OHSU-PSU SCHOOL OF PUBLIC HEALTH

Self-study Report

The Council on Education for Public Health

OHSU

Portland State UNIVERSITY

SCHOOL OF PUBLIC HEALTH

OHSU-PSU School of Public Health

Self-study DRAFT for CEPH Accreditation

March 2022

Table of Abbreviations

Abbreviation	Definition
AAEO	Affirmative Action and Equal Opportunity
AAUP	American Association of University Professors
AIMs	Assessment Innovation Mini-grants (Portland State University)
APC	Academic Personnel Committee (School of Public Health)
APCC	Academic Policy & Curriculum Committee (School of Public Health)
APHA	American Public Health Association
APR	Academic Program Review (Oregon Health & Science University)
ASBMR	American Society for Bone and Mineral Research
ASPPH	Association of Schools and Programs of Public Health
BCCC	Bridges Collaborative Care Clinic
BDP	Biostatistics and Design Program (Oregon Health & Science University)
BICC	Biomedical Information Communication Center
BS/BA	Bachelor of Science / Bachelor of Arts
CEC	Community Engagement Committee
CEU	Continuing Education Units
CMBM	Center for Mind-Body Medicine
CORE	Community Outreach, Research, & Engagement (Oregon Health & Science University)
CPH	Certified in Public Health
CRRU	COVID Response & Recovery Unit
CSA	Community Supported Agriculture
CUPA	College of Urban & Public Affairs (Portland State University)
D2L	Desire2Learn (Portland State University)
DARS	Degree Audit Report
DEIC	Diversity, Equity, & Inclusion Committee (School of Public Health)
DOHaD	Developmental Origins of Health and Disease
E&G	Education and General
EAA	Employee Assignment Agreement
EAC	External Advisory Council (School of Public Health)
ECHO	Extension for Community Healthcare Outcomes
EMS	Emergency Medical Services
EPA	Environmental Protection Agency
FERPA	Family Educational Rights and Privacy Act
FREE	Foster Respectful & Equitable Education program (Oregon Health & Science University)
FTE	Full Time Equivalent
GDI	Global Diversity & Inclusion (Portland State University)
GIS	Geographic Information Systems
GPA	Grade Point Average

GRE	Graduate Record Examinations
HECC	Higher Education Coordinating Commission
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resources & Services Administration
HSPR	Health Security, Preparedness, and Response
IDC	Indirect Cost Recovery
IELTS	International English Language Testing System
IP	Integrative Project
IPDA	Individual Professional Development Accounts
IPEDS	Integrated Postsecondary Education Data System
ITG	Information Technology Group (Oregon Health & Science University)
MS/MPH	Master of Science / Master of Public Health
NCFDD	National Center for Faculty Development and Diversity
NIH	National Institutes of Health
NILOA	National Institute for Learning Outcomes Assessment
NPAIHB	Northwest Portland Area Indian Health Board
NTT	Non-Tenure Track
NWCCU	Northwest Commission on Colleges and Universities
NWCPHP	Northwest Center for Public Health Practice
OAI	Office of Academic Innovation (Portland State University)
OHA	Oregon Health Authority
OHSU	Oregon Health & Science University
OIRP	Office of Institutional Research & Planning (Portland State University)
OIT	Office of Information Technology (Portland State University)
OPHA	Oregon Public Health Association
ORPRN	Oregon Rural Practice-based Research Network
OSU	Oregon State University
PCC	Portland Community College
PE	Practice Experience
PE/IP	Practice Experience/Integrative Project
PH WINS	Public Health Workforce Interests & Needs Survey
PhD	Doctor of Philosophy
PHI	Protected Health Information
PHSO	Public Health Student Organization
PI	Primary Investigator
PIN	Primary Investor Program
PSU	Portland State University
PSUFA	Portland State University Faculty Association
PWDC	Professional Workforce Development Committee (School of Public Health)
REALD	Race, Ethnicity, Language & Disability
RCAT	Revenue Cost Attribution Tool

REI	Racial Equity & Inclusion
SAC	Student Affairs Committee (School of Public Health
SLC	Student Leadership Council (School of Public Health)
SOGI	Sexual Orientation and Gender Identity
SOPHAS	Schools of Public Health Application System
SPH	School of Public Health
TLC	Teaching & Learning Center (Oregon Health & Science University)
TOEFL	Test Of English as a Foreign Language
UCSF	University of California, San Francisco
VLAB	PSU's Virtual Computer Lab
WES	World Education Services
WICHE	Western Interstate Commission for Higher Education
WRGP	Western Regional Graduate Program

Table of Contents

Table of Abbreviations 2
Introduction 7
A1. Organization and Administrative Processes 21
A2. Multi-Partner Schools 31
A3. Student Engagement 34
A4. Autonomy for Schools of Public Health 37
A5. Degree Offerings in Schools of Public Health 39
B1. Guiding Statements 40
B2. Graduation Rates 42
B3. Post-Graduation Outcomes 52
B4. Alumni Perceptions of Curricular Effectiveness 55
B5. Defining Evaluation Practices 58
B6. Use of Evaluation Data 64
C1. Fiscal Resources 66
C2. Faculty Resources 72
C3. Staff and Other Personnel Resources 80
C4. Physical Resources 82
C5. Information and Technology Resources 85
D1. MPH & DrPH Foundational Public Health Knowledge 89
D2. MPH Foundational Competencies 99
D3. DrPH Foundational Competencies (if applicable) 136
D4. MPH & DrPH Concentration Competencies 137
D5. MPH Applied Practice Experiences 195
D6. DrPH Applied Practice Experience 198
D7. MPH Integrative Learning Experience 199
D8. DrPH Integrative Learning Experience 204
D9. Public Health Bachelor's Degree General Curriculum 205
D10. Public Health Bachelor's Degree Foundational Domains 210
D11. Public Health Bachelor's Degree Foundational Competencies 220
D12. Public Health Bachelor's Degree Cumulative and Experiential Activities 229
D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences 232
D14. MPH Program Length 236

D15. DrPH Program Length 237
D16. Bachelor's Degree Program Length 238
D17. Academic Public Health Master's Degrees 240
D18. Academic Public Health Doctoral Degrees 261
D19. All Remaining Degrees 314
D20. Distance Education 318
E1. Faculty Alignment with Degrees Offered 323
E2. Integration of Faculty with Practice Experience 335
E3. Faculty Instructional Effectiveness 338
E4. Faculty Scholarship 346
E5. Faculty Extramural Service 352
F1. Community Involvement in School Evaluation and Assessment 359
F2. Student Involvement in Community and Professional Service 363
F3. Assessment of the Community's Professional Development Needs 366
F4. Delivery of Professional Development Opportunities for the Workforce 369
G1. Diversity and Cultural Competence 372
H1. Academic Advising 377
H2. Career Advising 382
H3. Student Complaint Procedures 386
H4. Student Recruitment and Admissions 389
H5. Publication of Educational Offerings 393

Introduction

1) Describe the institutional environment, which includes the following:

a. year institution was established and its type (eg, private, public, land-grant, etc.)

The OHSU-PSU School of Public Health is a joint school between Oregon Health & Science University (OHSU) and Portland State University (PSU) that was established in 2016. OHSU was established in 1887 and is Oregon's only academic health center. PSU was established in 1946 and is a public research university.

b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

OHSU is comprised of four schools and one college. In addition to the OHSU-PSU School of Public Health, OHSU consists of the School of Dentistry, School of Medicine, School of Nursing, and College of Pharmacy, which offers a joint Pharm.D. between OHSU and Oregon State University.

OHSU offers seven bachelor's degrees, 22 master's degrees, and 21 research and professional practice doctoral degrees.

PSU is comprised of three schools and seven colleges: In addition to the OHSU-PSU School of Public Health, PSU consists of School of Social Work and School of Business, as well as College of Liberal Arts & Sciences, College of the Arts, College of Education, College of Urban & Public Affairs, Maseeh College of Engineering & Computer Science, University Honors College, and The Graduate School.

PSU offers 111 bachelor's degrees, 76 master's degrees, and 24 research and professional practice doctoral degrees.

c. number of university faculty, staff and students

	OHSU	PSU
Faculty	3,166	1,828
Staff	14,294	1,455
Students	3,035	23,979

Note: Data for both OHSU and PSU are from fall term AY2021-22; OHSU data provided by Office of the Registrar; PSU data provided by the Office of Institutional Research & Planning

d. brief statement of distinguishing university facts and characteristics

Oregon Health & Science University
Oregon Health & Science University (OHSU) is a public research university and corporation located in Portland, OR. OHSU was established to improve the health and quality of life for all Oregonians through excellence, innovation, and leadership in health care, education, and research. OHSU is an academic medical center charged with training physicians, nurses, dentists, and pharmacists for the State of Oregon and to advance medical science.

OHSU began as the University of Oregon Medical School when Willamette University and the University of Oregon merged their medical programs in 1915. In 1919, the institution moved to its current location on Marquam Hill in southwest Portland. Following a series of mergers that led to a diversification of educational programs, Oregon Health & Science University emerged in 2001.

Recently, OHSU was named by US News & World Report (2021) as the best hospital in Oregon and recognized as a 2020 Excellence in Assessment Designee from the National Institute for Learning Outcomes Assessment (NILOA) for its commitment to a culture of evidence-based decision-making and becoming a leader in health and science innovation.

Portland State University
Portland State University (PSU) is an urban, full-service public university located in Portland, OR. PSU is designated by the Carnegie Classification of Institutions of Higher Education as having "higher research activity." PSU's motto is *Let Knowledge Service the City*. PSU is proud to celebrate its 75th anniversary in 2021-22.

PSU was established as the Vanport Extension Center in 1946 in the Vanport neighborhood in Northeast Portland. At the time, Vanport was primarily home to returning African-American World War II veterans. The Vanport Extension Center was established to welcome veterans looking for an opportunity to begin their higher education. Following the devastating and deadly Vanport flood in May 1948, the Vanport Extension Center relocated to downtown Portland. Following this move, the institution was renamed Portland State College and later Portland State University.

PSU has grown into Oregon's leading major urban research center and is nationally recognized for its work on community engagement, where students and faculty use their capacity and expertise to help communities solve problems. PSU is characterized by a diverse research portfolio, which includes scholarship applied to problems in Portland, Oregon, and the Pacific Northwest. PSU's investment in racial justice and equity is propelling it forward and affirming its commitment to access in higher education.

Recently, PSU was named by *US News & World Report* (2020) as the best national university in Oregon for social mobility and service learning, as well as Oregon's most innovative campus. Other notable rankings can be viewed here: https://www.pdx.edu/portland-state-university-rankings.

e. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds

Both OHSU and PSU are institutionally accredited by the Northwest Commission on Colleges and Universities (NWCCU). NWCCU is one of the six institutional accrediting bodies recognized by the U.S. Department of Education.

OHSU's NWCCU accreditation was most recently reaffirmed in October 2018. The Year Six report reviewing institutional policies, regulations, and financial report was submitted in fall 2021, with an evaluation of institutional effectiveness in fall 2022. For more information about OHSU's NWCCU accreditation, please see https://www.ohsu.edu/education/accreditation.

PSU's NWCCU accreditation was reaffirmed in fall 2015. The Year Six report reviewing the institutional policies, regulations, and financial reports was submitted in fall 2021, with the Year Seven evaluation of institutional effectiveness report due in fall 2022. For more information about PSU's NWCCU accreditation, please see: https://www.pdx.edu/academic-affairs/accreditation-assessment-academic-program-review.

Currently, OHSU has 25 academic fields of study that respond to 14 different specialized accrediting bodies, in addition to CEPH. Information about specialized accreditation to which OHSU responds is located in ERF > Introduction > Intro 1e-1 – OHSU Specialized Accreditation. PSU currently has 24 academic areas responding to 16 different specialized accrediting bodies besides CEPH. Information about specialized accreditation to which PSU responds to is located in ERF > Introduction > Intro 1e-2 – PSU Specialized Accreditation.

f. brief history and evolution of the school of public health (SPH) and related organizational elements, if applicable (eg, date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

The School of Public Health leverages the strengths of OHSU and PSU's respective vision and mission, and the advantages of the Portland metropolitan area. OHSU's biomedical focus and traditional research portfolio, combined with PSU's mission to advance research with an expertise in community engagement and social justice, provides an important synergy for the School of Public Health. The School's educational focus is in six areas: biostatistics, health promotion and community health, environmental systems and human health, epidemiology, health systems management and policy, and public health practice. The School approaches each of these educational areas with a social justice, equity, and an increasingly antiracist lens. The collaboration and partnership between OHSU and PSU are essential to the success of the School of Public Health.

The School of Public Health builds on the Oregon MPH program, a 22-year partnership between OHSU, PSU, and Oregon State University. The Oregon MPH program was established with the approval from the Oregon State Board of Higher Education in 1994 and accredited by CEPH in 1996. The purpose of the Oregon MPH program was to leverage the collective resources of OHSU, PSU, and Oregon State University (OSU) to educate public health professionals throughout Oregon. In 2009, Oregon State University announced its intention to withdraw from the Oregon MPH partnership to form its College of Public Health and Human Sciences.

In response, OHSU and PSU leadership formed the OHSU-PSU Strategic Partnership Taskforce in 2010. The purpose of the task force was to investigate the feasibility of establishing a "joint" school of public health. On the recommendation of the task force, the OHSU-PSU Steering Committee of the School of Public Health Initiative was formed. The committee consisted of leadership and faculty from the existing MPH programs, PSU's College of Urban & Public Affairs (CUPA), OHSU's School of Medicine, OHSU's School of Nursing, and the provosts from both institutions. Elena Andresen (now OHSU Provost Emeritus) was selected as interim dean to do the initial planning work, engagement in the self-study process, and seeking initial CEPH accreditation. In July 2015, NWCCU approved the establishment of the School of Public Health and CEPH awarded the School initial accreditation in 2017. David Bangsberg was named the Dean in July 2016 and began at the School of Public Health in September 2016.

The foundation of the School followed an institutional equity model. The model established: 1) one school of public health with one dean reporting to two provosts, 2) one primary faculty body with appointments in the School of Public Health, and 3) one unified student body. Each faculty member is employed at either OHSU or PSU, but receives an appointment at both institutions. OHSU and PSU contribute to the School's leadership team. The School was assembled from existing academic units at OHSU and PSU: OHSU's Department of Public Health and Preventive Medicine, OHSU's Institute for Environmental Health, PSU's School of Community Health and PSU's Division of Public Administration in the Mark O. Hatfield School of Government.

The School of Public Health faced initial challenges in establishing itself. The new partnership required the merging of two cultures and the creation of untested administrative policies, practices, and mechanisms involving two distinct universities. The composition of faculty committees, consisting of a balance between OHSU and PSU faculty, has led to a successful blending of the two cultures (see A1. Organization and Administrative Processes). The School of Public Health's Ops Team regularly works to identify and remedy institutional sticking points to ensure a more successful collaboration between OHSU and PSU in service of the joint School of Public Health (see A4. Autonomy for Schools of Public Health). The School has continued to develop under multiple institutional leadership transitions, including six provosts (three each at OHSU and PSU) and five presidents (two at OHSU, three at PSU) since its foundation.

More recently, the School has experienced an unprecedented confluence of economic, social, political, and climate-change stressors. The COVID-19 pandemic created economic stressors at both parent institutions. In preparation for the initial COVID-19 surge, OHSU suspended all elective clinical services, which led to broad-scale salary reductions. These reductions were temporary, with a graduated scale to minimize the financial impact on individuals, and eliminate impact on personnel making less than $50,000 per year. These salary reductions were restored after two months and employees "made whole" with compensation of lost salary amounts. As a tuition revenue-dependent institution, PSU's enrollment declines had a strong fiscal impact that led to staff furloughs. Both institutions initiated hiring freezes in response to COVID-related economic stressors, which prevented the School of Public Health from moving forward with both planned and in-progress faculty and staff hires.

COVID-related stressors, including illness, isolation, employment loss, school closures, and the sharp increase in bias-crimes directed at Asian and Asian-Americans impacted School of Public Health faculty, staff, and students. For nearly a year, Portland was the center of daily racial reckoning protests, characterized by violent clashes between ant-fascist, civil rights, and far-right groups. These were further exacerbated by the deployment of federal law enforcement officers over the objection of local and state leadership. These protests occurred adjacent to and, in some cases, on PSU's campus. School of Public Health faculty, staff, and students who participated in the protests were strongly impacted by the violence of these protests. Faculty, staff, and students who did not directly participate were traumatized by the gun fire, tear gas, flash grenades, and ongoing destruction of Portland.

Climate-change related stressors have recently impacted Portland in several ways, including: a) two summers of extreme wildfires and poor air quality that led to widespread population displacement, b) an ice storm that led to wide-spread, prolonged power outages across the Portland metropolitan area, and c) a series of extreme heat events in which daily high temperatures exceeded 110 degrees. These economic, social, political, and environmental stressors have had a long-term, disruptive effect on the psychological and physiological health of School of Public Health faculty, staff, and students—in particular, faculty, staff, and students of color.

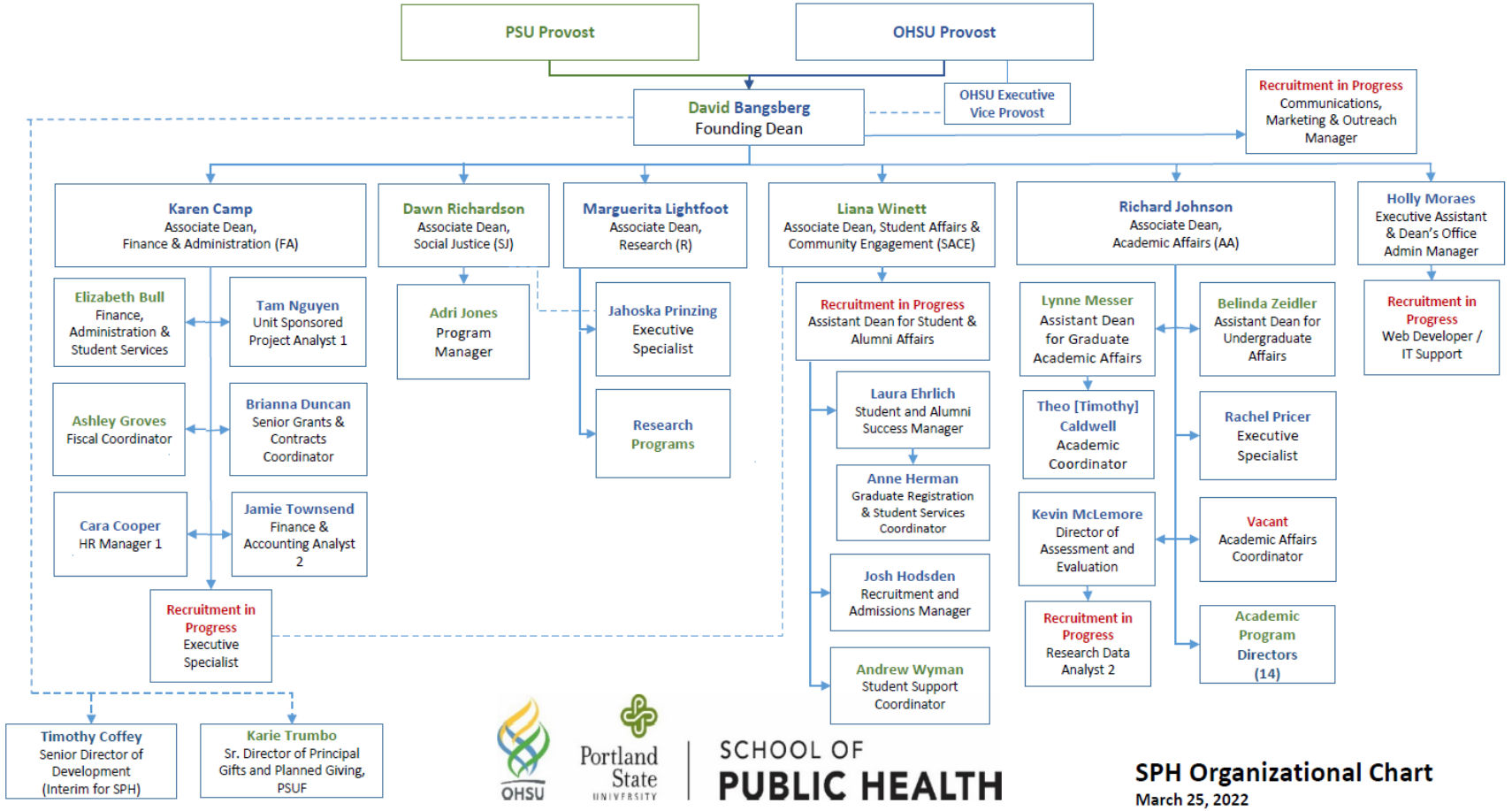
Despite these unprecedented challenges, the School of Public Health is growing. In the past three years, the School of Public Health has experienced increases in applications and enrollment. Since AY2018-19, the number of applications for the MS/MPH programs has increased 59% and during the same period of time, MS/MPH enrollment has grown 26%. The School has hired four primary instructional faculty in the current academic year to replace seven faculty retirements or departures, and has five ongoing faculty searches. The School is also preparing for a cluster hire of underrepresented faculty with lived experience and expertise in racism and oppression. The School has expanded its leadership team to elevate critical pieces of its vision, mission, values, and goals, including: an Assistant Dean for Graduate Academic Affairs and an Assistant Dean for Undergraduate Affairs to support the education mission; an Associate Dean for Research to support the research mission; and an Associate Dean for Social Justice to support the School's antiracist, equity, and social justice goals.

