



SCHOOL OF  
**PUBLIC HEALTH**



## SELF-STUDY REPORT

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prepared for

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**THE COUNCIL ON EDUCATION  
FOR PUBLIC HEALTH**

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SEPTEMBER 2016

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## PREFACE

A formal collaboration among three public universities began in January 1994 with the approval of the Oregon Masters in Public Health program (OMPH) by the Oregon State Board of Higher Education, followed by CEPH accreditation in 1996. The OSBHE's intention for the OMPH program was to leverage limited statewide resources of Oregon Health & Science University (OHSU), Oregon State University (OSU), and Portland State University (PSU). These campuses are located along Oregon's I-5 corridor, two in Portland, and one in Corvallis, about 80 miles south. In 2009, Oregon State University announced its intention to create a school of public health, which would be independent from the Oregon MPH program.<sup>1</sup>

To meet the changing needs of Oregon and the Pacific Northwest region, PSU President Wim Wiewel and OHSU President Joseph Robertson formed the OHSU-PSU Strategic Partnership Task Force in 2010. The purpose of the Task Force was to make recommendations on how the two Universities could best collaborate to leverage state resources and meet educational needs in Portland and the state of Oregon. Of the working groups, one examined how best to meet the public health needs in Oregon's largest population center, the Portland metropolitan area. This workgroup, which included public health faculty representing the original three universities of the OMPH, recommended establishing two accredited schools of public health: a single-unit SPH in Corvallis and a second collaborative SPH in Portland. The Presidents of OHSU and PSU directed the OMPH Interim Director, Dr. Liana Winett, to develop an environmental scan of national trends in schools of public health compared to the capacity of OHSU and PSU. This quickly moved into a plan for the two universities published in the [OHSU/PSU Strategic Partnership Task Force Report](#) in January 2011. CEPH approved OSU's application to become an accredited School of public health in 2011.

In response to the recommendation of the OHSU/PSU Strategic Partnership Task Force to explore a collaborative (or joint) school, the OHSU-PSU Steering Committee of the SPH Initiative began its work. This committee involved faculty and administrative representatives from the MPH programs, PSU's College of Urban and Public Affairs (CUPA), OHSU's School of Medicine, OHSU's School of Nursing, and the provosts of both universities. The Steering Committee developed a number of collaborative cross-campus efforts to advance progress towards becoming a school, including holding two visioning retreats to discuss shared interests such as MPH competencies, faculty concerns, and student needs.

The OHSU-PSU Steering Committee developed and approved a mission statement in February 2013. The proposed school expanded from four MPH programs to six MPH programs organized around the five public health core knowledge areas.<sup>2</sup> After developing three new academic doctoral programs, we incorporated two already established academic masters' degree programs, two graduate certificate programs, and the large undergraduate program in health studies to complete the portfolio for the proposed school. Presidents Wiewel, PhD (PSU) and Robertson, MD, MBA (OHSU) with Provosts Sona Andrews, PhD, (PSU), and Jeanette Mladenovic, MD, MBA (OHSU) established an "equity model" for developing the SPH. This model established: (1) one SPH with one dean reporting to two provosts, (2) one "primary" faculty with appointments in the SPH, and (3) one unified student body, which has primary identity as students within the SPH. PSU and OHSU contributed equally to establish the Office of the Dean.

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<sup>1</sup> CEPH accredited OSU's College of Public Health and Human Sciences in June 2014.

<sup>2</sup> To replace the programs offered by Oregon State University

Development of the school continues to be participatory engaging faculty, staff, and students through the existing committee structure. The External Advisory Council is the primary vehicle through which the SPH engages the public health community. One of the culminating products of this cross-university and community-engaged work was the publication of [\*The State of Our Health 2013: Key Health Indicators for Oregonians\*](#)<sup>3</sup>. This report, widely disseminated among policy makers, practice settings, and partners in the state, represents a signature achievement of this collaboration. The School will continue to revise and update this report every two years as a resource for the state of Oregon.

In May 2014, the provosts appointed an interim dean, Dr. Elena Andresen (Professor in Epidemiology and a member of the Steering Committee) to oversee the implementation of the Action Plan for the proposed SPH. The progress toward a school included conversations with and feedback from MPH students and PhD students, as the three doctoral programs enrolled their first cohorts. In addition, Dr. Andresen initiated quarterly All-Faculty Meetings open to all primary, part-time, and affiliated faculty. These meetings fostered building a collaborative culture through dialogue about SPH shared values, goals, and objectives. Under CEPH's advisement in fall 2015, the OMPH incorporated PSU's large undergraduate program in health studies under the OMPH umbrella, instead of pursuing accreditation for a stand-alone baccalaureate program.

The collaborative program, OMPH, established in 1994, celebrated two decades with momentous change. CEPH accredited OSU as an SPH in June 2014, and then approved OHSU-PSU's application to pursue accreditation for an SPH in June 2015.

PSU and OHSU formed the proposed OHSU-PSU School of Public Health with 111 faculty (76 primary faculty members, and 35 other faculty), drawing from the advantages of the Portland metropolitan setting and two campuses within a mile of each other. Distinct research and service portfolios also serve to further the education of students with strong community-engaged projects and a collective passion to translate research on the social determinants of health into solutions. These strengths shaped the School's mission "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."

By developing and adopting innovations, the OHSU-PSU SPH is intensifying opportunities for faculty, staff, and students to learn and work across the Institutions and disciplines. In line with the Northwest and Portland cultures, coupled with changes in the national public health care landscape, the OHSU-PSU SPH strives to break down institutional and disciplinary barriers to produce better interdisciplinary public health science and education (<http://ohsu-psu-sph.org/>). One of the most important achievements of the increased collaboration was the development of the OHSU-PSU SPH Bylaws by a cross-university faculty committee. This collaborative effort established the standing committees, identified the charge and responsibilities for each committee, and defined the common and the distinct elements of the public health faculty employed by OHSU or PSU. With input of the Student Leadership Council, the Bylaws and committee structure incorporate students into the School's operations and governance. These binding elements of shared governance set the cultural tone for the future.

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<sup>3</sup> [\*The State of Our Health 2013: Key Health Indicators for Oregonians\*](#)<sup>3</sup> (Want L, Gauntner C, Becker T, Mladenovic J. March, 2013).



## Introduction to the Self-Study

The OHSU-PSU School of Public Health offers a total of sixteen degree programs. These programs include the following:

- MPH programs in six areas (Biostatistics, Environmental Systems & Human Health, Epidemiology, Health Management & Policy, Health Promotion, and Primary Healthcare & Health Disparities) aligned with the five core areas of knowledge basic to public health;
- BA/BS with a major in Health Studies in four concentrations: Aging Services, Community Health Education, Health Sciences (pre-health professions), and School Health;
- A non-public health undergraduate degree with a major in Applied Health & Fitness; and
- Five academic degrees—two academic master's degrees (Biostatistics and Health Studies), and three research doctoral degrees (Community health, Epidemiology, and Health Systems & Policy).

In fall 2015, more than 1,400 students enrolled in the School with 158 students enrolled in masters programs, 23 enrolled in the PhD programs, 20 enrolled in a certificate or other non-degree program, and 1,233 enrolled as majors in the undergraduate program in health studies. The research portfolio included more than \$12 million in support for 70 funded research projects in FY 2015. Funded research activity comprised 38% of the School's budget in that same year.

To provide this array of degree programs and meet its research and service missions, the School's primary faculty group includes 16 professors, 19 associate professors, 25 assistant professors, and 16 instructors/lecturers/research associates. Of these, 34% hold tenure or are in tenure-track positions (largely faculty employed by PSU). Faculty members hold an appointment at one employing university, with an affiliated appointment at the partner university. Each faculty member retains his/her employer and employment rights and expectations, which is vital given the differences between the universities.

The SPH also employs part-time faculty from other schools or units within the Universities, as well as, adjunct faculty from the professional public health community. These faculty members tend to engage primarily with the educational mission of teaching and advising students.

### Organization of Academic Units

The Office of the Dean, created two years ago, is the central administrative unit for the OHSU-PSU School of Public Health. The Office of the Dean coordinates accreditation, admissions, curriculum development, policy development, finance, communications, human resources, community engagement and partnerships, and much more. SPH leadership and key staff have appointments at both universities to permit open access to records and processes they need for a workload that crosses research, human resources, student enrollment and management, evaluation, and fiscal management at both PSU and OHSU.

Programs of study or degree and discipline (or major) combinations, not departments, organize the School. The motivation behind this decision by the provosts was to lessen the "silo effect" among the public health programs and partner universities, encourage interaction between faculty members, and form new relationships to create a blended culture for solving problems. To facilitate communication and integration, each program has a director. However, program directors neither supervise nor evaluate faculty. By virtue of holding these positions, however, each director serves on the majority of the standing committees and has obligations for attending the meetings and being an active member.

## **Institutional Contexts for the Collaboration**

Two outstanding, yet distinct, universities support the new OHSU-PSU School of Public Health. Although PSU and OHSU have different cultures, the commitment and unique strengths of PSU and OHSU add value to the collaborative or joint model for the school. Over the past 15 years, both universities have expanded research capacity, interprofessional education, and opportunities for research collaborations.

PSU enjoys a stellar reputation for its strong emphasis on innovative approaches to community-engaged education and for its mission as an urban university serving Portland. OHSU has a reputation for excellence in health care and education of health professionals and biomedical researchers. PSU actively promotes the development of networks to serve the community, and is a strong partner with OHSU on various academic and research projects focused on basic sciences, public health, social sciences, behavioral sciences, and biomedical sciences.

**Self-Study.** We appreciate the opportunity to describe the collaborative nature of the proposed OHSU-PSU School of Public Health and to clarify important aspects of and the organization of the SPH for the Self-Study. The universities possess the financial resources, full-time faculty, scope of degrees offered, and curriculum to meet all minimum accreditation criteria of an SPH, and OHSU has agreed to serve as the “lead” Institution with the responsibilities associated with CEPH’s designation.

[The Electronic Resource File](#) (ERF) is contained in a publically accessible Dropbox folder organized by criterion. The main Dropbox link has a table of contents. Throughout the Self-Study, resource documents are hyperlinked directly to the corresponding Dropbox folder (1.1, 1.2 etc.) in which the documents are found alphabetically by name. Confidential documents are available to the site visit team on a thumb drive



## Abbreviations

### External Organizations

ASTHO	Association of State & Territorial Health Officials
ASPPH	Association of Schools & Programs of Public Health
AUCD	American Association of University Centers on Disabilities
CCC	Central City Concern
CCOs	Community Care Organizations
CDC	Centers for Disease Control & Prevention
CHES	Community Health Education Specialist
CEPH	Council on Education for Public Health
CORE	Providence (Hospital System) Center for Outcomes Research and Education
CPH	Certificate in Public Health (National Board of Public Health Examiners)
NCHEC	National Committee for Health Education Credentialing
NPAIHB	Northwest Portland Area Indian Health Board
NWCPHP	Northwest Center for Public Health Practice
OHA	Oregon Health Authority
SOPHAS	School of Public Health Application System

### University & Schools

CUPA	PSU College of Urban and Public Affairs
OCTRI	Oregon Clinical & Translational Research Institute
OHSU	Oregon Health & Science University
OMPH	Oregon Master in Public Health program (historic)
OSU	Oregon State University
PSU	Portland State University
SCH	PSU School of Community Health
SPH	OHSU-PSU SPH
SOM	OHSU School of Medicine
SON	OHSU School of Nursing

### SPH Academic Programs

BIOS	Biostatistics (OHSU)
CH	Community Health (PSU)
EPI	Epidemiology (OHSU)
ESHH	Environmental Systems & Human Health (OHSU)
GCPH	Graduate Certificate in Public Health (OHSU-online)
HMP	Health Management & Policy (PSU)
HP	Health Promotion (PSU)
HSP	Health Systems & Policy (PSU)
PHCHD	Primary Health Care & Health Disparities (OHSU-online)
HSMP	Health Systems Management Policy (combines HSP and HMP)

### Degrees

BA/BS	Bachelor of Arts/Bachelor of Science
MA/MS	Master of Arts/Master of Science
MD	Doctor of Medicine
MPH	Master of Public Health
MSW	Master of Social Work

MURP	Master of Urban & Regional Planning
PhD	Doctor of Philosophy

#### **SPH Councils and Committees**

APCC	Academic Policy & Curriculum Committee
DC	Diversity Committee
DLT	Dean's Leadership Team
EAC	External Advisory Council
ELC	Executive Leadership Council
FC	Faculty Council
FEC	Field Experience Committee
RC	Research Committee
SC	OHSU-PSU SPH Initiative Steering Committee
SLC	Student Leadership Council
UCC	Undergraduate Curriculum Committee (APCC Subcommittee)
WDC	Workforce Development Committee

#### **Other Abbreviations**

AAEO	Office of Affirmative Action & Equal Opportunity
AI/AN	American Indian or Alaska Native
APR	Academic Program Review
CE	Culminating Experience
CPH	Certification in Public Health
FE	Field Experience
FTE	Full-time Equivalent
GRE	Graduate Record Exam
IDP	Individualized Development Plan
HC	Headcount
IDC	Indirect Costs (research Finance & Administration F&A)
MOU	Memo of Understanding
OAI	PSU Office of Academic Innovation
PH	Public Health
PI	Principal Investigator
RO	Research Office (of the SPH)
SFR	Student-Faculty Ratio
SS	Self-Study
RA	Research Assistant
TA	Teaching Assistant
URM	Underrepresented Minority

## Glossary of Terms

**Collaborative and Joint.** The School and its officials use these adjectives interchangeably to describe the organization of the School with the two partnering Universities.

**Academic Year.** The current AY at the time of writing the Preliminary Self-study is 2015-16. The Academic Year (AY) varies by collaborating Institution. The OHSU Academic Year is from the summer term (third week in June) through the end of spring term; the PSU academic year begins in the fall term (end of September) through the end of the summer term.

At the time of the site visit scheduled for September 28 through 30, 2016, fall term 2016 begins on Monday, September 26.

**Fiscal Year.** The period used for calculating annual financial statements begins on July 1 and ends on June 30. Fiscal Year 2016 runs from July 2015 through June 2016.

**Quarter System.** The School operates on a quarter system. OHSU's full-term is 12 weeks long in summer, fall, and spring but winter term is 11-weeks long. PSU's full term is 11-weeks long in fall, winter, and spring. Courses offered in the summer term are scheduled in regular or intensive sessions ranging from 4 to 13 weeks.

**Field Experience.** A formal, supervised experience in which students apply knowledge, skills, and abilities acquired through their academic didactic coursework and demonstrate specific program competencies in a public health practice setting.

**Culminating Experience.** A summative experience in which students validate their acquisition of all program competencies. The Culminating Experience occurs at the end of the program of study and requires the students to synthesize and integrate public health knowledge, skills, and abilities developed across the program of study. The Culminating Experience may build on the Field Experience and consists of an integrative paper for all students, and a comprehensive exam or oral presentation to meet program-specific requirements for some students.



## Criterion 1. 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.

#### ***1.1.a. A clear and concise mission statement for the School as a whole.***

The vision statement describes the optimal desired future state for the School:

***Through education, research, and community engagement, the School of Public Health will be a leader in promoting health and eliminating disparities in Oregon and beyond.***

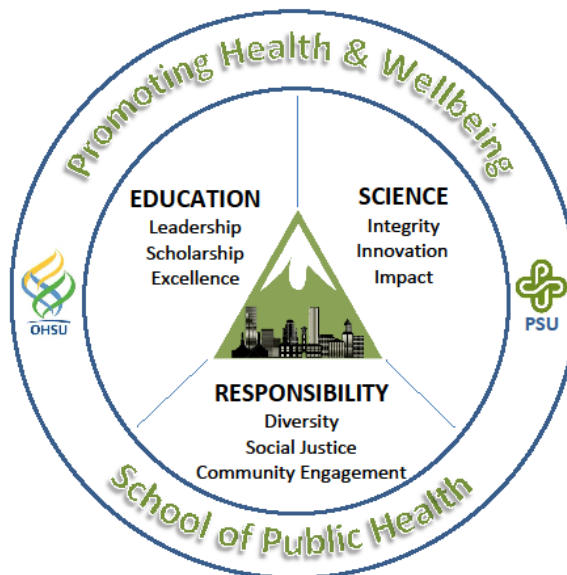
The mission statement defines the School's present purpose –what the School does, whom it does it for, and how:

***The mission of the SPH 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.***

#### ***1.1.b. A statement of the values that guides the School.***

The OHSU-PSU School of Public Health is an academic partnership that values:

- 1) **Education** - excellence in student education and faculty development through collaborative leadership and scholarship;
- 2) **Science** - innovative and impactful research conducted with the highest degree of integrity; and
- 3) **Responsibility** – commitment to health equity through diversity, social justice, and community engagement.



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

The OHSU-PSU SPH Initiative Steering Committee in 2012 identified three goals as follows:

- To create an innovative and collaborative SPH that addresses key issues of health policy and disparities;
- To meet Oregon's public health workforce needs; and
- To create excellent educational and research opportunities for students and faculty.

As part of the self-study process, the Office of the Dean with input from constituents reorganized these three goals into four goals to develop measureable objectives and quantifiable indicators. Table 1.1.c.1 lists the four goals by criterion.

Table 1.1.c.1 Goals of the OHSU-PSU SPH	
Criterion	Goals
<b>Education: Academic Programs &amp; Instruction</b>	1. Prepare graduates for the public health workforce competent to address causes of health and disease in professional practice, policy, and research.
<b>Research, Service, and Workforce Development</b>	2. Conduct and disseminate high-quality research/scholarship to optimize population health throughout Portland, the state of Oregon, and beyond.  3. Engage communities to advance population health through workforce development, service, outreach, and partnerships.
<b>Faculty, Staff, and Students</b>	4. Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences.

**1.1.d. A set of measureable objectives with quantifiable indicators related to each goal statement, as provided in Criterion 1.1.c. In some cases, qualitative indicators related to each goal statement as provided in 1.1.c. In some cases, qualitative indicators may be used as appropriate.**

Table 1.1.d.1 lists the 10 measureable objectives and 45 quantifiable indicators used to measure the School's mission fulfillment.

Table 1.1.d.1 OHSU-PSU SPH Measureable Objectives and Indicators	
Objectives	Indicators (Criterion Number)
1. Recruit, accept, and matriculate talented students from a diverse pool of applicants	<p>1.1 Applicants who are accepted and matriculate are from at least one of the targeted recruitment groups (Criterion 1.8, Criterion 4.3)</p> <p>1.2 MPH accepted applicants enroll (Criterion 4.3)</p> <p>1.3 MA/MS accepted applicants enroll (Criterion 4.3)</p> <p>1.4 PhD accepted applicants enroll (Criterion 4.3)</p> <p>1.5 Percentage of MPH matriculates that meet GRE admission criteria (Criterion 4.3)</p>
2. Promote, value, and achieve excellence in teaching and advising	<p>2.1 Mean student rating of overall quality of public health courses (Criterion 4.1)</p> <p>2.2 Percentage of primary faculty with doctoral degrees (Criterion 4.1)</p> <p>2.3 Percentage of primary faculty retained to the next year (Criterion 4.1)</p> <p>2.4 Students are satisfied with academic advising (Criterion 2.7, Criterion 4.4)</p> <p>2.5 Total graduate student-to-faculty ratio will be ≤10:1 (Criterion 1.7)</p> <p>2.6 MPH student graduation rates within four years (Criterion 2.7)</p> <p>2.7 Placement rates of MPH graduates within 12 months of graduation (Criterion 2.7)</p> <p>2.8 PhD student graduation rates within 7 years (Criterion 2.7)</p> <p>2.9 Placement rates for PhD graduates within 12 months of graduation (Criterion 2.7)</p> <p>2.10 Total undergraduate student-to-faculty ratio will be ≤ 40:1 (Criterion 1.7)</p> <p>2.11 Completion rate within 3 years for undergraduates (at 120 credits) (Criterion 2.9)</p> <p>2.12 Placement rates of BA/BS graduates within 12 months of graduation (Criterion 2.9)</p>
3. Achieve competency in the essential public health core knowledge and program-specific knowledge, abilities, and cross-cutting skills	<p>3.1 Among students who take the CPH exam, the average pass rate exceed national average (Criterion 2.3)</p> <p>3.2 Mean MPH alumni rating on "prepared to apply core knowledge and skill competencies in current job" (Criterion 2.3)</p> <p>3.3 Mean MPH alumni assessment on "able to apply knowledge and skill competencies in program in current job" (Criterion 2.6)</p>

Table 1.1.d.1 OHSU-PSU SPH Measureable Objectives and Indicators	
Objectives	Indicators (Criterion Number)
4. Compete successfully for extramural funding to support faculty and graduate students	<p>4.1 Total awards from grants &amp; contracts (<i>Criterion 3.1</i>)</p> <p>4.2 Percentage increase in grants &amp; contracts from prior year. (<i>Criterion 3.1</i>)</p> <p>4.3 Percentage of research proposals submitted by PIs are funded (<i>Criterion 3.1</i>)</p> <p>4.4 Percentage of faculty reporting graduate student participation on funded research/scholarship projects (<i>Criterion 3.1</i>)</p>
5. Increase dissemination of research and scholarship to advance population health	<p>5.1 Number of peer-reviewed publications annually (<i>Criterion 3.1</i>)</p> <p>5.2 Percentage of primary faculty presenting at professional meetings (<i>Criterion 3.1</i>)</p> <p>5.3 Percentage of faculty reporting sponsored research/scholarship projects engaged a community or population groups (<i>Criterion 3.1</i>)</p>
6. Advance the evidence base for the practice of public health through community engagement to reduce health disparities	<p>6.1 Number of public health practitioners participating in SPH-sponsored professional development workshops, and events annually (<i>Criterion 3.3</i>)</p> <p>6.2 Percentage of faculty providing testimony, technical support, or advice to administrative, legislative, or community organizations (<i>Criterion 3.2</i>)</p> <p>6.3 Percentage of faculty serving on advisory panels, boards of directors, or task forces related to community organizations, NGOs, or health departments (<i>Criterion 3.2</i>)</p> <p>6.4 Percentage of students that report community or service activities (beyond practice experience and current jobs) (<i>Criterion 3.2</i>)</p> <p>6.5 Percentage of faculty applying public health scholarship, knowledge, and skills in practice settings (<i>Criterion 3.2</i>)</p>
7. Foster student development of competencies in practice environments	<p>7.1 MPH students reported, "<i>Overall, I am satisfied with my field experience</i>" (<i>Criterion 2.4</i>)</p> <p>7.2 Mean MPH student self-assessment of competencies demonstrated in the field experience (<i>Criterion 2.4</i>)</p> <p>7.3 Mean preceptor assessment of the MPH student's demonstration of competencies in the field experience(<i>Criterion 2.4</i>)</p> <p>7.4 Percentage of preceptors who would recommend to colleagues that they sponsor an MPH student in a field experience (<i>Criterion 2.4, Criterion 3.2</i>)</p>



Table 1.1.d.1 OHSU-PSU SPH Measureable Objectives and Indicators	
Objectives	Indicators (Criterion Number)
8. Recruit and retain diverse and exceptional individuals to achieve our mission	<p>8.1 Percentage of primary faculty from under-represented groups <i>(Criterion 1.8)</i></p> <p>8.2 Percentage of MPH students from under-represented groups <i>(Criterion 1.8)</i></p> <p>8.3 Percentage of undergraduate students from under-represented groups <i>(Criterion 1.8)</i></p>
9. Achieve equity student populations in academic outcomes and success	<p>9.1 Graduation rates for BA/BS students from under-represented groups equal the BA/BS all-average graduation rates <i>(Criterion 1.8)</i></p> <p>9.2 Retention rates for MPH students from under-represented groups equal the MPH all-average retention rates <i>(Criterion 1.8)</i></p> <p>9.3 Graduation rates for MPH students from under-represented groups equal the overall MPH all-average graduation rates <i>(Criterion 1.8)</i></p>
10. Support diversity and civility in the classrooms, workplace, and broader communities we serve.	<p>10.1 Percentage of students that say, "Overall, I am comfortable with the climate of inclusion in the School" <i>(Criterion 1.8)</i></p> <p>10.2 Percentage of students that say, "I feel valued and respected" <i>(Criterion 1.8)</i></p> <p>10.3 Percentage of deans, program directors, and members of the Diversity Committee that complete implicit bias testing and training. <i>(Criterion 1.8)</i></p>

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

The OHSU-PSU SPH Steering Committee met every two weeks beginning in spring 2011. The 12-member SC included faculty from PSU and OHSU as well as the Provosts from both Universities. Participants and staffing changed in response to progress and suggestions by the Provosts. ([OHSU-PSU SPH Initiative Steering Committee Membership List](#)). The SC developed and approved the School's mission, vision, and goal statements on February 25, 2013. The SC also developed an SPH Action Plan

<b>Table 1.1.e.1 Development of the School's Mission, Values, Goals and Objectives</b>	
<b>Dates</b>	<b>Activity</b>
May 2011	SPH Visioning Retreat 1 (50 faculty from PSU and OHSU)
January 2012	SPH Visioning Retreat 2 (75 faculty from PSU and OHSU))
October 2012	Create OHSU-PSU SPH Steering Committee (SC) to meet twice a month
February 2013	Adopt SPH Vision and Mission Statement
	Publish "The State of Our Health 2013" by PSU and OHSU
June 2013	Hold Faculty Information Session Q&A at PSU on SPH mission and goals
July 2013	Update SPH progress with PH community stakeholders
November 2013	Discuss opportunities for community outreach with coalition of local health officials
December 2013	Report outs of six Affinity & Work Groups on opportunities for collaboration
February 2014	Hold OMPH Student Information Sessions
October 2014	Review mission, goals and objectives by APCC, ELC, & EAC Hold two Faculty Listening Sessions at PSU with Interim Dean & associate deans
February 2015	Hold two Open Forums on the SPH at PSU
May 2015	Discuss values & administrative structures at All SPH Faculty Meeting
September 2015	Revise mission, goals & objectives approved at DLT retreat
October 2015	Hold Faculty Research Retreat to build collaborations, identify objectives and indicators
January 2016	Review and revise objectives and targets for Mission, Goals, and Objectives
February 2016	Share MGOs at All Faculty Meeting
September 2016	Evaluate annual performance against targets to DLT and APCC
Fall 2016	Report annual performance against targets at All Faculty Meeting
<b>Notes:</b> APCC Academic Policy & Curriculum Committee; EAC External Advisory Council; ELC Executive Leadership Council; DLT Dean's Leadership Team; SC Steering Committee; SS Self-Study	

With the appointment of the Interim Dean, Elena Andresen, in May 2014, the Provosts disbanded the SPH Steering Committee. Over the summer months in 2014, the Dean's Leadership Team (DLT) met weekly to begin implementing the action plan by revisiting the objectives used in the OMPH program, developing School-level governance structures, identifying primary faculty, and reducing barriers to collaboration. Using CEPH's *Technical Paper: Establishing, Presenting, and Using Outcomes Measures*, the DLT reviewed the OMPH objectives against the factors of relevance, potential for improvement, and controllability. The DLT recommended the elimination of objectives that appeared as a task in a yes/no question. This categorical question does not elicit information about the cultural competency of a given student(s) or measure long-term value of cultural competency to students, alumni, and the public health workplaces. The DLT members also involved constituent groups in the review of the measurable

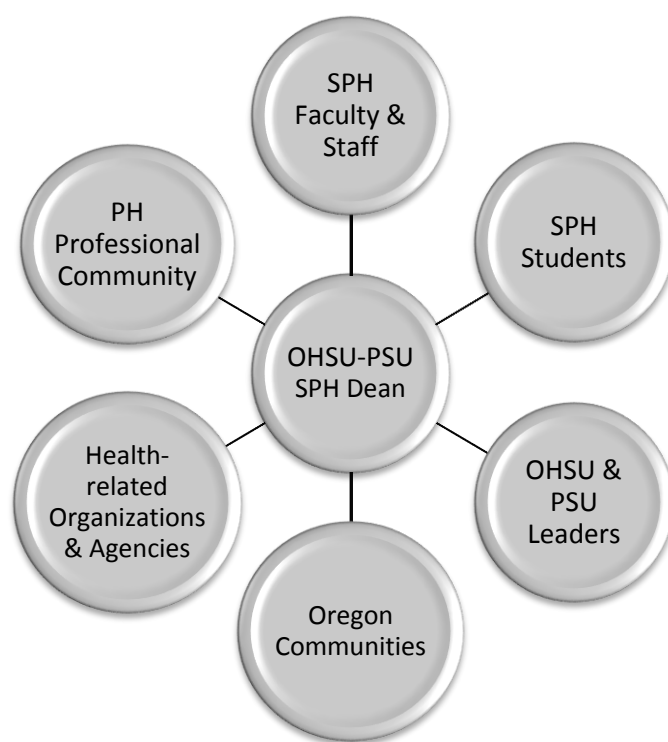
## Criterion 1: The School of Public Health

objectives and indicators through the appropriate SPH committees (quarterly Student Leadership Council, All-Faculty Meetings, Academic Policy & Curriculum Committee, Executive Leadership Council, and External Advisory Council). These stakeholder groups provided feedback that the DLT used to revise the objectives and indicators. The DLT reviewed and finalized targets for the objectives in September 2015. In October 2015, SPH faculty approved the objectives and targets at the All-Faculty meeting.

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

The School displays its mission, values, goals, and objectives on the SPH's [website](#) and includes the mission, values, and goals in various print materials, such as the student handbooks. The School identified six categories of constituent groups that are, and will continue to be, involved in the review and revision of the MGOs to ensure their relevance. (Figure 1.1.f.1)

**Figure 1.1.f.1 SPH Constituent Groups**



## Criterion 1: The School of Public Health

Through this transition period from the OMPH to the OHSU-SPSU SPH, the faculty, staff, and students through the SPH committees and community members played a prominent role in this development. The DLT will review annual performance against targets in August; the APCC and EAC will review annual performance of the MGOs at its October or November meetings. Table 1.1.f.1 lists the DLT member whose responsibility it is to keep constituent groups informed and involved in development of the School's objectives.

<b>Table 1.1.f.1 Constituent Groups Involved in the Development of MGOs</b>			
<b>Dean Team Member</b>	<b>SPH Internal Standing Committees/Councils</b>	<b>Other Committees Related to SPH Development</b>	<b>External Constituents/Advisory Organizations</b>
<b>Interim Dean Elena Andresen, PhD</b>	Executive Leadership Council SPH All-Faculty Meeting Faculty Council (TBA)	Affinity Group PSU Faculty Senate OHSU Faculty Senate PSU Deans' Council OHSU Deans' Council	University Center of Excellence in Developmental Disability Community Partners Council Oregon Public Health Association Board
<b>Dean David Bangsberg, MD</b>			
<b>Leslie McBride, PhD</b> term ended 6/30/16)	Academic Policy & Curriculum Committee Student Leadership Committee Alumni Association	PSU Faculty Senate	
<b>Jill Rissi, PhD</b> (began 7/01/16)			
<b>Katherine Bradley, PhD</b>	Field Experience Workforce Development External Advisory Council	Affinity Group	Oregon Public Health Association Board
<b>Thomas Becker, MD, PhD</b>	Research Committee	Affinity Group	Northwest Portland Area Indian Health Board
<b>Nancy Goldschmidt, PhD</b>	Diversity Committee		
<b>Carlos Crespo, DrPH</b>	Undergraduate Curriculum Committee	Affinity Group	OR Health Policy Board OR Health Authority OR Public Health Institute OR Community Health Workers Association OR Community Colleges

***1.1.g. Assessment of the extent to which this criterion is met and an analysis of the School's strengths, opportunities, and plans related to this criterion.***

This criterion is met.

**Strengths**

- The process used to develop and approve the School's mission statement, values statements, and goals was inclusive and involved key internal constituents at PSU and OHSU and provided opportunities for external constituents to influence the objectives and metrics.
- The goals have objectives and quantifiable indicators with assigned responsibility for oversight to a member of the DLT; standing committee or committees review findings and plan responses.

**Weaknesses**

- Involving more constituents in the oversight of the goals and objectives in a way they regard as relevant and inclusive of their diverse interests with the aim of influencing strategic directions and resource allocation.

**Plans**

- The dean's leadership team will review progress toward SPH goals and objectives against strategic priorities at its annual retreat in August. An annual report will be developed for wide distribution to constituents using the existing governance structure: Executive Leadership Council, Student Leadership Council, External Advisory Council, Faculty Council (implementation projected for January 2017), and Academic Policy & Curriculum Committee.
- Implement formalized communication plan to foster wider participation in shared governance by faculty, staff, and students.

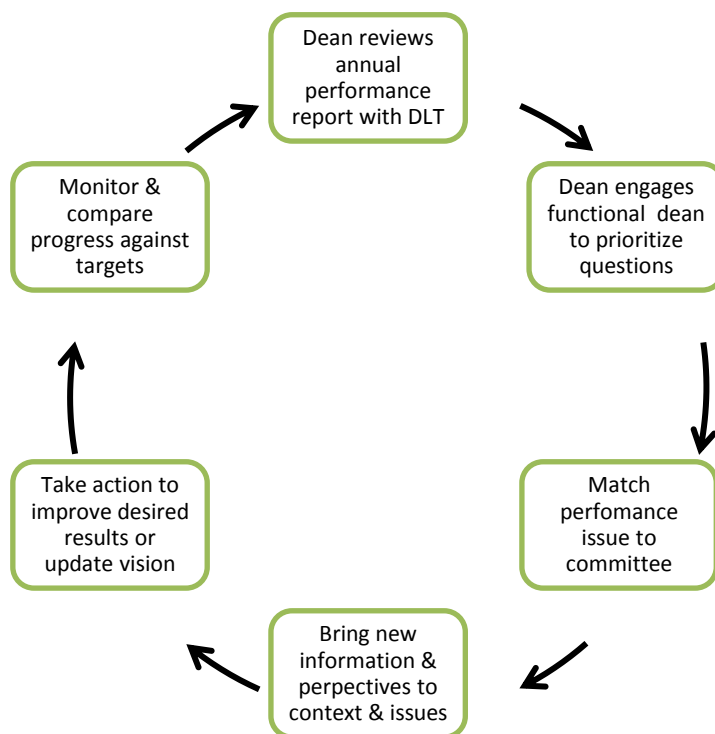
## 1.2 Evaluation

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 that evaluation process, the School must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

**1.2.a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible parties for each.**

The School embeds responsibility for evaluation processes in its administrative and governance structure. Figure 1.2.a.1 provides a graphical display of the evaluation framework used to consider problems, design actions to improve conditions, and monitor results, inspired by Michael Quinn Patton's work on developmental evaluation. Table 1.2.a.2 situates the responsibility for each of the ten objectives by standing committee(s) and dean(s).

**Figure 1.2.a.1 SPH Program Evaluation Framework**



<b>Table 1.2.a.2 Assigned Standing Committees for Ongoing Evaluation</b>		
<b>Measureable Objectives</b>	<b>Who Monitors Activity and Outcomes</b>	<b>Who Recommends Action</b>
Recruit, accept, and matriculate talented students from a diverse pool of applicants	<ul style="list-style-type: none"> <li>- Admissions Committees</li> <li>- Diversity Committee</li> <li>- Academic Policy &amp; Curriculum Committee</li> </ul>	Academic Dean
Promote, value, and achieve excellence in teaching and advising	<ul style="list-style-type: none"> <li>- Academic Policy &amp; Curriculum Committee</li> <li>- Faculty Council</li> </ul>	Academic Dean
Achieve competency in the essential public health core knowledge and program-specific knowledge, abilities, and cross-cutting skills	<ul style="list-style-type: none"> <li>- Academic Policy &amp; Curriculum Committee</li> <li>- Assessment Committee</li> <li>- Student Leadership Council</li> </ul>	Academic Dean
Compete successfully for extramural funding to support faculty and graduate students	<ul style="list-style-type: none"> <li>- Research Committee</li> <li>- Deans' Leadership Team</li> </ul>	Research Dean
Increase dissemination of research and scholarship to advance population health	<ul style="list-style-type: none"> <li>- Research Committee</li> <li>- External Advisory Council</li> <li>- Faculty Council</li> </ul>	Research Dean
Advance the evidence base for the practice of public health through community engagement to reduce health disparities	<ul style="list-style-type: none"> <li>- External Advisory Council</li> <li>- Research Council</li> <li>- Faculty Council</li> </ul>	Practice Dean Research Dean
Foster student development of competencies in practice environments	<ul style="list-style-type: none"> <li>- Field Experience Coordinators</li> <li>- Academic Policy &amp; Curriculum Committee</li> <li>- Student Leadership Council</li> </ul>	Practice Dean
Recruit and retain diverse and exceptional individuals to achieve our mission	<ul style="list-style-type: none"> <li>- Diversity Committee</li> <li>- Faculty Council</li> </ul>	Dean
Achieve equity student populations in academic outcomes and success	<ul style="list-style-type: none"> <li>- Admissions Committees</li> <li>- Diversity Committee</li> <li>- Academic Policy &amp; Curriculum Committee</li> </ul>	Academic Dean
Support diversity and civility in the classrooms, workplace, and broader communities we serve.	<ul style="list-style-type: none"> <li>- Diversity Committee</li> <li>- Faculty Council</li> <li>- Deans' Leadership Team</li> </ul>	Dean

## Criterion 1: The School of Public Health

The SPH uses several data systems maintained by the School and Universities for gathering data related to the measureable objectives and quantifiable indicators to demonstrate the School's effectiveness accountability. These include:

- **Student Information System (ISIS).** Each University has its own central OHSU-PSU database for enrollment records, degrees awarded, registration, financial aid, and student billing. SPH uses the data provided to develop analytical studies for planning, academic program management, and policy development. Designated administrative staff members have access to both systems.
- **Faculty Information System (FIS).** The School uses the FIS for the faculty according to their employing University. The SPH adopted the XITRACS™ Faculty Credentials module in fall 2014 to provide a one-stop location in the Office of the Dean for information about faculty at both Universities—educational background, position and rank, teaching and research interests, course assignments, current faculty CVs, and demographic information.
- **Survey Data** (e.g., Qualtrics surveys, ASPPH surveys, SOPHAS, ASPPH Data Center). The OHSU-PSU SPH Dean's Office is responsible for administering surveys on a regular and ad hoc basis to gather information about student satisfaction, alumni opinions, recent graduate job placement, employer opinions, and diversity culture and climate. In the last year, the on-line ASPPH Data Center is a valuable tool to develop comparisons with the [peer Institutions](#) we identified for our MGO reporting.
- **SOPHAS.** The School uses SOPHAS to process applications including applications to full- and part-time MPH programs, PhD programs, and the MS in Biostatistics. For the other academic programs offered by PSU, students apply for admission online using Banweb.
- **Research Administration.** At the time of the writing of the Preliminary Self-Study, PSU and OHSU were using different research administration systems and standards. For the Self-Study, we combined data across the two Universities for analysis. The OHSU-PSU SPH will use a single research administration system beginning with new grant submissions in July 2017 at OHSU. The new arrangement will make data reporting more efficient and effective. OHSU research administration will regularly report to PSU Office of the Vice President for Research any faculty employed by PSU serving as a principal investigator on a sponsored project.
- **Academic Program Review (APR).** The School requires the periodic evaluation of its programs to meet the standards of the regional Institutional accreditor, Northwest Commission on Colleges and Universities (NWCCU). The program faculty members follow the institutional-level processes of their employing Institution. For example, the HMP, HSP, and CH programs follow the PSU processes, and the EPI, ESHH, BIOS, and PHCHD programs follow the OHSU processes. Before submitting the APR for the Institutional-level review, the process requires that the program undergo a review process at the School level. All programs in the SPH submit a completed APR report to the APCC for review and feedback before advancing to the next Institutional level. The biostatistics program just completed the APR process at OHSU (See [Table 1.2.a.3 Academic Program Review Schedule for SPH Programs](#)).
- **External Peer Reviews.** With the development of proposals for a new academic program or substantive change to an existing academic program, both OHSU and PSU requires an external peer review of the program's strengths and weaknesses. This is to ensure that the programs offered meet the highest quality standards. Typically, the external peer review group provides an assessment to the dean who shares it with the appropriate provost and faculty senate before a state-level review for further discussion and approval for implementation. The Electronic



## Criterion 1: The School of Public Health

Resource File (ERF) provides the [external peer review reports](#). Importantly, in anticipation of the significance of the SPH assembling the PhD programs, the PhD in Epidemiology and PhD in Community Health requested a synchronized review with the same external review committee; the PhD in Health Systems & Policy requested a different external review committee. These peer review panels provided assurance that the proposed programs met national quality standards. The [Table 1.2.a.5](#) in the ERF contains the list of peer reviewers and their qualifications for each of the new programs developed and implemented for the OHSU-PSU SPH.

<b>What</b>	<b>How</b>	<b>When</b>
<b>Student Course Evaluations</b>	School extracts from three systems	Each term
<b>MPH Core Competency Assessment</b>	National CPH Exam	Scheduled after student completes MPH core
<b>MPH Core Course Evaluation</b>	Student opinions of how well the core courses prepared them for course competencies	With course evaluation
<b>Practice Experience Competency Demonstration</b> Student and preceptor assessments of competencies and opinions about practice experience	Student self-assessment, preceptor assessment, and faculty assessment  Online Survey maintained by Office of the Dean	At student's completion of the field experience, aggregated into annual report
<b>Annual Student Survey</b> -Student opinions about learning experiences	Online Survey maintained by Office of the Dean	Every spring
<b>Job Placement Survey</b> (1 year out)-Recent graduate opinions on competencies,	Online Survey maintained by Office of the Dean	10-12 months after degree award
<b>Alumni Survey</b> (2-5 years out)-Alumni opinions on competencies, professional development needs, and employment/continuing education.	Online Survey maintained by Office of the Dean	Every 2 years for alumni 2-7 years out
<b>Degree Completions Reports</b> -number of students completing degrees and graduation rates	Institutional research offices send raw student data; we aggregate and analyze to get overall rates and by sex, race, ethnicity	Annual

## Criterion 1: The School of Public Health

The [survey reports](#) are included in the ERF.

- Employer Survey 2013
- Employer Key Informant Interviews 2016
- MPH Alumni Survey 2013 and 2015
- Annual Student Surveys, 2013, 2014, 2015 and 2016 (available at site visit)
- Job Placement Surveys (One Year Later), 2014, 2015 and 2016 (will be conducted in November)

A complete list of the policies and procedures associated with program review and effectiveness are as follows:

OHSU Academic Policy Development and Approval, [Policy 01-01-010](#)

OHSU Academic Program Review, [Policy 02-50-005](#)

OHSU Proposing Curricular Changes [Policy 02-50-010](#)

[PSU Academic Program Review](#) Goals and [schedule](#)

***1.2.b. Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.***

The School monitors the quality of programs and activities against the objectives and measureable outcomes at least once a year. The associate deans have responsibility for the objectives and indicators aligned with their position descriptions. The DLT communicates results to faculty through the Program Coordinators/Program Directors, the Academic Policy and Curriculum Committee (APCC), and External Advisory Council (EAC). Depending on the topic, the appropriate faculty groups may review and analyze conditions and performance before making recommendations to the appropriate SPH standing committees.

**Employer Opinions.** In support of the goal to “Engage communities to advance population health through workforce development, service, outreach, and partnerships,” the External Advisory Council participates in the review of data collected about the School’s graduates, reflected in the objectives and metrics. At its July 2015 meeting, the EAC reviewed findings of two web-based surveys, employer opinions of MPH graduates conducted in 2013 and alumni perceptions of their public health knowledge and skills conducted in 2015. The findings of the employer survey triangulate with the findings of the alumni survey. The EAC members observed that a few competency ratings fell short of the targets, but wanted more information and recommended interviewing practitioners. To follow up, the associate dean for practice conducted key informant interviews with public health employers. Overall, respondents indicated a preference for hiring/requiring an MPH for traditional roles of program coordinator, epidemiologist, research analyst, policy analyst, health educator, and manager. Important considerations in hiring focused on prior public health-related experience, community work, field experiences, and life experiences. They believed skills in grant writing, informatics, and quality improvement could be better. The report on [Final Employer Survey Results](#) is in the ERF.

**Core Competency.** In support of the goal to, “Prepare graduates for the public health workforce competent to address causes of health and disease in professional practice, policy, and research,” the OHSU-PSU SPH conducts surveys of alumni. The Office of the Dean conducts alumni surveys every other year to obtain their perspectives on their competencies developed in public health core and program-specific knowledge compared to the demand for competencies in their work environments. In the 2012 and 2015 Alumni Surveys, six of the seven public health core competencies met the threshold of at least 3.2 on a 4-point scale (4 = “very prepared” and 1 = “not prepared”). We found the rating slightly below target for two core competencies: (1) integrate the understanding of the interrelationship among organization, delivery, and financing of health-related services and (2) select and employ appropriate methods of design, analysis, and synthesis to address population-based health problems in urban and rural environments.

Dr. Neal Wallace, Program Director for Health Management & Policy, analyzed the data and discovered that respondent scores for this competency varied by MPH program. Combining the two data collection periods, he found that respondents from two programs met the threshold— HMP at 3.4 and PHCHD at 3.2. Reviewing the mapping of program competencies to MPH core courses revealed that only two core courses (health systems organization and environmental health) address this competency. This compares to four of the five core courses supporting each of the other MPH program competencies. The MPH program directors are deliberating on the learning experiences needed within the core courses or program required courses of the epidemiology, biostatistics, and health promotion programs to support competency development in “integrating the understanding

of the interrelationships among organization, delivery and financing of health related services.” This faculty group will use existing competency measurements to assess improvement in this area beginning with the bob placement and in the alumni surveys scheduled for 2017. APCC will review issues in core course curriculum in 2016-17.

**Undergraduate Curriculum.** In support of the goal to “Prepare graduates for the public health workforce competent to address causes of health and disease in professional practice, policy, and research,” the Undergraduate Curriculum Committee began examining the undergraduate public health curriculum against national standards identified by ASPPH in 2013. This review work and [proposed changes](#) included: (1) mapping the curricula for the four concentrations to the nine public health domains, (2) revising two of the five core courses, (3) revising the five concentration requirements, and (4) developing program-level competency statements. The PSU Faculty Senate approved the newly developed curriculum, which launched in 2015-16. The faculty group teaching undergraduate courses will revise their course syllabi to include course-learning outcomes and relevant program-level competencies by 2016-17. This faculty group is also developing new assessments consistent with the SPH Assessment Framework and Plan beginning in 2016-17. The Undergraduate Committee, a subcommittee of the APCC will undertake this work.




**Schedule Conflicts.** During 2014-15, the Associate Dean for Academic Affairs held sessions with program coordinators and program schedulers to address course schedule conflicts that had developed among core course and MPH program-specific requirements. Students expressed their frustrations with faculty advisors scheduling and on the annual student survey. This prompted staff to review program course schedules; they confirmed the conflicts and the impact on time-to-graduation.

After determining that these conflicts resulted primarily from two sources—revisions in program curricula and catering to faculty schedule preferences—program schedulers agreed to a permanent schedule for core course requirements around which program requirements would be arranged. Additionally, a policy requiring any faculty member teaching a core course to uphold the permanent schedule received the endorsement of the Academic Policy & Curriculum Committee.

***1.2.c. Data regarding the School’s performance on each measureable objective described in Criterion 1.1.d must be provided for each of the last three years.***

Table 1.2.c.1 provides the actual performance on each measureable objective against the target for the last three years. Oregon state law prohibits the setting of targets or goals for minority recruitment. The School approached setting targets based on several criteria: (1) CEPH standards, if appropriate, (2) performance needed to achieve mission, (3) performance needed to sustain OMPH/SPH past performance, and (4) performance of the 13-member Institutional peer group (approved by the Executive Leadership Team in spring 2015). We used the Institutional peer group to calculate targets for two fiscal sustainability measures, which are not included in the MGOs. These measures include average faculty salaries and MPH average tuition and fees at public universities. The plan is to expand the use of the Institutional peer group for setting improvement targets. The [2016 Peer Group Report](#) is located in the ERF.

The Self-Study reproduces the appropriate objectives and indicators. Each indicator is color-coded based on our evaluation of performance against targets. For any particular indicator, green signifies, “Things are going well,” and yellow indicates, “Watch this more closely.” Red alerts, “Target is not being met and we need to act.”

 Things are going well.	 Watch this more closely.	 Target not met; need to act.
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**Table 1.2.c.1 Goals and Measureable Objectives (Outcome Measures Template)**

**Goal 1: Prepare graduates for the public health workforce to address the causes of health and disease in professional practice, policy, and research**

**Objective 1: Recruit, accept, and matriculate talented students from a diverse pool of applicants**

Indicators		Target	2013-14	2014-15	2015-16
<b>1.1</b>	<b>Applicants who are accepted and matriculate will be from at least one of the targeted recruitment groups<sup>1 2</sup></b>	<b>40%</b>			
	URM Undergraduates	NA	23% (36/155)	40% (65/163)	36% (64/180)
	URM MPH students	NA	19% (11/57)	20% (12/60)	19% (7/36)
	URM PhD students	NA	33% (3/6)	18% (2/11)	10% (1/10)
	Pell Grant Recipients (BA/BS)	50%	66% (709/1073)	65% (767/1180)	51% (623/1233)
	Disadvantaged Background (MPH)	40%	NA	43%	55%
	Previous Public Health Experience <sup>3</sup>	70%	NA	83%	79%
<b>1.2</b>	<b>MPH accepted applicants enroll</b>	<b>40%</b>	59% (57/96)	43% (63/146)	32% (60/189)
<b>1.3</b>	<b>MA/MS accepted applicants enroll</b>	<b>50%</b>	86% (6/7)	67% (2/3)	50% (3/6)
<b>1.4</b>	<b>PhD accepted applicants enroll</b>	<b>45%</b>	100% (6/6)	73% (11/15)	65% (13/20)
<b>1.5</b>	<b>GRE Test scores for MPH applicants that matriculate<sup>3</sup></b>	<b>V and Q of 75%</b>	NA	V: 73% Q: 73%	V: 79% Q: 74%
<b>Objective 2: Promote, value, and achieve excellence in teaching and advising</b>					
<b>2.1</b>	<b>Mean student rating of overall quality of public health courses</b>	<b>5.0 out of 6.0</b>	OHSU: 5.1	Grad: 5.1 UG: 5.1	<i>Pending</i>
<b>2.2</b>	<b>Percentage of primary faculty with doctoral degrees</b>	<b>90%</b>	92%	88%	89%
<b>2.3</b>	<b>Percentage of primary faculty retained from previous year</b>	<b>95%</b>	97%	100%	100%
<b>2.4</b>	<b>Students are satisfied with academic advising<sup>4</sup></b>	<b>80%</b>	MPH: 64%	MPH: 63% BA/BS: 93%	MPH: 69% BA/BS: 93%
<b>2.5</b>	<b>Total graduate student-to-faculty ratio will be ≤10:1<sup>5</sup></b>	<b>10</b>	3.8	2.1	2.6
<b>2.6</b>	<b>MPH students will complete degrees within four years</b>	<b>80%</b>	MPH: 82%	MPH: 75%	MPH: 92%
<b>2.7</b>	<b>Job placement rates of MPH graduates within 12 months of graduation<sup>6</sup></b>	<b>80%</b>	94% '12-13 grads	91% '13-14 grads	<i>Pending 11/2017</i>

**Goal 1: Prepare graduates for the public health workforce to address the causes of health and disease in professional practice, policy, and research****Objective 2: Promote, value, and achieve excellence in teaching and advising**

Indicators		Target	2013-14	2014-15	2015-16
2.8	PhD students will complete degrees within 7 years	80%	100% (2 HSP)	100% (1 HSP)	<i>Pending 11/2017</i>
2.9	Job placement rates for PhD graduates within 12 months of graduation <sup>6</sup>	100%	100%	100%	<i>Pending 11/2017</i>
2.10	Total undergraduate student-to-faculty ratio will be $\leq 40:1$ <sup>5,7</sup>	40	NA	NA	41.9
2.11	BA/BS student will complete degrees within 3 years (at 120 quarter credits)	70%	43%	60%	69%
2.12	Job placement rates of BA/BS graduates within 12 months of graduation <sup>6</sup>	80%	NA	NA	77% '14-15 grads

**Objective 3: Foster student competency in the essential public health core knowledge areas and program-specific knowledge, abilities, and cross-cutting skills**

3.1	Average pass rate on CPH Exam will meet or exceed the national NBPHE average	NBPHE average	100% (2/2) NBPHE Av: 85%	87% (13/15) NBPHE Av: 80%	88% (7/8) NBPHE Av: 68%
3.2	Mean MPH alumni rating on " <i>prepared to apply core knowledge and skill competencies in current job</i> "	3.2 out of 4.0	<i>collected every two years</i>	Knowledge: 3.4 Methods: 3.1 Systems: 3.0 Communicate: 3.3 Ethics: 3.7 Cultural: 3.3 TIP: 3.5	
3.3	Mean MPH alumni rating on " <i>able to apply knowledge and skill competencies in track in current job</i> "	3.2 out of 4.0	<i>collected every two years</i>	EPI/BSTA: 3.2 HMP: 3.5 HP: 3.3 PHCHD: 3.5 ESHH: no alumni at time	

**NOTES:** <sup>1</sup>Total URM includes Hispanic (any race) and non-Hispanic individuals who identify as Black, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or Two or more races. URM excludes Asian, except for faculty who identify as Korean or Vietnamese and are employed at OHSU. <sup>2</sup>Oregon state law prohibits the setting of recruitment targets for population groups based on race and ethnicity alone; the School's intention is to increase overall diversity. <sup>3</sup>Data extracted from SOPHAS, except for 2013-14 applicants. <sup>4</sup>In 2013-14, the BA/BA students were not administered a satisfaction survey and in 2014-15, the MPH students and BA/BS programs were administered separate surveys. The same survey was used for all students in 2016. <sup>5</sup>Student-to-faculty ratio is by total FTE faculty. <sup>6</sup>Job placement rates include continuing education. <sup>7</sup>Undergraduate programs became part of the OMPH program in summer 2015.

