Council on Education for Public Health Adopted on June 24, 2017

REVIEW FOR ACCREDITATION

OF THE

OREGON HEALTH AND SCIENCE UNIVERSITY – PORTLAND STATE UNIVERSITY SCHOOL OF PUBLIC HEALTH

JOINTLY SPONSORED BY

OREGON HEALTH AND SCIENCE UNIVERSITY (OHSU)
PORTLAND STATE UNIVERSITY (PSU)

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES: September 28-30, 2016

SITE VISIT TEAM:

Kim Thorburn, MD, MPH, Chair

Laura Linnan, ScD

SITE VISIT COORDINATOR:
Michelle Bell, EdD
OBSERVER:
Yessenia Castillo, MPH

Table of Contents

Introduction	
Characteristics of a School of Public Health	3
1.0 THE SCHOOL OF PUBLIC HEALTH.	4
1.1 Mission.	4
1.2 Evaluation and Planning	5
1.3 Institutional Environment	5
1.4 Organization and Administration	6
1.5 Governance	8
1.6 Fiscal Resources.	11
1.7 Faculty and Other Resources	13
1.8 Diversity.	15
2.0 INSTRUCTIONAL PROGRAMS.	17
2.1 Degree Offerings.	17
2.2 Program Length	18
2.3 Public Health Core Knowledge	19
2.4 Practical Skills	19
2.5 Culminating Experience	21
2.6 Required Competencies	22
2.7 Assessment Procedures.	23
2.8 Other Graduate Professional Degrees.	26
2.9 Bachelor's Degrees in Public Health	
2.10 Other Bachelor's Degrees.	28
2.11 Academic Degrees	28
2.12 Doctoral Degrees	29
2.13 Joint Degrees	29
2.14 Distance Education or Executive Degree Programs	30
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE	32
3.1 Research.	32
3.2 Service	33
3.3 Workforce Development	34
4.0 FACULTY, STAFF AND STUDENTS.	35
4.1 Faculty Qualifications	35
4.2 Faculty Policies and Procedures	36
4.3 Student Recruitment and Admissions	38
4.4 Advising and Career Counseling	39
Agenda	42

Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the School of Public Health at Oregon Health and Science University-Portland State University. The report assesses the school's compliance with the *Accreditation Criteria for Schools of Public Health, amended June 2011*. This accreditation review included the conduct of a self-study process by school constituents, the preparation of a document describing the school and its features in relation to the criteria for accreditation and a visit in September 2016 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the Oregon Health and Science University-Portland State University School of Public Health and verify the self-study document.

Portland State University (PSU) was founded in 1946 and is Oregon's only urban public research university and one of 35 in the nation. The university had research support of \$64.6 million in FY 2015. The university enrolls over 29,000 students each year, comprising 80% undergraduate and 18% graduate students. The university offers 124 different programs in undergraduate and graduate education.

Oregon Health and Science University (OHSU) was founded in 1887. OHSU is Oregon's only academic health center and one of 125 in the nation. The university enrolls approximately 2,900 students each year, comprising 28% undergraduate, 33% graduate and 30% professional students. OHSU offers programs in medicine, dentistry, nursing, physician assistant and public health as well as graduate programs in biomedical sciences. The university includes two hospitals, health clinics and numerous research centers and institutes. OHSU is a center for research with more than 1,000 principal investigators working on more than 3,000 research projects for research support of \$376 million in FY 2015. Over one-third of the total grant support is for clinical research.

The collaborating universities have 51 programs accredited by specialized agencies. The Northwest Commission on Colleges and Universities accredits both universities. PSU and OHSU were last accredited for seven years in fall 2015.

In 1994, the Oregon State Board of Higher Education approved the Oregon Master's in Public Health (OMPH) Program. The program was then offered through Oregon State University (OSU), OHSU and PSU. OHSU and PSU are located in close proximity in Portland, and OSU is located in Corvallis, Oregon. In 2009, OSU announced its pursuit to be an independent school of public health. In 2010, the presidents of OHSU and PSU formed a strategic Partnership Task Force, including public health faculty from the OMPH program, that would make recommendations for a collaborative school of public health in Portland

and a separate school at OSU. The task force published the OHSU/PSU Strategic Partnership Task Force report, and as a result, the OHSU-PSU Steering Committee of the School of Public Health Initiative was appointed in 2011.

After developing the school's education portfolio, both university presidents and provosts established an "equity model." The model established one dean for the school who would report to both provosts, one primary faculty with appointments in the SPH and one unified student body. PSU and OHSU together established the Office of the Dean. In 2014, an interim dean was appointed to oversee the SPH Action Plan, and in 2016, the university appointed a founding dean.

The school offers 16 degree programs, including the MPH in six areas, BA/BS in four public health concentrations, a non-public health undergraduate degree, two academic master's degrees and three academic doctoral degrees. As of 2015-16, over 1,400 students were enrolled in the school's graduate programs. The school is organized around programs of study, rather than departments, with the intent to avoid silos. The school has more than \$12 million in research funding, which comprises 38% of its budget.

CEPH first accredited the OMPH program in 1996. Its last review in 2014 resulted in a seven-year accreditation term. The program documented compliance with fiscal resources and the practice experience through interim reporting. This is OHSU-PSU's first review for accreditation in the school of public health category.

Characteristics of a School of Public Health

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

- a. The school shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.
- b. The school and its faculty shall have the same rights, privileges and status as other professional schools that are components of its parent institution.
- c. The school shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the school of public health should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.
- d. The school of public health shall maintain an organizational culture that embraces the vision, goals and values common to public health. The school shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the school's activities.
- e. The school shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the school shall offer the Master of Public Health (MPH) degree in each of the five areas of knowledge basic to public health and a doctoral degree in at least three of the five specified areas of public health knowledge.
- f. The school shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the OHSU-PSU SPH. The Northwest Commission on Colleges and Universities accredits both universities. Reporting directly to the OHSU and PSU provosts, the dean has the same rights, privileges and status as other deans at both universities. Faculty also have the same rights, privileges and status as those faculty in other OHSU and PSU professional preparation programs.

The school has ample human, physical, financial and learning resources, though, like nearly all institutions of higher learning, is dealing with financial challenges in available research funding and state support. The school offers professional degrees in the five core areas of public health and doctoral degrees in three. The school encourages interdisciplinary work across the universities through its programs and centers. The school's environment encourages the embodiment of its articulated values.

1.0 THE SCHOOL OF PUBLIC HEALTH.

1.1 Mission.

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

This criterion is met with commentary. The school has a clearly formulated mission with supporting goals, objectives and values. The school's mission is as follows:

The mission of the School of Public Health is to prepare a public health workforce, create new knowledge, address social determinants, and lead in the implementation of new approaches and policies to improve the health of populations.

The school has three value statements in the areas of education, science and responsibility. According to the self-study, the school identified four goals to advance its mission: one for education and instruction, two for research and service and one for health equity and community engagement. Each goal is accompanied by specific and measurable objectives with multiple indicators. The mission, values and goals are available on the school's website.

The development of the mission, goals and objectives paralleled the development of the school, which began after a 2011 strategic partnership report between the two universities. Two faculty retreats followed and in 2012, a steering committee of stakeholders from OHSU and PSU was formed to plan and initiate the collaborative school. The mission and three goals related to forming a school of public health were adopted by the school's Steering Committee in February 2013. After an interim dean was appointed in May 2014, the Steering Committee was disbanded, and the original goals were revised and 10 measurable objectives, each with multiple indicators, were developed. While the university and school leadership completed the principal work of the mission development, input from faculty, students and external stakeholders was periodically sought throughout the process.

The commentary relates to the inconsistent presentation of the goals. The mission and goals are displayed on the school's website; however, the listed goals are those adopted by the Steering Committee rather than those in the self-study that were revised by the interim dean and the school's leadership team.

1.2 Evaluation and Planning.

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

This criterion is met. The school uses a continuous quality improvement model to measure progress toward its mission, goals and objectives. The dean's leadership team has oversight of the evaluation process. Monitoring of activities and outcomes of the school's 10 objectives is assigned to relevant governing committees that recommend actions to improve results. Measurement data are drawn from both universities and the school's data systems as well as specific, regularly scheduled surveys by the school. Assigned committees or persons review assessments and evaluations at least once per year. Most of the 24 indicators that were selected to measure progress toward the school's goals have three years of data, and the majority of indicators are reaching their target.

The self-study was developed in parallel with the creation of the school. CEPH criteria guided the school's planning document created by the school's Steering Committee. Once the interim dean was appointed, the Steering Committee was disbanded and the school's leadership team members took responsibility for writing sections of the document pertaining to their portfolios. An assistant dean for accreditation was responsible for reviewing, editing and assembling the self-study document. The interim dean and assistant dean for accreditation briefed other stakeholders, including standing committee members, students and External Advisory Committee members. The site visit team confirmed that there were opportunities for stakeholder input. Several members of the faculty and the Academic Policy and Curriculum Committee provided feedback and written comments regarding the self-study at critical junctures in its development.

1.3 Institutional Environment.

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

This criterion is met. PSU and OHSU are both accredited by the Northwest Commission on Colleges and Universities. OHSU currently enrolls approximately 2,900 students in five professional degrees and one graduate degree in biomedical sciences. The university is Oregon's only academic health center and a center for research with more than 1,000 principal investigators working on more than 3,000 research projects. PSU also is considered a center for research. The university enrolls over 29,000 students; 80% are undergraduate and 18% are graduate students. Both universities were last accredited in fall 2015 for seven years. Combined, the universities have 51 programs accredited by specialized agencies. Within the SPH, the Commission on Accreditation of Health Management Education (CAHME) accredits the MPH in health management and policy and the Accrediting Council on Graduate Medical Education (ACGME) accredits the preventive medicine residency program for residents completing the MPH. OHSU

is designated as the lead institution and is the organizational home for the SPH dean though he has offices on each campus.

The SPH is unique within the contexts of both universities because the dean reports to both provosts. The dean also chairs the school's Executive Leadership Council (an inter-institutional advisory group) and was one member of the OHSU-PSU SPH Steering Committee. The founding dean of the school arrived on September 16, 2016. An interim dean served as leader of the school until the search for a permanent dean was successfully completed.