The School of Public Health currently consists of two undergraduate programs (public health, allied health), six MPH programs, one MS program, and three PhD programs. The SPH has 45 primary instructional faculty, 47 non-primary instructional faculty, and 1,394 students across all degree programs (as of fall 2021).

2) Organizational charts that clearly depict the following related to the school:

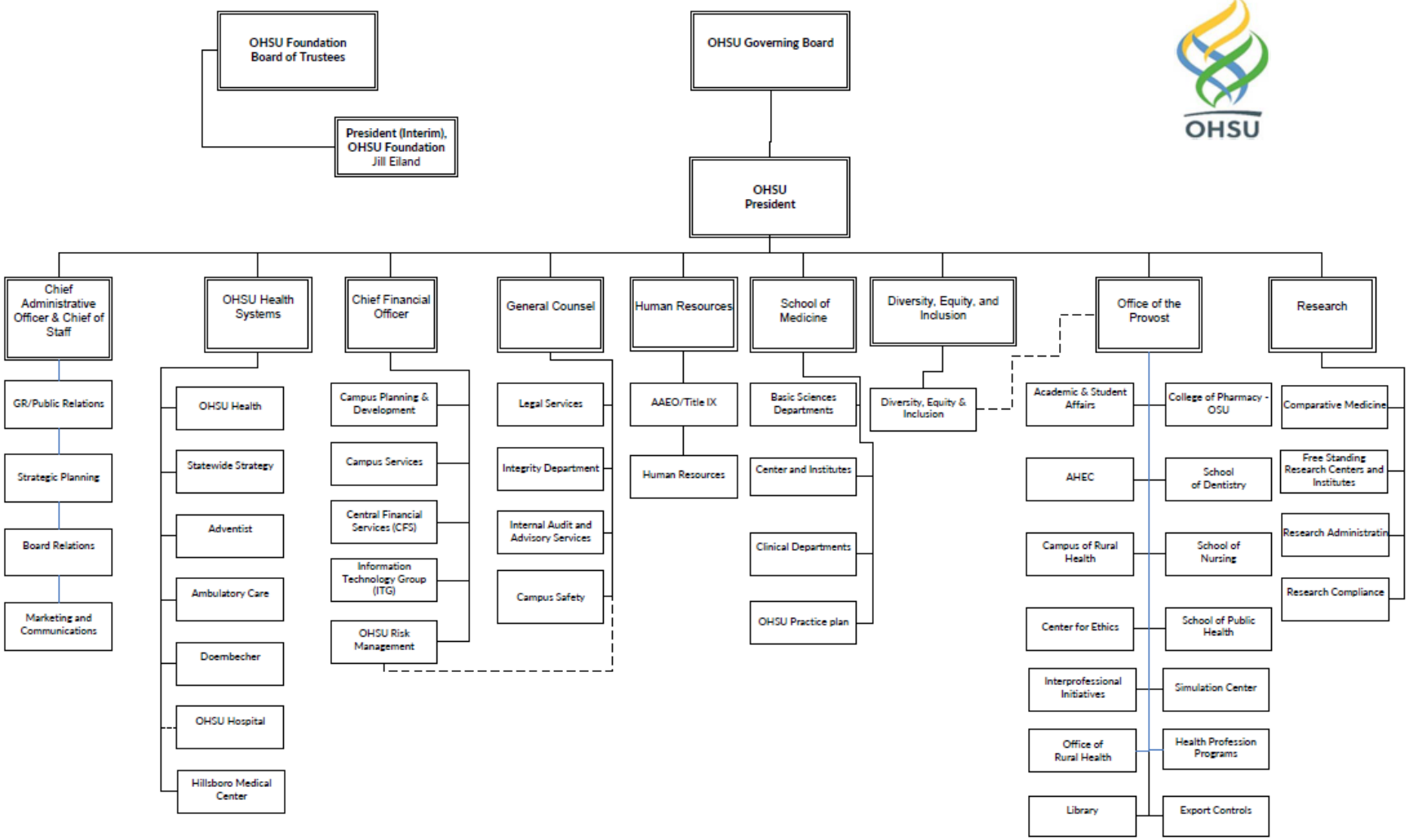
a. the school's internal organization, including the reporting lines to the dean

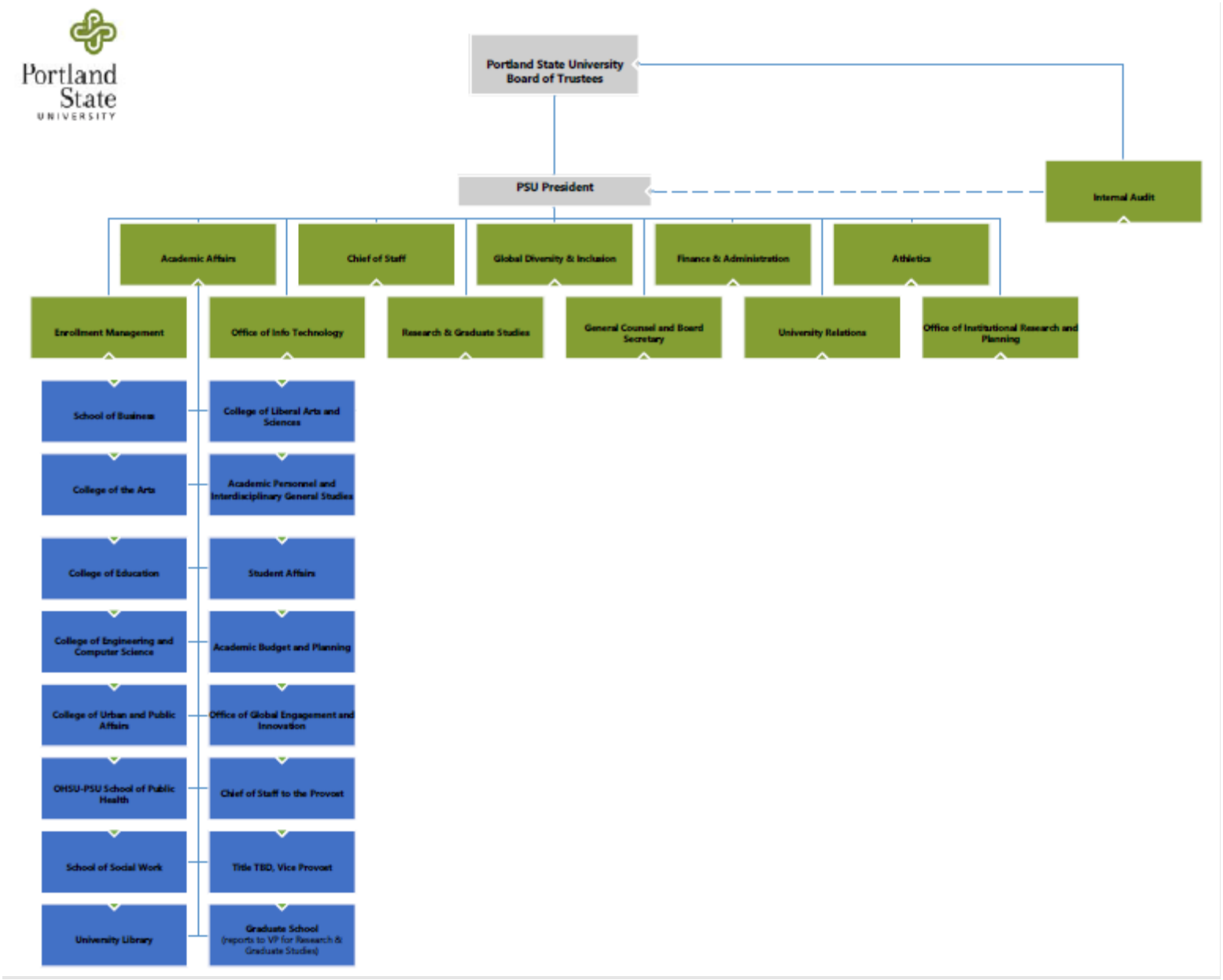
The School of Public Health's internal organizational chart is located in ERF > Introduction > Intro 2a – School of Public Health Organizational Chart and presented on the following page:


PSU Provost
OHSU Provost
David Bangsberg
Founding Dean
OHSU Executive Vice Provost
Recruitment in Progress
Communications, Marketing & Outreach Manager
Karen Camp
Associate Dean, Finance & Administration (FA)
Dawn Richardson
Associate Dean, Social Justice (SJ)
Marguerita Lightfoot
Associate Dean, Research (R)
Liana Winett
Associate Dean, Student Affairs & Community Engagement (SACE)
Richard Johnson
Associate Dean, Academic Affairs (AA)
Holly Moraes
Executive Assistant & Dean's Office Admin Manager
Elizabeth Bull
Finance, Administration & Student Services
Tam Nguyen
Unit Sponsored Project Analyst 1
Adri Jones
Program Manager
Jahoska Prinzing
Executive Specialist
Research Programs
Recruitment in Progress
Assistant Dean for Student & Alumni Affairs
Laura Ehrlich
Student and Alumni Success Manager
Anne Herman
Graduate Registration & Student Services Coordinator
Josh Hodsden
Recruitment and Admissions Manager
Andrew Wyman
Student Support Coordinator
Lynne Messer
Assistant Dean for Graduate Academic Affairs
Theo [Timothy] Caldwell
Academic Coordinator
Kevin McLemore
Director of Assessment and Evaluation
Recruitment in Progress
Research Data Analyst 2
Belinda Zeidler
Assistant Dean for Undergraduate Affairs
Rachel Pricer
Executive Specialist
Vacant
Academic Affairs Coordinator
Academic Program Directors (14)
Recruitment in Progress
Web Developer / IT Support
Ashley Groves
Fiscal Coordinator
Brianna Duncan
Senior Grants & Contracts Coordinator
Cara Cooper
HR Manager 1
Jamie Townsend
Finance & Accounting Analyst 2
Recruitment in Progress
Executive Specialist
Timothy Coffey
Senior Director of Development (Interim for SPH)
Karie Trumbo
Sr. Director of Principal Gifts and Planned Giving, PSUF
OHSU
Portland State UNIVERSITY
SCHOOL OF
PUBLIC HEALTH
SPH Organizational Chart
March 25, 2022

b. the relationship between school and other academic units within the institution. Organizational charts may include committee structure organization and reporting lines

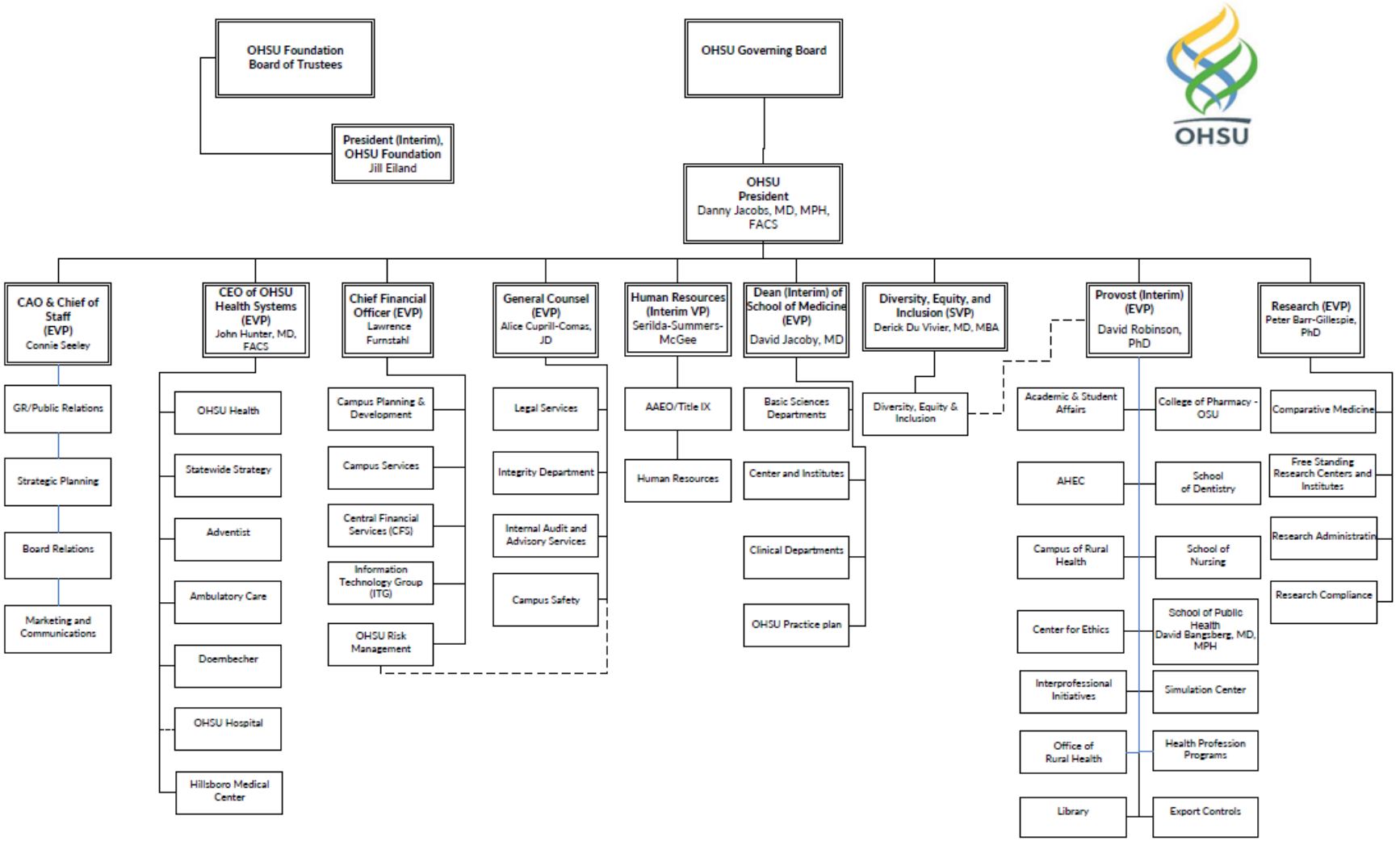
Organizational charts that depict the School of Public Health's relationship to other academic units with OHSU and PSU are presented respectively on the following two pages:

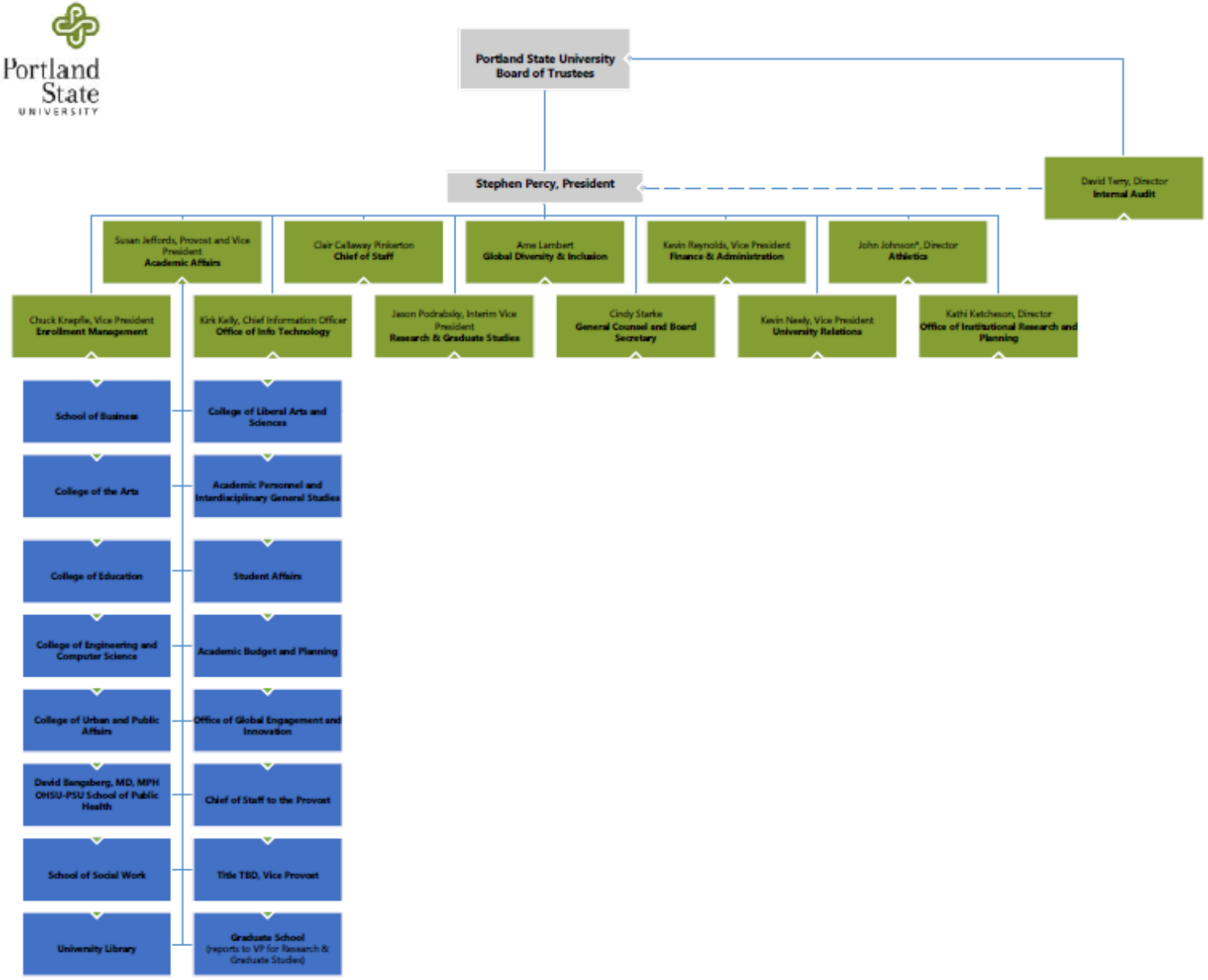

OHSU Foundation Board of Trustees
President (Interim), OHSU Foundation Jill Eiland
OHSU Governing Board
OHSU President
Chief Administrative Officer & Chief of Staff
GR/Public Relations
Strategic Planning
Board Relations
Marketing and Communications
OHSU Health Systems
OHSU Health
Statewide Strategy
Adventist
Ambulatory Care
Doernbecher
OHSU Hospital
Hillsboro Medical Center
Chief Financial Officer
Campus Planning & Development
Campus Services
Central Financial Services (CFS)
Information Technology Group (ITG)
OHSU Risk Management
General Counsel
Legal Services
Integrity Department
Internal Audit and Advisory Services
Campus Safety
Human Resources
AAEO/Title IX
Human Resources
School of Medicine
Basic Sciences Departments
Center and Institutes
Clinical Departments
OHSU Practice plan
Diversity, Equity, and Inclusion
Diversity, Equity & Inclusion
Office of the Provost
Academic & Student Affairs
AHEC
Campus of Rural Health
Center for Ethics
Interprofessional Initiatives
Office of Rural Health
Library
College of Pharmacy - OSU
School of Dentistry
School of Nursing
School of Public Health
Simulation Center
Health Profession Programs
Export Controls
Research
Comparative Medicine
Free Standing Research Centers and Institutes
Research Administratin
Research Compliance