Goal 2: Conduct and disseminate high-quality research and scholarship to optimize population health throughout Portland, the state of Oregon, and beyond					
Objective 4: Compete successfully for extramural funding to support faculty and graduate students					
Indicators		Target	FY 2014	FY 2015	FY 2016
4.1	Total awards from grants & contracts will increase 5% annually (\$ in thousands)	+5%	\$11,752	\$12,315 (+5%)	Pending
4.2	Percentage of research proposals submitted by SPH PIs that are funded	25%	25%	29%	Pending
4.3	Percentage of faculty reporting graduate student participation on funded research & scholarship projects	20%	24%	32%	11% (Partial Year)
Objective 5: Increase dissemination of research and scholarship to advance population health					
5.1	Number of peer-reviewed publications annually	200	302	212	Pending (1/2017)
5.2	Percentage of primary faculty presenting at professional meetings	65%	62%	69%	Pending (11/2016)
5.3	Percentage of faculty reporting sponsored research or scholarship engaging the community or population groups	30%	27%	32%	33% (Partial Year)
Goal 3: Engage communities to advance population health through workforce development, service, outreach, and partnerships					
Objective 6: Advance the evidence base for the practice of public health through community engagement to reduce health disparities					
Indicators		Target	FY 2014	FY 2015	FY 2016
6.1	Number of public health practitioners participating in SPH-sponsored professional development workshops, and events annually	2,000	3,545	4,122	1,287 (Partial Year)
6.2	Percentage of faculty providing testimony, technical support, or advice to administrative, legislative, or community organizations	30%	30%	15%	9% (Partial Year)
6.3	Percentage of faculty serving on advisory panels, boards of directors, or task forces related to community organizations, NGOs, or health departments	30%	45%	31%	17% (Partial Year)
6.4	Percentage of students that report community or service activities (beyond practice experience and current jobs)	25%	MPH: 24%	MPH: 32%	Grad: 50% UG: 61%
6.5	Percentage of faculty applying public health scholarship, knowledge, and skills in practice settings	30%	85%	49%	29% (Partial Year)

Goal 3: Engage communities to advance population health through workforce development, service, outreach, and partnerships					
Objective 7: Foster student development of competencies in practice environments					
Indicators		Target	FY 2014	FY 2015	FY 2016
7.1	MPH students reported, <i>"Overall, I am satisfied with my field experience"</i>	90%	95%	100%	96%
7.2	Mean MPH student self-assessment of competencies demonstrated in the field experience	3.2 out of 4.0	3.7	3.7	3.4
7.3	Mean preceptor assessment of the MPH student's demonstration of competencies in the field experience	3.2 out of 4.0	3.9	3.6	3.7
7.4	Percentage of preceptors who would recommend to colleagues that they sponsor an MPH student in a field experience	90%	100%	90%	96%
Goal 4: Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences					
Objective 8: Recruit and retain diverse and exceptional individuals to achieve our mission					
Indicators		Target	2013-14	2014-15	2015-16
8.1	Primary faculty who self-identify as under-represented minority <sup>1 2</sup>	United States <sup>3</sup>	33	59	76
	American Indian/Alaska Native	1%	0%	0%	0%
	Asian (Underrepresented) <sup>4</sup>	NA	9% (3)	7% (4)	5% (4)
	Black/African American	13%	0%	2% (1)	1% (1)
	Hispanic/ Latino	17%	3% (1)	12% (7)	11% (8)
	Native Hawaiian/Other Pacific Islander	<1%	0%	0%	0%
	More than one race	3%	0%	0%	0%
	<i>Subtotal URM</i>	<i>34%</i>	<i>12%</i>	<i>20%</i>	<i>17%</i>
	Asian (Other)	5%	12% (4)	10% (6)	8% (6)
	White	62%	67% (22)	61% (36)	62% (47)
	Unknown	NA	9% (3)	8% (5)	13% (10)
8.2	Percentage of primary faculty at the rank of assistant professors who self-identify as under-represented minority	United States <sup>3</sup>	6	10	25
	American Indian/Alaska Native	1%	0%	0%	0%
	Asian (Underrepresented) <sup>4</sup>	NA	17% (1)	0%	0% (0)
	Black/African American	13%	0%	0%	0%
	Hispanic/ Latino	17%	0%	20% (2)	16% (4)
	Native Hawaiian/Other Pacific Islander	<1%	0%	0%	0%



**Goal 4: Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences**
**Objective 8: Recruit and retain diverse and exceptional individuals to achieve our mission**

Indicators		Target	2013-14	2014-15	2015-16
	More than one race	3%	0%	0%	0%
	<i>Subtotal URM</i>	<b>34%</b>	17%	20%	16%
	Asian (Other)	5%	17% (1)	20% (2)	12% (3)
	White	62%	50% (3)	60% (6)	72% (18)
	Unknown	NA	17% (1)	0%	0%
<b>8.3</b>	<b>Percentage of MPH students from URM groups</b>	<b>Oregon<sup>3</sup></b>	<b>221</b>	<b>197</b>	<b>171</b>
	American Indian/Alaska Native	1%	2% (5)	4% (7)	3% (5)
	Black/African American	2%	2% (5)	3% (6)	2% (3)
	Hispanic/ Latino	12%	3% (6)	2% (4)	7% (12)
	Native Hawaiian/Other Pacific Islander	<1%	<1% (1)	1% (2)	0% (0)
	More than one race	4%	6% (13)	6% (12)	7% (12)
	<i>Subtotal URM</i>	<b>19%</b>	14%	16%	19%
	Asian	3%	6% (14)	7% (13)	6% (10)
	White	79%	73% (161)	64% (126)	64% (110)
	Unknown & Foreign National	NA	7% (16)	14% (27)	11% (19)
<b>8.4</b>	<b>Percentage of undergraduate students from URM groups</b>	<b>Portland metro<sup>3</sup></b>	<b>1,073</b>	<b>1,180</b>	<b>1,233</b>
	American Indian/Alaska Native	1%	1% (12)	1% (15)	1% (10)
	Black/African American	3%	5% (56)	6% (76)	6% (78)
	Hispanic/ Latino	11%	10% (102)	12% (142)	12% (143)
	Native Hawaiian/Other Pacific Islander	<1%	1% (10)	1% (11)	1% (14)
	More than one race	4%	6% (63)	7% (86)	9% (105)
	<i>Subtotal URM</i>	<b>19%</b>	23%	28%	28%
	Asian	6%	15% (157)	12% (136)	12% (150)
	White	76%	56% (605)	54% (643)	53% (658)
	Unknown & Foreign National	NA	6% (68)	6% (71)	6% (75)
<b>Objective 9: Achieve equity student populations in academic outcomes and success</b>					
<b>9.1</b>	<b>Graduation rates for BA/BS students from URM groups equal the all- average graduation rate<sup>1</sup></b>	<b>Equity</b>	<b>Start: 2007 Grad: 2010</b>	<b>Start: 2008 Grad: 2011</b>	<b>Start: 2009 Grad: 2012</b>
	<i>All Average</i>	<b>77%</b>	45% (21/47)	64% (88/138)	76% (119/157)
	American Indian/Alaska Native	<b>77%</b>	0	50% (4/8)	33% (2/6)
	Black/African American	<b>77%</b>	100% (2/2)	75% (3/4)	71% (5/7)

**Goal 4: Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences**

**Objective 9: Achieve equity student populations in academic outcomes and success**

Indicators		Target	2013-14	2014-15	2015-16
	Hispanic/Latino	77%	33% (1/3)	100% (10/10)	89% (16/18)
	Native Hawaiian/Other Pacific Islander	77%	0	0	67% (2/3)
	<i>Subtotal URM</i>	77%	60%	70%	76%
	Asian	77%	40% (2/5)	40% (4/10)	50% (6/12)
	White	77%	41% (12/29)	65% (57/88)	80% (78/97)
	Unknown	77%	50% (4/8)	64% (7/11)	64% (7/11)
9.2	One-year retention rates for MPH students from URM groups equal the all-average one-year retention rate <sup>1</sup>	Equity	Enter: 2013	Enter: 2014	Enter: 2015
	<i>All Average</i>	99%	96% (89/93)	95% (60/63)	Pending
	American Indian/Alaska Native	99%	100% (2/2)	100% (2/2)	Pending
	Black/African American	99%	100% (2/2)	100% (1/1)	Pending
	Hispanic/Latino	99%	100% (1/1)	0	Pending
	Native Hawaiian/Other Pacific Islander	99%	0	0	Pending
	<i>Subtotal URM</i>	99%	100%	100%	Pending
	Asian	99%	100% (6/6)	100% (1/1)	Pending
	White	99%	95% (70/74)	95% (42/44)	Pending
	Unknown	99%	100% (11/11)	100% (10/10)	Pending
9.3	Graduation rates for MPH students from under-represented groups equal the all-average MPH graduation rate	Equity	Start: 2009 Grad: 2013	Start: 2010 Grad: 2014	Start: 2011 Grad: 2015
	<i>All Average</i>	82%	83% (126/152)	82% (129/157)	82% (121/147)
	American Indian/Alaska Native	82%	100% (2/2)	0	100% (1/1)
	Black/African American	82%	33% (1/3)	0	100% (2/2)
	Hispanic/Latino	82%	40% (2/5)	80% (4/5)	67% (2/3)

**Goal 4: Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences****Objective 9: Achieve equity student populations in academic outcomes and success**

Indicators		Target	2013-14	2014-15	2015-16
	Native Hawaiian/Other Pacific Islander	82%	0	0	100% (1/1)
	<i>Subtotal URM</i>	82%	50%	67%	82%
	Asian	82%	100% (6/6)	100% (1/1)	100% (2/2)
	White	82%	83% (92/111)	79% (95/120)	81% (94/116)
	Unknown	82%	100% (16/16)	100% (10/10)	100% (2/2)

**Objective 10: Support diversity and civility in the classrooms, workplace, and broader communities we serve.**

10.1	Percentage of students that say, <i>“Overall, I am comfortable with the climate of inclusion in the School”</i>	85%	NA <sup>5</sup>	MPH: 88%	Grad: 76% UG: 87%
10.2	Percentage of students that say, <i>“I feel valued and respected”</i>	85%	NA <sup>5</sup>	MPH: 84%	Grad: 75% UG: 88%
10.3	Percentage of Program Directors, Deans’ Leadership Team, and Diversity Committee that complete training on implicit bias in decision-making, leadership, and barriers to innovation	70% of 28	NA <sup>5</sup>	NA <sup>5</sup>	60.7%

**Notes:** <sup>1</sup>Total URM includes Hispanic (any race) and non-Hispanic individuals who identify as Black, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or Two or more races. URM excludes Asian, except for faculty who identify as Korean or Vietnamese and are employed at OHSU. <sup>2</sup>Oregon state law prohibits the setting of recruitment targets for population groups based on race and ethnicity alone; the School’s intention is to increase overall diversity. <sup>3</sup>US Census Bureau Intercensal Population Estimates, July 1, 2012. <sup>4</sup>Not included in percent US URM. <sup>5</sup>NA refers to years in which (1) data are not collected due to every other year data collection cycle or (2) data not available for new indicators for this Self-study.

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

Beginning in spring 2012 through May 2014, the Steering Committee for the OHSU-PSU SPH Initiative engaged in the planning for the School and the development of the “Action Plan.” This represents the first phase of the Self-study process, as the CEPH criteria guided this development. The SC provided opportunities for faculty, staff, students, administrative staff, alumni, and external constituents to engage in the advance planning for the transition from a program to a school.

The appointment of an interim dean in May 2014 launched the creation of an Office of the Dean on July 1, 2014. With the planning for the School’s implementation, the Office of the Dean took the lead in preparing the iterative drafts of the Self-Study with input and data from the faculty, staff, students, committees, and Institutional officers, primarily the provosts. The discussions about accreditation of a

## Criterion 1: The School of Public Health

School included the individuals with the most detailed knowledge of the various aspects of the OMPH program and proposed changes described in the OHSU-PSU [SPH Action Plan](#), contained in the ERF. These individuals and their self-study assignments included:

- Dean (Preface, Criterion 1; Criterion 4.1)
- Associate Dean for Academic Affairs (Criterion 2 Graduate Programs, Criterion 4.3)
- Associate Dean for Undergraduate Studies (Criterion 2 Undergraduate sections)
- Associate Dean for Research (Criterion 3.1 Research)
- Associate Dean for Practice (Criterion 2 Field Experience; Criterion 3.2 Service; Criterion 3.3 Workforce Development)
- Finance and Administration Officer (Criterion 1.6 Fiscal Resources; Criterion 3.1 Research)

The Interim Dean and Interim Assistant Dean for Accreditation briefed constituency groups with the most direct knowledge and interest in the accreditation of the proposed School about the purpose of accreditation, expectations as expressed in the CEPH criteria, explanations about how program and School accreditation differed, and the timeline for the accreditation process. These groups provided feedback to the members of the writing committee and included:

- Executive Leadership Council
- External Advisory Council
- Student Leadership Council
- Academic Policy & Curriculum Committee
- Diversity Committee
- MPH Program Directors
- PhD Program Directors
- Coordinator, BA/BS Health Studies

The criteria and evidence detailed in the CEPH document “Accreditation Criteria, Schools of Public Health, Amended June 2011” guided the development of the Self-study. As programs moved from being more autonomous to a more organic whole, the various decision points provided self-reflection opportunities for the proposed OHSU-PSU SPH. Each member of the writing team solicited additional participation from faculty, administrators, and other staff, students, and external constituents as needed to develop the documentation. The Assistant Dean for Accreditation did the initial reviewing, editing, and assembling of the draft that circulated among the internal constituency groups in December through March. Individual writing team members revised sections as needed. The criterion assignments dictated the person responsible for doing the preliminary analysis of strengths, challenges, and plans. The writing and review team reviewed these sections as a whole and redrafted as appropriate in March 2016. The writing team solicited feedback from faculty, staff, and students as well as external constituencies on the preliminary self-study. A public notice of the Self-study posted on Oregon Live, the online version of *The Oregonian*, Portland’s major newspaper, and the SPH website by June 28 for public comments.

The committee charged with the review of the Self-study at critical junctures is the Academic Policy & Curriculum Committee (APCC). The Review Team included faculty on the APCC team as well as additional faculty and staff who volunteered to read the entire Self-Study or sections of special interest. The Accreditation Dean met with faculty and program staff in person and on conference calls to receive verbal feedback and written comments.

## Criterion 1: The School of Public Health

Criterion 1: Janne Boone-Heinonen, Paula Carder, Rochelle Fu, Sherril Gelmon, William Lambert, Elizabeth Bull, Lisa Marriott, Ana Quiñones, Michelle Singer, Neal Wallace, Liana Winett

Criterion 2: Janne Boone-Heinonen, Gary Brodowicz, Sherril Gelmon, Lisa Hatfield, Lisa Marriott, Deb Messecar, Lynne Messer, Jill Rissi, Karen Watanabe, Andrew Wyman, Belinda Zeidler, Laura Zeigen

Criterion 3: Alexis Dinno, Rochelle Fu, Sherril Gelmon, Lisa Hatfield, Betty Izumi, William Lambert, Lisa Marriott, Dennis McCarty, Deb Messecar, Charles Schroeder, Lawrence Wallack

Criterion 4: Sherril Gelmon, Lisa Marriott, Rochelle Fu, Deb Messecar, Karen Watanabe, Belinda Zeidler

### ***1.2.e. Assessment of the extent to which this criterion is met and an analysis of the School's strengths, opportunities, and plans related to this criterion.***

This criterion is met.

#### **Strengths**

- The implementation of the 2013 Action Plan proposed by the OHSU-PSU SPH Initiative Steering Committee involved learning together about the different cultures, expectations, and terminology used by the Institutions, faculty, staff, and students through Affinity Groups, which were based on disciplines. The necessary integrating structures and processes to keep faculty informed, solicit ideas, and receive feedback included the development of the School's Bylaws, the first research retreat, regular APCC meetings, and quarterly All-Faculty Meetings. The School's unique culture is evolving.
- The School and programs conduct regular program evaluations to provide quantitative and qualitative data to measure progress toward its mission, goals, and objectives.
- The Office of the Dean created School-wide reports on survey findings to support discussions about results and the identification of conditions and trends requiring attention for improvement.

#### **Weaknesses**

- The School may lack the organizational capacity needed to support performance measurement, evaluation, assessment, and reporting by the Office of the Dean on behalf of the School and its programs.

#### **Plans**

- In 2016-17, the School will harmonize unique data systems to provide consistent and useful information on performance for continuous improvement and oversight on how well the School is achieving its mission and goals
- The Office of the Dean will continue to implement XITRACS (faculty information system) and *Symplcity*<sup>™</sup> (student field experience and culminating experience database) to coordinate systematic data collection and improve transparency.
- The Office of the Dean will prepare an annual performance report comparing performance on all indicators against targets to monitor and assess the School's effectiveness; and expand the use of Institutional peer group for setting targets for indicators beyond faculty salaries and tuition.

### 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 in which the School is located and the names of the accrediting bodies (other than CEPH) to which the Institution responds.**

***1.3.a. A brief description of the Institutions in which the School is located and the names of accrediting bodies (other than CEPH) to which the Institution responds.***

**Portland State University.** Founded in 1946, PSU's mission is to "lead the way to an equitable and sustainable future through academic excellence, urban engagement, and expanding opportunity for all." Following the Carnegie Classification™ framework, PSU is a "research University with high research activity (RU/H)," an enrollment profile of high undergraduate, and noted for community engagement. PSU is Oregon's only urban public research University and one of 35 in the nation. PSU offers a quality liberal education for undergraduates and an appropriate array of professional and graduate programs especially relevant to metropolitan areas with 124 programs in liberal arts and sciences, urban and public affairs, public health, social work, business administration, education, fine and performing arts, engineering and computer science.

In fall 2015, PSU enrolled 29,057 students, of whom 80% were undergraduate students and 18% were graduate students. PSU has an extensive history and reputation for community involvement including urban development, public policy, development, and academic and community partnerships. PSU has a nationally recognized innovative approach to education that combines academic rigor with field-based experiences with community partners. In 2014-15, PSU awarded 4,116 bachelor's degrees, 1,678 master's degrees and 77 PhDs. PSU's research support grew to \$64.6 million in FY 2015.

**Oregon Health & Science University.** Founded in 1887, OHSU's multifaceted mission is to "strive for excellence in education, research and scholarship, clinical practice and community service." According to the Carnegie Classification™ framework, OHSU is a "special-focus Institution, medical with an enrollment profile of majority graduate." OHSU is Oregon's only academic health center and one of 125 in the nation.

OHSU offers professional programs in medicine, dentistry, nursing, physician assistant, and public health as well as graduate academic programs in biomedical sciences. In addition to the academic side of the enterprise, OHSU includes two hospitals, abundant clinics, and numerous research centers and institutes. In fall 2015, OHSU enrolled 2,895 students, of whom 33% were graduate students, 30% were professional students, and 28% were undergraduate students. In 2014-15, OHSU awarded 429 bachelor's degrees, 311 professional degrees, 254 masters' degrees, and 43 PhDs.

OHSU is a center for research with more than 1,000 PIs working on more than 3,000 research projects. Most of OHSU research growth has been in the basic sciences, but one-third of total grant support is for clinical research. OHSU research groups now maintain multi-million dollar, multi-year grants in adolescent risky behavior reduction, stroke, sleep disorders, vision disturbances, drug abuse, neurosciences, stress, toxicology, hearing loss, hypertension, clinical nutrition, obesity, violence prevention, health disparities research, and cancer. Several centers conduct epidemiologic research in

## Criterion 1: The School of Public Health

special populations, and the SPH provides an academic home to population-based researchers across the campus. OHSU's research support grew to \$376 million in FY 2015.<sup>4</sup>

The [Northwest Commission on Colleges and Universities](#) (NWCCU) is the regional Institutional accrediting agency for OHSU and PSU. NWCCU requires member Institutions to complete a self-study and have an on-site visit by an evaluation committee at least every seven years. NWCCU conducted its site visit of PSU in October 2015 and of OHSU in November 2015.

- [OHSU Self-study](#)
- [PSU Self-study](#)

The collaborating Universities have 51 programs accredited by specialized accrediting agencies. (OHSU has 26 accredited programs; PSU has 25 accredited programs.) The ERF provides an [Inventory of Specialized Accreditation and Reporting Timelines](#) of each agency that accredits programs offered by OHSU and PSU. The Commission on Accreditation of Health Management Education (CAHME) also accredits the HMP. The Accrediting Council on Graduate Medical Education (ACGME) accredits the Preventive Medicine Residency Program and for those residents completing the MPH, ACGME requires CEPH accreditation for the MPH program.

### ***1.3.b Organizational charts of the University indicating the School's relationship to other components of the Institution, including reporting lines.***

Figures 1.3.b.1 and 1.3.b.2 show the organizational structures of OHSU and PSU, the two partner Universities.

The Dean chairs the SPH Executive Leadership Council, which serves as the inter-Institutional advisory group. Dean Andresen, interim dean of the School, served as one of the members of the OHSU-PSU SPH Steering Committee. The SPH Dean reports to both provosts.

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<sup>4</sup> Blue Ridge Institute for Medical Research (BRIMR) uses NIH's online database to create national rankings for medical schools. BRIMR placed OHSU School of Medicine 23<sup>rd</sup> in the nation for 2014. The OHSU School of Medicine's research and training awards have more than quadrupled during the past decade.

## Criterion 1: The School of Public Health

**Figure 1.3.b.1 PSU Organizational Chart**

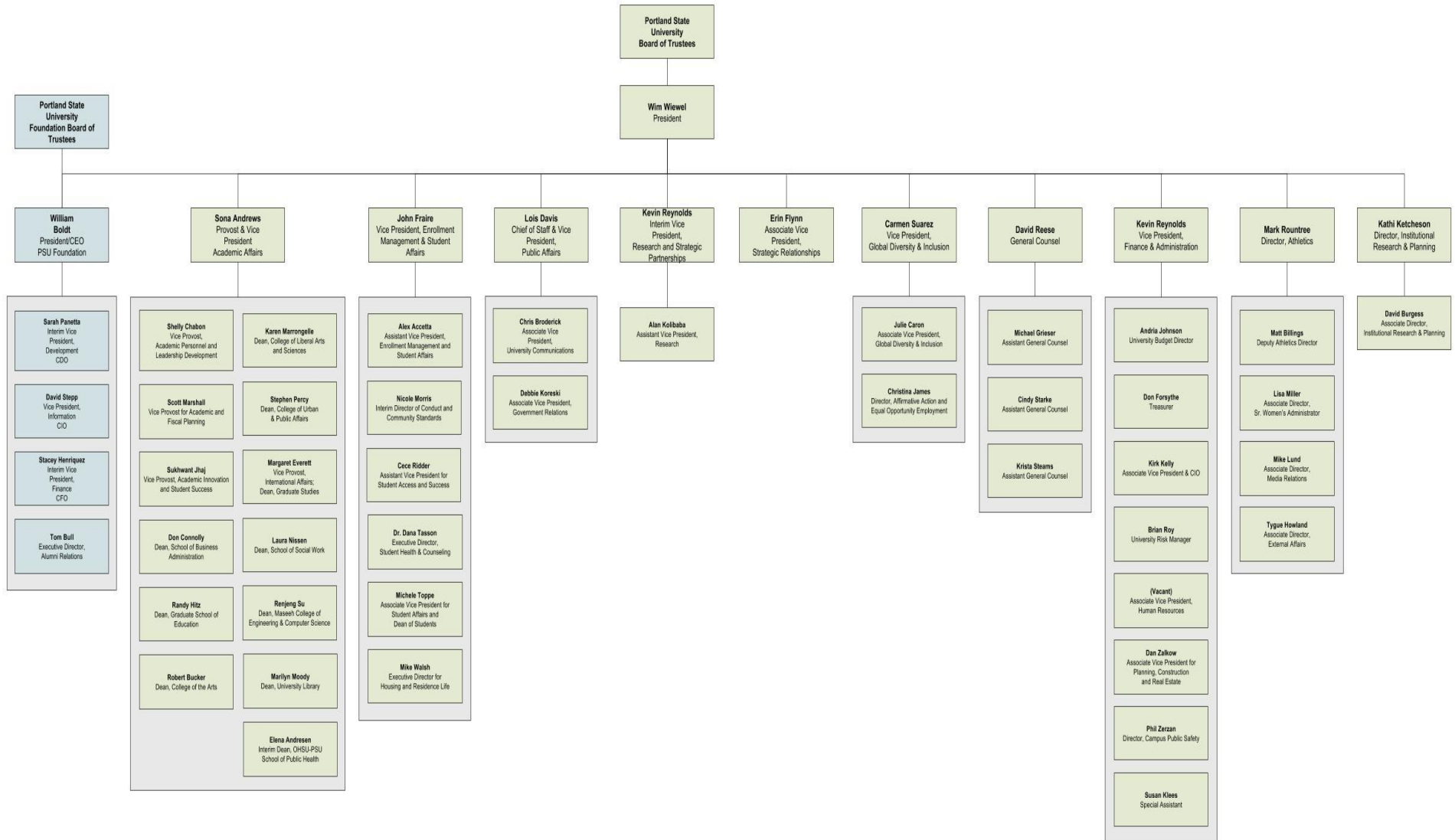
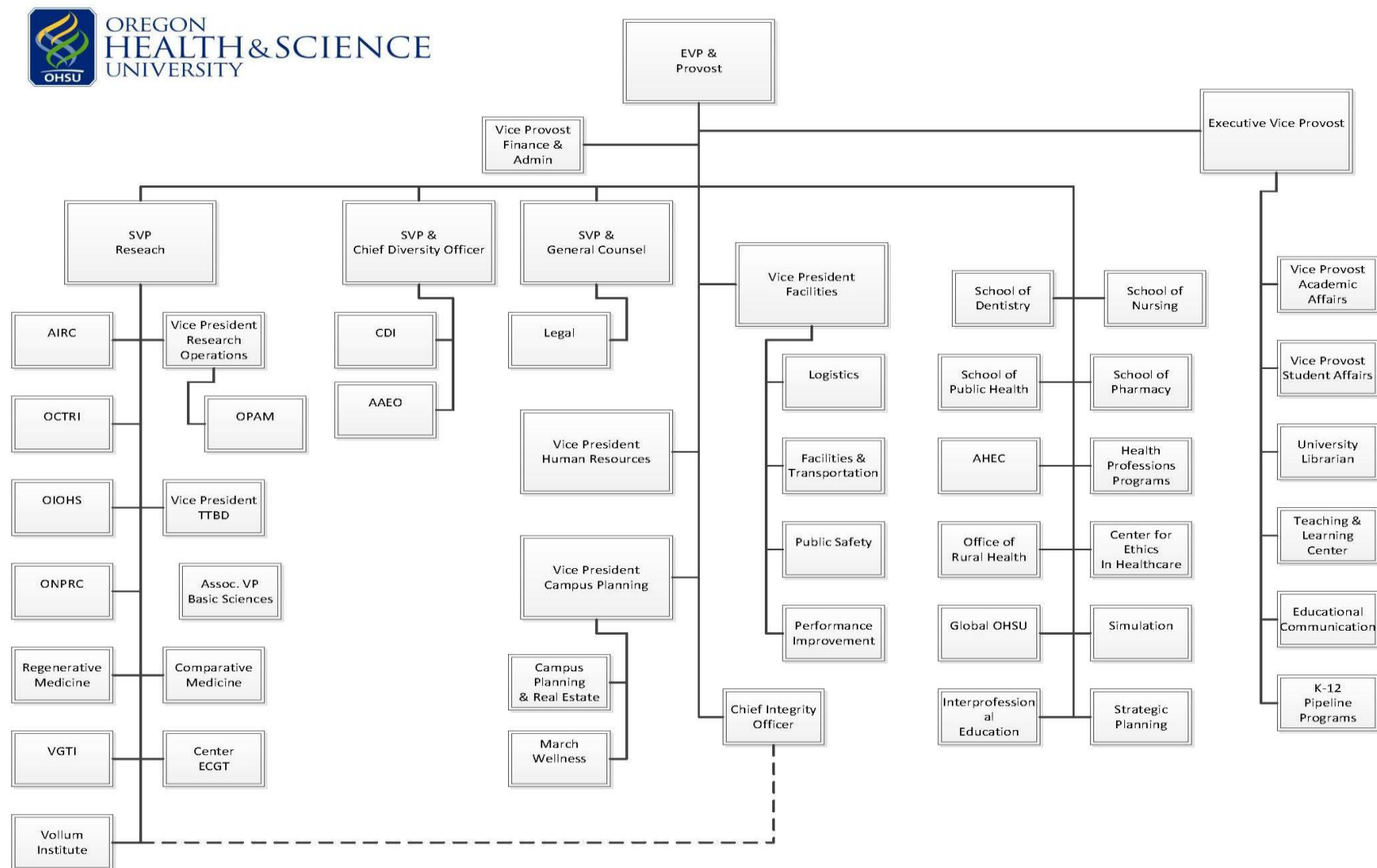




Figure 1.3.b.2 OHSU Organizational Chart



***1.3.c. Description of the School's level of autonomy and authority regarding the following: budgetary authority relating to resource allocation, lines of accountability, including access to higher-level staff officials; personnel recruitment, selection and advancement, including faculty and staff; academic standards and policies, including establishment and oversight of curricula.***

The School's level of autonomy is similar to other schools/colleges at OHSU and PSU.

**Budgetary Authority.** Budgetary authority for the OHSU-PSU SPH for joint funds and Institution-specific budgets resides with the dean with oversight by the respective University. Section 1.6.a describes the budgetary processes. Each University contributes funds for Office of the Dean, which the dean manages and both provosts provide oversight. In addition, the dean has oversight for the collaborative budget for MPH management (formerly the OMPH budget), to which both Universities contribute equally.

**Lines of Accountability.** All functions, faculty, staff, and academic programs report to the dean or indirectly via one of the associated deans beginning on July 1, 2016 (see also Section 4.2).

**Faculty Policies.** The SPH operates in a shared governance model, including the OHSU-PSU SPH Faculty Council and collective bargaining at PSU (see Section 4.2).

**Staff Policies.** Staff policies are governed by human resources at each University, with some flexibility in dean authority at both Universities except for bargaining agreements at each University (AFSCME at OHSU; AAUP, SEIU, AFT, and IATSE at PSU).

**Academic Standards and Policies.** The dean represents and maintains academic standards at both partner Universities; however, operationally the academic dean manages academic standards.

***1.3.d. Identification of any of the above processes that are different for the SPH than for other professional Schools.***

The dean of the OHSU-PSU SPH reports to the provosts at both OHSU and PSU. This dual reporting structure is unique.

***1.3.e. If a collaborative School, descriptions of all participating Institutions and delineation of their relationships to the School.***

Portland State University and Oregon Health & Science University are the participating Institutions for the collaborative SPH. They are located in downtown Portland within a mile of each other. Campus shuttles and public transportation (e.g., trolley, buses, and tram) connect the two campuses. OHSU accepted the designation of lead Institution and assumed the risk for maintaining the OHSU-PSU School of Public Health

***1.3.f. If a collaborative School, a copy of the formal written agreement that establishes the rights and obligations of the participating Universities in regards to the School's operation.***

The formal written agreement between PSU and OHSU related to the Joint Graduate Programs in Public Health became effective on July 29, 2014 and is effective until June 30, 2018(see [Appendix 1.3.f.1 OHSU-PSU SPH MOU July 2014](#)). The MOU addresses academic affairs, student affairs and services, governance and finances, and accreditation. A second memorandum of understanding established the rights and obligations of the participating Universities on research and sponsored projects that became effective in 2015 (see [Appendix 1.3.f.2 OHSU-PSU SPH Research MOU 2010](#)).

**1.3.g. Assessment of the extent to which this criterion is met and an analysis of the School's strengths, weaknesses, and plans related to this criterion.**

This criterion is met.

**Strengths**

- The dean of the OHSU-PSU SPH enjoys the same authority in the reporting structures as the deans of other professional schools.
- Formal written agreements established the rights and responsibilities of PSU and OHSU regarding the School's operation.
- The PSU faculty demonstrated their commitment to the OHSU-PSU SPH vision: Health Management and Policy faculty voted "Yes" to join the School of Public Health in fall 2015 (4 out of 4 eligible faculty) and Community Health faculty voted "Yes" in winter 2016 (31 of 37 eligible faculty). Faculty employed by OHSU moved into the SPH structure on July 1, 2015. Faculty employed by PSU joined the SPH on July 1, 2016.
- The OHSU-PSU SPH invited four candidates for the founding dean position for extensive interviews with the faculty, staff, students, and senior leadership on both campuses. Dr. David Bangsberg, MD, MPH, joins the SPH as Founding Dean on September 15, 2016.

**Weaknesses**

- OHSU and PSU have limited experience in cross-university faculty recruitment processes and setting common expectations for program directors.
- The academic review processes are quite different at each university. OHSU is a flatter organization and follows a more simplified review process; whereas, PSU has a more elaborate and layered process for making curricular changes. Now that we understand these differences, planning will be easier going forward.

**Plans**

- The School will develop and implement common expectations for education program directors to achieve an equity model pertaining to the enactment of these roles and appropriate compensation.
- Although we have accomplished a lot in this year, the founding dean will have ideas about the organizational structure and processes for the School (e.g., whether to organize by department or another arrangement, how to implement a school-level faculty promotion committee that preserves a faculty member's contract with the employing Institution).

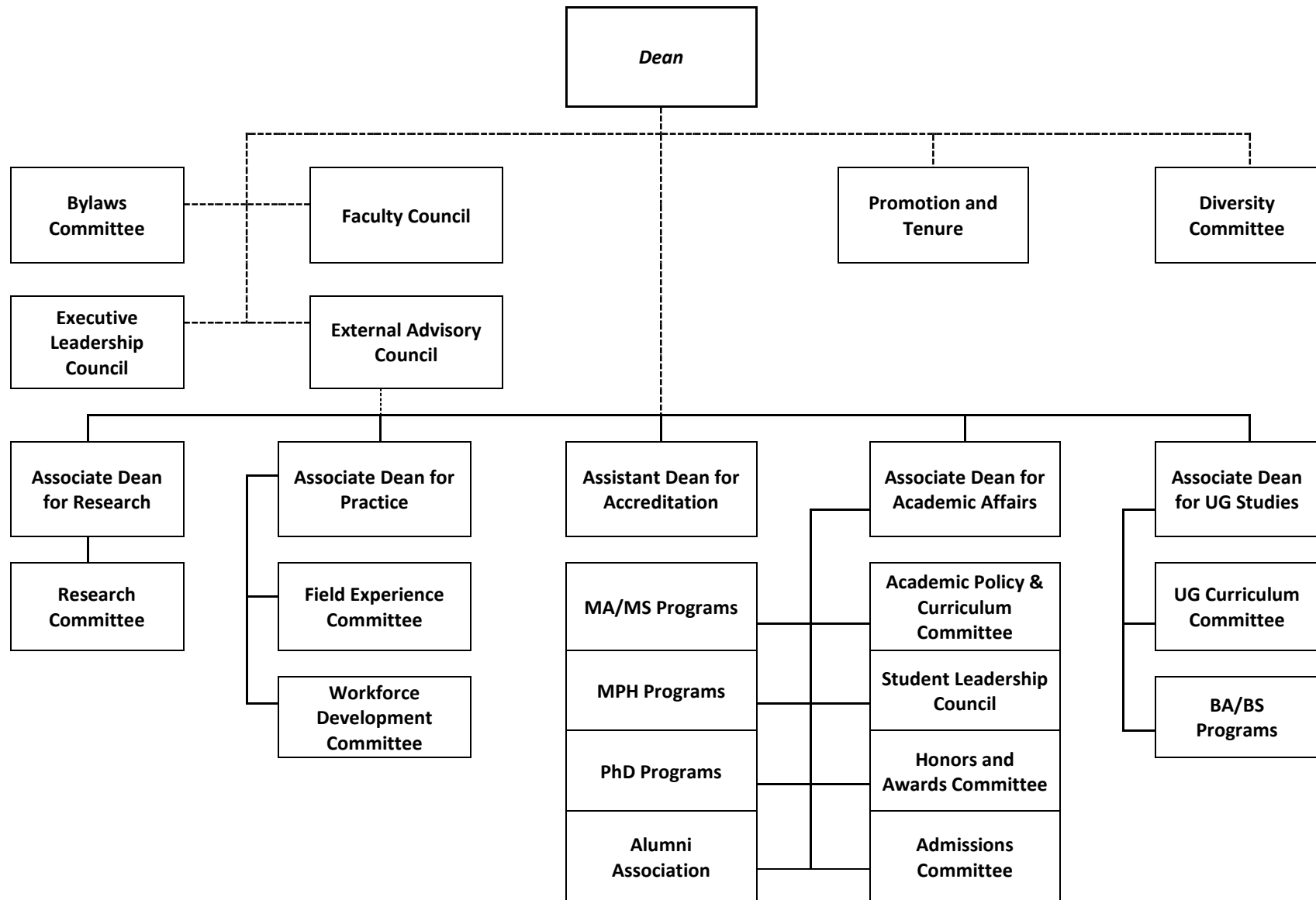
## 1.4 Organization and Administration

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.

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

Figure 1.4.a.1 portrays the administrative structure of the OHSU-PSU School of Public Health. Table 1.4.b.1 lists the faculty member serving as program director (MPH, PhD, MS/MS), and program coordinator (BA/BS). These faculty members serve on many School-level standing committees by virtue of their positions.

Figure 1.4.a.1 SPH Administration and Governance Chart



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

The School's leadership includes both faculty and staff. The dean appoints the associate deans for academic affairs, undergraduate studies, research, and practice from the School's faculty. Other administrative staff includes an assistant dean for accreditation, OMPH program coordinator, field experience coordinator, education data specialist, project manager, executive assistant to the dean, and administrative assistant. These positions have offices in the Office of the Dean in Gaines Hall on the OHSU campus. The Interim Dean and Interim Associate Dean for Academic Affairs maintain offices and office hours on both campuses. The Institutional organizational charts depict the dean's reporting lines up to and including the president and provost for the partner Universities, PSU and OHSU (see [Appendix 1.4.b.1 OHSU-PSU School of Public Health Institutional Organizational Chart](#)).

**Dean.** The dean assumes overall fiduciary responsibility for the SPH and ensures all aspects of the School's success in all mission areas and the implementation of an effective administrative structure for the School. The dean will begin to oversee the appointment of primary and other faculty to the School of Public Health and its programs beginning on July 1, 2016. The dean represents the School to PSU and OHSU leadership, alumni, the public health community. The dean represents the SPH to governmental, academic, and private agencies. The dean is also responsible for maintaining a culture of respect and civility as well as efforts to increase the diversity of public health faculty, staff, and students.

**Associate Dean for Academic Affairs.** The academic officer operates as the principal representative for professional and academic programs in interactions with the SPH leadership, graduate program directors/program coordinators, and with national and community entities. The academic dean ensures the quality of existing and new academic programs and advises on faculty recruitment, evaluation, and development. The academic dean leads SPH efforts for graduate student recruitment.

**Associate Dean for Undergraduate Studies.** The undergraduate program dean manages the undergraduate academic programs, ensures the implementation of uniform program standards aligned with expectations of the School and CEPH, and leads efforts to institute programs, practices, and strategies as directed by the dean. The program associate dean for the undergraduate oversees undergraduate student recruitment, student advising, student communications, internships, and student activities.

**Associate Dean for Practice.** The practice dean operates as the key leader for public health practice, with core responsibility to lead efforts for student recruitment from practice settings and workforce development, enhance the field experience and assessment of student competencies, and oversee the service and community engagement goals of the SPH

**Associate Dean for Research.** The research dean operates as a key leader for the research mission of the SPH, serves as the SPH leadership member of the OHSU-PSU SPH Research Committee, and represents the dean on research-oriented committees and programs at OHSU and PSU at state, national, and international levels.

**Assistant Dean for Accreditation.** The accreditation dean operates as the key leader for the organization and development of the CEPH Self-Study and other accreditation-related activity and reporting. The accreditation dean coordinates the development of plans and oversees timelines, work assignments, and work quality.

**School Fiscal/Budget Officer.** The School administrator is responsible for SPH budgeting including grants and contracts and human resource management. She directly supervises budget and fiscal operations of staff.

**Program Directors.** Faculty members, appointed by the dean, serve as director for each major and degree combination. The Associate Dean for Academic Affairs has responsibility for the program directors at the graduate level. The Associate Dean for Undergraduate Programs has responsibility for the undergraduate program (see Table 1.4.b.1)

**Education Coordinators.** The OMPH (historical title) program coordinator provides administrative and programmatic support to the dean and academic dean, faculty members, and students for the MPH program. The coordinator oversees the centralized admissions and recruitment processes (SOPHAS); organizes the annual update of student and faculty handbooks; facilitates intercampus course registration; and arranges the OMPH promotion and marketing strategy.

Table 1.4.b.1 Faculty Serving as Program and Program Directors		
Program	Degree	Coordinator/Director
Biostatistics	MPH & MS	Rochelle Fu, PhD
Environmental Systems & Human Health	MPH	Richard Johnson, PhD
Epidemiology	MPH	Janne Boone-Heinonen, MPH, PhD
Health Management & Policy	MPH	Neal Wallace, PhD
Health Promotion	MPH	Lynne Messer, MPH, PhD
Primary Health Care & Health Disparities	MPH	Elizabeth Waddell, PhD
Community Health	PhD	Cara Eckhardt, PhD
Epidemiology	PhD	Lynn Hoffman, PhD
Health Systems & Policy	PhD	Sherril Gelmon, DrPH
Health Studies: Physical Activity & Exercise	MA/MS	Gary Brodowicz, PhD
Health Studies	BA/BS	Belinda Zeidler, MST

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

One objective of the dean is to foster inter- and intra-Institutional collaboration to bring significant expertise and experience to expand and build upon learning, research, and service activities. The standing committee structure provides opportunities for coordination, cooperation, and collaboration. Examples of collaboration arising beyond these structural arrangements include the following:

**Learning.** The epidemiology programs (MPH & PhD) are located at OHSU. Several faculty employed by PSU who have degrees in epidemiology participate in the monthly epidemiology faculty meetings at OHSU. This group coordinates and oversees student recruitment, field experiences, course scheduling, developing academic programs and curriculum, and assessing student competency. PSU and OHSU faculty use this structure to coordinate core courses, such as *Epidemiology I*, to ensure the content and quality of the learning experience are consistent whether the student takes the core course at OHSU or PSU.

Another example of collaboration happens in community nutrition course offered by a faculty member employed by PSU who invites epidemiologist employed at OHSU to guest lecturing on nutritional epidemiology. The plan is for the epidemiology faculty from both campuses to collaborate on the development and delivery of a new social epidemiology course. Beginning fall term 2016, all graduate students will register at OHSU and may choose to enroll in courses offered by either OHSU or PSU.

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The HSP PhD program, while housed at PSU, explicitly integrates four primary faculty employed by OHSU with expertise in health systems research with its four primary faculty employed by PSU. All participate in advising and mentoring HS&P PhD students.

The School received a major grant from the National Institutes of Health to serve as a center for innovation and to help undergraduates, including those from diverse backgrounds, be successful in health research careers. Carlos Crespo, DrPH at PSU, is the Principal Investigator and Tom Becker, MD, PhD at OHSU, is Co-investigator. This grant, EXITO, which in Spanish means “success,” provides research opportunities for students enrolled in our graduate programs.

The grant fell under [NIH’s BUILD](#) (Building Infrastructure Leading to Diversity) initiative, a set of experimental training awards designed to learn how to attract students from diverse backgrounds into the biomedical research workforce and encourage them to become future contributors to the NIH-funded research enterprise. Funds from this grant created the [BUILD EXITO](#) (Enhance Cross-disciplinary Infrastructure Training at Oregon) program with the long-term objective of aligning Institutions and faculty from Oregon, Washington, Alaska, and the U.S. Pacific Islands to support the development of innovative undergraduate research training programs.

**Research.** The result of the one example of coordination of the epidemiology faculty fosters relationships that build research, service and workforce collaborations, including published research and the development of applications for grant funds.

With the initial establishment of the OMPH over 20 years ago, a strategic direction was developed and shared among faculty members at the participating Institutions. More recently, OHSU and PSU faculty collaborated on occupational health issues, substance abuse disorder prevention, and research training for undergraduate science students. The Prevention Research Center at OHSU has employed public health faculty employed by PSU over a 10-year period to assist with research training for tribal students. One of the challenges of the SPH is to foster additional research collaborations among faculty at both Institutions. Our long-standing collaborations in research, teaching, and service are the primary reasons we wanted to establish a new collaborative School.

The School recently increased its emphasis on research collaborations by hosting the first OHSU-PSU SPH Research Retreat on October 23, 2015. More than 60 faculty members attended this retreat (see [March SPH Faculty Report](#)). The purpose of the retreat was to introduce faculty research interests to the broader group, discuss how the School can best advertise our research strengths to various audiences, and determine critical areas for public health research. The following ‘clusters’ or areas of current expertise that the School could emphasize include: global health, rural health, urban health, biostatistics, life course/developmental origins of health and disease, social determinants of health (health disparities and inequalities), cancer prevention, native health and the pacific northwest, health systems transformation, community health improvement, and environmental health.

The faculty discussed new areas of public health-related research with potential for grant funding and potential new faculty hires. The SPH faculty will meet at least every year to continue their dialogue. The SPH Research Committee gathered financial and other data to help prioritize the future research directions with the founding dean. A [full report](#) based on this Retreat is available in the ERF.

**Service.** These collaborations include cross-Institution workgroups such as the [Social Determinants of Health Initiative](#) and the [Center for Public Health Studies](#). CPHS translates OHSU’s work on the biological understanding of fetal programming of disease into improvements in population health through community-based research conducted at PSU. In addition, Epidemiology MPH student mentored



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research experiences include PSU research mentors in the areas of social determinants of health and population health aspects of fetal programming. This is an example of the synergy between the faculty at OHSU and PSU that enhances the contributions of the Universities.

### ***1.4.d. Assessment of the extent to which this criterion is met and an analysis of the School's strengths, weaknesses and plans relating to this criterion.***

This criterion is met, with comment.

#### **Strengths**

- The proposed OHSU-PSU School of Public Health built upon the foundation of individual and collective strengths developed over its 23 years in public health.
- SPH increased faculty and student engagement in shared governance through the reorganization of the standing committee structure and drafting of the bylaws.
- The cross-institutional administrative appointments make possible the work in research, educational planning and evaluation, human resources, and financial management.

#### **Weaknesses**

- The SPH lacks the funds needed to stimulate a more strategic, as opposed to opportunistic, approach to faculty collaboration in pursuing research and developing shared curriculum.

#### **Plans**

- SPH will continue to provide ongoing budgeting, resource planning, and management to support collaboration to achieve its mission.

## 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 the conduct of School and program evaluation procedures, policy setting, and decision-making.**

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

The SPH administration and faculty have clearly defined rights and responsibilities concerning governance and academic policies. The Dean and faculty set the charge of these committees delineated in the [SPH Bylaws](#). The charges, the current membership lists, and minutes of each standing committee are located in the [ERF](#). The Dean appoints faculty to the standing and ad hoc committees with staggered terms. Students are becoming more active in committees, and staff participates in key committee activities when functions and content are appropriate. Currently, the only ad hoc committee is the Values Workgroup, composed of faculty, staff, and students from both Universities who developed the core values statements for SPH review and acceptance (see draft, Section 1.1).

The proposed committee and governance structure for the School identifies the faculty shared governing and advisory bodies. The reporting lines indicate the appropriate Associate Dean responsible for each committee ensuring integration of functions to support the development of the School. The SPH Bylaws under development provide for student representation on these committees. If approved by the APCC, the proposal or decision advances to the Dean of the SPH. The Dean has the authority to determine if the proposal or decision is ready for implementation or requires a higher level of review (see [Figure 1.5.a.1 Process for Reviewing and Approving Curricular Changes at the School-level](#)). If a proposal requires a higher-level review, such as substantive changes to an existing program or proposal for a new academic program, the proposal proceeds to the appropriate Institution-level review at OHSU and/or PSU.

The Institutional websites provide the background information and forms necessary to propose a change in the curriculum:

<http://www.ohsu.edu/xd/education/student-services/academic-programs-and-assessment/academic-programs/index.cfm>

<http://www.pdx.edu/academic-affairs/curricular-change-instructions>

[PSU New Program Approval Process](#)

[Table 1.5.a.1](#) provides a snapshot of the review processes at OHSU and PSU when APCC forwards a proposal for curricular change to the next higher level of review. Of note are the similarities in the rigor of the curricular review processes at Institutions, the state of Oregon (Higher Education Coordinating Commission), and regional accreditor (Northwest Commission on Colleges and Universities). Both Universities also require that proposals for new graduate programs undergo a quality review by an external faculty group usually consisting of at least three faculty. PSU has two extra review steps in the review process due to the greater variety of programs at the undergraduate and graduate levels, and the requirement for approval by HECC. OHSU, as a public corporation, is not required to seek approval from the HECC. Examples of [APCC review process](#) are available in the ERF.

### **Developing Budgets and Fiscal Requirements**

The Provosts of each University developed the basic financial parameters guiding the transition to the proposed OHSU-PSU SPH. The collaborative structure reflects (1) the requirements of the Council on Education for Public Health for a collaborative SPH; (2) the reporting structure where the Dean is

responsible to both OHSU and PSU Provosts; and (3) financial principles agreed to by the Provosts, Vice Presidents for Finance, and Vice Presidents for Research at OHSU and PSU.

**CEPH Requirements.** OHSU accepted the obligation to serve as the lead Institution. OHSU assumes the financial responsibility to maintain the School if PSU no longer participates. Both Universities will confer joint graduate public health degrees, and diplomas will include both University logos. Academic programs operate under an MOU with joint administration and program management.

**Reporting Structure.** The Dean of the proposed SPH reports to the Provosts at both Universities.

**Financial Principles.** Both Universities support the joint operations for the School's administration equally. Currently, this includes \$400,000 annually from each Institution (in addition to the \$151,000 each for the joint administration of the MPH program). The budget model of the Employer University manages the respective programs, staff, and faculty. The School's research operations for all SPH primary faculty members are organized centrally using the infrastructure of OHSU (e.g., Institutional Review Board, Intellectual Property). Each Institution receives credit for its faculty efforts (principal investigator, co-investigator, and faculty) in submitting grants and grant awards without double counting. The indirect cost recoveries of faculty grants flow to the employer University, either OHSU or PSU. See Section 1.6 for additional information.

***1.5.b. Description of the School's governance and committee structure's roles and responsibilities relating to the following: – general School policy development – planning and evaluation – budget and resource allocation – student recruitment, admission and award of degrees – faculty recruitment, retention, promotion and tenure – academic standards and policies, including curriculum development – research and service expectations and policies***

Table 1.5.b.1 Overview of Primary School-level Functions and Responsible Entities identifies the roles and responsibilities related to policy development, budget and resource allocation, student recruitment, faculty recruitment, promotion and tenure, curriculum development, research, and service.

<b>Table 1.5.b.1 Overview of Primary School-level Functions and Responsible Entities</b>		
<b>Charge</b>	<b>School-level Committees</b>	<b>Review and Approval</b>
<b>General School policy development</b>	Academic Policy & Curriculum Committee (APCC)	SPH Dean Faculty Senates Provosts
<b>Planning &amp; evaluation</b>	APCC Assessment Subcommittee Student Leadership Council SPH Research Committee	SPH Dean OHSU PSU VPs Research
<b>Budget &amp; resource allocation</b>	SPH Fiscal/Budget Administrator	SPH Dean Provosts
<b>Student recruitment, admission &amp; award of degrees</b>	Admissions Committees Diversity Committee APCC	Program Directors Associate Dean Academic Affairs Associate Dean for UG Studies Dean
<b>Faculty recruitment, retention, promotion &amp; tenure</b>	Ad hoc faculty committees Promotion Committee Diversity Competence Committee	SPH Dean Provost of employer Institution
<b>Academic standards &amp; policies including curricular development</b>	Academic Policy & Curriculum Committee	SPH Dean, Provosts, Faculty Senates, Governance Boards

***1.5.c. A copy of the School's bylaws or other policy documents that determine the rights and obligations of administrators, faculty, and students in governance of the School.***

In fall 2104, the Dean appointed a Bylaws Committee to develop a set of bylaws for the evolving School. Faculty policies and procedures of the joint (collaborative) OHSU-PSU SPH include (1) the SPH Bylaws and (2) employer home Institutional policies active at the two Institutions. Following the adoption of the final draft of School Bylaws in 2016-17, the School will publish a comprehensive faculty handbook that draws from the harmonized elements of both University faculty rules and regulations, and provides more exact details for the School faculty.

A joint faculty committee from OHSU and PSU drafted the Bylaws for the SPH over the last two academic years. All faculty members, regardless of appointment type, had the opportunity to review the draft, and the Committee vetted faculty feedback and recommendations for the iterative process. At PSU, the AAUP (Faculty Union) requested bargaining power to assure their members' processes and expectations are addressed. The PSU faculty affected by the transition into the SPH ratified a Memo of Understanding (MOU) in October 2015. The public health faculty will vote on acceptance of the Bylaws in fall 2016. The current [Bylaws](#) document that is under revision by the Committee is provided in the ERF.