The school has the same autonomy as other schools within both universities. The dean has authority over the school's joint funds and institution-specific budgetary processes with oversight from the respective university for the funds each contributes to the Office of the Dean. The dean also has oversight of the collaborative MPH program budget to which both universities contribute. The dean operationally manages academic standards as well as representing and maintaining the academic standards of both universities. In addition, the dean oversees personnel recruitment, selection and advancement. Beginning in July 2016, all faculty, staff and academic program coordinators/directors report to the dean indirectly through the associate deans assigned at each partner institution. Faculty have a home institution at either OHSU or PSU and are administered through the respective university. Faculty from PSU continue to be subject to its collective bargaining agreement.

OHSU and PSU are both located in downtown Portland approximately one mile apart with shuttles to connect the campuses. The formal agreement between the two universities became effective on July 29, 2014 and serves until June 30, 2018. It addresses academic affairs, student affairs and services, governance and finances as well as accreditations. There is an additional agreement between the universities regarding research and sponsored projects that became effective in 2015. Faculty and students expressed to site visitors that the collaboration between the universities had existed for years, and they were looking forward to having more collaborative projects and programs in the future. Leadership from both universities confirmed their financial support of the school until it can be self-supported.

1.4 Organization and Administration.

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

This criterion is met. The organizational setting of the school is conducive to public health learning, research and service. The dean assumes overall fiduciary responsibility for the school and ensures the success of all aspects of the school such as the mission, administration and implementation. The dean appoints the associate deans for research, practice, academic affairs and undergraduate studies as well

as the assistant dean for accreditation. The dean also appoints program coordinators/directors. At the graduate level, the associate dean for academic affairs has responsibility for program coordinators/directors, and at the undergraduate level, this responsibility falls to the associate dean for undergraduate studies. A program coordinator provides administrative and programming support for the MPH program, including centralized admissions and recruitment processes, registration and marketing. Although the Faculty Council is not currently active, the leadership team explained to site visitors that the school has quarterly all-faculty meetings in place until the council is formed, which will continue until the school bylaws have received final faculty approval. Faculty confirmed that regular communications are in place between administration and faculty members.

The standing committee structure provides opportunities for coordination, cooperation and collaboration. One example of coordination involves the epidemiology program, which is located at OHSU but several PSU faculty participate in the program. Together, they coordinate core epidemiology courses offered at both institutions for consistent delivery of competencies. Another example is a new National Institutes of Health (NIH) training grant BUILD EXITO that provides interdisciplinary training programs for diverse students that benefits both OHSU and PSU students.

The new collaborative school is facilitating interdisciplinary communication, cooperation and collaboration that will help achieve the school's public health mission, and the organizational structure effectively supports the work of all school constituents. Efforts to stimulate research collaborations began with a SPH research retreat in October 2015. During the retreat, faculty identified several areas of current expertise where they could collaborate, including global health, rural health, urban health, biostatistics, life course development, social determinants of health, cancer prevention, native health pacific northwest and many other areas. The SPH faculty will meet at least once per year to continue interdisciplinary exploration. The dean and university leadership explained to site visitors that he is using his start-up funds to institute a pilot program that brings investigators from OHSU and PSU together on small collaborative research projects that are expected to lead to NIH funding opportunities. Several examples of cross-institutional workgroups (eg, social determinants of health initiative and the Center for Public Health Studies) were provided as illustrations of the synergy anticipated in future collaborations between faculty at OHSU and PSU.

The three institutions that comprised the OMPH program had a productive relationship over the program's 20-year history. The OMPH program provided a strong foundation from which to build a collaborative SPH after OSU made the decision to become an independent school of public health. After the OSU decision, leadership from OHSU and PSU committed to establishing a separate and collaborative school and began that process. The school recently hired a founding dean and put administration and faculty into place to support the school. The leadership team representing the two institutions met twice per month for

two years to develop the strategic plan for the collaborative school. The new dean and associated officerelated costs have been shared equally between the two universities.

For service, several new initiatives are underway to engage with external partners. A new sponsored bike event and several "meet and greet" opportunities with the new dean are planned to introduce him to community partners. Community partners informed site visitors that the dean had already contacted them individually to introduce himself and express his gratitude for their service to the school. University leadership expressed enthusiasm and support for the new school and administration as an organizational structure.

1.5 Governance.

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

This criterion is met. OHSU is serving as the lead institution of the collaborative school and assumes financial responsibility to maintain the school. Both universities will confer public health degrees, and diplomas will include both university logos. Academic programs operate under a memorandum of understanding (MOU) designating schoolwide administration and program management. Faculty have formal opportunities for input in decisions affecting all aspects of the school and input into the undergraduate school through standing committees.

The dean and faculty set the charge for the school's standing committees with the overall philosophy of a shared governance structure with administrators, faculty and students who are involved in planning and execution. The school's bylaws will govern this process once approved. The school leadership confirmed the self-study statements that the bylaws review process, transitioning to a school and appointing faculty from different institutions, one with a collective bargaining agreement, is complex and has taken longer than anticipated. As a result, the bylaws, which are expected to clearly define rights and responsibilities concerning school governance and academic policies, were not in place at the time of the site visit. In the interim, faculty continue to respond to the bylaws of their respective university and the MOU. Faculty and students from both institutions confirmed that they were involved in establishing the draft of the proposed school bylaws.

At the time of the site visit, the reviewers noted that the school lacked approval of school bylaws and several important governance structures called for in the bylaws. Following the site visit, the bylaws and associated changes were approved and implemented in February of 2017.

In the draft bylaws, current and future faculty members of the school retain their appointments within their employer university. Initial appointments do not change at the university level but will come under the

supervision of the SPH. All new faculty will be hired within one of the universities. Promotion and tenure for faculty will continue to be handled within their home institution with input from the SPH dean.

All SPH faculty, regardless of home institution, began reporting to the OHSU-PSU SPH dean through their relevant associate dean on July 1, 2016. The only exemption is that administrators and staff who have cross-institutional responsibilities are fully employed at one institution and granted an official 0.0 FTE position within the other to produce maximum access with regard to HR functions, aspects of student management, education data, research and fiscal administration. Once the bylaws are approved, the school expects to publish a comprehensive faculty handbook that draws from harmonized elements of each university's faculty rules and regulations and provide more details for school faculty.

Though the proposed OHSU-PSU Faculty Council is not yet operational, quarterly all-faculty meetings are substituting for this function until the bylaws are passed. The school plans to have the faculty ratify the school's bylaws in AY 2016-17 and to implement the school's Faculty Council in early 2017.

The dean appoints faculty to standing and ad hoc committees with staggered terms. The list of school-level standing committees includes the following:

Academic Policy and Curriculum Committee – advises the dean on matters pertaining to education of graduate and undergraduate students; reviews academic policies and quality standards; reviews student conduct policies and procedures; approves students' courses and curriculum petitions; and contributes to the accreditation documentation. This committee meets monthly, and members include the coordinator/director from each program, a faculty member from each track, a student representative appointed by the Student Leadership Council and associate and assistant deans in an *ex officio* capacity.

Executive Leadership Council – advises the dean on programs, proposals, standards and opportunities for the school. Members include the dean, PSU and OHSU provosts, SPH associate and assistant deans, chair of the Faculty Council (when instituted), the proposed associate dean for finance and current or historical heads of academic units of the prior OMPH program.

Faculty Council (when instituted) – provides faculty governance and advice to the dean on administrative and operational policies directly concerned with education. Members are faculty elected from each of the graduate and undergraduate programs with the dean's approval.

Student Leadership Council (SLC) – represents and provides recommendations and input on the school's degree programs, communicates the needs and interests of the students to the dean and acts as a resource to fellow students. Members include students from each degree program.

Diversity Committee – serves as a faculty, staff and student voice for issues of advancing diversity within the school; reviews and monitors diversity objectives and indicators; liaison with the dean and the OHSU and PSU diversity offices; advises on strategies for support, guidance and recommendation on recruitment of under-represented populations; advises on strategies for a respectful, safe and inclusive campus; and supports the development of cultural competency throughout the curriculum. The assistant dean for accreditation serves as *ex officio* with members from all different sectors of the school community and student representation.

Promotion and Tenure Committee – coordinates the institutional reviews of faculty for promotion. Members include faculty with school academic appointments holding the rank of associate or full professor and are from, and appointed by, one of the two participating universities.

Bylaws Committee – advises the dean on bylaws by reviewing these on a regular basis. Members are any school faculty member with a PhD, DrPH, MD, MPH or equivalent degree who demonstrates evidence of scholarly activity and is a regular member of an approved SPH degree program.

Research Committee – promotes collaborative research among faculty. The committee plans and facilitates workshops on research and utilization of research retreats; distributes notices of funding opportunities; resolves issues related to subcontracts; provides research consultation; updates the directory of faculty with a research focus; and develops research policies and procedures. Committee members are faculty that have an administrative position or role within one of the universities and one student representative.

Recruitment and Admissions Committee (when instituted) – responsible for the admissions process and for setting policies including standards for admission, which are revisited every three years. Members include representatives from each program-specific Admissions Committee, a member of the Diversity Committee and the education program administrators.

Field Experience Committee – provides oversight of the field experience program, ensures compliance with program policies and accreditation criteria and provides annual field experience status to the Academic Policy and Curriculum Committee and the dean. Members include all field experience coordinators in the MPH tracks, the overall field experience coordinator, one student appointed by the Student Leadership Council and the associate dean for practice.

External Advisory Council – brings diverse perspectives, expertise and advice on strategic directions critical to the success of the school including new programs and key initiatives and increases the school's resources. The dean nominates and appoints the members and has oversight of the council.

The review processes at both institutions for new program approval require that proposals for new graduate programs undergo a quality review by an external faculty group; PSU has two additional review steps required by the state of Oregon.

The SPH primary faculty members have ample opportunity to participate in decision making at PSU and OHSU. Twenty-nine of 76 primary faculty hold membership on university-level committees, including Faculty Senates, the PSU Collective Bargaining Team and the OHSU Committee on Academic Policy.