Portland State University
Board of Trustees
PSU President
Internal Audit
Academic Affairs
Chief of Staff
Global Diversity & Inclusion
Finance & Administration
Athletics
Enrollment Management
Office of Info Technology
Research & Graduate Studies
General Counsel and Board Secretary
University Relations
Office of Institutional Research and Planning
School of Business
College of Liberal Arts and Sciences
College of the Arts
Academic Personnel and Interdisciplinary General Studies
College of Education
Student Affairs
College of Engineering and Computer Science
Academic Budget and Planning
College of Urban and Public Affairs
Office of Global Engagement and Innovation
OHSU-PSU School of Public Health
Chief of Staff to the Provost
School of Social Work
Title TBD, Vice Provost
University Library
Graduate School
(reports to VP for Research & Graduate Studies)

c. the lines of authority from the school's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)

Organizational charts that depict the lines of authority from the Dean to OHSU and PSU's Presidents are presented respectively on the following two pages:


OHSU Foundation Board of Trustees
President (Interim), OHSU Foundation Jill Eiland
OHSU Governing Board
OHSU President Danny Jacobs, MD, MPH, FACS
CAO & Chief of Staff (EVP) Connie Seeley
GR/Public Relations
Strategic Planning
Board Relations
Marketing and Communications
CEO of OHSU Health Systems (EVP) John Hunter, MD, FACS
OHSU Health
Statewide Strategy
Adventist
Ambulatory Care
Doernbecher
OHSU Hospital
Hillsboro Medical Center
Chief Financial Officer (EVP) Lawrence Furnstahl
Campus Planning & Development
Campus Services
Central Financial Services (CFS)
Information Technology Group (ITG)
OHSU Risk Management
General Counsel (EVP) Alice Cuprill-Comas, JD
Legal Services
Integrity Department
Internal Audit and Advisory Services
Campus Safety
Human Resources (Interim VP) Serilda-Summers-McGee
AAEO/Title IX
Human Resources
Dean (Interim) of School of Medicine (EVP) David Jacoby, MD
Basic Sciences Departments
Center and Institutes
Clinical Departments
OHSU Practice plan
Diversity, Equity, and Inclusion (SVP) Derick Du Vivier, MD, MBA
Diversity, Equity & Inclusion
Provost (Interim) (EVP) David Robinson, PhD
Academic & Student Affairs
AHEC
Campus of Rural Health
Center for Ethics
Interprofessional Initiatives
Office of Rural Health
Library
College of Pharmacy - OSU
School of Dentistry
School of Nursing
School of Public Health David Bangsberg, MD, MPH
Simulation Center
Health Profession Programs
Export Controls
Research (EVP) Peter Barr-Gillespie, PhD
Comparative Medicine
Free Standing Research Centers and Institutes
Research Administratin
Research Compliance


Portland State University
Board of Trustees
Stephen Percy, President
David Terry, Director
Internal Audit
Susan Jeffords, Provost and Vice President
Academic Affairs
Clair Calleway Pinkerton
Chief of Staff
Arne Lambert
Global Diversity & Inclusion
Kevin Reynolds, Vice President
Finance & Administration
John Johnson*, Director
Athletics
Chuck Knepfle, Vice President
Enrollment Management
Kirk Kelly, Chief Information Officer
Office of Info Technology
Jason Podrabsky, Interim Vice President
Research & Graduate Studies
Cindy Starke
General Counsel and Board Secretary
Kevin Neely, Vice President
University Relations
Kathi Ketcheson, Director
Office of Institutional Research and Planning
School of Business
College of Liberal Arts and Sciences
College of the Arts
Academic Personnel and Interdisciplinary General Studies
College of Education
Student Affairs
College of Engineering and Computer Science
Academic Budget and Planning
College of Urban and Public Affairs
Office of Global Engagement and Innovation
David Bangsberg, MD, MPH
OHSU-PSU School of Public Health
Chief of Staff to the Provost
School of Social Work
Title TBD, Vice Provost
University Library
Graduate School
(reports to VP for Research & Graduate Studies)

d. for multi-partner schools and schools (as defined in Criterion A2), organizational charts must depict all participating institutions

As documented in Intro 2a, the School of Public Health's internal organization chart (ERF > Introduction > Intro 2a – School of Public Health Organizational Chart) depicts all participating institutions through the Dean's reporting lines to both OHSU and PSU Provosts and Presidents.

3) An instructional matrix presenting all of the school's degree schools and concentrations including bachelor's, master's and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.

The instructional matrix is presented on the following page:

Instructional Matrix - Degrees and Concentrations							
				Categorized as public health*	Campus based	Executive	Distance based
Bachelor's Degrees							
Applied Health & Fitness		BS, BA			BS, BA		
Public Health Studies: Clinical Health Services		BS, BA		X	BS, BA		BS, BA
Public Health Studies: Community Health Promotion		BS, BA		X	BS, BA		BS, BA
Public Health Studies: Healthy Aging		BS, BA		X	BS, BA		BS, BA
Public Health Studies: Health Services Administration		BS, BA		X	BS, BA		BS, BA
Public Health Studies: School Health Educator		BS, BA		X	BS, BA		BS, BA
Master's Degrees		**Academic**	**Professional**				
Biostatistics		MS	MPH	X	MPH		
Environmental Systems & Human Health			MPH	X	MPH		
Epidemiology			MPH	X	MPH		
Health Management & Policy			MPH	X	MPH		
Health Promotion			MPH	X	MPH		
Public Health Practice			MPH	X			MPH
Doctoral Degrees		**Academic**	**Professional**				
Community Health		PhD		X	PhD		
Epidemiology		PhD		X	PhD		
Health Systems & Policy		PhD		X	PhD		
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		**Academic**	**Professional**				
2nd Degree Area	**Public Health Concentration**						
Medicine	Epidemiology		MD-MPH	X	MD-MPH		
Social Work	Health Management & Policy		MSW-MPH	X	MSW-MPH		
Social Work	Health Promotion		MSW-MPH	X	MSW-MPH		
Urban Planning	Health Promotion		MURP-MPH	X	MURP-MPH		

4) Enrollment data for all of the school's degree schools, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2. Schools that house "other" degrees and concentrations (as defined in Criterion D19) should separate those degrees and concentrations from the public health degrees for reporting student enrollments.

Degree	Current Enrollment
Master's	
MPH*	
MPH Biostatistics	9
MPH Environmental Systems & Human Health	23
MPH Epidemiology	68
MPH Health Management & Policy	56
MPH Health Promotion	50
MPH Public Health Practice	41
Academic public health master's*	
MS Biostatistics	14
All remaining master's degrees (SPH)	**N/A**
Doctoral	
DrPH*	**N/A**
Academic public health doctoral*	
PhD Community Health	7
PhD Epidemiology	13
PhD Health Systems & Policy	32
All remaining doctoral degrees (SPH)	**N/A**
Bachelor's	
BA/BS in public health*	
BS/BA Public Health Studies	933
All remaining bachelor's degrees (SPH)	
BS/BA Applied Health & Fitness	156

A1. Organization and Administrative Processes

The school demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The school establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

The school ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional school (eg, participating in instructional workshops, engaging in school-specific curriculum development and oversight).

1) **List the school's standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current members.**

Academic Personnel Committee
The Academic Personnel Committee (APC) consists of 12 faculty members evenly split between OHSU and PSU. Of the six PSU faculty, five are tenure or tenure-track and one is non-tenure track. No more than one faculty member from PSU can hold an assistant professor rank; OHSU-employed faculty must hold an associate professor rank or higher to serve on APC. The Associate Dean for Academic Affairs serves as the Dean's liaison to APC and is an ex-officio member. Students do not serve on APC.

Membership (AY2021-22)			
Name	**Role**	**Area**	**Employer**
Leslie Bienen	Faculty	Health Promotion	PSU
Kathleen Carlson	Faculty	Epidemiology	OHSU
Dongseok Choi, *Chair-elect*	Faculty	Biostatistics	OHSU
Carlos Crespo	Faculty	BS/BA Public Health Studies	PSU
Julia Goodman	Faculty	Health Systems & Policy	PSU
Sunny Lin	Faculty	BS/BA Public Health Studies	PSU
Lisa Marriott	Faculty	Environmental Systems & Human Health	OHSU
Christina Sun	Faculty	Heath Promotion	PSU
Paul Tratnyek	Faculty	Environmental Systems & Human Health	OHSU
Liz Waddell	Faculty	Public Health Practice	OHSU
Neal Wallace, *Chair*	Faculty	Health Systems & Policy	PSU
Kevin Winthrop	Faculty	Epidemiology	OHSU
Rick Johnson, *Ex-officio*	Associate Dean for Academic Affairs		

Academic Policy & Curriculum Committee
The Academic Policy & Curriculum Committee (APCC) consists of all program directors, one faculty representative from each of the six MS/MPH programs areas (Biostatistics, Environmental Science & Human Health, Epidemiology, Health Promotion, Health Management & Policy, Public Health Practice), and two undergraduate program faculty. The Associate Dean for Academic Affairs serves as the Dean's liaison and is an ex-officio member. Three students representing each degree level (BS/BA, MS/MPH, PhD) serve on APCC (see A3. Student Engagement).

Membership (AY2021-22)			
Name	**Role**	**Area**	**Employer**
Sarah Andrea	Faculty	Public Health Practice	OHSU
Nicole Browning	Faculty	BS/BA Public Health Studies	PSU
Rick Dozal-Lockwood, *Chair-elect*	Faculty	BS/BA Public Health Studies	PSU
Cara Eckhardt	Faculty	Community Health	PSU
Alex Foster	Faculty	Epidemiology	OHSU
Rochelle Fu	Faculty	Biostatistics	OHSU
Sherril Gelmon	Faculty	Health Systems & Policy	PSU
Betty Izumi	Faculty	Health Promotion	PSU
Lisa Marriott, *Chair*	Faculty	Environmental Systems & Human Health	OHSU
Lynn Marshall	Faculty	Epidemiology	OHSU
Alison Martin	Faculty	Public Health Practice	OHSU
Mieke Niederhausen	Faculty	Biostatistics	OHSU
Tawnya Peterson	Faculty	Environmental Systems & Human Health	OHSU
Jill Rissi	Faculty	Health Management & Policy	PSU
Priya Srikanth	Faculty	Biostatistics	OHSU
Neal Wallace	Faculty	Health Systems & Policy	PSU
Brad Wipfli	Faculty	Health Promotion	PSU
Rick Johnson, *Ex-officio*	Associate Dean for Academic Affairs		

Community Engagement Committee

The Community Engagement Committee (CEC) consists of eight faculty, and membership is evenly split between OHSU and PSU. The Associate Dean for Social Justice serves as the Dean's liaison and is an ex-officio member. Three students representing each degree level (BS/BA, MS/MPH, PhD) serve on the Community Engagement Committee (see A3. Student Engagement). The Community Engagement Committee is not fully-populated in AY2021-22.

Membership (AY2021-22)			
Name	**Role**	**Area**	**Employer**
Bryant Carlson	Faculty	Health Promotion	PSU
Leslie Hammer	Faculty	Environmental Science & Human Health	OHSU
Eric Hall	Faculty	Epidemiology	OHSU
Ryan Petteway	Faculty	Health Promotion	PSU
Jill Rissi	Faculty	Health Management & Policy	PSU
Jackie Shannon	Faculty	Epidemiology	OHSU
Dawn Richardson, *Ex-officio*	Associate Dean for Social Justice		

Diversity, Equity, & Inclusion Committee
The Diversity, Equity, & Inclusion Committee (DEIC) consists of 10 faculty members evenly split between OHSU and PSU. The Associate Dean for Social Justice serves as the Dean's liaison to DEIC and is an ex-officio member. Three students representing each degree level (BS/BA, MS/MPH, PhD) serve on DEIC (see A3. Student Engagement).

Membership (AY2021-22)			
Name	**Role**	**Area**	**Employer**
Robin Baker	Faculty	Health Management & Policy	OHSU
Alexis Dinno	Faculty	Community Health	PSU
Jae Downing	Faculty	Health Management & Policy	OHSU
Kelly Gonzales	Faculty	BS/BA Public Health Studies	PSU
Willi Horner-Johnson	Faculty	Public Health Practice	OHSU
Sunny Lin	Faculty	Health Promotion	PSU
Thuan Nguyen	Faculty	Biostatistics	OHSU
Ryan Petteway	Faculty	Health Promotion	PSU
Nic Smith	Faculty	Public Health Practice	PSU
Brad Wipfli, *Chair*	Faculty	Health Promotion	PSU
Dawn Richardson, *Ex-officio*	Associate Dean for Social Justice		

Faculty Council
Faculty Council consists of 11 senior faculty: two undergraduate program faculty, as well as faculty from each of the six MS/MPH programs areas (Biostatistics, Environmental Science & Human Health, Epidemiology, Health Promotion, Health Management & Policy, Public Health Practice) and three PhD programs. The Dean serves as an ex-officio member. Students do not serve on Faculty Council.

Membership (AY2021-22)			
Name	**Role**	**Area**	**Employer**
Janne Boone-Heinonen	Faculty	Epidemiology	OHSU
Cara Eckhardt, *Chair*	Faculty	Community Health	PSU
Sherril Gelmon	Faculty	Health Systems & Policy	PSU
Julia Goodman	Faculty	Health Systems & Policy	PSU
Deb Kaufman	Faculty	BS/BA Public Health Practice	PSU
Jodi Lapidus, *Chair-elect*	Faculty	Biostatistics	OHSU
Yves Labissiere	Faculty	BS/BA Public Health Studies	PSU
Ryan Olson	Faculty	Environmental Systems & Human Health	OHSU
Jonathan Snowden	Faculty	Epidemiology	OHSU
Liz Waddell	Faculty	Public Health Practice	OHSU
Brad Wipfli	Faculty	Health Promotion	PSU
David Bangsberg, *Ex-officio*	Dean		

Professional Workforce Development Committee
The Professional Workforce Development Committee consists of eight faculty evenly split between OHSU and PSU. The Associate Dean for Student Affairs & Community Engagement serves as the Dean's liaison to the Professional Workforce Development Committee and is an ex-officio member. Three students representing each degree level (BS/BA, MS/MPH, PhD) serve on the Professional Workforce Development Committee (see A3. Student Engagement). The Professional Workforce

Development Committee was initially implemented in AY2021-22, and will not be fully populated until AY22-23.

Membership (AY2021-22)			
Name	**Role**	**Area**	**Employer**
Nancy Carney	Faculty	Public Health Practice	OHSU
Melinda Davis, *Chair*	Faculty	Public Health Practice	OHSU
Bruce Goldberg	Faculty	Health Systems Management & Policy	OHSU
Kelly Gonzales	Faculty	BS/BA Public Health Studies	PSU
Liana Blas Winett, *Ex-officio*	Associate Dean for Student Affairs & Community Engagement		

Research Committee

The Research Committee consists of at least three faculty from both OHSU and PSU with an extensive research record. The Associate Dean for Research serves as the Dean's liaison to the Research Committee and is an ex-officio member. One doctoral student serves on the Research Committee (see A3. Student Engagement).

Membership (AY2021-22)			
Name	**Role**	**Area**	**Employer**
Carlos Crespo	Faculty	BS/BA Public Health Studies	PSU
Rachel Dresbeck	Sr. Director	Research & Innovation	OHSU
Jodi Lapidus, *Chair*	Faculty	Biostatistics	OHSU
Seth O'Neal	Faculty	Epidemiology	OHSU
Joseph Needoba	Faculty	Environmental Systems & Human Health	OHSU
Christina Sun	Faculty	Health Promotion	PSU
Annette Totten	Faculty	Public Health Practice	OHSU
Neal Wallace	Faculty	Health Systems & Policy	PSU
Marguerita Lightfoot, *Ex-officio*	Associate Dean for Research		

Student Affairs Committee

The Student Affairs Committee (SAC) consists of eight faculty evenly split between OHSU and PSU. The Associate Dean for Student Affairs & Community Engagement serves as the Dean's liaison to the Student Affairs Committee and is an ex-officio member. Three students representing each degree level (BS/BA, MS/MPH, PhD) serve on the Student Affairs Committee (see A3. Student Engagement).

Membership (AY2021-22)			
Name	**Role**	**Area**	**Employer**
Robin Baker, *Chair*	Faculty	Health Management & Policy	OHSU
Cara Eckhardt	Faculty	Community Health	PSU
Jane Mercer	Faculty	BS/BA Public Health Studies	PSU
Randy Miller	Faculty	BS/BA Public Health Studies	PSU
Jessica Minnier	Faculty	Biostatistics	OHSU
Meike Neiderhausen	Faculty	Biostatistics	OHSU
Claire Wheeler	Faculty	Health Promotion	PSU
Laura Zeigen	Faculty	Public Health Practice	OHSU
Liana Blas Winett, *Ex-officio*	Associate Dean for Student Affairs & Community Engagement		

Practice Experience/Integrative Project Subcommittee
The Practice Experience/Integrative Project (PE/IP) Subcommittee is a significant subcommittee of the Student Affairs Committee. The PE/IP Subcommittee has representation from each of the six MPH programs. The Associate Dean for Student Affairs & Community Engagement serve as an ex-officio member on the PE/IP Subcommittee.

Membership (AY2021-22)			
Name	**Role**	**Area**	**Employer**
Robin Baker	MPH Health Management & Policy and Public Health Practice Coordinator	HMP	OHSU
Reem Hasan	MPH Epidemiology Coordinator	EPI	OHSU
Byung Park	MPH Biostatistics Coordinator	BSTA	OHSU
Tawnya Peterson	MPH Environmental Systems & Human Health Coordinator	ESHH	OHSU
Brad Wipfli	MPH Health Promotion Coordinator	HP	PSU
Liana Blas Winett, *Ex-officio*	Associate Dean for Student Affairs & Community Engagement		

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

a. degree requirements

PSU is responsible for determining the breadth and scope undergraduate degree requirements. BS/BA requirements are set and updated through a coordinated effort of the institutional Undergraduate Curriculum Committee and the Academic Requirement Committee. Revisions to undergraduate degree requirements are reviewed by PSU's Faculty Senate Steering Committee before moving on to the Faculty Senate for approval. The Assistant Dean for Undergraduate Affairs represents the School of Public Health on the Undergraduate Curriculum Committee.

At the graduate level, degree requirements are developed by School of Public Health program faculty in a process guided by OHSU, PSU, and NWCCU policy. Changes to degree requirements are reviewed and approved by the School of Public Health's Academic Policy & Curriculum Committee (APCC), before moving on to OHSU's and PSU's Faculty Senate for consideration and endorsement. Final approval by both institutional Provosts is required. Depending on the scope and significance of the changes to the degree requirements, the Academic Affairs Coordinator prepares the necessary substantive change documentation to facilitate NWCCU notification and review. The Associate Dean for Academic Affairs oversees academic programs and the curricular modification and approval process.

b. curriculum design

At the undergraduate level, the process for curriculum design and review is overseen by the Assistant Dean for Undergraduate Affairs. Core and concentration coursework is reviewed to align with best practices in public health curriculum, guided by both ASPPH and CEPH requirements. The process of curricular change includes the involvement of faculty who have knowledge and practice in particular core and concentration areas. All proposed changes are discussed at Health Promotion/Community Health monthly faculty meetings, with opportunity for discussion. Curricular updates from are reviewed by the School of Public Health's Academic Policy & Curriculum Committee (APCC). The proposal is approved by the Dean or Associate Dean for Academic Affairs and is then sent to PSU's Undergraduate Curriculum Committee for review, before moving on to PSU's Faculty Senate. OHSU is not involved in the approval process for undergraduate changes.