In the draft School Bylaws, current and future faculty members of the School retain their appointments within their employer (e.g., fiscally responsible) home University. Their initial appointments do not change at the University level, but come under a different administrative unit (the joint School). All new faculty will be hired within one or the other University. All SPH faculty, regardless of home Institution, will be responsible to the OHSU-PSU SPH Dean, beginning on July 1, 2016. The only exemption to the "one employer" rule is that administrators and staff who have cross-Institutional's responsibilities are fully employed at one Institution, and granted official 0.0 FTE positions within the other Institutions' HR

system to produce maximum access and utility of aspects of student management, education data such as evaluations, and research and fiscal administration.

**1.5.d. Identification of School faculty who hold membership on University committees, through which faculty contribute to the activities of the University.**

Of the primary faculty members, 38% (29 out of 76) hold membership on University-level committees (see [Table 1.5.d.1 SPH Membership on University-wide Committees](#)).

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

Students are strongly encouraged to engage in the SPH community through assuming active roles in governance, evaluation, and participation on SPH standing committees. The *OHSU-PSU Public Health Student Representative Handbook* ([Handbook](#)) describes the form of governance followed within the SPH as *shared governance*, which encourages participation of faculty, students, and staff as part of the decision-making processes. The *Handbook* also explains and provides detailed descriptions of student roles in governance, evaluation, and student-led groups.

**Student Leadership Council (SLC).** The Handbook and the SPH Bylaws provide descriptions of the Student Leadership Council, including its charge, membership, and responsibilities. During 2015-16, the SLC developed operational guidelines for its membership and functions. SLC expanded its membership to include both PhD and undergraduate students, and refined procedures for appointing [student representatives on SPH standing and ad hoc committees](#). The SLC membership consists of two representatives from each MPH program, one representative from each dual MPH program, one from each PhD program, and two representatives from each undergraduate area of concentration. Each spring, the SLC selects one member as Council Chair for the following academic year. There are student representatives on the Academic Policy & Curriculum Committee, the Diversity Committee, and the Values Work Group in 2015-16.

The functions of the SLC are to:

- Communicate the unique needs and interests of students
- Provide recommendations and input to the degree programs, Dean, and the Academic Policy & Curriculum Committee via the Associate Dean for Academic Affairs and via Student Representative(s) to the Curriculum Committee and other Standing Committees as indicated in the SPH Bylaws
- Invite students to participate in New Student Orientation, Annual Student Poster Showcase, Annual Student Service Project, student surveys, faculty searches, and other SPH and student events and activities
- Coordinate and attend program events, facilitate student participation in evaluation, surveys, and forums, and act as a resource to fellow students
- Student representatives and other students will be invited to serve in a voluntary capacity on standing and ad hoc committees and task forces, unless faculty, staff, or student confidentiality would be compromised

**Student-led groups.** Students interested in forming a topic group, club, or organization consider Institutional-level expectations of both OHSU and PSU. Formal student-led groups provide the Dean's Office a written description of the group's role and overall plan—mission/purpose, definition of membership, structure, and general activities. The Handbook recommends involving a faculty adviser who can be consulted on guidelines and expectations, and who can make suggestions regarding networking and resources related to the group's work. As appropriate, student groups review their

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plans with the Associate Dean for Academic Affairs or the Associate Dean for Practice. Communication between student groups and SLC members is encouraged.

Current student-led groups providing leadership opportunities include:

- PSU & PHSU Institute for Healthcare Improvement Open School Chapter is open to SPH students
- Public Administration Student Association is open to MPH students majoring in Health Management & Policy and Health Promotion
- Upsilon Phi Delta, a national honor society, is open to MPH students majoring in Health Management & Policy and PhD students majoring in Health Systems & Policy. Graduate members must have a cumulative GPA of 3.5 based on at least 18 hours of graduate work at the OHSU/PSU SPH
- SOM Graduate Student Organization is open to MPH students enrolled in the dual degree program in medicine (MD/MPH)

The Student Leadership Council met once a month during the three most recent academic years.

**Meeting dates in 2013-14:** September 16, October 8, December 4, January 9, February 13, March 6, and May 8

**Meeting dates in 2014-15:** December 2, January 12, February 2, March 19, and April 15

**Meeting dates in 2015-16:** November 13, December 1, January 20, February 3, March 2, April 12, and May 26

The students also take responsibility for the once-a-month Public Health Seminar Series, nicknamed “Friday Seminars.” Students work with faculty to identify the topics and presenters. Although mainly attended by current students, the seminars are open to the School’s faculty and public health professionals. The topics and presenters for the last three years are in the ERF (see [Table 3.1.e.1](#)).

The SLC also completed the Student Financial Survey Report in May 2016. They sent a survey to all SPH students during the first two weeks in April. This survey asked students to share information about their financial situation. Of the more than 1,400 students, 140 responded, for a response rate of 10%. (<https://infograph.venngage.com/p/109401/sph-student-financial-report-2016>). The survey found that include 30% of respondents reported receiving public assistance through the Oregon Health Plan (Medicaid) and/or SNAP. Four out of five respondents say they have borrowed \$30,000 to support their public health education.

### ***1.5.f. Assessment of the extent to which this criterion is met and an analysis of the School’s strengths, weaknesses and plans relating to this criterion.***

This criterion is met.

#### **Strengths**

- The School administration, faculty, and students redesigned the shared governance structure.
- A Faculty committee with equal representation from both Universities drafted and vetted School Bylaws in 2015-16.
- The Student Leadership Council formalized a process for the engagement of students in the School’s committees and workgroups.
- The Student Leadership Council is active in sponsoring many educational and social events, most notably the Public Health Seminar Series, which brings together students, faculty, and community member.

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### **Weaknesses**

- The review processes for transitioning into a SPH and appointing faculty turned out to be more complex than anticipated. As a result, the proposed OHSU-PSU Faculty Council is not operational. The quarterly all-faculty meetings substituted for this function.

### **Plans**

- SPH faculty will ratify the School's Bylaws in AY 2016-17.
- OHSU-PSU SPH faculty will work on the development of membership criteria, size, and functions of the SPH Faculty Council in fall 2016 with expected implementation in winter 2017.

## 1.6 Fiscal Resources

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

***1.6.a. Description of the budgetary and allocation process, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the University or other entity within the University, and other policies that impact the fiscal resources available to the School.***

The OHSU-PSU School of Public Health budgets and allocates resources across the School to attain its mission, goals, and objectives. The financial climate of the Institutions influences the SPH budgeting and allocation processes.

The budgetary and allocation process for the SPH is the responsibility of the Dean. The FY 2016 budget was in excess of \$20 million. The SPH budgetary process starts in the fall on a preliminary basis and continues through the spring of each fiscal year. This timeline aligns with primary funding sources, in this case OHSU and PSU.

The Dean is responsible for the SPH annual budget that includes all funding sources as it relates to instruction, research, and other service activities. These fund sources include tuition and fees, state appropriations, University funds, grants/contracts (restricted), the associated indirect cost recovery, and other gifts within two foundations both available to the SPH from philanthropic endeavors. The SPH budgets funds and associated expenses dependent on where the expense resides.

The SPH receives an annual University contribution of \$800,000, shared equally by OHSU and PSU in support of the creation of the joint School; specifically for the Office of the Dean and the new responsibilities and initiatives. Additional University funds contributed to the SPH stem from the strategic priorities of the School as they align with the strategic priorities of the Universities.

### **SPH Budgeting Process**

The School budget process incorporates the instructions and deadlines from both Universities. These operating and capital budgets are prepared each spring. Portions of the SPH funds and associated expenses are allocated and housed within both University's systems.

- PSU Division of Finance & Administration and the Office of Academic Affairs  
The PSU Vice President for Finance & Administration submits the proposed consolidated operating budget for the coming fiscal year for approval by the PSU Board of Trustees at its annual meeting in June and updates the actual operating results against budget at regularly scheduled board meetings.
- OHSU Central Financial Services Budget and Office of Financial Planning  
The OHSU Chief Financial Officer submits the proposed consolidated operating budget for the coming fiscal year for approval at the OHSU Board of Directors annual meeting in June and report updates on the actual operating results against budget at regularly scheduled board meetings.

The SPH must follow the budgeting policies set by both Universities when setting its fiscal assumptions in addition to short-term, long-term financial goals and other strategic investments. Key similarities in the two University budgeting processes influence the fiscal resources of the SPH.



<b>Table 1.6.a.1 Description of Sources of Funds</b>	
<b>Type</b>	<b>Description</b>
<b>Legislative appropriations</b>	State appropriations reserved for undergraduate programs
<b>Formula for funds distribution</b>	SPH funds are distributed based on three factors 1. Restrictions and limitations of the funds (e.g. extramural grants and contracts; foundations funds) 2. Mission and goals of the SPH 3. Where the associated expenses reside
<b>Tuition generation and retention</b>	Tuition generation and retention based on actual credit hours, revenue targets and expense budget (PSU and OHSU)
<b>Gifts, grants and contracts</b>	Listed in Table 1.6.a.2
<b>Indirect cost recovery rates by type of grant activity</b>	OHSU- On-campus: 54% PSU- On-campus: 48.5% OHSU- Other sponsored projects: 32% PSU- Other sponsored projects: 33.5% Off-campus (OHSU and PSU): 26%
<b>Taxes or levies imposed by the University or other entity within the University</b>	Costs for central services (non-revenue drivers) for the SPH are imposed by each University depending on what portion of each University resources (as budgeted in each University's system) is used. Both Universities have a distribution of overhead. <ul style="list-style-type: none"> <li>OHSU overhead cost allocation (OCA) varies based on specific variables and criteria such as space, personnel FTE, and the expense portfolio.</li> <li>PSU's composite rate is approximately 41% (variable by components).</li> </ul>
<b>Other policies that influence the fiscal resources available to the School.</b>	University-level budget policies, University-level revenue retention policies, University-wide short-term and long-term financial goals. OHSU requires a 2.5% margin on all unrestricted funds held at OHSU. This excludes restricted funds and foundation funds. PSU budgeting/allocation revenue targets are budgeted; resources may be allocated and/or withheld dependent on performance.

**Tuition and State Appropriations.** The SPH is required to provide anticipated tuition targets based on projected enrollment. Currently the SPH enrolls students at both OHSU and PSU. The School distributes tuition revenue based on the policy of the receiving University.

- PSU receives about 12% of the SPH budget from state appropriations and redistributes based on enrollment projections and discipline-based costs. The budgeting process set expectations or targets for enrollment, revenue, and associated expenditure budgets.
- OHSU distributes tuition back fully to the School where the programs reside. Similarly, the tuition is budgeted based on the revenue target and academic expenditures needs of the programs and the School.

**SPH Resource Allocation Process.** At the discretion of the Dean, and within the limits of fiscal policies and procedures at both OHSU and PSU, the School allocates resources to fulfill the mission, goals, and

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objectives of the School. This includes supporting strong, student-focused academic programs and services, a robust research enterprise, and adequate funding for the faculty and staff to realize their obligations.

**SPH Development.** Philanthropic development is a priority of the SPH. OHSU and PSU Presidents asked their respective Foundations in summer 2015 to begin working together on the SPH development portfolio. The PSU Foundation Board and upper administration of PSU requested the School develop a proposal for its planned “Capital Campaign” beginning in FY 2017. A small group developed an overarching conceptual framework for a *Center for Translational Public Health* that aims to move research into action. The proposal received approval as one of the first tier priority areas, and has the support of the PSU President, Provosts, and Dean.

**Foundation Funds.** The School of Public Health has modest current funds from philanthropic gifts and development. SPH funds reside at both the OHSU Foundation and the PSU Foundation. The anticipated revenue and expenditures of the SPH Foundation funds are also budgeted on an annual basis.

The foundations receive assets (cash and non-cash) in the form of donations and other revenues. The foundations have fiduciary responsibility to ensure that these funds are compatible with the missions of the associated University, expended as intended by the donors, and aligned with the Foundation’s policies and procedures.

Donations to the OHSU Foundation may be unrestricted for use as OHSU deems most necessary; restricted for the use of a particular department, program, or OHSU mission; or restricted to a specific purpose as designated by the donor. Unrestricted or mission-based donations allow OHSU the most flexibility to use the assets in the areas of greatest need to achieve its mission and goals.

Every fund must have one (and only one) Primary Responsible Party (PRP). The PRP is a fundamental controlling element of every foundation account. The Dean is the PRP for the SPH foundation accounts housed at OHSU. Table 1.6.a.2 lists the School’s current foundation funds.

### **SPH Grants and Contracts Budget, and Allocation**

The SPH enjoys a robust grant enterprise including a varied research portfolio along with the substantial research administrative infrastructure of both Universities. PSU’s funded research and scholarship portfolio reflects its urban setting in Portland. OHSU is one of the leaders in the Western U.S. in receipt of federal and foundation grants to conduct biomedical research.

The SPH adheres to both Universities’ guidelines for grants management. SPH works closely with OHSU Office of Proposal and Award Management and PSU Departmental Research Administrators and Central Sponsored Project Administration to ensure that all costs charged to sponsored awards adhere to established cost principles, all government and sponsor specific regulations, and University policies.

OHSU and PSU employ numerous specialists to help manage the School’s grant funds in the many diverse activities associated with grants management and funds flow. Much of the information below derives from documents approved by [OPAM](#), the office that manages pre- and post-awards at OHSU. [PSU’s Sponsored Awards Charging Policy](#) describes the principles followed when including costs in proposal budgets and charging costs to sponsored awards.

<b>Table 1.6.a.2 OHSU-PSU SPH Development Foundation Accounts</b>				
<b>Fund Description</b>	<b>Start Date</b>	<b>Purpose</b>	<b>Spendable</b>	<b>Endowed</b>
Public Health & Preventive Medicine (SPH) Support	7/1990	Support activities relating to the affiliation of the Center for Health Research and OHSU.	13,373	0
Oregon Health Policy Institute	2/1999	Support programs at OHPI, a collaborative research institute involving PSU and OHSU	4,540	0
Katie Riley Public Health Travel Scholarship	2/2012	Support MPH travel. Preference given to students committed to serving under-represented or underserved communities and advancing OR public health.	323	0
SPH	11/2014	Support the development of the SPH.	5,000	0
Astoria Women's Heart Health Initiative	9/2012	Support the Astoria (OR) Women's Heart Health Initiative by developing community resources, relations and infrastructure to improve women's heart health.	1,062	0
Greenlick Research Grant Endowment Income	12/1999	Provide grants for MPH.	7,572	0
Osterud Scholarship	1/1991	Tuition scholarships for MD/MPH students.	38,521	0
Hearing Health Promotions Special Projects	2/2013	Support special projects in hearing health promotions and Dangerous Decibels program.	33,952	0
Mitch Greenlick Public Health Scholarship Endowment	5/2008	Support scholarships; preference given to students committed to serving under-represented minority communities or who show potential to contribute to public health science.	0	163,665
SPH Innovation Fund	2/2016	Provide PSU faculty and students with support.	1,000	0
<b>Total</b>			<b>\$71,823</b>	<b>\$163,665</b>

### **F & A Revenue (Indirect cost recovery or IDC) and Return Policy**

The federal government negotiates indirect costs with the specific University. These established rates vary by classifications of direct cost activities (for example on-campus and off-campus; See Table 1.6.a.1. The federally negotiated IDC rate differs between OHSU and PSU. As noted, the OHSU on-campus IDC rate is 54%. The PSU on-campus IDC rate is 48.5%. The off-campus rate for both Institutions is 26%. Both Institutions also have similar IDC rates for other sponsored projects (OHSU 32%, PSU 33.5%). For foundation grants, IDC proportions vary substantially and many Foundations do not allow IDC at all. For training grants, such as K-Awards, the funding agency sets the IDC, which is not negotiable.

Indirect cost (IDC) recovery is another vital revenue source for the SPH in fulfilling its mission. The financial policy of the Institution where the funds reside (in this case negotiated extramural grants and contracts) affects the IDC recovery. OHSU distributes 100% of the IDC back to the SPH. OHSU also distributes the research-specific overhead cost allocation back to the SPH as an off-set. At PSU, a formula for Finance & Administration distribution includes funding for central research administration, college research support, general University administration, the PI Incentive program, and research lab renovations. Figure 1.6.iv lists the percentages associated with IDC.

**1.6.b. A clearly formulated School budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation site visit.**

Table 1.6.b.1 OHSU-PSU SPH Financial Statement			
Where the resources come from...			
	FY2014	FY2015	FY2016 (estimate)
<b>Net Tuition and Fees</b>			
Tuition & Fees	6,966,149	6,921,700	6,099,121
Financial Aid	--	--	--
<b>Total Sponsored Revenues</b>			
Grants & Contracts	6,176,716	7,609,836	8,013,626
Indirect Cost Recovery	693,998	1,128,133	1,446,870
<b>Other</b>			
State Appropriation	2,257,110	2,324,823	2,558,521
University Funds	1,171,951	2,202,351	2,860,382
Endowment Payout	--	--	--
Expendable Gifts	56,207	58,553	79,777
Sales & Services	10,250	3,804	411,967
<b>Total Sources of Funds</b>	<b>\$17,332,381</b>	<b>\$20,249,200</b>	<b>\$21,470,264</b>
<b>Where the resources go...</b>			
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, & Other	295,677	454,881	492,098
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
<b>Total Uses of Funds</b>	<b>\$16,602,518</b>	<b>\$18,842,267</b>	<b>\$21,346,445</b>

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

Table 1.6.c.1 OHSU-PSU SPH Financial Statement						
Where the resources come from...						
	FY2014		FY2015		FY2016 (estimate)	
	OHSU	PSU	OHSU	PSU	OHSU	PSU
<b>Net Tuition and Fees</b>						
Tuition and Fees	1,449,444	5,516,705	1,077,635	5,844,065	1,433,580	4,665,541
Financial Aid	--	--	--	--	--	--
<b>Total Sponsored Revenues</b>						
Grants and Contracts	5,132,692	1,044,024	6,269,572	1,340,264	6,814,878	1,198,748
Indirect Cost Recovery	626,134	67,864	1,063,691	64,442	1,380,495	66,375
<b>Other</b>						
OR State Appropriation	9,021	2,248,089	51,697	2,273,126	-	2,558,521
University Funds	1,171,951	--	1,802,351	400,000	2,460,382	400,000
Endowment Payout	--	--	--	--	--	--
Expendable Gifts	56,207	--	58,553	--	79,777	--
Other Sources (Sales/Services)	10,250	--	3,804	--	411,967	--
<b>Total Sources of Funds</b>	<b>8,455,699</b>	<b>8,876,682</b>	<b>10,327,303</b>	<b>9,921,897</b>	<b>12,581,079</b>	<b>8,889,185</b>
<b>Where the resources go...</b>						
Faculty Salaries & Benefits	1,391,815	2,623,849	1,892,817	2,704,999	2,238,858	2,788,659
Staff Salaries & Benefits	457,473	690,733	617,334	712,095	1,384,709	734,119
Student Support	28,168	--	138,502	--	317,305	--
Operations, Maintenance, & Other	220,282	75,395	377,154	77,727	411,967	80,131
Travel	13,814	--	70,836	--	81,424	--
University Tax	1,101,137	3,845,955	1,080,177	3,964,902	1,487,434	4,087,528
Grants and Contracts	5,063,032	1,090,865	5,865,459	1,340,264	6,535,563	1,198,748
<b>Total Uses of Funds</b>	<b>8,275,721</b>	<b>8,326,797</b>	<b>10,042,279</b>	<b>8,799,988</b>	<b>12,457,260</b>	<b>8,889,185</b>

Financial contributions of each sponsoring University align with where the associated expense resides. Tuition, sponsored revenues (extramural funds and indirect cost returns), and other sources all flow down to the SPH and are allocated to where the activity takes place. The financial policies and priorities at each University is a limiting factor for the sharing of tuition and other income. Tuition and fees are budgeted and received by the School from both Universities based on program administration. State appropriations support only the undergraduate program.

IDC return allocation stems from where the research is done. Typically, the proportion of the research (direct costs) completed by faculty who have primary appointments in the SPH and corresponding IDC are returned to the School reflective of each University's IDC return policy. The School utilizes mechanisms at each University to optimize IDC return.

### Taxes and Levies

The SPH has access to resources and systems housed at both OHSU and PSU. These non-revenue driving, central services are supported by overhead costs charged to the administration unit.

- **OHSU's Overhead Cost Allocation (OCA)** methodology allocates the direct and indirect expenses necessary for OHSU's missions to function. The method applied to each cost category relates to the School's expense related to the employee full-time equivalent (FTE), expense base, or square footage expenses. OCA costs common to all units include insurance, interest expense on debt, and administrative services (i.e. human resources, information technology, legal services, facilities and logistics, risk management, and finance).
- **OCA and Research Expense.** The Research Expense cost category includes costs related to Research services (including Office of Proposal & Award Management, Research Integrity; Technology and Research Collaborations; Comparative Medicine; the Clinical Research Program; Tech Transfer and Business Development); and purchased services related to research support and other related expenses.

Research Expense costs are allocated based on the School's direct sponsored project expenses; recovery for indirect costs is excluded in the basis of the allocation. The basis of allocation fluctuates monthly as related sponsored project expenditures change. The OHSU and PSU financial systems collect data on a monthly basis.

**1.6.d. Identification of measurable objectives by which the School assesses the adequacy of its fiscal resources, along with data regarding the School's performance against those measures for each of the last three years. See CEPH Outcome Measures Template**

Table 1.6.d.1 Measureable Objectives Used to Assess Resource Adequacy								
Measureable Objective		Target	FY 2014		FY 2015		FY 2016	
	Total grants & contracts awarded (\$ in thousands)		\$6,154		\$7,206		\$7,734	
	At least 30% of the total expenditures will be derived from grants and contracts	30%	37%		38%		36%	
	Annual MPH tuition & fees will be within ±10% of median for SPH institutional peer group (resident students)	10% of peer median						
	SPH Annual MPH Tuition & Fees		\$14,973.54		\$14,717.88		\$15,027.09	
	Median Tuition Peer Institution Group		new		new		\$13,172.38	
	% difference (SPH compared to peers)		-		-		+ 14%	
	SFR by Faculty Headcount/Faculty FTE							
	Average Graduate student-to faculty ratio	10:1	6.8	3.8	3.7	2.1	4.3	2.6
	Average UG student-to faculty ratio	40:1	new		new		56.0	41.9

Table 1.6.d.1 Measureable Objectives Used to Assess Resource Adequacy					
Measureable Objective		Target	FY 2014	FY 2015	FY 2016
	<b>SPH all-ranks average faculty salary is within 85% of median of SPH peer institutional group.</b>	85% of peer median			
	Peer Institution All-ranks Faculty Salary		new	\$120,787	\$124,658
	85% of Peer Salary		new	\$102,669	\$105,959
	SPH All-ranks Faculty Salary		new	\$110,384	\$114,695
	Percentage points within PIG median		new	+6%	+7%

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

This criterion is met.

**Strengths**

- The School benefits from various funding streams to support its mission and goals and its teaching, research, and service objectives.
- An equity model is the foundation for the collaborative School; both presidents dedicated an equal amount of resources toward the development of the SPH Office of the Dean.
- The equity model, when applied to setting tuition, resulted in "one price" for MPH students. The "one tuition" model facilitates student flexibility in selecting required and elective courses at both Universities.

**Weaknesses**

- Future trends in federal research investment are uncertain, which influences financial support for PhD students on federally funded training grants or faculty research projects.
- Scholarships for graduate students are limited, posing barriers to recruiting and supporting underrepresented populations.
- The School is limited in the transfer of revenue between Universities.

**Plans**

- The School will optimize educational resources to better align resources with growing needs of the School.
- The School is implementing Oracle Database Consolidation to consolidate financial data services into a shared environment to achieve cost savings, more consistent and seamless short- and long-term analysis, and decision-making.
- The School will pursue cross-University development opportunities to provide necessary flexible resources to embark on new or expanding initiatives to meet the greatest priorities including scholarship support, new research initiatives, and special projects.

## 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.

**1.7.a. A concise statement or chart defining the number (headcount) of primary faculty in each of the five core public health knowledge areas employed by the School for each of the last three years.**

To provide the degree program and meet its research and service missions, the OHSU-PSU School of Public Health employs 76 primary faculty including 16 professors, 19 associate professors, 25 assistant professors, and 16 instructors/lecturers/research associates. Of these, 34% hold tenure or are in tenure-track positions (primarily faculty who are PSU employees).

The collaborative School appoints primary faculty in the five public health core knowledge areas listed in Table 1.7.a.1. The difference in programs and faculty assigned to core knowledge areas from 2013-14 to 2015-16 years reflects the transition from the Oregon MPH Program to the OHSU-PSU School of Public Health to meet CEPH's criteria for a School of public health. The SC approved the following changes to meet CEPH's criteria in the five core public health knowledge areas: separated the combined epidemiology and biostatistics MPH program into two MPH programs, (2) created an MPH program in environmental health sciences, (3) created three PhD programs, and (4) developed academic teaching units in health services research and health behavior. CEPH approved moving the baccalaureate program in health studies under the Oregon MPH Program. The primary and secondary faculty headcounts in AY 2015-16 reflect these changes proposed in the SPH Action Plan in 2013.

Table 1.7.a.1 Primary Faculty Headcount by Public Health Core Knowledge Areas					
Public Health Core Knowledge Area	SPH Programs	University	2013-14	2014-15	2015-16 <sup>1</sup>
Epidemiology & Biostatistics	EPI/BIO	OHSU	14	21	NA
Biostatistics	BIO	OHSU	NA	NA	11
Epidemiology	EPI	OHSU	NA	NA	8
Environmental Health Sciences	ESHH	OHSU	NA	8	6
Social & Behavioral Sciences <sup>1</sup>	CH, HP	PSU	11	25	38
	HB	OHSU	NA	NA	/
Health Services Administration	HMP, HSP	PSU	4	4	10
	HSR	OHSU	NA	NA	6
Primary Healthcare & Health Disparities	PHCHD	OHSU	4	1	3
<b>Total</b>			<b>33</b>	<b>59</b>	<b>76</b>
<b>NOTES:</b> HC=unduplicated head count. FTE=head count by % faculty time. Primary faculty include professors, associate professors, assistant professors, and instructors with 1.0 FTE appointments in the SPH. <sup>1</sup> In 2015-16, the increase in primary faculty in social and behavioral sciences stems from the transition from the OMPH to the SPH: five faculty employed by OHSU moved into SPH from OHSU School of Medicine, as well as four faculty who teach only in the undergraduate program added, two new faculty employed by PSU, and two returning from sabbatical leave. The 2015-16 increase in health services administration is due to the addition of six faculty employed by OHSU who moved into SPH from OHSU SOM. NA reflects new programs not implement in the cells.					



## Criterion 1: The School of Public Health

In addition to the primary faculty, Table 1.7.a.2 lists the other faculty members who have the same qualifications of primary faculty but hold adjunct appointments, faculty appointed to units outside the School, or joint appointments.

Table 1.7.a.2 Headcount of Other Faculty, 2013-14 through 2015-16					
Public Health Core Knowledge Area	SPH Programs	University	2013-14	2014-15	2015-16
Epidemiology & Biostatistics	EPI/BIO	OHSU	5	3	NA
Biostatistics <sup>1</sup>	BIO	OHSU	NA	NA	2
Epidemiology <sup>1</sup>	EPI	OHSU	NA	NA	3
Environmental Health Sciences	ESHH	OHSU	NA	1	1
Social & Behavioral Sciences	CH, HP	PSU	4	11	16
	HB	PSU	NA	NA	NA
Health Services Administration	HMP, HSP	PSU	11	6	8
	HSR	OHSU	NA	NA	00
Primary Healthcare & Health Disparities	PHCHD	OHSU	1	4	5
<b>Total</b>			<b>21</b>	<b>26</b>	<b>35</b>
<b>NOTE:</b> Other or secondary faculty include adjunct faculty with a primary appointment outside either University, faculty who are not full-time employees at either OHSU or PSU, and affiliated faculty who volunteer to contribute to mission fulfillment.					

**1.7.b. A table delineating the number of faculty, students and SFRs, organized by department or specialty area, or other organizational unit as appropriate to the School, for each of the last three years (calendar years or academic years) prior to the site visit.**

Tables 1.7.b.1, 1.7.b.2, and 1.7.b.3 report the number of faculty organized by program area for each of the last three academic years. As noted elsewhere, the transition from the OMPH program to include the large undergraduate program in health studies under the OMPH umbrella, the addition of new PhD programs, and the additional faculty added to meet CEPHs requirements for the lead University is evident in the presentation of the faculty and student numbers and the calculation of Student-Faculty Ratios.

Table 1.7.b.1 Summary Student Faculty Ratios			
Student-faculty Ratio by	2013-14	2014-15	2015-16
Primary HC Graduate Faculty	6.8	3.7	4.3
Total FTE Graduate Faculty	3.8	2.1	2.6
Primary HC Undergraduate Faculty	NA	NA	56.0
Total FTE Undergraduate Faculty	NA	NA	41.9
<b>NOTE::</b> Excludes enrollment in programs offered by Oregon State University in the OMPH program during 2013-14 and 2014-15			

**Table 1.7.b.2 (CEPH 1.7.2) Faculty, Students and Student/Faculty Ratios by Program Area, AY 2013-14**

Core Knowledge Area	HC Primary Faculty <sup>1</sup>	FTE Primary Faculty	HC	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty HC	SFR by Total Faculty FTE
			Other Faculty <sup>2</sup>							
Social & Behavioral Sciences	12	12	11	2.8	23	14.8	68	53.5	5.7	3.6
Epidemiology & Biostatistics	14	14	5	1.8	19	15.8	68	44	4.9	2.8
Health Services Administration	3	3	4	1.6	7	4.6	64	39.1	21.3	8.5
Primary Healthcare & Health Disparities	4	4	1	0	5	4	26	14	6.5	3.5
<b>TOTAL/Ave</b>	<b>33</b>	<b>33</b>	<b>21</b>	<b>6.2</b>	<b>54</b>	<b>39.2</b>	<b>226</b>	<b>150.6</b>	<b>6.8</b>	<b>3.8</b>

**Table 1.7.b.3 (CEPH 1.7.2) Faculty, Students and Student/Faculty Ratios by Program Area, AY 2014-15**

Core Knowledge Area	HC Primary Faculty <sup>1</sup>	FTE Primary Faculty	HC	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty HC	SFR by Total Faculty FTE
			Other Faculty <sup>2</sup>							
Social & Behavioral Sciences	26	26	10	2.9	36	28.9	65	52	2.5	1.8
Epidemiology & Biostatistics	22	22	4	1.2	26	23.2	60	38.3	2.7	1.7
Environmental Health Sciences	6	6	2	2	8	8	1	1	0.2	0.1
Health Services Administration	4	4	6	1.2	10	5.2	58	36.3	14.5	7.0
Primary Healthcare & Health Disparities	1	1	4	1.5	5	2.5	34	17	34.0	6.8
<b>TOTAL/Ave</b>	<b>59</b>	<b>59</b>	<b>26</b>	<b>8.8</b>	<b>85</b>	<b>67.8</b>	<b>218</b>	<b>144.6</b>	<b>3.7</b>	<b>2.1</b>

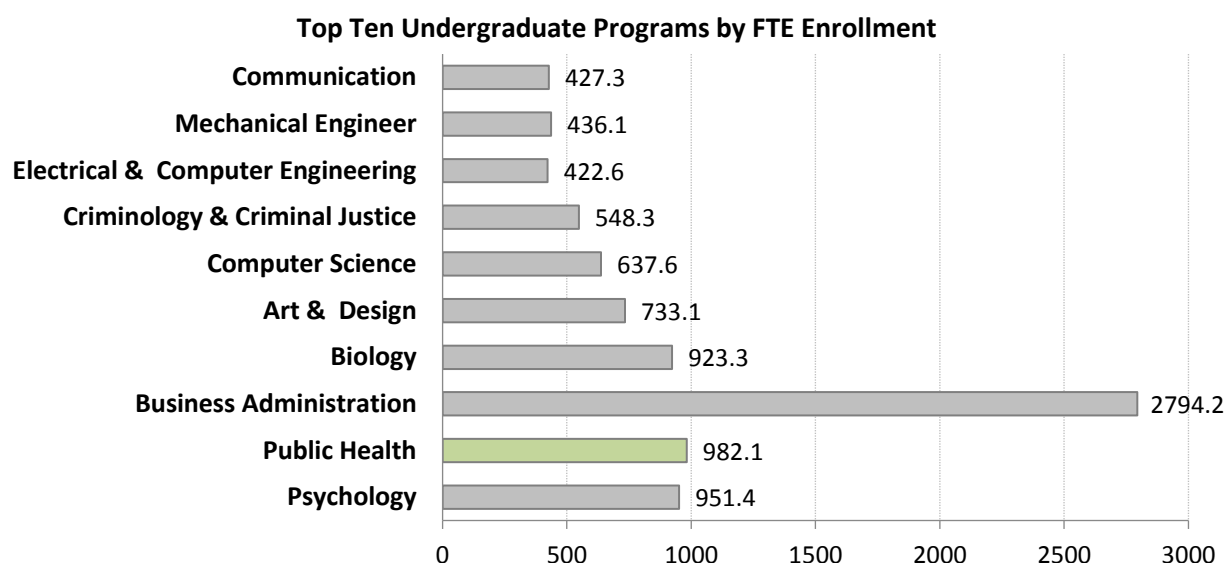
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**Table 1.7.b.4. (CEPH 1.7.2) Faculty, Students and SFRs by Core Knowledge Area, AY 2015-16**

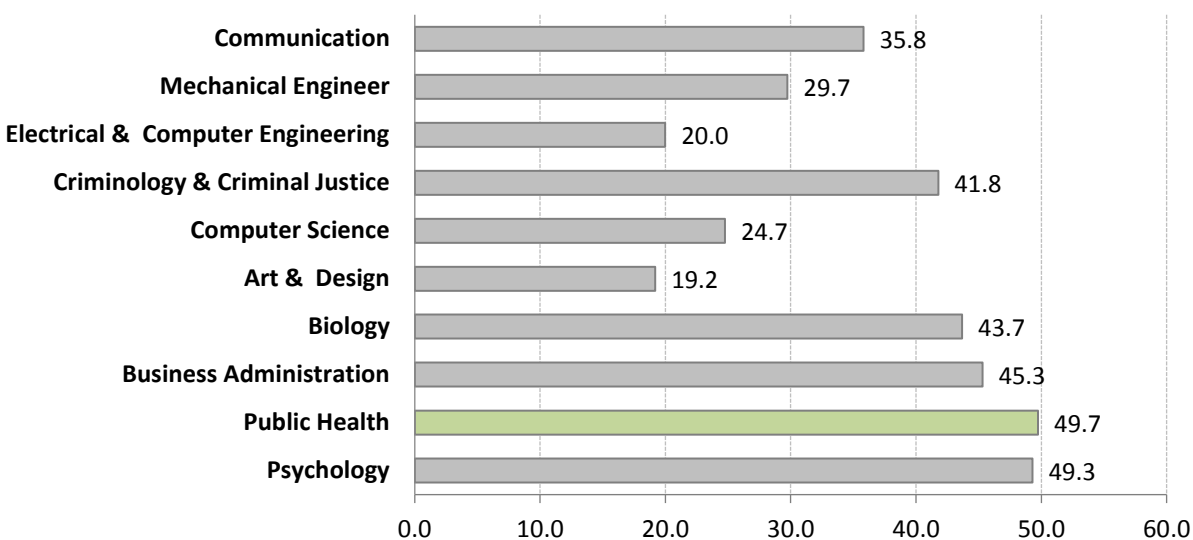
Core Knowledge Area	HC Primary Faculty <sup>1</sup>	FTE Primary Faculty	HC Other Faculty <sup>2</sup>	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty HC	SFR by Total Faculty FTE
<b>Biostatistics</b>	11	11	2	0.2	13	11.2	15	9.3	1.4	0.8
<b>Epidemiology</b>	8	8	3	0.3	11	8.3	47	31.1	5.9	3.7
<b>Environmental Health Sciences</b>	6	6	1	0.5	7	6.5	6	4.7	1.0	0.7
<b>Health Services Administration</b>	10	10	8	1.6	18	11.6	58	37.8	5.8	3.3
<b>Primary Healthcare &amp; Health Disparities</b>	3	3	5	0.9	8	3.9	32	12.9	10.7	3.3
<b>Social &amp; Behavioral Sciences</b>	38	38	16	4.4	54	42.4	1305	1098.1	34.3	25.9
<b>Graduate</b>	16	16.5	3	1	19	17.5	72	56	4.5	3.2
<b>Undergraduate</b>	22	21.5	13	3.4	35	24.9	1233	1042.1	56.0	41.9
<b>SPH Total/Ave</b>	76	76	35	7.9	111	83.9	1463	1193.9	19.3	14.2
<b>SPH Graduate Total/Ave</b>	54	54.5	22	4.5	76	59	230	151.8	4.3	2.6
<b>NOTE:</b> The School of Community Health provides the programs in social and behavioral sciences: BA/BS in Health Studies, MPH in Health Promotion, and PhD in Community Health. Of the 38 primary faculty, the program distributes the 1.0 FTE based on teaching graduate or undergraduate, which is reflected in the Column FTE Primary Faculty. The distribution is based on a full-time teaching load of 6 courses over an academic year.										

## Criterion 1: The School of Public Health

The student-faculty ratios for the undergraduate programs in health studies and applied health and fitness are much larger than the SFRs for the graduate public health programs. Portland State University is the sole provider of the undergraduate programs related to the public health core knowledge area of social and behavioral sciences. Public Health is among the top ten undergraduate programs by size at Portland State University, which enrolled nearly 18,000 headcount and 14,000 FTE undergraduates.



The SFRs vary by discipline within PSU, with public health and psychology having the highest ratio at 49.7 and 49.3, respectively. These programs currently offer multiple sections for many courses in high demand. Despite the relatively high SFRs, actual undergraduate class sizes range from 10 up to 100. The goal of the PSU retention effort is to support student success by reducing student-faculty ratios, decreasing professional advisor to student ratio, and providing the necessary academic and other services to support student success. (The student-faculty ratios differ from Table 1.7.b.4 due to the different run dates of the enrollment files.)



**1.7.c. A concise statement or chart defining the headcount and FTE of non-faculty, non-student personnel (administration and staff).**

Table 1.7.c.1 shows the headcount and FTE of administrative and other staff for central and program administration for the last three years. In FY 2015, we established the Office of the Dean for the School. The Office added administrative and other staff to support the increased demands for coordination, development of School-level committees and processes, and aligning expectations to move from a set of loosely-coupled programs to a more integrated, joint School. The research Dean started in July 1, 2015 and brought with him the research staff, as well as the administrative staff, for the research office.

<b>Table 1.7.c.1 Administrative and Other Staff<sup>1</sup></b>						
	<b>Fall 2014</b>		<b>Fall 2015</b>		<b>Fall 2016</b>	
	<b>(AY 2013-14)</b>		<b>(AY 2014-15)</b>		<b>(AY 2015-16)</b>	
	HC	FTE	HC	FTE	HC	FTE
<b>Oregon MPH Program Office</b>	1	0.80	1	0.80	1	0.80
<b>Office of the Dean<sup>2</sup></b>	NA	NA	5	4.60	7	6.75
<b>Research Office</b>	NA	NA	NA	NA	3	3.00
<b>Research Staff<sup>3</sup></b>	NA	NA	NA	NA	38	33.27
<b>Educational Program /Track Administration</b>	6	4.00	6	4.50	6	4.50
<b>Totals</b>	<b>7</b>	<b>4.80</b>	<b>12</b>	<b>9.90</b>	<b>55</b>	<b>48.32</b>
<b>NOTE:</b> <sup>1</sup> Excludes administrators with faculty appointments as well as student workers. <sup>2</sup> AY 2016 includes assistant dean for accreditation (0.75 FTE), field experience coordinator (1.0 FTE), education data technician (1.0 FTE), executive assistant (1.0), administrative support (1.0), project manager (1.0 FTE), and budget/fiscal officer (1.0 FTE) <sup>3</sup> Includes staff funded from Grants and Contracts, Institution funded research programs, and University Shared Resource. Totals reflect an edit to previous draft by Anne Rudwick. Double headcount of staff as well as associate professors create lower totals than previously presented.						

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

The SPH has classrooms and faculty offices across two Universities, three campuses, and five buildings to leverage the academic and research collaborations supported by the School. The current building gross square footage (BGSF) across the all the locations at PSU and OHSU is estimated at 37,592 sq. ft. with 167 staff and faculty and 383 students at the graduate level and about 10,00 sq. ft. for about 1,500 students at the undergraduate level only at PSU.

The unique collaborative model allows for concentrations of SPH space on the downtown PSU campus, the OHSU Marquam Hill campus, and the OHSU South Waterfront campus. The distance is less than two miles between the two primary campuses, and excellent public transportation among sites facilitates the collaboration. Because the SPH arose from existing academic and research programs, space is adequate and stable.

Gaines Hall on the Marquam Hill campus is home to the Office of the Dean to accommodate increased staffing, including a few faculty offices, as well as spaces for doctoral student offices. The SPH classroom space is sufficient for current and proposed courses at the graduate and undergraduate levels. The PSU campus is the location for the undergraduate classes in health studies, advisors, and student support

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services. As of academic year 2014-15, the new [Collaborative Life Sciences Building](#) also provides classrooms, study space, and small meeting rooms; this new space is exceptionally valuable for program aspects conducted across campuses. For example, the All-School Faculty Meetings are held at the CLSB, as were faculty committee meetings and the Student Leadership Council. The CLSB is conveniently located on the South Waterfront with free student transportation by [streetcar](#) from PSU and [aerial tram](#) from OHSU.

Program needs drive the assignment of academic space. All faculty and program space at PSU is within the Urban Center, which houses the College of Urban & Public Affairs (CUPA). The faculty, staff, and student assistants moving administratively into the School will retain their current space in the Urban Center and access current classroom space across PSU facilities.

**Table 1.7.d.1 Physical Resources for the OHSU-PSU SPH**

Degree/Program/Function	Location/Institution	Offices & Cubicles	Classrooms <sup>1</sup>	Common Spaces <sup>2</sup>
Dean's Office	OHSU Gaines Hall PSU Urban Center, 7 <sup>th</sup> floor	10 offices	0	4
Epidemiology/Biostatistics	OHSU Gaines Hall	9 offices (3 shared)	1	2
Epidemiology/Biostatistics/ Health Services Research	OHSU Campus Services Bldg (CSB)	55 offices	3	11
Biostatistics	OHSU Kohler Pavilion	3 offices	0	2
Biostatistics	OHSU Hatfield Res Center	5 offices	0	7
Environmental Systems & Human Health	OHSU Hatfield Res Center Gaines Hall	2 offices 3 cubes 2 offices	0	2 0
Primary Health Care & Health Disparities (on-line)	OHSU School of Nursing	4 offices 1 cube	0	2
Health Management & Policy	PSU Urban Center, 6 <sup>th</sup> floor	5 offices 5 cubes	2	1
Health Promotion (HP)	PSU Urban Center, 4 <sup>th</sup> floor	31 offices 15 cubes	2	4
Undergraduate Administration	PSU Urban Center, 4 <sup>th</sup> floor	3 offices 0 cubes	Shared with HP	
Classrooms & conference rooms shared across programs	Multiple buildings OHSU	NA	50	100
	Multiple buildings PSU <sup>3</sup>	NA	30 UG/ 35 Grad	86
<b>NOTES:</b> <sup>1</sup> In addition to classrooms and common spaces assigned directly to the unit, each unit has access to their Institutions' classroom and meeting room resources through central scheduling.				
<sup>2</sup> Common space includes lounge areas, common computer areas, and non-classroom conference rooms for use by students, staff, and faculty				
<sup>3</sup> At PSU the SPH programs have access to the 140 "general pool" classrooms in 22 buildings.				

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

Faculty member Dr. Gary Brodowicz (Professor in Health Studies: Physical Activity and Exercise) conducts research and training in the [Exercise Physiology Lab](#) located in the Urban Center Building at PSU. The primary work conducted in this lab is physiological response testing, course instruction, and thesis research. The lab is approximately 670 square feet and contains equipment relevant to its testing purposes (including stationary and handheld measurement devices, desktop computer, and printer).

Faculty member Dr. Richard Johnson (Professor in Environmental Systems & Human Health) conducts his research in a lab located in the Hatfield Research Center at OHSU. This lab, identified as HRC343.G2 and HRC342, is approximately 280 square feet and contains wet lab space, chromatography and mass spectrometry instrumentation, water chemistry instrumentation, and glove box.

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

The home institution for the program provides the technology support for faculty, staff, and students with the exception of the Dean and Associate Dean for Academic Affairs, who have offices on both campuses. For All SPH staff and faculty have sufficient office space and desktop computers. Student workers have shared cubicle space or office space, and desktop computers. Full-time PhD students have shared office or cubicle space and desktop computers. In addition, specific SPH research programs and research staff work at satellite offices in proximity to the communities and collaborators. For instance, the Integrated Program in Community Research is located in Bend, Oregon; and a member of the Northwest Addiction Transfer Treatment Center has space through the University of Washington in order to be closer to his/her partners/population in King County, Washington.

The SPH has an inventory at OHSU of 84 desktop computers and 29 laptops computers assigned to faculty and staff and an inventory at PSU of 60 desktop computers assigned to staff, students, and faculty. In addition, the SPH maintains a student computer lab at OHSU (975 sq. ft.) with 23 desktop computers and shares a computer lab with CUPA in the PSU Urban Center that is equipped with 27 computer workstations, printers, and scanners. The Urban Center has a small library with five computer work stations, a printer, and various library resources is dedicated as student study space and is staffed with a library attendant.

A desktop computer replacement schedule aligns with the warranty schedule (typically four years); all computers purchased through the SPH have access to appropriate integrated technology group support. The Office of the Dean is responsible for budgeting most of these resources directly, unless individual components are above \$3,000, making them eligible for central funds for OHSU space and employees for capital funds.

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

The OHSU-PSU School of Public Health has ample library/information resources. Faculty, staff, and students have access to library services provided by OHSU and PSU. These extensive resources include ample collection resources, training opportunities, and document-delivery.

The Millar Library (PSU campus) provides access to library resources online and print from a collection of over 1.4 million volumes, 2.5 million microforms, 134,000 audiovisual materials, 406,000 government documents, 10,000 PDXscholar (Institutional repository) items, and 23,000 items in Special Collections. (Numbers are from the 2013-14 [organizational profile](#)) In addition to these materials, SPH students and

## Criterion 1: The School of Public Health

PSU community members may borrow materials via the Orbis-Cascade Alliance of Libraries, which expands library monograph holdings to those among the 39 member libraries throughout the Pacific Northwest, as well as request monographs not held by any Alliance library via Interlibrary Loan. Leveraging demand driven acquisitions on a local and Alliance level, the Millar Library provides expanding e-book options. Journal subscriptions, are available online via direct subscriptions and via third party database packages. Increasingly, the Library purchases access to streaming media packages such as *Films on Demand* and *Journal of Visualized Experiments* to meet student and faculty needs in an increasingly digital educational environment. 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 via chat and email, text, and telephone. Workshops on topics such as managing citations and conducting literature review research are also available.

The OHSU Library, housed at the Biomedical Information Communication Center (BICC) on the OHSU Marquam Hill campus, serves as the primary biomedical information resource for Oregon and for underserved areas throughout the Northwest region. The library maintains a collection of books, journals, multimedia, bibliographic, full-text databases, electronic journals, and other electronic resources in the fields of medicine, nursing, public health, dentistry, and the allied health sciences.

The OHSU Library provides around-the-clock access to articles from over 32,000 journals in the areas of nursing, clinical, and basic health science, 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 are also available. All of these electronic resources are available from on- or off-campus to all SPH students and faculty. As of AY 2016-2017, faculty appointments for PSU employees of the SPH also provide full access to OHSU Library resources. Web-based access to library and information resources is available “24/7/365.” [Journals](#) immediately available via OHSU Library subscription to faculty, students, and staff can be found by searching the OHSU Library catalog (<http://librarysearch.ohsu.edu>).

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

The Center for Health Systems Effectiveness provides access to data from Oregon’s All Payers All Claims and to Medicaid encounter data. The Oregon Rural Practice Research Network (ORPRN) provides access to primary care settings throughout Oregon. The Evidence-based Practice Center provides research placements for our doctoral students.



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

<span style="background-color: green; width: 15px; height: 15px; display: inline-block;"></span> Things are going well	<span style="background-color: yellow; width: 15px; height: 15px; display: inline-block;"></span> Watch this more closely	<span style="background-color: red; width: 15px; height: 15px; display: inline-block;"></span> Target not being met; need to act
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Table 1.7.i.1 Measureable Objectives Used to Assess Adequacy of Faculty and Other Resources								
Measureable Objective		Target	FY 2014		FY 2015		FY 2016	
<span style="background-color: green; width: 15px; height: 15px; display: inline-block;"></span>	Mean student rating of overall quality of public health courses	5.0 out of 6.0	OHSU: 5.1		Grad: 5.1 UG: 5.1		Pending	
<span style="background-color: green; width: 15px; height: 15px; display: inline-block;"></span>	Percentage of primary faculty with doctoral degrees	90%	92%		88%		89%	
<span style="background-color: green; width: 15px; height: 15px; display: inline-block;"></span>	Percentage of primary faculty retained from previous year	95%	97%		100%		100%	
<span style="background-color: green; width: 15px; height: 15px; display: inline-block;"></span>	Total grants & contracts awarded (\$ in thousands)		\$6,154		\$7,206		\$7,734	
<span style="background-color: yellow; width: 15px; height: 15px; display: inline-block;"></span>	SFR by Faculty Headcount/Faculty FTE							
<span style="background-color: green; width: 15px; height: 15px; display: inline-block;"></span>	Average Graduate student-to faculty ratio	10:1	6.8	3.8	3.7	2.1	4.3	2.6
<span style="background-color: red; width: 15px; height: 15px; display: inline-block;"></span>	Average UG student-to faculty ratio	40:1	new		new		56.0	41.9
<span style="background-color: green; width: 15px; height: 15px; display: inline-block;"></span>	SPH faculty salaries are within 85% of median of SPH peer institutional group.	85% of peer median						
	Peer Institution All-ranks Faculty Salary		new		\$120,787		\$124,658	
	85% of Peer Salary		new		\$102,669		\$105,959	
	SPH All-ranks Faculty Salary		new		\$110,384		\$114,695	
	Percentage points within PIG median		new		+6%		+7%	

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

This criterion is met.

#### Strengths

- The faculty members have strong qualifications, a wide range of experience and interests, and the creativity needed to fulfill the School's mission and goals.
- The School draws upon the exceptional health libraries, good public transportation to the Universities, access to the Collaborative Life Sciences Building, and computing infrastructure.
- SPH has a low graduate student-to-faculty ratio, which enhances the student experience and educational mission.

#### Weaknesses

- The School may not yet have the right balance of teaching opportunities for OHSU faculty and research opportunities for PSU faculty to enhance faculty experiences and satisfaction.
- The undergraduate student-to-faculty ratio appears high relative to other undergraduate programs at PSU and may be affecting undergraduate student retention and graduation rates.

## Criterion 1: The School of Public Health

- The split between the two the University partners and buildings—PSU Urban Center and OHSU Gaines Hall and Campus Services Building— is not ideal for collaborating, sharing ideas, and creating synergy.

### **Plans**

- The SPH will use digital resources to enhance communication among faculty, staff, and students on different campuses and buildings to foster a unified culture.
- Founding Dean Bangsberg will develop a fundraising campaign for the purpose of securing resources needed to achieve strategic directions, including locating all graduate programs in a single building.

## 1.8 Diversity

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

### 1.8.a. A written plan and/or policies demonstrating the systematic incorporation of diversity within the School.

#### 1.8.a.i. Description of the School's underrepresented population, including a rationale for the designation.

The School follows the federal directives to gather data about race and ethnicity of its students, faculty, and staff. The race-ethnic groups include Hispanic-origin, American Indian/Alaska Native (AI/AN), African American/Black, Native Hawaiian/Other Pacific Islander, Asian, white, and more than one race. The School also programs nationality and sex for faculty, staff, and students. To the extent possible, the School collects data on the socioeconomic background of students. Table 1.8.a.i.1 presents the overall diversity by race/ethnicity and sex for faculty, staff, and students.

Table 1.8.a.i.1 SPH Diversity Summary for Known Race/Ethnicity, Fall 2015					
Demographic Category	Faculty		Students		Staff
	Primary	Secondary	UG	Graduate	
<b>Total</b>	76	35	1,233	206	53
<b>NON-USA Citizenship</b>	NA	NA	2% (30)	3% (6)	NA
<b>Male</b>	37% (28)	40% (14)	31% (388)	17% (35)	21% (11)
<b>Race/Ethnicity</b>					
<b>Amer. Indian or Alaska Native</b>	0	4% (1)	<1% (10)	5% (8)	2% (1)
<b>Asian (underrepresented)</b>	6% (4)	0	NA	NA	NA
<b>Asian (all other)</b>	9% (6)	4% (1)	13% (150)	5% (10)	9% (4)
<b>Black or African American</b>	1% (1)	4% (1)	7% (78)	3% (5)	2% (1)
<b>Hispanic or Latino</b>	12% (8)	4% (1)	12% (143)	7% (10)	2% (1)
<b>Native Hawaiian or Pac. Islander</b>	1% (1)	4% (1)	1% (14)	<1% (1)	4% (2)
<b>More than one race</b>	0	0	9% (105)	5% (8)	NA
<b>White</b>	70% (46)	77% (17)	57% (658)	52% (108)	80% (37)
<b>Declined</b>	10	13	45	50	7
<b>Total Minority</b>	25% (19)	15% (5)	43% (500)	28% (42)	20% (9)
<b>Underrepresented Minority</b>	21% (14)	12% (4)	30% (350)	21% (32)	11% (5)
<b>Adjusted Total (exc declined)</b>	66	22	1,158	153	46
<b>Disadvantaged Background</b>					
<b>UG: Pell Grant Recipient</b>	NA	NA	35%	49%	NA
<b>Grad: 1<sup>st</sup> Generation College</b>	NA	NA			
<b>NOTE:</b> Underrepresented minorities (URM) includes: American Indian/Alaska Native, some Asian groups (Korean and Vietnamese), Black/African American, Native Hawaiian/Pacific Island, Hispanic/Latino, any race and two or more races, with at least one race classified as URM. Use adjusted total to calculate known race/ethnicity of U.S. citizens or permanent residents.					

