforts are used to acquaint students with our programs and to recruit the strongest among them. For example, in SPM, all qualified applicants to the PhD programs are invited to come to Buffalo to interview with faculty and to better understand the opportunities in our program. The Department covers the cost of these visits which are an important tool in recruitment as well as ensuring that there is a good "fit" between the plans and goals of the potential student and the opportunities in the Department.

The UB Office of Graduate Enrollment Services (GEMS) supports University-wide efforts to attract more and higher quality graduate students. GEMS works with academic units across campus to help improve the quantity, quality and diversity of inquiries, applicants and enrolled students in graduate programs.

Undergraduate Recruitment

Recruitment policies and procedures specific to undergraduates are administered and centralized at the University level by the Office of Admissions. Activities sponsored by this office include the following:

Scholars forum: A program run in conjunction with Spring Open House specifically for academically talented accepted students. Presentations and workshops are provided to inform students of the opportunities available to enhance their undergraduate education at UB.

Spring open house. An on-campus event that targets students accepted to UB. The day is filled with presentations, workshops, receptions, and information sessions describing UB's wide array of academic and student services. Campus and residence hall tours are available throughout the day.

Spring bus trip for metro students. A group of academically talented students from the metropolitan New York City area take a chartered bus from New York City to Buffalo in order to attend our Spring Open House. This event gives students a chance to visit UB even if they don't have the means to arrange the trip themselves. The students participate in all of the Open House activities and spend the night in the dorms with current students.

Fall open house. An on-campus event for prospective students. The day is filled with presentations, workshops, receptions, and information sessions describing UB's wide variety of academic and student services. Campus and residence hall tours are available throughout the day. For many students, this is their first visit to the UB campus.

Discovery days. A scaled down version of our Fall and Spring Open Houses. Students attend an admissions presentation and are able to meet with academic and student services representatives. Tours of both North and South Campuses are available.

Honors forum. A scaled down version of Open House specifically for high school students who are in their junior or senior years and who would be eligible to participate in the Honors College based on their academic records. Workshops are available wherein students can learn more about the Honors College and the opportunities for academically talented students at UB.

Native American day. This day involves an on-campus event for Native American students who are interested in learning more about UB and the academic and support services available specifically for them.

Diversity receptions for prospective students and parents. These are reception and information sessions for underrepresented minority students (and their parents) interested in applying to UB. Four sessions are available throughout the fall and winter. Participants learn about the academic and support services available specifically for them. The program includes an admissions presentation and description of the Daniel Acker Scholars program.

Daily group information sessions and tours (Visit UB program). The Visit UB program is a daily information session given by an Admissions staff member. Prospective students are able to learn about UB's academic programs, facilities, and student life. After the presentation, a current student leads the group on a tour of the North Campus.

SPHHP participates in UB undergraduate recruitment events including: the Scholars Forum, Spring and Fall Open Houses, Discovery Days, Diversity Receptions and the Visit UB program.

Undergraduate recruitment is important to our graduate programs, as the BS in exercise science serves as a substantial feeder for our DPT program, several joint BS/MS programs, and will, potentially, to the BS/MPH program.

4.4.b Statement of admissions policies and procedures.

The overarching goal of admissions activities is to select the applicants who are most capable of thriving within their chosen instructional programs. Graduates of those programs should be prepared to work in a diverse society. Admissions procedures for each instructional program are established at the Department/program level, but are reviewed by the SPHHP Academic Affairs Committee. The Academic Affairs Committee includes representatives from each of the programs and MPH concentration areas.

Graduate Admissions Policies and Procedures—SPHHP

Graduate admissions are decentralized at UB. Interested students interact directly with the relevant school or department and submit applications and documentation directly to the school or department. For international students, the office of International Admissions serves only as the final clearinghouse in the admissions process; thus, in all cases, graduate applicants deal directly with the relevant school or department.

The procedures for admission into each SPHHP graduate program are available online and are updated as needed and reviewed annually. Each graduate program in SPHHP provides an online application process, establishes its own admission policies and procedures, maintains its students' records, and provides information directly to prospective students.

MPH Admissions Policy and Procedures

Applicants to the MPH program apply through the UB Interactive Graduate Application site (<http://www.gradmit.buffalo.edu/etw/ets/et.asp?nxappid=GRA&nxmid=GetPublicApplicationSite&progid=0FD0PA148>). In the application, applicants indicate their concentration interest (biostatistics, environmental health, epidemiology, health behavior, or health services administration). Supplemental material, such as reference letters are mailed separately. An applicant's file is assembled by the Student Advisement and Recruitment Services office and once complete is forwarded to the appropriate Department for review and disposition. The application deadline is January 15, but Departments consider late applications as long as space is available. Applications are only considered for Fall semester admission. There are no Spring semester admissions. Admissions criteria are as follows:

- Personal statement of career goals. This is a critical component of the application, in which applicants can discuss their experiences, interests, and plans regarding a career in public health.
- Bachelor's degree with a grade point average (GPA) of 3.000 (B grade) or above.
- All applicants to the MPH program are required to take the Graduate Record Examination (GRE). The only exception is for persons with an MD, PhD or equivalent doctoral degree from an accredited American university. The GRE must have been taken within 5 years of application to the MPH program. It is preferred that applicants have a minimum score of 500 or 50th percentile for each category (verbal and quantitative) and a minimum of 4.0 or 50th percentile for analytic writing.
- Official transcripts.
- Two references - preferably at least one should be from a former faculty person who can address the applicant's academic record.
- Foreign applicants: [TOEFL examination](#) completed within two years of enrollment with a minimum acceptable score of 600 on the paper-based test, 250 on the computer-based

test, or 100 on the internet-based test; or demonstration of proficiency in the [International English Language Testing System \(IELTS\)](#). The required minimum IELTS score is 7.5 overall (6.5 for biostatistics concentration). The IELTS score must be dated within two years of the time the student will enroll. Only the official original IELTS score report is acceptable; photocopies are not acceptable.