At the graduate level, academic and curricular matters are regularly discussed at program faculty meetings. Changes to a program's curriculum are discussed and decided upon at those meetings. Curricular modifications are then brought to APCC by the program director (an APCC member per School of Public Health bylaws) or the faculty proposing the change. The curricular modification is discussed by the APCC before being voted on by the committee as a whole. Minor curricular modifications are typically voted on by consent agenda. Major modifications require more substantive review and discussion before being subject to a vote. The APCC chair and chair-elect determine which modification can be voted on by consent and which require more review. All curricular changes go to both OHSU and PSU for approval. At OHSU, graduate curricular approvals are routed through the Office of the Provost, in accordance with OHSU policy 20-50-010 – Proposing New Programs, Program Changes, and Curricular Modifications (ERF > A Criteria > A1. Organization & Administrative Processes > A1.2b – 02-50-010 – Proposing New Programs, Program Changes, and Curricular Modifications). Final approval is vetted by the OHSU Provost. At PSU, approval goes through a faculty review process, which ends at the PSU Faculty Senate for approval. The Associate Dean for Academic Affairs oversees academic programs and the curricular modification and approval process at both institutions in a timely manner to ensure accuracy and transparency.

c. student assessment policies and processes

Assessment policies and processes are largely handled at the institutional level. At OHSU, assessment policies follow OHSU's policy #02-50-30 – Student Learning Outcomes & Assessment (ERF > A Criteria > A1. Organization & Administrative Processes > A1.2c – 02-50-030 – Student Learning Outcomes & Assessment). Processes are determined by the Office of the Provost and the Vice Provost for Educational Excellence & Innovation in collaboration with the Assessment Council. The School of Public Health's Director of Assessment & Evaluation and one OHSU faculty member serve as the School of Public Health's representative on Assessment Council. At PSU, assessment policies and processes are determined by the Office of Academic Innovation and the Institutional Assessment Council. The School of Public Health's Director of Assessment & Evaluation and one PSU faculty member serve as the School of Public Health's representatives on Institutional Assessment Council. Undergraduate program in the School of Public Health follow PSU's assessment policies and processes. Graduate programs in the School of Public Health follow OHSU's assessment policies and processes

OHSU and PSU assessment policies and processes are translated into practice by the APCC Assessment & Evaluation Subcommittee. Suggestions for APCC agenda items are made by the Director of Assessment & Evaluation, agenda items are represented by faculty members on the APCC Assessment & Evaluation Subcommittee, and APCC votes on them. The Associate Dean for Academic Affairs oversees the implementation of institutional assessment polices and processes within the School of Public Health.

d. admissions policies and/or decisions

PSU's Office of Admissions is responsible for establishing undergraduate admissions policies and decisions. The School of Public Health does not have a direct influence on PSU's general policies for undergraduate admissions. Changes to admissions policies are made by committee representation from academic units across the institution, as well as review and input from the Provost and President. When changes are made to admissions policies, PSU offers a period for faculty comment before moving forward with discussion and vote at Faculty Senate. The School of Public Health does not review applications for prospective undergraduates, nor does the School make decisions about who is admitted into the BS/BA Public Health Studies program.

At the graduate level, admissions policies are developed, discussed, and voted on by the School of Public Health's Student Affairs Committee beginning in AY2021-22. Previously, admissions policies were handled by the School of Public Health's APCC.

Applications for admission to graduate degree programs are reviewed and admissions decisions are made by program faculty. The Associate Dean for Student Affairs & Community Engagement oversees admissions policies and decision process.

e. faculty recruitment and promotion

Initial approval for faculty recruitment is determined by teaching needs and the budgetary constraints of OHSU and PSU. Faculty recruitment to the School of Public Health is overseen by the Dean in close consultation with faculty. Program faculty establish ad hoc hiring committees because there are no standing faculty committees responsible for faculty recruitment. The Associate Dean for Academic Affairs serves as an ex-officio member for all faculty search committees. Once the search committee has selected finalists, they are recommended to the Dean, who forwards a single recommendation to the Provost for approval (for new OHSU hires) and both the Provost and Office of Academic Affairs (for PSU hires). The relevant Provost's Office generates and signs the offer letter, which is also signed by the School of Public Health Dean. For new PSU hires, the PSU Office of Academic Affairs creates a supplemental letter.

Faculty review and promotion procedures are developed by the Academic Personnel Committee (APC) and approved by the faculty and the Provost. The Associate Dean for Academic Affairs and the Assistant Dean for Graduate Academic Affairs guide faculty promotion. The Associate Dean and Assistant Dean make a recommendation to the Dean. The Dean reviews and makes a recommendation to the Provost aligned with the faculty member's employment. Final approval of promotion for OHSU-employed faculty is made by the OHSU Provost. Final approval of promotion for PSU-employed faculty is made by the PSU President.

f. research and service activities

Research and service are key components of faculty responsibility within the School of Public Health. Developing a research and service agenda is largely considered to be the responsibility of individual faculty. Faculty research and scholarship are supported by the School of Public Health's Research Committee and, as of September 2021, overseen by the Associate Dean for Research. Faculty articulate progress on their research and service activities as a part of faculty review and promotion processes. Guidance about research and service as they relate to faculty advancement are made by the Associate Deans for Research and for Academic Affairs and the Assistant Dean for Graduate Academic Affairs.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school.

A copy of the School of Public Health's bylaws is located in ERF > A Criteria > A1. Organization & Administrative Processes > A1.3 School of Public Health Faculty Approved Bylaws.

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

School of Public Health faculty actively contribute to decision-making through membership and leadership in institutional committees at OHSU and PSU. Faculty represent the School of Public Health in a myriad of standing and ad hoc committees. The table below identifies School of Public Health faculty representation on OHSU and PSU Faculty Senate committees, respectively:

OHSU Faculty Senate

Name	Area
Byung Park	Biostatistics

PSU Faculty Senate

Name	Area
Yves Labissiere	BS/BA Public Health Studies
Betty Izumi	MPH Health Promotion

Below is a **sample** of School of Public Health faculty participation on OHSU and PSU institutional committees, respectively:

Faculty Participation in PSU Committees		
Name	**Committee**	**Area**
(Ashley) Nicole Browning	Reducing Student Costs Initiative	BS/BA Public Health Studies
Rick Dozal-Lockwood	University Studies Council (standing)	BS/BA Public Health Studies
Cara Eckhardt	PSU Budget Committee (standing, 3-yr appt.)	Community Health
Julia Goodman	Faculty Development Committee (co-chair, standing)	Health Systems & Policy
Betty Izumi	Workgroup to establish Asian American Pacific Islander Studies Department at PSU	Health Promotion
Lisa Marriott	STEM Undergrad Work Group (ad hoc)	Environmental Systems & Human Health
Lynne Messer	Provosts' Working Group on Program Reduction (ad hoc)	Community Health
Ryan Petteway	President's Diversity Action Council (standing)	Health Promotion
Jill Rissi	Institutional Assessment Council (standing)	Health Management & Policy
Christina Sun	University Research Committee (standing)	Health Promotion
Belinda Zeidler	Undergraduate Curriculum Committee (standing)	BS/BA Public Health Studies

Faculty Participation on OHSU Committees		
Name	**Committee**	**Area**
Janne Boone-Heinonen	Developmental Origins of Health and Disease Epidemiology Workgroup (co-chair, standing)	Epidemiology
Melinda Davis	Rural Campus Leadership Committee (standing)	Community Health
Jae Downing	LGBTQ Equity Committee (standing)	Health Systems & Policy
Rachel Dresbeck	OHSU Research Communications Leadership Group (standing)	Health Management & Policy
Rochelle Fu	Building Interdisciplinary Research Careers in Women's Health (advisory committee, standing)	Biostatistics

David Hurtado	Diversity, Equity and Inclusion (standing)	Public Health Practice
Richard Johnson	Academic Planning Taskforce (standing)	Environmental Systems & Human Health
Jodi Lapidus	Research Data Governance Committee (standing)	Biostatistics
Lisa Marriott	OHSU Interprofessional Education (IPE) Curriculum Committee (standing)	Environmental Systems & Human Health
Lynn Marshall	Master Scientist Program, Continuing Professional Development Committee (ad hoc)	Epidemiology
Joseph Needoba	Sustainability Steering Committee (standing)	Environmental Systems & Human Health
Thuan Nguyen	Faculty Affairs Committee	Biostatistics
Tawnya Peterson	Student Awards Committee (standing)	Environmental Systems & Human Health
Jonathan Snowden	LGBT Health Issues Workforce/Committee.	Epidemiology
Annette Totten	OHSU Faculty Senate and the InterUniversity Faculty Senate	Public Health Practice
Elizabeth Waddell	Women in Academic Health & Medicine (standing)	Public Health Practice

5) Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

The School of Public Health is built on the principle of shared governance between leadership and faculty. The bylaws clearly outline the constituency of standing faculty committees, as well as the frequency with which committees meet. Each standing committee performs essential functions for the School of Public Health through a formal voting process, which includes proposals, motions to vote, and approval. The voting process is characterized by vigorous interaction and discussion between faculty that provides an opportunity for coordination, cooperation, and collaboration among faculty. The faculty at large are well-represented by the committee structure outlined in the bylaws. Documentation of recent standing committees, including agendas, attendee lists, and meeting notes are located in:

- Academic Personnel Committee: ERF > A Criteria > A1. Organization & Administrative Processes > A1.5a - Academic Personnel Committee
- Academic Policy & Curriculum Committee: ERF > A Criteria > A1. Organization & Administrative Processes > A1.5b - Academic Policy & Curriculum Committee
- Diversity, Equity, & Inclusion Committee: ERF > A Criteria > A1. Organization & Administrative Processes > A1.5c - Diversity, Equity, & Inclusion Committee
- Faculty Council: ERF > A Criteria > A1. Organization & Administrative Processes > A1.5d - Faculty Council
- Student Affairs Committee: ERF > A Criteria > A1. Organization & Administrative Processes > A1.5e - Student Affairs Committee

Another significant source for faculty interaction, as well as broader interaction within the School of Public Health community, is All Faculty & Staff Meetings. All Faculty & Staff Meetings serve as an important opportunity for leadership, faculty, staff, and Student Leadership Council members to discuss and provide meaningful feedback on current issues the School of Public Health is facing. Full-time faculty regularly attend each All Faculty & Staff Meeting, with part-time or adjunct faculty typically attending less frequently. Documentation from All Faculty & Staff Meetings are located in

ERF > A Criteria > A1. Organization & Administrative Processes > A1.5f - All Faculty & Staff Meetings.

In addition to formal meetings at the School level, faculty regularly hold program faculty meetings. For example, the MPH Public Health Practice program holds faculty meetings each month. These meetings include all faculty who teach in the Public Health Practice program, but are open to full- and part-time faculty who regularly teach online. These meetings are frequently attended by the Associate Dean for Academic Affairs and the Assistant Dean for Graduate Academic Affairs. Faculty for the BS/BA Public Health Studies, BS/BA Applied Health & Fitness, MPH Health Promotion, and PhD Community Health programs meet monthly when PSU faculty are on contract. These meetings are regularly attended by the Associate Dean for Social Justice, the Assistant Dean for Graduate Academic Affairs, and the Assistant Dean for Undergraduate Affairs.

Additional faculty interactions occur through service on institutional committees. The School of Public Health holds annual faculty in-service retreats at the beginning of each academic year. In addition, many full- and part-time faculty participate in workshops and trainings to support teaching and scholarship through OHSU's Teaching & Learning Center and PSU's Office of Academic Innovation.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health demonstrates effective administrative processes that are sufficient to fulfill its mission and goals. Recent additions to leadership (Associate Dean for Social Justice, Associate Dean for Research, Assistant Dean for Graduate Academic Affairs, and Assistant Dean for Undergraduate Affairs) have increased the scope of leadership and further ensure the School's ability to successfully execute its mission and goals.
- The faculty committees, clearly defined by the School of Public Health's bylaws, perform essential functions for the School of Public Health. These essential functions include providing input that affect decisions on degree requirements, curriculum, assessment, admissions policies, faculty recruitment and promotion, and research and service activities. Throughout the self-study process, committee members reported that the balance between OHSU and PSU faculty on committees has led to an improved understanding and functioning of the joint institutional arrangement.
- School of Public Health faculty regularly participate in and contribute to decision-making processes at the institutional level, including representation on OHSU and PSU Faculty Senates.

Areas of Improvement

- Throughout the self-study process, faculty committees reported that those outside of the committee had a lack of awareness of the work each faculty committee does for the School of Public Health, and called for more transparency in the reporting committee work.

Plans for Improvement

- The School of Public Health is currently working to increase awareness and transparency of the work that committees do for the School. The School now routinely publishes committee responsibilities, agendas, and meeting minutes on the public-facing website (https://ohsu-psu-sph.org/committees/).

A2. Multi-Partner Schools **(applicable ONLY if functioning as a "collaborative unit" as defined in CEPH procedures)**

The school has a single identified leader (dean or director) and a cohesive chain of authority for all decision making relevant to the educational school that culminates with this individual.

1) **Describe the major rights and responsibilities of each participating institution.**

   The Inter-Institutional Agreement Related to the Establishment of a Joint School Public Health (ERF > A Criteria > A2. Multi-Partner Schools > A2.1 Inter-Institutional Agreement) describes the major rights and responsibilities of OHSU and PSU in detail (This document is currently being updated and revised by OHSU and PSU Provosts.) Below is a summary of the rights and responsibilities outlined in the inter-institutional agreement:

   Budget & Finances
   OHSU and PSU equitably share the expense of supporting the School of Public Health leadership, administrative functions, and academic programs. OHSU pays faculty with an institutional home of OHSU and PSU pays faculty with an institutional home of PSU. The Dean, OHSU Provost, PSU Provost, and their designees regularly meet to discuss and reconcile budget circumstances and processes.

   Academic Affairs
   The School of Public Health is responsible for developing its own bylaws, curriculum, and policies. Bylaws must be approved by both the OHSU Provost and the PSU Provost. Curriculum development and delivery must be consistent with both OHSU and PSU standards and pass appropriate approval mechanisms at both institutions. Policies must be in compliance with OHSU and PSU policies and approved by the Provosts of both institutions. Course schedules are determined in accordance with both OHSU and PSU procedures.

   Research
   OHSU and PSU share responsibility for the coordination and award management of sponsored research activities. OHSU's Office of Proposal & Award Management is responsible for proposals that are submitted by and awarded to OHSU. PSU's Sponsored Projects Administration is responsible for proposals that are submitted by and awarded to PSU. Institutional responsibility is determined by the institutional home of the faculty designated as lead principal investigator or project director.

   Student Affairs
   School of Public Health students are considered to be students at both OHSU and PSU. Undergraduate students are admitted to PSU; graduate students are admitted to OHSU using the Schools of Public Health Application System (SOPHAS). Until 2017, Community Health PhD and Health Systems & Policy PhD students were admitted to PSU. Some of those doctoral students remain active and are managed through PSU. Undergraduate students register for courses through PSU's Registrar's Office. Graduate students register for courses through OHSU's Registrar's Office. OHSU maintains student records and transcripts for students enrolled in graduate programs. PSU maintains records for students enrolled in undergraduate programs. Undergraduate students are expected to follow PSU's institutional policies; graduate students are expected to follow both OHSU and PSU's policies. OHSU provides library resources for graduate students; PSU provides library resources for both undergraduate and graduate students. OHSU awards joint-degrees for students enrolled in graduate programs; PSU awards joint-degrees for students enrolled in undergraduate programs.

2) **A copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the school's operation.**

The inter-institutional agreement is located in ERF > A Criteria > A2. Multi-Partner Schools > A2.1 Inter-Institutional Agreement.

3) Describe the role and responsibilities of the identified leader.

The Dean's role in the School of Public Health is to provide the overall vision for academic, administrative, and fiscal oversight and leadership. This vision advances OHSU and PSU's strategic priorities and strengthens partnerships with the community and regions served by both OHSU and PSU.

The Dean's primary responsibilities include:

- Advance excellence in the School's academic mission, including remaining in good standing with CEPH and NWCCU, and embrace opportunities to serve as an expert and leader in public health throughout the region and state;
- Develop a faculty that is appropriate for a research-intensive school of public health, including advising the research mission, advancing the growth and development of doctoral-prepared faculty, and creating an environment that fosters a stable and engaged faculty;
- Effectively represent that School of Public Health with OHSU and PSU leadership, government officials, professional and academic organizations, and academic and clinical partners throughout the state;
- Promote and enhance social justice activities with sustained efforts to increase the diversity of public health faculty, staff, and students; and maintaining a culture of respect within the School;
- Advance interprofessional collaboration, education, and public health practice;
- Oversee the School of Public Health's budget and ensure that annual budget targets are met, while working with OHSU and PSU leadership to ensure the long-term stability of the School;
- Partner with the OHSU and PSU Foundations to build philanthropy and increase the donor base among alumni and partners in the community, sustain the current list of contributors, and increase levels of giving.

The Dean leads Faculty Council and the External Advisory Council, and represents the School of Public Health on institutional committees, including OHSU's Dean's Council, Cabinet, Health Equity Committee, and Antiracism Committee, and PSU'S Academic Leadership Team. The Dean partners closely with both OHSU and PSU Foundations and regularly meets with the School of Public Health Philanthropic Advisory Board, including its chair.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- As a multi-partner ("joint") school, the OHSU-PSU School of Public Health leverages the strengths of both OHSU and PSU to be a successful public health school and graduate competent public health professionals.
- The inter-institutional agreement defines a clear and comprehensive set of major rights and responsibilities for both OHSU and PSU in contributing to a successful School of Public Health.
- The Dean's roles and responsibilities are clearly identified to provide the School of Public Health with effective academic, administrative, and fiscal leadership, represent the School to OHSU and PSU, and serve as a public health expert and leader in Portland and beyond.

Areas of Improvement

- The inter-institutional agreement needs to be updated to reflect the evolution and current operations of the School since its founding.

Plans for Improvement

- A revision of the inter-institutional agreement is in progress. School of Public Health leadership delivered a revised version to OHSU's Interim Provost, and OHSU's Interim Provost and PSU's Provost have agreed to work on revising the agreement.

A3. Student Engagement

Students have formal methods to participate in policy making and decision making within the school, and the school engages students as members on decision-making bodies whenever appropriate.

1) **Describe student participation in policy making and decision making at the school level, including identification of all student members of school committees over the last three years, and student organizations involved in school governance. Schools should focus this discussion on students in public health degree programs**.

Student Leadership Council (SLC) is the official student governance structure for the OHSU-PSU School of Public Health. SLC acts as the student voice for the School of Public Health and offers students opportunities to develop leadership skills, engage in community-based service, and regularly interact with other students, alumni, and employers. The SLC plans and executes the Annual Public Health Conference and coordinates the Day of Service (see F2. Student Involvement in Community and Professional Service). All School of Public Health students are welcome to be a part of the Student Leadership Council. The School of Public Health supports SLC with an annual budget of $4,500.

The members of SLC provide direct representation on faculty committees, including the Academic Policy & Curriculum Committee; Community Engagement Committee; Diversity, Equity, & Inclusion Committee; and Student Affairs Committee. Students on faculty committees do not serve in an ex-officio capacity. Instead, student representatives offer one vote per degree level. The SLC makes nominations for student representation on faculty committees in November each year.