## Criterion 1: The School of Public Health

The Diversity Committee of the SPH has defined the recruitment markets for students, staff, and faculty and set diversity targets. To identify target proportions, the Diversity Committee reviewed the population data for the Portland area (4 counties), the state of Oregon, and the United States.

<b>Table 1.8.a.i.2 Demographics Used to Determine Underrepresented Populations in SPH</b>				
<b>Category</b>		<b>Portland Metropolitan Area</b>	<b>Oregon Population<sup>1</sup></b>	<b>US Population<sup>1</sup></b>
<b>TOTAL POPULATION</b>		2,185,690	3,970,239	318,857,056
<b>Sex</b>	<b>Female</b>	50.7%	50.5%	50.8%
	<b>Male</b>	49.3%	49.5%	49.2%
<b>Ethnicity</b>	<b>Hispanic</b>	11.2%	11.7%	17.4%
	<b>Non-Hispanic</b>	88.8%	88.3%	82.6%
<b>Race</b>	<b>American Indian/ Alaska Native</b>	1.2%	1.4%	1.2%
	<b>Asian</b>	6.5%	3.7%	5.4%
	<b>Black/African American</b>	2.8%	1.8%	13.2%
	<b>Native Hawaiian or Pacific Islander</b>	0.6%	0.3%	0.2%
	<b>White</b>	75.6%	78.5%	62.1%
	<b>More than one race</b>	3.9%	3.8%	2.9%
Source 1 U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Non-employer Statistics, Economic Census, Last Revised: Wednesday, 14-Oct-2015 10:53:57 EDT				

<b>Table 1.8.a.i.3 Recruitment Market Areas for Minorities</b>								
	<b>Primary Faculty</b>		<b>Staff</b>		<b>Undergrads</b>		<b>Graduate</b>	
<b>Market</b>	<b>US</b>		<b>Portland Metro</b>		<b>Portland Metro</b>		<b>Oregon</b>	
	<b>SPH</b>	<b>Market</b>	<b>SPH</b>	<b>Market</b>	<b>SPH</b>	<b>Market</b>	<b>SPH</b>	<b>Market</b>
<b>Hispanic or Latino</b>	8%	17%	2%	11%	12%	11%	5%	12%
<b>American Indian or Alaska Native</b>	1%	1%	2%	1%	1%	1%	4%	1%
<b>Asian</b>	11%	5%	8%	7%	12%	7%	5%	4%
<b>Black or African American</b>	2%	13%	2%	3%	6%	3%	2%	2%
<b>Native Hawaiian or Pacific Islander</b>	1%	<1%	4%	<1%	1%	<1%	<1%	<1%
<b>White</b>	77%	62%	70%	76%	53%	72%	52%	79%
<b>All Minority</b>	23%	38%	17%	24%	41%	28%	20%	21%

The placement goals for OHSU's 2015-16 Affirmative Action Plan for Academic Affairs (program location before the transition to the OHSU-PSU SPH) identified underutilization of minorities or women in several

job groups. The goals for is 23.8% for assistant professor positions and 11.7% for advanced office support jobs. The goals for women in basic office support jobs is 82.4%.

[Table 1.8.a.i.4 through 1.8.a.i.7](#) in the ERF provides more detailed diversity data for the last three years.

**1.8.a.ii. List the goals for achieving diversity and cultural competence within the School, and a description of how diversity-related goals are consistent with the University's mission, strategic plan and other initiatives on diversity, as applicable.**

Both OHSU and PSU have well-established diversity action plans written in collaboration with faculty, staff, students, and the community. Both Universities annually publish progress reports against benchmarks, support Institution-wide Diversity Councils (OHSU Diversity Advisory Council; PSU Diversity Action Council), and sponsor extensive programming and professional development in diversity and cultural competence. Our broad goals as a joint School are congruent with the missions, strategic plans, and diversity initiatives of the partnering Universities:

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.

The Chief Diversity Officers at both Universities - Carmen Suarez, PhD, Vice President for Global Diversity and Inclusion at PSU and Brian Gibbs, PhD, assumed the position of OHSU Vice President for Diversity. A list of the sponsored events can be found in the ERF (see [Table 1.8.a.ii.1](#) and [Table 1.8.a.ii.2](#)).

Table 1.8.a.ii.3 Institutional Goals for Achieving Diversity and Cultural Competence		
Category	Institution	Goal Statements
Students	OHSU	- Increase diversity of students and fellows. - Develop and implement a student retention plan that drives and sustains diversity and inclusion.
	PSU	- Recruit and retain a greater number of historically underrepresented, historically underserved students and international students. - Produce graduates who can be leaders in a global community.
Faculty	OHSU	- Increase diversity in the faculty ranks - Enhance career development, guidance, support, and resources. - Establish and implement best practices for faculty retention.
	PSU	- Recruit and retain cross-culturally sophisticated faculty and staff. - Ensure that diversity is incorporated into the curriculum.
Staff	OHSU	- Increase diversity in the workforce across missions.
	PSU	- Recruit and retain cross-culturally sophisticated faculty and staff.
Environment	OHSU	- Improve the climate of inclusion. - Build community partnerships and engagement.
	PSU	- Create an environment that is welcoming, inclusive, and diverse. - Create more robust communication channels to bring the world to the campus and the campus to the world. - Endorse a campus-wide cultural competency-training plan.

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

The School follows the respective Institutional policies on achieving a climate free of harassment and discrimination. The SPH has the advantage of maximizing the effect of its internal policies based on the best practices and support of both Institutions. The OHSU Office of Affirmative Action & Equal Opportunity and PSU Office of Equity & Compliance (in Global Diversity & Inclusion) promote diversity and prevent discrimination. Sustaining an environment that is respectful of others is vitally important to our missions. Diversity is a core value for every student, employee, and faculty member.

<b>Table 1.8.a.iii.1 Policies Supporting a Climate Free of Harassment and Discrimination</b>		
<b>Policy Area</b>	<b>OHSU</b>	<b>PSU</b>
<b>Affirmative Action Goals-Employment</b>	<a href="#">Policy No. 03-05-025</a>	<a href="#">Affirmative Action Plan Report</a>
<b>Equal Opportunity</b>	<a href="#">Policy No. 03-05-030</a>	<a href="#">PSU Mission – Equal Opportunity</a>
<b>Reasonable Accommodation for Individuals with Disabilities</b>	<a href="#">Policy No. 03-05-030, Section 5</a>	<a href="#">Reasonable Accommodation/Access Policy</a>
<b>Prevention of Harassment</b>	<a href="#">Policy No. 03-05-032</a>	<a href="#">Prohibited Discrimination &amp; Harassment Policy</a>
<b>Prevention of Sexual Harassment</b>	<a href="#">Policy No. 03-05-035</a>	<a href="#">Sexual Harassment Policy</a>
<b>Religious Exercise and Religious Expression in the Workplace and Educational Environment</b>	<a href="#">Policy No. 03-05-037</a>	<a href="#">Attendance Policy for Religious Holy Days</a>
<b>Conflicting Consensual Relationships</b>	<a href="#">Policy No. 03-05-045</a>	<a href="#">Consensual Relationship Policy</a>
<b>Student Pregnancy/Parenting</b>	<a href="#">Lactation policy</a>	<a href="#">Student Pregnancy and Postpartum Assistance and Accommodation Procedure</a>
<b>Equal Opportunity Complaints</b>	<a href="#">Policy No. 03-05-050</a>	<a href="#">University Mission</a>
<b>Equal Access for Students with Disabilities</b>	<a href="#">Policy No. 002-01-002</a>	<a href="#">Reasonable Accommodation and Access Policy</a>
<b>Assistance Animal Policy</b>	<a href="#">Policy No. 07-90-060</a>	<a href="#">Assistance Animal Policy</a>

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

The SPH follows the policies articulated at the Institutional level to comply with federal, state, and local laws, and is developing a Diversity Action Plan. Following the OMPH Diversity Plan developed in 2013 as a starting point, the SPH Diversity Committee is revising the plan to increase alignment with the frameworks established by the partner Universities. The SPH will begin reporting progress towards meeting the goals of the Diversity Action Plan in 2017-18.

<b>Table 1.8.a.iv.1 Diversity Plans and Reporting Requirements at PSU and OHSU</b>		
<b>Program</b>	<b>University</b>	<b>Description</b>
<b>Diversity Offices</b>	PSU	PSU Office of Global Diversity & Inclusion <a href="http://www.pdx.edu/diversity/">http://www.pdx.edu/diversity/</a>
	OHSU	OHSU Center for Diversity & Inclusion <a href="http://www.ohsu.edu/xd/about/vision/center-for-diversity-inclusion/">http://www.ohsu.edu/xd/about/vision/center-for-diversity-inclusion/</a>
<b>Diversity Action Council (DAC)</b>	PSU	The DAC is a president-appointed advisory committee composed of PSU faculty, staff, and students that works closely with PSU's chief diversity officer and executive director of Global Diversity and Inclusion. DAC's role is to foster equity and social justice by guiding PSU programs, policies, and decision making so PSU works in conjunction with its diverse constituents.
<b>OHSU Diversity Advisory Council (DAC)</b>	OHSU	The DAC is an advisory committee composed of staff, faculty, and student representatives from all the University's mission areas. The DAC advises OHSU's President and Executive Leadership Team on enhancing diversity, cultural competency, and opportunity throughout the University.
<b>Diversity Action Plan (DAP)</b>	PSU	In 2012, faculty, staff, students, and community collaborated to create the DAP.
	OHSU	In 2013, DAC developed the DAP to guide the efforts of all OHSU community members and campus units. Individual units and departments set metrics to program the achievement of their diversity objectives.
<b>Diversity Progress Reports</b>	PSU	Annual report on progress
	OHSU	Annual report on progress
<b>Faculty Mentoring Program</b>	PSU	One-year program of new faculty mentor-mentee relationships to increase a sense of community through regularly scheduled networking events and individual plans to help mentees meet professional goals.
	OHSU	School-level and various research and faculty development programs

***1.8.a.v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.***

All of the MPH and PhD degree programs have specific competencies in diversity, cultural competency, and professional ethics. Requisite skills include self-awareness, open-minded inquiry and assessment, and the ability to recognize and adapt to cultural differences. The list of required and elective courses building competency in diversity and cultural consideration is found in the ERF as are the cultural and ethical competency statements by program/program (see [Table 1.8.a.v.1](#) and [Table 1.8.a.v.2](#)). In addition, the field experience requires that students demonstrate cultural competency in their placement setting and work products. The ERF provides an [example](#) of the demonstration of cultural competency in this academic year.

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

For the collective bargaining contract provisions pertaining to PSU faculty, see the [PSU Collective Bargaining Agreements](#) in ERF.

<http://www.ohsu.edu/xd/about/vision/center-for-diversity-inclusion/diversity-resources/recruitment-resources.cfm>

<http://www.ohsu.edu/xd/about/vision/center-for-diversity-inclusion/diversity-resources/faculty-recruitment-retention.cfm>

[Hiring and Retention Best Practices](#)

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

For all staff policies and collective bargaining contract provisions, see the respective Collective Bargaining Agreements:

- OHSU classified employees are represented by [AFSCME](#)
- PSU Academic professionals are represented by [AAUP](#) at PSU; classified employees are represented by [SEIU](#) and [IATSE](#).

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

In 2012, the OMPH Diversity Committee developed a comprehensive plan for increasing student diversity. The SPH Diversity Committee is reviewing the OMPH Diversity Plan against the standards set by PSU and OHSU for diversity action plans by school/college. The Diversity Committee is discussing the objectives and metrics combined in Table 1.8.a.viii.1.

The metrics developed for the School will provide the baseline data needed to reflect the increase in number of degree programs and levels of study. They also reflect an “equity-mindedness” to call attention to patterns of inequity in student outcomes. Faculty, administration, and staff on the Diversity Committee will be questioning their own assumptions and stereotypes that could harm student success, as well as impact faculty and staff diversity recruitments. One of the committee members, Dr. Carmen Suarez, recommended that we assess our conscious and unconscious preferences using the Implicit Associations Tests (IAT®) based on research done by faculty at University of Washington, Harvard University, University of Virginia, and Yale University. The Deans’ Leadership Team, each took several IAT tests on subjects of their choosing (see [2016 Implicit Bias Summary in ERF](#)), after which they discussed the findings at a couple of weekly DLT meetings and processed what they discovered about themselves. The co-chairs of the Diversity Committee, Dr. Rochelle Fu and Dr. Kelly Gonzalez, recommended that all members of the committee and program directors participate in implicit bias testing and/or training in spring 2016.



Table 1.8.a.viii.1 SPH Plan to Recruit, Admit, Retain, and Graduate a Diverse Student Body		
Goal	Objective	Measurement
Recruit and retain historically underrepresented and historically underserved students.	Promote the OHSU-PSU SPH programs to underrepresented minority prospective students.	Each year, the SPH educational programs will attend at least one national and one regional targeted conference for outreach and marketing to underrepresented prospective students.
	Build relationships through community involvement with underrepresented groups.	At least once a year, the programs will co-sponsor a community public health event for underrepresented prospective students.
		Each year, send promotional materials to undergraduate Schools, designated Historically Black Colleges and Universities, Tribal Colleges and Universities, and Hispanic Serving Institution to promote the MPH Program.
	Outreach to community college students to educate and inform about PH careers.	Send notices of monthly public health seminar series to community colleges with underrepresented students.
Ensure that diversity and cultural competence are incorporated into the curriculum.	Mentor and support admitted underrepresented student populations towards the successful completion of their programs.	Admitted underrepresented students complete the programs of study and graduate at the same rate as other students.
		All students have access to advising and assistance to help maintain successful academic progression.
	Program enrollment in OHSU-PSU SPH programs designated “under-represented populations.”	Collect student demographic data via Banner/database.
	Provide learning experiences in cultural competencies at all levels, including required courses, field, and culminating experiences.	80% of <b>core courses</b> will address cultural competency.
		90% all <b>required courses</b> will address cultural competency, as appropriate to course content.
		100% of <b>Field and Culminating Experiences</b> will address cultural competency.

<b>Table 1.8.a.viii.1 SPH Plan to Recruit, Admit, Retain, and Graduate a Diverse Student Body</b> (continued)		
<b>Goal</b>	<b>Objective</b>	<b>Measurement</b>
Ensure that diversity and cultural competence are incorporated into the curriculum.	Program student satisfaction with the programs in creating a climate that honors diversity of people, culture, and beliefs.	90% of students responding to the student survey will report “satisfied” or better with OMPH /SPH “cultural climate.”
	Provide students information about access to campus services for students from all backgrounds and communities.	90% of students responding to the student survey will report “ <i>feeling included in the OHSU-PSU SPH programs on campus, in classroom, and with peers and faculty.</i> ”
	The OHSU-PSU SPH programs participate in activities promoting cultural competence at each partner University.	Information regarding services is provided at orientations, in students’ handbooks, and course syllabi.
	Ensure faculty and staff receive training related to under-represented populations.	Information regarding respect for and diversity of faculty and staff is included in all new employee orientations. 100% of SPH faculty and staff will receive mandatory diversity professional development through each University on a designated schedule.

**1.8.a.ix. Regular evaluation of the effectiveness of the above-listed measures.**

The School evaluates the diversity and School climate via several sources: the University climate and diversity surveys, SPH student surveys, SPH alumni surveys, course evaluations, and student performance on the CPH exam.

Heretofore, the 2015 OHSU climate survey did not use “public health” as a category for students, faculty, and staff. Discussions are underway with the diversity officers at PSU and OHSU about the next climate survey, including ensuring SPH is a separate administrative entity and using common questions on the University surveys to permit analysis of the collaborative School.

Table 1.8.a.ix.1 Evaluation of the Effectiveness of the Diversity Plan	
	<b>Attend at least one national and one regional targeted conference annually for outreach and marketing to underrepresented prospective students.</b> <i>Listed in ERF.</i>
	<b>Co-sponsor one community public health event annually for underrepresented prospective students.</b> <i>Listed in ERF.</i>
	<b>Send MPH promotional materials</b> to designated Historically Black Colleges and Universities, Tribal Colleges and Universities, and Hispanic Serving Institutions. <i>OHSU and PSU staff attend student diversity recruitment fairs and promote the Universities and their programs. Listed in ERF.</i>
	<b>Admitted underrepresented MPH students complete at the same rate as other students.</b> <i>The completion rate varies by student group, but more than 98% of the MPH students at 120 hours return for the next year, regardless of the racial/ethnic identity. We view this positively as the retention rate reflects what is currently happening as opposed to graduation rates.</i>
	<b>Provide access to academic advising and assistance to help maintain successful academic progression.</b> <i>SPH surveys students annually and includes question about their experiences with advising. See ERF.</i>
	<b>Collect and analyze student demographic data via Banner/database.</b> <i>The Office of the Dean added a data technician position to support the development of data from two Universities into one system of the School. Beginning fall 2016, registration of all graduate students will be done by OHSU, which promises to make data collection, analysis, and reporting more transparent and systematic.</i>
	<b>80% of core courses will address cultural competency.</b> <i>The core courses address cultural competency, but the emphasis and examples vary by individual faculty and their interests. (Examples are in the ERF)</i>
	<b>90% all required courses will address cultural competency,</b> as appropriate to course content. <i>The Office of the Dean is collecting data to build a course inventory documenting how the required courses develop cultural competency, social determinants of health, and health disparities to be completed in fall 2016. See survey questions in ERF.</i>
	<b>100% of the MPH field and culminating experiences will address cultural competency.</b>
	<b>90% of students responding to the student survey will report,</b> "feeling included in the OHSU-PSU SPH programs on campus, in classroom, and with peers and faculty."
	<b>Provide information regarding academic and student support services</b> at orientations, in student handbooks, and course syllabi. <i>All students have access to these materials on the SPH website.</i>
	<b>Information regarding respect for and diversity of faculty and staff is included in all new employee orientations.</b> <i>All new employees are required to complete on-line diversity training developed by human resources of their respective employing Universities.</i>
	<b>100% of SPH faculty and staff will receive mandatory diversity professional development</b> through each University on a designated schedule. <i>Each University offers professional development on diversity-related topics that are largely voluntary. The School field-tested implicit bias tests this spring with the leadership group (about 60% of 28 completed at least one test and/or training). The Diversity Committee recommends that all faculty members complete at least one test and attend training if they have not done so already in 2016-17.</i>

**1.8.b. Evidence that shows the plans or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records, and statistics on faculty, staff and student recruitment, admission and retention.**

Table 1.8.b.1 Evidence that Diversity Plans or Policies are Implemented	
<b>Goal</b>	Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences.
<b>MGO objectives</b>	Recruit and retain diverse and exceptional individuals to achieve our mission (faculty, staff and students)
	Achieve equity in academic outcomes and success among student subgroups
	Support diversity and civility in the classrooms, workplace, and broader communities we serve.
<b>MGO outcomes</b>	See 1.8.e below
<b>Diversity, cultural competence, Social determinants of health</b>	The SPH completed an inventory of how courses address diversity, cultural competency, and social determinants of health as a baseline for the APCC and Diversity Committee to review in 2016-17.
<b>Student experiences</b>	The annual student survey
<b>Implementation report on OMPH Diversity Plan</b>	<a href="#">OMPH Diversity Plan</a> A Survey conducted in May or September 2016 will report accomplishments related to the objectives and activities identified in the plan. The SPH will work on a School-level plan beginning in fall 2016.

The Diversity Committee will examine the objectives in the OMPH Diversity Plan against the objectives and indicators revised for the Self-study process in fall 2016.

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

In developing its Diversity Action Plan, the OHSU-PSU SPH Diversity Committee is building upon the long history and experience of the OMPH. Currently, the Committee is reviewing the OMPH Diversity Plan and its alignment with the PSU and OHSU diversity requirements. The process and requirements of the two Universities are very similar. The expansion of the membership of the Committee from six in 2014-15 to 15 in 2015-16 will provide more engagement opportunities and more voices and perspectives. This change requires reviewing the Institutional history and learning about the existing resources available to the School. Two of the Diversity Committee members are the Chief Diversity Officers for the two Universities. Given that both Chief Diversity Officers are recently appointed to their positions, their participation and guidance in our work is critical to ensuring the School's plan is consistent with evolving strategic priorities of the two Universities.

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

The Diversity Committee monitors the outcomes for the relevant MGOs as well as additional metrics used by the Committee. The new Bylaws require that the Diversity Committee report annually to the dean of the SPH.

**1.8.e. Identification of measureable objectives by which the School may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See Template.**

**At a minimum the School must include four objectives, and least two of which respond to race/ethnicity. Measureable objectives must align with the School's definition of under-represented populations in Criterion 1.8.a.**













 Things are going well.	 Watch this more closely.	 Target not met; need to act.
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Table 1.8.e.1 Measureable Objectives Used to evaluate success in achieving diverse faculty, staff, and students					
Goal 4: Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences					
Objective 8: Recruit and retain diverse and exceptional individuals to achieve our mission					
Indicators		Target	2013-14	2014-15	2015-16
	Percentage of primary faculty who self-identify as under-represented minority <sup>1 2</sup>	United States <sup>3</sup>	33	59	76
	American Indian/Alaska Native	1%	0%	0%	0%
	Asian (Underrepresented) <sup>4</sup>	NA	9% (3)	7% (4)	5% (4)
	Black/African American	13%	0%	2% (1)	1% (1)
	Hispanic/ Latino	17%	3% (1)	12% (7)	11% (8)
	Native Hawaiian/Other Pacific Islander	<1%	0%	0%	0%
	More than one race	3%	0%	0%	0%
	<b>Subtotal URM</b>	<b>34%</b>	<b>12%</b>	<b>20%</b>	<b>17%</b>
	Asian (Other)	5%	12% (4)	10% (6)	8% (6)
	White	62%	67% (22)	61% (36)	62% (47)
	Unknown	NA	9% (3)	8% (5)	13% (10)
	Percentage of primary faculty at the rank of assistant professors who self-identify as under-represented minority	United States <sup>3</sup>	6	10	25
	American Indian/Alaska Native	1%	0%	0%	0%
	Asian (Underrepresented) <sup>4</sup>	NA	17% (1)	0%	0% (0)
	Black/African American	13%	0%	0%	0%
	Hispanic/ Latino	17%	0%	20% (2)	16% (4)
	Native Hawaiian/Other Pacific Islander	<1%	0%	0%	0%
	More than one race	3%	0%	0%	0%
	<b>Subtotal URM</b>	<b>34%</b>	<b>17%</b>	<b>20%</b>	<b>16%</b>
	Asian (Other)	5%	17% (1)	20% (2)	12% (3)

	White	62%	50% (3)	60% (6)	72% (18)
	Unknown	NA	17% (1)	0%	0%
Goal 4: Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences					
Objective 8: Recruit and retain diverse and exceptional individuals to achieve our mission					
Indicators		Target	2013-14	2014-15	2015-16
	Percentage of MPH students from URM groups	Oregon <sup>3</sup>	221	197	171
	American Indian/Alaska Native	1%	2% (5)	4% (7)	3% (5)
	Black/African American	2%	2% (5)	3% (6)	2% (3)
	Hispanic/ Latino	12%	3% (6)	2% (4)	7% (12)
	Native Hawaiian/Other Pacific Islander	<1%	<1% (1)	1% (2)	0% (0)
	More than one race	4%	6% (13)	6% (12)	7% (12)
	Subtotal URM	19%	14%	16%	19%
	Asian	3%	6% (14)	7% (13)	6% (10)
	White	79%	73% (161)	64% (126)	64% (110)
	Unknown & Foreign National	NA	7% (16)	14% (27)	11% (19)
	Percentage of undergraduate students from URM groups	Portland metro <sup>3</sup>	1,073	1,180	1,233
	American Indian/Alaska Native	1%	1% (12)	1% (15)	1% (10)
	Black/African American	3%	5% (56)	6% (76)	6% (78)
	Hispanic/ Latino	11%	10% (102)	12% (142)	12% (143)
	Native Hawaiian/Other Pacific Islander	<1%	1% (10)	1% (11)	1% (14)
	More than one race	4%	6% (63)	7% (86)	9% (105)
	Subtotal URM	19%	23%	28%	28%
	Asian	6%	15% (157)	12% (136)	12% (150)
	White	76%	56% (605)	54% (643)	53% (658)
	Unknown & Foreign National	NA	6% (68)	6% (71)	6% (75)
Goal 4. Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences					
Objective 9: Achieve equity in academic outcomes and success among student subgroups					
Indicators		Target	2013-14	2014-15	2015-16
	Graduation rates for BA/BS students from URM groups equal the all- average graduation rate <sup>1</sup>	Equity	Start: 2007 Grad: 2010	Start: 2008 Grad: 2011	Start: 2009 Grad: 2012
	All Average	77%	45% (21/47)	64% (88/138)	76% (119/157)
	American Indian/Alaska Native	77%	0	50% (4/8)	33% (2/6)
	Black/African American	77%	100% (2/2)	75% (3/4)	71% (5/7)
	Hispanic/Latino	77%	33% (1/3)	100% (10/10)	89% (16/18)

Criterion 1: The School of Public Health

	<b>Native Hawaiian/Other Pacific Islander</b>	<b>77%</b>	0	0	67% (2/3)
	<b>Subtotal URM</b>	<b>77%</b>	60%	70%	76%
	<b>Asian</b>	<b>77%</b>	40% (2/5)	40% (4/10)	50% (6/12)
	<b>White</b>	<b>77%</b>	41% (12/29)	65% (57/88)	80% (78/97)
	<b>Unknown</b>	<b>77%</b>	50% (4/8)	64% (7/11)	64% (7/11)
	<b>One-year retention rates for MPH students from URM groups equal the all-average one-year retention rate<sup>1</sup></b>	<b>Equity</b>	<b>Enter: 2013</b>	<b>Enter: 2014</b>	<b>Enter: 2015</b>
	<b>All Average</b>	<b>99%</b>	96% (89/93)	95% (60/63)	Pending
	<b>American Indian/Alaska Native</b>	<b>99%</b>	100% (2/2)	100% (2/2)	Pending
	<b>Black/African American</b>	<b>99%</b>	100% (2/2)	100% (1/1)	Pending
	<b>Hispanic/Latino</b>	<b>99%</b>	100% (1/1)	0	Pending
	<b>Native Hawaiian/Other Pacific Islander</b>	<b>99%</b>	0	0	Pending
	<b>Subtotal URM</b>	<b>99%</b>	100%	100%	Pending
	<b>Asian</b>	<b>99%</b>	100% (6/6)	100% (1/1)	Pending
	<b>White</b>	<b>99%</b>	95% (70/74)	95% (42/44)	Pending
	<b>Unknown</b>	<b>99%</b>	100% (11/11)	100% (10/10)	Pending
<b>Goal 4. Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences</b>					
<b>Objective 9: Achieve equity in academic outcomes and success among student subgroups</b>					
	<b>Indicators</b>	<b>Target</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
	<b>Graduation rates for MPH students from under-represented groups equal the all-average MPH graduation rate</b>	<b>Equity</b>	<b>Start: 2009 Grad: 2013</b>	<b>Start: 2010 Grad: 2014</b>	<b>Start: 2011 Grad: 2015</b>
	<b>All Average</b>	<b>82%</b>	83% (126/152)	82% (129/157)	82% (121/147)
	<b>American Indian/Alaska Native</b>	<b>82%</b>	100% (2/2)	0	100% (1/1)
	<b>Black/African American</b>	<b>82%</b>	33% (1/3)	0	100% (2/2)
	<b>Hispanic/Latino</b>	<b>82%</b>	40% (2/5)	80% (4/5)	67% (2/3)
	<b>Native Hawaiian/Other Pacific Islander</b>	<b>82%</b>	0	0	100% (1/1)

Criterion 1: The School of Public Health

	<b>Subtotal URM</b>	<b>82%</b>	<b>50%</b>	<b>67%</b>	<b>82%</b>
	<b>Asian</b>	<b>82%</b>	100% (6/6)	100% (1/1)	100% (2/2)
	<b>White</b>	<b>82%</b>	83% (92/111)	79% (95/120)	81% (94/116)
	<b>Unknown</b>	<b>82%</b>	100% (16/16)	100% (10/10)	100% (2/2)
<b>Goal 4. Sustain and enhance a thriving academic community that embraces diversity in ideas, expertise, and experiences</b>					
<b>Objective 10: Support diversity and civility in the classrooms, workplace, and broader communities we serve.</b>					
	<b>Indicators</b>	<b>Target</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
<b>U G</b>	<b>Percentage of students that say, “Overall, I am comfortable with the climate of inclusion in the School”</b>	<b>85%</b>	NA <sup>5</sup>	MPH: 88%	Grad: 76% UG: 87%
<b>U G</b>	<b>Percentage of students that say, “I feel valued and respected”</b>	<b>85%</b>	NA <sup>5</sup>	MPH: 84%	Grad: 75% UG: 88%
	<b>Percentage of Program Directors, Deans’ Leadership Team, and Diversity Committee that complete training on implicit bias in decision-making, leadership, and barriers to innovation</b>	<b>70% of 28</b>	NA <sup>5</sup>	NA <sup>5</sup>	60.7%



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

This criterion is met, with comment.

**Strengths**

- The School reflects the strong commitment and continuing development of diversity at PSU and OHSU, with targeted resources for building a culture of inclusion, recruiting diverse faculty and students, and increasing cultural competency of students, faculty, and staff. The School can tap into these Institutional resources to recruit diverse faculty and students.
- SPH expanded the Diversity Committee membership to reflect a broader perspective on diversity, consistent with OHSU's and PSU's definition of diversity.
- The number of faculty of Hispanic heritage increased in count, but not percentage, for the rank of assistant professor.

**Weaknesses**

- The OHSU-PSU SPH lacks sufficient scholarship and grant resources for recruitment of diverse graduate students.
- Lower graduation rates for some may suggest an underutilization of available support resources **or** lack of availability of the right resources to support equity in degree completion.
- With a very stable faculty group and limited growth in faculty lines, there are relatively few position openings for diversity recruitment.

**Plans**

- The School's intention is to increase faculty diversity through new hires and retention efforts.
- The School will pursue new resources to support scholarships for student diversity recruitment.
- The Diversity Committee will review courses for content related to diversity and cultural competency and make recommendations aligned with the new CEPH core criteria to the Academic Policy & Curriculum Committee and Dean in spring 2017.
- School and degree programs will use SOPHAS to program and report background characteristics of individuals applying to public health programs, accepted by programs, and matriculating. The Diversity Committee will recommend actions to the Dean in fall 2016.



## Criterion 2. Instructional Programs

### 2.1 Degree Offerings

The School shall offer instructional programs reflecting the stated mission and goals, leading to a 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.

**2.1.a. An instructional matrix presenting all of the School's degree programs and areas of specialization. See CEPH Data Template 2.1.1.**

Table 2.1.a.1 (CEPH Template 2.1.1) Instructional Matrix: Degrees & Specializations					
Concentration/Program/Specialization	Academic Degree	Professional Degree	Minimum Credit Units		Institution
Bachelor’s Degrees					
Health Studies: Aging Services	BA/ BS		180		PSU
Health Studies: Community Health Education	BA/ BS		180		PSU
Health Studies: Health Science	BA/ BS		180		PSU
Health Studies: School Health	BA/ BS		180		PSU
Applied Health & Fitness	BA/ BS		180		PSU
Master’s Degrees					
Biostatistics (BIOS)	MS	MPH	54	60	OHSU
Environmental Systems & Human Health (ESHH)		MPH	60		OHSU
Epidemiology (EPI)		MPH	60		OHSU
Health Management & Policy (HMP)		MPH	62		PSU
Health Promotion (HP)		MPH	60		PSU
Health Studies: Physical Activity & Exercise (PAE)	MA/MS		49		PSU
Primary Health Care & Health Disparities (PHCHD)		MPH	58		OHSU
Doctoral Degrees					
Community Health (CH)	PhD		108		PSU
Epidemiology (EPI)	PhD		135		OHSU
Health Systems & Policy (HSP)	PhD		114		PSU
Concurrent (Dual) Degrees					
Urban & Regional Planning (with HP)		MPH/MURP	102		PSU
Medicine (with EPI)		MD/MPH	260		OHSU
Social Work (with HMP)		MPH/MSW	110		PSU
Social Work (with HP)		MPH/MSW	119		PSU

## Criterion 2: Instructional Programs

The OHSU-PSU SPH offers a total of 16 degrees and specializations excluding the dual degree programs. These include professional degrees at the master's level and academic degrees at the undergraduate, masters, and doctoral level. The School offers three academic doctoral programs (PhD) in Community Health, Epidemiology, and Health Systems & Policy. The School's professional master's degrees include six or concentrations: Biostatistics, Epidemiology, Environmental Systems and Human Health, Health Management & Policy, Health Promotion, Primary Healthcare & Health Disparities. Each program require a minimum of 58 credit hours. The School also offers two academic programs at the master's level: MA/MS in Health Studies and MS in Biostatistics. The baccalaureate with a major in Health Studies includes four concentrations or minors: Aging Services, Community Health, Health Sciences, and School Health. Another bachelor's program is a non-public health related degree in Applied Health & Fitness. One program—the MPH in Primary Healthcare & Health Disparities— is offered only in a distance learning format. Table 2.1.a.1. lists the degree programs.

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

Detailed information about all SPH programs is available on the OMPH, PSU, and OHSU websites. OMPH ([oregonmph.org](http://oregonmph.org)) web pages include specific course information accessed through the MPH Student Handbook at <http://www.oregonmph.org/content/student-handbooks>

PSU degree programs, required courses, and course descriptions may be found in the PSU Bulletin at <http://pdx.smartcatalogiq.com/en/2015-2016/Bulletin>

OHSU degree programs, required courses, and course descriptions may be found on the following OHSU is also located web pages:

- Public Health (PHPM and BSTA) graduate certificate course descriptions are located at <http://www.ohsu.edu/xd/education/Schools/School-of-medicine/departments/clinical-departments/public-health/education-programs/courses-and-schedules/graduate-courses.cfm>
- PHCHD course descriptions are located at <http://www.ohsu.edu/xd/education/Schools/School-of-nursing/programs/masters/public-health/>
- Course description for PhD in Health Systems & Policy is located at <http://ohsu-psu-sph.org/index.php/mph-primary-health-care-health-disparities/>

In early 2016, we began development of a website designed specifically to provide a one-stop location for the OHSU-PSU SPH. (<http://ohsu-psu-sph.org/>)

### ***2.1.c. Assessment of the extent to which this criterion is met and an analysis of the School's strengths, weaknesses and plans related to this criterion.***

This criterion is met, with comment.

#### **Strengths**

- SPH offers a total of 16 different degree programs and 4 dual degree options to meet student and workforce needs.
- SPH delivers degree programs in a variety of formats including full-or part-time, on campus, blended or hybrid classes, and MPH programs and a graduate certificate in an online format.
- The School offers 11 graduate degree programs: six MPH degrees in each of the five areas of knowledge basic to public health, three PhD degree programs in the five areas of knowledge basic to public health, and MA/ MS degrees in two disciplines.

## Criterion 2: Instructional Programs

- Distinctive among Schools of public health, the OHSU-PSU SPH has a large undergraduate program with over 1,200 majors enrolled in Health Studies with four concentrations (or minors) and one non-public health degree.
- The School provides dual degrees provide opportunities for students who choose to bundle public health with other professional fields, including medicine, social work, and urban and public affairs as well as the Preventive Medicine residency.

### Weaknesses

- Online course opportunities are limited for students completing their programs on campus, and enrollment in the PHCHD courses has declined in recent years.
- The SPH lacks a unified a list of required courses and their course descriptions, as each University has different policies about how best to share information about the educational programs with students and faculty.

### Plans

- To increase flexibility and reduce time-to-degree for students, the Dean proposed, and the APCC approved, a new policy that allows on-campus students to enroll in a limited number of online courses in the Online PHCHD and for PHCHD students to enroll in on-campus classes beginning in AY 2016-17 that does not violate NWCCU standards.
- The Interim Dean enhanced the online opportunities for students by scheduling primary faculty with degrees in the discipline to teach on-line courses.
- The OHSU-PSU SPH web page will continue to build out the content needed to provide a one-stop location for information on program requirements, course listings, and course descriptions for all degree and certificate programs offered. The goal is to achieve consistency with all website pages in layout and ease in navigation to ensure the information is accessible, useful, and current for enrolled and aspiring students, faculty, staff, preceptors, and members of the public health community.

## 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.**

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

The SPH credit-hour policy is consistent with OHSU and PSU policies.

Table 2.2.a.1 Credit Hour and Contact Hour Policies	
OHSU 02-50-015 Assignment of Credit Hours	PSU
<b>Credit hour</b> is an amount of work represented in intended learning outcomes and verified by evidence of student achievement. The credit hour is an Institutionally established equivalency that reasonably approximates not less than 50 minutes of classroom or direct faculty instruction, and a minimum of two hours of out of class student work each week of an academic term, or approximately eleven to twelve weeks, for one hour of credit; or the equivalent amount of work over a different amount of time (see <a href="#">Policy no. 02-50-015</a> )	A credit is the basic unit of measurement of educational accomplishment. One credit normally connotes 10 hours of lecture-recitation or $\geq 20$ hours of laboratory, studio, or activity work. The majority of courses at PSU involve 3 or 4 hours per week of lecture-recitation. <a href="http://pdx.smartcatalogiq.com/en/2015-2016/Bulletin/Academic-Records-and-Credit">http://pdx.smartcatalogiq.com/en/2015-2016/Bulletin/Academic-Records-and-Credit</a>
	1 credit = <ul style="list-style-type: none"> <li>• 1 hour/week of instructor-led instruction (e.g., classroom/online lecture, group discussions, etc.), OR</li> <li>• 2 hours/week lab or studio time (instructor oversees students' work), OR</li> <li>• 2 to 3 hours/week field work or practicum (others oversee students' work)</li> </ul> <a href="http://www.pdx.edu/academic-affairs/curricular-change-instructions">http://www.pdx.edu/academic-affairs/curricular-change-instructions</a>

**2.2.b. Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix. If the School or University uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.**

The SPH follows a standard quarter system. The minimum credit requirement for the MPH is 58-quarter credits. SPH does not award any other professional public health master's degrees.

**2.2.c. Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.**

SPH does not award any MPH degrees below the minimum of 58-quarter credits.

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

This criterion is met.

**Strengths**

- All professional degrees meet or exceed the minimum number of quarter-credit hours.

**Weaknesses**

- Each program has a separate student handbook, an idea leftover from the OMPH that is not efficient and effective.

**Plans**

- The School will continue to develop the SPH website as the primary location for all program information to enhance access and transparency to enrolled students, applicants, and other constituents.
- The academic dean is working with the APCC and SLC to streamline the student handbooks with the goal of creating one handbook for graduate students that includes the large amount of information common to all students (e.g., registration, grading policy, student grievance policy, code of conduct, academic misconduct policy) which would also be accessible on the website.

## 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.

**2.3.a. Identification of the means by which the School assures that all graduate professional degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the School, it need be described only once. If it varies by degree or program area, sufficient information must be provided to access compliance by each program.**

Students enrolled in the MPH programs receive training in each of the five core areas of public health: biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences. Table 2.3.a.i displays the MPH degree course options for each core area. Course descriptions are found on the SPH degree [website](#) for all SPH courses, as well as the [online course catalogue](#) for PSU courses.

Table 2.3.a.1 Required Courses for MPH on Public Health Core Knowledge Areas			
PH Core Knowledge Area	Course Name	Course Number	Credits
<b>Biostatistics</b>	Introduction to Biostatistics	PHPM 524, BSTA 511, or CPH 530	4
<b>Epidemiology</b>	Epidemiology I	PHPM 512, PHE 530, or CPH 541	4
<b>Environmental Health Sciences</b>	Concepts of Environmental Health	PHPM 518, PHE 580, or CPH 539	3
<b>Health Services Administration</b>	Health Systems Organization	PAH 574, PHPM 519, or CPH 540	3
<b>Social &amp; Behavioral Sciences</b>	Principles of Health Behavior	PHE 512 or CPH 537	3
<b>Total MPH Core Credits</b>			<b>17</b>

Program Coordinators and program faculty ensure consistency in course learning outcomes, content, and learning activities among different sections of core courses, which multiple faculty members teach. Offering several sections is helpful to students who desire the flexibility to select a course section that best meets their scheduling constraints.

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

This criterion is met.

### Strengths

- The School offers multiple sections of MPH core courses throughout the academic year.
- The OMPH/SPH standardized syllabi for MPH core course sections to ensure students have the requisite learning experiences to attain the public health core competencies.
- The CPH exam is required for entering students entering fall 2014 as an assessment of competency in core knowledge areas and cross cutting-skills.



## Criterion 2: Instructional Programs

### Weaknesses

- The School's under-enrollment in some sections of MPH core courses creates inefficiencies that may limit funding for new programs, create imbalances in teaching loads, and constrain resources to support faculty research and scholarship.

### Plans

- The School will implement a plan to optimize resources for teaching MPH public health core courses by spring 2016.
- The Academic Policy & Curriculum Committee (APCC) will review student results on the CPH exam to identify needed areas of improvement in the public health core.
- The School will continue to monitor and respond to the changes proposed for MPH education from the *ASPPH Framing the Future* task force reports.

## 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 the students' areas of specialization.**

The School *requires* all MPH professional public health students to complete a formal, supervised field experience (FE) in the practice of public health. The FE (called an “organizational experience” in the HMP program) provides opportunities for students to work on a public health issue relevant to their area of specialization in a wide variety of agencies or organizational settings.

Descriptions of each program’s FE requirements, including objectives, competencies, minimum standards, and evaluation methods, are disseminated in student handbooks, linked through the School website. The FE requirement is 200 clock hours for 6 graduate credits. Students may complete the field experience in one term or may spread the experience over two terms based on the nature of the practice experience and student’s schedule. Core components for the practice experience requirement for the MPH are standardized. They include:

- Select a subset of program competencies to emphasize in the practice experience
- Submit a learning contract signed by the student, advisor, and preceptor
- Provide final deliverables in the learning contract which were mutually agreed upon by the preceptor and student
- Make an oral presentation on the process and outcomes of the experience
- Assess competency attainment by student, practice preceptor, and faculty
- Grade all practice experiences: A-F

The FE focuses on a limited number of program-level competencies, to which the culminating experience adds the core competencies and other program-specific competencies, courses, and other learning experiences to create a more comprehensive CE or capstone. Most programs require MPH students to apply their learning in the field experiences as a component of the culminating experience in the form of a reflective paper, described in Criterion 2.5.

The SPH Field Experience Committee, including both faculty and staff coordinators, meets quarterly to review common MPH program-level standards, establish common policies and procedures, and ensure consistency of MPH across the programs. However, a 2015 review of the Field Experience and Culminating Experience projects across programs revealed a lack of understanding about the distinct features of each. APCC members agreed greater clarification of the products and expectations for each experience would be helpful. The Field Experience Committee and the APCC are currently working on clarification and expect to have it completed by winter 2017.

Recognizing the need for a centralized FE data programming system, the School decided to purchase *Symlicity™*, a software system for career services management. With *Symlicity’s* implementation in 2017, the School will improve its documentation of FE placements and its ability to conduct standardized preceptor and student assessments of competency attainment. The Field Experience Committee will define system requirements and oversee implementation of the new software system in AY 2016-17.

MPH students must attend a field experience orientation prior to FE course registration. The orientation covers the expectations, policies, products, and assessments. This information is also available on the program and program websites. The PHCHD online program conducts the orientation by telephone and email.

## Criterion 2: Instructional Programs

Recognizing the importance of the field experience, the School increased the capacity of the Field Experience program and the field experience committee by creating a new position and hiring a 0.50 FTE Field Experience Coordinator for the MPH programs. Position responsibilities include working with the Interim Associate Dean for Practice and programs' Field Experience coordinators to assure consistency across programs, standardize materials, implement a common evaluation system, and consolidate information into one data system. The other 0.50 of the FTE works with the Epidemiology and Biostatistics faculty to organize, implement, and evaluate those programs' field experience activities.

**Field Experience (FE) Site Selection.** The field experience (FE) arrangement is a shared responsibility between the MPH programs and the student. Students work with their advisors to identify an appropriate site and develop a learning contract signed by the student, the preceptor, and the field experience coordinator. Many students regard the practice experience as their starting point that marks the transition from student to public health professional. Students can access information on previous placements through their faculty, their own research and interests, the program (and future SPH) FE/Internship Database, and announcements of FE opportunities posted in the biweekly *Oregon MPH Digest* and Program listservs.

Students have multiple formal and informal opportunities to engage with the public health community during their program of study. Students begin to research FE opportunities three to six months prior to the anticipated start of their FE to ensure that there is sufficient time to make a final decision and to obtain all necessary approvals. An appropriate FE site meets the following criteria:

1. Field experience placements can be in a variety of organizations, including local and state public health agencies, nongovernmental agencies, health-related organizations, educational organizations, international agencies, or a research lab engaged in public health practice work.
2. The field experience occurs in a formal work setting in which the preceptor is present.
3. The field experience should have a community or population focus.
4. The field experience placement is in an agency or organization other than the student's place of employment. For students who must complete the field experience at their current or former employment, the field experience must be distinct from any on-going work assignments and outside the normal scope of their position for which the student is paid.

**Preceptor Qualifications.** Field experience preceptors must have public health credentials (formal training, position, or experience) and has the time and knowledge about the student product to give directions, guide the project, and provide feedback. Preceptors may not be a current SPH faculty member to assure an independent external assessment of student competency attainment.

The program Field Experience Coordinator evaluates both appropriateness of the site and qualifications of the proposed preceptor to verify that the preceptor is able to mentor the student to reinforce and assess student knowledge, skills, abilities, and competencies.

**Orientation and Support for Preceptors.** The individual programs develop the preceptor orientation materials, which are available online to provide guidance for both students and preceptors. Although current preceptor guidelines are program-specific, they share several common elements. These include:

- Description of the field/organizational experience and its purpose;
- Role of the preceptor, including helping to develop the learning contract, specifying the terms of the placement, and mentoring and guiding the student throughout the experience; and
- Statement of importance of preceptor role in the assessment of student competency.

The Field Experience Committee also recognized the need to develop more consistent preceptor guidelines and sought advice from the External Advisory Council. The EAC recommended the

## Criterion 2: Instructional Programs

development of common guidelines around core elements of the field experience. The Committee is actively working to develop the common guideline elements for implementation in fall 2016.

**Faculty Supervision.** Coordination of field experiences occurs at the program level among the student, the student's advisor, and the program's Field Experience Coordinator. The Advisor/Coordinator is responsible for assuring that the placement conforms to Institution-specific policies and guidelines, including any necessary documentation for the campus' Institutional Review Board and risk management. Once the student starts the field experience, the MPH Field Experience Coordinator is primarily responsible for monitoring the student's activities and helping to respond to any changing circumstances.

The individual programs monitor students' activities during the field/organizational experience. All require students to submit periodic updates, and all emphasize that students are to communicate immediately with their faculty advisor/Coordinator should problems or questions arise while in the field placement.

Currently, student progress in the FE is monitored by the faculty member/FE coordinator. In the future, the *Symlicity*<sup>TM</sup> system will facilitate management of FE placements; documentation; and faculty, preceptor, and student evaluations.

**Evaluation of Student Performance.** Oral and written reports are the basis for student assessments, and include field experience deliverables, final reports, and/or presentations– all of which are evaluated by FE faculty and coordinator. Additional evaluation measures include preceptors' assessments of student performance and competency, and students' self-assessment of competency attainment (See Tables 2.4.a.1 and 2.4.a.2). The student must meet his/her measurable learning competencies and all other terms of the learning contract.

Table 2.4.a.1 MPH Students Completing Field Experience by MPH Program			
Program Area	2013-14	2014-15	2015-16
	#	#	#
Epidemiology & Biostatistics	12	NA	NA
Biostatistics	NA	1	2
Environmental Systems & Human Health	NA	2	2
Epidemiology	NA	2	18
Health Management & Policy	20	25	20
Health Promotion	17	18	19
Primary Healthcare & Health Disparities	7	12	18
<b>Total MPH Field Experiences</b>	56	65	78
Note: The EPI/BIOS Program divided into two programs in fall 2014; ESHH Program added fall 2014.			

<b>Table 2.4.a.2 MPH Student Self-Assessment of Field Experience Competency Attainment</b>			
<b>BIOSTATISTICS</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
	N=0	N=0	N=2
<i>Competency Met through Field Experience...</i>	Mean	Mean	Mean
Apply appropriate principles of research design and population-based concepts to assess health problems	-	-	3.0
Apply appropriate descriptive and inferential statistical methods to analyze risk determinants	-	-	3.5
Apply descriptive and inferential statistical methods appropriate to study designs	-	-	3.0
Interpret and summarize results and communicate to lay audiences	-	-	3.5
Identify strengths and weaknesses of alternative designs and analytic methods	-	-	3.0
Describe ethical principles pertaining to public health data	-	-	3.0
Identify cultural dimensions of conducting research	-	-	2.5
<b>Notes:</b> Beginning with 2014 admissions, all students required to do a 200-hour FE. Based on a 4-point scale with 4 high and 1 low.			
<b>ENVIRONMENTAL SYSTEMS &amp; HUMAN HEALTH</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
	N=0	N=2	N=1
<i>Competency Met through Field Experience...</i>	Mean	Mean	Mean
Synthesize public health concepts in relation to specialty area	-	-	4.0
Critically evaluate public health information	-	-	4.0
Communication information in writing	-	-	3.0
Communicate information orally	-	-	4.0
Uphold standards of ethical practice	-	-	4.0
<b>Notes:</b> Based on a 4-point scale with 4 high and 1 low.			
<b>EPIDEMIOLOGY</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
	N=1	N=35	N=7
<i>Competency Met through Field Experience...</i>	Mean	Mean	Mean
Population-based concepts of epidemiology	4	3.4	3.7
Evidence-based knowledge of health determination	4	3.2	3.0
Variety of statistical methods	4	3.4	3.4
Formulate and test researchable question	4	3.4	3.1
Identify ethical problems	4	3.2	3.2
Identify cultural dimensions	4	3.4	3.4
Assess and interpret relevant literature	4	3.6	3.3
Communicate public health principles	4	3.4	3.4
<b>Notes:</b> 4-point scale, 4 is "high"; 2015-16 N is for student who completed the survey Fall term 2015.			
<b>HEALTH MANAGEMENT &amp; POLICY</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
	N=12	N=17	N=15
<i>Competency Met through Field Experience...</i>	Mean	Mean	Mean
Ethics	8.9	8.5	3.4
Application of Theory to Practice	8.9	8.1	3.3
Collaboration and Diversity	8.3	7.9	3.5
Policy	8.2	8.1	3.3
Research Design and Application	9.0	7.7	3.2
Performance Improvement	8.2	7.6	3.4
Creativity & Collaboration in Leadership, Management, Policy	8.7	8.3	3.4
Cross-Sector Collaboration	8.1	7.9	3.4
Communication Skills	8.9	8.6	3.5
Critical Thinking	9.0	8.6	3.4
<b>Notes:</b> 9-point scale, 9 is "high"; in 2015-16, used a 4-point scale with 4 being "high" and 1 "low"			

<b>Table 2.4.a.2. MPH Student Self-Assessment of Field Experience Competency Attainment</b> (continued)			
<b>HEALTH PROMOTION</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
	N=11	N=9	N=14
<i>Competency Met through Field Experience...</i>	Mean	Mean	Mean
Apply theory	3.3	3.5	3.7
Design and implement strategies to promote health	3.4	3.6	3.4
Design and deliver health communications and messages	3.6	3.6	3.6
Apply ethical principles	3.6	3.7	3.7
Enact cultural competency	3.4	3.7	3.5
<b>Notes:</b> Field experience addresses 5 of 10 competencies plus developing substantive area of emphasis.			
<b>PRIMARY HEALTHCARE &amp; HEALTH DISPARITIES</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
	N=8	N=10	N=6
<i>Competency Met through Field Experience...</i>	Mean	Mean	Mean
Asses, analyze, and synthesize health status of vulnerable populations	-	-	3.7
Lead and participate in inter-professional efforts to address health inequities	-	-	3.7
Conduct, participate in, or apply research	-	-	3.6
Assess and integrate cultural beliefs and practices	-	-	4.0
Develop and apply effective communication strategies	-	-	3.7
Understand principles of public health ethics	-	-	3.8
Plan and manage innovations to promote health of populations at risk	-	-	3.8
<b>Notes:</b> PHCHD student FE assessments were qualitative and not based on specific competencies. PHCHD assessed competencies using the quantitative scale beginning in spring 2016.			

**Evaluation of Field/Organizational Experience Site.** All programs now require students to complete a formal evaluation of the placement at the conclusion of the field experience. Students identify a practice placement that best meets their career goals. Some students found site placement challenging and noted the need for the programs to clarify expectations.

Students rated their satisfaction with various aspects of their field experience. The “process of selecting a field experience” received the lowest rating over the last three years (71% in 2013-14, 68% in 2014-15, and 67% in 2015-16. The Field Experience Committee will begin addressing this issue in fall 2016.

<b>Table 2.4.a.3 MPH Student Satisfaction with the Field Experience</b>			
<b>Students who reported satisfaction</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
	N=98	N=38	N=30
Overall satisfaction	88%	95%	93%
Process of selecting field experience	71%	68%	67%
Clarity of performance expectations	85%	69%	73%
Applicability of coursework to field experience	91%	92%	93%
Relevance of field experience to career/work goals	95%	98%	90%
Average	86%	84%	83%
Note: Includes students who selected “satisfied” and “somewhat satisfied.”			