- Highly recommended are:
 - One general biology course;
 - One health related science course (e.g., nutrition, anatomy, microbiology, or physiology);
 - A college level mathematics course (e.g., calculus or statistics; calculus is preferred for students concentrating in epidemiology) and at least two years of high school algebra. In the case of applicants to the biostatistics concentration, those who do not have at least two semesters of successful course work in calculus will be required to take additional courses in mathematics before being admitted, and although prior course work in advanced calculus and statistics is desirable, it is not essential;
 - One year of college level chemistry;
 - Two courses in behavioral sciences, including a course in sociology or social psychology, and a course in subjects such as sociology, anthropology, psychology, political science, or economics; and
 - A basic computing course.

Biostatistics (MA, PhD)

Each application is processed by the Graduate Program Coordinator and forwarded to the Director of Graduate Studies when complete. The Director, with consultation of the Biostatistics Admissions Committee, determines admission and funding of applicants.

Nominal deadline is April 1 but later applications may be considered as time and space allow. Initial funding decisions are made in February and March. Applicants are notified as decisions are made.

Applications are received online and must include the following:

- Online Application
- Resume
- Personal Statement
- Three letters of recommendation
- Transcripts
- Bachelor's degree
- GRE
- TOEFL (international only)
- UB Financial Form (international only)

Exercise and Nutrition Sciences (BS/MS, MS, PhD in ES, BS/MS, MS in NS)

Applications are reviewed by faculty in each program of study. The following criteria are considered:

- Minimum GPA 3.0 (For the Exercise Science BS/MS degree, a minimum GPA of 2.8 with C or better grades in pre-requisite courses is required.)

- Two to three letters of recommendation
- Statement of career objectives
- Minimum GRE scores: combined 1000 for verbal and quantitative.
- For international applicants in Exercise Science, TOEFL score minima are the same as the UB minima (550 paper/213 computer/79 internet-based)

Applications that fail to meet the minimum qualifications in all categories will be rejected unless justification is brought by a faculty member before the Committee.

Health Behavior (PhD in Community Health)

Each application is processed by the Graduate Program Coordinator and forwarded to the Director of Graduate Studies when complete. The Director of Graduate Studies presents each applicant to the Admissions Committee, which determines admission based on the quality of the application and the fit with the faculty. Criteria for acceptance include:

- The candidate's personal statement
- GRE scores (GRE requirement may be waived for candidates with a PhD from an accredited US university)
- GPA and scope of coursework from undergraduate and, if applicable, post-baccalaureate programs
- Three letters of recommendation
- TOEFL scores (for international candidates)
- UB International Applicant Financial Form (for international candidates)
- Quality of faculty interviews with candidate

Students who meet admissions criteria and are matched with a faculty member in the PhD program are admitted. Funding will be provided as available.

Rehabilitation Science (MS in OT, DPT, PhD in RS)

Doctor of Physical Therapy

After review of all applications for required documentation, each application is reviewed by a member of the RS Admissions Committee. The applicants are placed in categories based on the ranking of admissions criteria (Accept, Alternate, Reject) with input from the Program Director, the Chair of the Admissions Committee and the Admission Committee. Acceptance of applicants is determined by unanimous decision of the Committee. The following criteria are considered:

- GRE (minimums have yet to be determined)
- GPA no lower than 3.0 with no course grade below a C for prerequisite courses.
- DPT prerequisites (listed at <http://sphhp.buffalo.edu/rs/dpt/prerequisites.php>).
- Two recommendations
- An interview

Occupational Therapy – Post Professional MS, RS-PhD

Applications are processed by the Graduate Program Coordinators and forwarded to the Director of Graduate Studies when complete. The Admissions Committee reviews and decides on all admissions. The following criteria are considered:

- A baccalaureate degree in occupational therapy from an accredited undergraduate institution.
- A minimum GPA of 3.00 during the professional phase of the undergraduate program. (Official transcript required.)
- Graduate Record Examination (GRE) within 4 years prior to enrollment. (A total score of 1100, with a minimum score of 500 on the verbal and quantitative sections, is generally the minimal acceptable score, as is a minimum of 3.5 on the analytical writing measure of the GRE.)
- Biographical sketch
- Three (3) letters of recommendation
- International applicants must also take the Test of English as a Foreign Language (TOEFL) within 2 years prior to enrollment

Interviews are not required, but applicants who would like to discuss the program should call for an appointment.

Social and Preventive Medicine (MS in Epidemiology; PhD in Epidemiology)

The Admissions Committee reviews all applications and determines which candidates to admit. Applicant files are assigned to one committee member and to a second faculty member compatible with the applicant's area of interest. A third member can review if the first two reviewers are not in agreement. The following criteria are considered:

- A personal statement addressing both the candidate's goals for the graduate program and in the appropriate professional field subsequently.
- GRE scores – a minimum score of 500 or 50th percentile for each category (verbal and quantitative) and a minimum of 4.0 or 50th percentile for analytic writing. Candidates with an MD or PhD degree from an accredited US university may be waived from this requirement. (In unusual circumstances applicants may petition to the director of graduate studies to have the GREs waived in lieu of another professional exam.)
- GPA minimum of 3.0 or above for undergrad and graduate coursework.
- Prerequisites for the program include three college courses in science which can be composed of one course in biology, one course in chemistry or other life sciences, one course in math or statistics..
- A college algebra or calculus course (C grade or better) is required for the MS and PhD programs.
- Candidates to the PhD will have completed a masters level degree in a health related field. A telephone interview is conducted for all Ph.D. applicants. Frequently, the Department brings PhD students to UB for an in-person interview.
- Applications which fail to meet the minimum qualifications in all categories will be rejected unless justification is brought by a faculty member to the Committee.

Ph.D. applicants who are deemed eligible are matched with faculty for funding (if available) when accepted into the Department.

Undergraduate Admissions Policies and Procedures—SPHHP

Exercise Science and Nutritional Sciences (ES BS, pre-PT, BS/MS)

Students interested in BS programs in general ES, exercise nutrition; pre-physical therapy or the combined BS/MS in Exercise Nutrition are automatically accepted into the lower division of the Exercise Science major upon gaining admission to UB. This does not guarantee promotion to the upper division.