The new OHSU-PSU Public Health Student Representative Handbook provides detailed descriptions of student roles in governance, evaluation and student-led groups. The Student Leadership Council developed operational guidelines for its membership and functions. Student representatives are on the Academic Policy and Curriculum Committee, Diversity Committee and the ad hoc Values WorkGroup. The Student Leadership Council meets monthly during the academic year. In addition, students lead a Public Health Seminar Series on Fridays. Students said that they are involved in the governance of the new school and commented that they had a voice in the school and felt supported in the absence of a school-specific organization. The only active ad hoc committee is the Values Work Group, which developed the core values statement for the new school.

1.6 Fiscal Resources.

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

This criterion is met. The school has adequate financial resources, as demonstrated in Table 1, to fulfill its stated mission and goals and its instruction, research and service objectives. The school's revenue includes tuition and fees; sponsored research and the associated indirect cost recovery (IDC); legislative appropriations; PSU- and OHSU-appropriated funds and additional university funds as related to strategic priorities; endowment payouts; expendable gifts; and sales and services.

Each university's financial contributions are one of the school's primary sources of funding and, according to PSU and OHSU leadership, is shared equally. Tuition, sponsored revenues and other sources of revenue are based on which university campus an activity takes place and are governed by that university's financial policies and priorities such as revenue targets and the expense budgets for PSU and OHSU related to the school. State appropriations are reserved for undergraduate programs and based on enrollment projections and discipline-based costs. The research direct costs of a faculty member with a primary SPH appointment, and the corresponding IDC, is returned to the school, which is reflective of the related university's IDC return policy. Grants, contracts and IDC vary by university, and the school works closely with the OHSU Office of Proposal and Award Management and PSU Departmental Research Administration and Central Sponsored Project Administration for compliance and establishing cost

principles. OHSU has a robust research enterprise with an on-campus IDC of 54% while PSU's is 48.5%. The off-campus rate for both is 26%, and the rates for other sponsored projects at OHSU is 32% and PSU is 33.5%. OHSU distributes 100% of IDC back to the school for related faculty research and then charges the SPH for services. PSU uses a formula that includes costs for central research administration, college research support, general research administration, the PI incentive program and research lab renovations.

Table 1. Sources of Funds and Expenditures by Major Category 2014 to 2016			
	FY 2014	FY 2015	FY 2016
Source of Funds			
Tuition & Fees	\$6,966,149	\$6,921,700	\$6,099,121
Grants & Contracts	\$6,176,716	\$7,609,836	\$8,013,626
Indirect Cost Recovery	\$693,998	\$1,128,133	\$1,446,870
State Appropriation	\$2,257,110	\$2,324,823	\$2,558,521
University Funds	\$1,171,951	\$2,202,351	\$2,860,382
Expendable Gifts	\$56,207	\$58,553	\$79,777
Sales & Services	\$10,250	\$3,804	\$411,967
Total Revenue	\$17,332,381	\$20,249,200	\$21,470,264
Expenditures			
Faculty Salaries & Benefits	\$4,015,664	\$4,597,816	\$5,027,517
Staff Salaries & Benefits	\$1,148,206	\$1,329,429	\$2,118,828
Student Support	\$28,168	\$138,502	\$317,305
Operations, Maintenance,	\$295,677	\$454,881	\$492,098
Other	\$295,677	Ђ454,06 I	\$492,090
Travel	\$13,814	\$70,836	\$81,424
University Tax	\$4,947,092	\$5,045,079	\$5,574,962
Grants & Contracts	\$6,153,897	\$7,205,723	\$7,734,311
Total Expenditures	\$16,602,518	\$18,842,267	\$21,346,445

Philanthropic development is considered a priority for the school, and PSU and OHSU presidents have asked their respective Foundations Offices to collaborate on the SPH portfolio. PSU asked that the school develop a proposal for a capital campaign to begin in 2017. A framework for moving research to action has been developed and has received initial approval from the PSU president, PSU and OHSU provosts and the SPH dean.

The school has modest foundation funds from SPH gifts at both universities. The anticipated revenue and expenses are budgeted annually for those gifts that are not restricted.

The dean is responsible for SPH budgetary and allocation processes as related to the instruction, research and service activities of the school and within the limits of the fiscal policies and procedures of both universities. The timeline for budget preparation aligns with both universities. The school follows the budgeting policies set by both universities for long- and short-term financial goals and strategic investments. The school's budget is submitted 1) to the PSU vice president for finance and administration, who presents it to the PSU Board of Trustees for approval and 2) to the OHSU chief financial officer, who presents it to the OHSU Board of Directors for approval.

The school has access to resources and systems at both PSU and OHSU and is charged an overhead cost allocation collected on a monthly basis. OHSU's overhead relates to the school's expenses based on employee FTE, expense base and square footage expenses. PSU overhead relates to research expenses and includes costs for research services and purchased services. The school's direct sponsored project expenses and recovery for IDC is excluded. This fluctuates monthly as it relates to sponsored project expenditures and thus, is collected monthly. The interim dean and university leadership said that this had been satisfactory, but new financial systems are needed to manage the complexities. The dean confirmed that a new associate dean of finance is being hired in fall 2016 to assist in managing the fiscal resources.

The school met the outcome measures for total expenditures derived from grants/contracts of 30% (37%, 38% and 36%, respectively, since FY 2014), a student-faculty ratio of 10:1 for graduate students (met for all three years) and 40:1 for undergraduates, which was not met with 56:1 for SFR by headcount and 41.9:1 for SFR by FTE in FY 2016 (the program was new to the SPH in FY 2016). Other outcome measures include the annual MPH tuition and fees to be within 10% of the median for peer SPH institutions, which was just measured as a new indicator in FY 2016, were 14% higher; and faculty salaries at 85% of the mean of peer MPH institutions also was met for the past two years since it was a new goal in FY 2015.

1.7 Faculty and Other Resources.

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

This criterion is met. The school has adequate personnel and other resources to fulfill its stated mission and goals and its instructional, research and service objectives. The school meets the full-time faculty requirements in the five core public health knowledge areas and includes faculty from both OHSU and PSU. Increases in the number of primary faculty in primary healthcare and health disparities, health

services administration and social and behavioral sciences were due to transitions from the OMPH program and the OHSU School of Medicine to the SPH resulting in 76 primary faculty in 2015-16.

The school also engages 35 other faculty for less than 0.5 FTE as adjunct professors, and joint and affiliated appointments of any rank. These secondary faculty contribute anywhere from 0.1 to 0.45 FTE to the school as instructors, advisors or members of a thesis or dissertation committee through the academic programs.

The student faculty ratios (SFR) for each concentration of the master's and doctoral degree programs are below 10:1. The BSPH degree program, which is located within the Community Health Department, had an SFR slightly higher than the school's target of 40:1 (56.1 FTE to primary faculty and 41.9 FTE to total faculty in FY 2016, the first year it was counted). According to the associate dean for undergraduate studies, the BSPH program has added two advisors and other instructors to address the SFR and to provide the students with more services. Program advisors on site confirmed the addition of two BSPH advisors.

Fifty-five staff support SPH students and faculty. Faculty and students said they felt adequately supported by staff that were readily available to assist them. Large increases in the number of staff from 12 to 55 in the last year is the result of a large number of research staff added when the research dean transferred to the school.

The SPH building gross square footage, across all the locations at PSU and OHSU, is estimated at 37,592 sq. ft. for the graduate level and about 10,000 sq. ft. for about 1,600 students at the undergraduate level at PSU. The school has 670 sq. ft. of exercise physiology laboratory space and 270 sq. ft. of environmental health wet laboratory space. School leadership and faculty discussed plans for a new collaborative facility to be built in the future and located between the two campuses.

The home institution of a given program provides technology support for its own faculty, staff and students with the exception of the dean and associate dean for academic affairs, who have offices and support on both campuses. Faculty members have offices and desktop computers. Full-time PhD students have shared office or cubicle space with desktop computers. Some research staff work at satellite offices in proximity to relevant communities and collaborators.

The school has 84 desktop computers and 29 laptops at OHSU and 60 computers at PSU for use by faculty, staff and students. The school has a student computer lab of 23 laptops at OHSU, and shares another computer lab with the College of Urban and Public Affairs in the PSU Urban Center. All

computers have course-related software, and the school is on a computer replacement schedule of every four years.

The Millar Library (PSU campus) provides access to library resources online and in print from a collection of over 1.4 million volumes, 2.5 million microforms, 134,000 audiovisual materials, 406,000 government documents, 10,000 PDX scholar (institutional repository) items and 23,000 items in special collections. In addition to these materials, students and the PSU community may borrow from 39 libraries throughout the Northwest. The Millar Library and its librarians provide course-integrated library instructions by collaborating with teaching faculty to identify student-learning needs and to develop and deliver instruction, when appropriate. Librarians also provide research consultations and reference services to SPH members in a variety of modalities including in person, online chats, email, text and telephone. Workshops on topics such as managing citations and conducting literature review research are available to faculty and students.

The OHSU library provides around-the-clock access to articles from over 32,000 journals in the areas of nursing, clinical and basic health sciences, alternative or complementary therapies, health administration, biotechnology, business, computer science, education, physical sciences, public health and engineering as well as about 2,000 general interest titles. Over 160,000 electronic books also are available. All of these electronic resources are available on- or off-campus to all SPH students and faculty. As of AY 2016-17, PSU faculty with appointments in the school also receive full access to OHSU Library resources. Online services are available all day everyday.

To assess the adequacy of its personnel and other resources, the school tracks student-faculty ratios, student ratings of courses and additional measures also tracked in Criteria 1.6 and 4.1. Most measures have been met or exceeded in the last three years.

1.8 Diversity.

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

This criterion is met with commentary. The school uses federal directives in defining race and diversity of its students, faculty and staff. The race-ethnic groups include Hispanic-origin, American Indian/Alaska Native (Al/AN), African American/Black, Native Hawaiian/Other Pacific Islander, Asian, white and more than one race. The school also collects data on nationality and sex and—to the extent possible—the socioeconomic background of students. The Diversity Committee identifies recruitment markets and sets diversity targets for faculty, staff and students after reviewing population data for the Portland area, Oregon and the United States.