The SLC is led by an executive team. Members serve two-year, staggered terms, and regularly meet with the Associate Dean for Student Affairs & Community Engagement to discuss program operations and student needs. Below is a list of executive team membership for the current academic year:

Student Leadership Council – Executive Committee (AY2021-22)

Name	Program
Anna Booman, *co-chair*	PhD Epidemiology
Rose Goren, *co-chair*	MPH Epidemiology
Menolly Kaufman	PhD Epidemiology
Christina Jäderholm	PhD Community Health
Nora Jameson	MPH Public Health Practice

Below is a list of SLC student representatives who have served on faculty committees over the last three years:

Academic Policy & Curriculum Committee

AY2019 – 20		
	Christina Jäderholm	PhD Community Heath
	Nora Jameson	MPH Public Health Practice
AY2020 – 21		
	Laura Jacobsen	PhD Health Systems & Policy
	Christina Jäderholm	PhD Community Heath
	Nora Jameson	MPH Public Health Practice
	Mary Vest	MPH Health Promotion
AY2021 – 22		
	Nhu Hong Le	BS/BS Public Health Studies
	Nora Jameson	MPH Public Health Practice
	Candace Joyner	PhD Health Systems & Policy

Community Engagement Committee

AY2019 – 20		
	Deanna Cardona	MPH Health Management & Policy
	Anastasia Sanders	BS/BA Public Health Studies
	Jessica Tran	MPH Epidemiology
AY2020 – 21		
	Roy Ball	PhD Health Systems & Policy
	Kye Doran	MPH Health Promotion
	Megan Null Toerien	MPH Epidemiology
AY2021 – 22		
	Adrian Peter	BS/BA Public Health Studies
	Wafi Albalawi	PhD Community Health
	Sarah-truclinh Tran	PhD Epidemiology

Diversity, Equity, & Inclusion Committee

AY2019 – 20		
	Lela Brown	MPH Environmental Systems & Human Health
	Katrina DeJeu	BS/BA Public Health Studies
	Kiki Fairbanks	BS/BA Public Health Studies
AY2020 – 21		
	Roy Ball	PhD Health Systems & Policy
	Lela Brown	MPH Environmental Systems & Human Health
	Menolly Kaufman	PhD Epidemiology
	Ma. Vida Amor Echaluse	BS/BA Public Health Studies
AY2021 – 22		
	Liliana Diaz	BS/BS Public Health Studies
	Jeanette Mmunga	BS/BA Public Health Studies
	Kalera Stratton	PhD Epidemiology

Student Affairs Committee

AY2019 – 20		
	Jennifer Ku	PhD Epidemiology
	Cammisha Manley	MPH Health Management & Policy
	Eathen Smith	BS/BA Public Health Studies
AY2020 – 21		
	Rose Goren	MPH Epidemiology
	Jennifer Ku	PhD Epidemiology
	Eathen Smith	BS/BA Public Health Studies
AY2021 – 22		
	Ricky Martinez Palos	BS/BA Public Health Studies
	Kerry Plunkett	MPH Epidemiology

School of Public Health students are also serving on OHSU institutional committees in AY2021-22, including the Interprofessional Practice Committee, the Curriculum Committee, and the Teaching & Learning Center Committee.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- School of Public Health students play an active and important role in decision-making and shaping policy in the School of Public Health. Student participation on faculty committees

is clearly outlined in the School's bylaws. The SLC provides leadership to ensure that students at all degree levels and from all programs are represented. The SLC and student members of the Assessment & Evaluation APCC Subcommittee were integral in shaping the design and implementation of the self-study and led meetings with students in the CEPH standards review process; APCC student members were key players in APCC's decision to remove GRE scores from the admissions process and continue to play key roles in curricular design.

Areas of Improvement

- Because different degree programs attract and enroll students at different stages of life and experience, it is an ongoing challenge to sustainably engage students from all programs. For example, engaging undergraduate students in participating in the SLC and on faculty committees is an ongoing challenge. In addition, some graduate programs are more likely to attract working adults or adults with families; students enrolled in the distance education MPH Public Health Practice program may live outside of the Portland metropolitan area. Because of their work or family commitments, or because of where they live, students may not have additional time to formally participate in policy and decision-making in the School of Public Health.

Plans for Improvement

- The COVID-19 pandemic had a positive effect on student engagement. Holding remote meetings allowed students with competing commitments or students who live outside of the Portland metropolitan area with more flexibility to participate in School of Public Health activities. Options for utilizing technology to broaden student engagement are being examined
- Increasing undergraduate engagement is an important priority for the School of Public Health. Several initiatives are currently underway seeking to bolster undergraduate engagement by fostering an increased sense of belonging and inclusion. Beginning in fall 2021, undergraduate students participate in the School of Public Health-sponsored new-student orientation (see H1. Academic Advising). In addition, the School has proposed to PSU a *Career Mentorship Bridge to Pathways Academic Advising* program to foster undergraduate students' connection to public health and engagement in the School of Public Health.
- The Student Affairs Committee (see A1. Organization & Administrative Processes) is developing a *Connection Initiative.* The Connection Initiative is aimed at strengthening student engagement by creating more opportunities for students to connect with faculty and students from other degree programs. An intended downstream effect of the Connection Initiative is to encourage more students to participate in policy and decision-making in the School of Public Health.

A4. Autonomy for Schools of Public Health

A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same university (eg, medicine, nursing, law, etc.), the school of public health shall have the same degree of independence accorded to those professional schools. Independence and status are viewed within the context of institutional policies, procedures and practices.

1) **Briefly describe the school's reporting lines up to the institution's chief executive officer. The response may refer to the organizational chart provided in the introduction.**

   As shown in the Intro 2a internal organizational chart, the School of Public Health consists of five Associate Deans: Associate Dean for Finance & Administration, Associate Dean for Social Justice, Associate Dean for Research, Associate Dean for Student Affairs & Community Engagement, and Associate Dean for Academic Affairs. A mix of assistant deans, program directors, and administrative staff report to the Associate Deans. Each of the Associate Deans report to the Dean of the School of Public Health. The Dean reports to both OHSU and PSU Provosts. The Provosts report to their respective Presidents.

2) **Describe the reporting lines and levels of autonomy of other professional schools located in the same institution and identify any differences between the school of public health's reporting lines/level of autonomy and those of other units.**

   The School of Public Health enjoys a level of autonomy similar to other schools and colleges at OHSU and PSU. Due to the multi-partner ("joint") nature of the School of Public Health, however, it is also characterized by a high degree of interdependence. Most professional schools and colleges within OHSU and PSU operate under one set of institutional policies and align with the view of one provost, in which the dean reports to one president through one provost. An exception to this reporting structure is OHSU's School of Medicine, in which the Dean also serves as an Executive Vice President and reports directly to the OHSU President. By virtue of how the School of Public Health was established, the School must align with the guidelines and policies of two institutions and views of two provosts. Currently, the Dean for the School of Public Health directly reports to both the OHSU Interim Provost (who is also an Executive Vice President) and the PSU Provost (who also serves as the Vice President for Academic Affairs). This reporting structure is similar to the OSU-OHSU College of Pharmacy in which the Dean reports to the provost at both OSU and OHSU.

   While there is substantial overlap and alignment between OHSU and PSU in executing the success of the School of Public Health, there are some discrepancies. The SPH Ops Team—consisting of School of Public Health leadership and high-ranking individuals charged with operations at both OHSU and PSU—identify and work to resolve institutional friction points. The SPH Ops Team routinely meet every eight to ten weeks. The agenda for each meeting is developed by the Dean in collaboration with the Associate Deans.

   The membership of the SPH Ops Team for AY2021-22 is presented below:

Name	Role	Employer
David Bangsberg	Dean	OHSU
Karen Camp	Associate Dean for Finance & Administration	OHSU
Rick Johnson	Associate Dean for Academic Affairs	OHSU
Marguerita Lightfoot	Associate Dean for Research	OHSU
Lynne Messer	Assistant Dean for Graduate Academic Affairs	PSU
Dawn Richardson	Associate Dean for Social Justice	PSU
Liana Winett	Associate Dean for Student Affairs & Community Engagement	PSU
Belinda Zeidler	Assistant Dean for Undergraduate Affairs	PSU
David Robinson	Interim Provost	OHSU
Susan Jeffords	Provost	PSU
Beth Willis	Vice Provost, Finance & Administration	OHSU
Holly Moraes	Executive Assistant to the Dean	OHSU
Amy Mulkerin	Vice Provost for Academic Budget & Planning	PSU

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health enjoys the same level of organizational status as other schools and colleges at both OHSU and PSU. Rather than independence, the School's level of authority is characterized by a high degree of interdependence between its two parent institutions. The SPH Ops Team, consisting of leadership at the School of Public Health, OHSU, and PSU, was assembled to identify sticking points and improve alignment between the two institutions to ensure a successful joint School of Public Health.

Areas of Improvement

- No specific areas of improvement were identified through the self-study process. The SPH Ops Team will continue to improve interdependent institutional processes to ensure that the School of Public Health operates at the highest level of organizational status.

A5. Degree Offerings in Schools of Public Health

A school of public health offers a professional public health master's degree (eg, MPH) in at least three distinct concentrations (as defined by competencies in Criterion D4) and public health doctoral degree programs (academic or professional) in at least two concentrations (as defined by competencies in Criterion D4). A school may offer more degrees or concentrations at either degree level.

1) **Affirm that the school offers professional public health master's degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas. Template Intro-1 may be referenced for this purpose.**

   As outlined in Template Intro-1, the School of Public Health offers six concentrations for professional public health master's degrees (MPH Biostatistics, MPH Environmental Systems & Human Health, MPH Epidemiology, MPH Health Management & Policy, MPH Health Promotion, MPH Public Health Practice) and three academic public health doctoral programs (PhD Community Health, PhD Epidemiology, PhD Health Systems & Policy).

2) **An official catalog or bulletin that lists the degrees offered by the school.**

   OHSU-PSU School of Public Health – Programs & Degrees
   (https://ohsu-psu-sph.org/degreeprograms/)

   PSU 2021-2022 Bulletin – OHSU-PSU School of Public Health
   (http://pdx.smartcatalogiq.com/en/2021-2022/Bulletin/School-of-Public-Health)

B1. Guiding Statements

The school defines a *vision* that describes how the community/world will be different if the school achieves its aims.

The school defines a *mission statement* that identifies what the school will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the school's setting or community and priority population(s).

The school defines *goals* that describe strategies to accomplish the defined mission.

The school defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

1) **A one- to three-page document that, at a minimum, presents the school's vision, mission, goals and values.**

Our Vision

Promoting a healthy, equitable society
Our School of Public Health will lead in advancing a healthy, equitable society through community engagement, education, research, scholarship, and service.

Our Mission

Educate future public health leaders and advance public health scholarship and practice in collaboration with our communities to promote health and social equity
Our School of Public Health will lead in advancing a healthy, equitable society through community engagement, education, research, scholarship, and service.

Goals

1. **Education** – Prepare, support, and advance the present and future public health workforce
2. **Scholarship & Creative Activity** – Create knowledge that drives action though exploration, translation, and implementation
3. **Engagement** – Create and sustain effective community-academic partnerships that advance education, scholarship, and service
4. **Healthy & Sustainable Organization** – Provide a strong foundation of resources that encourages the School of Public Health community to develop and prosper

Our Values

The values of the School of Public Health guide our community-engaged education, research, scholarly, and research activities.

We believe in:

- **Inclusion:** Promoting diversity, equity, and cultural humility in our institutions and communities
- **Innovation:** Uniting the strengths of our two institutions through creative education, research, and sustained community engagement
- **Integration:** Connecting perspective, strategies, and methods across institutions, disciplines, and communities
- **Integrity:** Practicing ethical principles, transparency, and empathy
- **Impact:** Advancing health, justice, and social equity in our city, state, and the world

The School of Public Health's guiding statements are located on our public-facing website at: https://ohsu-psu-sph.org/our_school/guiding-statements/

2) **If applicable, a school-specific strategic plan or other comparable document.**

The School of Public Health's guiding statements—in particular, the four goals—provide the foundation for the strategic plan. School of Public Health leadership, Faculty Council, and the External Advisory Council have identified strategies to achieve each of these goals, and tactics to operationalize the strategies. Evaluation is a key piece of measuring the effectiveness of the tactics (see B5. Defining Evaluation Practices).

The School of Public Health's strategic plan is located in ERF > B Criteria > B1. Guiding Statements > B1.2 School of Public Health Strategic Plan.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health's guiding statements are a "north star" for leadership. The mission identifies what the School of Public Health will operationally accomplish through education, research and scholarship, community engagement, and service. The values inform internal and external stakeholders about the School's core principles, beliefs, and priorities. The goals have been used to identify strategies and tactics to accomplish the School's mission.
- The development and adoption of the OHSU-PSU School of Public Health's guiding statements was a highly collaborative, iterative, faculty-driven process. The process began by engaging an external consulting firm that led internal and external stakeholders in listening sessions. Based on the firm's report, Faculty Council developed initial drafts of the guiding statements (ERF > B Criteria > B1. Guiding Statements > B1.3 Faculty Council Agenda & Meeting Minutes). Drafts were presented by the Dean at All Faculty & Staff Meetings to obtain feedback from faculty, staff, and students. Faculty Council integrated that feedback into ongoing drafts of the guiding statements. The External Advisory Council (an advisory council to the Dean and the School of Public Health composed of public health professionals and alumni) offered feedback on the guiding statements on at least two occasions (see F1. Community Involvement in School Evaluation and Assessment).
- The School of Public Health's strategic plan and evaluation practices have been aligned with the guiding statements. In particular, strategies and tactics have been identified to address each of the School's four goals.

Areas of Improvement

- As the School of Public Health was in the final stages of adopting its guiding statements, the world was struck by no less than two public health emergencies: the COVID-19 pandemic and the recognition of racism in the US as a public health crisis. Moreover, the guiding statements were developed prior to the School's antiracism initiative and adoption of a social justice framework (see G1. Diversity & Cultural Competence).
- Throughout the self-study process, many faculty reported being less aware of the guiding statements, and how the guiding statements informed the strategic plan.

Plans for Improvement

- School of Public Health leadership continues to work and ensure that the guiding statements reflect the changing world and evolving focus of the School. In addition, leadership is working to create more awareness of the guiding statements and the resulting strategic plan.

B2. Graduation Rates

The school collects and analyzes graduation rate data for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).

The school achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

1) **Graduation rate data for each degree in unit of accreditation. See Template B2-1.**

B2-1. BS/BA Public Health Studies

Students in BS/BA Degree, by Cohorts Entering Between 2016-17 and 2021-22								
*Maximum Time to Graduate: Unlimited								
	Cohort of Students	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
2016-17	# Students entered	223						
	# Students withdrew, dropped, etc.	47						
	# Students graduated	3						
	Cumulative graduation rate	1%						
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	173	221					
	# Students withdrew, dropped, etc.	31	53					
	# Students graduated	36	1					
	Cumulative graduation rate	17%	0%					
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	106	167	304				
	# Students withdrew, dropped, etc.	0	25	76				
	# Students graduated	34	23	5				
	Cumulative graduation rate	33%	11%	2%				
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	82	119	223	251			
	# Students withdrew, dropped, etc.	11	15	32	48			
	# Students graduated	39	25	40	2			
	Cumulative graduation rate	50%	22%	15%	1%			

2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	32	79	151	201	220		
	# Students withdrew, dropped, etc.	1	0	14	23	55		
	# Students graduated	19	44	53	41	4		
	Cumulative graduation rate	59%	42%	32%	17%	2%		
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	12	35	84	137	161		
	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)							
	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							

Note. PSU has defined the maximum time to graduation for undergraduates to be unlimited. PSU's mission is to be an all-access institution, and is the opportunity school in Oregon for a large number of first-generation students, students of color, and students from other marginalized backgrounds. The largest undergraduate concertation in the BS/BA Public Health Studies program is Pre-Clinical Science. This concentration is designed to prepare students to be clinical health practitioners, such as nursing, physical therapy, dentistry, and medicine. The requirements include rigorous science courses that have the highest failure and drop-out rate on campus. The graduation rates from the School of Public Health's BS/BA Public Health Studies program are consistent with other undergraduate programs with a pre-clinical science focus.

B2-1. MS Biostatistics

Students in MS Degree, by Cohorts Entering Between 2016-17 and 2021-22								
***Maximum Time to Graduate: 7 Years**								
	Cohort of Students	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
2016-17	# Students entered	5						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	5					
	# Students withdrew, dropped, etc.	0	0					
	# Students graduated	2	0					
	Cumulative graduation rate	40%	0%					
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	5	10				
	# Students withdrew, dropped, etc.	0	0	0				
	# Students graduated	2	4	1				
	Cumulative graduation rate	80%	80%	10%				
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	9	6			
	# Students withdrew, dropped, etc.	1	0	0	1			
	# Students graduated	0	1	6	0			
	Cumulative graduation rate	80%	100%	70%	0%			
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	3	5	9		
	# Students withdrew, dropped, etc.			0	0	0		
	# Students graduated			3	4	0		
	Cumulative graduation rate			100%	80%	0%		

2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	0	1	9	4	
	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)							
	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							

B2-1. MPH

Students in MPH Degree, by Cohorts Entering Between 2016-17 and 2021-22								
***Maximum Time to Graduate: 7 Years**								
	Cohort of Students	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
2016-17	# Students entered	63						
	# Students withdrew, dropped, etc.	4						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	59	66					
	# Students withdrew, dropped, etc.	2	4					
	# Students graduated	25	0					
	Cumulative graduation rate	40%	0%					
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	32	62	69				
	# Students withdrew, dropped, etc.	0	0	0				
	# Students graduated	23	33	0				
	Cumulative graduation rate	76%	53%	0%				
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	9	29	69	86			
	# Students withdrew, dropped, etc.	1	3	0	3			
	# Students graduated	3	13	34	0			
	Cumulative graduation rate	81%	78%	49%	0%			
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	13	35	83	93		
	# Students withdrew, dropped, etc.	0	0	0	2	0		
	# Students graduated	5	11	16	33	0		
	Cumulative graduation rate	100%	97%	72%	40%	0%		
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	2	19	48	93	135	

	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)							
	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							

B2-1. PhD

Students in PhD Degree, by Cohorts Entering Between 2016-17 and 2021-22								
***Maximum Time to Graduate: 9 Years**								
	Cohort of Students	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
2016-17	# Students entered	6						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	6	11					
	# Students withdrew, dropped, etc.	0	0					
	# Students graduated	0	0					
	Cumulative graduation rate	0%	0%					
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	6	11	14				
	# Students withdrew, dropped, etc.	1	1	1				
	# Students graduated	0	0	0				
	Cumulative graduation rate	0%	0%	0%				
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	10	13	5			
	# Students withdrew, dropped, etc.	1	1	1	0			
	# Students graduated	0	0	0	0			
	Cumulative graduation rate	0%	0%	0%	0%			
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	4	9	12	5	10		
	# Students withdrew, dropped, etc.	0	0	0	0	0		
	# Students graduated	3	7	0	0	0		
	Cumulative graduation rate	75%	78%	0%	0%	0%		
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	2	12	5	10	11	

	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)							
	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							

2) Data on doctoral student progression in the format of Template B2-2.

B2-2: Doctoral Student Data for 2020			
	PhD Community Health	**PhD Epidemiology**	**PhD Health Systems & Policy**
# newly admitted in 2020	2	3	5
# currently enrolled (total) in 2020	5	13	32
# completed coursework during 2019	0	3	5
# in candidacy status (cumulative) during 2019	3	6	13
# graduated in 2019	0	2	3

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

BS/BA Public Health Studies students do not have a time limit to graduate (see PSU 2021-22 Bulletin – Catalog Eligibility and Degree Requirements). This graduation standard is consistent with PSU's mission to be an all-access institution. The graduation rates for BS/BA Public Health Studies students fall short of CEPH's standard of 70%. Fifty-nine percent of BS/BA Public Health Studies students who matriculated in AY2016-17 graduated within five years and 49% of BS/BA Public Health Studies students who matriculated in AY2017-19 graduated within four years.

The School of Public Health will continue to closely monitor graduation rates for BS/BA Public Health Studies students. Although undergraduate students have no limit to complete their degree, graduation rates for four-year undergraduate programs tend to be calculated at 150% time (six years) per Integrated Postsecondary Education Data System (IPEDS) requirements. BS/BA Public Health Students who matriculated in the first year of the School of Public Health's foundation will reach their sixth year in AY2021-22, may graduate after the scheduled CEPH site visit, and therefore, the School may be on track to meet CEPH's graduation rate standard of 70% for undergraduate students.

MPH and MS Biostatistics students have a maximum time to graduate of seven years. This period of time has not been fully realized since the foundation of the School of Public Health and when the School of Public Health was granted initial accreditation by CEPH. Nevertheless, MPH and MS Biostatistics students meet CEPH's standard of 70% three years post-matriculation. For example, 76% of MPH students who matriculated in AY2016-17 graduated within three years, 78% of MPH students who matriculated in AY2017-18 graduated within three years, and 72% of MPH students

who matriculated in AY2018-19 graduated within three years. Graduation rates for MPH students further increase in the fourth- and fifth-years post-matriculation. Eighty percent of MS Biostatistics who matriculated in AY2016-17 graduated within three years, 100% of MS Biostatistics students who matriculated in AY2017-18 graduated within three years, and 100% of MS Biostatistics students who matriculated in AY 2018-19 graduated within three years.

PhD students have a maximum time to graduate of nine years. Similar to MS/MPH students, this maximum time to graduation period has not been fully realized since the foundation of the School of Public Health and when the School of Public Health was granted initial accreditation by CEPH. Available data suggest that PhD students meet CEPH's 60% graduation standard. Seventy-five percent of PhD students who matriculated in AY2016-17 completed their degree in five years and 78% of PhD students who matriculated in AY2017-18 completed their degree in four years. In light of the number of PhD students granted doctoral candidacy in 2019 (see B2-2), graduation rates are expected to increase.