BS program or Pre-PT concentration

- GPA of 2.5 or higher
- Promotion to professional sequence is competitive and limited to 120 students.

Pre-Physical Therapy

- Prerequisite GPA of 2.8 or better and grades of C or better in prerequisite courses. The minimum prerequisite GPA to be eligible for the DPT program (which includes the 1st year of the ES program) is 3.0.
- Students complete the junior year of the ES program but apply to the DPT program in the Fall semester of the junior year.

BS/MS programs

- Prerequisite GPA of 2.8 or better and grades of C or better in prerequisite courses.

Transfer students

- Official transcripts from each previous college.
- All transfer students are encouraged to contact the undergraduate advisor's office for the Program in Exercise Science to assure that prerequisite courses taken at other colleges or universities satisfy program prerequisites.

Rehabilitation Science (BS in OT, BS/MS in OT)

Occupational Science BS

- Students who declare Occupational Therapy as their major on UB application are automatically accepted into the Occupational Therapy program.
- Complete the pre-requisite courses with a grade of C or better
- Maintain a minimum GPA of 2.8 in the prerequisite courses
- Submit evidence of a minimum of 70 hours of volunteer/work experience in an occupational therapy setting providing direct patient/client care under the supervision of an occupational therapist.

Matriculation into the Graduate Sequence - BS/MS Occupational Therapy Program

- Eligible students have completed all of the requirements for the Bachelors of Science in Occupational Science with a minimum of a 2.8 cumulative grade point average.
- Academic probation in the undergraduate program continues into the graduate program.

4.4.c Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the school. If a school does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the school. In addition, references to website addresses may be included.

The UB Undergraduate Catalog <http://undergrad-catalog.buffalo.edu/> contains information on SPHHP's BS in Exercise Science, and BS/MS in Occupational Science/Occupational Therapy, as well as academic policies and procedures relating to undergraduate study at UB. The UB Graduate School's Policies and Procedures Manual: <http://www.grad.buffalo.edu/policies/index.php> and pdf: http://www.grad.buffalo.edu/policies/policies_procedures.pdf includes policies and procedures related to academic calendars and grading for UB graduate students. The SPHHP Web page: <http://sphhp.buffalo.edu/> opens web access to information on all instructional programs within the School.

Examples of our printed copies of web site materials for our instructional programs are provided in Appendix 4.4.c-1, and an example of the University's academic calendar is provided in Appendix 4.4.c-2. Recruitment brochures for the MPH Program and all other instructional programs of the School are provided in the Resource File.

The MPH program and all SPHHP Departments maintain web pages that show their respective degree requirements:

Masters in Public Health <http://sphhp.buffalo.edu/mph/>

Biostatistics <http://sphhp.buffalo.edu/biostat/>

Exercise & Nutrition Sciences <http://sphhp.buffalo.edu/ens/>

Health Behavior <http://sphhp.buffalo.edu/hb/>

Rehabilitation Science <http://sphhp.buffalo.edu/rs/>

Social and Preventive Medicine <http://sphhp.buffalo.edu/spm/>

4.4.d Quantitative information on the number of applicants, acceptances and enrollment, by program area, for each of the last three years. Data must be presented in table format. See Table 4.4.d

Table 4.4.d shows numbers of students who applied, were accepted, and enrolled for each of the degree programs in the Instructional Matrix (Table 2.1.a) for the past three years. In 2007-08, SPHHP as a whole, accepted 57% of applicants, of whom 68% enrolled. For 2007-08 data for the five MPH concentration areas, 98 students applied, 57 (58%) were accepted, and 27 (47% of accepted) enrolled in the MPH Program. In 2006-07, 90 students applied, 55 (61%) were accepted, and 26 (47% of accepted) enrolled in the MPH program. Two of our current five MPH concentration areas were not yet available in 2005-06, which complicates comparisons to that period. Over the past two years, MPH enrollment rate (47% of accepted students) was lower than the overall SPHHP enrollment rate (69% of accepted students). It is anticipated that numbers of MPH applications will increase as the programs become better known, when the School is accredited and as new collaborative programs are developed.

Table 4.4.d Quantitative Information on Applicants, Acceptances, and Enrollments, by Specialty Area for the Last 3 Years

		Academic Year 2006 to 2007	Academic Year 2007 to 2008	Academic Year 2008 to 2009
Bachelors Degrees				
BS Exercise Science	Applied	177	187	210
	Accepted	151	150	133
	Enrolled	127	131	125
Masters Degrees				
MA Biostatistics	Applied	45	89	54
	Accepted	22	47	11
	Enrolled	13	13	6
MPH Biostatistics	Applied	5	4	3
	Accepted	3	3	3
	Enrolled	2	3	2
MPH Epidemiology	Applied	39	40	24
	Accepted	30	25	13
	Enrolled	12	9	6
MPH Environmental Health	Applied	3	8	8
	Accepted	3	2	1
	Enrolled	3*	1	1
MPH Health Behavior	Applied	2	16	26
	Accepted	2	12	17
	Enrolled	2*	8	7
MPH Health Services Administration	Applied	41	30	18
	Accepted	17	15	8
	Enrolled	7	6	4
MS Epidemiology	Applied	12	16	16
	Accepted	7	9	12
	Enrolled	5	5	8
MS Exercise Science	Applied	53	84	52
	Accepted	17	17	19
	Enrolled	7	16	8
MS Nutrition, Clinical Nutrition Track	Applied	6	7	19
	Accepted	6	7	15
	Enrolled	6	7	15
MS Nutrition, Nutrition Science Track	Applied	41	41	44
	Accepted	21	14	10
	Enrolled	7	5	8
MS Occupational Therapy	Applied	10	20	32
	Accepted	10	18	14
	Enrolled	1	11	9