Some field experiences lead to student publications and presentations, as well as, state policy changes. Examples of these remarkable accomplishments of our students include:

- A field experience in health policy that led to new state policies on newborn HIV screening.
- A student field experience in Peru focused on porcine tapeworm epidemiology, which led to a publication with the faculty mentor.

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- A student conducted a secondary data analysis on cancer risk factors of a regional Indian tribe.
- A student field experience along the Thailand-Myanmar border among refugees resulted in a publication

### **2.4.b. Identification of agencies and preceptors uses for practice experience, by program area for the last two academic years.**

In the last two academic years, MPH students completed their field experience requirements in over 100 locations in six states. The majority of these sites were within Oregon and the Portland/Vancouver metropolitan area, reflected the breadth of public health from governmental public health (state, local), health care systems (national, state, local), coordinated care organizations (Oregon ACOs), Federally Qualified Health Centers, behavioral health organizations, tribal health organizations, and many nongovernmental organizations. The ERF contains a [list of the agencies and preceptors](#) used by program area.

**Table 2.4.b.1 Settings for MPH Field Experiences, 2013-14 through 2015-16**

	Education Orgs	PH Agencies	Clinical Settings	NGOs	Business/ Industry	Other	Total
2013-14	3	16	9	29	0	5	62
	5%	26%	15%	47%	0%	8%	100%
2014-15	3	17	7	24	2	6	59
	5%	29%	12%	41%	3%	10%	100%
2015-16	4	19	17	20	0	2	62
	6%	31%	27%	33%	0%	3%	100%

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

**Not applicable.** The MPH program director and faculty advisor never waive the field experience requirement. (In the undergraduate program, the internship advisor may waive the internship requirement when it's the advisor's judgment the student is not ready so substitutes either a senior capstone or elective.)

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

The SPH offers one preventive medicine residency program accredited by the Accreditation Council for Graduate Medical Education, lasting two years and culminating with the MPH degree. OHSU does not offer residencies in occupational medicine or aerospace medicine.

**Preventive Medicine Residency Training Program.** The PMR residents complete two years of academic training, including MPH coursework and residency rotations in core areas of public health, health promotion and disease prevention, and population-based medicine and research. Table 2.4.d.1 lists the number of physician residents completing the program and Table 2.4.d.2 lists the PMR primary and additional practicum assignments or rotations completed.

<b>Table 2.4.d.1 Preventive Medicine Residents Completing MPH in Last Three Academic Years</b>			
	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
	<b>#</b>	<b>#</b>	<b>#</b>
PMR Graduates with MPH	5	3	4

<b>Table 2.4.d.2 Preventive Medicine Residents Practicum Assignments</b>		
<b>Year</b>	<b>Primary Practicum Assignments</b>	<b>Additional Practicum Assignments</b>
<b>2013-14</b>	Portland Veterans Affairs Medical Center	Oregon Health Authority, OHSU Evidence-based Practice Center, Multnomah County Health Department
	Portland Veterans Affairs Medical Center	-
	Jackson County Health Department	Oregon Health Policy & Research
	Oregon Foundation for Reproductive Health	Multnomah County Health Department
	Columbia Pacific Coordinated Care Organization (CCO)	Oregon Health Authority & Multnomah County Health Department
<b>2014-15</b>	Portland Veterans Affairs Medical Center	Oregon Health Authority & Multnomah County Health Department
	Oregon Community Health Information Network (OCHIN: (Federally Qualified Health Centers network)	-
	OHSU Center for Evidence-based Policy	Oregon Health Authority Transformation Center
<b>2015-16</b>	Portland VAMC	-
	Multnomah County Health Department	-
	Oregon Health Authority	-
	Clackamas County Health Department	Multnomah County Health Department



**2.4.e. Assessment of the extent to which this criterion is met and an analysis of the School's strengths, weaknesses and plans relating to this criteria.**

This criterion is met.

**Strengths**

- The SPH has longstanding relationships with practice communities and field experience sites across myriad settings to match student career interests with their field placement to the extent feasible.
- The Academic Policy & Curriculum Committee approved the requirement that all MPH students will complete a field experience in fall 2014. An Interim Report provided to CEPH on April 2015 documented the change in field experience requirement that impacted the epidemiology and biostatistics programs. During 2015-16, the Field Experience Committee worked on standardizing the individualized learning contract and assessing student competency.

**Weaknesses**

- MPH programs vary on the number of competencies addressed through the field experience, which may affect the breadth or depth of the experience for some.
- The programs are responsible for collecting data on practice experiences, so the data are often incomplete, difficult to secure for reporting purposes, and difficult to analyze for school-level assessment purposes.

**Plan**

- SPH will Implement *Symlicity*™ software to create a comprehensive database of practicum sites to improve coordination, provide on-site student support, ensure consistent assessment of students, preceptors, and practice sites, and oversee compliance by each program.
- The Field Experience Committee will report annually to the Academic Policy & Curriculum Committee to identify needed improvements for the curriculum or the field experience and the External Advisory Committee to ensure relevancy of program competencies.

## 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.**

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

The Culminating Experience (CE) is the end-of-program assessment for the MPH program. For all programs, the public health Field Experience is an integral component of the Culminating Experience to which the student adds an integrative paper, comprehensive exam, or oral presentation to meet program-specific requirements. Both components of the Culminating Experience focus on the competencies the student acquired through their academic coursework and important to the career the student envisions. The student completes the Field Experience and Culminating Experience during the same term or terms.

The Biostatistics program requires the Reflective Paper and a [comprehensive exam](#) that focuses on competencies addressed in the five required courses. The exam assesses students' ability to integrate statistical knowledge and skills including critical thinking, independent problem solving, and interpretation of results in the context of a research question. Passing the exam or completion of the remediation project is required for graduation.

Table 2.5.a.1 Culminating Experience Requirements by MPH Program	
Program	Culminating Experience Format
Biostatistics	Reflective Paper & Comprehensive Exam
Environmental Systems & Human Health	Reflective Paper
Epidemiology	Reflective Paper
Health Management & Policy	Reflective Paper
Health Promotion	Reflective Paper
Primary Healthcare & Health Disparities	Reflective Paper (Beginning in Fall 2016)

**Assessment of the Reflective Paper.** Each MPH program determines how to assess student performance on the Culminating Experience. In most programs, a faculty member evaluates each product, while some programs use specific culminating experience evaluation forms. There is no standard rubric for the assessment of the Reflective Paper.

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

This criterion is met.

**Strengths**

- All MPH programs require a reflective paper as the culminating experience for graduation. Some require students to leverage the practice experience to complete a more holistic analysis of their competencies.
- Programs have the flexibility to determine additional demonstrations of competency such as the comprehensive exam in biostatistics.

**Weaknesses**

- The APCC and the FEC are discussing how to distinguish the deliverables for the field experience and the culminating experience to improve clarity for the students.
- The APCC is considering the addition of an assessment subcommittee to oversee the development of a protocol for competency that includes elements common to all programs, but still allows flexibility to address program-specific competencies and students' professional interests.

**Plans**

- The APCC is addressing the distinction between the CE and the FE in order to develop separate and distinct products or learning opportunities, as well as the use of a common rubric, a common scale, and faculty's engagement in the process in order to develop key features of the assessment process for the culminating experience and ensure high quality of student work.
- Define system requirements and implement *Symlicity* software to create standardized and customizable elements of a comprehensive database to retain information that can be used for program improvement.

## 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).

***2.6.a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the School.***

**All MPH students must attain the following competencies:**

1. Apply evidence-based knowledge of health determinants to public health issues.
2. Select and employ appropriate methods for design, analysis, and synthesis to address population-based health problems.
3. Integrate understanding of the interrelationship among the organization, delivery, and financing of health-related services.
4. Communicate public health principles and concepts through various strategies across multiple sectors of the community.
5. Employ ethical principles and behaviors.
6. Enact cultural competence and promoting diversity in public health research and practice.
7. Apply public health knowledge and skills in practical settings.

**All baccalaureate students in Health Studies must attain the following core competencies:**

1. Demonstrate an understanding of the history and role of public health and how it functions in society.
2. Identify population health challenges including socio-economic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities.
3. Demonstrate knowledge of basic concepts, methods, and tools of public health data collection, use, interpretation and analysis.
4. Apply fundamental concepts and features of project implementation, including planning, assessment, and evaluation.
5. Explain the fundamental characteristic and organizational structures of the US health care system as well as the differences in systems in other countries.
6. Demonstrate knowledge of the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy.
7. Describe the role of communications in public health along with basic concepts of effective messaging for the target audience and the use of various delivery methods including oral, written, and electronic technology.
8. Apply, integrate, and synthesize knowledge through engagement in a cumulative field experience or capstone.

***2.6.b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the School) identified in the instructional matrix. The School must identify competencies for all degrees, including public health professional degrees, graduate academic degrees, graduate other degrees, as well as baccalaureate public health degrees and other bachelor's degrees.***

The [Course of Study](#) for each MPH program is found in ERF. A set of competencies for each MPH program follows.

#### **MPH PROGRAM-SPECIFIC COMPETENCIES**

##### **Biostatistics**

1. Apply appropriate principles of research design and population-based concepts to assess health problems.
2. Apply appropriate descriptive and inferential statistical methods to analyze risk determinants of disease and health conditions.
3. Apply descriptive and inferential statistical methods that are appropriate to the different study designs used in public health research.
4. Interpret and summarize results and communicate them to lay and professional audiences, in the context of proper public health principles and concepts.
5. Identify strengths and weaknesses of alternative designs and analytic methods, and critically review and assess statistical analyses presented in public health literature.
6. Describe basic ethical principles pertaining to the collection, maintenance, use, and dissemination of public health data.
7. Identify cultural dimensions of conducting research, including culturally sensitive recruitment of study participants, and develop strategies for interpretation of data in the larger cultural context.

##### **Environmental Systems & Human Health**

1. Communicate the relationship between environmental systems and human health, particularly in response to a changing climate.
2. Analyze how environmental hazards (chemical, physical and biological) interact with natural and built systems, including the mechanisms of their adverse effects on humans.
3. Evaluate the risk of environmental exposures to human populations through the incorporation of exposure, toxicological, and other relevant data into risk assessment methodology.
4. Specify approaches for assessing, preventing, controlling environmental, and occupational hazards that pose risks to human health and safety.
5. Assess and interpret relevant literature in the area of public health and environmental hazards.
6. Explain the general mechanisms of toxicity in eliciting a human health effect in response to various environmental and occupational exposures.
7. Describe federal and state regulatory programs, guidelines, and authorities that control environmental and occupational health issues.
8. Integrate, synthesize, and apply theory to practice in the context of a research study, policy development, or environmental exposure.
9. Demonstrate cultural competency in community settings.
10. Apply ethical principles that govern the practice of environmental risk assessment, management, and communication.

##### **Epidemiology**

1. Apply population-based concepts of epidemiology and risk determination to the assessment of health problems.
2. Apply evidence-based knowledge of health determinants to public health issues.
3. Apply and interpret a variety of statistical methods commonly used in medical and public health research.
4. Formulate and test a researchable question.

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5. Identify ethical problems that arise when epidemiology is used to guide public health policy decisions.
6. Identify cultural dimensions of conducting research, including culturally sensitive recruitment of study participants, and develop strategies for interpretation of data in the larger cultural context.
7. Assess and interpret relevant literature in the area of public health and epidemiology.
8. Communicate public health principles and concepts through various strategies across multiple sectors of the community.

### Health Management & Policy

1. Conceptualize, analyze, and resolve problems related to health services delivery and finance.
2. Identify and apply economic, financial, legal, organizational, political, and ethical theories and frameworks.
3. Employ appropriate qualitative and quantitative techniques to manage human, fiscal, technological, information, physical, and other resources.
4. Establish and manage systems and processes to assess organizational performance for continuous improvement of quality, safety, and effectiveness.
5. Act ethically and professionally, and be responsive to community variations in cultures and sociodemographics.
6. Lead in all levels of public and private health services organizations.
7. Communicate, solve problems, and make decisions related to health policy and management in the public and private sectors.
8. Integrate theory and practice to plan, implement, and evaluate strategies and policies in health services programs, systems, and organizations.

### Health Promotion

1. Apply theory in the development, implementation, and evaluation of health promotion interventions, programs, and policies.
2. Develop interventions and programs to effect change at multiple levels, including individual, community, organizations, and policy.
3. Design and implement strategies to promote health.
4. Solicit and integrate input from community and organization stakeholders.
5. Design and deliver health communication messages.
6. Evaluate and interpret results from program evaluations and other research.
7. Define research problems, frame research questions, design research procedures, and outline methods of analysis.
8. Apply ethical principles that govern the practice of public health.
9. Enact cultural competency in diverse social and cultural communities.

### Primary Healthcare & Health Disparities

1. Assess, analyze, and synthesize the health status of vulnerable populations.
2. Identify, develop, and manage interventions to promote and protect the health of populations at risk.
3. Lead and participate in interprofessional efforts to address health inequities with community partners.
4. Conduct, participate in, or apply research which improves the health of a population.
5. Assess and integrate cultural beliefs and practices into public health interventions.

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6. Develop and apply effective communication strategies across multiple sectors of the community.
7. Understand the principles of public health ethics and apply them to public health practice.
8. Employ knowledge of health systems organization and health care finance to population based health problems.
9. Apply quality improvement and risk management principles in the development, management and/or evaluation of population health services.
10. Understand and participate in the process of grant and proposal development.
11. Employ techniques to manage human, fiscal, and other public health resources.

### Graduate Certificate in Public Health

1. Use principles of statistical inference for critical reading and interpretation of reports of statistical analysis and of public health problems;
2. Apply epidemiologic methods to identify patterns of disease and injury;
3. Analyze the environmental and occupational impacts on the health of a population
4. Identify and analyze major issues in health services and systems associated with the delivery, quality and costs of health care.
5. Communicate theoretical principles, constructs, and models used to understand and affect the behavioral aspects of health

### Graduate Certificate in Biostatistics

1. Perform a broad range of basic and intermediate level applied statistical procedures that are required in basic, clinical, population and translational sciences.
2. Interpret and summarize analysis results in research reports and papers and communicate them to individuals with varying degrees of statistical knowledge.
3. Apply the principles of research design to address problems in basic, clinical, and population sciences.
4. Identify strengths and weaknesses of alternative designs and analytic methods.
5. Conduct analyses for the student's own research projects or provide support to collaborative research teams.

The [Course of Study](#) for the concentrations offered for BA/BS in Health Studies and the BS in Applied Health & Fitness are found in ERF. The competencies for each concentration follow.

## BACHELOR'S CONCENTRATION-SPECIFIC COMPETENCIES

### Aging Services

1. Identify the physiological and psychological health issues of aging.
2. Demonstrate an understanding of the social and economic aspects of aging.
3. Apply knowledge of aging to the administration of aging services and long-term care programs.
4. Demonstrate the ability to incorporate sound business principles and practices in the administration of aging services and long-term care programs.

### **Community Health Education**

1. Conduct an ethical analysis of public health interventions, identifying potential ethical concerns and conflicts, and balancing burdens and benefits across populations.
2. Understand the implications of working with and creating public health policies and interventions for populations typically marginalized by health and social status.
3. Recognize and describe the importance of marketing and marketing skills in public health work including challenges.
4. Identify, analyze, and apply tools used for marketing and influencing public health from individual behavior to policy and advocacy.
5. Discuss the association between population growth and the dissemination of environmental pollutants.
6. Describe the specific applications of environmental health concepts to fields such as water and air quality, food safety, occupational health, and injury prevention.
7. Understand public health data collection, use, and analysis, and why evidence based approaches are an essential part of the public health practice.
8. Identify population health basic processes, approaches, and interventions that address major health related needs and concerns of populations.
9. Apply fundamental concepts and features of program implementation including planning, assessment and evaluation.

### **Health Science**

1. Prepare students to pursue an advanced or professional degree in the health field.
2. Complete required coursework in science and social science for pre-professional programs such as nursing, OT, PT, dentistry, medicine, etc.
3. Describe the role public health plays in the health of individuals and the population.
4. Demonstrate an understanding of current health topics and their application to the health profession.

### **School Health**

1. Master health education specific coursework as required by the Oregon Department of Education: State Benchmarks: School Health.
2. Demonstrate an understanding of the techniques and strategies for effective instruction to create an innovative learning environment.
3. Design and implement health curricula for middle and high School students.
4. Explain cultural competency and determinants of health.
5. Develop strategies to promote the health of children and youth.

### **Applied Health & Fitness**

1. Understand and apply the ethically sound and socially responsible methodologies to design, implement, and evaluate Health and Fitness at individual and programmatic levels.
2. Evaluate and analyze research in Health, Fitness, Nutrition, and Disease.
3. Use sound anatomical and physiological principles to evaluate and analyze responses and adaptations to exercise/physical activity in diverse populations across the lifespan.
4. Understand and apply the proper exercise technique instruction to reduce injuries and improve performance.
5. Construct and implement data supported plans for evaluating functional capacity/fitness in a diverse population across the lifespan.



## Criterion 2: Instructional Programs

6. Develop effective communication skills used to foster a supportive environment to produce positive behavior change.

**2.6.c. A matrix that identifies the learning experiences (i.e., specific course or activity within a course, practicum, culminating experience, or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met.**

All [competency matrices](#), organized by degree level and program, are located in the ERF Tables 2.6.c.1 to Table 2.6.c.18. Within a program competency matrix, each competency is linked to a specific course or courses and designated as “P” (Primary) to indicate that the course introduces knowledge and skills necessary for students to achieve the competency, or “R” (Reinforcing) to indicate that the course reinforces knowledge and skills necessary for students to achieve the competency.

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

Assessments of student competency attainment are based on a blend of direct and indirect measurements such as follows: student and alumni self-assessments; faculty and preceptor assessments of student performance and competency attainment related to field experience projects; faculty assessments of student performance in courses; and meetings between students and their faculty advisors. At least annually, faculty within each program meet to review these assessment results and identify needed modifications to courses and the program curriculum. Examples of recent curricular changes that have resulted from analyses of completed matrices include:

- Expanded the required MPH core course, *Epidemiology Survey*, from 3 to 4 credits and standardized course syllabi and content to ensure consistency;
- Revised core courses and increased electives in the MPH in Environmental Systems & Human Health;
- Updated *Social Epidemiology Methods & Theory*, a required course in the Community Health PhD curriculum, to better reflect current trends and improve alignment with SPH mission;
- Added new advanced methods training to the *Doctoral Seminar in Epidemiology* resulting in updates to program-level competencies within the PhD curriculum;
- Replaced the five MPH core courses in the academic programs (the three PhD programs, MS in Biostatistics and the MA/MS in Health Studies) with two courses (*Epidemiology Survey* and *Foundations in Public Health*) to provide the grounding experience in public health and epidemiology for students in the academic programs who enter without an MPH.

Other examples of program-level changes include the implementation of MPH competency self-assessments for all programs, and an introductory seminar familiarizes new students with the MPH core and program-specific competencies.

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

The initial development of MPH Program competencies for the OMPH program relied on several competency sets including those of the Council on Linkages, Johns Hopkins Community Health Scholars, the National Commission on Health Education Credentialing, and the ASPPH MPH Core Competency Model. Following approval of the core program-level competencies, the curriculum was *back designed* based on a modified curriculum-development method detailed in *Understanding by Design* (Wiggins & McTighe, 1998), this ensuring alignment of competencies at all levels and maintaining the program’s focus on the knowledge, skills, and abilities that students are expected to acquire.

## Criterion 2: Instructional Programs

Program coordinators/ program directors reviewed the program-level competency statements against the required courses for each program/program and created competency matrices. During New Student Orientation, one session focuses on the competency-based nature of the SPH programs. Each syllabus for core and required public health courses includes the course learning objectives and specific competencies addressed in that course. End-of-term course evaluations ask students to rate the course on its effectiveness in addressing the stated competencies. As noted in Criterion 1.2.a, SPH Administration collects, processes, and summarizes the results of course evaluations. Faculty and other instructors review evaluation results for the courses they taught, and program directors and program coordinators review both individual and unit-level course evaluation results for assessment, planning, and quality assurance purposes. Finally, the Dean's leadership team reviews evaluation results and plans for ongoing quality improvement.

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

The SPH assesses both the currency of its curriculum and the continued relevance of its program competencies in meeting students' public health practice and education needs through a variety of measures. These measures include

- Faculty monitoring of developments and changing practice needs within their specialties;
- Using feedback received from the alumni survey about the relevance of the curriculum and competencies for their professional practice;
- FE preceptor evaluations of student performance and competency attainment, and the relevance of the competencies to their area of practice;
- Input from the program's External Advisory Council (EAC) regarding alignment of curricula and competencies to public health practice and research needs;
- Ongoing formal (e.g. funded research) and informal (e.g. community service and appointments to professional committees) interactions with local and state public health professionals.

The variety of measures coalesce within the Academic Policy and Curriculum Committee (APCC), which reviews and assesses the degree to which the School's curricular programs adequately address changing needs and trends in public health education and practice. Individual committee members (program directors and program coordinators) also help to maintain sensitivity to changing needs among student populations, proposing changes to program/program competencies to reflect significant trends. Although implementation of program and program competencies is relatively nascent, based on changes in professional competencies, feedback from the EAC, and faculty members' observations of professional needs and trends, the APCC identified the need to integrate a biology component into the program. The APCC considered adding a new course, or weaving biology content into one or more core courses. Favoring the latter approach, two programs agreed to pilot the inclusion of biology content in existing courses – HP will pilot PHE519 *Etiology of Disease* and PHCHD will pilot two courses CPH527 *Epidemiology of Disease* and CPH526 *Epidemiology of Aging*.

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

This criterion is met.

**Strengths**

- The SPH faculty ensure that the core and program-level competencies map to the learning experiences.
- The School provides multiple opportunities for students to develop and demonstrate competencies through core, required, and elective courses, field experience, and dissertation research.

**Weaknesses**

- SPH falls short in meeting administrative and management responsibilities to orient and train new and existing faculty in competency-based course design and assessment.
- Ensuring students understand competency-based education, acquire the requisite knowledge, skills, and abilities through their programs of study, and effectively monitor and assess their competency attainment and ongoing professional development needs.

**Plan**

- The Office of the Dean will sponsor sessions for faculty on competency-based course alignment grid development and assessment of competency.
- The School will continue to assess and monitor student competency attainment at the course, program and program levels, and will use the results for program improvement.

## 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.

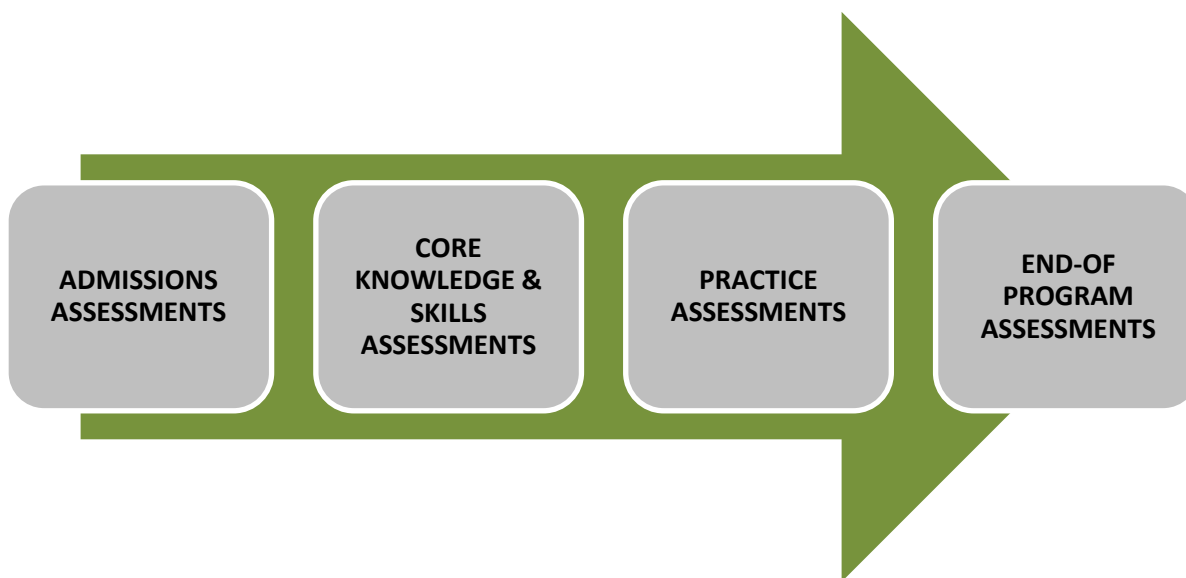
***2.7.a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice or research, as applicable, and in culminating experiences.***

As part of the School's commitment to continuous improvement, the SPH developed a School-level process that is reflective of the Institutional processes to ensure high quality teaching and learning at all degree levels.

To both understand and accommodate range of assessment development needs within and among degree programs, the Academic Policy & Curriculum Committee has worked diligently throughout the year to consider appropriateness of assessment procedures within degree programs and to address key assessment questions (e.g., optimal balance between direct and indirect assessment measures). This process began with the review and subsequent revision of competency matrices referred to in 2.6.b, continued during monthly APCC meetings, and involved program coordinators/directors in special work sessions as needed.

As a result of this work, the School has adopted a framework for assessing student competencies along with an assessment cycle. Approved by the APCC, the framework reflects the natural milestones for students and assures that students receive timely feedback about how well they are doing overall towards achieving the core and program-specific competencies.

**Figure 2.7.a.1 SPH Assessment Framework**



## Criterion 2: Instructional Programs

As part of the School's commitment to continuous quality improvement, the SPH's School-level processes reflect the Institutional processes to ensure high quality teaching and learning at all degree levels. The process for learning outcomes assessment begins with the program/program faculty developing an assessment plan. The key features are seven as follows:

1. Identification of program-specific competencies
2. Development of a competency matrix or map that aligns each competency with learning experiences
3. Creation of course – specific learning outcomes to provide opportunities in learning experiences to progress toward competency attainment
4. Selection of assessment(s) designed to measure competency attainment
5. Development of standardized rubrics or criteria for judging competency attainment
6. Development of process for reviewing assessment results
7. Specification of how the assessment data improve academic programs.

Table 2.7.a.2 lists the progress in implementing the School-level assessment plan by program and level of study. With the transition from the Oregon MPH Program with six programs to an SPH with sixteen different programs, competency development and competency assessment increased in complexity. It necessitated the development of a more formalized process including the development of the SPH Assessment Framework and the identification of the features for an assessment plan to create a systematic School-wide approach to assessment. The faculty carried out the School-level work in the Academic Policy & Curriculum Committee and in special training sessions. The program directors, who are members of the APCC, met with their program faculty to develop competencies and assessments. The [assessment matrices](#) for each program are available in the ERF.

The programs are at different places in the development and implementation of assessment plans, but all are making great progress. Table 2.7.a.2 identifies where programs are in the implementation of the elements of the assessment plan. The expectation is that all programs will complete unit-level assessment plans by the end of 2016-17. Following the SPH Assessment Framework, Table 2.7.a.3 summarizes the assessments required by degree or level of study.

Table 2.7.a.2 Status of the School's Assessment Planning by Program and Level of Study																	
	Assessment Plan Elements	MPH						BA/BS					MS		PhD		
		BIO	ESHH	EPI	HMP	HP	PHCHD	AS	CHE	HS	SH	AHF	BIO	HS: PAE	CH	EPI	HSP
1	Identified program-specific competencies (3 to 5 preferred in a workforce context)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2	Developed competency matrix or curriculum map that aligns each competency with learning experiences	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3	Created course – specific learning outcomes to provide opportunities in learning experiences to progress toward competency attainment	X	X	X	X	X	X	P	P	P	P	P	X	X	X	X	X
4	Selected assessment(s) for each competency designed to measure competency attainment	X	X	X	P	P	X	P	P	P	P	P	P	X	X	X	X
5	Developed standardized rubrics or criteria for judging student competency attainment	X	X	P	X	P	X	P	P	P	P	P	P	P	P	X	P
6	Developed process for reviewing assessment results	X	P	X	P	P	X	P	P	P	P	P	X	P	P	P	P
7	Identified how the assessment data are used to improve academic programs (close the loop).	X	P	P	P	P	X	P	P	P	P	P	X	P	P	P	P
Note: Based on Program/Program Director on April 1, 2016. Blank cells indicate that faculty work is very rudimentary in spring 2016 with more activity expected in 2016-17 to complete the unit-level assessment plans.																	

## Criterion 2: Instructional Programs

Table 2.7.a.3 identifies the assessments required by degree or level of study using the Assessment Framework. The assessments identified within cells represent the minimum assessments conducted by each degree level. Table 2.7.a.4 provides examples of these assessments and how the faculty groups are using assessment information as feedback to improve programs.

<b>Table 2.7.a.3 Assessments by Level of Study</b>				
<b>Level</b>	<b>Admissions Assessments</b>	<b>Core Knowledge &amp; Skill Assessments</b>	<b>Practice Assessments</b>	<b>End of Program Assessments</b>
BA/BS	SAT or ACT Scores HS GPA CC GPA	Course assessments	Internship Report	Senior Capstone ≥2.0 GPA Completion Rates Job Placement
MPH	GRE Scores UG GPA Reference Letters Personal Statement	CPH Examination Comp Exam 1 (BIOS only) Course assessments	Field Experience Report FE Self-Assessment FE Preceptor Assessment FE Survey	Culminating Experience Comp Exam 2 (BIOS only) ≥3.0 GPA Completion Rate Job Placement
MA/MS	GRE Scores UG GPA Reference Letters Personal Statement	Course assessments Comp Exam, Part 1		HS: Thesis or Project BIOS: Comp Exam, Part 2 Completion Rate Job Placement
PhD	GRE Scores UG GPA Masters GPA Reference Letters Personal Statement	Written Qualifying or Comprehensive Examination to advance to candidacy	Research Proposal	Written Dissertation & Oral Examination ≥3.0 GPA Completion Rate Job Placement
NOTES: GRE=Graduate record Examination, GPA= grade point average; HS=high School, CC=community college				

Table 2.7.a.4 provides examples of MPH program competencies, assessment methods and results, and feedback and proposed actions.

Table 2.7.a.4 Program Competencies Assessment Examples		
Program Competency	Assessment Method and Results	Feedback & Proposed Actions
<b>MPH in Health Promotion (Lynne Messer, PhD, Program Director)</b>		
<i>Apply ethical principles that govern the practice of public health</i>	We used an oral comprehensive exam to assess whether HP students could apply ethical principles to public health issues. HP faculty discussed the culminating experience in faculty meetings as well as perceived weaknesses in other competencies identified in the 2013 Alumni Survey –methods, ethics, and the biological basis for disease.	The faculty decided to add three required courses <i>Etiology of Disease</i> , <i>Qualitative Methods</i> , and <i>Ethics</i> to build student competency. We changed the culminating experience (FROM ungraded field experience, field experience report, and oral comprehensive exam TO a graded field experience, field experience report, and oral presentation of the field experience.)
<b>MPH in Epidemiology (Janne Boone-Heinonen, PhD, Program Director)</b>		
<i>Formulate and test a researchable question</i>	<p><b><i>Epidemiology Data Analysis and Interpretation</i></b> is an integrative course taken after completion of the first year sequences for epidemiology and biostatistics and prior to the field experience. Students complete exercises and an epidemiologic study using a national dataset to test a research question Final products graded A-F: <i>Written report</i>: scored by instructor lead on project <i>Public presentation</i>: scored (rubric attached) by at least 3 faculty</p> <p>Mean scores (range 1= “exceptional” to 9=“lowest.”) Among 8 groups in 2015:</p> <ul style="list-style-type: none"> <li>• Background/rationale: 2.4</li> <li>• Study design: 2.0</li> <li>• Analytic approach: 2.3</li> <li>• Results: 2.5</li> <li>• Discussion: 2.4</li> <li>• Presentation quality: 2.5</li> </ul>	<p>This new course offered in 2014 to strengthen program competencies 1-4 by providing structured, standard instruction and guidance for practical aspects of conducting an epidemiologic data analysis study. These skills were developed through the required thesis. In the first year, the integrative nature of the course enabled instructors to identify areas in which students needed additional learning opportunities. Examples include assessment of interactions, confounding assessment, and distinction of confounders and mediators. The faculty added instruction integrated into epidemiology prerequisite coursework on the utility of Directed Acyclic Graphs for variable selection,</p> <p>We are currently making plans to (a) further strengthen and integrate these areas into the epidemiology sequence and EpiData, (b) operationalize a formal feedback loop between EpiData and prerequisite courses, and (c) improve alignment of course assessments (EpiData, 1-year epidemiology sequence) with program competencies.</p>



Criterion 2: Instructional Programs

Table 2.7.a.4 Program Competencies Assessment Examples		
Program Competency	Assessment Method and Results	Feedback & Proposed Actions
<b>MPH in Health Management &amp; Policy (Neal Wallace, DrPH, HMP Program Director)</b>		
<i>Act ethically and professionally, and be responsive to community variations in cultures and socio-demographics.</i>	Review of course materials – syllabi, course evaluations, coursework, faculty observations - from PAH 573 <i>Ethics &amp; Values in Healthcare</i> , a focal course for this competency, to assure that it is current and aligned with program competency	Assessment and feedback is ongoing. Intent is to complete review with update/revisions to PAH 573 <i>Ethics &amp; Values in Healthcare</i> for Fall 2016.
<b>MPH in Primary Healthcare &amp; Health Disparities (Deb Messecar, PhD, PHCHD Program Director)</b>		
<i>Assess and integrate cultural beliefs and practices into public health interventions.</i>  <i>Develop and apply effective communication strategies across multiple sectors of the community.</i>	<b>CPH 521 Social Determinants of Health</b> , requires student to conduct a population assessment. This community assessment focuses on health problems influenced by social, political, and economic factors (social determinants). Students prepare a report that assesses data and develops a strategic program to minimize the health disparities experienced by the identified population for a policy maker, potential supporter, or potential funder.	<p>8 MPH students completed and passed in 2014</p> <p>17 MPH students completed and passed in 2015</p> <p>Students received detailed feedback from the instructor and via student peers in the forum discussions.</p>
<b>MPH in Biostatistics (Rochelle Fu, PhD, BSTA Program Director)</b>		
<i>Identify strengths and weaknesses of alternative designs and analytic methods, and critically review and assess statistical analyses presented in public health literature.</i>	<b>Comprehensive Exam</b> (written and lab) assesses biostatistical knowledge and statistical methods. The exam is graded “Pass/No Pass” by the faculty who developed the questions. The first MPH cohort took the written exam in September 2015; one passed and two failed.	To prepare students to retake the written exam, the program coordinator met individually with each student to discuss plans and preparations. Students met with their advisors and course instructors for remediation work to prepare for the next exam. A group advising session in spring addressed students’ questions on the next comprehensive exam. All students passed, suggesting that individual and group advising is critical.

### Core Knowledge and Skills Assessment

The CPH Exam tests knowledge in the five core public health areas – biostatistics, epidemiology, environmental health sciences, health policy, and management, social and behavioral sciences – and cross cutting skills. The faculty selected the exam to assess students' core knowledge and crosscutting skills and replace student self-assessment of core competencies. Students enrolled in the MPH program are eligible to sit for the exam after completing the five core public health courses. The SPH coordinates eligibility, approval, and registration for the exam. Local test-taking centers offer the CPH exam three times per year, and all MPH program students pay the discounted Institutional rate of \$250.

Students who do not pass the CPH exam on their first attempt are required to take the exam a second time. Students use the subscale information provided by the testing service to discuss how to help strengthen their subsequent performance before re-taking the examination with the program coordinator. If a student fails a second time, the Program Coordinator and Associate Dean for Academic Affairs develop a remediation project.

Passing the exam or completing the remediation project is a requirement for graduation. Once students pass the exam and fulfill all graduation requirements, they may include the CPH designation after their name.

### Practice Assessments

The School uses three different terms to describe practice experiences including “internship” for undergraduates, “organizational experience” for MPH students in HMP, and “field experience” for the remaining five MPH programs. The MPH practice experience emphasizes the importance of program/program competencies. In consultation with the field experience advisors and their site preceptors, students select several competencies on which to base their FE/OE, design FE/OE activities and projects to add appropriate competency-based experience, and develop a learning contract that focuses on a subset of the program-specific competencies. Results of their work must map to program competencies per the minimum standards for that program (Criterion 2.4 and Exhibit 2.4.a.ii). Field/organization preceptors also assess students' performance of program competencies as part of their student evaluations. From this comparison of self-assessment and preceptor assessment, we determine any performance gaps useful for faculty advising, as well as, common themes and recommendations for changes in the curriculum. The required internship in the bachelor's in health studies program also includes a learning contract. Criterion 2.4 describes the assessments for the practice experience in more detail.

### Culminating Experience (End-of-Program Learning Outcomes Assessments)

Each faculty group develops the most appropriate culminating experience for the program. These assessments include reflective paper, comprehensive exam, thesis, or dissertation.

**Reflective Paper.** Students in all six MPH programs are required to reflect upon their ability to demonstrate all of the competencies, which include the subset selected for the FE /OE and the complete set of competencies required for the MPH core and program/program. Several programs directly link the CE with the FE/OE in the final CE report.

**Comprehensive Examination.** The MPH in Biostatistics and MS in Biostatistics include a two-part comprehensive examination. It is an assessment of the student's ability to integrate statistical knowledge and skills covered from the different biostatistics courses. Students need to demonstrate mastery of the subject matter, skills of critical thinking and independent problem solving, as well as interpretation of results in the context of research question. The examination evaluates three of the learning competencies.

**Thesis or Research Project.** The MA/MS in Health Studies requires the student complete either a master's thesis or research project approved by the program adviser. To date, all students completed a thesis. The EPI/BIO program in the OMPH program required a thesis, but not a practice experience. In fall 2104, the program split into two and no longer required the thesis but required a practice experience. This change is documented for CEPH in the Interim Report submitted in April 2015.

**Dissertation.** Every PhD candidate in the SPH completes a dissertation to qualify for the conferral of a PhD degree. The subject of the dissertation must be approved in advance by the student's academic unit. Dissertations are published and available as proof of the candidate's achievement. Information about formatting dissertations is available from the University.

Criterion 2.5 describes the culminating experience in more detail.

***2.7.b. Identification of outcomes that serve as measures by which the School will evaluate student achievement in each program, and presentation of data assessing the School's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees (including bachelor's, master's, and doctoral degrees) for each of the last three years. See CEPH Template 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language ( $\geq 70\%$  for BA/BS and master's degrees, and  $\geq 60\%$  for doctoral degrees) an explanation must be provided. (This could include the graduation rates for other programs at the relevant Institution.) Job placement (including pursuit of additional education), within 12 months following award of degree, includes fewer than 80% of the graduates at any level who can be located, an explanation must be provided.***











 Things are going well.	 Watch this more closely.	 Target not met; need to act.
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Table 2.7.b.1 Measureable Outcomes for Evaluating Student Achievement					
Quantifiable Indicators		Target	2013-14	2014-15	2015-16
	BA/BS student will complete degrees within 3 years (at 120 quarter credits)	70%	43%	60%	69%
	MPH students will complete degrees within four years	80%	MPH: 82%	MPH: 75%	MPH: 92%
	PhD students will complete degrees within 7 years	80%	100% (2 HSP)	100% (1 HSP)	Pending 11/2017
	Average pass rate on CPH Exam will meet or exceed the national NBPHE average	NBPHE average			
	SPH		100% (2/2)	87% (13/15)	88% (7/8)
	NBPHE Average		85%	80%	68%
	SPH Compared		116%	107%	120%
K M S C E C T	Mean MPH alumni rating on "prepared to apply core knowledge and skill competencies in current job" is $\geq 3.2$ (Note: changed from 3-pt to 4-pt scale in 2014-15)	3.2 in 2014	collected every other year	Knowledge: 3.4 Methods: 3.1 Systems: 3.0 Communication: 3.3 Ethics: 3.7 Cultural Comp. 3.3 TIP: 3.5	
Quantifiable Indicators		Target	2013-14	2014-15	2015-16
1 2 3 4 5	Mean MPH alumni assessment on "able to apply knowledge and skill competencies in program in current job" is $\geq 3.2$ on a 4-point scale  Note: HMP used a 3-point scale and meets target	3.2 in 2014	collected every other year	1 EPI/BSTA: 3.2 2 ESHH: NA 3 HP: 3.3 4 PHCHD: 3.5 5 HMP: 2.6	
	Job placement rates of MPH graduates within 12 months of graduation <sup>6</sup>	80%	94% '12-13 grads	91% '13-14 grads	Pending 11/2017
	Job placement rates of BA/BS graduates within 12 months of graduation <sup>6</sup>	80%	NA	NA	77% '14-15 grads
	Job placement rates for PhD graduates within 12 months of graduation <sup>6</sup>	100%	100%	100%	Pending 11/2017

***2.7.c. An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The School must list the number of graduates from each degree program and the number of respondents to the School's survey or other means of collecting employment data.***

**Job Placement.** The SPH education data technician coordinates data collection efforts. Following ASPPH guidelines for collecting employment information, the School surveys all MPH graduates one year after earning their degrees. The drop in response rates between 2013-14 and 2014-15 stems from the change in data collection period introduced by ASPPH. In prior years, the surveys remained open for months as we searched social media for better email addresses and sent out repeated requests.

In winter 2016, the Office of the Dean surveyed the 2014-15 bachelor's degree recipients. In summer 2016, we will survey graduate students who completed their degrees in 2014-15. This will go out to MPH, MA/MS, and PhD recipients.

Obtaining adequate response rates is problematic. Incentives help a little. We did not use incentives for the undergraduate job placement survey completed.

Table 2.7.c.1 Job Placement One-Year Out by Degree level							
Degree	Degrees Awarded	Respondents	Employed	Continuing education / training	Not seeking employment	Actively seeking employment	Unknown
<b>2013-14 (graduated in 2012-13)</b>							
<b>Total</b>	85	81	73%	11%	0	5%	11%
<b>MPH&amp;GCPH</b>	75	73	77%	7%	0	5%	11%
<b>MPH-MD</b>	4	4	0	100%	0	0	0
<b>MPH-MSW</b>	4	3	67%	0	0	0	33%
<b>MPH-MURP</b>	2	1	50%	0	0	0	0
<b>2014-15 (graduated in 2013-14)</b>							
<b>MPH&amp;GCPH</b>	85	24	83%	4%	0	13%	0
<b>MPH-MD</b>	5	3	0	100%	0	-	-
<b>MPH-MSW</b>	0	-	-	-	-	-	-
<b>MPH-MURP</b>	0	-	-	-	-	-	-
<b>2015-16 (graduated in 2014-15) (data pending for MPH October 2016)</b>							
<b>MPH&amp;GCPH</b>	86						
<b>MPH-MD</b>	3						
<b>MPH-MSW</b>	0						
<b>MPH-MURP</b>	1						
<b>MA/MS</b>							
<b>PhD</b>	1	1	100%	0	0	0	0
<b>BA/BS</b>	293	65	58%	17%	2%	12%	11%
Source: Annual on-line surveys conducted by the Office of the Dean in year following graduation. GCPH=Graduate Certificate in Public Health							

## Criterion 2: Instructional Programs

**Alumni Survey.** Prior to 2014-15, the OMPH surveyed all alumni going back to 1996 every two years. The Office of the Dean decided to survey only graduates who earned degrees within the last six years (excludes graduates included in the job placement survey). We thought this would yield useful information about alumni opinions on program quality, strengths, and opportunities for improvement. The School will continue to collect alumni data every two years. The Office of the Dean is considering doing an additional survey of graduates 10 to 15 years out every five years.

Table 2.7.c.2 2015 Alumni Survey, Graduated between 2009 and 2013						
Graduates	Respondents	Employed full or part time	Continuing Education	Unemployed, not seeking	Unemployed, actively seeking	Retired & Other
224	163	137	19	1	6	0
	73%	84%	12%	1%	4%	0%
Note: Data collected in spring 2015; Next alumni survey scheduled for spring 2017.						

**2.7.d. In fields for which there is a certification of professional competence and data are available from the certifying agency, data on the performance of the School's graduates on these national examinations for each of the last three years.**

Table 2.7.d.1 Performance on Certified in Public Health Examination			
Pass Rate on CPH Examination	2013-14	2014-15	2015-16
OHSU-PSU SPH Average	100% (2/2)	87% (13/15)	<i>pending</i>
National Average	85%	80%	-
SPH Performance Compared to National Average	116%	107%	-

Table 2.7.d.2 Performance on CPH Examination by Content Area Subscale, June 2015 through June 2016							
All Candidates Summary	General Principles	BTSA	Environ Science	EPI	HMP	Behavioral Science	Cross Cutting Skills
Max Possible Score	25	30	30	30	30	30	25
SPH Average	16.0	22.3	24.2	22.9	21.4	24.4	20.1
% of Total	72%	74%	81%	78%	71%	81%	80%
% of National Average	106%	111%	112%	107%	108%	114%	111%

***2.7.e. Data and analysis regarding the ability of the School's graduates to perform competencies in an employment setting. Including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessments may include key informant interviews, surveys, focus groups and documented discussions.***

### **Employer Surveys**

Based on employer surveys conducted by the OMPH, we recognized the need for a more systematic approach to augment web-based surveys, and decided to conduct key informant interviews described in Criterion 1.2. During 2015-16, the practice dean designed a process for key informant interviews and focus groups, and has completed the first phase in this in-depth process.

The associate dean for practice conducted key informant interviews with public health employers. Overall, respondents indicated a preference for hiring/requiring an MPH for traditional roles of program coordinator, epidemiologist, research analyst, policy analyst, health educator, and manager. Important considerations for hiring focused on prior public health-related experience, community work, field experiences, and life experiences. They believed skills in grant writing, informatics, and quality improvement could be better. This work is ongoing as we interview public health professionals in all areas of the state and different practice environments. The [Employer Survey Results](#) is in the ERF.

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

This criterion is met with comment.

### **Strengths**

- The School has well-established indirect assessments of student competency. In 2014, the faculty voted to require the CPH exam as a direct assessment of MPH core public health knowledge.
- The School added a job placement survey for recent bachelor's graduates in winter 2016 to assess program outcomes.

### **Weaknesses**

- Response rates are low for student, alumni, and employer surveys making it difficult to assess graduate employment outcomes and ability to perform competencies after graduation.
- There are barriers to improving faculty maturity with assessing student competency and developing rubrics/criteria, but faculty may need more experience.

### **Plans**

- The SPH will develop a schedule for collecting survey data and develop approaches to enhance response rates for student, recent graduate, and alumni surveys.
- The APCC is discussing the need for a subcommittee or workgroup to address assessment of student competency and provide school-level oversight to provide continuous improvement of programs, learning experiences, and student outcomes.



## **2.8 Other Graduate Professional Degrees**

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

Not Applicable

## 2.9 Bachelor's Degrees in Public Health

### ***2.9.a. Identification of all bachelor's majors offered by the School. The instructional matrix in Criterion 2.1.a may be referenced.***

The SPH offers five undergraduate degrees, of which four are majors in health studies and one is a major in applied health & fitness as listed in Table 2.1.a.1. Carlos Crespo, DrPH, oversees the undergraduate programs in the SPH and the graduate programs in community health in the transition from the OMPH to the School.

#### **Bachelor of Arts/Science with a Major in Health Studies**

The Public Health program has been at Portland State University since the 1970s. The School offers a BA/BS in Health Studies in four concentrations that are included in the student's official transcript: Aging Services, Community Health Education, Health Sciences, and School Health. The Health Studies program is a 4-year curriculum, admitting students as freshmen and community college transfers into the major. The program also offers minors in Community Health and Aging Services.

### ***2.9.b. Description of the specific support and resources available in the School for the bachelor's degree programs.***

The bachelor's degree programs were part of the PSU School of Community Health, which voted in February 2016 to join the OHSU-PSU SPH. Support and resources available to these undergraduate students are the same as they are for all PSU undergraduate students.

- Academic Advising and Career Service: <http://www.pdx.edu/advising/>
- Financial Aid Advisor: <http://www.pdx.edu/faculty-advising/financial-aid-and-scholarships>
- Student Legal Services: <http://www.pdx.edu/sls/>
- Center for Student Health and Counseling: <http://www.pdx.edu/shac/>
- Disability Resource Center: <http://www.pdx.edu/drc/>
- Writing Center: <http://www.writingcenter.pdx.edu>
- TRIO Student Support Services: <http://www.pdx.edu/dmss/TRIO-SSS>
- Diversity and Multicultural Mentoring Student Support Services: <http://www.pdx.edu/dmss/meet-the-mentors>
- Cultural Resource Center: <http://www.pdx.edu/dmss/cultural-resource-centers>
- Student Recreation Clubs: <http://www.pdx.edu/recreation/rec-clubs>
- Student Activities and Leadership: <http://www.pdx.edu/student-leadership/join-or-start-student-organization>
- Veteran Services: <http://www.pdx.edu/veterans/>
- Queer Student Service Support Program: <http://www.pdx.edu/queer/queer-academic-support>
- Trans Gender Resource: <http://www.pdx.edu/queer/transgender-resources>
- Online Class Support: <http://www.pdx.edu/oit/d2l>
- Printing Support Services: <http://www.pdx.edu/oit/psu-printing-overview>
- Housing: <http://www.pdx.edu/housing/sign-up>

### ***2.9.c. Identification of the required and elective public health courses for the bachelor's degree programs.***

Students earning a Bachelor of Arts or Bachelor of Science degree in Health Studies must successfully complete a minimum of [180 total credits](#), which is composed of general education, degree, and major requirements. Common core courses (24 credits) and the chosen concentration area requirements (45-66 credits) comprise the major requirements. The program recommends students complete eight credit hours of internship over two terms in their junior or senior year on top of a community-based learning

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course, the senior-level component of University Studies general education program called the “Senior Capstone Project.”

All students must receive a grade of C- or higher in all coursework required for the degree. The required and elective courses for the School’s undergraduate program are listed below and may be viewed [online](#).

Table 2.9.c.1 lists the core courses for the undergraduate program in health studies, which offers four concentrations or minors. Students take advantage of elective opportunities to build on the interdisciplinary nature of public health. The [syllabi](#) for all required courses are available in the ERF.

<b>Table 2.9.c.1 Common Degree (Core) Requirements (24 Credits)</b>	
<b>Course Number and Name</b>	<b>Credits</b>
Stat 243 - <i>Introduction to Probability and Statistics</i>	4
PHE 250 - <i>Our Community: Our Health</i>	4
PHE 350 - <i>Health and Health Systems</i>	4
PHE 363 - <i>Communicable and Chronic Disease</i>	4
PHE 450 - <i>Epidemiology</i>	4
PHE 452 - <i>Gender, Race, Class and Health</i>	4
Subtotal	24

The course requirements for each of the four concentrations available for the undergraduate degree with a major in health studies indicate the wealth of opportunities for students to pursue elective courses offered by PSU to provide a truly interdisciplinary experience.