The School of Public Health's success in graduating MS, MPH, and PhD students is due in part to student progress being tracked by the program directors in close collaboration with the Student & Alumni Success Manager. It is important to note that some graduate programs attract students who are working adults with families and may take additional time to graduate because of competing work and family responsibilities. Nonetheless, the available data suggest that students enrolled in MS, MPH, and PhD programs meet or exceed CEPH's graduation rate standards. BS/BA Public Health Studies students do not meet CEPH's graduation rate standards, but students who matriculated in the first year of the School of Public Health's existence have not yet reached 150% time of a four-year program. The School of Public Health will continue to monitor graduation rates for BS/BA Public Health Studies students and may benefit from having dedicated staff FTE to monitor undergraduate student success.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- Although the School of Public Health has not existed long enough to allow for maximum time to graduate for BS/BA, MS, MPH, and PhD students, available data for graduation rates for MS, MPH, and PhD students suggest that the School of Public Health meets and, in some cases, exceeds this CEPH standard. Graduation rates for BS/BA Public Health student do not meet this standard, but these students have not yet reached the six-year (150%) period for four-year undergraduate programs. It is possible that BS/BA Public Health Studies students will meet this standard, but this milestone will occur after the CEPH site visit.

Areas of Improvement

- The School of Public Health will continue to monitor graduation rates—paying particular attention to BS/BA Public Health Studies students—to ensure that graduates meet CEPH's graduation rate standards.

Plans for Improvement

- Graduate student progress is bolstered by the close monitoring of program directors and the Student & Alumni Success Manager. However, the School of Public Health does not have a parallel monitoring system for undergraduate students. Undergraduate student progress is handled by PSU's Pathways advisors (see H1. Academic Advising), but the School of Public Health may benefit from "in-house" FTE allocated toward monitoring undergraduate student progress toward graduation. The School is developing a *Career Mentorship Bridge to Pathways Academic Advising* ("Career Bridge") program that will supplement PSU's Pathways advising by providing advisors with public health experience in addition to the general advising offered by the Pathways advisors. The Career Bridge

program will provide an additional mechanism to ensure undergraduate students meet CEPH's graduation rate standards.

B3. Post-Graduation Outcomes

The school collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).

The school achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

1) **Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B3-1.**

B3-1. BS/BA Public Health Studies

Post-Graduation Outcomes	2017-18 Number and percentage	2018-19 Number and percentage	2019-20 Number and percentage
Employed	26 (8%)	87 (39%)	108 (38%)
Continuing education/training (not employed)	13 (4%)	63 (28%)	69 (24%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	1 (.3%)	5 (2%)	6 (2%)
Unknown	273 (87%)	70 (31%)	105 (36%)
Total graduates (known + unknown)	313 (100%)	225 (100%)	288 (100%)

Note: One BS/BA Public Health Studies student who graduated in AY2018-19 is deceased and excluded from the Total Graduates count.

B3-1. MS

Post-Graduation Outcomes	2017-18 Number and percentage	2018-19 Number and percentage	2019-20 Number and percentage
Employed	2 (25%)	6 (75%)	6 (75%)
Continuing education/training (not employed)	0 (0%)	1 (13%)	0 (0%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	0 (0%)	1 (13%)	1 (13%)
Unknown	6 (75%)	0 (0%)	1 (13%)
Total graduates (known + unknown)	8 (100%)	8 (100%)	8 (100%)

B3-1. MPH

Post-Graduation Outcomes	2017-18 Number and percentage	2018-19 Number and percentage	2019-20 Number and percentage
Employed	12 (27%)	60 (79%)	51 (91%)
Continuing education/training (not employed)	4 (9%)	13 (17%)	3 (5%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	1 (2%)	0 (0%)	0 (0%)
Unknown	27 (61%)	3 (4%)	2 (4%)
Total graduates (known + unknown)	44 (100%)	76 (100%)	56 (100%)

B3-1. PhD

Post-Graduation Outcomes	2017-18 Number and percentage	2018-19 Number and percentage	2019-20 Number and percentage
Employed	0 (0%)	3 (100%)	4 (80%)
Continuing education/training (not employed)	0 (0%)	0 (0%)	1 (20%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	0 (0%)	0 (0%)	0 (0%)
Unknown	1 (100%)	0 (0%)	0 (0%)
Total graduates (known + unknown)	1 (100%)	3 (100%)	5 (100%)

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

The School of Public Health partially meets the standard of achieving combined rates of 80% or greater for employment and further education/training. Among students who graduated in AY2019-20, 62% of public health BS/BA students were employed or enrolled in further education or training; 75% of MS students were employed or enrolled in further education or training, 96% of MPH students were employed or enrolled in further education or training, and 100% of PhD students were employed or continuing education or training.

Beginning in AY2020-21, the School of Public Health began a more concerted effort to collect and analyze post-graduation outcomes from our graduates. In September 2020, CEPH determined that the School of Public Health was not compliant with standard B3. Post-graduation Outcomes. The School developed an action plan to address this non-compliance. The plan focused on building capacity and infrastructure, and on diversifying the methodologies by which the School of Public Health collects post-graduation outcomes. The School continues to implement the plan in order to better collect, analyze, and understand the post-graduation outcomes of our graduates. However, collecting post-graduation outcomes from undergraduate students continues to be a challenge and will likely require more resource investment and planning to ensure alumni from our undergraduate programs are fully engaged.

Future Plans to Track Post-Graduation Outcomes

The key area of improvement regarding post-graduation outcomes is for the BS/BA programs. As previously discussed, the Career Bridge program currently being implemented to improve career

advising. This program will also offer a new opportunity for collecting data for tracking post-graduation outcomes for undergraduates. Specifically, the Career Bridge will be the School's first opportunity to directly interact with BS/BA students outside of individual classroom activities. This will allow the School to regularly collect data for improved post-graduation contact (e.g., permanent e-mail addresses), as well as support career development for students in ways that will make them more trackable (e.g., creation of LinkedIn pages for undergraduate and graduate students).

In addition, the School has developed a data collection and management plan to ensure that post-graduate data are regularly collected and updated. This is a joint-plant between Student Affairs and Academic Affairs, and will be coordinated by the Student & Alumni Success Manager and the Director of Assessment & Evaluation.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- School of Public Health graduate programs (MS, MPH, and PhD) regularly achieve 80% or greater employment or further education or training. The percentage of unknowns for MS, MPH, and PhD students who graduated in AY2018-19 is within the range expected by CEPH.

Areas of Improvement

- Collecting post-graduate outcomes for School of Public Health graduates has been an ongoing challenge and has been the subject of three CEPH interim reports. The interim reports focused on providing initial and ongoing evidence of continued efforts to reduce the number of unknown post-graduation outcomes for School of Public Health students. In response, the School developed an action plan with four elements: 1) Align alumni engagement efforts with the School's guiding statements and strategic plan, 2) Develop an outreach and communication plan with staff support, 3) Critically review data collection techniques and timelines, and 4) Build and maintain data collection techniques.
- The percentage of unknown post-graduate outcomes for our public health bachelor's degree (BS/BA Public Health Studies) remains unacceptably high.

Plans for Improvement

- The hiring of a Student & Alumni Success Manager has positively contributed to the collection of post-graduate outcomes. The School of Public Health now has a dedicated position responsible for collecting and analyzing post-graduation outcomes, and is actively implementing the action plan outlined in the interim reports. In addition to the action plan, the School plans to support students in developing LinkedIn or academic profiles (e.g., Research Gate) as part of their professional development. This will provide the School with an additional mechanism to track post-graduation outcomes. The School also in the process of hiring a full-time Assistant Dean of Student & Alumni Affairs to support the Associate Dean of Student Affairs & Community Engagement.
- The School of Public Health needs to pay special attention to reducing the percentage of unknowns for BS/BA Public Health Studies students. This will likely necessitate a multi-pronged approach, including working more closely with PSU to ensure that contact information is collected at the time in which students petition to graduate so the Student & Alumni Success Manager has the means to contact graduates from the BS/BA Public Health Studies program after they graduate. As discussed above the new Career Bridge program represents a key element of this work.

B4. Alumni Perceptions of Curricular Effectiveness

For each public health degree offered, the school collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The school defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

1) **Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.**

Annual Alumni Survey

The School of Public Health's Annual Alumni Survey collects information on graduates' perceptions of curricular effectiveness. The Annual Alumni Survey is administered each October to graduates who have had at least twelve months to seek post-graduation outcomes, such as employment, continuing education, or training. Each survey administration is delivered to one cohort of graduates. For example, the 2020-21 Annual Alumni Survey was administered to students who graduated in AY2018-19. Response rates to the Annual Alumni Survey tend to be less than optimal. In 2020-21, the response rate for public health programs was 35%. The low response rate, combined with the relatively small number of graduates each year limits the utility of these data in discussing alumni perceptions of curricular effectiveness. Nonetheless, data that shed light on this standard will be discussed here.

Beginning with the 2019-20 administration of the Annual Alumni Survey, graduates were asked the following question: "Did your program core competencies prepare you to be successful for your job / graduate or professional studies / post-graduate training?" (1 = *Yes*, 0 = *No*). Participants are shown different options based on their responses to a previous inquiry. Their responses were then combined for ease of interpretation. Overall, 89% of graduates from 2017-18 and 81% of graduates from 2018-19 reported that their program core competencies successfully prepared them for their post-graduation activities. The table below provides more information on graduates' responses to this inquiry:

	2019-20	**2020-21**	**2021-22**
	N (%)	*N* (%)	*N* (%)
BS/BA	32 (86%)	25 (74%)	27 (69%)
MS/MPH	17 (85%)	31 (86%)	16 (70%)
PhD	--	2 (100%)	2 (67%)
OVERALL	**49 (89%)**	**58 (81%)**	**45 (69%)**
RESPONSE RATE		**35%**	**26%**

Beginning with the 2020-21 administration, graduates were asked: "When you graduated, did you have the skills you needed to be a competent public health professional?" (1= *Yes*, 0 = *No*). Overall, 76% of graduates from 2018-19 reported that they possessed the necessary skills to be a competent public health professional.

	2020-21	**2021-22**
	N (%)	*N* (%)
BS/BA	30 (64%)	30 (68%)
MS/MPH	38 (88%)	18 (75%)
PhD	2 (100%)	3 (100%)
OVERALL	**70 (76%)**	**51 (72%)**
RESPONSE RATE	**35%**	**26%**

As a follow-up question, graduates who responded *No* to the previous question were asked "What skills did you need and how could the School of Public Health have better prepared you for these skills?" Responses from alumni tended to focus on the need for particular tools to help with project management and communication skills.

Taken together, the results from the Annual Alumni Survey portray a mixed impression of graduates' perceptions of curricular effectiveness. More than 80% of graduates from AY2017-18 and AY2018-20 reported that their program core competencies led them to be successful in their job, or post-graduation education or training, and nearly 80% reported that they possessed the necessary skills to be competent public health professionals upon graduation. A higher proportion of graduates from the BS/BA Public Health Studies program reported that they did not have the necessary skills to be competent public health professionals upon graduation.

Alumni Open-Meeting/Focus Group (August 2021)

The Director of Assessment & Evaluation conducted an open meeting with graduates in August 2021. Directors from each public health program nominated three-to-five alumni who graduated within the previous five academic years, who were then contacted by the Director of Assessment & Evaluation to arrange the open-meeting. A parallel online survey was developed for graduates who may have felt less comfortable publicly sharing their perspectives. There was no representation from the BS/BA Public Health Studies, MPH Public Health Practice, PhD Epidemiology, or PhD Community Health program. Graduates from BS/BA Public Health Studies, MPH Public Health Practice, and PhD Epidemiology were invited to participate, but none did. There were no graduates from the PhD Community Health program at the time the self-study was completed.

Of the 40 alumni contacted, 18 participated in the open-meeting (response rate = 45%).

Eighty-three per cent of the open-meeting participants reported that their program's curriculum was very effective (24%) or moderately effective (59%) in response to a scaled question: "Overall how effective was your program's curriculum in preparing you for what you are doing now? (5-pt. scale, 1 = *Not at all effective*, 5 = *Very effective*). In an open-ended, follow-up question, participants were asked to explain why they answered the way they did: participants, in general, agreed that their program's curriculum, including program and CEPH competencies, were effective in preparing them for post-graduate employment and continuing education or training. Participants across degree programs (MS, MPH, and PhD) suggested a need for skills and competencies associated with project management, data visualization, and communicating complex information to lay audiences.

Future Data Collection Plans

As is the case for post-graduation outcomes, data on alumni perceptions of curricular effectiveness are less than optimum, particularly for undergraduate alumni. Because of the centralized structure of PSU's undergraduate Advising Pathways model, since its creation, the School of Public Health has limited direct access to undergraduate students (I.e., only through classroom activities and internship). This model has made it difficult to establish connections with students, which has resulted in undergraduate alumni not feeling connected to the School. This lack of connection has contributed to lower survey participation and response rates regarding curricular effectiveness.

To better serve and build relationships with students, the School of Public Health is investing in four strategies with the undergraduate population. This first strategy is direct career mentorship. As discussed throughout the self-study report, the School has received permission from PSU to provide career advice to undergraduate students via the Career Bridge program—currently in its pilot year. Second, curricular changes to include a new 2-credit course focused on career expectation, development, and professionalism with be required for all concentrations. This course will include a variety of activities designed to improve learner understanding of the broad range of health-related careers available to graduates, and help them be successful in their chosen field.

Third, the School is implementing a change to the undergraduate internship that will provide exposure to a series of "This is…" modules (e.g., "This is Public Health," "This is Physical Therapy"). Fourth, as of AY2020-21, undergraduate students are included in the School of Public Health new student orientation. The combination of activities will provide the connection (and data) needed to better track learners once they graduate, and it represents the best long-term approach improving response rates and data collection regarding curricular effectiveness.

2) Provide full documentation of the methodology and findings from alumni data collection.

Full documentation of the methodology and findings of the Alumni Focus Groups is located in ERF > B4 Alumni Perceptions of Curricular Effectiveness > B4.2 > Alumni Perceptions – Methodology & Findings.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- Recent School of Public Health graduates from MS, MPH, and PhD programs reported that their program's curriculum was effective in preparing them for post-graduate work and/or continued education or training.

Areas of Improvement

- Recent graduates from MS, MPH, and PhD programs identified a need for skills and competencies associated with project management, data visualization, and communicating complex information to lay audiences. MPH students, in particular, noted the need for more awareness and support for the practice experience (see D5. MPH Applied Practice Experience) and integrative project (see D7. Applied Integrative Project).
- More effective routes to collect information from alumni are needed. The Annual Alumni Survey is one route through which the School of Public Health collects information about curricular effectiveness; however, the response rate to the survey tends to be low. The low response rates, in conjunction with the program size and number of students who graduate each year, reduce the utility of the survey data; The School of Public Health recently hired a Student & Alumni Success Manager to assist with these efforts; Surveys have been the primary route to obtain this information, but self-administered surveys may not be the best route (as suggested by the low response rates); the School of Public Health, and the Student & Alumni Success Manager are exploring additional routes to collect information about perceptions of curricular effectiveness from our graduates.

Plans for Improvement

- The School of Public Health will identify opportunities to integrate project management, data visualization, and data communication into the graduate curriculum.
- The School of Public Health will continue to improve data collection efforts as they relate to alumni to better facilitate understanding of alumni perceptions of curricular effectiveness. The Student & Alumni Success Manager will lead this effort.

B5. Defining Evaluation Practices

The school defines appropriate evaluation methods and measures that allow the school to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the school's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

1) **Present an evaluation plan that, at a minimum, lists the school's evaluation measures, methods and parties responsible for review. See Template B5-1.**

   Evaluation plans and practices are built into the School of Public Health's strategic plan. Development of the strategic plan began in 2017 and has undergone a process of continuous improvement during that time. The current version of the plan can be found in ERF > B Criteria > B5. Defining Evaluation Practices > B5.1 – School of Public Health Strategic Plan. In Table B5-1 (below), each evaluation measure has the corresponding strategic plan tactic associated with it listed in parenthesis.

   The evaluation measures discussed below vary in the length of time they have been in place. In particular, measures relating to the equity curricular review are currently in the development process. Other evaluation practices reported below have been in place for at least two years, and the data associated with those are presented in the ERF. It is also important to note that the scholarship goals of the strategic plan are less developed than the instruction and community engagement goals because the School of Public Health has only had an Associate Dean for Research since September 2021.

Evaluation measures	Identify data source(s) and describe how raw data are analyzed and presented for decision making*	Responsibility for review
Evaluation Area 1. Education		

1.1. - Deliver effective social justice and equity-informed public health education	**Individual Instructional Course Evaluations** (1.1.3.2 - Improve course evaluation process) **Data Sources:** At the graduate level, the OHSU Teaching & Learning Center conducts individual course surveys using the Blue Teaching Effectiveness Survey on a quarter-by-quarter basis. Data on all courses are provided to the Office of the Provost and the Associate Dean for Academic Affairs, and individual evaluations are provided to the instructor. At the undergraduate level, a PSU Qualtrics survey is administered for each course offered each quarter by the PSU Office of Institutional Research & Planning. **Reports:** At the graduate level, quarterly reports are provided to the Associate Dean for Academic Affairs. At the undergraduate level they are provided to the Associate Dean for Student Affairs & Community Engagement. **Example Reports:** ERF B5.3a - Course Evaluations (Spring 2021)	**Graduate** - OHSU Office of the Provost; Associate Dean for Academic Affairs; Academic Policy & Curriculum Committee **Undergraduate** - Associate Dean for Student Affairs; Academic Policy & Curriculum Committee
	Annual Student Survey 1.1.3.3. - Provide mechanisms for student feedback, e.g., student survey **Data Source:** Academic Affairs conducts an annual Qualtrics survey of all School of Public Health students. **Reports:** The Director of Assessment & Evaluation prepares program-specific reports for each director and	Associate Dean for Academic Affairs; Academic Policy & Curriculum Committee

	a general report for leadership. The reports are used to make curricular improvements and for annual assessment reports. **Example Reports:** ERF B5.3b - Annual Student Survey General Report (AY2020-21)	
Evaluation Area 2. Community Engagement		
3.3 - Connect and serve the community-student-alumni continuum	**Annual Alumni Survey** (3.3.1.2 - Conduct alumni survey) **Data Source:** Annual Qualtrics survey conducted by Academic Affairs **Reports:** Annual report prepared by the Director of Assessment & Evaluation; data used to populate alumni database and for ASPPH and CEPH annual reports. **Example Reports:** ERF 5.3f Alumni Survey Data (AY2020-21)	Associate Dean for Academic Affairs; Associate Dean for Student Affairs & Community Engagement; Academic Policy & Curriculum Committee; Student Affairs Committee

2) **Briefly describe how the chosen evaluation methods and measures track the school's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.**

The School utilizes resources of both OHSU and PSU to evaluate progress in advancing public health. These methods are targeted at the individual course, curricular, program, and School levels. Information collected via these resources is utilized in an ongoing planning process. This process occurs at a variety of levels, including School of Public Health leadership, academic programs, and standing committees of the School.

In addition to programmatic tracking of the School's progress, the three areas of instruction, scholarship, and service align directory with the evaluation criteria used for faculty advancement. As a consequence, contribution to the School's progress is tracked as a part of regularly-scheduled faculty reviews.

Advancing the Field of Public Health

- **Instruction** – Annual assessment plans and reports have become a key component in improving instruction. The plans and reports are developed by program directors, and the process has led to a dramatically increase in faculty understanding of both the mechanics and value of assessment. At the same time, the data collected for the assessment process (e.g., stakeholder engagement, student feedback, articulation of "closing the loop" success stores regarding course and program improvement) are allowing programs to make informed decisions about curricular and other changes. At the School-level a uniform assessment process across all programs is allowing strengths and weaknesses to be identified in a holistic way. Similarly, variations between programs in specific areas (e.g.,

diversity, equity, and inclusion) are allowing resources to be targeted in areas where they are most needed for curricular and program improvement. Data from these reports are also a key feedback loop for the strategic planning process.

Individual course evaluations, coupled with annual faculty reviews, represent another important use of evaluation data. For example, OHSU-employed faculty complete an annual self-evaluation and an "educator's portfolio" in which the quantitative and qualitative aspects of instruction are reported. These are discussed at an annual one-on-one meeting for each faculty member with the Associate Dean for Academic Affairs.