		Academic Year 2006 to 2007	Academic Year 2007 to 2008	Academic Year 2008 to 2009
Doctoral Degrees				
PhD Biostatistics	Applied	55	56	53
	Accepted	24	28	16
	Enrolled	5	4	9
PhD Epidemiology & Community Health ¹	Applied	11	10	Enrollment ended
	Accepted	4	3	Enrollment ended
	Enrolled	3	2	Enrollment ended
PhD Epidemiology	Applied	NA	2	11
	Accepted	NA	2	7
	Enrolled	NA	2	5
PhD Community Health ²	Applied	NA	0	4
	Accepted	NA	0	1
	Enrolled	NA	0	1
PhD Exercise Science	Applied	15	18	11
	Accepted	3	7	4
	Enrolled	2	4	2
PhD Rehabilitation Science	Applied	0	0	0
	Accepted	0	0	0
	Enrolled	0	0	0
DPT Doctor of Physical Therapy	Applied	116	130	116
	Accepted	45	46	43
	Enrolled	39	35	43
Joint Degrees				
BS/MS Athletic Training	Applied	27	13	0
	Accepted	15	9	0
	Enrolled	14	8	0
BS in Exercise Science/MS in Nutrition Science	Applied	17	10	7
	Accepted	6	7	6
	Enrolled	6	7	6
BS in Occupation Science/MS in OT ³	Applied	21	32	70
	Accepted	21	32	58
	Enrolled	21	32	58

* The MPH in Environmental Health was approved in academic year 2006-07. In that year, all enrollees were transfers from other MPH concentrations such that all applicants were admitted. Similarly, in Health Behavior in 2006-07, two students transferred from other MPH concentrations.

¹ The PhD in Epidemiology & Community Health was split into two separate PhD Programs in 2007-08, so no students were admitted to this degree program after 2007-08.

² The PhD in Community Health was approved in 2007-2008, so its first admission cycle was in 2008-09. In Spring 2009, the degree was revised and moved to the Department of Health Behavior; one student is currently enrolled.

³ Applied, Accepted and Enrolled figures for the BS/MS in OT are identical because the data reported represent progression of students from the undergraduate level into the graduate level (i.e. these students were "preselected") and all qualified students were promoted to the graduate phase over these three years.

4.4.e Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization. Data must be presented in table format.

Table 4.4.e shows full-time and part-time headcounts and FTE data for students in each degree program listed in the Instructional Matrix (Table 2.1.a) for the past three years.

SPHHP has met the enrollment targets set when SPHHP was formed, at which time the School's build-out plan (2003-2013) was established. That plan called for enrollment growth predominantly related to the MPH degree. Overall enrollment in the MPH Program increased from 28.1 FTE in 2006-07 to 40.3 in 2007-08, but then decreased to 33.4 in 2008-09. We suspect that diminished enrollment in the current academic year may relate to our lack of public health accreditation, and that student recruitment will be substantially enhanced when accreditation is achieved.

Student interest in the study of health behavior has been substantial since the formation of the Department of Health Behavior, and bodes well for enrollment growth in that Department.

There is currently one student enrolled in the PhD in Community Health. That student began study in Fall 2008, when the program was still housed in the Department of Social and Preventive Medicine. We anticipate increased enrollment in the PhD in Community Health now that the program is housed in the Department of Health Behavior. The curriculum has been revised to better align with the social sciences, and the program will benefit from the positive relationships between community health and health behavior.

Our health professions programs are fully enrolled, increasingly competitive, and typically enroll full-time students.

Table 4.4.e Students Enrolled in each Degree Program (Area of Specialization) Identified in Instructional Matrix for each of the last 3 years

	Academic Year 2006- 2007			Academic Year 2007 -2008			Academic Year 2008-2009		
	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE
Bachelors Degrees									
BS – Exercise Science	220	0	220.0	220	0	220.0	226	0	226.0
Masters Degrees									
MA – Biostatistics	16	0	16.0	28	0	28.0	13	6	16.0
MPH – Biostatistics	1	1	1.2	1	0	1.0	1	0	1.0
MPH – Epidemiology	9	8	13.7	12	6	15.8	8	6	10.4
MPH – Environmental Health*	NA	NA	NA	4	0	4.0	2	1	2.9
MPH – Health Behavior*	NA	NA	NA	9	1	9.6	9	3	10.4
MPH – Health Services Administration	9	8	13.2	6	8	9.9	6	7	9.7
MPH – Total	19	17	28.1	32	15	40.3	25	17	33.4
MS – Epidemiology	3	8	5.5	6	9	8.1	11	7	14.7
MS – Exercise Science	22	0	22.0	20	0	20.0	19	4	21.0
MS – Nutrition									
Clinical Nutrition Track	4	0	4.0	8	0	8.0	16	0	16.0
Nutrition Science Track	16	1	16.5	15	0	15.0	27	0	27.0
MS – Occupational Therapy	5	3	6.5	17	5	20.0	14	12	17.1
Doctoral Degrees									
PhD – Biostatistics	16	0	16.0	16	0	16.0	12	8	16.0
PhD – Epi & Community Health	20	9	21.4	5	8	6.0	3	4	3.3
PhD – Epidemiology**	NA	NA	NA	6	2	6.4	10	4	10.7
PhD – Community Health**	NA	NA	NA	NA	NA	NA	1	0	1.0
PhD – Exercise Science	8	0	8.0	10	0	10.0	6	3	8.1
PhD – Rehabilitation Science	3	7	6.5	3	4	5.0	1	4	2.8
DPT – Physical Therapy	127	0	127.0	128	0	128.0	133	0	135.0
Joint Degrees									
BS/MS – Athletic Training	18	0	18.0	19	0	19.0	17	0	17.0
BS/MS – Exercise Sci/Nutrition Sci	9	0	9.0	7	0	7.0	12	0	12.0
BS/MS – Occupational Therapy	86	0	86.0	106	0	106.0	93	0	93.0
MD/PhD (PhD in Epidemiology)	1	0	1.0	0	0	0.0	1	0	1.0
MPH/JD Epidemiology***	0	0	0.0	0	0	0.0	0	0	0.0
MPH/JD HS Administration***	2	0	2.0	2	1	2.75	1	0	1.0
MPH/MBA (HS Administration MPH)***	0	0	0.0	0	0	0.0	0	0	0.0
MPH/MD Epidemiology***	0	0	0.0	0	0	0.0	0	0	0.0

* In 2006-07, 5 students transferred from other concentration areas to the new concentration areas: Environmental Health, and Health Behavior. Three such students transferred to Environmental Health, and 2 transferred to Health Behavior. In this table, all five students are represented in the concentrations from which they transferred.