The school's mission statement speaks to diversity, and one of its goals for achieving the mission is to "sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences." Three objectives with several targets measure progress toward this goal. In addition, the school has five broad goals for the school's diversity action plan:

- 1. Recruit and retain historically underrepresented and historically underserved students.
- 2. Recruit and retain diverse faculty.
- 3. Recruit and retain diverse staff.
- 4. Ensure that the curriculum incorporates diversity and cultural competence.
- 5. Foster an environment that is welcoming and inclusive toward faculty, staff, and students from all backgrounds and communities.

Both OHSU and PSU have diversity goals that are reflected by the school's goals. Each institution has a chief diversity officer who oversees the institutional diversity and inclusion climates and has several specific policies to prevent harassment and discrimination. The school follows these institutional policies.

The school's Diversity Committee used the diversity plan of the OMPH program as a template to create the school's diversity action plan. Site visitors were informed that the committee had completed its review of the OMPH plan and made few revisions. The OMPH diversity plan contained all of the required elements, including identified underrepresented groups and goals with targets and measures. According to the self-study, the Diversity Committee will report diversity outcomes to the dean beginning in AY 2017-18. Each university also has a diversity action plan that requires reporting from the school.

The school follows the PSU bargaining unit and other university policies as well as OHSU policies regarding hiring and retaining diverse faculty and staff. As the school's Diversity Committee worked on its plan to recruit, admit, retain and graduate a diverse student body, members of the committee and some school administrators received diversity training to support the work.

The school's outcome measures used by the MPH program, with some additions for the past academic year, reflect the broadening scope of the school. Outcome measures for primary faculty at the rank of assistant professor URM with a target of 24% was not met for the past three years (17%, 20% and 16%, respectively). In AY 2016, assistant professors who self-identify as underrepresented minorities increased to 22%. MPH students from URM groups met the target of 19% in 2015-16 but not in the previous two years, while the undergraduate students from URM groups did meet the target of 19% (23%, 28% and 28%, respectively) for the past three years. Graduation rates for URM undergraduates was targeted at 77% and was not met (60%, 70% and 76%, respectively) for the past three years. However, the one-year retention rates for MPH students from URM groups target of 99% was met with 100% for those entering 2013 and 2014; data are pending for 2015. The target of 82% graduation rates for URM MPH students was met in 2015-16 with 82% but not in the prior two years (50% and 67%, respectively).

The commentary relates to the school's ongoing efforts to meet its diversity targets and goals for students and faculty, which was also a challenge for the OMPH program. Students and faculty members who met with the site visitors said they would like to see greater attention given to assuring a more racially and ethnically diverse student body. Expeditious implementation of the recruitment plan will be essential to achieving the school's diversity goals.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. The school offers the MPH in the five core areas of public health knowledge and the PhD in three of these areas. The school also offers additional bachelor's, master's and joint degrees, as shown in Table 2. Descriptions and locations for all degree programs, required courses and course descriptions are available on the school's website as well as the PSU and OHSU websites.

Table 2. Instructional Matrix: Degrees & Specializations				
	Academic	Professional		
Bachelor's Degrees				
Health Studies: Aging Services	BA or BS			
Health Studies: Community Health Education	BA or BS			
Health Studies: Health Science	BA or BS			
Health Studies: School Health	BA or BS			
Applied Health & Fitness	BA or BS			
Master's Degree				
Biostatistics	MS	MPH		
Environmental Systems & Human Health		MPH		
Epidemiology		MPH		
Health Management & Policy		MPH		
Health Promotion		MPH		
Health Studies: Physical Activity & Exercise	MA or MS			
Primary Health Care & Health Disparities ¹		MPH		
Doctoral Degrees				
Community Health	PhD			

Table 2. Instructional Matrix: Degrees & Specializations			
	Academic	Professional	
Epidemiology	PhD		
Health Systems & Policy	PhD		
Dual Degrees			
Urban & Regional Planning (with HP)		MPH/MURP	
Medicine (with EPI)		MPH/MD	
Social Work (with HMP or HP)		MPH/MSW	

¹ Offered in a distance-based format only.

The MPH program is designed for full- or part-time students with a maximum completion within four years. Students complete a minimum of 58 quarter credits to graduate. Beyond the core requirement of 17 credits and six credits for the practicum and capstone, students are required to complete a minimum number of concentration-specific requirements. Students in the MS in biostatistics complete a minimum of 54 credits to graduate, and MA/MS students complete 49 credits to graduate. Both degrees require seven to eight core credits that provide an introduction to public health and epidemiology. The PhD in all concentrations require a minimum of 108 credits to graduate including seven to eight credits in epidemiology and a public health orientation course, three credits in a health and social inequalities course, required credits in the student's specific concentration, and required dissertation credits. Site visitors' reviewed curricula and course syllabi and determined that there is sufficient depth of training in public health in each degree program and concentration. The BA/BS in health studies requires completion of 180 credits including 24 common core public health credits and 45 to 66 major requirements.

2.2 Program Length.

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

This criterion is met. The school follows a standard quarter system as does OHSU and PSU. The universities define one credit hour as not less than 50 minutes of instruction per week for 11-12 weeks with double the time expected outside of the class. The MPH degree requires a minimum of 58 credit hours to graduate, including core and concentration specific courses as well as the completion of a practicum and a culminating experience.

No MPH degrees have been awarded for fewer than 58 quarter credits of coursework in the past three years. Criterion 2.13 discusses the credits associated with MPH degrees earned jointly with another degree.

2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students complete training in each of the five core knowledge areas of public health for a total 17 credits. A review of syllabi revealed that competencies and learning objectives for each required course are consistent with core public health knowledge. MPH students take the Certified in Public Health (CPH) exam after required core courses are completed to verify mastery of core competencies. A remediation plan is available to students who do not pass the CPH exam the first time.

Core public health courses are offered multiple times each year, which offers flexibility for students. However, the school stated that low enrollment in some of the sections was a weakness resulting in inefficiencies, use of funding that could be available for other initiatives and imbalanced teaching loads. These course offerings will be reviewed in the next year. The Academic Policy and Curriculum Committee and program coordinators provide oversight of the core courses to ensure consistency between different sections and instructors. No waivers of core courses are available to MPH students.

2.4 Practical Skills.

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

This criterion is met. All MPH students must complete a 200-hour field experience for six credits and receive a letter grade. The field experience may be completed over one or two quarters. The course requirements include the following:

- Selection of a subset of program competencies to emphasize during the practice experience
- Submission of a learning contract signed by the student, advisor and preceptor
- Final deliverables that were agreed upon by the student and preceptor
- An oral presentation on the process and outcomes of the experience
- Assessment of competency attainment by the student, preceptor and faculty

Students attend a required field experience orientation prior to registering for the experience.

Field experiences focus on student-identified, concentration-specific competencies. There is a Field Experience Council, comprising faculty and staff coordinators from each concentration, which meets quarterly to review policies and procedures to ensure consistency of field experience requirements across the programs. Additionally, a 0.5 FTE field experience coordinator position was created to increase consistency across the programs, and the school purchased a career services management software, SimplicityTM, that will be used to document field experience placements and evaluations in the future. At

the site visit, faculty confirmed the new software system is on track to be implemented within the 2016-17 academic year.

The school provided a record of placement sites and preceptors over the past three years. According to the table, the majority of sites and preceptors have served one time during the three years of tracking. The burden of site and preceptor identification falls on the students who, in evaluation of the experience, noted this aspect to be particularly challenging. Site visitors learned from their discussion with students that some programs have more sustained field placement relationships than others. Currently, there is not a centrally maintained list of external partner organizations that provide regular field experience opportunities for students, though the Simplicity™ software is intended for use as a database of organizations for future placements.

The requirements to be a preceptor are her/his public health credentials, including formal training, position or experience and availability to provide guidance and feedback to students. At the end of a field experience, the field coordinator evaluates the site and preceptor. Each concentration is responsible for preceptor orientation. Preceptors who met with site visitors explained that they had received no formal orientation or communication about their roles or the expectations of preceptors. None identified specific faculty contacts for issues that arose during the field experience. Instead, each relied on faculty with whom they had an existing relationship when questions or concerns arose. According to the self-study, guidelines for common elements across the programs are in development.

Faculty supervision of the field experience occurs at the concentration level. Evaluation of student performance includes an oral presentation, student self-assessment of competency attainment and the preceptor's evaluation of student performance and competency attainment. Some concentrations have additional requirements, such as written midterm reports.

The school offers a preventive medicine residency that involves two years of MPH coursework and public health and population-based rotations.

No students have received a waiver for the practice experience in the last two years.

At the time of the site visit formal or informal orientation and systematic support for preceptors was in development. From their work with students, preceptors who met with site visitors understood the requirement of competency attainment during the field experience, but some did not have an understanding of relating competencies to the work environment or how to ensure the field experience requirements could be met in the compressed schedule of an academic calendar. Following the visit, the

school completed the development of preceptor training documents and made them available to all preceptors.

2.5 Culminating Experience.

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

This criterion is partially met. The culminating experience for all MPH students is a reflective paper. For all degree programs, the public health field experience may require an oral presentation, comprehensive exam or integrative/reflective paper. The field experience is stated to be an integral part of the culminating experience. One MPH program, primary healthcare and health disparities, will begin requiring a reflective paper in fall 2016. Biostatistics students are required to write a reflective paper and take a two-part comprehensive exam, which assesses the extent to which the student is able to integrate statistical knowledge and skills in the context of a research question. The culminating experience occurs at the end of each student's program of study, but typically is built on the field experience.

Site visitors asked faculty what might happen if a student did not achieve a passing grade or did not fulfill the requirements of the culminating (or field) experience. Faculty reported that this scenario has not occurred in the program to date. Faculty agreed that it would be important to establish some policy and procedures for handling potential problems when students do not meet expectations or when the preceptors fail to provide oversight. During the site visit, faculty described potential enhancements to the approach used for culminating experiences (eg, SimplicityTM software for improved documentation and monitoring of competencies) and rubrics to assess deliverables (rubrics are used now for some papers and other deliverables) and related competencies. At present, the Field Experience Council oversees the field experience of students, but the Academic Policy and Curriculum Committee oversees culminating experience requirements. The Academic Policy and Curriculum Committee is considering creation of an assessment subcommittee to oversee development of a protocol with elements common to all programs. While in most programs faculty members evaluate each product, there is not a standard rubric for assessment of the reflective paper that all must complete.