<b>Table 2.9.c.2 Aging Services Concentration</b>	
<b>Required Courses for Concentration (32 to 36 credits)</b>	<b>Credits</b>
PHE 325U <i>Nutrition for Health</i>	4
PHE 354U <i>Social Gerontology</i>	4
PHE 416 <i>Families and Aging</i>	4
PHE 423 <i>Business and Aging</i>	4
PHE 456 <i>Health Aspects of Aging</i>	4
PHE 478 <i>Program Planning and Evaluation</i>	4
PHE 479 <i>Program Planning and Evaluation in Health Education</i>	4
PHE 404 <i>Internship</i>	4-8
<b>Choose one of the following (4 credits):</b>	
PHE 369 <i>Public Health Law, Policy, and Ethics</i>	4
SOC 469 <i>Sociology of Aging</i>	4
PSY 462 <i>Psychology of Adult Development &amp; Aging</i>	4
<b>Choose one of the following (4 credits):</b>	
BA 101 <i>Introduction to Business</i>	4
BA 306 <i>Essentials of Finance for Non-Business Majors</i>	4
BA 316 <i>Essentials of Marketing for Non-Business Majors</i>	4
BA 326 <i>Essentials of Management for Non-Business Majors</i>	4
BA 336 <i>Essentials of Information Technology for Non-Business Majors</i>	4
BA 346 <i>Essentials of Entrepreneurship for Non-Business Majors</i>	4
PHE 328 <i>Health and Housing Across the Life Course</i>	4
PHE 369 <i>Public Health, Policy, and Ethics</i>	4
PHE 445 <i>Men's Health</i>	4

<b>Table 2.9.c.2 Aging Services Concentration</b>	
<b>Required Courses for Concentration (32 to 36 credits)</b>	<b>Credits</b>
PHE 451 <i>Women's Health</i>	4
PHL 313 <i>Life and Death Issues</i>	4
PSY 311U <i>Human Development</i>	4
PSY 462 <i>Psychology of Adult Development</i>	4
PHE 410 <i>Death and Dying</i>	4
PHE 446 <i>Community Health Principles/Practices</i>	4
EC 316 <i>Intro to Health Care Economics</i>	4
SP 318U <i>Family Communication</i>	4
SOC 459 <i>Sociology of Health and Medicine</i>	4
SOC 469 <i>Sociology of Aging</i>	4
COMM 318 <i>Family Communication</i>	4
SW 301 <i>Introduction to Social Work</i>	4

<b>Table 2.9.c.3 Community Health Education Concentration</b>	
<b>Required Coursework for Concentration (28-32 credits)</b>	<b>Credits</b>
PHE 369 - <i>Public Health Law, Policy, and Ethics</i>	4
PHE 443 - <i>Environmental Health</i>	4
PHE 444 - <i>Global Health</i>	4
PHE 472 - <i>Marketing Public Health</i>	4
PHE 478 - <i>Program Planning and Evaluation</i>	4
PHE 479 - <i>Program Planning and Evaluation in Health Education</i>	4
PHE 404 - <i>Internship</i>	4-8
<b>20 credits of PHE courses from list below (substitutions considered with advisor approval)</b>	
PHE 275 - <i>Stress Management</i>	4
PHE 325 - <i>Nutrition for Health</i>	4
PHE 326 - <i>Drug Education</i>	4
PHE 335 - <i>Human Sexuality</i>	4
PHE 351 - <i>Film and Health</i>	4
PHE 355 - <i>Consumer Health Issues</i>	4
PHE 361 - <i>Care and Prevention of Injuries</i>	4
PHE 363 - <i>Communicable Diseases and Chronic Health Problems</i>	4
PHE 365 - <i>Health Promotion Programs for Children and Youth</i>	4
PHE 445 - <i>Men's Health</i>	4
PHE 446 - <i>Community Health Principles and Practices</i>	4
PHE 451 - <i>Women and Holistic Health</i>	4
PHE 452 - <i>Gender, Race, Class and Health</i>	4
PHE 453 - <i>Women's Reproductive Health</i>	4
PHE 456 - <i>Health Aspects of Aging</i>	4
PHE 466 - <i>Mind-Body Health: Disease Prevention</i>	4
PHE 467 - <i>Mind-Body Health: Human Potential</i>	4
PHE 480 - <i>Controversial Issues in Community Health</i>	4

Table 2.9.c.4 Health Science Concentration	
Required Coursework ( 44 Credits)	Credits
Health Studies Concentration	24
Upper-division PHE Courses (electives)	16
Prerequisites for chosen pre-professional program*	varies
PHE 404 - Internship	4
<b>Note:</b> *see pre-requisite advising worksheet requirement available at <a href="http://www.pdx.edu/clas/pre-professional-programs">http://www.pdx.edu/clas/pre-professional-programs</a>	

Table 2.9.c.4 Health Science Concentration	
Required Coursework for Concentration (36 Credits)	Credits
PHE 275 - <i>Stress Management</i>	4
PHE 295 - <i>Health Promotion/Disease Prevention</i>	4
PHE 325 - <i>Nutrition for Health</i>	4
PHE 326 - <i>Drug Education</i>	4
PHE 335 - <i>Human Sexuality</i>	4
PHE 365 - <i>Health Promotion Programs for Children and Youth</i>	4
PHE 448- <i>Health Ed. Tech. and Strategies</i>	4
Ed 420 - <i>Introduction to Education</i>	4
PSY 311 - <i>Human Development</i>	4
PHE 404 - <i>Internship</i>	4-8
<b>Elective courses (8 credits)</b>	
CFS 390 - <i>Sex and the Family</i>	4
CI 432 - <i>Computer Applications for the Classroom</i>	3
PSY 346 - <i>Learning</i>	4
SOC 337 - <i>Minorities</i>	4
SPED 418 - <i>Survey of Exceptional Learners</i>	3
PHE Elective course as approved by advisor	
<i>Women's Studies courses on Violence and Sexuality as approved</i>	
<b>*An anatomy and physiology sequence (2 series) is required by Portland State University's GTEP program*</b>	
A list of Health and Physical Education pre-requisites for the GTEP program can be found <a href="#">here</a>	

### 2.9.d. A description of School policies and procedures regarding the capstone experience.

The Senior Capstone is the cornerstone of the PSU University Studies program and is an award-winning general education program. It provides students with integrated, connected learning experiences that lay the foundation for lifelong intellectual development. Extending through all four years, the program teaches students how to think critically, communicate effectively, gain a broad awareness of the human experience, and to instill a deep sense of responsibility to oneself, one's peers, and one's community.

Portland State University's faculty design capstone experiences to build cooperative learning communities by taking students out of the classroom and into the field. In the over 200 different Senior Capstone courses offered each year, students bring together the knowledge, skills, and interests developed to this point through all aspects of their education, to work on a community project. Each year community health faculty design and offer six Senior Capstone courses. Health studies students have the option to select a community project offered by community health faculty or faculty from other majors. University Studies maintains the records of student activities and reports. Students from a

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variety of majors and backgrounds work as a team, pooling resources, and collaborating with faculty and community leaders to understand and find solutions for issues that are important to them as literate and engaged citizens.

In addition, all Health Studies students complete an internship or observational practicum designed to connect and integrate theory with specific activities in a real environment under supervision. The undergraduate faculty consider the health studies internship as the student's culminating experience, largely because the health studies faculty do not control the Senior Capstone. PHE 404 *Internship* is a 4- to 8-credit experience, which translates to 120 to 240 hours in the field, sometimes spread over two quarters. Ideally, students engage in internship experiences at the end of their academic career. The [Internship Packet](#) is available in the ERF. In the SPH Assessment Framework, we present the internship as the practice experience and the Senior Capstone as the culminating experience, which is consistent with how PSU describes the Capstone. An example from a 2015 graduate of the Community Health Education concentration shows how a student can pursue a health-related Senior Capstone coupled with the Internship.

A student selected an **Internship** site with a local non-profit organization Portland Fruit Tree Project. The mission of the organization is to increase equitable access to healthy food and strengthen communities by empowering neighbors to share in the harvest. The intern's main responsibilities were to co-lead and coordinate a group of volunteers to perform tree care tasks in the assigned local orchard in Southeast Portland, attend outreach events, recruit door-to-door lower-income volunteers, and develop fruit nutritional fact cards. During the harvesting season, volunteers and their families shared in the harvest through the Harvesting Parties. After the harvest, the Project sponsors distributed half of the fruit to a local food bank, with the rest distributed to the lower-income volunteers.

For the **Senior Capstone** course, she selected "Current Issues of Pregnancy and Birth." The course collaborated with a non-profit and community-based organization called Latina Breastfeeding Coalition. The students reviewed the research evidence on breastfeeding in the classroom before meeting with the community organization *in situ* who wanted help with marketing breastfeeding to promote the health of the mother and infant. The students created an awareness campaign through marketing, creation of a logo, [Facebook](#) page, and [digital stories](#).

Advisors strive to find internships that provide a valuable experience for all students. Undergraduate faculty internship advisors customize internships based on student experiences and interests. Students who are not ready for field placement, but are graduating seniors, have the opportunity to take an additional health-related Senior Capstone offered by University Studies. As noted above, these capstones are group service learning opportunities, but provide more structure and guidance than an individual internship. Health Studies students following this path select from a list of health-related capstones to fulfill their internship requirement.

Another option for internship substitution is allowing the student to complete two additional 4-credit courses that teach a skill set that would enhance future employment opportunities. Students identify career goals and then research courses that offer those skill sets. Examples include grant writing, understanding NGOs, accounting, and counseling. Information on the undergraduate internship is [posted online](#).

Table 2.9.d.1 summarizes the types students' sites in 2015-16. The complete list of internship sites, preceptors, and students is in the ERF (see [Internship](#) Folder). Upon completion, students submit a summary report and learning assessment; [samples](#) are in the ERF. The preceptors also assess students.

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Table 2.9.d.1 Internship Settings, 2015-16							
	Total	Clinical	Non-profit	Education/ School	For-profit Business	Fitness/ Recreation	Gov't Agency
2015-16	201	34%	30%	14%	10%	9%	2%
<b>Note:</b> 2015-16 excludes spring term							

Table 2.9.d.2 Undergraduate Internships in Health Studies, 2015-16	
Activity	N= 201
Engaging the community or target population; promoting healthy lifestyles	44%
Interviewing or investigating public health careers	35%
Designing, implementing, and/or evaluating a health education program	9%
Conducting health research, surveys, and/or data analysis	3%
Regulating or administering health systems	2%
Developing health policy	1%
Other	4%
<b>Note:</b> 2015-16 excludes spring term; excludes students who complete electives or a Senior Capstone to fulfill the internship requirement.	

### **2.9.e. Assessment of the extent to which this criterion is met and an analysis of the School's strengths, weaknesses and plans related to this criterion.**

This criterion is met with comment.

#### **Strengths**

- BA/BS in Public Health (Health Studies) revised its curriculum and developed core and concentration-specific competencies for its four concentrations based on ASPPH standards.
- The program enrolls more than 1,200 majors (1,600 with minors) and provides academic opportunities for a public health education and preparation for entry-level jobs in local and state health departments as well as continued graduate education.
- Academic advising is a priority for the School. Undergraduate student satisfaction with academic advising is high as evidenced by recent student surveys.

#### **Weaknesses**

- The program lacks direct assessments of student learning linked to program competencies.
- The bachelor's graduates are not transitioning into the School's MPH programs.

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### Plans

- The newly formed Assessment Committee will support the development of an assessment plan and methods so the undergraduate program can begin to document learning outcomes through the direct and indirect assessment of student learning to meet expectations for accountability and quality assurance.
- Faculty will add course learning outcomes and appropriate core or program competencies to all required undergraduate course syllabi by fall 2016.
- Continue to build out student, graduate, and alumni surveys to mirror MPH data collection efforts in 2016-17.
- Add professional advising resources for 2016-17 and 2017-18 to reduce the student-advisor ratio to within national benchmarks.
- SPH will consider opportunities for developing a pathway for exceptional students to move into MPH.



## 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.

The BA/BS with a Major in Applied Health & Fitness provides grounding in basic public health knowledge in PHE 250 *Our Community, Our Health*, and PHE 363 *Communicable & Chronic Disease*.

Table 2.10.a.1 Bachelor of Arts or Science in Applied Health & Fitness	
Required Coursework:	Credits
PHE 250 - <i>Our Community, Our Health</i>	4
PHE 270 - <i>Basic Biomechanics</i>	2
PHE 314 - <i>Research in Fitness</i>	4
PHE 325 - <i>Nutrition for Health</i>	4
PHE 361 - <i>Care &amp; Prevention of Injuries</i>	4
PHE 363 - <i>Communicable &amp; Chronic Disease</i>	4
PHE 370 - <i>Kinesiology</i>	4
PHE 473 - <i>Exercise Physiology</i>	4
PHE 474 - <i>Exercise Prescription</i>	4
PHE 475 - <i>Exercise Testing</i>	4
PHE 404 - <i>Internship</i>	8
BI 301 - <i>Anatomy &amp; Physiology I</i>	4
BI 302 - <i>Anatomy &amp; Physiology II</i>	4
<i>Complete One Focus Area</i>	
<b>Focus Area A: Fitness and Exercise</b>	
PHE 421 - <i>Health Behavior Change</i>	4
PHE 456 - <i>Health Aspects of Aging</i>	4
PE 185 - <i>From approved list*</i>	4
PE 195 - <i>Fitness Instruction</i>	4
BA 300 - <i>From approved list**</i>	8
8 credits of PHE or approved electives	
The PE teaching endorsement for Secondary Education requires the classes listed***	
<b>Focus Area B: Fitness for Special Population</b>	
PHE 295 - <i>Health Promotion</i>	4
PHE 340 - <i>Motor Learning</i>	4
PHE 417 - <i>Adapted PE</i>	4
PHE 456 - <i>Health Aspects of Aging</i>	4
PE 180 - <i>From approved list</i>	4
PE 195 - <i>Fitness Instruction</i>	4
8 credits of PHE or approved electives	8
<b>Focus Area : Health Coaching</b>	
PHE 275 - <i>Stress Management</i>	4
PHE 295 - <i>Health Promotion</i>	4
PHE 421 - <i>Health Behavior Change</i>	4
PHE 466 - <i>Mind/Body Health</i>	4
COMM 218 - <i>Interpersonal Communication</i>	4
8 credits of PHE or approved electives	8

## 2.11 Academic Degrees

**2.11.a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.**

OHSU-PSU SPH academic degrees include the MS and PhD. OHSU offers the MS in Biostatistics and PhD in Epidemiology, and PSU offers the MA/MS in Health Studies, PhD in Health Systems & Policy, and PhD in Community Health. Each is program-based as shown in Table 2.1.a.1 Instructional Matrix and meets the academic requirements of the home University and the lead (OHSU) University.

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

The SPH assures that students in each of the academic programs attain a public health orientation. If a student enters one of the doctoral programs with an MPH degree, he/she usually exceeds the requirement for the necessary grounding in public health. Based on an analysis of the student transcript, the program director informs each student the courses required to attain a public health orientation. A student who enters a PhD program with a comparable master's degree may be able to waive one or more courses of the five MPH core courses. A PhD program may also require completion of a course or courses in the five MPH core as a prerequisite to admission.

When the PhD programs were developed, faculty believed that CEPH required students in academic programs to complete the five MPH core courses (17 credits). Upon clarification, the academic curricula are now requiring the completion of *Epidemiology I* and *Foundations of Public Health* (7 to 8 credits). During this past academic year, program faculty revised program curricula to accommodate this change in interpretation. This broad public health grounding provides valuable contextual understanding for the future work activities of graduates on issues of health or disease and working with health professionals. The students in academic degree programs take courses side-by-side with students in the professional program (MPH).

Table 2.11.b.1 Requirements for Acquiring a Public Health Orientation		
Academic Program	Epidemiology	Public Health Orientation
Biostatistics (MS)	PHPM 512 <i>Epidemiology</i>	PHE 511 <i>Foundations of Public Health</i>
Health Studies (MA/MS)	PHE 530 <i>Epidemiology I</i> (fall 2016)	
Community Health (PhD)	PHE 530 <i>Epidemiology I</i>	
Epidemiology (PhD)	PHPM 513 <i>Epidemiology II</i>	
Health Systems & Policy (PhD)	PHPM 512 or PHE 530 <i>Epidemiology</i>	

In addition to the core knowledge in public health, doctoral students complete a crosscutting health and social inequalities course. *PHE 622 Health and Social Inequalities (3 credits)* investigates the conceptualization and measurement of different social determinants of health using a life-course approach; explores how the "embodiment" of social forces influence disease processes; and examines different actions used to eliminate health inequities within local, national, and international communities.

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

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All students in academic degree programs complete a culminating experience to demonstrate knowledge, comprehension, application of knowledge, and higher-order thinking skills gained through the specific course of study. The CE emphasis is on analysis, synthesis, and evaluation of a topic, secondary data set, policy issue, or body of literature or original research as described in Criterion 2.5.

MA/MS in Health Studies: The MA/MS degree with a major on health studies provides a research-oriented opportunity for students with an interest in physical activity and exercise. The required culminating experience is the completion of a master's thesis and its defense or a research-based project. The MPH in EPI/BIO is teaching out students required to complete a thesis. The ERF provides [examples of theses](#) completed by the MA/MS in Health Studies. (In addition, examples of thesis completed by students in the MPH in Biostatistics that is no longer a requirement.)

MS in Biostatistics: The required culminating experience is a comprehensive exam of student mastery of the subject matter, critical thinking skills, independent problem solving, and interpretation of results for a given research question. This examination covers the nine core courses and three competencies.<sup>5</sup> Faculty members administer the exam in four-hour segments on two separate days. Students have two opportunities annually to sit for the examination. The ERF provides examples of the [comprehensive exam](#) completed by an MPH and MS students.

PhD programs: The required culminating experience is a written dissertation and oral defense based on the evaluation and creation of new knowledge. The dissertation "product" may be a book-length manuscript (HSP, EPI, CH) or three related scientific-journal manuscripts (EPI). The student defends the dissertation in front of the Dissertation Committee in an oral presentation that describes the dissertation project's purpose, implementation, findings, and contribution to scholarship. The committee questions the candidate on the significance and limitations of the research study. To date, SPH granted three PhD degrees in HSP. The ERF provides examples of [dissertation](#) completed for the awarding of the PhD.

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<sup>5</sup> BSTA 511 Estimation and Hypothesis Testing for Applied Biostatistics, BSTA 512 Linear Models, BSTA 513 Categorical Data Analysis, BSTA 514 Survival Analysis, BSTA 519 Applied Longitudinal Data Analysis, BSTA 517 Statistical Methods in Clinical Trials, BSTA 550 Introduction to Probability, BSTA 551 Mathematical Statistics I, and BSTA 552 Mathematical Statistics II.

## Criterion 2: Instructional Programs

### ***2.11.d. Assessment of the extent to which this criterion is met and an analysis of the School's strengths, weaknesses and plans relating to this criterion.***

This criterion is met.

#### **Strengths**

- Students in the academic master's and research doctoral programs obtain a broad introduction to public health and epidemiology to gain an understanding of how their specialization contributes to the goals of public health.
- The program coordinators for the academic degree programs worked to streamline the requirements for a broad public health orientation and exposure to epidemiology during 2015-16.

#### **Weaknesses**

- None

#### **Plans**

- None

## 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.

**2.12.a. Identification of all doctoral programs offered by the School, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose. If the School is a new applicant and has graduates from only one doctoral program, a description of plans and a timetable for graduating students from the other two doctoral programs must be presented, with University documentation supporting the School's projections.**

See Table 2.1.a.1 Instructional Matrix in Criterion 2.1. The SPH has graduates from one of the three PhD programs, Health Systems & Policy (HSP). To date, three PhD students have graduated from the HSP program, two are projected to graduate in 2017, and another four are expected to graduate in 2018. Two PhD students in epidemiology are projected to graduate in 2017; and one PhD student in Community Health is projected to graduate in 2018. (See Table 2.12.b.1)

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

A minimum of five full-time faculty members are available for each research doctoral program at the lead Institution (OHSU) as well as additional primary faculty at PSU. These OHSU-PSU SPH faculty members provide research opportunities, mentorship, and training in advanced courses that support doctoral students (see [Table 4.1.a.1](#)). SPH through its program and Institutional resources and sponsored faculty projects provide financial support to an increasing proportion of full-time PhD students. Table 2.12.b.1 lists the total student headcount by PhD program and the number of full-time PhD students, defined as a minimum of nine credit hours, to calculate the percentage supported. Table 2.12.b.2 shows the amount of general and sponsored project funds provided over the past three years.

Table 2.12.b.1 SPH Doctoral Students Supported by PhD Program									
	Community Health			Epidemiology			Health Systems & Policy		
	FY 2014	FY 2015	FY 2016	FY 2014	FY 2015	FY 2016	FY 2014	FY 2015	FY 2016
Total Student Headcount	-	1	4	-	4	7	6	9	13
Full-time PhD students supported (≥9 credits)	-	0	1	-	3	6	3	5	8
Percent full-time PhD students supported	-	0%	25%	-	75%	86%	50%	56%	62%
<b>Notes:</b> The CH and EPI programs first enrolled PhD students in FY 2015.									

<b>Table 2.12.b.2 Financial Support and Sponsored Funds to Doctoral Students (\$)</b>							
	<b>Community Health</b>		<b>Epidemiology</b>		<b>Health Systems &amp; Policy</b>		
	FY 2015	FY 2016	FY 2015	FY 2016	FY 2014	FY 2015	FY 2016
<b>SPH Direct Support</b>	\$	\$	\$	\$	\$	\$	\$
<b>Tuition</b>	21,360	9,612	\$38,400	\$156,296	27,621	67,350	67,350
<b>Stipend</b>	18,900	9,450	\$53,100	\$110,000	12,000	19,528	19,528
<b>Subtotal Direct</b>	40,260	19,062	\$91,500	\$266,296	39,621	86,878	86,878
<b>Sponsored Funds Support</b>	\$	\$	\$	\$	\$	\$	\$
<b>Tuition</b>	0	0	0	\$0	0	\$19,665	\$10,980
<b>Stipend</b>	0	0	0	\$38,085	0	\$5,958	\$28,408
<b>Subtotal Sponsored</b>	0	0	0	\$38,085	0	\$25,623	\$39,388
<b>Total</b>	\$40,260	\$19,062	\$91,500	\$304,381	\$39,621	\$112,501	\$126,266
<b>Notes:</b> The CH and EPI programs first enrolled PhD students in FY 2015.							

**2.12.c. Data on student progression through each of the School's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.**

<b>Table 2.12.c.1 (Template 2.10.1) Doctoral Student Data on Academic Progression</b>						
	<b>Community Health</b>		<b>Epidemiology<sup>2</sup></b>		<b>Health Systems &amp; Policy</b>	
<b>AY 2013-14</b>	<b>HC</b>	<b>FTE</b>	<b>HC</b>	<b>FTE</b>	<b>HC</b>	<b>FTE</b>
Newly admitted in fall 2013	*	*	*	*	0	0
Total enrolled in fall 2013 <sup>1</sup> (new and continuing)	*	*	*	*	6	6
Total completed coursework during 2012-13	*	*	*	*	1	1
Total advanced to candidacy (cumulative in 2012-13)	*	*	*	*	1	1
Total graduated in 2012-13	*	*	*	*	0	0
<b>AY 2014-15</b>	<b>HC</b>	<b>FTE</b>	<b>HC</b>	<b>FTE</b>	<b>HC</b>	<b>FTE</b>
Newly admitted in fall 2014	1	.5	4 <sup>3</sup>	3.5	5	3.8
Total enrolled in fall 2014 (new and continuing)	1	.5	4 <sup>3</sup>	3.5	9 <sup>4</sup>	7.6
Total completed coursework during 2013-14	0	0	0	0	1	1
Total advanced to candidacy (cumulative in 2013-14)	0	0	0	0	1	1
Total graduated in 2013-14	0	0	0	0	2	1
<b>AY 2015-16</b>	<b>HC</b>	<b>FTE</b>	<b>HC</b>	<b>FTE</b>	<b>HC</b>	<b>FTE</b>
Newly admitted in fall 2015	3	2.0	3	3.0	7	5.2
Total enrolled in fall 2015 (new and continuing)	4	3.5	7	6.5	13	10.6
Total completed coursework (cumulative in 2014-15)	0	0	0	0	1	1
Total advanced to candidacy (cumulative in 2014-15)	0	0	0	0	1	1
Total graduated in 2014-15	0	0	0	0	1	1

**Notes:**

\*PhD program was not active in this year.

<sup>1</sup> Students transferred into HSP from another PSU graduate program.<sup>2</sup> Program enrolled first students in 2014.<sup>3</sup> Two of the four students matriculated in winter 2014.<sup>4</sup> One HSP student transferred to Community Health

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

Table 2.12.d.1 Doctoral-Level Courses		
Course Number	Course Title	Term Credits
<b>EPIDEMIOLOGY</b>		
PHPM 636	<i>Epidemiology Data Analysis &amp; Interpretation</i>	4
PHPM 630	<i>Epidemiology Doctoral Journal Club</i>	2
PHPM 610	<i>Epidemiology Doctoral Methods Seminar</i>	4
BSTA 612	<i>Linear Models</i>	4
BSTA 613	<i>Categorical Data Analysis</i>	4
CONJ 650	<i>The Practice and Ethics of Science</i>	1
PHE 622	<i>Health and Social Inequalities</i>	3
PHPM 640	<i>Epidemiology Mentored Teaching</i>	1
<b>COMMUNITY HEALTH</b>		
PHE 612	<i>Advanced Principles of Health Behavior</i>	3
PHE 622	<i>Health and Social Inequalities</i>	3
PHE 623	<i>Doctoral Seminar in Health Research (multiple terms)</i>	6
PHE 626	<i>Teaching Health</i>	1
PHE 624	<i>Doctoral Research Methods in Community Health I</i>	3
PHE 625	<i>Doctoral Research Methods in Community Health II</i>	3
PHE 626	<i>Teaching and Learning in Health Promotion and Social Work</i>	3
USP 634	<i>Data Analysis I</i>	4
USP 654	<i>Data Analysis II</i>	4
<b>HEALTH SYSTEMS AND POLICY</b>		
PAH 541/641	<i>Organizational Behavior in Health</i>	3
PAH 571/671	<i>Health Policy</i>	3
PAH 573/673	<i>Values and Ethics in Health</i>	3
PAH 574/674	<i>Health Systems Organization</i>	3
PAH 577/677	<i>Health Care Law and Regulation</i>	3
PAH 586/686	<i>Introduction to Health Economics</i>	3
PAH 660	<i>Contemporary Research in Health Systems and Policy (up to 3 times)</i>	3-9
PAH 607	<i>Doctoral Seminar in Health Systems and Policy</i>	6
PAP 616	<i>Policy Process</i>	3
USP 615	<i>Economic Analysis of Public Policy</i>	4
PHE 622	<i>Health and Social Inequalities</i>	3
PAH 589/689	<i>Research Design in Health Services</i>	3



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Table 2.12.d.1 lists the SPH doctoral-level courses by program. These advanced courses include a variety of pedagogical approaches including didactic, journal club, seminars, and mentored experiences. The Health Systems and Policy programs offers some doctoral level courses in the 500/600 format, so master's students and doctoral students may enroll in the same course. The course syllabus identifies the higher expectations and standards for doctoral-level work; such as, the amount and difficulty of readings assigned, work products developed, and level of competency demonstrated. However, if the doctoral student earned credit for the 500-level course in fulfillment of a master's degree, the student may not take the course at the 600-level.

Upon completion of the required courses, doctoral students sit for written and oral comprehensive/qualifying exams as an assessment of the breadth and depth of their knowledge and research methods and readiness to undertake research in the student's area of interest.

SPH expects the time-to-degree for PhDs to vary between three to six years for full-time students who enter with a master's degree and longer for part-time students. SPH fulltime doctoral students have seven years to defend their dissertations, and part-time students have nine years to defend.

### Program-specific websites:

- **Health Systems & Policy** <http://www.pdx.edu/hatfieldSchool/health-systems-and-policy-phd>
- **Epidemiology:** <http://ohsu-psu-sph.org/index.php/phd-in-epidemiology/>
- **Community Health:** <https://www.pdx.edu/sch/phd-in-community-health>
- **MS in Biostatistics:** <http://ohsu-psu-sph.org/index.php/ms-in-biostatistics/>
- **MA/MS in Health Studies (Physical Activity & Exercise):** <http://www.pdx.edu/sch/mams-health-studies>

### ***2.12.e. Assessment of the extent to which this criterion is met and an analysis of the School's strengths, weaknesses and plans relating to this criterion.***

This criterion is met.

#### **Strengths**

- The School offers three distinct academic doctoral programs relevant to the five areas of public health knowledge— community health, epidemiology, and health systems & policy.

#### **Weaknesses**

- The School lacks adequate resources to help support the financial needs of PhD students.
- The students matriculating into the doctoral programs do not reflect the desired diversity.

#### **Plans**

- The Research Dean and SPH faculty will continue to seek training and research grant-funding opportunities to support full-time PhD students.
- The School will explore philanthropic support for scholarships to increase student diversity.

## 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.**

***2.13.a. Identification of joint degree programs offered by the School. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.***

Table 2.1.a.1 and 2.13.b.1 list the four dual degree programs offered by the SPH. These dual degree programs reflect the SPH's collaboration with degree programs in other Schools within OHSU (School of Medicine) and PSU (School of Social Work and College of Urban and Public Affairs). Students pursuing a dual degree (1) apply to both programs, (2) matriculate into each program, and (3) fulfill each program's academic requirements. Upon graduation, dual degree students receive a separate diploma for each degree.

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

Three of the four dual degree programs allow students to complete each of the two degrees, often within a shorter timeframe through credit sharing and course substitutions. Credit sharing and course substitutions are available for up to 20% of a course of study, determined by the degree having the fewest credits. Dual degree programs share credits in one of two ways: (a) designated required courses for one of the degrees counts as electives for the other degree or (b) required courses with similar content and learning outcomes in both programs count toward both degrees. The faculty from the program combinations mapped course equivalencies based on content, competencies, and credits for each degree. The program faculty members meet from time to time to verify course equivalency and keep up with curriculum changes in the dual degrees. A change in the course of study requires approval from both programs.

**MPH/MSW.** Both the health promotion and health management and policy programs offer the option for a degree in social work (MSW) with the MPH. The MPH portion of the degree meets the same requirements for graduation as the health promotion and health management and policy programs.

In the MPH in Health Promotion, students complete at least 120 credits, which consists of 69 Social Work credits and 51 Public Health credits and 19 credits shared by the MSW and MPH-HP programs. Ten HP credits will count for the MSW: PH 524 *Introduction to Biostatistics* (4 credits) will count as SW 551 in the MSW foundation research sequence, PHE 517 *Community Organizing* (3 credits) and PHE 519 *Etiology of Disease* (3 credits) will count as six elective credits. Nine credits of the MSW curriculum will count toward the area of emphasis for the MPH – HP degree. These nine credits will come from three sequential classes (of 3 credits each) for the following concentrations: health across the lifespan, clinical social work practice, social work with children, youth and families, and practice and leaderships with communities and organizations.

In the MPH in Health Management & Policy, nine credits of social work degree electives and ten credits in the HMP degree or 16% of the course of study are shared. In the HP program, shared elective credits have also been predetermined, jointly assessed for equivalency, and approved by faculty from both programs. MPH/MSW students may request revisions to the planned course of study with approval of program directors from both programs. The MPH/MSW [Course of Study](#) is in the ERF.

**MPH/MURP.** The MPH portion of this degree meets the same requirements for graduation as the MPH health promotion program. Students in the MURP/MPH Health Promotion track complete at least 132 credits, which consists of 62 Urban Planning credits and 51 Public Health credits and 19 credits shared

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by the MURP and MPH-HP programs. Dual degree students can take the combination of PHE 524 *Introduction to Biostatistics* (4 credits), USP 533 *Methods 1* (4 credits) and USP 535 *Methods 2* (4 credits) to fulfill the HP requirement of PHE 524, PHE 520 *Qualitative methods* (3 credits) and PHE 521 *Quantitative Methods* (3 credits). Nine credits of the MURP curriculum will count toward the area of emphasis for the MPH –HP degree. These nine credits will come from three classes (of 3 credits each) taken from one of the following concentrations: community development, economic development, environment, land use or transportation. Faculty members from both Schools collaborate to evaluate equivalency of classes for credit-sharing. The MPH/MURP [Course of Study](#) is in the ERF.

**MD/MPH.** The MPH portion of this approximately 260-credit degree option meets the same requirements for graduation as in the MPH epidemiology program. During the first two years, students take selected courses required for the MPH concurrently with their MD courses. A year dedicated primarily to studies for the MPH degree follows a student's third year of medical School, during which they complete the core course requirements and the bulk of their Field Experience work. There is no credit-sharing in this dual degree program. The MD/MPH [Course of Study](#) is in the ERF.

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Table 2.13.b.1 Curriculum of Dual Degree Programs					
SPH Degree Program	Other Degree Program	Total Minimum Credit Hours	Field Experience Exemption (Yes or No)	Required MPH Courses Accepted as Electives or in Lieu of Similar Courses in Other Program	MPH Core Courses Exemption
<b>MPH in Epidemiology</b>	MD OHSU School of Medicine	<b>260</b> 200 MD 60 MPH credits	No	No	No
<b>MPH in Health Promotion</b>	MSW PSU School of Social Work	<b>121</b> 68 social work credits  53 MPH credits (of which 19 credits are shared by both programs)	No	<b>MPH courses count for 10 credits of MSW requirements:</b> <ul style="list-style-type: none"> <li>• PH524 or PHE510 <i>Introduction to Biostatistics</i> (4 credits) in lieu of SW551 in MSW Foundation Research sequence</li> <li>• PHE17 <i>Community Organizing</i> (3credits) counts as elective in MSW</li> <li>• PHE519 <i>Etiology of Disease</i> (3 credits) counts as an MSW elective</li> <li>• MSW courses count for 9 credits in area of emphasis for the MPH requirement.</li> </ul>	No
<b>MPH in Health Management &amp; Policy</b>	MSW PSU School of Social Work	<b>121</b> 68 credits in social work  53 MPH credits (of which 19 credits are shared by both programs)	No	<b>MPH courses count for 10 credits of MSW requirements:</b> <ul style="list-style-type: none"> <li>• PH524 or PHE510 <i>Introduction to Biostatistics</i> (4 credits) counts as SW551 <i>Foundation Research</i></li> <li>• PHE530 <i>Epidemiology I</i> (4 credits) counts as advanced research elective in MSW</li> <li>• PHE512 <i>Principles of Health Behavior</i> (3 credits) counts as elective</li> </ul>	No
<b>MPH in Health Promotion</b>	MURP PSU College of Urban & Public Affairs	<b>132</b> 72 urban planning 60 MPH credits	No	<ul style="list-style-type: none"> <li>• PHE510 <i>Introduction to Biostatistics</i> (4 credits) counts for USP535 <i>Planning Methods II</i></li> <li>• Of 26 non-core credits within their “custom” specializations, typically 5-6 credits, declared as shared with 2 to 3 MPH courses, count toward MURP electives</li> <li>• USP533 and USP535 <i>Planning Methods I and II</i> (4 credits each) substitute for PHE 520 <i>Qualitative Methods</i> and PHE521 <i>(Quantitative Methods (3 credits each)</i></li> <li>• MURP courses count for 9 area of emphasis credits for the MPH requirement</li> </ul>	No

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

This criterion is met.

**Strengths**

- Student interest in combining the expertise of the MPH with other professional degrees drove the creation of the dual degree programs.
- The SPH faculty members collaborate with their faculty colleagues in participating degree programs to offer interdisciplinary training in complementary fields and to maintain rigorous dual degree standards.
- The faculty mapped the MPH competencies to all dual degrees to assure comparability with MPH knowledge, abilities, and skills offered elsewhere in the program. The APCC oversees this quality review process.

**Weaknesses**

- Student resources remain a concern across all MPH degrees including the dual degrees.
- Students in dual degrees programs lose the flexibility of elective credits.

**Plans**

- The Practice Dean will identify and match public health professionals who hold dual degrees to serve as field experience preceptors and mentors for students pursuing the same degree combination.

## 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 course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

***2.14.a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.***

The MPH Program's Primary Health Care and Health Disparities (PHCHD) program is offered entirely in a distance education format. The OHSU Teaching and Learning Center supports distance learning (see criterion 4.2.b.) This program, in place since 2005-06, operates with the same competency-based structure and curricular model, as do the classroom-based programs in the SPH. As with all MPH programs, the PHCHD program provides the core MPH courses meeting the School's MPH common set of competencies. This program was part of the OMPH and within the OHSU School of Nursing until July 1, 2015, when the management transferred into the School of Public Health. However, the legacy of the program focus, and many faculty who teach in the online MPH (and Graduate Certificate, below) are joint School of Nursing Faculty.

The program [competency matrix](#) for the 58-credit Primary Health Care & Health Disparities program is available in the ERF.

The online Graduate Certificate in Public Health (GCPH) provides academic grounding in public health fundamentals by requiring completion of the five core courses of the MPH program. In addition, students choose between one of two electives focused on public health, CPH 538 *Program Evaluation* or CPH 535 *Professionalism, Ethics, and Systems Thinking*. The online Graduate Certificate in Public Health is described in Criterion 3.3.

In addition to fully online degree and certificate options, the School offers some on-line course options. For example, The SPH offers PHPM 524 *Introduction to Biostatistics* in a distance format (currently twice a year) in addition to classroom-based sections. This distance format adheres to the same competency-based approach to learning as its face-to-face counterparts, and uses the same mechanisms for evaluation.

**2.14.b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the School's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the School, and the manner in which it evaluates the educational outcomes, as well as the format and methods.**

**Explanation of the model.** This program's foundation is the concepts and principles of Primary Health Care, which are both a philosophy and an approach to providing public health services. By emphasizing improvements in primary health care access and quality for underserved populations, this degree program prepares graduates to tackle health disparities in a unique way.

Students completing this program are prepared to assume clinical leadership roles in a variety of public health and health care settings. Graduates are able to ensure the quality of implemented community and clinical care activities, act as resources for the development of innovative and expanded responses in community and clinical care, coordinate care with regional and county public health offices, interface with all services involved in the care of patients, and provide counseling and education to families and patients.

Students use computer technologies such as the Internet, electronic mail, document sharing, and other web-based tools supporting communication and collaboration as learning modalities within the master's program. This program follows the School academic calendar.

During the OHSU School of Nursing's reorganization in 2011-12, the Nursing Dean froze admissions to the MPH program and Graduate Certificate in Public Health, but reopened admissions for 2012-13.

During 2012-13, PHCHD faculty decided to overhaul program competencies based on student feedback about field experiences and faculty concerns that workforce preparation in certain skills was not optimal. Specifically, students and faculty expressed desires for additional preparation in research and data management methods, grant writing, and quality improvement science. The OMPH curriculum committee approved a revised list of competencies and revisions to the curriculum. The on-line program implemented the revised curriculum in 2014-15.

Tuition for the online PHCHD program is higher than for the other programs, providing for the extensive technical and support networks that underlie this distance program. However, PHCHD students pay lower fees (because they do not use on-campus services). In 2015-16, tuition for PHCHD students is \$556 per credit for residents, and \$718 for nonresidents, plus \$125 fee per term. This compares to the SPH for in-state tuition that is \$356 per credit, and \$556 for out-of-state tuition per credit. On-campus students also pay \$1,564 per term including University fees and medical and dental insurance.

**Rationale for offering this program.** Early in the development of the Oregon MPH Program, public health practitioners from other parts of Oregon voiced concerns about access to graduate study in rural areas. As the only academic medical center in Oregon, OHSU has a long-standing history of providing research, healthcare, and education for all citizens of the state. Given this organizational mission and history, OHSU, then developing and providing distance education in other programming, was the logical partner to develop an online MPH that more accessible for rural residents. Evolution to the program's current focus in Primary Health Care and Health Disparities was based on evaluation of prospective student interest, and has precipitated a notable increase in enrollment. In 2015-16, 25 active students were local and 16 students were from out of the area, including 12 from rural, underserved communities and 11 from out of state. Clearly, this program meets needs of not only distance students, but also of local students for whom the online format is a better fit than a traditional classroom environment.

**Monitoring academic rigor.** The PHCHD program holds to the same standards for academic rigor as do all programs in the MPH Program. Both faculty and students indicate that the online model demands more student participation and accountability than is sometimes the case in traditional classroom settings. Comments from both groups refer to visible online participation in student discussion forums and communications between students and instructor. The PHCHD program typically limits class size to between 20 and 25 students per course to assure sufficient instructor time for monitoring participation and for regular communications with students. With the evolution of doctoral student TA capacity, we may reassess course class size limits in 2017-18 with the goal of increasing access to distance education without compromising rigor and quality. The PHCHD Field Experience Coordinator has incorporated processes for overcoming geographical barriers that are present in distance learning programs, including reflective journal updates required of students following each 20 hours in the field. Until AY 2015-16, he used intensive qualitative evaluation of FE, but beginning winter term, 2016, he also adopted the standard quantitative FE assessment procedures of other MPH programs.

**Equivalence or comparability to other programs.** Academic and quarter calendars for this program are the same as those for the other MPH programs. The number of credits required for graduation is comparable also. All core and required courses follow the School's competency-based model and are mapped to the same program learning competencies. The School's Academic Policy and Curriculum Committee (APCC) provides a 360° oversight of all School programs, and based on the need for core courses to meet the identical competencies, the MPH including the PHCHD courses, receives especially close scrutiny. All PHCHD courses use the on-line course evaluation used by faculty employed by OHSU. As throughout the MPH Program, students in this program must complete the field experience/graduate internship requirement, and a culminating experience. The [student handbooks](#) for the PHCHD program follow the same format as all other student program handbooks (all based on the same annual core SPH text), and students are invited to participate in and attend program events including the New Student Orientation and annual Student Symposium. Beginning in 2012-13, the Oregon MPH Program began podcasting the *First Friday Public Health Seminar Series* to make the Series more accessible to those who cannot participate in person, including PHCHD students. Students in the PHCHD program receive communications from the MPH Program Office and from other programs via the School's listserv, in the same manner as all other students, and they participate as student representatives in the School's governance structure, with the key organizational functions of the Student Leadership Council. PHCHD students also attend career-planning workshops and network with students from the other MPH programs.

**Evaluation of educational outcomes.** All methods of evaluating student success used in other programs are employed in the PHCHD program, as reflected in the program's competency matrix [Criterion 2.6]. Students complete "Blue" online course evaluations in addition to the MPH Program Course Competency Evaluation [Criterion 2.7]. Products required of the field placement are comparable to those required in the other programs [Criterion 2.4]. Students in this program also receive the annual Student Survey, which assesses satisfaction with the annual student orientation, program curriculum, career preparation, and academic advising services. Similarly, alumni of this program receive the biennial Alumni Survey, which asks them to reflect upon the program's strengths and opportunities in career preparation. New graduates are included in the Recent Graduates Survey of employment within 12 months of degree completion.

**Format and methods.** The PHCHD program uses the Sakai online course management system, through which instructors distribute course materials, post course announcements, submit and return assignments, program grading, provide a collaborative workspace, and conduct lessons. The program offers courses asynchronously.



## Criterion 2: Instructional Programs

Online learning through Sakai involves a variety of learning activities including readings, written and video case studies, faculty-facilitated forums or discussion sections, on- and off-line assignments, exams, phone/webinar sessions, and hybrid assignments that take students into the field to demonstrate specific skills which they then present and discuss in the online environment. In all courses, weekly student participation via submissions or posts are required and assessed. Moreover, these regular written communications provide faculty a lens through which to observe each student's strengths and needs for support.

Students can access Sakai<sup>6</sup> from any computer or mobile device with an internet connection and web browser, enabling students and educators to connect from around the globe. The Sakai Help Desk staff support the Sakai learning platform on Monday through Friday from 8:00 am to 9:00 pm and on weekends from noon until 5:00 pm. The team also includes online learning specialists who assist faculty in curricular development that is appropriate to, and maximizes the benefits of, the online learning environment for adult learners.

### ***2.14.c. Description of the processes that the School uses to verify that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.***

OHSU's policy for verifying student identity in an online learning environment is presented in Verification of Student Identity Policy Number: 0-03-0513. The Internet Technology Group (ITG) oversees student identity. As student credentials expire every six months, students re-establish their identities via their University-provided email accounts. Students taking online courses for their MPH use a unique Sakai login that is the same as their University-issued email address. It is against University policy for students to share their private credentials with other individuals. The original credentials for login meet the OHSU security standards for identity integrity.

Further helping faculty to confirm student identities, PHCHD faculty members meet their students in person on multiple occasions: during New Student Orientation at the beginning of the program, at the annual Oregon Public Health Association (OPHA) meeting in October, and at other SPH events. All students receive an OHSU ID badge that requires the submission of a passport quality photo to obtain. Throughout the program, instructors interact with students in the online forums and chat rooms, during telephone meetings and webinars, and at the special events and conferences noted above. These interactions help faculty and students recognize and become familiar with each other. Students work onsite with preceptors during field placements, and faculty periodically meet with students and internship preceptors via conference calls. Faculty members note that a *persona* develops through the online interactions that confirm student-writing styles, patterns of reasoning, and quality of work. Should something seem amiss during these interactions, the faculty member contacts the student to discuss concerns with his or her engagement in the course or internship.

### ***2.14.d. Assessment of the extent to which this criterion is met and an analysis of the School's strengths, opportunities and plans relating to this criterion.***

This criterion is met.

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<sup>6</sup> Sakai is open source software created and developed by the Sakai Project. The Sakai Project (part of the Apereo Foundation) is a community of universities, schools, and other education organizations who develop the Sakai collaborative learning environment.

## Criterion 2: Instructional Programs

### Strengths

- The curriculum and quality assurance processes in place for the online PHCHD program are fully comparable to all other MPH programs. All online courses are subject to the same course and teaching effectiveness surveys that allow for student feedback.
- PHCHD faculty members continue to evaluate and update this curriculum to respond to the changing needs of public health professionals.
- All MPH Program events and support services are available to students in the PHCHD program.
- In a survey of online public health graduate programs, the PHCHD program ranked 14 out of the top 25 programs, receiving a rating of 8.34 out of 10 points, based on graduate student and alumni surveys on 15 categories. <http://www.graduateprograms.com/online-public-health-graduate-programs/>

### Weaknesses

- The program as currently structured restricts on-campus student access to the courses in the online program despite lower PHCHD enrollments and common syllabi with the on-campus courses.
- PHCHD enrollment has been trending down, raising some question about whether the School is “doing the right things” to meet workforce and student demand for online MPH courses.

### Plans

- The SPH is exploring opening online courses to students in other MPH programs on a limited pilot basis beginning in 2016-17. PHCHD students would have priority enrollment, but courses with capacity could enroll students from other MPH programs to facilitate on-time degree completion or other School priorities.
- The SPH will continue to monitor enrollment trends in the PHCHD program and Graduate Certificate develop a long-term outreach strategy for maintaining or growing the
- The School is exploring opportunities for SPH faculty with established research programs to teach online courses.
- Further integrate the leadership and faculty resources provided by the new SPH to create more synchronous and centralized evaluation data

## Criterion 3. 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.**

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

The School of Public Health fosters an environment that is supportive of research and scholarship by its faculty and master and doctoral degree students. Excellence in research is a core value of the School and is essential to maintaining education and service missions that represent the state of the science in public health practice. The OHSU-PSU alliance has created a strong combination of community and medical research capacities. The School's faculty members are accomplished researchers in multiple fields, many of whom have received international recognition for their work. The expertise of the faculty covers a variety of disciplines including biostatistics, women's health, environmental and occupational health, delivery of health services, community-based participatory research, and international health.

Faculty and students engage in funded interdisciplinary research in areas of mental health, aging, cancer, cardiovascular disease, osteoporosis, dementia, physical activity, air and water toxics, HIV/AIDS, and complementary and alternative medicine, among others. Colleagues at both OHSU and PSU are engaged in studying early determinants of health and bringing epidemiologic and public health perspectives to epigenetic studies conducted by laboratory researchers. Many areas of faculty research—such as investigations into nutrition and food environments, obesity, bone and joint health, and cancer prevention—have produced long-term funding streams.

The SPH Research Committee (RC) oversees the operations of the Research Office (RO) as described in the School's Bylaws. These activities include fostering research collaborations among faculty, sharing grant opportunity announcements, solving problems related to subcontracts between Institutions, supporting grant-writing seminars, and developing policies related to research and research reporting. The RC explores other methods of increasing collaborations between and among faculty through improvements to the pre-award and post-award management of grants. With such infrastructure in place, the School is optimistic about the future growth of public health research (see [Table 3.1.a.1](#) Research Committee Membership).

At present, the School lacks a single portal for grant submission or a single system for grants management. The School will begin "case-testing" a unified process in July 2016. In concept, the two Vice Presidents of Research from OHSU and PSU agree that the OHSU Research Management infrastructure will have the responsibility and support faculty grants for faculty from both Universities. Attribution will still follow the Principal Investigator's employer. As the SPH matures, the Research Office will coordinate a single system for submission and post-award management of grants.

**Policies, Procedures and Practices:** The SPH collaborates closely with the two Universities on research policy and procedures, as summarized in Table 3.1.a.2. The following documents provide further evidence of the School's research activities:

- [Table 3.1.a.2](#) Research-Related Policies and Resources of the OHSU-PSU SPH
- MOU for [Common Reliance Agreement for Review of Collaborative Research](#)

### Criterion 3: Creation, Application, and Advancement of Knowledge

Of the School's primary faculty, more than two-thirds have at least one active grant, with the average number of grants per primary faculty at 3.4 in FY 2015. The more than \$12 million represents new awards.

<b>Table 3.1.a.3 SPH Sponsored Awards by Activity</b>			
	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016 (partial)</b>
<b>Research</b>	\$ 7,994,391	\$ 7,610,546	\$ 2,302,764
<b>Clinical Trials</b>	\$ 140,544	\$ 896,281	\$ -
<b>Instruction</b>	\$ 139,863	\$ 730,246	\$ 157,284
<b>Other Sponsored Activities<sup>1</sup></b>	\$ 3,477,486	\$ 3,078,062	\$ 1,854,576
<b>Grand Total</b>	<b>\$ 11,752,284</b>	<b>\$ 12,315,136</b>	<b>4,314,624</b>
<b>Notes:</b> <sup>1</sup> Other Sponsored Activities - Programs and projects financed by Federal and non-Federal government agencies and private and not-for-profit organizations that involve the performance of work other than Instruction, Organized Research, or Clinical Trials. Examples of such programs and projects such as community service programs (e.g. Grants for public service/outreach activities, a study involving only collection of data for entry into a registry, curriculum development for non-OHSU/PSU students and faculty for "training course").			

<b>Table 3.1.a.4 SPH Sponsored Awards by Sponsor</b>			
	<b>FY 2014<sup>1</sup></b>	<b>FY 2015</b>	<b>FY 2016 (partial)</b>
<b>NIH</b>	\$ 6,819,997	\$ 6,477,926	\$ 2,197,025
<b>Other Federal (CDC, SAMHSA, HRSA, NSF)</b>	\$ 3,034,736	\$ 3,545,639	\$ 1,705,793
<b>Nonfederal Government</b>	\$ 149,577	\$ 146,585	\$ -
<b>Industry</b>	\$ 170,544	\$ 896,281	\$ 247,627
<b>Private<sup>2</sup></b>	\$ 1,577,430	\$ 1,248,705	\$ 164,179
<b>Total</b>	<b>\$ 11,752,284</b>	<b>\$ 12,315,136</b>	<b>\$ 4,314,624</b>
<b>Notes:</b> <sup>1</sup> Fiscal Year 2014 runs from 7/1/2013 through 6/30/2014; <sup>2</sup> Private includes Foundations, Associations, and other private organizations.			

A record of successful competition for grants and contracts supports the SPH research mission. When one considers annual expenditures, sponsored activities constituted 38% of the School's FY2015 revenue of \$20,249,200.

In addition to this research effort, the School has one of the largest cadres of biostatisticians among health science centers on the West Coast. More than 30 faculty and research staff participate in the Biostatistics Design Program (BDP). Two faculty members in PSU's Mathematics-Statistics department hold appointments in the SPH. Dr. Jodi Lapidus (Director of the BDP and Professor of Biostatistics) assigns incoming tasks to various biostatistics faculty and masters-level staff. The BDP, while a part of the School, supports OHSU-wide requests for data analysis and grant preparation, primarily on a fee-for-service basis totaling about \$2 million annually. In FY 2015, BDP responded to 138 requests for grant assistance. The biostatistics faculty group is quite productive in grant and manuscript production, and many of the biostatisticians publish as co-authors on 20 peer-reviewed papers a year.

The recent \$1 billion donation to the OHSU Knight Cancer Institute will add ten or more new biostatisticians needed to support cancer research; and the primary academic home for biostatistics faculty is in the SPH. As the School's research program moves forward, faculty based at PSU will have ready access to the BDP. The financial ripples of these efforts boost substantially the University's grant enterprise, as well as provide learning and job opportunities for many graduate students.

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

In the paragraphs below, we have included several examples of the School's community-engaged and community-based participatory research conducted in research centers and with community partners. We expect that the success we have had in these arenas will continue as the SPH grows and matures.

**Oregon Health Authority.** **Dr. Sherril Gelmon** (Professor in Public Health) and **Dr. Neal Wallace** (Professors in Public Health) are conducting a comprehensive, multi-year evaluation of the implementation of Oregon's Patient Centered Primary Care Home model. This project provides an ongoing opportunity to support graduate research assistants, and offers valuable opportunities for immediately relevant research in the local health policy arena, as well as timely teaching material and access to evolving new resources, policies, and practices that affect our graduates in practice. PSU has a collaborative agreement with the Oregon Health Authority that facilitates contracting with PSU faculty and hiring of PSU graduate students to work on short-term research projects, which may also serve as a student's field experience. PSU has a master agreement with OHA that facilitates contractual research work with OHPR since 2002.

The **Center for Healthy Communities** based at OHSU is one of 26 CDC-funded prevention research centers. **Dr. Thomas Becker** (Professor in Epidemiology) carries out this activity with his colleague at the Northwest Portland Area Indian Health Board, Dr. Warren-Mears (Affiliated Professor and Director of the Northwest Tribal Epidemiology Center). The Center conducts a needs assessment of tribal health priorities with its primary partner, the Northwest Portland Area Indian Health Board and its Tribal Epidemiology Center. After gaining insight and the approval from tribal leaders, the Center seeks grant opportunities. Over the past 15 years, the Center and the Board have won multiple federal grants to address substance abuse and mental health issues, the number one concern from the tribes. One currently funded project focuses on tribal youth and delivery of health education for sexually transmitted diseases, alcohol and drug use, early pregnancy, dating violence, and other topics important to American Indian and Alaska Native teens. The Center works with tribal leaders to develop a culturally appropriate curriculum, "Native STAND," and provides small grants to 50 tribes nationally to implement companion intervention programs within their own reservation and urban communities. CDC provides five years of funding for this project with a substantial proportion of funds going directly to the participating tribes in a true CBPR fashion.

In other research at the Center, **Dr. William Lambert** (Associate Professor in Environmental Systems & Human Health) is engaged in a community-University research project that addresses tribal concerns about toxins present in salmon and other subsistence fish, and the potential risks posed to health. This collaborative research includes the **Columbia River Inter-Tribal Fish Commission** and the fisheries programs of the four Salmon Treaty tribes (Yakama, Umatilla, Warm Springs, and Nez Perce).

As a member of CDC's National Prevention Research Center Network, the OHSU Center for Healthy Communities is a part of the Healthy Brain Network and conducts intervention research on physical and mental exercise to prevent cognitive decline and dementia in older African Americans living in North Portland. Similarly, the Center is part of the **Cancer Control and Prevention Research Network** and **Dr. Jackilen Shannon**, Associate Professor in Health Behavior, conducts research on HPV vaccination in rural and tribal populations in Central Oregon. Community advisory boards guide both of these projects. The Center also helps to bridge partnerships with other local groups to extend education and training efforts, such with

the Provost-sponsored *OnProgram OHSU*, a science pipeline program that supports native students from grades 6 through undergraduate studies.

**Providence Center for Outcomes Research and Education.** **Dr. Jill Rissi** (Associate Professor in Health Policy) is working with CORE on an evaluation of Oregon's Health Engagement Model (HEM) for public employees. The two phases of the evaluation utilize a mixed-method research plan to assess participation, health efficacy, behavioral change, health outcomes, health costs, and overall job satisfaction. The mixed-methods design also captured qualitative data about factors that contributed to the observed outcomes. Other recent collaborative research conducted with CORE includes two evaluations of Oregon's Coordinated Care Organizations; a mixed-methods study of implementation and early outcomes, and an in-depth qualitative study of two CCO's governance strategies and alternative payment models.