** The first public announcement of the cleaving of the PhD in Epidemiology & Community Health into a separate PhD in Epidemiology and a PhD in Community Health occurred in April 2007; this was too late to mount an active recruitment effort for Fall 2008. Thus, recruitment to the two new PhD programs was first implemented for 2008-09. 2007-08 enrollment in the PhD in Epidemiology was enhanced by the transfer of 6 students from the PhD in Epidemiology & Community Health.

***MPH counts for joint degrees are included in the MPH counts above, so “MPH – Total” data are complete. MPH joint degree students are counted only when matriculated in the School of Public Health and Health Professions portion of the joint degree.

Key:

HC = Head Count

FT = Full-time students (12 credit hours if self funded and 9 credit hours if funded or 1 credit hour is certified full-time)

PT = Part-time students (0.083 FTE for each credit hour they are registered)

FTE = Full-time equivalent students

4.4.f Identification of outcome measures by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures for each of the last three years.

Table 4.4.f shows the primary outcome measure selected to monitor the quality of SPHHP's graduate students; the percentage of entering graduate students with GRE scores greater than the 50th percentile. This is one measure of a broader outcome measure stated in Objective E3 of our Strategic Plan, i.e., to "recruit a diverse and well-qualified student body". Increases in the overall quality of our graduate students should be reflected in increases in the percentage of graduate students with Verbal or Quantitative GREs greater than the 50th percentile (bullet #1), and increases in the percentage of graduate students with Verbal and Quantitative GREs greater than the 50th percentile (bullet #2).

Five year targets reflect our expectation that the quality of our student body will increase as we enhance recruitment efforts and gain accreditation as a School of Public Health. It is important to note that we do not expect to move to 100% of students meeting or exceeding this criterion. We evaluate the totality of all applications. There are students who do not meet this measure, but whom we deem to be excellent candidates based on their other qualities.

Table 4.4.f Outcome Measures for Recruiting a Well Qualified Student Body

	2006	2007	2008	5yr Target
<ul style="list-style-type: none"> • % of graduate students with Verbal or Quantitative GREs greater than 50th percentile 	76.7	77.1	77.3	85
<ul style="list-style-type: none"> • % of graduate students with Verbal and Quantitative GREs greater than 50th percentile 	49	54	56	60

The SPHHP Executive and Planning Committee is considering adding SAT scores and High School averages as measures of the quality of undergraduate admissions.

4.4.g Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

Staff within SPHHP's Office of Academic and Student Affairs (OASA) and faculty within our instructional programs are committed to recruiting a diverse and well-qualified student body.

OASA staff and Departmental faculty regularly participate in numerous recruitment events on campus and in the Western New York community as well as nationally.

Admissions procedures are designed to identify those students who are most likely to succeed within SPHHP's instructional programs and as graduates work in a diverse society.

Admissions requirements and procedures were recently reviewed by the Academic Affairs Committee and are available on the web.

A collaborative BS (Exercise Science)/MPH program was approved by the State of New York Department of Education. This program will serve as a feeder to the MPH.

Enrollment in the School is strong and has met or exceeded targets since the inception of the School in 2003.

Weaknesses

Enrollment in the MPH concentration in biostatistics is very low and has been so from the beginning.

The PhD program in Community Health is new and as yet, has only one student enrolled.

For some of the degree programs, the pool of applicants could be expanded so that admissions criteria could be made more stringent, allowing for stronger student performance.

Plans

We are preparing several proposals for collaborative BS/MPH programs that will bring undergraduate students from other colleges/universities in Western New York into our MPH program. Such joint efforts are consistent with our desire to increase connections with the community, and should provide a continuing source of well-qualified applicants.

Examine the challenge of recruiting students into the MPH concentration in Biostatistics. Seek information from other schools of public health that also are experiencing these challenges and discuss possible solutions with faculty, students, and the Dean's Advisory Council.

Increase prospective students' awareness of our graduate programs. Identify potential undergraduate, graduate and professional students in other disciplines who might be interested in SPHHP graduate programs.

Increase general awareness of the revised PhD program in Community Health through use of the SPHHP website and other websites related to graduate education.

The SPHHP Executive and Planning Committee will consider adding SAT scores and high school averages as measures of the quality of undergraduate admissions.

Criterion 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.

4.5.a Description of policies, procedures and plans to achieve a diverse student population.

The overarching goals of SPHHP's recruitment and admissions efforts are to achieve a diverse and well-qualified student body. Recruitment policies and procedures reflect SPHHP's valuing of diversity, as articulated in the School's Strategic Plan (see 1.1.e in this document). UB has also articulated a statement of values (<http://www.research.buffalo.edu/jobs/sunyab.cfm#values>) (see Appendix 1.1.e) that honors and encourages diversity and shows concern to protect and preserve equity. Our School supports and endorses those values.

Several UB units provide guidance relating to establishing and maintaining a positive environment for diversity and equity: (1) the Office of Equity, Diversity, and Affirmative Action Administration provides resources and advice relating to equity, non-discrimination, affirmative action, and accessibility to individuals with disabilities; (2) the Office of Judicial Affairs and Student Advocacy promotes a just, safe, orderly, and positive campus climate through regulations, disciplinary processes, informational programming, and intervention effort; and (3) the Intercultural & Diversity Center provides cultural enrichment opportunities, education, programming and multicultural leadership experiences that raise the awareness and appreciation of diversity and social justice issues. The SPHHP Office of Academic and Student Affairs is engaging these units as well as SPHHP's experts on cultural competence, (e.g., Dr. John Stone and faculty/staff associated with the Center for International Rehabilitation Research and Information Exchange) to determine how those resources might assist us in enhancing the diversity of our student body and the environment we maintain in support of diversity.

SPHHP also will continue to work with the Area Health Education Centers (AHEC) to identify and promote recruitment opportunities for rural and underrepresented minority students and to provide field work/clinical placement opportunities to students interested in working in medically underserved areas.