Preceptors for the culminating experience and faculty advisors stated that they did not get enough information and/or training for what is expected of them related to oversight of the culminating experience. Some faculty described working with students to establish a set of competencies to be addressed in the culminating experiences, but other faculty did not seem clear about this process. After talking with the community leaders, site visitors identified the need for a training program for faculty or preceptors on how to be a mentor for culminating experiences. Thus, while the reflective paper is stated as the culminating experience, more clarification, policies and procedures, and orientation for preceptors and faculty are

needed to ensure that each student is able to demonstrate skills and integration of knowledge through a culminating experience.

The first concern relates to a lack of clarity in the difference between field experience and culminating experience requirements. Discussions with faculty and students during the site visit revealed that some referred to the field experience as the culminating experience and vice versa. Moreover, while the culminating experience requires students to synthesize, integrate and apply skills acquired and competencies met, students and faculty identified variations in program requirements, deliverables and expectations of the culminating experience. In the provided guidelines, the health management and policy concentration states, "the organizational [field] experience (PAH 509) is the culminating experience for the Health Management and Policy Track." The new student handbook refers to the field and culminating experiences and clearly spells out requirements of the field experience but offers no guidance on what qualifies as a culminating experience or what students must deliver to complete the requirements.

The second concern relates to the lack of integration of core and track-specific competencies in the culminating experience. While each student is required to identify a subset of program competencies to emphasize in the field experience, and establishes a learning contract to clarify requirements, those identified focus on concentration-specific competencies only. The school needs to evaluate the integration of knowledge and skills across the curriculum.

2.6 Required Competencies.

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

This criterion is met. Program coordinators and the leadership team, with assistance from the Academic Policy and Curriculum Committee (APCC), established competencies for each degree program and area of specialization, at the bachelor's, master's and doctoral levels that guided the development of the degree programs. The school offers 16 different degree programs and four dual degrees, which are offered in a variety of formats: full- and part-time, on-campus and online and blended or hybrid. Competencies guide these degree programs at all levels and are provided in the self-study report.

The team preparing the MPH competencies began with the OMPH program competencies, which were built on the Council on Linkages, Johns Hopkins Community Health Scholars, national Commission on Health Education Credentialing and the ASPPH MPH Core Competency Model. After the core program-led competencies were approved, the curriculum was "back-designed" based on a modified curriculum-development method to ensure alignment of competencies at all levels. Program coordinators/directors

reviewed program-level competency statements against required courses for each program and created competency matrices.

Students are informed of program competencies during the new student orientation. A review of syllabi for core and required public health courses demonstrated inclusion of course learning objectives that addressed specific competencies in each course.

Program coordinators/directors and the APCC review and assess the degree to which the school's curriculum adequately addresses changing needs and trends in public health. Continued relevance of the program competencies in meeting public health practice needs are assessed using a variety of measures. The External Advisory Council provides input on competency relevance, faculty monitoring, feedback from the biennial alumni survey, student course evaluations and preceptor evaluations of field and culminating experiences.

In discussion with students, some were aware of the program competencies, while others were not as familiar. Orienting new faculty (and some existing faculty) was identified as a weakness, and this was confirmed in discussions with faculty. Assessment of competencies is challenging, but faculty and key leaders have a commitment to the process of clarifying competencies, ensuring their relevance and assessing achievement at all program levels. The school provided competency matrices organized by degree level and program, linking each competency to a specific course or activity, which are designated as either primary or reinforcing. A review of the syllabi confirmed these linkages.

2.7 Assessment Procedures.

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

This criterion is met. The school has developed and implemented a comprehensive assessment framework for evaluating each student's attainment of core and program competencies. The Academic Policy and Curriculum Committee (APCC) approved the framework. Framework assessments are designed to give students ongoing feedback based on the different milestones of admissions, core knowledge and skills and practice and culminating experiences. Assessment procedures have seven key features: identification of program competencies, development of competency matrices that align with learning experiences, creation of courses with specific related learning experiences progressing toward competency attainment, outcomes designed to measure that attainment, development of standardized rubrics or criteria for judging competency attainment, a process for reviewing assessment results and assessing data to improve academic programs. Each program has its own competencies and assessments, which are in different stages of development, but the first full cycle of the assessment framework will not be completed until the end of 2016-17. Faculty and program directors confirmed

implementation of the framework and were knowledgeable about the elements and expectations. They expressed support of the ideology and standardization of assessments.

The framework includes assessments of competency attainment through admissions, required course grades, the CPH examination results, ongoing faculty review of student progress, evaluation of the field experience, grading of the culminating experience, graduation rates and job placement rates. Further, alumni are queried after completion of their degree programs to determine the self-identified level of achievement of program competencies through the alumni survey. Finally, process and outcome measures are assessed by the APCC to evaluate program-level student achievement.

Required course grades are one source of information for assessing and documenting individual-based competency demonstration. Individual assessment is provided through grades indicating that competencies are being appropriately learned in core courses. A review of core and concentration syllabic confirmed that competencies are being addressed in courses. The CPH exam was selected by faculty as the means of assessing MPH students' attainment of competencies in the five core public health areas and cross-cutting skills. Students may take the exam after completing the five required core courses. The exam is offered three times per year. Students not passing the exam after their first attempt are required to take the exam a second time. If they fail the second time, the program coordinator and associate dean for academic affairs develop a remediation project that involves demonstration of competency attainment. Passing the exam or remediation project is required for graduation. The outcome measure is for the school's MPH students to meet or exceed the national average pass rate on the CPH exam. For the past three years, the school's pass rates were 85%, 80% and 68%, respectively, which were over the average by 116%, 107% and 120%.

Professional students also participate in a field experience that includes a preceptor assessing competency attainment. MPH students pick the competencies they will address in their field experiences, in consultation with the field experience advisor and the site preceptor. A learning contract is developed based on these competencies, and students write regular summaries on the experience. Preceptors provide a final assessment of the student's work. BA/BS students complete a senior capstone experience that is a community project-based experience required of all PSU undergraduate students.

Each degree's faculty team defines which of the culminating experiences is most appropriate for their students. The culminating experiences used by each program include a reflective paper and presentation for MPH students (except biostatistics); a two-part comprehensive exam for MS students and MPH students in biostatistics; a thesis or research project for MA/MS students; and a dissertation for PhD students. Undergraduate students complete an internship. Upon completion of the internship, BA/BS

students submit a summary report and a learning assessment, and internship preceptors submit a final assessment of the student's work.

Alumni are surveyed biennially on program quality, strengths and opportunities for improvement. Results are shared with the APCC for review and revision of courses and programs. Alumni confirmed that they had participated in the survey and thought that they could use more training in methods and systems. The APCC has been reviewing this information in order to make improvements to the degree programs.

The associate dean for practice conducts key informant interviews with public health employers. Results indicated that they would like to see students have better skills in grant writing, informatics and quality improvement processes. Conversations with employers and preceptors at the site visit indicated that they also would like to see stronger project management and communication skills added to the curriculum.

Outcome measures for confirming students' mastery of core and program competencies include graduation rates, alumni ratings of job preparation, the ability of graduates to apply knowledge and skills to their current positions and job placement rates. The target for undergraduate graduation rates of 70% was not met at 43%, 60% and 69%, respectively, for the past three years. The MPH graduation rate with a target of 80% was met with 82% in 2013-14 and 92% in 2015-16. It was not met in 2014-15 with 75%. The school's PhD graduation rate target of 100% has been met for each of the past three years (thus meeting the CEPH accreditation target of 60%). The target for alumni ratings on their preparation to apply knowledge and skill competencies in their current jobs was met at 3.2 of 4.0 for all concentrations. The 80% target for job placement among bachelor's students has not been met: the 77% rate achieved in 2015-16 is the school's only cohort with available data. Program administrators confirmed that job placement rate had not been measured before because the program just became part of the SPH's degree programs. The target job placement rate for MPH students of 80% was met at 94% in 2013-14 and 91% in 2014-15 (data are pending for 2015-16 graduates).

The school's education data technician coordinated the data collection efforts following ASPPH guidelines for collecting employment information in which they surveyed all MPH graduates one year after earning the degree. The bachelor's degree graduates were surveyed for the first time in winter 2016 for the 2014-15 graduates, and the MA/MS and PhD graduates received the survey in summer 2016. The response rates were low for both undergraduates and master's students, and no incentives were used for undergraduate survey completion.

During the site visit, reviewers noted that, though the self-study reported bachelor's degree job placement rate of 85% for 2014-15 graduates, this was based on a response rate of 10%. When asked about the low rates, undergraduate instructors said that it was the first time they had tried to assess job placement

rates. The associate dean of undergraduate studies said that they are looking at different ways of collecting the data in the future, including incentivizing responses, but no plan had been designed or implemented at the time of the site visit. The school's response to the site visit team's report demonstrated a more complete data set that validates the school's compliance with this criterion with regards to outcomes for bachelor's degree students.

2.8 Other Graduate Professional Degrees.

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

This criterion is not applicable.

2.9 Bachelor's Degrees in Public Health.

If the school offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is met. The school offers the undergraduate degree in health studies, which is offered in the four majors of aging services, health science, school health and community health education. The bachelor's degree program was part of the PSU School of Community Health; in February 2016, the program faculty voted to join the SPH beginning in the fall 2016. The school's associate dean for undergraduate studies oversees the health studies programs. The bachelor's degree in health studies is a four-year curriculum, so students are admitted as freshman or as community college transfers.