**Impacts of Coordinated Care Organizations on Treatment for Substance Use Disorders.** The Oregon Health Plan (Medicaid), a national leader in health care transformation, contracts with 16 regional Coordinated Care Organizations (CCOs) to provide integrated medical, behavioral, and dental care in-patient centered primary care homes (PCPCHs). **Dr. Dennis McCarty** (Professor in Health Services Research) is leading the mixed-methods analysis that assesses the implementation of CCOs and the impacts on treatment for alcohol and drug use disorders through qualitative interviews with stakeholders in each CCO and quantitative analysis of Medicaid encounter data. Robin Baker, PhD student in Health Systems & Policy is working on the study of CCOs and conducting her dissertation research in this area.

**Developmental Origins of Health and Disease (DOHaD)** DOHaD, and the related area of epigenetic mechanisms, is a significant area of focus for an interdisciplinary research team involving both PSU and OHSU faculty. Researchers from the Moore Institute for Nutrition and Wellness (OHSU School of Medicine), Center for Public Health Studies (PSU School of Community Health) and Public Health and Preventive Medicine (OHSU). **Dr. Lawrence Wallack** (Professor in Community Health) is the lead faculty member. The purpose of this group is to expand the science of DOHaD by developing a "first hit-second hit" framework in which to situate both future epigenetic and social research and develop models for communicating this emerging science to policy makers and community groups. The various perspectives applied include environmental epidemiology, nutrition, developmental biology, public health framing and communication, cognitive science, and social epidemiology. Several publications have already emerged as well as agenda-setting refereed commentaries in the primary maternal and child health journal and public health journal. In addition to research initiatives, the research team engages the community in the Portland metropolitan region. Other faculty members involved on this interdisciplinary research team include **Dr. Dawn Richardson** (Assistant Professor in Community Health), **Dr. Liana Winett** (Associate Professor in Community Health), **Dr. Lynne Messer** (Associate Professor in Community Health), **Dr. Janne Boone-Heinonen** (Assistant Professor in Epidemiology), and **Dr. Kent Thornburg** (M. Lowell Edwards Chair, Professor of Medicine, Director of the Center for Developmental Health at the Knight Cardiovascular Institute, and Director of the Bob and Charlee Moore Institute for Nutrition & Wellness).

**The Dignity Village and Right 2 Dream Too Respiratory Health Study** is a community-based participatory epidemiologic assessment of the respiratory health of houseless persons residing in one of two settlements: Dignity Village in Northeast Portland, and Right 2 Dream Too (R2D2) in Northwest Portland. **Dr. Alexis Dinno** (Associate Professor in Community Health) developed the study's aims, design, and survey content in consultation with the residents of both

### Criterion 3: Creation, Application, and Advancement of Knowledge

settlements. The work addresses concerns expressed by residents of Dignity Village about their respiratory health in relationship to the Portland Metro composting facility on which the city built the settlement. The overall hypothesis is that respiratory health will be worse among Dignity Village residents as compared to residents of R2D2.

**Harvest for Healthy Kids** is an evidence- and theory-based program developed by Mt. Hood Community College, Head Start, and Portland State University to promote fruit and vegetable intake among 3-5 year olds in early care and education settings. **Dr. Betty T. Izumi** (Assistant Professor in Community Health) leads the program including foodservice modifications, classroom education, and family engagement. To promote its successful implementation, the Harvest for Healthy Kids curriculum aligns with the Head Start Child Development and Early Learning Framework; each activity assesses multiple areas of child development and learning. Classroom education and family engagement materials are available in Spanish and Russian. Efforts to disseminate the program beyond MHCC Head Start include a [website](#), which provides free access to the curriculum and has over 1,200 registered users; in-person trainings for early care and education professionals, which to date have reached 3,000+ children; and, an online training for early care and education professionals developed by Kansas Child Care Training Opportunities.

**Medication Research Partnership.** **Dr. Dennis McCarty** (Professor in Health Services Research) is the PI on the Medication Research Partnership is a collaboration between a large national commercial health plan headquartered in the Delaware Valley and nine treatment centers contracting with the health plan and located in nearby states (Delaware, Maryland, and Pennsylvania). The Partnership tested the use of organizational change and system change interventions to enhance implementation of medications approved to support recovery from alcohol and opioid use disorders.

**Let's Get Healthy!** **Dr. Lisa Marriott** (Assistant Professor in Health Behavior) is the PI for an NIH-funded Science Education Partnership Award exhibit that supports education, research, community service, and on-site training of the public health workforce. Currently, over 20,000 people have participated as human subjects in its anonymous cross-sectional research held at 111 sites (including 4 states outside of Oregon, one permanent museum exhibit, and one international site in Thailand), with an additional 1200 participating in one of three longitudinal cohort studies. At each "health fair" event, interested individuals participate in health education stations, including diet, sleep, body composition, cancer risk, blood pressure, and/or blood chemistry screening. The informatics platform supports content delivery, data collection, and individual feedback on test results. In addition, population-level summary data are shared with community organizations and Schools via an interactive data visualization website to support grants, needs assessments, community-based projects, and surveillance of health behaviors over time. The popular interactive education and research exhibit, has just won the 2015 Technology Award from Society for Public Health Education (SOPHE) for its innovative method of engaging communities and health organizations in education, research, and service. Partners include regional health departments, community-based health organizations, hospital systems, museums, and Schools -- who use the data and its on-site training of students and community members for service learning and participatory action research projects.

**Dr. Jackilen Shannon** (Associate Professor in Health Behavior) is director of the **Integrated Program in Community Research** (Integrated Program). Although based at OHSU, the Integrated Program provides a valuable infrastructure resource for the OHSU-PSU School of Public Health

to connect SPH academic researchers and communities. The Integrated Program aims to grow the capacity for grant-funded research across Oregon by connecting expertise and resources that may exist in silos and addressing the barriers that hinder community engaged research. To this end, our initial strategic focus is on developing strategies to address two key barriers to community-engaged research: 1) facilitate collaborations between academic researchers and communities by building tools and a network, 2) provide targeted education and training to support the development of research best practices, and 3) employ the principles of community engagement.

Examples of Year One Strategies include:

- Establish partnerships with existing health advocacy groups and research alliances throughout Oregon to build Community Research Coalitions that support academic-community collaboration;
- Create Web-based tools to leverage and support existing programs and investigators:
  - [OHSU Community Research Map](#) - lists OHSU Research Projects by Oregon County; shows depth and breadth of projects, existing connections with communities; and helps reveal areas of strength, weakness, and opportunity in the realm of OHSU Community Engaged Research.
  - [Find a Research Partner](#) - facilitates connections between investigators and community partners, allows the user to search by researcher name, research areas of interest, organization, project title, and location.
  - [The Community Human Subjects' Protection Team](#) assists OHSU researchers, community researchers and community organizations to assure their research and program evaluation projects protect human subjects from initiation to evaluation and final analyses. The Community Research Consultant provides education, training and technical assistance around the important topic of human subjects' protection.

In addition, the Integrated Program works closely with the OCTRI Community and Collaboration Core through implementation of a unifying model for efforts around Community-Engaged Research that addresses three key supports:

- **Building Capacity** – support the necessary infrastructure to connect academic researchers and interested communities as well as to foster communities' ability to implement and disseminate research
- **Ensuring Relevance** – promote development of research questions and approaches that address issues relevant to the community and the region
- **Enhancing Receptivity** – encourage trust between the community and the academic partner, expand the understanding of research, and opportunities to participate and collaborate in research activities. <https://www.ohsu.edu/xd/research/integrated-program-community-research/>

These are just a few examples of the community-engaged and community-based participatory research highlighted from the research activities of the SPH primary faculty.



**3.1.c. A list of current research activity of all primary faculty identified in Criterion 4.1.a including amount and source of funds for each of the last three years (FY2014, FY2015, FY2016). These data must be presented in table format and include at least the following information organized by department, specialty area or other organizational unit as appropriate to the School: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award (FY2015), g) whether research is community based, h) whether research provides for student involvement (funded or unfunded student participation).**

[Table 3.1.c.1](#) lists the funded research activity for all primary faculty for the last three years.

**3.1.d. Identification of measures by which the School may evaluate the success of its research activities, along with data regarding the School's performance against those measures for each of the last three years (FY 2014, FY 2015, FY 2016). For example, Schools may program dollar amounts of research funding, significance of findings (e.g., citation references), extent of research translation (e.g., adoption by policy or stature), dissemination (publications in peer-reviewed publications, presentations at professional meetings) and other indicators. See CEPH Template Outcome Measures.**










 Things are going well.	 Watch this more closely.	 Target not met; need to act.
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Table 3.1.d.1 Measures by which SPH Evaluates Success in Research Activities					
Quantifiable Indicators		Target	FY 2014	FY 2015	FY 2016
	Total awards from grants & contracts will increase 5% annually (\$ in thousands)	+5%	\$11,752	\$12,315 (+5%)	Pending
	Percentage of research proposals submitted by SPH PIs that are funded	25%	20%	29%	Pending
	Percentage of faculty reporting sponsored research/scholarship engaging the community or population groups	30%	27%	32%	33% (Partial Year)
	Number of peer-reviewed publications annually	200	302	212	Pending (1/2017)
	Percentage of primary faculty presenting at professional meetings	65%	62%	69%	Pending (11/2016)
	Percentage of faculty reporting graduate student participation on funded research/scholarship projects	20%	24%	32%	11% (Partial Year)

### 3.1.e. Description of student involvement in research.

Students are a vital and integral part of the School's research programs. Faculty and staff encourage graduate students to engage in a scholarly pursuit that can lead to a scientific presentation or publishable manuscript. The expectation is that PhD students will have the opportunity to publish and contribute to the development of new knowledge in public health sciences and/or public health policy. All graduate students complete coursework focused on the ethical analysis of health services delivery and/or research.

Of the more than 70 non-instructional research projects awarded to primary faculty in FY 2015 in Table 3.1.c.1, 32% involved masters or PhD students in research. The SPH Student Poster Showcase during Public Health Week, OHSU Research Week, the annual meeting of the Oregon Public Health Association, and other scholarly meetings support students in analyzing and presenting scholarly work.

Examples of [student publications](#) are in the ERF.

The School of Public Health and OHSU's Center for Healthy Communities co-sponsor a noon-hour public health seminar series on the first Friday of every month. Faculty assist in scheduling speakers identified by the graduate students. PSU and OHSU students alternate in hosting the seminars on their respective campuses. The events are open to students, alumni, staff, faculty, and interested community

members. [Table 3.1.e.1](#) in ERF lists faculty and topics for the Public Health Seminar Series since January 2013.

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

This criterion is met.

**Strengths**

- The faculty of the SPH are excited about the research possibilities the new collaborative will bring. SPH has a host of young and energetic faculty members who are anxious to establish significant research careers on the social determinants of health and on health disparities, consistent with the School's mission.
- We have a healthy grant enterprise already in place, projected to grow substantially. Both OHSU and PSU have established grant infrastructures and each School has substantial administrative capacities to support both pre- and post-award grant activities.
- Some areas of research strength include alcohol and drug-related treatment, community-based research, health disparities, health systems reform, health policy, and prevention research.

**Weaknesses**

- As we grow the research program, the School's biggest challenge relates to the development of collaborative research to combine our faculty strengths to work together on research and scholarship.
- To attract the best PhD graduate students, the School needs to be able to supply tuition and stipend support that is competitive with other public health training programs. SPH lacks T32 and other (research) training grants. It will take time to establish a competitive record of accomplishment in developing productive PhD research trainees and PhD graduates.
- The decline in federal grant funding is a challenge affecting almost all research programs at both Universities. We need to be strategic about the investment of resources for the growth of our grant-funded research program in light of increasing competition for and declining levels of support from federal grant funds.
- The lack of a common building to house graduate programs and faculty is a barrier to building a collaborative research culture.

**Plans**

- The School will implement a single grant submission portal and a single post-award office to manage SPH grants beginning in 2016.
- The School will designate the inaugural research retreat as an annual event with follow-up activity with SPH faculty from both Universities to enhance collaboration.
- The School will coordinate the public health grand rounds to fit with teaching schedules of faculty at both Universities.
- SPH will hold grant-writing workshops for junior faculty and graduate students each year and assign mentors to junior faculty.
- SPH will leverage existing funding opportunities at both Universities for internal awards that would provide for collection of pilot data to support larger grants (such as R01 grants).
- SPH will enhance funds to support professional travel for faculty and graduate students.
- The construction of a new building, or the remodel of an existing structure, for graduate programs and faculty is critical to enhancing the School culture that fosters collaborative scholarship and research and community- engaged projects.

### 3.2 Service

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

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

The School supports the active participation of faculty in service activities. These activities include

- **Administrative** and governance service to the Institution includes service on program, School or University-wide committees
- Service to the **profession** includes contributions to governing the profession such as editorial activities, participation in review panels and study sections, participating as leaders in professional associations and planning association meetings
- Service to **public health communities** includes application of public health knowledge, technical expertise, and skills in various practice settings, policy development, and consultation with community organizations

The School's faculty members follow the expectations of their employing Institution for service activities and outside engagement of faculty in activities that advance their work and provide for personal growth. The general guidance on what constitutes appropriate and inappropriate outside professional activity is explained through Institutional *Conflict of Commitment & Interest* policies (see e.g., [PSU policy on outside employment](#)).

**3.2.b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.**

Both Universities have a strong commitment to community service and engagement that starts with their missions statements and supported by policies and procedures.

- PSU has the concept of service and community engagement highlighted in 2 of their mission statements: "We serve and sustain a vibrant urban region through our creativity, collective knowledge and expertise", and "We are dedicated to collaborative learning, innovative research, sustainability and *community engagement*".
- OHSU mission statement starts with "As part of its multifaceted public mission, OHSU strives for excellence in education, research and scholarship, clinical practice and *community service*" and strives to "Lead and advocate for programs that improve health for all Oregonians, and extend OHSU's education, research and healthcare missions through *community service*, partnerships and outreach".
- When the two Universities made the decision to move forward with a SPH, one of the early activities was to work with faculty on the development of a three-pronged SPH mission statement, one of which is to "*Engage with communities to improve population health.*"

In addition, both PSU and OHSU address the expectation of public service and outside engagement of faculty in activities that advance their individual professions, and provides for personal growth. With this responsibility, faculty are provided general guidance regarding what constitutes appropriate and inappropriate outside professional activity primarily through Institutional *Conflict of Commitment and Interest* policies.

PSU mission statements <https://www.pdx.edu/portland-state-University-mission>

OHSU mission statements: <https://www.ohsu.edu/xd/about/vision/mission-statement.cfm>

### Criterion 3: Creation, Application, and Advancement of Knowledge

The School's faculty members adhere to the general criteria for promotion and tenure across research/scholarship, teaching, and service provided by their employing Institution and administrative unit. The cultures at the two Universities are distinct and vary.

Research productivity is a large expectation for faculty promotion at both OHSU and PSU. The specific assignments made by supervisors set the balance of review for rank promotions. Faculty at junior levels engage in some community and professional service with increasing trajectories in service expected as they advance in rank. The specific assignments made by supervisors set the balance of review for rank promotions.

<b>Table 3.2.b.1 Service Activities of Recently Promoted Faculty</b>				
<b>Faculty Name (with degree)</b>	<b>Discipline</b>	<b>Promoted from</b>	<b>Promoted to</b>	<b>Service Activity</b>
Yiyi Chen, PhD	Biostatistics	Assistant Professor	Associate Professor	Treasurer/Secretary, Vice President and President for the American Statistical Association Oregon Chapter during 2011-2014.
Alexis Dinno, PhD	Community Health	Assistant Professor	Associate Professor	Portland LGBTQ Community Research Group; Contributor to CrossValidated StackExchange on statistical questions; Support to the Public Laboratory for Open Science and Technology National Science Foundation grant application
Cara Eckhardt, PhD	Community Health	Assistant Professor	Associate Professor	Board Member, Western Regional International Health Conference, 2012-2015;
Rochelle Fu, PhD	Biostatistics	Associate Professor	Professor	Treasurer for the International Chinese Statistical Association, statistical reviewer for NIH study sections, and reviewers for scientific journals.
Lisa Marriott, PhD	Health Services Research/Health Behavior	Senior Research Associate	Assistant Professor	<i>Oregon Let's Get Healthy!</i> fairs, and associated communications and work with community and professional groups (95 days in 2015).
Leslie McBride, PhD	Community Health	Associate Professor	Professor	PSU Faculty Senate Presiding Officer 2013-2014 (Past Presiding Officer 2014-2015, Presiding Officer Pro Tem 2012-2013, Steering Committee 2012-2015); PSU President's Advisory Council (2014-2016, 2010-2012 (Chair 2011-2012); College of Urban and Public Affairs Dean Search Committee 2013-2014; PSU Institutional Assessment Council 2013-2014; Sustainable Neighborhoods Initiative Board member, Institute for

Table 3.2.b.1 Service Activities of Recently Promoted Faculty				
Faculty Name (with degree)	Discipline	Promoted from	Promoted to	Service Activity
				Sustainable Solutions, 2013-2015; Society for Public Health Education, <i>Pedagogy in Health Promotion</i> , Editorial Advisory Board (founding member), 2014-2017
Byung Park, PhD	Biostatistics	Assistant Professor	Associate Professor	The OHSU Knight CRR Committee, American Statistical Association (ASA) Oregon Chapter Representative. Local committee member 2014 International Chinese Statistical Association (ICSA) and Korean International Statistical Society (KISS) Joint Applied Statistics Symposium in Portland, Oregon, OHSU Science Outreach and Resources (SOAR) Committee
Jill Rissi, PhD	Health Policy & Management	Assistant Professor	Associate Professor	Oregon Patient Safety Commission, Vice-Chair (2014-2018) & Member (2010-2014); Oregon Society of Healthcare Executives - Case Competition Committee (2013 & 2015) & Member (2012-present); Oregon Foundation for Reproductive Health, Advisory Committee Member (2013-present); PSU Faculty Senate Budget Committee, Member (2012-2015); PSU Research Advisory Committee, Member (2013-2015); Commission on Accreditation for Health Management Education (CAHME), Fellow (2010-2014) & Accreditation Council Member (2015-2018); Academy Health - State Health Research & Policy Interest Group, Chair (2008-2010) & Member 2006-present).
Karen Watanabe, PhD	Environmental Health	Assistant Professor	Associate Professor	Participant, National Institute for Mathematical and Biological Synthesis (NIMBioS) Working Group: Modeling Molecules-to-Organism; Reviewer for several professional journals; OHSU Faculty Senate, SPH representative;

**3.2.c. A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.**

Table 3.2.c.2 provides a summary of service activities. Of these service activities, 80% of primary faculty members reported their involvement in the administration and governance of the School and/or Universities; two-thirds volunteered their expertise in myriad community venues; and 33% contributed to their professions by serving as officers of an association or society or serving on NIH study sections. Activities not counted relate to manuscript review for journals and attending the annual meetings of professional associations. All service activities reported by primary faculty are located in the ERF [Table 3.2.c.1 \(Template 3.1.1\) lists the service activities of primary faculty.](#)

<b>Table 3.2.c.2 Summary of Service Activities of Primary Faculty, 2013 to 2016</b>			
<b>Service Activity Type</b>	<b>Activities</b>	<b>Faculty</b>	
	<b>#</b>	<b>#</b>	<b>%</b>
<b>Service to the Institution</b>			
University-and School-level committees	38	25	33%
<b>Service to the Profession</b>			
Association or Society Officers	31	17	28%
Journal Board Activities (excludes manuscript review)	86	20	33%
Grant Reviews/Study Sections	48	27	43%
<b>Volunteering Expertise to Community</b>			
Advisory Panels	93	36	59%
Community Board Activities	8	6	10%
Community-based organizations	34	21	34%
Consultations, testimonies, and technical support	21	14	23%
Task Forces/Work Groups	10	8	13%
<i>NOTE: Based on 61 primary faculty reporting by March 1, 2016; excludes manuscript reviews</i>			

The School's faculty and students are collaborating to create a student-run, interdisciplinary, free health and social services clinic in conjunction with Transition Projects, Inc., which provides sheltered housing for people in Portland who are experiencing homelessness. The student leaders include MPH students in HMP and HP plus PhD students in HSP. These students as well as OHSU health profession students are involved in the early planning with several conducting course-based projects to assist in the planning of the clinic. Dr. Gelmon (professor of Health Policy) is one of the faculty leads. Over the next few months, the student leaders will be recruiting students from other SPH programs, as well as PSU programs, to participate in this project.

**3.2.d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.**










 Things are going well.	 Watch this more closely.	 Target not met; need to act.
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Table 3.2.d.1 Measures Used to Evaluate Success of Service Efforts				
Indicators	Target	AY 2013-14	AY 2014-15	AY 2015-16
 Number of public health practitioners participating in SPH-sponsored professional development workshops, and events annually	2,000	3,545	4,122	1,287 (Partial Year)
 Percentage of faculty reporting sponsored research or scholarship engaging the community or population groups	30%	27%	32%	33% (Partial Year)
 Percentage of faculty applying public health scholarship, knowledge, and skills in practice settings	30%	85%	49%	29% (Partial Year)
 Percentage of faculty providing testimony, technical support, or advice to administrative, legislative, or community organizations	30%	30%	15%	9% (Partial Year)
 Percentage of faculty serving on advisory panels, boards of directors, or task forces related to community organizations, NGOs, or health departments	30%	45%	31%	17% (Partial Year)
 Percentage of students that report community or service activities (beyond practice experience and current jobs)	25%	MPH: 24%	MPH: 32%	Grad: 50% UG: 61%

**3.2.e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.**

Each year the OMPH/SPH Student Leadership Council and Health Promotion Student Organization organize a Public Health Day of Service close to the National Public Health Week and Earth Day. This year, the Farm Tour and Service Learning opportunity happened on April 22 from 9:30 am to 12:30 pm. Students as well as public health alumni learned about urban farming, the importance of wetland conservation, and environmental stewardship at Zenger Farm in Portland. The expectation is that public health students are involved in service activities, which they self-report on the annual student survey. We have basic information that says they either “are” or “are not” involved in service or volunteer activities. We are looking for a more systematic way of keeping program of these valuable services our students provide to various communities. In order to nurture a culture of service in the School, the Student Leadership Council and the Alumni Association will recommend a way to document service and volunteer efforts of students.



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

**Strengths**

- The expectations for service are well integrated into the SPH and considered in the promotion process for the primary faculty.
- The SPH faculty are involved in a wide range of service activities, including involvement in the administration and governance of the School and University, service to the profession, as well as, service to various communities.
- More than one third of the SPH primary faculty members have prior practical experience in public health settings.

**Weaknesses**

- We believe student involvement in service and volunteer activities is high, but we lack a systematic way of capturing scope and magnitude, as student response rates remain low on surveys.
- SPH faculty involvement in sharing expertise and serving on community boards may be dipping or not captured through their CVs.

**Plans**

- The School will set strategic directions to enhance faculty and student engagement with communities and populations
- The SPH plans will implement *Symlicity*™ in winter 2017 to collect student service and volunteer data more systematically, in addition to using the software to program field placements.

### 3.3 Workforce Development

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

***3.3.a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.***

The SPH recognizes its responsibility to meet the continuing education needs of the public health workforce and uses several methods to assess such needs in the public health community. These include

- SPH alumni surveys and previous OMPH surveys
- SPH public health employer surveys
- State and local public health workforce training needs surveys conducted by the Northwest Center for Public Health Practice (NWCPHP) at the University of Washington [Criterion 3.3.e].
- Task Force Report on Modernization of Oregon's Public Health System, June 2014 (See Modernization of Public Health in ERF)

As a regional partner with the NWCPHP, the SPH collaborates with five other Western states plus the Northwest Portland Area Indian Health Board to survey public health workforce needs. The NWCPHP regional educational and governmental public health partners meet yearly to discuss workforce development practices and needs. As a partner, the OMPH program participated in the distribution and promotion of the workforce survey in 2013. Roughly 23% of respondents were from Oregon. Dr. Neil Wallace (PSU Professor of Health Policy) represented the OMPH/SPH in the Oregon workgroup, which met for nine months reviewing the survey findings, framing recommendations, and developing an action plan. NWCPHP used these results to inform the workforce development courses and its offerings of monthly *Hot Topics* seminars; recordings of these seminars are available remotely. Overall, respondents to the 2013 survey similarly identified a broad range of communication skills, leadership, cultural competency, and program planning as areas of top interest. The workgroup recommended that cultural competence and communications be the priority within the Public Health Division, OHA. These recommendations were shared back with WDC and OMPH faculty to inform future grant writing and workshop development. (See [2013 Workforce Needs Assessment](#) in ERF). In 2016, NWCPHP fielded a new workforce needs survey including Oregon state and local health organizations. Results will be available fall 2016, the workgroup will analyze and compare with the 2013 results.

In fall 2013, the External Advisory Committee ([now Council](#)) conducted a survey asking employers to rate OMPH alumni in core public health competencies. Findings suggested the need for more discussions with employers about the levels of competency expected for entry, mid-level, and supervisory positions. The WDC uses results of needs assessment activities to coordinate and guide the continuing education efforts of faculty. We accelerated the committee activity this year by using recent SPH alumni survey findings (See [Alumni Survey](#) in ERF).

Alumni surveys have been a rich source of feedback on continuing education needs. In the most recent survey (2015), of alumni who graduated within the last five years (2009 through 2014), respondents provided feedback about topics they would like to see offered. Out of 21 topics, the highest rated included (1) epidemiology and public health policy, and (2) communicating with diverse groups, which was congruent with the NWCPHP 2013 Workforce Needs Assessment. Alumni tended to prefer topics close to their majors; for example, of the Epidemiology/Biostatistics respondents, four of the five most selected topics related to their major (outbreak investigation, epidemiology and public health policy,

biostatistics, and informatics). A summary of the alumni survey was shared with SPH faculty at the fall 2015 meeting. The Workforce Development Committee (WDC) used these results to recommend a compilation of faculty resources to guide future continuing education planning (Criterion 3.3.d). The results of the employer and alumni surveys raised new questions for the EAC, WDC, and SPH leadership. In 2015-16, we conducted 14 key informant interviews with Oregon-based industry and private not-for-profit employers, non-governmental organizations, and practitioners at the state and county levels. The purpose was to develop a deeper understanding of Oregon's public health workforce needs. Overall, the respondents validated and narrowed down the workforce development needs identified in previous employer, alumni and the NWCPHP surveys. They also provided a picture of the breadth of positions MPH graduates take, reflecting the impact of health care reform occurring in Oregon. These data will be used by the WDC committee to assess alignment between community needs and our baccalaureate and MPH programs in 2016-2017. (See [Employer Interviews](#) in EFR).

In 2013, as the state engaged in health care reform, state and local governmental public health were charged by the legislature to develop recommendations to modernize and strengthen the public health system with a common set of core capacities across all counties. The SPH has been a part of this ongoing work through representation of Dr. Carlos Crespo (PSU Professor of Community Health) on the Oregon Health Policy Board. As this work continues to move forward with an assessment report in 2016, the WDC will use this as background material and context for future workforce development discussions.

***3.3.b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/ continuing education activities may be reported in a separate table.***

To educate the public health workforce, SPH faculty undertake substantive work. Much of this work focuses on marginalized and underserved populations, for whom public health issues may have the greatest personal impact. Examples of this work follow:

**Central City Concern HEARTH Project:** Central City Concern (CCC) targets serving people who have difficulty engaging in traditional services. HEARTH stands for Housing, Employment, and Recovery Together for Health, and conducts community-based participatory research to understand the efficacy of CCC's services. Dr. Lynne Messer and Dr. Paula Carder (Associate Professors in Community Health) have been part of the project's leadership team for several years.

**BUILD EXITO** brings a wrap-around approach for creating biomedical research career pathways for undergraduates, focusing on underrepresented students in the field. Dr. Carlos Crespo, Associate Dean for Undergraduate Studies (Professor in Community Health) leads this effort, funded by a \$23.7 million grant from the National Institutes of Health (NIH). Students receive scholarships, stipends, mentoring, summer seminars, paid job experiences engaging in hands-on research, and dedicated academic and financial advising. The grant requires collaborations across the profession to provide undergraduate students with experiences outside of the classroom to identify, prepare and nurture future science and public health professionals.

**Medical Teams International** John Jessup, MN, (Instructor in Primary Healthcare & Health Disparities) contributes programmatic and technical services to health program managers in Guatemala. Mr. Jessup conducts assessments of the health programs in these communities and develops or adapts interventions to meet programmatic goals. He also helps develop quality improvement techniques and evaluation materials with the health program managers. Medical Teams International, the sponsor, is a Portland-based organization that provides medical and

dental care, humanitarian aid, and holistic development programs around the world to mobilize long-term health promotion initiatives with established community partners.

**Methamphetamine Abuse Research Center: Education Core.** Dr. Dennis McCarty (Professor in Health Services Research) participates in this a shared resource that fosters professional development among MARC investigators (trainee to PI) and promotes dissemination of MARC's research findings. The Education Core facilitates linkages with drug abuse treatment and research resources within OHSU and metropolitan Portland. The Education Core informs the public, communicates with investigators, participates in media interviews, builds interactive exhibits, and promotes regional conferences. They use their [website](#), [Facebook](#), and [Twitter](#) accounts to share findings and emerging research with the public. The Education Core participates in the OHSU Brain Fair at the Oregon Museum of Science and Industry, hosting an exhibit during the annual National Drug and Alcohol Facts Week.

**OHSU opened a non-clinical office in Bend,** Central Oregon. Dr. Jackilen Shannon (Associate Professor in Health Behavior) leads this office, which is a hub for training, education, and research and includes educational seminars for health care providers in this growing region.

**Grand Rounds.** [Table 3.3.b.1](#) lists faculty and topics shared at Grand Rounds held in the SPH since January 2013. Approximately 30 people attend; they are a combination of faculty, staff, students, practice, and community members. Upcoming events can be viewed [online](#).

**Northwest Center for Public Health Practice.** Among the resources available to the SPH and the state's public health workforce, is online education resource through the Northwest Center for Public Health Practice (NWCPHP). Through an MOU originally established in fall 2010, this resource supports the SPH's ability to support continuing education by promoting the Center, particularly the webinars, online courses and Summer Institute courses. These resources are available online and are free to Oregon as well as other Northwest states. The SPH promotes the Hot Topics and other resources via student, faculty and alumni listservs and the School website. [Table 3.3.b.2](#) provides a summary of the Oregon public workforce participation across four content areas. Specific [topics](#) provided by the Center over the past three years are located in the ERF. Through the NWCPHP regional committee, the SPH is able to provide feedback and suggestions for new topic areas and speakers.

<b>Calendar Year</b>	<b>Online Courses</b>	<b>Hot Topic Webinars</b>	<b>Other Live Webinars</b>	<b>Toolkits, Guides &amp; Tabletops</b>	<b>Total</b>
<b>2013-14</b>	176	408	51	NA	635
<b>2014-15</b>	151	239	82	16	488
<b>2015-16*</b>	104*	128*	14*	12*	258
*Incomplete data for 2015-16					

In addition to the regular series of seminars and presentations, SPH offers additional presentations for the workforce. For example, in November 2015, to honor Native American/Alaska Native Heritage Month, Amanda S. Bruegl, M.D., M.S. (Wisconsin Oneida) gave a lecture titled "Advancing Native Health and Wellness: Working with Native Women." The Center for Healthy Communities at the Oregon Prevention Research Center (PRC) in the SPH co-hosted this lecture. The Center's focus is to collaborate and partner with Native and other communities to explore various health disparities and potential ways to address these disparities.

### Criterion 3: Creation, Application, and Advancement of Knowledge

The School's faculty work diligently to provide professional development opportunities to the current public health workforce in Oregon and beyond. Most of these opportunities occur in person; however, faculty offer some online. The total workforce development activity showcased by the Oregon Office on Disability & Health, the Northwest Native American Research Center for Health, and the Northwest Addiction Technology Transfer Center Network have increased their reach to students and community partners. These three sponsored projects are listed in Table 3.3.b.3 with more detail available in the ERF.

Project Name	PI (Discipline)	Funding Source	Funding Period Start/End	Amount Total Award	Community-Based	Student Participation Y/N
<b>Oregon Office on Disability &amp; Health</b>	Andresen, Elena, PhD. (EPI)	CDC	06/30/ 2012 to 06/29/2016	\$1,200,000	Yes	Yes
<b>Northwest Native American Research Center for Health</b>	Becker, Thomas, MD, PhD. (EPI)	DHHS, CDCP Nat'l Center for Chronic Dis Prev/Health Promotion	09/30/2014 to 09/29/2015	\$750,000	Yes	Yes
<b>Northwest Addiction Technology Transfer Center Network</b>	Reichmann, Traci, PhD (HSR)	DHHS Substance Abuse and Mental Health	09/30/2012 to 09/29/2016	\$2,758,762	Yes	No
* The OHSU-PSU SPH does not use a departmental structure, uses discipline as organizing unit.						

Academic Year	Total Attendance	Students		Community	
	#	#	%	#	%
<b>2013-14</b>	3,643	98	3%	3,545	97%
<b>2014-15</b>	4,296	174	4%	4,122	96%
<b>2015-16*</b>	1,322	35	3%	1,287	97%
*Incomplete data for 2015-16					

#### **3.3.c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.**

SPH offers two graduate certificate programs: biostatistics and public health. These certificate programs offer a way for prospective MPH or MS students to "test the waters" for pursuing an MPH or MS program. The majority of students works full-time and completes a course or two a term, with the knowledge that they can apply these courses to the degree programs. The instructors who teach in these programs meet the same standards as the faculty who teach in the degree programs. Criterion 4.1.1 provides information on faculty credentials.

**Public Health.** Recognizing the need for fundamental public health preparation throughout the workforce, the SPH's Workforce Development Committee (WDC) developed the Graduate Certificate in Public Health (GCPH) as an online certificate. In addition to supporting the existing public health workforce, the GCPH also serves as a workforce development opportunity for allied health professionals who wish to build a foundation in the public health core knowledge and skills.

### Criterion 3: Creation, Application, and Advancement of Knowledge

The Graduate Certificate in Public Health is open to applicants holding a bachelor's degree in any discipline. Certificate students take classes alongside degree-seeking MPH students, further building the professional public health community. Progression through the course of study is flexible and varies from student to student. The maximum time to complete the certificate is four years. We have found some success with students completing the GCPH and matriculating into the MPH.

PHCHD program faculty, the Workforce Development Committee, and the APCC oversee and evaluate the program. The OMPH/SPH website advertises this program (as did the [MPH website](#) and the [OHSU website](#)).

**Biostatistics Certificate.** The purpose of the Graduate Certificate in Biostatistics is to train researchers, students in other programs, and working professionals interested in becoming more skilled in applied biostatistics methods and theory. The 30-credit program provides basic and intermediate graduate-level biostatistics training. The program provides a gateway for students who chose to move beyond this core set of skills for an MPH in biostatistics, or for adding a specialty for graduate students in other programs. <http://ohsu-psu-sph.org/index.php/certificate-in-biostatistics/>

Table 3.3.c.1 Enrollment in Graduate Certificate Programs						
Programs	Fall 2014		Fall 2015		Fall 2016	
	HC	FTE	HC	FTE	HC	FTE
Biostatistics	10	5.5	4	2.8	7	3.7
Public Health	16	6.1	13	4.8	8	2.5
Source: OHSU Office of the Registrar, November 17, 2015. HC=headcount FTE=full-time equivalent students						

#### ***3.3.d. Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.***

The Workforce Development Committee (WDC) per the draft SPH Bylaws, consists of at least two faculty members, normally one from each University, and is chaired by the Associate Dean for Practice. It is charged with conducting assessments, developing and evaluating program-wide initiatives, and building community alliances to support continuing education for the public health workforce. One primary goal of the WDC is to develop a more formal continuing education initiative that furthers the School's responsiveness to the evolving needs of local public health practitioners.

#### ***3.3.e. A list of other educational Institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.***

Previously, the workforce development needs were addressed by MPH faculty through their programs and grant opportunities, with updates to the OMPH WDC. Review and comparisons of alumni surveys were conducted by the EAC and WDC and shared back with program directors. This resulted in a broad range of continuing education offerings to the community (Criterion 3.3.b) reflecting the individual program and faculty expertise in the OMPH. As we have transitioned from the OMPH to a SPH, formal processes and staff support have been added to develop a structured School wide assessment process.

- Hiring an Associate Dean for Accreditation with assessment expertise. Development of performance measures, review and revisions of surveys and data collection methods, multiyear survey distribution schedule, assignment of assessment of performance measures to committees.

### Criterion 3: Creation, Application, and Advancement of Knowledge

- Hiring an Associate Dean for Practice with responsibility for developing a workforce development Schoolwide plan, reconstitution of WDC with representatives from each program and a plan to add community members.
- Hiring an analyst with experience in study design and data analytics to support assessment processes.
- Draft SPH bylaws support a broader role for the WDC, under the direction of the Associate Dean for Practice, as a centralized Schoolwide oversight and planning committee. It is charged with conducting assessments, developing and evaluating program-wide initiatives, and building community alliances to support continuing education for the public health workforce.

Under the draft bylaws, one primary goal of the WDC is to develop a more formal continuing education initiative that furthers the School's responsiveness to the evolving needs of local public health practitioners. In support of that goal, the SPH sponsored a meeting in July 2016 with representatives from state and local public health and the Oregon State University College of Public Health and Human Sciences (OSU). The group recommended adding a representative from the Northwest Portland Area Indian Health Board to the WDC. We will meet quarterly during 2016-17 to crosswalk workforce development data and develop a statewide workforce development framework, building on the 2013 Workforce Needs Assessment. The outcomes of this work will be shared with the WDC for the development of a SPH continuing education plan.

The WDC is charged with using the results of the needs assessment activities (Criterion 3.3.a) to coordinate and guide the continuing education efforts of the programs and faculty. In 2015-2016, there was a compilation of faculty education and training resources for the purpose of aligning with community workforce development needs. In winter 2016, WDC will review this list, and align with the workforce data to engage county and state public health partners to identify potential areas for collaboration and future workforce development.

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

This criterion is partially met.

##### **Strengths**

- The School promotes the development of public health professionals in various seminar series, education programs, activities, conferences, and grants.
- The School created the position of Associate Dean for Practice to expand workforce and practice activities that will enhance existing and create new relationships with practice communities.

##### **Weaknesses**

- The need for external community members to participate in the WDC to guide future workforce development needs.
- The lack of formal workforce/continuing education plan to guide the programs and faculty in the development of future activities and grants.
- Funding for practice-related activities continues to be difficult to secure.

### Criterion 3: Creation, Application, and Advancement of Knowledge

#### **Plans**

- Addition of community partners from governmental public health, NGOs, research institutes and health systems to the WDC.
- Development of a workforce/continuing education plan by the WDC to guide future School planning and assessment.
- Exploring potential partners to support professional development activities for the public health workforce.
- Improve marketing for workforce development services and products



## Criterion 4. 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 support fully the School's mission, goals and objectives.

***4.1.a. A table showing primary faculty who support the degree programs offered by the School. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. See CEPH Data Template***

Recruitment and retention of an excellent faculty ensemble is essential for the OHSU-PSU SPH to full its mission 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. Over the past three years, OMPH/SPH has enjoyed low faculty turnover and excellent new hires demonstrating our ability to retain and attract the best faculty.

In 2015-16, the School engages 76 primary faculty supporting the 16 degree and 2 graduate certificate programs. The School appoints primary faculty at 100% FTE. [Table 4.1.a.1](#) (CEPH Template 4.1.1) lists primary faculty alphabetically within discipline and provides the details and evidence of faculty qualifications in preparation for their teaching areas and research interests. The CVs of [primary](#) and [secondary](#) faculty members are available in the ERF.

About 90% of the primary faculty members hold either a PhD or other relevant professional doctorate. Approximately 38% hold tenure or are in tenure-program positions, primarily PSU's faculty. Only four senior faculty members, employed by OHSU, hold tenure. OHSU no longer hires faculty into tenure programs, but does promote faculty based on their portfolio of work.

Several faculty hold joint appointments within the School as primary or secondary faculty as well as a research institute or center or other University program. Examples include:

- **Elena Andresen**, SPH Professor and OHSU Institute on Development and Disabilities
- **Katherine Bradley**, SPH Associate Professor and OHSU School of Nursing
- **Paula Carter**, SPH Professor and PSU Institute on Aging
- **Leah Cronn**, SPH Assistant Professor and Associate Director, OHSU Global South East Asia
- **Justin Denny**, SPH Associate Professor and Director, OHSU Global South East Asia
- **Rochelle Fu**, SPH Professor in Biostatistics and OHSU Knight Cancer Center
- **Sherril Gelmon**, SPH Professor in Health Policy and OHSU School of Medicine, Family Medicine Department
- **David Hurtado**, SPH Assistant Professor and OHSU OR Institute of Occupational Health Sciences
- **Elizabeth Waddell**, SPH Assistant Professor and Oregon Rural Practice Research Network
- **Neal Wallace**, SPH Professor and OHSU School of Medicine, Emergency Medicine Department
- **Kevin Winthrop**, SPH Associate Professor and OHSU Casey Eye Institute
- **Brian Gibbs**, SPH Associate Professor and Vice President for Equity & Inclusion

**4.1.b. If the School uses other faculty (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the School and must include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the School, e) highest degree earned f) disciplines in which listed degrees were earned and g) contributions to the School. See CEPH Data Template 4.1.2.**

In addition to the aforementioned primary faculty, the School engages 35 other faculty support the School's instructional programs. These secondary faculty appointments are for less than 0.5 FTE and hold titles of adjunct professors, joint appointments, and affiliated appointments at any rank. Adjunct faculty members teach and advise students on a contractual basis and bring rich context for the understanding of how theory applies in practical settings. For example, Noelle Wiggins, EdD, MSPH, Director of the Community Capacitation Center in the Multnomah County Health Department Public Health Division, teaches in the graduate program in Health Promotion. She recently co-authored a paper with two students reflecting a significant contribution to education and research available in [ERF](#).<sup>7</sup> [Table 4.1.b.1 \(CEPH Template 4.1.2\)](#) lists the other faculty used to support teaching programs.

Other or secondary faculty also include faculty who have a joint appointment in another School (or college) at either PSU or OHSU, as well as affiliated appointments. Affiliated faculty members at OHSU, previously described as "community faculty," serve the missions of the Universities on a volunteer basis. These secondary faculty contribute anywhere from 10% to 45% of their time to the SPH. They may teach courses, advise students, or serve as a member on a thesis or dissertation committee by agreement with the academic program.

**4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment programs for practitioners, if used by the School. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified**

The educational preparation of the School's faculty is exceptional. To be able to respond to changing public health issues, we need the right balance of faculty with academic and research interests in public health; faculty with some professional experience in their backgrounds; and adjunct faculty who are public health practitioners.

Faculty members bring a practice perspective into their courses through practice-based assignments, discussions of hypotheticals and case studies, and invitations to practitioners to guest lecture about experiences and insights on relevant topics. Thirty-six percent (27 out of 76) of the School's primary faculty worked in public health agencies, health profession practice, or other health-related organizations prior to their appointment. The experience they bring enhances teaching, research, and service activities of the School.

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<sup>7</sup> Bridgeman-Bunyoli A, Mitchell SR, et al., (2015). "It's In My Veins": Exploring the role of an Afrocentric, popular education-based training program in the empowerment of African American and African community health workers in Oregon. *J Ambulatory Care Manage*, 38(4), 297–308.

Table 4.1.c.1 SPH Primary Faculty with Public Health Practice Experience		
Agency/Organization	Primary Faculty	
	#	%
State/County Health Departments/Education	10	37%
Federal: NIH/CDC	6	22%
NGO/Non-Profit Organizations	5	18%
Health Care Systems and Policy	4	15%
Private Industry	2	7%

Specific examples include:

- **Centers for Disease Control/National Institutes of Health/World Health Organization:** Elizabeth Adams, Donald Austin, Thomas Becker, Carlos Crespo, Justin Denny, and Kevin Winthrop.
- **State and Local Health Departments:** Katherine Bradley, Justin Denny, Alison Martin, Jackie Shannon, Elizabeth Waddell, and Dennis McCarty .

In addition to primary faculty and adjunct faculty with extensive practice backgrounds, affiliated appointments require qualifications equivalent to the qualifications of the corresponding academic rank or title. Some of these exemplary faculty members include:

**Paul Cieslak, MD**, is an infectious disease epidemiologist based in the Oregon Health Authority. Trained in internal medicine, infectious disease, and public health, he lectures in our curriculum and participates as well in the OHSU School of Medicine. He has helped to direct field experiences for our trainees and has assisted with masters theses as a committee member.

**Stephanie Craig-Rushing, PhD, MPH**, an HIV and STD researcher, is based at the Northwest Indian Health Board, has hosted several students as a field site coordinator, and has lectured in the SPH in the chronic disease epidemiology course. She has been grant funded since her arrival at the Indian Health Board, and has been very responsive to student and faculty requests for assistance in multiple arenas. In addition to her numerous publications, she has also created videos and websites that address HIV and STD risks in tribal youth.

**Mitch Greenlick, PhD**, a member of the Oregon House of Representatives, was the chairperson for the former OHSU Department of Public Health and Preventive Medicine. He is active in SPH seminar series serves on the SPH External Advisory Committee, and is vigilant about finding opportunities for our trainees to participate in the legislative process. He has been an early and vocal supporter of the development of a collaborative SPH and was instrumental in the creation of the OMPH.

**Mark Loveless, MD**, an infectious disease epidemiologist, now retired, has taught HIV epidemiology courses for our curriculum for many years. He continues to be involved with MPH students as a lecturer and small group leader. His elective courses are very popular with our students.

**Allison Naleway, PhD**, an affiliate assistant professor, is an expert on vaccine testing and vaccine evaluation after the implementation of mass programs. Based at Kaiser Center for Health Research in Portland, she lectures annually to our students on vaccines and evaluation of vaccines from a health services perspective.

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**Anne Thomas, MD, MPH**, an affiliate assistant professor, is an expert on hepatitis in Oregon. She presents lectures yearly in our infectious disease epidemiology course and assists with student field placements. She works at the Oregon Health Authority.

**Victoria Warren-Mears, PhD, RD**, an affiliate assistant professor, serves on the Northwest Portland Area Indian Health Board. She worked at OHSU before joining the Board as research director. She assists with SPH journal clubs and with setting up field experiences for MPH students. She also works closely with Dr. Becker on several grant-funded projects under NIH funding.

**Thomas Weiser, MD, MPH**, an affiliate assistant professor, serves on the Northwest Indian Health Board. Trained in family medicine and in public health, his interests focus on maternal child health. He is instrumental in the IRB of the Indian Health Board. He lectures in the SPH and in the OHSU School of Medicine, and work with our primary faculty to implement research and training programs.

These primary faculty coupled with our affiliated faculty enhance the educational experience for our students and expand capacity to engage our public health communities.

#### **4.1.d. Identification of measurable objectives by which the School assesses the qualifications of its faculty complement, along with data regarding the performance of the School against those measures for each of the last three years.**












 Things are going well.	 Watch this more closely.	 Target not met; need to act.
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Table 4.1.d.1 Measureable Objectives Used to Assess Faculty Qualifications				
Indicators		2013-14 FY 2014	2014-15 FY 2015	2015-16* FY2016
	Percentage of primary faculty with doctoral degrees	92%	88%	89%
	Percentage of primary faculty retained from previous year	97%	100%	100%
 	Mean student rating of overall quality of public health courses	OHSU: 5.1	Grad: 5.1 UG: 5.1	Grad: UG:
 	Students are satisfied with academic advising	MPH: 64%	MPH: 63% UG: 93%	Grad: 69% UG: 93%
	Percentage of research proposals submitted by SPH PIs that are funded	20%	29%	pending
	Percentage of faculty reporting sponsored research/scholarship engaging the community or population groups	27%	32%	33% (partial year)
Note: FY 2016 and AY 2015-16 will be available at time of the CEPH Site visit.				

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

This criterion is met

**Strengths**

- The SPH has remarkable faculty with outstanding credentials contributing to our missions of education, research, and professional service toward the attainment of our goals and objectives.
- More than one third of the School's primary faculty members have experience in public health. Coupled with the engagement of adjunct and affiliated faculty members, SPH helps turn public health theory into practice in the classroom and learning experiences.
- About half of the primary faculty members engage with public health professionals, communities, and populations on scholarship and/or service projects and activities.
- Junior and senior faculty participated in the first research retreat to foster networking, mentoring, and collaboration to strengthen existing relationships.

**Weaknesses**

- Despite our commitment and intention to increase faculty and staff diversity, the School enjoys lower faculty turnover that limits hiring opportunities without new resources. As we have increased the primary faculty headcount 130% (33 faculty in 2013-14 compared to 76 in 2015-16) by leveraging existing faculty resources in the Universities in the transition from the OMPH program to School. SPH increased the percentage of primary faculty identifying as underrepresented minorities from 11% to 17%. We are making incremental progress.
- For the last three academic years, only 64% to 69% of MPH respondents to the annual student survey were satisfied with advising or mentoring ("satisfied" or "somewhat satisfied"), lower than the target of 80%.

**Plans**

- As there are openings for primary faculty, the School will leverage diversity resources to recruit faculty from diverse backgrounds and experiences.
- SPH will implement consistent criteria for hiring, setting expectations, and evaluating faculty with adjunct and affiliate titles. We will recognize their value to the SPH by adding their profiles to our website.
- SPH will continue to explore the adoption of new systems to increase data accuracy for reporting as well as to reduce the burden on faculty and the Office of the Dean for capturing faculty achievements from faculty CVs.

## 4.2 Faculty Policies and Procedures

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

### ***4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.***

Faculty policies and procedures of the joint/collaborative OHSU-PSU SPH include (1) the SPH Bylaws and (2) the Institutional policies at the employee's home Institution. Following the adoption of the final School Bylaws, the School will publish a comprehensive faculty handbook that draws from the harmonized elements of the faculty rules and regulations at both Universities to provide more details for the School's faculty.

The current Bylaws document under revision by the Committee, [OHSU-PSU Bylaws draft 08-14-15](#), ensures that current and future faculty members of the SPH retain their appointments within their employer (fiscally responsible) University. Although appointments do not change at the University level, they will fall under the same administrative unit (the OHSU-PSU School of Public Health). This process will apply to new faculty hires. Regardless of home Institution, the dean is responsible for all faculty members. All public health faculty will vote on ratification of the Bylaws, and they will become the overarching foundations for faculty policies and shared governance.

- (1) A committee of faculty, which included faculty employed by each Institution, drafted the Bylaws of the SPH during the academic year 2014-2015. All faculty members had the opportunity to review the draft in 2015-16, and the Committee vetted faculty feedback and recommendations in an iterative process. The Bylaws are expected to proceed to ratification in fall 2016, following the review and approval by both provosts.
- (2) The draft Bylaws include some differences in PSU compared to OHSU faculty conditions, but primarily defer to Institutional guidance (e.g., about typical contract 9 vs 12 months; differences in P&T committee construction). At PSU, the AAUP (Faculty Union) requested bargaining to assure their members' processes and expectations were met. This resulted in a Memo of Understanding (MOU) ratified in October 2015 by 100% of the eligible PSU faculty. The faculty groups deferred addressing faculty conditions that differ between the employers, but these issues can now be resolved in a final draft expected in fall 2016.
- (3) Primary faculty members are employed by one of the two partner Institutions: OHSU or PSU. This section provides a review of the basic framework of faculty policies and procedures at each University.

**OHSU:** At OHSU, faculty are governed by [Policy No. 03-10-005](#). This overarching policy sets the standards for how OHSU hires and retains a highly qualified workforce in accordance with state and federal law. The OHSU University-wide faculty policy related to academic and research faculty appointments is intended to provide consistency of policy and practice at OHSU. The policy for various faculty ranks is described by [Policy No. 03-15-020](#).

Shared governance at OHSU operates through the [OHSU Faculty Senate](#). Based on its faculty numbers at the beginning of Academic Year 2015-16, the SPH currently has an allocation of one elected senate representative (currently Professor Karen Watanabe, ESHH). The OHSU Faculty Senate reviewed and approved the degree programs offered by PSU at its June 7, 2016 meeting.

**PSU:** Updated twice annually, the PSU [Faculty Governance Guide](#) contains the *Constitution of the Portland State University Faculty* that describes faculty organization, functions, and responsibilities. The *Guide* also contains operating procedures and deadlines for [Faculty Senate](#) and its standing committees contained in the PSU [Office of Academic Affairs](#) “Reference Documents.” The Reference Documents page provides the current [Collective Bargaining Agreement](#) between the Portland State Chapter of the American Association of University Professors and PSU. Article 4 of this Agreement provides a succinct list of responsibilities of faculty members including duties defined by each faculty member’s Notice of Appointment and position description. Article 4 also specifies regular duties of PSU faculty members. These include scheduled and unscheduled teaching; academic advising, holding regularly scheduled office hours; scholarly activities; professionally related public service; administrative activities, including assistance in the admission, orientation, and registration of students, and service on committees; student support service activities; attendance at spring commencement by all tenured faculty; and course and curriculum planning.

**4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.**

The School plans to provide faculty development opportunities beginning in 2016-17, which would be applicable to primary faculty employed by each University. Faculty development opportunities are under consideration to support faculty review, mentoring, student learning outcomes assessment, teaching, research, and career development.