4.5.b Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.

The SPHHP's Office of Academic and Student Affairs (OASA) coordinates recruitment efforts for the School, and directly engages in student recruitment.

OASA Diversity Recruitment Initiatives

- Target UB's minority programs (C-Step, McNair, Stokes Alliance for Minority Participation, Center for Undergraduate Research & Creative Activities)
- Use McNair database for targeted mailings
- Pursue graduate fee waivers for applicants from UB minority programs.
- Seek referrals from minority alumni
- Target UB's high school minority programs for identification of potential students e.g. Upward Bound, STEP
- Examine out-of-state diversity recruitment opportunities

Graduate programs in the SPHHP recruit qualified minority candidates by means of a number of specialty scholarship programs, e.g., Schomburg, AGEP, and STEP. Our Departments also participate in UB's Diversity Fair and in UB's McNair Research Conference. UB and the SPHHP participate in the McNair Scholars Program and the Schomburg Fellowship Program, both of which provide resources in support of a well-qualified and diverse student body.

Undergraduate Diversity Recruitment Efforts

OASA staff work with the University's Office of Admissions, and in collaboration with the Cora P. Maloney College, to tailor undergraduate recruitment efforts that will attract a diverse student body.

Evaluation and Refinement of Recruitment Efforts

The results of recruitment efforts are reflected in quantitative demographic profiles such as those in Table 4.5.c. Systematic analysis of such data will be done annually, a process which we are just now beginning. We will refine recruitment efforts and establish new recruitment plans through a process that includes discussions by the Strategic Plan Evaluation Committee, and the Executive and Planning Committee.

Thus far, our recruitment efforts relating to diversity have focused on racial and ethnic minorities, but given the nature and values of our School, we are also interested in more broadly defining diversity to include students with disabilities.

4.5.c Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format.

Table 4.5.c shows demographic characteristics of male (M) and female (F) students in select racial/ethnic groups across the past three academic years. Women represented 59%, 51% and 52% of total new enrollment in 2005, 2006, and 2007, respectively. Acceptance rates among White students increased from 54% to 68% and 74% in 2005, 2006, and 2007. Acceptance rates among African American students were lower, but also increased from across the three years: from 30%, to 38%, to 69%. The total number of under-represented minority (African American, Hispanic and Native American combined) students enrolled decreased from 34 in 2005, to 29 in 2006, to 20 in 2007, although the rate of acceptances were increasing from 33%, to 43%, and to 64% across those three years. Interpretation of data is difficult, particularly where the number of students in particular groups in single years is small. However, it is clear that our success in enrolling underrepresented minority students needs improvement. We are working to intensify our recruitment efforts and seek funding as a possible way to attract highly qualified students who add to the diversity of our student body.

Table 4.5.c Demographic Characteristics of the Student Body, Including Data on Applicants and Admissions for each of the Last 3 Years

		2006 - 2007		2007 - 2008		2008 - 2009	
		M	F	M	F	M	F
Black	Applied	31	29	24	21	19	22
	Accepted	13	10	15	16	14	16
	Enrolled	13	9	7	8	10	12
White	Applied	191	239	194	287	188	224
	Accepted	120	171	141	217	107	120
	Enrolled	101	114	113	124	100	112
Hispanic/Latino	Applied	5	6	11	16	12	10
	Accepted	4	3	6	9	8	9
	Enrolled	3	3	2	1	5	4
Asian/Pacific Islander	Applied	31	49	41	51	51	49
	Accepted	17	21	33	53	28	24
	Enrolled	11	9	12	13	23	19
Native American	Applied	1	0	1	1	0	0
	Accepted	1	0	1	1	0	0
	Enrolled	1	0	1	1	0	0
Unknown/Other	Applied	31	30	39	52	69	50
	Accepted	22	27	34	47	8	10
	Enrolled	13	16	10	16	7	4
International	Applied	30	26	44	32	45	39
	Accepted	12	9	15	15	26	21
	Enrolled	9	5	8	5	17	10
TOTAL	Applied	320	379	354	460	384	394
	Accepted	189	241	245	358	191	200
	Enrolled	151	156	153	168	162	161

4.5.d Identification of measures by which the school may evaluate its success in achieving a demographically diverse student body, along with data regarding the school’s performance against these measures for each of the last three years.

Table 4.5.d shows the primary outcome measures we selected to monitor diversity of the School’s student body – these are a subset of Objective E3 in the SPHHP Strategic Plan, i.e, “Recruit a diverse and well-qualified student body.” Percent of students who are Black, Hispanic or Native Americans is only about half the value (14.6%) for those collective groups in the eight-county Western New York region. It is expected that enhanced recruitment that specifically targets minority groups, coupled with accreditation as a School will enable us to achieve the 5-year target. Women are well represented among our students – we hope to maintain the current percentage. We believe that students earning multi-award degrees (where one degree is the MPH) bring a certain diversity of thought and perspective to our classes. The School hopes to maintain 15% in this category as the number of singular MPH students increases. We also believe that students from other states and countries add diversity of thought and perspective. Thus, the School aspires to increase this percentage, but anticipate that tuition increases for those groups may impede progress in that area.

Table 4.5.d Outcome Measures for Recruiting a Diverse Student Body

	2006	2007	2008	5yr target
<ul style="list-style-type: none"> • % of undergraduate and graduate students who are members of underrepresented groups (e.g., African-American; Hispanic, Native Americans) 	7.4	7.8	7.6	9
<ul style="list-style-type: none"> • % of undergraduate and graduate students who are women 	61.7	60.6	60.3	61
<ul style="list-style-type: none"> • % of students who earn multi-award degrees (where one degree is the MPH) 	26	10	20	15
<ul style="list-style-type: none"> • % of students from other countries, other states 	n/a	5.5, 3.8	6.6, 3.1	7, 5

4.5.e Assessment of the extent to which this criterion is met.

This criterion is partially met.

Strengths

Admissions procedures are equitably applied.

Diversity is valued and is included within the School's Strategic Plan.

UB has offices that can provide guidance relating to establishing and maintaining a positive environment for diversity and equity.