The public health core coursework and capstone experiences are taught and supervised by school faculty. Students must complete 180 credits to graduate, including required credits in general education and each student's degree and major. Students complete a senior capstone and an internship as part of the health studies program. Students in the health studies concentrations complete 24 credits of common core public health requirements, including four credits in PHE 450 Epidemiology and 45-66 credits for the concentration. The program expects students also will undertake a four- to eight-credit internship in addition to a university required six-credit senior-level capstone project. Given that the program has 1,600 bachelor's students and that the capstone is a requirement for all PSU undergraduates, more than 200 different senior capstone courses are offered each year. In the capstone, students have the opportunity to choose a community project offered by the community health faculty or pick from other community-related projects with faculty from other majors. The senior capstone is on a university level and extends through all four years with the intent to build cooperative learning communities by providing students with an applied learning experience in the form of a community project. Students from a variety of majors work in teams under supervision of a faculty member and working with community leaders. Each capstone experience ends in a product. The goals of the capstone are inquiry and critical thinking, communication, the diversity of human experience and ethics and social responsibility. A senior capstone faculty handbook describing the program details is provided to instructors and includes policies and procedures of the program. Faculty instructors are to use community service as a means for students to integrate course objectives with community needs. Faculty are required to attend an orientation prior to teaching a senior capstone course. A student handbook on the capstone also provides the policies and procedures of the program. Faculty and students described the capstone as a life-altering experience.

In addition, all health studies students complete an internship to integrate theory into practice in a faculty-supervised applied experience. The school considers the four- to eight-credit (120-140 hours over two quarters) internship as their culminating experience. A list of internship sites is provided on the PSU undergraduate website, and two undergraduate advisors are available to help students connect with community organizations. Upon completion of the internship, students submit a summary report and a learning assessment, and internship preceptors submit a final assessment of the student's work. Undergraduate advisors informed the site visitors that two additional advisors have been hired to assist students with access to internship site selection and advice on coursework and capstone sections.

Students in the BA/BS programs have access to the same resources as other students at PSU. These resources include academic advising, career services, financial aid advising, legal services, student health and counseling, disability services, diversity and multicultural mentoring, recreation clubs and student activities, online class support, printing services, housing and many others.

2.10 Other Bachelor's Degrees.

If the school offers baccalaureate degrees in fields other than public health, students pursuing them must be grounded in basic public health knowledge.

This criterion is met. The PSU Faculty Senate approved the bachelor's of science (BS) in applied health and fitness in spring 2016. The degree program requires the completion of two introductory public health core knowledge courses: PHE 250 *Our Community, Our Health* and PHE 363 *Communicable Diseases* and a common research course requirement PHE 314 *Research in Fitness*. A review of the syllabic confirmed learning objectives addressing public health core knowledge areas. In addition, students must complete 54 credits of major core requirements and 24 or more credits in one of three focus areas. As with other baccalaureate students, the program requires completion of 180 credits for graduation. These students also participate in a senior capstone and the internship described in Criterion 2.9.

2.11 Academic Degrees.

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

This criterion is met. The school offers an academic master's degree in biostatistics and one in health studies: physical activity and exercise, as well as three PhD degree programs in community health, epidemiology and health systems and policy. Students enrolled in the academic programs acquire principles of public health through a choice of three courses in epidemiology that are targeted to one of the five core areas of public health PHPM 512 *Epidemiology*, PHPM 513 *Epidemiology II* or PHE 530 *Epidemiology I* and a survey course PHE 511 *Foundations of Public Health*. A review of the syllabi for the foundations and epidemiology courses demonstrated an overview of the public health approach including topics on the social determinants of disease, the political nature of public health research and practice, health promotion strategies, ethical issues and community involvement.

The master's of science (MS) degree in health studies requires a thesis and its defense as a culminating experience, while biostatistics requires a two-part comprehensive examination. Site visitors reviewed past theses and determined that they demonstrate rigor in the research conducted by students in the health studies program.

Students have two opportunities to sit for the biostatistics examination. A review of past examinations indicates a rigorous testing that requires students to have a solid understanding of biostatistical methods commonly used by graduates at this level of training.

All PhD students take oral and written qualifying examinations, which must be passed before they complete and defend a written dissertation based on the evaluation and creation of new knowledge as the

final culminating experience. The dissertation may be a book-length manuscript or three related scientific journal manuscripts.

The school has developed written policies governing the various aspects of MS and PhD training, including handbooks covering each discipline.

2.12 Doctoral Degrees.

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

This criterion is met. The school offers three PhD doctoral degree programs in community health, epidemiology and health systems and policy with students enrolled in each program and has five full-time faculty for each concentration. To date, three PhD students have graduated from the health systems and policy program. Five students collectively from the three programs are projected to graduate in 2017. The school provides a wide array of advanced doctoral-level courses in all three concentrations. The community health and epidemiology concentrations also offer a course in developing teaching and learning skills. As discussed in Criterion 2.11, PhD students are required to complete PHE 530 *Epidemiology I* or PHPM 513 *Epidemiology II* and PHE 511 *Foundations of Public Health* for their broad introduction to public health.

After completion of their coursework, students are required to pass written and oral comprehensive qualifying examinations designed to assess their knowledge and research methods skills as well as their readiness to undertake research. These are followed by the successful defense of a dissertation. The dissertation may be in the traditional long book form on the student's research or developed as three scientific research papers suitable for submission to a peer-reviewed journal. Full-time students have up to seven years to complete the degree, and part-time students have nine years. Weaknesses noted in the self-study document include the absence of sufficient stipend and tuition funding to support full-time students and not having the desired student diversity because of the small size of the programs.

2.13 Joint Degrees.

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

This criterion is partially met. The school offers three joint degrees: MPH/MSW, MPH/MURP and MD/MPH. Two concentrations, health promotion and health management and policy are offered in conjunction with an MSW. Students attaining the MPH/MURP take the health promotion concentration. Epidemiology is the MPH concentration offered with the MD.

The MSW with the MPH in health promotion requires a minimum of 120 credits, including 69 social work credits and 51 public health credits as well as nineteen shared credits. (10 credits of public health courses

are accepted as social work credits, and nine credits of social work courses are considered public health credits).

The MSW with the MPH in health management and policy requires 69 social work credits, 55 public health credits, and nineteen credits are shared, over three years.

The MURP with the MPH in health promotion is 132 credits over three years. Sixty-two credits are urban planning and 51 are public health. An additional 19 credits are shared: a three-credit public health biostatistics course, two four-credit urban planning methods courses substituted for two three-credit public health methods courses and nine credits of urban planning courses involving community development, economic development, environment, land use or transportation.

In the joint degrees in which there is credit sharing, faculty from both degrees work together to decide about shared credits. There is not a systematic, school-wide process for ensuring that shared courses meet MPH competency requirements. Site visitors were informed that development of joint degrees could happen at the faculty level without any official authorization. One of the programs offering joint degrees performed a rigorous review of course content, including syllabi review by faculty whose course might be substituted. The process was less formal in the other programs and did not necessarily consist of syllabi review. In addition, students who met with the site visit team reported some difficulty in identifying required courses and being able to coordinate the timing of course requirements to ensure timely completion of the joint degrees.

There is no course sharing in the MD/MPH joint degree. It is a five-year program of approximately 260 credits. Time is carved out of the MD education schedule for MPH coursework, including a year devoted primarily to MPH studies following the third year of medical school.

The concern relates to the inconsistent policies about credit sharing in the joint degree programs. The school does not have a standard process to ensure that substituted courses from the other degree program meet MPH degree requirements. The process varies by concentration, rather than a school-wide systematic approach. The informal process of developing the joint degrees should be formalized to ensure that every MPH degree is comparable to the curriculum of other MPH programs with the same identified and supported competency-based analysis.

2.14 Distance Education or Executive Degree Programs.

If the school offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the school and within the school's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the school and

university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the school offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The school must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The school must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

The criterion is met. The 58-credit MPH in primary health care and health disparities (PHCHD) is entirely online and is consistent with the school's mission. The program is guided by clearly articulated learning outcomes, subject to the same quality control processes as other MPH degrees offered by the school and provides planned and evaluated learning experiences that respond to the needs of its students. The program requires students to complete competencies in the five core areas of public health, nine concentration courses and a field experience of 200 hours. PHCHD class size is limited to 25 students per course so that instructors have sufficient time to monitor student participation and provide regular communication. The program has a field experience coordinator who has processes in place to overcome geographical barriers that can occur in distance education while requiring the same rigor and quality as that of other MPH students. For the field experience, students are required to write a summary report with entries after every 20 hours in the field. The coordinator uses the standard MPH field experience assessment procedures. As with all other MPH students, PHCHD students complete the CPH exam to measure competency attainment in the MPH core. The PHCHD program provides a student handbook with guidelines for the internship and culminating experience. As with other MPH programs, all core and required courses and competencies are approved by the Academic Policy and Curriculum Committee.

The online degree program is designed for employed professionals or individuals living in rural areas with limited access to graduate public health education. In the past two years, almost half of the students have been from rural and underserved communities, and 11 were from out of state. Faculty and students commented that the program has created a great opportunity for individuals who need a flexible format and cannot relocate because of jobs or family. OHSU has a history of providing research, health care and education for all citizens of the state through distance education, and has a Teaching and Learning Center that supports distance education, making it the ideal location for providing online programs and certificates.

Students receive communications from the MPH Program Office and other student services via the school's listserv and participate as representatives in the school's governance structure and the Student Leadership Council. They have career planning workshops and are given opportunities to network with other MPH students. All evaluation mechanisms are the same as other MPH programs.

Student identification takes place when faculty meet students during new student orientation, at the annual Oregon Public Health Association meeting and other SPH events. Students are given a verification student identity number, and the Internet Technology group oversees student identity in keeping with the policy of OHSU. Students also receive an ID and credentials that expire every six months, and students re-establish their identity with the university each time via the university-provided email.

PHCHD students have access to the same services as other MPH students including career planning workshops and networking with students from other MPH programs. In addition, IT is available to the students from 8:00 am to 9:00 pm Monday through Friday and on weekends from noon to 5:00 pm, including an online learning specialist.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The school's research program is well supported by external funding, receiving approximately \$12 million in both 2015 and 2016. The school has access to an extensive group of biostatisticians to help support its research efforts. There is a strong emphasis on community-based research that is included in many of the currently funded activities. Site visitors repeatedly heard from faculty and leadership that interdisciplinary and cross-university research collaborations are a long-standing practice that preceded the development of the school.

Both universities have traditions of support for initiation of research by junior faculty, although creativity is often needed to acquire financial resources. These traditions have been carried into the school. The dean received start-up financial support with authority to make decisions about how to best use it in the school's early development. He assured site visitors that research support will be one of its uses.