Separate from the annual faculty review process, the Associate Dean for Academic Affairs reviews all course evaluations for the school and has quarterly discussions with the Dean and the OHSU Provost's office regarding faculty performance. These data are used, for example, to encourage underperforming instructors to pursue training and/or changes to pedagogy in order to address student concerns and improve classroom performance.

- **Scholarship** – Peer-reviewed publications and other scholarly products are routinely reported as a part of the regular faculty review process at both OHSU and PSU. As a part of the recent academic program reviews for OHSU and the CEPH self-study, the School is implementing a regular practice to track faculty scholarship. This effort is being led by the new Associate Dean for Research.
- **Service** – Of the three criteria addressed here, service is the most difficult for the School of Public health to quantify—in part because the nature of service varies widely across the School and on an individual basis. As a part of the strategic planning process, leadership is undertaking a comprehensive equity audit. An important component of the audit will be an improved understanding of the nature and extent of service within the School. This improved understanding will assist in the annual data collection process and better honor the service contributions of all members in the School of Public Health community.

Student Success

Student success is overseen by the Associate Dean for Student Affairs & Community Engagement and the recently-created Student & Alumni Success Manager position. Student Affairs is the focal point for aspects of student life—outside of academics—that contribute to student success.

The evaluative methods discussed above are brought together to focus student success. Individual course evaluations, coupled with the Annual Student Survey, provide complementary small and large-scale views of student satisfaction with the academic environment of the School. The annual student survey also provides an opportunity for students to self-assess the extent to which they are attaining the competencies they need to be successful public health professionals. Following graduation, the annual alumni survey and developing database provide a retrospective view on the value of the training received during their time in the School of Public Health.

Both institutions oversee assessment processes that regularly gather information to support student success. For example, the annual assessment planning process requires a complete mapping of program core competencies to institutional competencies and CEPH foundation competencies and learning objectives. These can be further mapped to the course learning outcomes of individual core and required courses, helping to ensure that the curriculum remains aligned with the needs of the students.

In addition to assessment of student learning outcomes, the OHSU academic program review brings together a more diverse suite of information to help ensure student success. These include information on graduation rates and time to graduation on a program-by-program basis in a year-over-year format. The annual student survey tracks demographics—including external work, caregiving, and general satisfaction within the program. All of these program-specific reports combine to produce a school-wide perspective of student life.

As an independent measure of student success, the School requires that MPH students pass the Certified in Public Health (CPH) exam as a graduation requirement. The School has a nearly 100% success rate in MPH students passing the CPH exam.

3) **Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.**

Evaluation Area 1. Education

- ERF > B Criteria > B5. Defining Evaluation Practices > B5.3a – Course Evaluations (Spring 2021)
- ERF > B Criteria > B5. Defining Evaluation Practices > B5.3b – Annual Student Survey (AY2020-21)
- ERF > B Criteria > B5. Defining Evaluation Practices > B5.3c – APR Notification Letters and Evaluations (AY2020-21)
- ERF > B Criteria > B5. Defining Evaluation Practices > B5.3d – OHSU Feedback on Annual Assessment Reports (AY2020-21)
- ERF > B Criteria > B5. Defining Evaluation Practices > B5.3e – APCC Feedback on Annual Assessment Reports

Evaluation Area 3. Increase Community Engagement

- ERF > B Criteria > B5. Defining Evaluation Practices > B5.3f – Alumni Survey Data (AY2020-21)

All of these reports and data summaries have both strengths and room for improvement. Course evaluations have been consistently applied for more than a decade as a part of both OHSU and PSU's NWCCU institutional accreditation. Course evaluations provide useful trend data. However, response rates to course evaluations, as well as to other surveys, are less than ideal—which limits their overall usefulness.

The OHSU academic program review process provides an in-depth look at multiple aspects of each School of Public Health graduate program. In compliance with OHSU policy (ERF > B Criteria > B5. Defining Evaluation Practices > B5.3g – 02-50-005 – Academic Program Review), academic program reviews are conducted every five years (i.e., only once for each program since the formation of the School). Fortunately, these reviews have occurred over the past two years for all programs, so these reviews represent an excellent snapshot of the current status of graduate programs in the School of Public Health.

The School of Public Health is currently in its third cycle of annual assessment planning and reporting for both OHSU and PSU. As a consequence, we are now able to track improvements in the key indicators reflected in assessment data. The School continues to demonstrate improvement in practices and methods used for assessment. For example, in the AY2020-21 assessment cycle, more than half of the graduate programs scored higher than 90% on the rubric used by OHSU's Assessment Council. As a consequence of this feedback, there are two key areas in which the School of Public Health and program directors are focusing: increasing stakeholder engagement and using assessment and course evaluation data for course and program improvement. Both of these areas of feedback are being addressed by improving communication about assessment—in particular, learning to tell good assessment stories, and telling those stories to a broader audience

The Annual Alumni Survey is useful for continued development of the School of Public Health's alumni database. The alumni database is used for ASPPH and CEPH annual reports, as well as for internal planning. Data from the survey are currently being used to inform a number of strategic planning tactics, including: alignment of curriculum with current workforce needs,

feedback for career advising, development of practice experience placements, philanthropy, professional workforce development, and community membership on our External Advisory Council.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health benefits from being a part of two institutions that are strongly committed to and value a culture of evaluation. The School has made significant progress in identifying appropriate evaluation tools and metrics and collecting evaluation data. Faculty are regular contributors to the evaluation process in a variety of roles, including program directors and as standing committee members. The School is continuing to develop new evaluation tools to measure a broad range of parameters outside of traditional academic measures, including the recently-implemented equity audit.

Areas of Improvement

- Responses rates to many evaluation measures (e.g., course evaluations, Annual Student Survey, Annual Alumni Survey) are too low to be utilized to the fullest extent.
- The School continues to face challenges in prioritizing activities based on evaluation due to multiple competing priorities.
- The School has not fully developed assessment tools for some important components of academic program—including a robust practice experience preceptor survey (further hampered by remote operations during the COVID-19 pandemic)
- Operationalizing the strategic plan continues to be challenging due to timing (I.e., planning for the next academic year tends to occur primarily in spring, after most of the corresponding budget process has already occurred.

Plans for Improvement

- The strategic plan addresses a broad range of activities related to education, scholarship, community engagement, and the operation of the School. Each of the activities undertaken as a part of the plan will need to have evaluation metrics. Following the CEPH self-study and site visit, the School plans to take what has been learned from the self-study and antiracism work (see G1. Diversity & Cultural Competence) and revisit the strategic plan with a deeper, more comprehensive, and intentional understanding of how to best move forward.

B6. Use of Evaluation Data

The school engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The school implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

1) **Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.**

   Based on available evaluation data, the School of Public Health has undertaken several initiatives to improve the student experience. Two of those examples are discussed below:

   Undergraduate Career Advising and Mentoring
   PSU's Advising Pathways model was designed to standardize campus-wide undergraduate academic advising, including career mentorship. The School of Public Health's undergraduate programs are a part of the *Health, Science, and the Earth* pathway. Early in the implementation of the pathway, it became apparent that the generalist advising model was struggling with and lacked the capacity to address the breadth and nuances of professional trajectories within public health. After advisor training, resource development, and a year of collaborative evaluation with Advising Pathways partners, the School of Public Health determined that an internal career mentorship program was necessary to supplement undergraduate students' curricular and co-curricular exploration and preparation in public health. Results from the Annual Student Survey suggested that undergraduate students wanted additional career mentorship and guidance as to how to best leverage coursework to apply to their career goals. The Career Bridge program was developed to progressively support students during their undergraduate career, irrespective of whether they have clear ideas of their planned paths or are just beginning their career exploration.

   To help students plan their career exploration and determine their professional trajectories within the field of public health, the School, under the guidance of the Associate Dean for Student Affairs and Community Engagement and the Assistant Dean of Undergraduate Affairs developed and are currently implementing the first year of the Career Bridge. The specialized mentorship and skills-based programming offered by Career Bridge, coupled with the academic advising strengths of the Pathways model, will provide a robust and comprehensive array of services to support students—from entry through internship and graduation—find their place within public health. Generalized academic advising will continue to be managed by PSU's Advising Pathways, but specialized career mentorship will be housed within the School of Public Health.

   The Career Bridge program further supports the School of Public Health and PSU's shared equity and social justice goals by providing individualized mentorship to students based on their expressed needs and interests. Undergraduate students come to the School from a range of starting points and backgrounds. Based on student feedback, many students are less experienced and comfortable navigating academic and professional environments and institutions. The Career Bridge program is specifically focused to ensure the success of first-generation students and students from marginalized backgrounds.

   The Career Bridge is working to help students throughout their undergraduate experience and is implemented to support: 1) skills for identifying potential career goals, 2) identifying academic opportunities to explore career foci, 3) identification of internship and other co-curricular activities, and 4) application to graduate programs.

Writing Program

Based on student survey and course evaluation data, as well as feedback from faculty, the Associate Dean for Student Affairs & Community Engagement and the Associate Dean for Academic Affairs have identified written communication as a challenge for School of Public Health students. This is particularly the case for students coming from underserved populations. Over the last two years, the School has implemented several new initiatives to help support the writing needs of both undergraduate and graduate students. In this example, one of those initiatives—designed to target those most in need of support—will be outlined.

Historically, at the graduate level, the School has relied on writing samples from application materials as the primary initial indicator of writing ability of incoming students. This method has proved unreliable for a variety of reasons. As a consequence, the School of Public Health hired Leslie Bienen as a professional writing coach, and for the previous two years the School has implemented an "in-person" writing assessment as a part of new-student orientation. Each assessment is reviewed by the professional writing coach, and students who score below a particular threshold are contacted directly and personally invited to meet with the writing coach. All students are encouraged to reach out to the writing coach (writingsupportSPH@pdx.edu) for assistance with writing projects.

To provide further support, students can also directly make appointments with the writing coach directly via a web portal (https://calendly.com/writingsupportsph/writing-meeting). In the current academic year, the writing coach is expanding services and approach by adding integrative project workshops for MPH students (see D7. MPH Integrative Learning Experience). The School also provides Grammarly™ subscriptions to all students. Based on demand, we have budgeted to increase support for this initiative in the next fiscal year. At the same time, data suggest that we are not adequately reaching students who may be most in need of support. This may be due to a lack of trust on the part of many underserved students. Leadership is currently exploring ways to increase engagement of these students.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- As part of the School's strategic planning process, each activity undertaken is designed with evaluation tools built into it. This approach is significantly advancing the data available for decision making.

Areas of Improvement

- The School currently collects a significant amount of data which are not being effectively integrated into the decision-making process. For example, the data associated with the "in-person" writing assessment are not being utilized outside of the writing program. The School of Public Health will continue to improve its use of data for decision making.

Plans for Improvement

- Development of improved data management tools is a focus of the Dean's office and a coordinated process for improving those tools is underway.

C1. Fiscal Resources

The school has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

1) **Describe the school's budget processes, including all sources of funding. This description addresses the following, as applicable:**

The School of Public Health's budget process is directed by the Associate Dean for Finance & Administration in collaboration with the Dean and Dean's Team leadership. The School budgets and allocates its resources to fulfill its stated mission and goals. The budget process has two phases: planning and operations. The planning phase identifies the goals to be achieved during the upcoming fiscal year and the budget necessary to achieve them. The planning phase for the annual operating budget begins in the fall and concludes in the spring of each fiscal year (July 1 to June 30). The School constructs its budget using projected revenue and expenses. While the School projects its revenue for planning purposes, as of fiscal year 2020, both OHSU and PSU allocate an expense-based budget to the School of Public Health. Under the expense-based budgets the universities hold tuition and fees, state appropriations, university funds, and indirect costs recovery centrally. In turn, the School is not charged directly for overhead costs. The School develops its projections based on university budget targets, policies, and procedures, and incorporates the deadlines from both OHSU and PSU. The School's budgets are submitted to OHSU's Chief Financial Officer, who presents the budget to OHSU's Board of Directors for approval, and PSU's Vice President for Finance & Administration, who presents it to PSU's Board of Trustees for approval. The operations phase focuses on actual performance. It involves budget implementation, tracking, monitoring, and reconciliation between the two institutions. The implementation phase is on-going throughout the fiscal year and emphasizes a comparison between the budgeted and actual revenue and expenses.

The School of Public Health's revenue sources include tuition and fees, state appropriations, university funds, grants and contracts, indirect cost recovery, endowment, foundation gifts, student lab fees, and other revenue.

- **Tuition and fees:** The tuition for all graduate degrees, except for dual-degrees, are set by OHSU's Office of the Provost and approved by the OHSU Board of Directors. The tuition for all undergraduate and graduate dual-degrees are set by PSU's Board of Trustees. Undergraduate tuition is collected and retained by PSU. Graduate tuition for all non-dual degree programs is collected by OHSU and returned by program location to PSU via the School's quarterly reconciliation process. Tuition and fees are centrally held at both institutions and allocated to the School of Public Health as a part of its expense-based budget.
- **State appropriations:** State General Fund allocations are distributed by the Oregon state legislature to the Oregon Higher Education Coordinating Commission (HECC), which is in turn allocated to PSU based on enrollment and targeted funding. A portion of these funds are allocated to the School of Public Health as a part of PSU's expense-based budget
- **University funds:** OHSU and PSU each contribute $600,000 per year in university funds to the expense-based budget of the School of Public Health. OHSU's contribution is represented by a single line in the budget, while PSU's contribution is part of the expense-based budget allocated to the School.
- **Indirect cost recovery (IDC):** Indirect cost recovery rates are set by each institution and vary by type of grant activity. IDC rates at PSU range from 26 – 50% and OHSU's IDC rates range from 26 – 54%.
- **Endowment:** Endowment balances are held at OHSU and PSU foundations based on the location of the donation. Endowment funds represent funds from external sources that are "gifted" to the institution and retained per donor's requests as corpus with earnings used to

support programs. Over the past five years, the School of Public Health has generated $4.89 million in endowment funds.

- **Foundation gifts:** Foundation gift funds are held at OHSU and PSU foundations based on the location of the donation. These funds are from external sources and are "gifted" to the institution and restricted or earmarked by the donor. Over the past five years, the School of Public Health has generated $3.4 million in foundation gifts. While outstanding pledges are not restricted in the School's operating budget, the School has $2.1 million in outstanding pledges as of FY2021.
- **Other – Student lab fees:** Student lab fees are generated by the School of Public Health's BS/BA Public Health Studies – Physical Activity & Exercise program. Students in this program conduct research and training in the Exercise Physiology Lab located on PSU's campus.
- **Other – Non-federal contracts, internal sales, service center:** OHSU's non-federal contracts flow through the School of Public Health's operating budget. Examples of these are contracts with community-based organizations. Additionally, the OHSU Biostatistics and Design Program (BDP) is a university service center that provides biostatistical support to clinical and population science researchers in the design and development phases of research and ongoing support of experienced biostatistical members of funded research grants. The internal and external billing flows through OHSU's operating budget as "Other."

a) Briefly describe how the school pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples.

The School of Public Health pays for faculty salaries through a variety of revenue sources, including grants, contracts, tuition, state appropriations, institutional funds, and gifts.

The choice of hiring institution (OHSU or PSU) depends on where the teaching need is located, and which institution provides the School with resources necessary to support that position. PSU is the hiring institution if the teaching need resides in the undergraduate programs. For the graduate programs, the decision about the hiring institution is made between the Dean and the Provosts—guided by which institution has the necessary resource envelope. Generally, Biostatistics, Epidemiology, Environmental Systems & Human Health, and Public Health Practice faculty are hired by OHSU, and Community Health, Health Promotion, Health Management & Policy, and Health Systems & Policy faculty are hired by PSU. The School is working to blend hiring appointments across the two institutions. For example, Jae Downing and Robin Baker are OHSU-employed faculty in Health Management & Policy, respectively, and Nic Smith is a PSU-employed faculty in the Public Health Practice program.

PSU non-tenure track, tenure-track, and tenured faculty are represented by PSU's chapter of the American Association of University Professors (AAUP) and are hired into 9-month academic year positions, which are fully guaranteed by education and general (E&G) funds. In some cases, faculty have summer teaching assignments or grant funding available to pay their salaries during the summer months. Non-tenure track faculty at 1.0 FTE typically teach nine courses per year for 90% of their effort, with 10% effort for institutional/community/professional service and scholarly activities. Tenure-track and tenured faculty typically teach six courses per year for 80% of their effort, with 20% effort for institutional/community/professional service and scholarly activities. Throughout the academic year, faculty may secure significant grant funding to buy-out courses, which offsets the use of the School's E&G funds. Savings due to grant funding are rolled into the School's reserves at the end of the fiscal year.

OHSU full-time faculty are hired into 12-month positions, which are funded by a mix of revenue sources, including grants, contracts, tuition, institutional funds, and gifts. Faculty salaries are distributed by FTE. Faculty who teach courses receive 0.03 FTE salary support per credit hour, e.g., a 3-credit course is 0.09 FTE and a 4-credit course is 0.12 FTE). Faculty receive 0.10 FTE for institutional/community/professional service and scholarly activities. OHSU faculty have less-

specific teaching load assignments and in most cases are expected to generate a significant fraction of their salary from research grants.

b) Briefly describe how the school requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.

The School obtains additional faculty or staff positions through several models:

- **Demonstrated growth in revenue sources:** The School submits proposals to OHSU and PSU Provosts that demonstrate increased revenue (i.e., tuition, indirect costs, foundation funds) and areas for which the School seeks additional FTE. The proposals are reviewed by the Provosts to determine is sufficient evidence support the addition of faculty or staff.
- **PSU budget cycle – resource plan:** As a part of the annual budget process, the School submits a plan to identify investment of additional dollars that could increase tuition revenue or other resources.
- **OHSU budget cycle:** As a part of the annual budget process, the School submits a request for new FTE.

c) Describe how the school funds the following:

a. operational costs (schools define "operational" in their own contexts; definition must be included in response)

Operational costs in the School of Public Health are defined as salaries for faculty and staff, supplies, services, and student support. The School funds these costs through its expense-based budget, which includes a variety of revenue sources allocated to the School (e.g., tuition, state appropriations, institutional funds, gifts)

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

Student support is funded by the School's ongoing operational budget, research grants, and foundation funds. As a part of the operational budget, the Dean's Stipend Fund supports students in the three PhD programs by offering graduate research assistantships, which include stipend and tuition and fee packages to nine students per year. Research grants provide additional opportunities for students to engage in graduate research opportunities and student hourly employment. Students employed as graduate research assistants are respectively represented by student unions at both OHSU (doctoral only) and PSU (masters and doctoral). The Dean's Scholarship Fund, supported by foundation donations, provides scholarships up to $20,000 for undergraduate and MS/MPH students and $45,000 to PhD students during their study (see G1. Diversity & Cultural Competence). There are several other small foundation scholarships awarded to students each year.

The School supports the Student Leadership Council with an annual budget of $4,500 to offer key student events throughout the academic year, including the student-led Annual Public Health Conference (see B3. Student Engagement).

The School provides financial support for students accepted as oral presenters at public health conferences. Funds from the School's operating budget support travel and conference registration expenses for students to attention national ($500) and international conferences ($1,000).

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

PSU offers a number of faculty development opportunities. Development funding opportunities include those for AAUP-represented faculty who may apply for Individual

Professional Development Accounts (IPDA), the Faculty Development Program, and the President's Diversity Mini-grant. The IPDA is administered at the School-level. The collective bargaining agreement between PSU and AAUP sets the yearly allocation for IPDA funds. In the 2020-21 fiscal year, allocations are $1,100 for tenure-track and tenured faculty and $500 for non-tenure track faculty. IPDA funds can be used for travel and other academic and research-related activities. Adjunct faculty, represented by PSU Faculty Association (PSUFA), may apply for the Faculty Education Fund and Professional Development Fund. PSU's Office of Academic Innovation offers support for faculty development, including a $500 Academic Innovation Mini-fund that is generally focused toward improving assessment of student learning.