The School has begun work to increase diversity and has identified some potential resources for the identification of students from a variety of backgrounds with interests in our programs.

Weaknesses

The School's recruitment program, including the targeting of minorities, is relatively new and needs further development and enhancement.

Plans

During Spring and Summer 2009, discuss recruitment strategies and processes with local experts and community contacts, such as: the UB Office of Equity, Diversity, and Affirmative Action Administration, the UB Intercultural & Diversity Center, the Erie-Niagara Area Health Education Center, and the Western NY Rural Area Health Education Center.

Revise recruitment strategies through a process informed by the discussions noted above, and which includes further discussions within the SPHHP Office for Academic and Student Affairs and the SPHHP Executive and Planning Committee. Revised recruitment strategies will be established in Spring and Summer 2009, and will delineate processes for: 1) coordinating all recruitment activities within SPHHP; 2) increasing the total number of recruitment events, including events that target underrepresented groups; 3) effective follow-up and tracking of prospective students; and 4) enhancing the quality and currency of recruitment materials and related web pages.

Begin to implement revised recruitment strategies and processes starting in Fall 2009.

Criterion 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.

4.6.a Description of the advising and career counseling services, including sample orientation materials such as student handbooks.

Graduate Advisement

Advising and career counseling occurs at the University, School, and program levels. At the University level, the Graduate School and the Office of International Admissions offers an orientation session for all new graduate students prior to the beginning of Fall and Spring semesters. At the School and program levels all new graduate students are required to attend a half-day program orientation which includes a Dean's Welcome, which highlights the School's research, education, and service missions. Students are informed of these orientation sessions via their acceptance letters.

Biostatistics. To help students successfully complete their intended degrees, each student is assigned an academic advisor. Students are encouraged to meet with their advisors prior to each semester to review progress toward completion of degree requirements. The Director of Graduate Studies also evaluates each student's progress and contacts those who may need additional advice or assistance.

Exercise and Nutrition Science. The Department of Exercise and Nutrition Sciences offers a graduate orientation prior to the beginning of the semester for both domestic and international students. The students then meet the Director of the Graduate program to discuss and select courses. Students are encouraged to identify a mentor who will become their faculty advisor. Student's files are regularly reviewed for the following information to check on progress: (1) maintaining a 3.0 or better GPA, (2) no B- or less in any course, (3) time spent in the program. If students are found deficient in any of these categories, they are sent a probation letter and must meet with the Program Director

Health Behavior. Incoming students attend the Department, SPHHP, and Graduate School orientation sessions held prior to the start of classes in the Fall semester. All students are assigned an academic advisor to assist in planning a program to meet their educational goals and to answer questions relating to graduate studies and career planning. The academic advisor assists the MPH student throughout the program and either the advisor or another faculty member assists the student with field training and the integrative project. In addition to having a primary research/academic advisor throughout the program, each PhD student must also establish an individualized Doctoral Supervisory Committee by the end of his/her third semester of study. Progress of each student is reviewed each semester and feedback is provided; if necessary, appropriate action is taken (e.g., when a student needs to be placed on academic probation). Administrative questions are answered by the Graduate Program Coordinator.

Rehabilitation Science

DPT. Incoming DPT students attend a week long colloquium prior to beginning classes in the Fall semester. This colloquium is designed to smooth the transition from undergraduate study to professional preparation. DPT faculty meet regularly, and discuss student performance. The

Program Director or designated faculty follow up with any students whose academic or clinical performance seems problematic.

Occupational Therapy. In the Post-Professional MS program, there is an orientation session scheduled the week before classes begin. Students are assigned faculty advisors based on their areas of interest.

Social and Preventive Medicine. All new incoming students attend the department, SPHHP, and Graduate School orientations held prior to the start of the Fall semester. Department and School orientations are held in the morning, the Graduate School follows in the afternoon. All students are assigned an academic advisor to assist in planning a program to meet their educational goals and to answer questions relating to graduate studies and career planning and to review progress. The academic advisor assists MS and PhD students until all course work is completed, at which time the student chooses a major professor to chair his/her MS thesis committee and PhD dissertation committee. The academic advisor assists the MPH student throughout their program and either the academic advisor or another faculty person assists the student with their field training and integrative project. Administrative questions are fielded by the Graduate Program Coordinator.

Undergraduate Advisement

The Office of the Associate Dean for Academic and Student Affairs (OASA) is the SPHHP undergraduate advisement unit for freshmen and sophomores. Advisement services are provided to undergraduate students pursuing academic programs offered in the SPHHP. This includes advising undergraduate students who are preparing for admission into SPHHP's graduate/professional programs. Basic information on the School's graduate and professional programs is provided with reference to specific contact persons in those programs for individualized advisement.

Undergraduate occupational therapy and exercise science transfer students attend a University sponsored orientation day during which they meet with program advisors. This allows course plan development and one-on-one information sharing and enables students to ask questions specific to their situation and level in the program. Students accepted into the professional/graduate part of the BS/MS program in OT are assigned program advisors. Students accepted into the BS/MS programs in ENS are also assigned program advisors.

Career Counseling

University level: All SPHHP students and alumni have access to a comprehensive range of career counseling and job seeking services through the University-wide Career Services center www.ub-careers.buffalo.edu (samples of materials will be available in the Resource File). The Career Services office has a specific counselor designated to address the needs of students in health-related majors. Specific programming is designed to meet the needs of this population, including an annual Health Related Job Fair attracting approximately 45 employers and 600 students. In addition, specialized workshops on a variety of subjects including resume and cover letter writing, interviewing, job searching, networking, and the graduate school application process were presented to more than 600 SPHHP students from August 2007 – February 2008. From 7/1/08 to 3/11/09, Senior Career Officer, Lauren Johnson, logged about 840 student contacts (about 100 of which were graduate student contacts).