The Research Committee oversees the operations of the Research Office. The office is charged with building the school's research enterprise, including support for grant applications and management as well as increasing opportunities for collaborations. Currently, the school lacks the infrastructure for unified grant management, which, by agreement of the two universities, is being managed by the OHSU system. However, the school's Research Office is developing a single portal for school-wide grant management.

The school's research portfolio covers a wide range of public health issues including substance abuse, respiratory health, the patient-centered home health care model, environmental surveillance and

community health. There is a wide variety of projects in collaboration with health agencies and community-based organizations.

There is ample opportunity for student participation in research. According to the most recent academic year outcome measure, 32% of projects include student participation. Site visitors heard from many students about their participation in research at the school.

Outcome measures for research include an annual increase of 5% in total funding from grants and contracts, funding of 25% of submitted proposals, sponsored community or population group research in 30% of projects, 200 peer-reviewed publications, presentations at professional meetings by 65% of faculty and graduate student participation in 20% of funded projects. The school has met its research objectives for the past three years.

3.2 Service.

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

This criterion is met. The school supports faculty participation in service that is consistent with its mission and contributes to the advancement of public health practice, including service to the profession and community. Each faculty member's employing institution defines service expectations. Both universities have a strong commitment to service that is acknowledged in the respective mission statement.

Both universities consider service in promotion and tenure. Research productivity is a large expectation of junior faculty who have lower expectations for time and effort devoted to service in their early years. As faculty members advance in rank, increasing responsibility for levels of professional and community service are expected and evaluated for promotion and/or tenure.

The majority of school faculty participate in service to the community. According to the self-study, one-third of faculty members serve as officers of a professional association or serve on NIH study sessions. Site visitors were provided with many examples of faculty service, both from faculty members and external partners, such as the Department of Biostatistics, which provides an hour each week for educational activities to the community, and one faculty member who worked on the communications for the *Oregon Let's Get Healthy!* fairs. One community member said that she had developed a relationship with a faculty member who helped move forward her organization by offering assessment services. The school currently relies on curricula vitae to tabulate faculty service; however, this method does not accurately record all of the faculty members' service activities.

Student participation in service is self-reported in the annual student survey. The Student Leadership Council and Health Promotion Student Organization organize a day of service each April, but most students affirm participating in service activities without designating the service provided. The school

intends to improve both student and faculty monitoring of service with the implementation of its career services Simplicity[™] software in winter 2017. In discussions with students, it was apparent to site visitors that there is a depth of community service provided by students.

The school has several outcome measures of faculty and student participation in community service, including a number of public health practitioners annually participating in school-sponsored workshops with a target of 2,000; 30% of faculty reporting engaging with the community in sponsored research or scholarship; 30% of faculty applying public health scholarship, knowledge and skills in practice settings; 30% of faculty providing testimony, technical support or advice to administrative, legislative or community organizations; and 30% of faculty providing service on advisory panels, boards of directors or task forces related to community organizations, NGOs or health departments. Additionally, the school has an outcome of 25% of students reporting community or service activities beyond the practicum and current jobs. These measures were met except for the proportion of faculty involved in technical assistance or providing testimony during the most recent reporting year (ie, 15% in 2014-15, incomplete data in 2015-16).

3.3 Workforce Development.

The school shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

This criterion is partially met. The school is active in continuing education with a monthly public health seminar series and several grant-funded series for specifically targeted audiences. The school partners with the Northwest Center for Public Health Practice to complete workforce training needs assessments and online training. Training needs have been queried in alumni and employer surveys and discussed with the External Advisory Committee. There have been consistently identified needs through these assessment measures, including cultural competence, communication, program planning and evaluation and leadership.

The school offers two certificate programs: 1) biostatistics and 2) public health. Students take courses (usually one to two per quarter) alongside graduate students. They have four years to complete the certificate. Courses can be applied to a graduate degree should they decide to matriculate to an MPH program and meet admissions requirements.

The primary health care and health disparities program (online MPH) faculty, the Workforce Development Committee and the Academic Policy and Curriculum Committee oversee the fully online public health certificate program. It is open to students with a bachelor's degree in any discipline. The public health certificate program provides grounding in the five core areas of public health and two electives for a total of 30 credits. The online public health certificate courses have the same approach as the on-campus

degree program courses and use the same evaluation mechanisms and pathways. The credits can be transferred into a degree program since they take these courses with MPH students in other programs.

The biostatistics certificate is a 30-credit program providing basic and intermediate graduate-level biostatistics training for researchers, students in other programs and working professionals. It also may provide a gateway to an MPH program should the student qualify. Candidates should have a bachelor's degree and possess an aptitude for mathematics.

The Workforce Development Committee, composed of the associate dean for practice and at least one faculty member from each university, is responsible for the creation of a more formal continuing education initiative for the local public health workforce. This effort includes establishing partnerships and alliances with other educational institutions and practice organizations. As the school transitioned from the OMPH program, it has added formal processes and staff support to develop a schoolwide assessment process including hiring an associate dean for practice, hiring an analyst with experience in study design and data analysis skills and developing the school's bylaws.

External partners who met with site visitors talked about the school's openness and interest in learning about workforce needs as well as appropriate and robust preparation of students for the workforce. They expressed appreciation for the certificate programs as advancement opportunities for the current workforce. However, they said that the school has provided very few offerings that are available and matched to their day-to-day workforce training needs and schedules.

The concern relates to the school's minimal response to the expressed workforce development needs in the various assessments that have been completed since 2013 related to educational offerings. A few online courses from the Northwest Center for Public Health Practice covered identified topics but the school did not monitor workforce access to these. Site visitors heard examples of unmet workforce training needs, such as program planning, from external partners.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The school has a clearly defined faculty that is multidisciplinary and educationally prepared with practice experience, research and instructional competence and fully supports the school's mission, goals and objectives. The school has 76 primary faculty with 100% FTE in the school. The school comprises faculty from both universities, and 90% of faculty have a PhD or relevant professional

doctorate. At PSU, 38% of faculty have tenure or are in a tenure-track position, whereas, only four of OHSU faculty hold tenure. OHSU no longer hires faculty into tenure positions, though they do promote them into tenure, if warranted. Several faculty hold joint appointments within the school and in research institutes, centers or other university programs. The school also appoints 35 secondary faculty that have a PhD, MPH or other master's degree in public health, public policy or a in a relevant field.

Faculty have a variety of public health expertise or related field experiences. Thirty-six percent of primary faculty have worked in public health agencies, health professional practice or other health-related organizations prior to their faculty appointment. Students said that primary faculty, coupled with the secondary faculty, enhance their educational experience and expand their capacity to engage the local public health community. Students also agreed that faculty at the school are committed to, and work toward, a culture of one faculty body available for all students despite the collaborative structure of the school. Alumni and community stakeholders expressed the same enthusiasm for faculty experience, commenting on the commitment, time, effort and genuine interest among all faculty, regardless of home institution, in establishing a school of public health that fosters a collaborative environment conducive to students and faculty alike.

Outcome measures used to assess faculty qualifications include 80% of primary faculty will have a doctoral degree (92%, 88% and 89%, respectively, in the last three years); primary faculty will have a 90% retention rate (97%, 100% and 100%); student rating of the overall quality of the public health courses of 5.0 out of 6.0 (5.1 for each of the past three years); student satisfaction with academic advising (93% for undergraduates and 64%, 63% and 69% for MPH students); 25% of submitted research proposals funded (29% in 2014-15, data not yet available for 2015-16); and 30% of faculty report sponsored research/scholarship that engages the community (27%, 32% and 33%).

4.2 Faculty Policies and Procedures.

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

This criterion is met with commentary. Faculty are governed by the school's policies and procedures (upon approval of the bylaws) and the university policies of their home institution available in the Faculty Governance guide for PSU and online for OHSU in Policy No. 03-10-005 regarding hires and maintaining a quality workforce in compliance with state and federal laws and Policy No. 03-15-020 related to the various faculty ranks and appointments. However, the dean is responsible for the SPH faculty members regardless of their home institution. Primary faculty are subject to annual review of performance by the dean. Secondary faculty are subject to review by their primary academic unit. Beginning in AY 2016-17, the associate dean for academic affairs will annually review all tenured, non-tenured and tenure-track

faculty to discuss course evaluations, scheduling of courses and committee assignments. Adjunct and affiliated faculty are reviewed every two years beginning in 2016-17.

Despite the differences in faculty policies and procedures depending on the home institution, especially in regard to promotion and tenure, faculty did not express concerns. The MOU between the universities is explicit about the different faculty policies, and the dean of the SPH confirmed the differences will remain indefinitely. Due to the creation of a collaborative SPH, all prior OMPH program faculty were given the opportunity to opt out of the collaborative school and switch to another school at their home institution. Only four faculty members decided to switch schools at their home institution primarily because of research interests.

Promotion is a school-level decision, and tenure is a university-level decision according to the proposed school bylaws. OHSU does not typically provide tenure; instead, faculty have a rolling three-year appointment based on satisfactory performance. Salary compensation links to each faculty member's annual performance review with criteria for individual ranks in the areas of research, teaching, service and administration. The OHSU Promotion Committee, composed of professors and professor emeriti, reviews applications for promotion based on the School of Medicine and the School of Nursing guidelines and makes recommendations to the provost. PSU faculty serve under a collective bargaining agreement and promotion of faculty is included in that agreement rather than a promotion and tenure committee. Both institutions have a Faculty Senate, and the school has a representative on each. The self-study indicates that additional work will be needed to address tenure and promotion polices that are specific to the unique nature of the SPH collaboration and institutional differences. A timeline for completing these activities was not provided in the self-study.

Despite differences in expectations for research, teaching and service at each university, the school has made many efforts to equalize development for all faculty in teaching and research development and support. The school provides a faculty mentoring program for incoming and junior faculty based on compatible scholarship interests. Mentoring resources also are available at both universities.