**Annual Reviews.** The School requires the annual review of performance for all primary faculty members. The dean is ultimately responsible for the review and resource allocation, but may delegate first-level review to senior leadership in the SPH (associate deans of research, academic affairs, and undergraduate programs). For secondary faculty (< 0.50 FTE in the SPH), their primary academic unit (e.g., the OHSU School of Nursing) is responsible for review and resource allocation, with input from the SPH. Beginning in 2016-17, the associate dean for academic affairs will meet annually with tenured, tenure-program, and non-tenure program faculty to discuss course evaluations, scheduling of courses, and committee assignments. Adjunct faculty who have paid responsibilities and affiliated faculty members, who volunteer their services, will be evaluated every two years, also beginning in 2016-17.

Expectations for teaching, research, service, and evaluation vary by the employer Institution. For example, OHSU faculty are rarely on a tenure-program or tenured, and are typically assigned expectations for extramurally funded research and contracts. PSU faculty on a tenure program or tenured generally have a teaching assignment of six courses, with some flexibility for course reduction for administration and for funded research. However, the School has made every effort to equalize faculty development opportunities for all faculty members. This is especially true for research and teaching development and support.

**OHSU:** The individual’s supervisor reviews annually all faculty, administrative personnel, and staff. This annual review links to performance-based salary increases. Faculty reviews are outlined in [Policy 03-15-025](#), Faculty Appointments (see section 3.A). Performance appraisals for unclassified administrative employees and faculty are in [Policy 03-10-080](#), Performance Appraisals. As described, evaluations include collecting feedback from as many of the following as appropriate: self-appraisal, peer review, internal/external customers (including course evaluations), direct reports, and vendors. In addition to the evaluation, supervisors evaluate performance based on agreed-upon goals for the year, and set goals for the coming year. The review provides a summative evaluation and areas for development. A copy of the [OHSU standard for faculty evaluation](#) is included in the resource file.

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**PSU:** Cycles for annual, third year, and tenure review for 9-month faculty are available from the [PSU Office of Academic Affairs. Article 18](#) of the PSU AAUP Collective Bargaining Agreement Annual specifies the performance review of non-tenure program instructional and non-tenure program research. Following the award of tenure, tenured faculty members undergo [post-tenure review](#) every five years. At each review, the supervisor discusses faculty needs for support and development opportunities including available resources. All academic professionals and staff have annual performance [appraisals](#).

Beginning in 2016-17, the associate dean for academic affairs will meet annually with all SPH tenured, tenure-program, and non-tenure program faculty to discuss course evaluations, scheduling of courses, and committee assignments.

### Mentoring

The School will provide mentors to all incoming and existing junior faculty based on their compatible scholarship interests and capacity of senior faculty to engage in mentoring. At present, the School does not provide specific mentor/mentee training and evaluation for School faculty. One of the goals of the Associate Dean for Academic Affairs is to enhance faculty development.

The EXITO grant includes the explicit goal of collaborating with the National Research Mentoring Network (NRMN) to promote junior faculty (see <https://nrmnet.net>). The development and mentoring resources available to faculty are available through the [PSU Office of Global Diversity & Inclusion](#) and [OHSU Center for Diversity & Inclusion](#). Mentors volunteer to provide overall training and orientation. For example, Dr. Andresen matched with an Assistant Professor based on his interest in receiving support in preparing for tenure review, competing successfully for research grants and scholarships, and publishing manuscripts in peer-reviewed journals. In addition to the mentor matching, the program provides structured activities for a year, and some additional financial resources for development and travel. The goals of the program include developing a sense of community and retaining diverse faculty.

### Teaching

Teaching is the common critical mission of both OHSU and PSU for the SPH. Both Universities have large investments in services and supports for teaching programs and teaching excellence.

**OHSU: The Teaching and Learning Center.** The [Teaching and Learning Center](#) (TLC) supports excellence in instruction at OHSU by helping faculty implement evidence-based best practices that maximize a student's academic potential.

To promote excellence in teaching, the OHSU TLC seeks to:

- Develop and improve teaching skills that can be observed and measured
- Encourage a view of teaching as a serious form of scholarship and important intellectual endeavor
- Cultivate an Institutional climate that values, rewards, and renews teaching excellence
- Promote integration of new ideas and effective pedagogy into courses, programs, and curricula

The OHSU TLC provides support directly for the online MPH degree (Primary Health Care & Health Disparities) and Public Health Graduate Certificate, including training for faculty new to the on-line environment (OHSU's platform is Sakai). In addition, faculty can access the TLC's free web-based instructional training and epidemiology doctoral students complete at least four free TLC web-training modules as part of their required course PHPM 660: *Mentored Epidemiology Teaching*.



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OHSU's Academic Technology department offers several education technology platforms that instructors and students can use to enhance teaching and learning at OHSU.

Academic Technology produces OHSU's Teaching and Learning Technology Roundtable (TLTR) seminars.

The supported software and hardware includes: [Sakai](#), [Adobe Connect](#), [iclickers \(Audience Response System\)](#) and [Online Course Evaluations](#).

**PSU:** [Office of Academic Innovation](#) (OIA) provides leadership and support for campus activities that explore and promote excellence in teaching and learning, use of innovative curricular technology, and community based learning. Developed to support campus initiatives that respond to changing curricular and educational delivery models, improve student success, and value the importance of teaching, learning, and assessment, OAI serves the needs of individual faculty and of departments, convening learning communities, engaging campus-wide conversations, and developing digital resource materials. Examples of faculty support and training include a faculty support desk (walk-in, phone, web support); technology tutorials; consultations on program design, accessibility support, community-based learning and partnerships; as well as events and programs designed to bring together faculty at all levels to gain insight from each other on teaching topics (e.g., academic writing, e-portfolios, faculty book groups). The Office of Information Technology and OAI administer and maintain educational technology platforms. There are significant resources to assist new and seasoned faculty with on-line teaching options, including a studio space for video material development and filming.

#### **Leadership and other Faculty Development**

Both Universities invest in faculty across their careers for supporting aspects such as work/life balance, interpersonal relationships and leadership training, especially in support of new and junior faculty. The aim of these programs and investments is creating the best academic environment for faculty and retaining faculty as our core resource across all School missions. The Office of the Dean has expertise across the employing Institutions to seek and provide resources for faculty. Two elements of this Institutional-level support include the following:

**OHSU:** Newly hired junior faculty typically receive startup packages that include office equipment, computer, laptop if required, and modest support for travel to one professional meeting per year, typically for up to three years. Because some new faculty have a formal arrangement with a research units, primarily in Institutes or in the OHSU School of Medicine, they may receive additional resources from that the non-SPH unit. For example, a new biostatistics faculty member hired two years ago received from her School of Medicine research unit, approximately \$25,000 in startup funds to support purchase of books, additional travel, and discretionary funds for other professional expenses. These arrangements are on top of the OHSU's 'base' start up package.

OHSU Human Resources also provides a portfolio of [leadership development, training, and coaching](#). These include programs and training including a five-week program that provides a certificate, as well as an ongoing reading group for leaders. In addition, the Leadership Foundations Program is an eight-week certificate program open to managers and faculty, and opportunities for further development and working on specific work-related behaviors.

**PSU:** The Office of Academic Affairs maintains a portfolio of [faculty development opportunities](#) including full-time faculty enhancement grants, travel and mini-grants, and funds for part-time faculty. The primary goal of the enhancement grants is the professional development of eligible

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faculty, including tenure-related, fixed term, and academic professionals; department chairs and equivalents are eligible for enhancement grants as well. Funds can support travel to visit archives or to conduct fieldwork; course releases; purchase of computer equipment and software; data processing and research assistant support; and expenses related to workshop attendance.

The PSU Office for Academic Innovation offers a series of sessions designed to support new faculty; such as Jumpstart Your Academic Writing, Sponsored Projects Research Support at PSU, and Success in Your Role as a Tenure-Program [Non-Tenure Program] Faculty Member. OAI offers the Academic Portfolio Development series to a small cohort of faculty seeking to build and receive support from a faculty learning community on the successful review for promotion and tenure. The sixth cohort of new Faculty Fellows for Academic Portfolio Development started in February 2016, and meets on a monthly basis through the end of spring 2016. Dr. Gelmon (Professor in Public Administration) and Dr. Goodman (Assistant Professor of Public Administration) are involved in this learning community with Professor Leslie McBride serving as advisor to the group. Members receive structured, sequenced support as they create their academic portfolios. Several SPH faculty employed by PSU and promoted recently took advantage of this faculty development service.

PSU offers development and support to new and continuing academic leaders as part of the Academic Chairs and [Directors Leadership Development](#).

#### Research Services

By agreement of the two vice presidents for research, OHSU will begin providing the administrative oversight to grants and contracts for all research in the School as of July 1, 2016. The InterInstitutional MOU describes this agreement. (See [Appendix 1.3.f.1](#))

Faculty of the School have access to research services and supports at their home Institution, and also research supports and services within or linked to the School. For example, Dr. Becker (Associate Dean for Research and Professor in Epidemiology) provides one-on-one mentoring for junior faculty at OHSU and PSU. He also developed the first Research Retreat to support junior faculty. He recently reported on the outcomes of the first [SPH Research Retreat](#) (October 23 2015).

**SPH Office of the Associate Dean for Research:** The School supports its own research office supervised by the Associate Dean for Research. The office also includes a fulltime grant specialist (currently Mark Darby) and full time post-grant finance administrator in the OHSU Office on [Research Development and Administration \(RDA\)](#). The OHSU RDA provides comprehensive services for OHSU investigators, and within the School, supports all faculty members regardless of home Institution. The [Research integrity Office](#) within RDA provides extensive faculty support, oversight, and training for the Institutional Review Board, Institutional Conflict of Interest, and HIPAA among other regulatory requirements.

**OHSU Research Support:** At OHSU, all junior faculty are eligible for a variety of services and pilot funding linked to specific Institutes, the OHSU NIH-funded Oregon Clinical & Translational Research Institute (OCTRI), OHSU Core Resources, Training programs, and Foundation-specific programs. Examples follow.

OCTRI provides extensive support and pilot funding for researchers, using the model of the NIH Clinical and Translational Science Awards (CTSA) Program. Support for junior faculty includes competitive community research and pilot project funding, and educational and training opportunities for groups such as study coordinators, graduate students, faculty, and fellows. The Biostatistics & Design Program (BDP) is part of the School, and is a shared resource of [OCTRI](#).

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The BDP provides biostatistical support to clinical and population science researchers in the design and development phases of research, and then ongoing support of experienced biostatistical members of funded research grants.

The recent successful fundraising for the Knight Cancer Center exceeded the \$1 billion target ([Knight Cancer Challenge](#)) success, and already has created new research opportunities including basic science, and very relevant to our SPH, initiation of [community partnership projects](#).

Another example is the [OHSU BIRCWH program](#) (Building Interdisciplinary Research Careers in Women's Health) dedicated to training tomorrow's leaders in women's health research. The BIRCWH program funds pilot research and two-year K12 career development award, and external applicants including PSU faculty are encouraged.

OHSU offers training on grants management to faculty and departmental personnel upon hire. Research Development and Administration (RDA) also offers Research Administration Training and Education (RATE) classes to departmental personnel on a continuous basis. Monthly communication sessions, called the [Research Administration Information Network \(RAIN\)](#), provide department personnel and PIs updates on grant funding policy and procedures.

**PSU Research Support:** Upon appointment to a faculty rank, PSU faculty typically receive a start-up package including a combination of course releases, salary support, and graduate research assistants; amount, nature, and duration are negotiated with the department and college. New faculty will benefit from an annual fall orientation program offered through the Office of the Provost, with campus-wide participation. During their extent of their appointment, eligible faculty may also take advantage of a variety of development funding opportunities offered through the Office of Academic Affairs, such as [Faculty Enhancement Grants](#), and the [President's Diversity Mini-Grants Program](#).

The Research and Strategic Partnerships (RSP) office offers support and assistance for research and grant activities at a number of levels. It administers the selection of the recipients of the Research [Faculty Excellence Awards](#) and the [Research Stimulus Awards](#). It maintains and circulates materials to support external funding, including [Funding Databases](#), [Funding Resources](#), and Proposal Writing Guides. Periodic campus-wide workshops and activities supplement these resources. RSP also supports an infrastructure of department research administrators (DRAs) crucial to our current research enterprise.

#### **Sabbatical**

Sabbatical leave opportunities for faculty vary by the employing Institution.

**PSU:** PSU faculty members are eligible for sabbatical leave for the purposes of research, writing, and advanced study. The sabbatical ranges from three months to one year. Sabbaticals are a privilege not a right, and are governed by the [policies](#) of the Office of Academic Affairs. Faculty members must have completed an uninterrupted period of appointment over about six years, and have the support of their supervisor and plan for coverage of their course assignments, with the dean having the final approval.

**OHSU.** Sabbatical leave is not part of regular faculty policy at OHSU.

**4.2.c. Description of the formal procedures for evaluating faculty competence and performance.**

**Promotion**

Promotion is a School-level decision and tenure is an Institutional decision according to the draft SPH Bylaws. Because SPH faculty are employed and appointed by one of the two collaborating Institutions, the Promotion Committee will defer, in all deliberations and decisions, to the guidelines under which the faculty member was appointed at their respective “home Institution.” In practice, the faculty rights and expectations at their home Institution (as detailed in their annual letters at OHSU or annual assignments at PSU) must be used as the operational guide and values for promotion and/or tenure review. Each University maintains a distinct review process.

OHSU Policy Manual [03-15-025](#) (Faculty Appointments and [03-20-001](#)) Eligibility for Tenure

PSU Promotion & Tenure Guidelines and current Collective Bargaining agreement [PSU AAUP](#)

Absolute tenure at 1.0 FTE is not typically part of OHSU faculty appointments, but three senior faculty members have tenure. In practice, faculty members receive letters of appointment on a rolling three-year timeline, with satisfactory performance resetting their contracts for the next three years. Compensation links the annual review and performance review process within the range of approved pay increases within OHSU.

For OHSU faculty within the SPH, promotion guidelines from University and School of Medicine/School of Nursing models (the prior homes of the majority of faculty) provide the basis structure for now. The Promotion Committee of the School (OHSU members) will continue to address implementation of the OHSU criteria for individual ranks and assignments (e.g., research, teaching, service, and administration) as part of the review of SPH faculty employed by OHSU.

Given the specialization of faculty roles, the annual assignments of faculty to each role govern the review; faculty with a majority teaching assignment are judged based on their success in that dimension and faculty with a majority research assignment judged primarily on their research effort and productivity. Draft expectations about the School-level P&T Committee are part of the current [Bylaws draft](#) as well as addressed in the ratified MOU for PSU faculty

**Members.** Promotion Committee members come from the candidate’s home unit and Institution with one ex-officio member from the collaborating Institution.

- OHSU Promotion Committee composed of Professors and Professor Emeriti reviews applications for promotion based on an adaptation of the OHSU School of Medicine or School of Nursing guidelines, as appropriate.
- PSU appoints separate committees for each application; one student may serve on the committee.

**Responsibilities.** The charge for the Promotion Committee is as follows:

- Appoint and coordinate review committees in accordance with the guidelines under which faculty members were appointed;
- Draft promotion guidelines for new hires or appointments within the SPH (OHSU only);
- Review applications for appointments of Joint-Appointment, Adjunct, Affiliated, Lecturer, and Emeriti faculty as recommended by the Dean or academic units.
- The Committee also follows the [University expectations](#) Post-Tenure Review reviews of faculty portfolios (PSU only).

**Promotion of non-Tenure Program Faculty.** Promotion of non-tenure program faculty is included in the AAUP PSU bargaining agreement. The agreement affects faculty hired as instructors and senior instructors. [Appendix 4.2.c](#)

***4.2.d Description of the processes used for student course evaluation and evaluation of instructional effectiveness***

Three sources of information for determining instructional effectiveness include student course evaluations, results from the CPH exam, and faculty peer reviews of teaching.

**Student Course Evaluation.** The School requires that students complete course evaluations for all required and elective public health courses. The Institutional policies and processes dictate the format. While University-specific procedures are present, the SPH educational programs all require program-level reviews from students and alumni (and employers), and from the newly developed evaluation of the MPH core courses based on CPH student performance (success in core courses by other degree programs). The average response rate for 187 graduate and undergraduate courses was slightly more than 60% in 2014-15, with an overall mean of 5.3 on a 6.0 scale for graduate courses and 5.2 for undergraduate courses. The [course evaluation data](#) for 2014-15 is available in the Electronic Resource File. The course evaluation data for 2015-16 will be in the Final Self-study submitted at the end of August.

**OHSU course evaluation system.** OHSU policy requires that all courses use the online course evaluation system “Blue.” Students receive an email message one week prior to their courses ending, prompting them to log into Sakai to complete their course evaluations. The email contains a link to the Course Evaluation page, accessed once the student logs into Sakai. When completed, the student will see a list of course evaluations for the courses she/he took during the term. The SPH receives quarterly reports on student ratings of instructor and course effectiveness.

**PSU course evaluation system.** PSU's system provides an opportunity for students to complete course evaluations. PSU has an evaluation system with a five-point scale, used for HP, CH, and HS courses, but not in HMP and HSP. For the PSU course evaluation, faculty may choose either a hard copy or on-line version of the course evaluation instrument. On-line courses only have the on-line option. The courses offered for the HMP and HSP, the course evaluation instrument developed by Public Administration is used, not the University course evaluation system.

Of the 72 public health courses offered in HP, CH, and HS in 2014-15, students completed course evaluations in 86% (62 courses) of the graduate courses offered with 92% of undergraduate courses (33 out of 36) and 81% of graduate courses evaluated. Of the 26 courses offered in HMP and HSP in 2014-15, students completed course evaluations in 89% (23 of 26) of the courses offered.

**The Certified Public Health Examination**, which is regulated by the National Board of Public Health Examiners, is now required for all MPH students. The first cohort for whom this is required will begin “sitting” for this exam in late spring 2016. In preparation for requiring the CPH, the Dean’s Office sponsored a pilot project during spring 2015. Pilot participants received basic support to prepare for the exam, and the Dean’s Office paid their exam fees. Fifteen OMPH students and alumni participated in the pilot, preparing for and taking the CPH exam in June 2015. Of the 15 sitting for the exam, 13 passed the exam. Of the 26 OMPH students who have taken the exam since August 2008, 92% have passed compared to 84% nationally. The eleven pilot participants who completed a follow-up online survey about their CPH exam experience rated themselves as more or less prepared in the exam’s seven content areas, indicated how they prepared for the exam and how much time they spent preparing for

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it, and made suggestions to other students preparing to take the exam. Presented to the APCC and to the EAC for review and comment, these and related survey findings provide early feedback regarding how program faculty and staff can help students prepare for and succeed at the CPH.

**Faculty Peer Review.** OHSU public health courses also are peer-reviewed by program faculty on an annual basis. The Biostatistics/Epidemiology faculty initiated this process and the APCC discussed adopting this process and expectation to other OHSU faculty instructors in the current academic year. A [peer review report](#) (anonymized) of the MPH core epidemiology course *Epidemiology I* is available in the ERF. In the current academic year, PSU faculty teaching the core epidemiology course asked OHSU faculty to perform this review. The School plans to add regular peer-evaluations in winter 2017.

#### ***4.2.e. Assessment of the extent to which this criterion is met and an analysis of the SPH's strengths, weaknesses and plans relating to this criterion.***

This criterion is met, with comment.

##### **Strengths**

- An inter-Institutional group drafted SPH Bylaws scheduled for ratification by faculty in 2016-17.
- SPH relies on the well-defined Institutional faculty policies and procedures to guide the recruitment, appointment, and evaluation of faculty competence by disciplinary unit and appointment type.

##### **Weaknesses**

- The annual review/evaluation of SPH faculty differs by the employing University in roles, responsibilities, processes, and formality.
- Given low faculty turnover, achieving greater faculty diversity will depend on faculty retirements or new faculty lines.
- Although student course evaluations are in place, we lack consistency in questions and scales, and response rates vary considerably.

##### **Plans**

- The School will increase its commitment to faculty development by expanding the roles of the associate deans for academic affairs and undergraduate studies in faculty development; adding new mentoring and peer review programs; and leveraging the rich development resources and pedagogical support offered by the Universities.
- SPH will develop a School-level faculty handbook that details School policies, revised on an ongoing basis, and is accessible through a faculty-only portal.



### 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.**

***4.3.a. Description of the School's recruitment policies and procedures. If these differ by degree (e.g., bachelors vs. graduate degrees), a description should be provided for each.***

The SPH is committed to recruiting highly qualified and diverse students who demonstrate the potential to succeed as public health professionals. The [School's website](#) serves as the central point of contact for prospective students, providing them with extensive information on programs of study, program requirements, upcoming recruitment events, and contact information. Both campuses also offer information about available programs through each University's website, course catalog (PSU only), and printed promotional materials.

The SPH sends faculty, students, and staff representatives annually to the Oregon Public Health Association conference and the American Public Health Association meeting. The School also participates in various community conferences, career fairs, and graduate School fairs. In recent years, this has included the Idealist Graduate Fair, Public Health Week, the Diversity Leaders Network, the African American Health Coalition, and career fairs for Portland Community Colleges. Additionally, OHSU and PSU support student recruitment through campus visits and prospective student information sessions.

The School began participating in quarterly SOPHAS Virtual Fairs in July 2014. During these virtual fairs, the SPH hosts a chat room for discussion between prospective students and OHSU-PSU SPH faculty, program officers, and students. Prospective students bring questions about our programs, faculty, location, and application processes. Because the process does not require a campus visit, these virtual fairs connect the School to prospective students living outside the Pacific Northwest region and internationally.

#### **Targeted Recruitment**

Much of the targeted recruitment activity occurs at the Institutional level on behalf of the School. As noted under Criterion 1.8, both OHSU and PSU have diversity plans in which the Schools and academic units must nest or align their objectives, metrics, and activities or initiatives. The School benefits from this concentrated effort. The recruitment and travel [schedule](#) is prepared at least a year in advance and demonstrates the high level of activity and commitment to having a diverse student body.

PSU's Diversity Action Council (DAC) in collaboration with the Office of Global Diversity and Inclusion hosts a series of cultural competency trainings. The trainings, geared to the campus community, explore various diversity issues including race, sexuality, gender expression, disability, and socioeconomic class. The series strives to break down barriers, challenge stereotypes, celebrate differences, and intersect commonalities in people, cultures, and community. DAC offered the training, "Illumination Project: Rehearsing to Stop Oppression," addressing ways to combat oppression in February 2015 followed by training on recruitment and retention of students of color in April 2016. A half-day symposium in spring 2016 will culminate PSU's inaugural efforts to enhance cultural competency on campus.

**4.3.b. Statement of admissions policies and procedures. If these differ by degree (e.g., bachelors vs. graduate degrees), a description should be provided for each.**

Table 4.3.b.1 Admission Policies by Program and Degree												
"X" Indicates required	Standardized A Test	Analytical	Verbal	Quantitative	Statistics Course	Personal Statement	Resume/CV	UG GPA	UG Prerequisites	Letters of recommendation	Official Transcripts	TOEFL for non-native English speaking
<b>Biostatistics</b>												
MPH	GRE	4.5	153	148	x	x	x	≥3.0	x	3	x	80
MS	GRE	4.5	153	148	x	x				3	x	80
<b>Environmental Systems &amp; Human Health</b>												
MPH	GRE	4.5	153	148	x	x	x	≥3.0	x	3	x	80
<b>Epidemiology</b>												
MPH	GRE	4.5	153	148	x	x	x	≥3.0	x	3	x	80
PhD	GRE	4.5	153	148	x	x	x	≥3.0	x	3	x	80
MD/MPH	MCAT	≥30	x	x	x	x	x	≥3.0	x	3	x	80
<b>Health Management &amp; Policy, Health Systems &amp; Policy</b>												
MPH	GRE	4.5	153	144		x	x	≥3.0	x	3	x	80
PhD	GRE	4.5	153	144	x	x	x	≥3.0	x	3	x	80
<b>Health Promotion, Community Health, Health Studies</b>												
BA/BS Health Studies	SAT ACT	SAT (CR &M) 1060 ACT 23 w/≥3.0 GPA			No	No	No	HS ≥3.0			x	80
MPH Health Promotion	GRE	4.5	153	144	x	x	x	≥3.0	x	3	x	80
MA/MS Health Studies	GRE	--	153 144	144	Yes	x	No	≥3.0	x	3	x	80
PhD Community Health	GRE	4.5	153	144	153	144	x	≥3.0	x	3	x	80
<b>Primary Health Care &amp; Health Disparities</b>												
MPH	GRE	4.5	153	144	x	x	x	≥3.0	Yes	3	x	83



**4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the School. If a School does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the School. In addition, references to website addresses may be included**

The SPH and its programs list recruitment materials and information on the SPH website and the various program websites listed in Table 4.3.c.1.

<b>Table 4.3.c.1 Student Recruitment Materials and Information</b>	
<b>Program</b>	<b>Link</b>
<b>Undergraduate Programs</b>	
Aging Services	<a href="http://www.pdx.edu/sch/aging-services">http://www.pdx.edu/sch/aging-services</a>
Community Health Education	<a href="http://www.pdx.edu/sch/community-health-education">http://www.pdx.edu/sch/community-health-education</a>
School Health	<a href="http://www.pdx.edu/sch/School-health-education">http://www.pdx.edu/sch/School-health-education</a>
Health Sciences	<a href="http://www.pdx.edu/sch/health-sciences">http://www.pdx.edu/sch/health-sciences</a>
Applied Fitness & Exercise	<a href="https://www.pdx.edu/sch/babs-applied-health-and-fitness">https://www.pdx.edu/sch/babs-applied-health-and-fitness</a>
<b>MPH Programs</b>	
Biostatistics	<a href="http://ohsu-psu-sph.org/index.php/mph-in-biostatistics/">http://ohsu-psu-sph.org/index.php/mph-in-biostatistics/</a>
Environmental Systems & Human Health	<a href="http://ohsu-psu-sph.org/index.php/mph-environmental-systems-human-health/">http://ohsu-psu-sph.org/index.php/mph-environmental-systems-human-health/</a>
Epidemiology	<a href="http://ohsu-psu-sph.org/index.php/mph-in-epidemiology/">http://ohsu-psu-sph.org/index.php/mph-in-epidemiology/</a>
Health Management & Policy	<a href="http://ohsu-psu-sph.org/index.php/mph-health-management-policy/">http://ohsu-psu-sph.org/index.php/mph-health-management-policy/</a>
Health Promotion	<a href="http://ohsu-psu-sph.org/index.php/mph-health-promotion/">http://ohsu-psu-sph.org/index.php/mph-health-promotion/</a>
Primary Healthcare & Health Disparities	<a href="http://ohsu-psu-sph.org/index.php/mph-primary-health-care-health-disparities/">http://ohsu-psu-sph.org/index.php/mph-primary-health-care-health-disparities/</a>
<b>MS Programs</b>	
Biostatistics	<a href="http://ohsu-psu-sph.org/index.php/ms-in-biostatistics/">http://ohsu-psu-sph.org/index.php/ms-in-biostatistics/</a>
Health Studies: Physical Activity & Exercise	<a href="http://www.pdx.edu/sch/physical-activityexercise">http://www.pdx.edu/sch/physical-activityexercise</a>
<b>PhD Programs</b>	
Community Health	<a href="http://ohsu-psu-sph.org/index.php/phd-community-health/">http://ohsu-psu-sph.org/index.php/phd-community-health/</a>
Epidemiology	<a href="http://ohsu-psu-sph.org/index.php/phd-in-epidemiology/">http://ohsu-psu-sph.org/index.php/phd-in-epidemiology/</a>
Health Systems & Policy	<a href="http://ohsu-psu-sph.org/index.php/phd-health-systems-policy/">http://ohsu-psu-sph.org/index.php/phd-health-systems-policy/</a>
<b>Certificate Programs</b>	
Biostatistics (some courses on-line)	<a href="http://ohsu-psu-sph.org/index.php/certificate-in-biostatistics/">http://ohsu-psu-sph.org/index.php/certificate-in-biostatistics/</a>
Public Health (all courses on-line)	<a href="http://ohsu-psu-sph.org/index.php/certificate-public-health/">http://ohsu-psu-sph.org/index.php/certificate-public-health/</a>

After prospective graduate students complete their SOPHAS application, the admissions committees for each graduate program reviews each applicant. The admission committees, which include primary faculty members, review applications. The early admissions review is December 1 and the regular deadline is February 1. Two faculty members review each SOPHAS application and assign a numeric score from 1 “low” to 5 “high” against program requirements: GPA, GRE, letters of recommendation, work experience, and personal statement. Although the reviewers provide a numerical score for each participant, each reviewer also makes a holistic evaluation of the candidate to recommend admission into the program. Recommendations by two reviewers translate into automatic acceptance into the program. A smaller review committee automatically places the students without two positive

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recommendations on a waitlist for further consideration. The University makes decisions about admissions for undergraduates, and undergraduates select majors without additional screening.

***4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.***

<b>Table 4.3.d.1 (Template 4.3.1) Applicants, Acceptances, and Enrollments Fall 2014 through Fall 2016</b>				
<b>Program/Program</b>	<b>Action</b>	<b>Fall 2014</b>	<b>Fall 2015</b>	<b>Fall 2016</b>
<b>Epidemiology/Biostatistics</b>	Applied	72	-	-
	Accepted	45	-	-
	Enrolled	18 (40%)	-	-
<b>Biostatistics (MPH)</b>	Applied	-	9	Due August
	Accepted	-	6	
	Enrolled	-	2 (33%)	
<b>Environmental Systems &amp; Human Health (MPH)*</b>	Applied	2	32	Due August
	Accepted	2	20	
	Enrolled	2 (100%)	4 (20%)	
<b>Epidemiology (MPH)</b>	Applied	-	93	Due August
	Accepted	-	55	
	Enrolled	-	16 (29%)	
<b>Health Management &amp; Policy (MPH)</b>	Applied	58	54	Due August
	Accepted	37	34	
	Enrolled	18 (49%)	12 (35%)	
<b>Health Promotion (MPH)</b>	Applied	74	127	Due August
	Accepted	40	54	
	Enrolled	12 (30%)	11 (20%)	
<b>Primary Healthcare &amp; Health Disparities (Online MPH)</b>	Applied	23	28	Due August
	Accepted	18	22	
	Enrolled	10 (56%)	4 (18%)	
<b>Community Health (PhD)</b>	Applied	2	21	Due August
	Accepted	2	8	
	Enrolled	1 (50%)	3 (38%)	
<b>Epidemiology (PhD)</b>	Applied	8	23	Due August
	Accepted	5	7	
	Enrolled	4 (80%)	3 (43%)	
<b>Health Systems &amp; Policy (PhD)</b>	Applied	16	16	Due August
	Accepted	13	12	
	Enrolled	5 (35%)	7 (58%)	
<b>Biostatistics (MS)</b>	Applied	6	9	Due August
	Accepted	6	7	
	Enrolled	3 (50%)	4 (57%)	
<b>Health Studies (MA/MS)</b>	Applied	7	3	Due August
	Accepted	6	2	
	Enrolled	3 (50%)	2 (100%)	
<b>TOTAL SPH</b>	Applied	258	926	Due August
	Accepted	167	446	
	Enrolled	77 (46%)	254 (57%)	
* ESHH program had two MPH transfer students into the program.				

**4.3.e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, by concentration, for each degree, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2**

<b>Table 4.3.e.1 (Template 4.3.2) Total Enrollment by Degree Program, Fall 2014 through Fall 2016</b>							
<b>Program Name</b>	<b>Award</b>	<b>Fall 2014</b>		<b>Fall 2015</b>		<b>Fall 2016</b>	
		HC	FTE	HC	FTE	HC	FTE
Epidemiology/Biostatistics	MPH	39	18.7	-	-	-	-
Biostatistics	MPH	10	0.1	4	3		
Environmental Systems & Human Health	MPH	1	0.8	6	4.7		
Epidemiology	MPH	18	15.2	37	27		
Health Management & Policy	MPH	36	21.5	46	29.7		
Health Promotion	MPH	33	22.8	43	29.6		
Primary Health Care & Health Disparities	MPH	34	18.0	30	15.8		
Community Health	PhD	1	0.8	4	4.1		
Epidemiology	PhD	2	1.5	7	6.5		
Health Systems & Policy	PhD	9	5.4	12	8.4		
Biostatistics	MS	12	5.7	9	4.3		
Health Studies	MA/ MS	7	5.8	8	5.8		
Health Studies (5)	BA/BS	1,180	961.5	1,233	982		
<b>Total OMPH/SPH</b>		1,382	1,078	1,439	1,121		

Both total headcount and FTE student enrollment is slightly on the rise (4% and 2% respectively), but explained largely to the inclusion of the undergraduate program under the OMPH umbrella. With the withdrawal of Oregon State University from the OMPH program, we added degree offerings by splitting the EPI/BIO program into separate programs and developing a new MPH program, ESHH. Fortunately, the wealth of faculty expertise in these fields, previously underutilized in the public health programs, made this a relatively easy transition. MPH enrollment in biostatistics and environmental systems is lower than desirable. However, other MPH programs are increasing including epidemiology, health management and policy, and health promotion. The new doctoral programs are also increasing slightly. We are monitoring students enrolled in the new programs to ensure there is sufficient growth to sustain the offerings. We expect growth in biostatistics given the great need for individuals with these skills for research as well as the evaluation of health policy outcomes.

**4.3.f. Identification of measurable objectives by which the School may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the School against those measures for each of the last three years.**









 Things are going well.  Watch this more closely.  Target not met; need to act.

Table 4.3.f.1 Measureable Objectives for Evaluating Success in Enrolling Qualified Student Body					
		Target	2013-14	2014-15	2015-16
	<b>Applicants accepting offers of admission are from at least one of the targeted recruitment groups</b>	<b>40%</b>			
	<b>URM Undergraduates</b>	<b>NA</b>	23% (36/155)	40% (65/163)	36% (64/180)
	<b>URM MPH students</b>	<b>NA</b>	17% (12/70)	25% (16/63)	23% (14/60)
	<b>URM PhD students</b>	<b>NA</b>	33% (2/6)	18% (2/11)	10% (1/10)
	<b>Pell Grant Recipients (BA/BS)</b>	<b>50%</b>	66% (709/1073)	65% (767/1180)	51% (623/1233)
	<b>Disadvantaged Background (MPH)</b>	<b>40%</b>	NA	43%	55%
	<b>Previous Public Health Experience</b>	<b>70%</b>	NA	83%	79%
	<b>MPH accepted applicants enroll</b>	<b>40%</b>	36% (70/196)	43% (63/146)	32% (60/189)
	<b>MA/MS accepted applicants enroll</b>	<b>50%</b>	86% (6/7)	67% (2/3)	50% (3/6)
	<b>PhD accepted applicants enroll</b>	<b>45%</b>	100% (6/6)	73% (11/15)	50% (10/20)
	<b>GRE Test scores for MPH applicants that matriculate<sup>3</sup></b>	<b>V and Q of 75%</b>	NA	V: 73% Q: 73%	V: 79% Q: 74%

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

This criterion is met.

**Strengths**

- The SPH uses SOPHAS across all graduate programs; the School added new staff dedicated to data management, reporting, and analysis.
- The undergraduate program attracts diverse students.
- PhD students have opportunities for acquiring mentored teaching experience in public health

**Weaknesses**

- Students express frustration with navigating multiple websites to locate information
- We are slowly rebranding from the Oregon MPH to OHSU-PSU SPH
- Recruiting doctoral students with diverse experiences is challenging.

**Plans**

- SPH will implement new communication plan to position and message its mission, goals and objectives to its constituency groups using new print materials, social media, and other tools.
- The new website will launch successfully in fall 2016.
- Develop targeted recruitment resources to support greater enrollment of students with diverse experiences to ensure their success.
- Develop culture that regards success of diverse students as the responsibility of the student, faculty, and staff. Through our policies, practices, attitudes and knowledge we have the power to create conditions that make student success possible.

#### 4.4 Advising and Career Counseling

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

**4.4.a. Description of the School's advising services for students in all degree programs, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.**

The School designs advising services to ensure students (1) receive guidance appropriate to their degree level and type, (2) make adequate academic progress through their programs of study, and (3) take advantage of available career options. With the exception of the undergraduate programs, primary faculty members serve the role of advisor and mentor for graduate students. For undergraduate public health students, there are two types of advisors. Professional advisors are knowledgeable about the general and specific requirements for a baccalaureate. They appointed through a competitive process. In addition, two faculty members at the rank of senior instructor II, who teach exclusively in the BA/BS programs, also serve as academic advisors and internship advisors for students in the health studies concentrations.

The 2016 student survey added questions about their opinions about the student handbooks and their advising experiences. The prompt asked students to agree (or disagree) with the statement: *"The program student handbooks and website materials on program requirements are useful."* The lower rating by doctoral students coincides with the lack of availability of student handbooks for two of the three PhD programs. For 2016-17, all PhD programs produced student handbooks, which faculty approved by July 1, 2016 for the next academic year, 2016-17.

<b>Table 4.4.a.1 Student Opinions About the Usefulness of Student Handbooks by Level of Study</b>			
	<b>Masters</b>	<b>Doctorate</b>	<b>Undergraduates</b>
<b>Percent "Agree" and "Strongly agree"</b>	75%	59%	80%
<b>Mean Rating (on 4-point scale)</b>	2.9	2.6	2.9

Given the low opinions about advising of MPH students in the prior two student surveys, we added questions about student opinions about advising practices. These questions included the number of times students met with their advisor this academic year; how much time it takes to get an appointment with an advisor; and student opinions about the advising experience. The prompt asked students to agree (or disagree) with the statement: *How well do you agree with the following statements regarding your experience with your advisor?*

<b>Table 4.4.a.2 Student Opinions About the Advising Experience by Level of Study</b>						
	<b>Masters</b>		<b>Doctorate</b>		<b>Undergraduates</b>	
<b>My advisor is...</b>	<b>Mean</b>	<b>Agree</b>	<b>Mean</b>	<b>Agree</b>	<b>Mean</b>	<b>Agree</b>
<b>An attentive listener</b>	3.2	83%	3.4	84%	3.5	97%
<b>Knows degree requirements</b>	2.9	71%	2.9	66%	3.5	93%
<b>Is genuinely interested in my success</b>	3.0	68%	3.5	83%	3.5	92%
<b>Directs me to academic support services</b>	2.8	61%	3.0	67%	3.5	95%

Table 4.4.a.2 Student Opinions About the Advising Experience by Level of Study						
	<i>Masters</i>		<i>Doctorate</i>		<i>Undergraduates</i>	
<b>Provides career and job guidance</b>	2.6	51%	3.5	84%	3.2	85%
<b>Provides consistent information</b>	2.8	62%	3.3	75%	3.4	93%

These findings will be discussed by the Academic Policy and Curriculum Committee in 2016-17 to develop a recommendation to improve academic advising

Specific information about student handbooks and advising is provided by degree level in the following order MPH, MA/MS, PhD and BA/BS.

### MPH Degree Programs

The program director assigns each matriculating student an individual advisor based on students' expressed interests, prior academic preparation, and current faculty advising loads. Students and advisors meet at least once per quarter. Advisors help students plan their program of study and monitor student progress throughout the program. If students encounter problems related to the curriculum, their faculty advisors assist in resolving them. Students may request a change in advisor, when interests align better and if all parties agree.

Within the MPH program, advising takes place at the program level and is guided and supported by the *MPH Student handbooks*. With the exception of the Health Promotion program (see below), only primary/core faculty are eligible to serve as advisors. Although typically informal, faculty orientations to student advising responsibilities share aspects in common across programs. These include: Experienced faculty advisors orient newer faculty and mentor them as needed; all faculty can easily access the program-specific student handbook, and all faculty receive advising updates and review advising matters during general and program-specific faculty meetings.

- **Biostatistics** faculty members provide group-advising sessions for students from all Biostatistics programs (MPH, MS, and Graduate Certificate) at the beginning of fall and spring quarters. These sessions address student questions related to their progress in the program.
- **Environmental Systems & Human Health** core faculty members provide group-advising sessions for all ESHH students during fall and spring quarters. In addition, each student is assigned an individual advisor who meets with each student in the fall and as needed throughout the academic year.
- **Epidemiology** has recently transitioned from using a group-advising format to one-on-one faculty advising. During 2015-16, the program piloted weekly advising drop-in hours staffed by the program director, education program manager, and field experience coordinator.
- **Health Management & Policy** limits student-advising responsibilities to primary HMP faculty members to ensure that all advisors have extensive program knowledge and a wide network of management professionals to draw upon in their advising duties. For new faculty, academic advising is part of their orientation to their faculty responsibilities.
- The **Health Promotion** program director meets with all incoming faculty during their first term to help orient them to their student advising responsibilities. This orientation includes general program context and specific policies, procedures, and resources. Every tenure-line faculty



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member is eligible to be an advisor; non-tenure program faculty are asked to advise only when there is a temporary shortage of advisors (e.g., sabbaticals, maternity, medical, and other leaves).

- In **Primary Health Care & Health Disparities**, which is exclusively an on-line program designed for working professionals, advisor assignments are based on faculty advisor availability, knowledge of the program, and familiarity with Degree Works, which is a web-based tool to help students and advisors monitor a student's progress toward completing degree. To encourage faculty to use Degree Works to facilitate student advising, more experienced advisors coach newer advisors via email or telephone while they learn the Degree Works programming system, program requirements, and resources.

Faculty advisors collaborate with field experience coordinators to oversee students' selection of field experience sites (Organizational Experience in HMP) and to monitor student progress toward competency attainment. Faculty advisors facilitate connections with potential FE/OE sites, guide development of students' applications, and participate in the evaluation of FE/OE final reports and presentations. Advisors provide letters of recommendation and serve as references. They also encourage students to attend networking events and to develop connections with public health professionals, thereby mentoring and guiding their advisees' career development.

**New Student Orientation and Student Handbooks.** At the beginning of each academic year, incoming MPH students attend a New Student Orientation during which they receive a program overview and meet within their respective programs for information related to their specialized courses of study. New Student Orientation provides opportunities to meet faculty and students from across the School, representatives from student organizations, and alumni. Faculty leadership reviews feedback from evaluations collected at the orientation's conclusion and in the annual student surveys. Based on their feedback, student-driven improvements implemented include:

- Added a session in which recent alumni share best practices for academic success and lessons learned while seeking employment after graduating;
- Added recommendations for working effectively with a faculty advisor; and
- Increased opportunities for informal conversation and networking during the day.

Updated annually, MPH [student handbooks](#) include program and program-specific information, including descriptions of the program's structure, governance, policies and program statements, contact information, frequently asked questions, program-level competencies, and student resources. Program information includes competencies, curriculum, campus and unit resources, field experience information, and description of the culminating experiences.

#### MA/MS Degree Programs

**Biostatistics.** Advising processes for MS students in biostatistics are the same as those for students in the MPH program. Each program assigns an advisor to the incoming MS students. Group advising sessions are held at the beginning of fall and spring quarters and are open to all MPH, MS, and Certificate students. These sessions address students' issues and concerns related to their academic progress through the program. Faculty advisor assistance is part of the program support provided to MS students during completion of their required data analysis project. This is a 3-credit requirement involving advising support, which we believe is straightforward and uncomplicated.

**Health Studies.** For over 10 years, student advising for the MA/MS in health studies has been the primary responsibility of a senior faculty member with expertise in exercise and physical activity. This single contact ensures that MS students will receive the academic advising they need to progress through the program in a timely manner. It also increases the likelihood of compatibility between the student's thesis or project with the faculty advisor's research expertise, enhancing the likelihood that students will complete their thesis, or project, successfully.

### PhD Programs

Upon entry into one of the PhD programs in Community Health, Epidemiology, or Health Systems & Policy, each student has a faculty advisor assigned based on faculty eligibility, availability, and common research interests. The advisor helps to guide and familiarize the student with program faculty, available courses, and other program resources. Faculty advisor duties include the following:

- Assist students in their transition to doctoral student life;
- Provide overall guidance and academic support to students, including reviewing student progress, through regular meetings throughout the student's program of study;
- Recommend approval of transfer courses and course substitutions;
- Ensure all required courses as well as electives relevant to students' proposed dissertation research are completed (e.g., HSP Program Planner, EPI Individualized Development Plan);
- Mentor students on research activities and support students in assembling a dissertation committee;
- Notify students of relevant SPH, community level, and national professional development events and services, and encouraging students to participate; and
- Provide timely support and guidance to advisees who are in academic or personal difficulty.
- A student may request a change in advisor if the other faculty member agrees to assume the advisor role. The new faculty advisor must have resources to support the student in epidemiology.

Student handbooks for each PhD address topics including program competencies, admissions policies and procedures, general degree requirements, curricular requirements, rules and procedures, comprehensive examination and dissertation requirements, and opportunities for student funding. Health Systems & Policy completed a [student handbook](#) in fall 2105. Community Health faculty approved their [student handbook](#) by July 2016. Epidemiology will complete its [student handbook](#) by August 2016. All PhD programs will have comprehensive student handbooks available for students in fall 2016.

In the PhD in Epidemiology, the faculty advisor works with the student annually to develop and monitor academic progress using the "Individualized Development Plan." The plan begins with selecting courses, preparing for the qualifying exam, and guiding the student on a dissertation proposal.

### BA/BS Degree Program

Historically, the baccalaureate program in health studies had 0 .7 FTE of professional advisors trained to work with Health Studies majors coupled with a peer-mentoring program that provides students with additional support options. Students schedule appointments as needed. Advisors encourage students to seek advising at least once per academic year and to contact advising services regularly. Advisors also visit introductory PHE courses to inform students about advising and career services, and they email students with new information as it becomes available.

#### Criterion 4: Faculty, Staff, and Students

Students can locate [advising information online](#), including advising sheets; information about majors and concentrations, internships, and career options; and advisor contact information. Students enrolled in the Health Science concentration receive additional guidance from pre-health advisors in the College of Liberal Arts and Sciences to help them prepare for careers in the health professions. All advising units collaborate to ensure these students are successful.

Undergraduate advisors attend monthly trainings conducted by the PSU Office of Advising and Career Services. These sessions cover information on changes to general education requirements, student conduct and dismissal policies and procedures, filing a grievance or petitions, scholarships, and financial aid. Undergraduate advisors in the SPH also attend weekly meetings to discuss advising strategies for success.

The ratio of undergraduate health studies students to advisors in fall 2015 was 1683:1. This high advising ratio came to the attention of the PSU provosts in 2015. A University-wide undergraduate advising initiative added 1.0 FTE to the SPH for undergraduate advising, and reallocated a 1.0 FTE new position to SPH from another PSU unit, to improve student retention and graduation rates. This will increase the advising FTE to 2.7 and reduce the student-advisor ratio to 436:1 for the beginning of the 2016 academic year. PSU Provost Andrews further committed to adding another 1.0 FTE advising position to SPH in 2017-18, using resources currently dedicated to project coordination in another unit. This position will reduce the student-advisor ratio to 318:1 in 2017-18. This ratio also provides the necessary capacity should the undergraduate program grow (see [PSU Advisor Allocation Plan](#) and [Provost Memo](#)).

**4.4.b. Description of the School's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to specific needs in the School's student population.**

The School's career counselling services is influence, in part, by the formal arrangements of each University in the collaboration. Portland State University's Office of Advising and Career Services provides all PSU students access to help with researching careers and preparing for employment. Although OHSU does not have a formal office of advising and career services, as a result of the transition from a program to the School is extend access to this resource to all SPH students. The Center offers career fairs, practice experience fairs, and workshops on resume writing. A designated career advisor, Leena Shrestha, specializes in health-related careers and refers students for career counseling. The academic and career advisor also visits undergraduate classes to speak about services the [Advising and Career Center](#) offers. See ERF [Exploration of Careers](#)

**Graduate Advising.** In addition to the comprehensive career services provided by PSU's Career and Advising Center, SPH graduate students receive essential career advising and support from their faculty advisors to progress through their graduate programs. The SPH also sponsors events to socialize students into the culture of the discipline and professional responsibility throughout the year. The following list provides some examples:

- Students are encouraged to attend the annual APHA and OPHA conferences to take advantage of professional networking and to socialize students to public health career opportunities.
- As faculty advisors cannot provide all of the guidance and support a graduate student needs, the advisor introduces students to other faculty, staff, and students who share corresponding interests.
- Under the expert guidance of a faculty member, the formal field experience supports the integration and synthesis of program content, as well as planning for future career directions.
- Alumni are regularly included as keynote speakers and participate on symposium and orientation panels, providing perspectives on the job search process and market.

#### Criterion 4: Faculty, Staff, and Students

- The SPH widely disseminates information about position openings and field experience opportunities to students and alumni through postings on the website [Career Opportunities page](#) and in the monthly *SPH Student Digest*. Using program listservs, all students receive e-mails about job opportunities.
- Faculty write letters of recommendation for students, serve as individual references for them, and welcome students into their own professional networks.

##### **4.4.c. Information about student satisfaction with advising and career counseling services.**

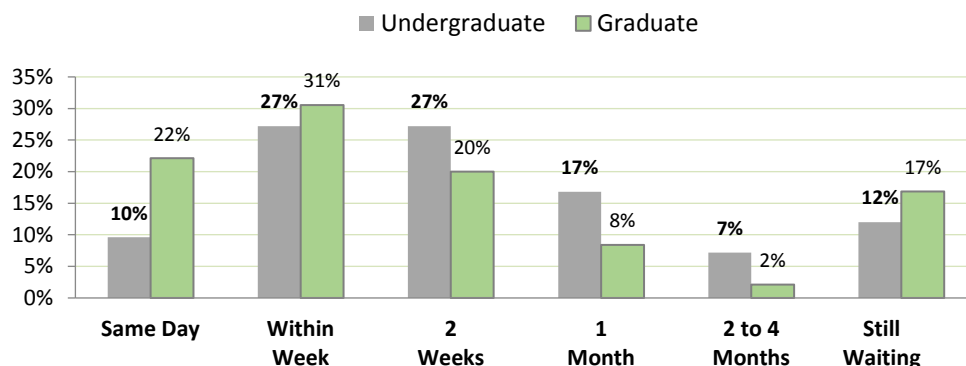
Student surveys ask students about their satisfaction with advising or mentoring and career counseling. The target is for 80% of students to report satisfaction with advising and career counseling services. The annual student survey takes place in the spring of each year. Prior to this year, the survey included only students in the OMPH program. The 2016 student survey included graduate students in MA/MS and PhD programs in the School and undergraduate students in the four health studies concentrations and applied health and fitness. We analyze and report the satisfaction rating by level of study (graduate student versus undergraduate student) to conform to the School's performance metrics. The response rates for the MPH (2014 and 2015) and graduate students (2016) was 48%.

Satisfaction ratings differed between graduate and undergraduate students. Only three out of five MPH respondents were satisfied with academic advising in 2014 and 2015, but nine out of ten undergraduates in health studies were satisfied in 2015. In 2016, 69% of all graduate students were satisfied with advising more than 9 out of 10 undergraduates in health studies were satisfied with academic advising. This finding contrasted with predictions that a lower student-to-advisor ratio would be associated with a higher level of student satisfaction. The high student-to-advisor ratio for undergraduates required further exploration.

In the 2016 student survey, we asked students, "How long did it take to get an appointment your advisor?" We also asked whether they agreed with statement associated with advising best practices, "My advisor is...:

- Easy to talk to and an attentive listener
- Knowledgeable of my degree requirements, course options, and academic policies
- Genuinely interested in my academic progress
- Knowledgeable about academic support services on campus and can direct me toward the office or person with the information I need
- A source of guidance on careers or jobs that match my skills and interests
- Is consistent with information from faculty and administrators

**Table 4.4.c.1 Scheduling a Meeting with Academic Advisor  
2016 Student Survey**



**4.4.d. Description of the procedures by which students may communicate their concerns to School officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.**

Students have several options for communicating their concerns about academic questions or concerns. First, the SPH Program websites offer contact information for academic programs, including options for direct feedback to the Office of the Dean. Second, all students are sent an electronic Annual Student Survey requesting anonymous scaled and open-ended feedback about their academic programs. Third, the Student Leadership Council provides channels through which students may send specific ideas and concerns directly to the Associate Dean for Academic Affairs and the Associate Dean for Undergraduate Studies. Students may also contact their MPH program coordinator or PhD program director with a specific concern. Grievance procedures are included in the MPH and PhD Student handbooks. Over the last three years, OMPH/SPH students have not filed either a formal complaint or grievance. School and program leadership make every effort to resolve concerns at the program or program level. If all efforts at remediation fail, students follow their respective Institutional grievance and complaint processes. Descriptions of these processes are located in:

[OHSU Student General Grievance and Complaint Procedures](#)  
[OHSU Student Grievance Procedure](#)  
[PSU Office of Equity & Compliance Investigative Procedure](#)

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

This criterion is met, with comment.

**Strengths**

- All programs tailor career-counseling services for students in their degree programs; students at PSU may access the PSU's Office of Advising and Career Services.
- OMPH/SPH offers a career-advising workshop for MPH students, usually once a year.
- All programs have well-developed student grievance and academic misconduct policies.

**Weaknesses**

#### Criterion 4: Faculty, Staff, and Students

- The student-to-advisor ratio in the undergraduate program is well below national standards, and poses a threat to student retention, time-to-degree, and degree completion especially for underrepresented populations. This poses a barrier to providing a more diverse workforce.
- The satisfaction ratings by MPH students for academic advising are well below the target of 80% for two years in a row, despite low student-faculty-ratios.

#### Plans

- New central resources for advising will reduce the ratio of undergraduate students to advisors to within national standards in two academic years.
- SPH will prioritize faculty development on graduate student advising, monitor changes in student ratings, and determine if there are gaps in satisfaction and academic outcomes among student populations
- SPH will expand career workshops to students enrolled in all public health programs and degree levels.
- The School will harmonize policy and processes for student grievance and academic misconduct with School-level administrative processes ending with dean review and approval of proposed actions or remedies. The new SPH website will provide information for students on the procedures to file a grievance.