Career Services provided to SPHHP graduate students include:

- Individualized career and job search counseling
- Self-assessment tools to help students understand and explore work environments and occupational interests
- Meet-a-Mentor program- access to alumni from a variety of career fields
- Vacancy listings and specialized job/internship search sites for public health majors
- Campus-wide job fairs
- Practice interviews
- Resume referral
- Optimal Resume[®] -resume development tool
- CareerSearch[®] (powerful Internet based employer database)
- Workshops in all aspects of the career development process
- Reference files for letters of recommendation
- Graduate and professional school counseling for students who want to continue their education, including review of personal statements
- Quick Question hours on a daily basis
- Brent D. Arcangel Career Resource Library
- Comprehensive website with calendar of events, articles, online links, streaming videos, etc.

SPHHP Level: The School has made a deliberate effort to enhance and facilitate accessible comprehensive career services for its students. In addition to the resources on UB's North Campus, starting in Fall 2007, the School designated space for career counseling on UB South Campus where the vast majority of SPHHP students attend classes. SPHHP also outfitted the career counseling space with a video camera to enable recording of practice interviews. (Because of space constraints, the space made available is shared with a part-time faculty member whose schedule allows private use of the office during career counseling hours.)

A Career Services counselor participates in the MPH Welcome Luncheon and targeted workshops have been developed and presented to MPH students, including *Resume Writing for Public Health Students* and *The Art of Interviewing*. These efforts are the beginning of a focused effort by the School to increase the visibility and availability of career-related services for its students.

Career Services Enhancement: The School has a strong commitment to enhancing specific services available to students and alumni. Set priorities among, and begin to implement the following starting in Spring 2009:

- Dedicate space with appropriate resources specifically for Career Services
- Identify space for employer visits and recruitment efforts
- Enhance mentoring program for SPHHP alumni
- Arrange site visits sponsored by local public health employers/graduates
- Hold annual career panel of public health alumni/area employers
- Highlight public health career services on SPHHP web page and show link to University wide services
- Hold a Career Development Day for public health students
- Establish collaborative relationships (with faculty, student groups, and administration) that support career development efforts

- Collaborate with the Office of Public Health Practice to enhance relationships with the community/employers
- Implement specialized programming with employers (e.g., lunches, mini-job fairs)

In addition, more informal career counseling is a part of the mentoring of students. Among graduate students, discussions with departmental and visiting faculty provide opportunities for understanding career options. Seminars are provided that highlight activities of individuals working in relevant fields. In SPM, students initiated “fireside chats”, an opportunity for students to meet with one or two faculty in a relaxed atmosphere, generally in the home of the faculty member. These are held once or twice a semester and allow students to discuss with each other and with the faculty member issues related to coursework and career plans.

4.6.b Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.

Procedures for grievances are readily available to students, and administrators refer students to them as appropriate. For additional information, see Criterion 1.4.e

Undergraduate Grievance Procedure

The University catalog explicates the grievance/complaint procedure (see Appendix 1.4.e-1) for undergraduate students at <http://undergrad-catalog.buffalo.edu/policies/conduct/grievance.shtml>

Graduate Grievance Procedure

The University’s grievance policy and procedure for graduate students is described in Appendix 1.4.e-2 and online at: <http://www.grad.buffalo.edu/policies/grievancepro.php>

The following table shows the numbers of written complaints/grievances that progressed to the SPHHP Dean’s office over the past three years. Nearly all grievances are resolved at the program or department level. The eight appeals that came to the Dean’s office from the Department of Exercise and Nutrition Sciences in Spring 2007 were resolved in favor of students who had been denied promotion to the junior level. Procedures and advisement were clarified to avoid a similar occurrence in 2008-09.

Table 4.6.b Written Complaints/Grievances over the Past Three Years

Graduate Programs	2005 - 2006	2006 - 2007	2007- 2008	2008 - 2009 ¹	Category of complaint
Biostatistics	0	0	0	0	
DPT	1	2	0	0	2006 – Dismissal appeal; 2007 – Probation appeal and appeal of not being accepted into the DPT program
ENS	0	1	0	0	2007 – Probation appeal
Health Behavior	0	0	0	0	
Occupational Therapy	0	1	2	0	2007 & 2008 –Dismissal appeals
SPM	0	0	0	0	
ENS	3	2	8	0	Course related -grade appeal; Dismissal appeals (to gain re-admission to the program); Promotion of Professional Sequence decision appeals
Occupational Therapy	0	0	0	0	

¹As of March 13th 2009

In addition to these formal routes for communication of grievances, students are able to express concerns to faculty and administrators informally through course evaluations, contact in the classroom, and during office hours. Students also have opportunities to discuss academic issues and concerns within the newly established Student Leadership Forum. Students are informed of the School' administrative hierarchy during orientation sessions, and seem quite willing to discuss concerns with the appropriate faculty and program directors.

In SPM, graduate students meet each semester with the Department Chair, graduate director, and education committee chair to discuss what is going well and what could be improved in the program. Topics which have been discussed include questions about the School, for example, about the progress of the accreditation, courses that can be improved, and suggestions for seminar topics. The MPH director and other representatives from the Dean's Office may attend these meetings both to answer questions and to obtain information regarding student concerns.

4.6.c Information about student satisfaction with advising and career counseling services.

The Office of Academic and Student Affairs is in the process of implementing a systematic method for assessing student satisfaction with advisement and career counseling services. Over the past three years, the Associate Dean for Academic and Student Affairs has heard numerous compliments, but only one complaint relating to advisement services. This suggests these services are valued by students.

4.6.d Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

SPHHP's Office of Academic and Student Affairs (OASA) is staffed by two professional advisors and an administrative assistant dedicated to student services.

OASA advisement offices are highly accessible and visible on the first floor of Kimball Tower, the same building that houses the SPHHP Dean's office and several departments.

SPHHP has a close working relationship with the UB Career Services unit.

Most advisement is done at the program level, where faculty and program directors are actively engaged in student advisement.

Policies and procedures for student grievances are well articulated, long-established, and similar for undergraduate and graduate students.

Weaknesses

Systematic methods for obtaining student feedback on advisement and career counseling services need to be established.

Plans

In 2009-10, implement improved methods for obtaining student feedback on advisement and career counseling services.

Implement the enhancement of career counseling services by setting priorities for the items listed in Criterion 4.6.a (e.g., identify space for employer visits and recruitment effort, enhance mentoring program for SPHHP alumni).