Both universities have faculty teaching development programs offered in-person and online and both programs are open to all SPH teaching faculty. PSU has a program for faculty that encourages innovation and exploration in teaching for innovative technology and community-based learning. PSU primary faculty also have an opportunity for sabbaticals for research, writing or advanced study after six years. The OHSU human resources provides programs aimed at developing leadership skills, and the PSU Office of Academic Affairs provides a portfolio of development opportunities, including seed grants and faculty enhancement grants.

The school uses three sources of information for instructional effectiveness: student course evaluations, results from the CPH exam and faculty peer review of teaching. The school has a 60% response rate on graduate and undergraduate course evaluations with an overall mean of 5.3 on a 6.0 scale for graduates and 5.2 for undergraduates. Faculty course evaluations are considered in annual performance reviews. The CPH exam, taken by all MPH students beginning in spring 2016, has a pass rate of 92%. The results of the follow-up online student survey on the CPH exam experience are reviewed by the Academic Policy and Curriculum Committee and the Executive Advisory Council for improvements in the core courses and how faculty can better prepare students for the exam.

OHSU public health courses are peer-reviewed by program faculty on an annual basis. PSU does not have the same evaluation structure, but core epidemiology faculty asked the OHSU faculty to do a peer-review of the courses. As a result, the school plans to add course peer review in winter 2017.

The commentary relates to the school's ongoing process to streamline expectations and documentation for faculty located in two home institutions. Site visitors learned that the school is creating a common SPH faculty handbook that will ensure consistent processes for all faculty. Faculty who met with site visitors said that they believe a single faculty handbook will alleviate many of their concerns related to the logistics of the new school. The dean of the SPH—as well as the provosts for each institution—confirmed to site visitors that they are aware of this need and have made publishing the faculty handbook a priority.

4.3 Student Recruitment and Admissions.

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

This criterion is met. There is a PSU enrollment management system on a two-year cycle that assists with planning, setting and monitoring admissions targets at the undergraduate level. Given that this is a new collaborative school that is establishing a unified governance structure, leadership acknowledged that no aggressive recruitment efforts have taken place to date. The most recent undergraduate enrollment for the school is slightly lower than previous years. Leadership at the university level acknowledged that high school graduation rates and community college enrollment rates are down, which are the two biggest sources of enrollment into the undergraduate degree. The new school will use PSU undergraduate planning and target setting as a model for recruitment in the future.

Prospective graduate students apply through SOPHAS. Although aggressive recruitment efforts for the new collaborative school have not yet started, the school sends faculty, students and staff to a wide array of local, regional and national public health meetings, including APHA, career fairs at Portland Community College, Diversity Leaders Network and SOPHAS virtual fairs. The targeted diversity recruitment activities

occur mostly at the institutional level, and each university has a diversity recruitment plan with specific objectives, metrics and activities. A number of cultural competency trainings are offered in collaboration with the Office of Global Diversity and Inclusion that are open to all members of the campus community.

Graduate program admissions committees review each applicant to the program. Two faculty members review each application and assign a number from one to five based on GPA, GRE scores, letters of recommendation, work experience and a personal statement. A recommendation of both reviewers is considered an acceptance, and a small review committee is employed for those applicants without two positive reviews.

Outcome measures for evaluating the success in enrolling a qualified student body includes 40% from at least one of the targeted recruitment groups of URM, including undergraduates (23%, 40% and 36%, respectively, for the past three years), MPH students (17%, 25% and 23%) and PhD students (33%, 18% and 10% respectively). Pell grant recipients, disadvantaged background and previous public health experience applicants that matriculated into the school met the designated targets. The school aims to matriculate MPH students with verbal and quantitative GRE test scores in at least the 75th percentile. Data have been close to this target in the last two years. Other outcomes include accepted applicants that enroll with a target for MPH, MA/MS and PhD programs. The MA/MS and PhD programs met the targets of 50% and 45%, respectively, for the past three years. The MPH target of 40% was met in 2014-15 (43%), but was not met in 2013-14 (36%) or in 2015-16 (32%).

4.4 Advising and Career Counseling.

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

This criterion is partially met. At the undergraduate level, students are assigned advisors. However, for public health studies undergraduates, there has been a high ratio of students to advisors (eg, 1,683:1 in 2015). Students reported a two- to three-week lag time in being able to meet with advisors. PSU has made a concerted effort to address this issue by hiring two additional academic advisors and a commitment to add one more in 2017-18 to bring the advising ratio within university guidelines.

At the graduate level, all master's and doctoral students are assigned an academic advisor based on their research or practice interests. Students have the ability to change advisors if the match is not ideal, but a few students who met with site visitors were unable to describe how that process would work.

Faculty did not report any specific formal training or development on student advising. The MPH program has an established set of shared responsibilities for advising/mentoring, including experienced advisors orienting and mentoring new faculty. In the doctoral program, faculty advisor duties are more prescribed,

but it is noteworthy that no mention of providing career services was listed. The new student handbook for the school was printed just prior to the site visit and was made available for incoming student, and several doctoral handbooks had just been completed. However, students at the site visit described challenges in getting information and advice about current course offerings and timing/scheduling of courses.

PSU has an Office of Career Services that all students across the university can access. It has a variety of programs and services available, including online services. Undergraduate students have access to these services, and those with health science concentrations receive additional guidance from pre-health advisors to help prepare for careers in the health professions. With the combination of the Office of Career Services at PSU, and additional advisor hires, undergraduates at the site visit expressed general satisfaction with career services. Graduate students also may use PSU career services, but graduate students noted that the program is primarily for undergraduates and of limited help to them. They relied primarily on public health faculty for career advice.

Formal grievance procedures were identified and listed in the student handbook. No formal grievances have been filed in the past three years.

The first concern relates to MPH student advising satisfaction ratings below the target of 80% for the past two years, despite several strategies for improvement. While the faculty are experienced, engaged and qualified and express satisfaction with teaching and mentoring students, there is a lack of advising for students in graduate degree programs and delays of two to three weeks for appointments with undergraduate students. With a lack of formal faculty orientation and training on advising, faculty involvement in this important component of student advising is limited. Addressing students' concerns for advising will be important for the growth of the school.

The second concern relates to difficulties students encounter when searching for program requirements and course information. During the site visit, students expressed frustration with finding important information regarding specific program and course information. Without accessible information, students were not always able to proceed through their program as expected. It is critical to have all program requirements and course information easily available to students.

The third concern is that graduate students have limited access to public health-specific career and placement advice. The new collaborative school does not have a formal office of career services; though some programs attempt to tailor career counseling for students in their degrees. While all students have access to the PSU office, it is more tailored to undergraduates and is physically set apart from locations where graduate students are taking classes. Graduate students at the site visit expressed a desire to have more career assistance. Students also acknowledged that while many individual faculty were helpful

in getting them field placements, were generous with their time and were helpful with career information, some were constrained in their thinking about career options outside at academic institutions.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Oregon Health and Sciences University-Portland State University School of Public Health

September 28-30, 2016

Wednesday, September 28, 2016

9:30 am <u>Meeting with Core Leadership Team</u> Elena Andresen

David Bangsberg
Thomas Becker
Katherine Bradley
Carlos Crespo
Nancy Goldschmidt
Scott Marshall
Leslie McBride
Jill Rissi
Anne Rudwick

10:45 am Break

11:00 am <u>Meeting with Self-Study Committee</u> Elena Andresen

David Bangsberg
Thomas Becker
Katherine Bradley
Carlos Crespo
Nancy Goldschmidt
Leslie McBride
Jill Rissi
Anne Rudwick

11:45 am Break

12:00 pm <u>Lunch with Students</u> Nicole Bouranis

Jennifer Cai
Jensifer Cai
Jessica Currier
Claire Devine
Ayano Healy
Travis Henke
Sydney Johns
Jadie Karratti-Aborda
Ann Martinez Acevedo

Ian Pray
Joseph Ramirez
Sara Siegel
Yun Yu
Matthew Ulsh
Maya Walker
Daniel Wentz
Sara Wild
Emily Youngers

1:30 pm Break

1:45 pm Meeting with Faculty for Master's Programs

Janne Boone-Heinonen

Gary Brodowicz Natalie Chin Rochelle Fu Rachael Godlove Kelly Gonzales Lisa Hatfield John Jessup Richard Johnson Deborah Messecar Lynne Messer Jill Rissi

Elizabeth Waddell Neal Wallace Liana Winett

3:00 pm Break

3:15 pm <u>Executive Session and Resource File Review</u>

5:00 pm Adjourn

Thursday, September 29, 2016

8:30 am <u>Meeting with Faculty Related to Creation, Application and Advancement of Knowledge</u>
Thomas Becker

Thomas Becker
Katherine Bradley
Carlos Crespo
Alexis Dinno
Rochelle Fu
Sherrill Gelmon
William Lambert
Jodi Lapidus
Dennis McCarty
Ana Quiñones
Jackilen Shannon
Christina Sun
Neal Wallace
Liana Winett

9:45 am Break

10:00 am Meeting with Undergraduate Program Faculty
Carlos Crespo
Cara Eckhart

Carlos Crespo
Cara Eckhart
Deborah Kaufman
Yves Labissiere
Jane Mercer
Lynne Messer
Judith Sotel
Belinda Zeidler

10:45 am <u>Meeting with PhD Program Directors</u>

Cara Eckhardt Sherrill Gelmon Lynn Marshall Carrie Nielson

11:30 am <u>Break</u>

12:00 pm <u>Lunch with Alumni and Community Stakeholders</u>

Chris DeMars
Mitch Greenlick
Kyle Hart
Katrina Hedberg
Craig Hostetler
Paul Lewis
Gil Munoz
Loreen Nichols
Michelle Singer
Thomas Weiser
Noelle Wiggins
Diana Wolford

1:30 pm **Break**

1:45 pm

Meeting with Faculty and Staff Related to Faculty Issues, Student Recruitment, Advising Gary Brodowicz
Alyssa Dart
Sukhwant Jhaj
William Lambert
Dennis McCarty
Jane Mercer
Belinda Zeidler

2:15 pm **Break**

4:15 pm

Meeting with Leadership of the University Elena Andresen Sonia Andrews David W. Robinson

4:45 pm Executive Session and Resource File Review

5:30 pm <u>Adjourn</u>

Friday, September 30, 2016

Executive Session and Report Preparation 9:00 am

12:30 pm Exit Briefing