OHSU also offers a number of faculty development opportunities. Development funding opportunities include—but are not limited to—the Provost Faculty Development Grants and Education Mini-grants. OHSU is an institutional member of the National Center for Faculty Development and Diversity (NCFDD). The NCFDD is a nationally-recognized, independent organization that provides online career development and mentoring resources for faculty. OHSU's Office for Education Improvement & Innovation offers inter-professional faculty development, student learning assessment, and educational services. The School allocates $1,500 per year for full-time faculty members as a part of its operating budget. These funds can be used to fund travel and other academic and research-related activities.

d) In general terms, describe how the school requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

The School of Public Health requests and obtains additional funds for operational costs, student support, and faculty development following the means described in C1-1b. In addition, the School has a robust philanthropic base to support ongoing operational costs and expenses associated with student support and faculty development.

e) Explain how tuition and fees paid by students are returned to the school. If the school receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the school's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

Tuition and fees paid by students for graduate programs are collected by OHSU. The School engages in a quarterly tuition revenue reconciliation process whereby tuition revenue for PSU courses are calculated based on the number of student credit hours multiplied by the current tuition rates to determine the quarterly transfer of tuition funds from OHSU to PSU. Tuition and fees paid by students for undergraduate and graduate dual-degree programs are collected by PSU.

Tuition and fee revenue is attributed to each school and college at PSU and captured in the Revenue Cost Attribution Tool (RCAT). The RCAT gives a view of the extent to which each school and college is contributing to the financial vitality of the institution as a whole. The information is used by PSU's Provost to make annual decisions in the allocation of the expense-based budgets of the schools or colleges.

Tuition and fee revenue was returned in full at OHSU during the 2017 to 2019 fiscal years. Tuition revenue was used, in part, to cover the university tax (overhead costs). Beginning in fiscal year 2020, tuition revenue is not returned to the School and, in turn, the School is not directly charged the university tax. The School is allocated an expense-based budget based on expenditure needs. As the School experiences increases in tuition revenue, it may request increases to its expense-based budget.

f) Explain how indirect costs associated with grants and contracts are returned to the school and/or individual faculty members. If the school and its faculty do not receive funding through this mechanism, explain.

Indirect cost rates for PSU and OHSU are displayed in the table below:

Current Federal F&A Rates	PSU	OHSU
On-Campus, Organized Research	48.5%	54.0%
On-Campus, Instruction	50.0%	40.0%
On-Campus, Other Sponsored Activities	33.5%	32.0%
Off-Campus, Organized Research	26.0%	26.0%
Off-Campus, Instruction	26.0%	26.0%
Off-Campus, Other Sponsored Activities	26.0%	26.0%

Per the inter-institutional agreement (ERF > A Criteria > A2. Multi-Partner Schools > A2.1 Inter-Institutional Agreement), each institution applies its appropriate indirect cost rate to their portion of sponsored projects. For projects within the School, OHSU and PSU waive their rights to the indirect costs normally assessed on the first $25,000 on the sub-award issued to external entities.

Indirect costs generated by sponsored projects at PSU support a number of activities. A formula has evolved that includes funding for central research administration, college or unit research support, general university funds, a primary investigator (PI) incentive program, and research lab innovations. The percentages currently associated with each of these are displayed in the table below:

Central research administration	49.7%
College/unit research support (“Rebate”)	26.0%
General university fund	20.8%
PI Incentive (PIN)	2.0%
Research lab renovations	1.0%
Doubtful accounts	.5%

The primary allocation of indirect costs at PSU is to support central research administration, which includes the Office of Sponsored Projects Administration, Research Integrity & Compliance, Innovation & Intellectual Property, and other central support. The college or unit rebate is 26% of F&A earned on sponsored projects, pro-rated to the college or unit of each PI and/or co-PI.

Individual faculty members are allocated 2% of the F&A earned on sponsored projects through the primary investor program (PIN). The money is used by individual faculty for items not permitted by grants, developing future research proposals, graduate assistant support, and research-related travel.

Indirect costs generated by sponsored projects at OHSU were returned in full to the School of Public Health during the 2017 to 2019 fiscal years. Indirect costs were used, in part, to cover the university tax (indirect costs). Beginning in fiscal year 2020, indirect costs are not returned to the School and, in turn, the School is not directly charged the university tax. The School is allocated an expense-based budget based on expenditure needs; as the School experiences an increase in indirect costs, the School may request an increase to its expense-based budget.

If the school is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring

university to the overall school budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by the school of public health faculty appointed at any institution.

Financial contributions of each sponsoring institution align where the corresponding expenses reside. Tuition, sponsored revenue (including indirect cost returns) and other revenue sources are allocated to each sponsoring institution where the activity takes place. For shared expenses, the School has a quarterly expense reconciliation process in which costs and funds are transferred between the institutions and foundations. Examples of these shared costs include the Dean's salary, which is a 50-50 split between institutions. Other expenses, such as student recruitment costs, are a 60-40 split between OHSU and PSU in alignment with the tuition revenue split.

2) **A clearly formulated school budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.** The School of Public Health's budget is located in ERF > C Criteria > C1. Fiscal Resources > C1.2 OHSU-PSU School of Public Health Budget.

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- The School of Public Health has adequate financial resources to fulfill its stated mission and goals.
- Successful fundraising has enabled the School of Public Health to invest in faculty and students. Both through the Antiracism Faculty Fellowship program and the Dean's Scholarship fund (see G1. Diversity & Cultural Competence), the School demonstrates its commitment to equity and social justice, faculty, and students.
- The budget reconciliation process allows the School to transfer funds across institutions to allow for maximum flexibility and fair and equitable use of funding.
- The Employee Assignment Agreement (EAA) allows PSU faculty to participate in research projects containing PHI and maintain HIPPA compliance.

Areas of Improvement

- Substantial administrative resources are necessary to manage the complex budgetary tracking, monitoring, and reconciliation requirements across the two institutions.
- Faculty and staff pay scales and compensation benchmarks differ across the institutions, making it difficult for the School to maintain consistent messaging around compensation.
- The current tuition reconciliation model, based on campus location, limits the ability for the School to align course delivery expenses with tuition revenue.

Plans for Improvement

- Administrative staff continuously works to streamline processes and automate them when possible. The School of Public Health continues to explore the use of databases to consolidate financial data into a shared environment to achieve cost savings, more consistent financial reporting, and seamless short- and long-term financial analysis and decision-making.
- The Dean's leadership team is working with human resource departments at both OHSU and PSU to meet policies and practices set forth by each institution while working toward School of Public Health-wide pay equity.
- The Associate Dean for Finance & Administration is working on a proposal to revise the current tuition reconciliation model. The revised model will include weighted factors that will account for course location and faculty of record. This model will enable more accurate financial accounting between OHSU and PSU in terms of teaching costs and tuition revenue.

C2. Faculty Resources

The school has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

1) **A table demonstrating the adequacy of the school's instructional faculty resources in the format of Template C2-1.**

   C2-1 is presented on the following pages:

	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY+
CONCENTRATION	**PIF 1***	**PIF 2***	**FACULTY 3^**	**PIF 4***	**PIF 5***	
BIOSTATISTICS MS MPH	Rochelle Fu 1.0	Jodi Lapidus 1.0	Byung Park (Non-PIF) .15	Meike Niederhausen 1.0		PIF: 4, Non-PIF: 2
COMMUNITY HEALTH PhD	Cara Eckhardt 1.0	Alexis Dinno 1.0	Lynne Messer (PIF) 1.0			PIF: 0, Non-PIF: 1
ENVIRONMENTAL SYSTEMS & HUMAN HEALTH MPH	Tawnya Peterson 1.0	Lisa Marriott 1.0	Joe Needoba (PIF) 1.0			PIF: 2, Non-PIF: 3
EPIDEMIOLOGY MPH PhD	Lynn Marshall 1.0	Janne Boone-Heinonen 1.0	Eric Hall (PIF) 1.0	Jonathan Snowden 1.0		PIF: 3, Non-PIF: 9
HEALTH MANAGEMENT & POLICY MPH	Jill Rissi 1.0	Robin Baker 1.0	Jae Downing (PIF) 1.0			PIF: 0, Non-PIF: 8
HEALTH PROMOTION MPH	Betty Izumi 1.0	Brad Wipfli 1.0	Ryan Petteway (PIF) 1.0			PIF: 6, Non-PIF: 2

HEALTH SYSTEMS & POLICY	Sherril Gelmon	Julia Goodman	Neal Wallace (PIF)			PIF: 0, Non-PIF: 3
PhD	1.0	1.0	1.0			
PUBLIC HEALTH PRACTICE	Elizabeth Waddell	Nic Smith	Alison Martin (Non-PIF)			PIF: 0, Non-PIF: 7
MPH	1.0	1.0	.05			
PUBLIC HEALTH STUDIES: Community Health Promotion	Nicole Browning	Deb Kaufman	Nhu To-Haynes (Non-PIF)			PIF: 5, Non-PIF: 11
BS/BA	1.0	1.0	1.0			
PUBLIC HEALTH STUDIES: Health Service Administration	Sunny Lin	Rick Dozal-Lockwood	Kelly Coates (Non-PIF)			
BS/BA	1.0	1.0	.2			
PUBLIC HEALTH STUDIES: Health Aging	Bryant Carlson	Carlos Crespo	Paula Carder (Non-PIF)			
BS/BA	1.0	1.0	1.0			
PUBLIC HEALTH STUDIES: School Health Educator	Jane Mercer	Belinda Zeidler				
BS/BA	1.0	1.0				
PUBLIC HEALTH STUDIES: Clinical Health Science	Claire Wheeler	Kelly Gonzales				
BS/BA	1.0	1.0				

TOTALS:		
	Named PIF	27
	Total PIF	45
	Non-PIF	47

2) **All primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1.**

FTE for non-primary instructional faculty is based on 0.1 FTE per course. If one course has multiple instructors, the 0.1 FTE is split across instructors. For example, if a course has two instructors, each instructor received 0.05 FTE.

3) **If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.**

The first two primary instructional faculty named in Template C2-1 for each concentration are allocated 1.0 FTE. In most cases, the third named faculty are also primary instructional faculty. In those two cases when a non-primary instructional faculty is listed (Byung Park, Alison Martin), the non-primary instructional faculty provide regular instruction in the School of Public Health, but their employment unit within the university is outside the School.

4) **Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.**

C2-2. Faculty Regularly Involved in Advising, Mentoring and the Integrative Experience

General advising & career counseling						
	Average		Min		Max	
Degree Level	**PIF**	**Non-PIF**	**PIF**	**Non-PIF**	**PIF**	**Non-PIF**
Bachelor's	6	5	1	2	25	15
Master's	6	7	1	1	19	35
Doctoral	3	3	1	1	8	4

Advising in MPH integrative experience					
Average		Min		Max	
PIF	**Non-PIF**	**PIF**	**Non-PIF**	**PIF**	**Non-PIF**
10	4	1	1	13	5

Supervision/Advising of bachelor's cumulative or experiential activity		
Average	**Min**	**Max**
74	30	139

Mentoring/primary advising on thesis, dissertation or DrPH integrative project						
	Average		Min		Max	
Degree Level	**PIF**	**Non-PIF**	**PIF**	**Non-PIF**	**PIF**	**Non-PIF**
DrPH	**N/A**					
PhD	2	1	1	1	3	1
Master's other than MPH	3	**N/A**	2	**N/A**	4	**N/A**

5) Quantitative data on student perceptions of the following for the most recent year. Schools should only present data on public health degrees and concentrations.

a. Class size and its relation to quality of learning (eg, the class size was conducive to my learning)

As a part of the OHSU-PSU School of Public Health's Annual Student Survey, students respond to the following question using a 5-pt. scale (1 = *Very Dissatisfied*, 5 = *Very Satisfied*): "How satisfied are you with the class sizes in your program?" In the most recent administration of the survey (spring 2021), the sample reported satisfaction with program class sizes (M = 4.13, SD = 0.77) with 85% of the sample reported being "Satisfied" or "Very Satisfied." The table below displays additional information about participants' response to this survey item.

	M (SD)	Satisfied / Very Satisfied (%)	Item Response Rate (%)
BS/BA	3.99 (.82)	82%	8%
MS/MPH	4.29 (.65)	94%	42%
PhD	4.07 (.88)	83%	93%
OVERALL	**4.13 (.77)**	**85%**	**17%**

b. Availability of faculty (ie, Likert scale of 1-5, with 5 as very satisfied)

Also, as a part of the Annual Student Survey, students respond to the following question using a 5-pt. scale (1 = *Very Dissatisfied*, 5 = *Very Satisfied*): "How satisfied are you with the availability of your program faculty?" In the spring 2021 administration of the survey, the sample reported satisfaction with the availability of their program faculty (M = 4.03, SD = .86) with 78% of the sample reported being "Satisfied" or "Very Satisfied." The table below displays additional information about participants' response to this survey item.

	M (SD)	Satisfied / Very Satisfied (%)	Item Response Rate (%)
BS/BA	3.87 (.87)	74%	8%
MS/MPH	4.05 (.85)	81%	42%
PhD	4.32 (.82)	83%	93%
OVERALL	**4.03 (.86)**	**78%**	**17%**

Building community among undergraduate students has been identified as a major factor that impacts engagement, including participation in the Annual Student Survey. To better engage students, a multi-pronged approach has been developed and is being implemented. Undergraduate students generally do not respond to e-mail solicitations and require a more personalized approach. Moving forward, School of Public Health faculty and Student Leadership Council members will visit undergraduate courses to announce events, including the administration of the Annual Student Survey. To further engage students, undergraduate students are being actively recruited for representation on the Student Leadership Council for student governance work and to serve on faculty committees. Undergraduate students are now included in the School of Public Health's new-student orientation. Exit interviews are being considered as an efficient way to gather information from undergraduate students as they approach graduation. An emphasis will be placed on using Canvas, PSU's online learning management system, as an additional mechanism to engage students and disseminate information.

6) Qualitative data on student perceptions of class size and availability of faculty. Only present data on public health degrees and concentrations.

Course Evaluations
Course evaluations for graduate courses (Blue Teaching Effectiveness Survey) do not have an open-ended question for students to provide qualitative feedback on class size or faculty availability. However, it is possible to extract this information from the qualitative section of the course evaluations. For example, students are asked to respond to two open-ended questions: *What recommendations do you suggest for improving this course?* and *What are the strengths of this course?*

Searching the qualitative course evaluations from courses offered between fall 2018 and summer 2021 using "class size" as the search term yielded 15 responses. Of those responses, 14 were strongly favorable and one indicated that "the class size was a barrier for participation.

To assess faculty availability, a variety of search terms were used to search course evaluations for the same period, including "faculty avail*," "avail*," and "office hours." Of these terms, "office hours" was the most useful, with 168 comments. Approximately 25% of these comments were directly related to instructor availability. Favorable comments regarding instructor availability occurred three times as often as unfavorable comments (33:11). The unfavorable comments are consistently associated with a small number of faculty and School of Public Health leadership is engaging with those faculty to improve their availability to students.

The School of Public Health will work with PSU's OIRP and OHSU's TLC, the offices that handle undergraduate and graduate course evaluations respectively, to discuss the feasibility of adding open-ended questions about class size and faculty availability to course evaluations.

Annual Student Survey
The Annual Student Survey does not include open-ended questions for students to provide qualitative feedback about class size or availability of faculty. This will be corrected in the next administration of the survey (spring 2022). As a part of the self-study open meetings conducted with students, the students were asked to provide feedback on class size and availability of faculty. In part because of remote instruction due to COVID-19, participants did not provide substantive feedback on class size or faculty availability above and beyond the information that can be gleaned from the quantitative items on the Annual Student Survey.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The School of Public Health has adequate faculty, including primary and non-primary instructional faculty, to fulfill its teaching needs. Currently, the School employs 45 primary instructional faculty. This includes at least two primary instructional faculty with one additional faculty per concentration, and at least one additional primary instructional faculty per degree level.
- The School of Public Health has a sufficient number of faculty providing advising appropriate to the degree level or educational experience. For example, dedicated PE/IP coordinators by MPH program advise students in the integrated project and PhD programs are appropriately sized to ensure sufficient faculty supervision and advising for students completing their dissertation work.

Areas of Improvement
- As demonstrated in Template C2-2, the advising load for some primary and non-primary faculty who provide general advising for MS/MPH students is too high. In addition, the load for primary faculty who provide supervision and advising for the BS/BA Public Health Studies culminating project is high.

Plans for Improvement

- The Assistant Dean for Graduate Academic Affairs is preparing an equity audit to better understand labor distribution for graduate student advising; based on the numbers presented in Template C2-2, it appears likely that some faculty are performing more advising work than other faculty, and this labor may be inequitably distributed between primary and non-primary instructional faculty.
- The School of Public Health intends to allocate more funding to support BS/BA Public Health Studies students completing their culminating experience, as well as assign more primarily undergraduate-focused faculty to supervise and advise the culminating experience.

C3. Staff and Other Personnel Resources

The school has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

1) **A table defining the number of the school's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.**

C3-1. Staff Support

Role/function	FTE
Academic Affairs[1]	4
Student Affairs[1]	4
Communications & Outreach	1
Finance & Administration	4.5
Social Justice[1]	1
Dean's Office[1]	4
Research Administrative Support	2.85
Research Staff[2]	33.24
Development[3]	2
Total	**56.59**

Note: This table excludes administrators with faculty appointments, student workers, and graduate research assistants. [1]Includes open or active searches; [2]Includes staff funded from Grants and Contracts and the University Shared Resources; [3]Development staff are shared with other units outside of the School of Public Health

2) **Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.**

Table C3-1 details the FTE of administrative and the other staff central to the operation of the OHSU-PSU School of Public Health. As noted, administrators with faculty appointments, student workers, and graduate research assistants are excluded from the table. The School operates with 56.59 FTE in staff across OHSU and PSU. Of the 56.59 FTE, 33.24 FTE are research staff funded by grants and contracts within the School. The remaining 23.5 staff, are funded through stable funding streams (general fund allocations, philanthropy, unit reserves), support ongoing administrative functions, including academic and student affairs operations, financial, and research infrastructure.

3) **Provide narrative and/or data that support the assertion that the school's staff and other personnel support is sufficient or not sufficient.**

The School is sufficiently staffed and organized to meet the needs of students and faculty. Growth in tuition and grant revenue has enabled the School to expand administrative staff and research operations to meet increasing needs. Commensurate with this growth, the School has added six new staff positions during this accreditation cycle. These positions include: executive specialists, sponsored projects analyst, director of assessment & evaluation, social justice program manager, student & alumni relations manager, and communications & outreach manager. In addition to the new positions, the School has added four associate and assistant dean positions, including Associate Dean for Social Justice, Associate Dean for Research, Assistant Dean for Graduate Academic Affairs, and Assistant Dean for Undergraduate Affairs. The staff and other personnel are sufficient to meet the School of Public Health's mission and goals.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health has combined its goals for growth with the experience of projected and realized needs, to gain approval for staff positions across academic, student affairs, and research areas. Staff members are reviewed annually through their employing institution. Annual reviews provide staff with the opportunity to discuss their progress and goals with their supervisor.
- The School has concentrated on staff development, working with them to identify professional interests and goals, resulting in redefinition and/or promotion of staff within the School of Public Health.

Areas of Improvement

- Even with the growth in staff, some functions could still benefit from additional FTE.
- While team members are cross-trained and can provide backup support during unpredictable times of need (e.g., unanticipated staff absence), staff's own work portfolio are sufficiently full that they do not have additional labor to offer.

Plans for Improvement

- As of fall 2021, the School has five open or active searches underway for staff positions (3 new, 2 retirement-replacement).
- The School is identifying options for temporary support to support in times of peak need and during unanticipated situations.

C4. Physical Resources

The school has physical resources adequate to fulfill its stated mission and goals and to support instructional schools. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

1) **Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the school's narrative.)**

Most of the OHSU-PSU School of Public Health's faculty, staff, graduate researchers, and student employees are now housed in the newly-constructed Vanport Building. The Vanport Building represents the co-location of OHSU and PSU faculty, staff, and students for the first time since the School of Public Health's inception. The building is a seven-story condominium partnership between OHSU, PSU, Portland Community College (PCC), and the City of Portland. The Vanport Building opened for use in January 2021, but due to COVID-19 restrictions, School of Public Health employees did not have regular access until September 2021.

The School of Public Health occupies the 5th and 6th floor of the Vanport Building, which contains 70 private offices, 16 double occupancy offices, 114 open workstations, 2 (6 – 10) person mini-suites and 29 touchdown spaces. The 5th and 6th floors also include 21 meeting, conference, and collaboration spaces, as well as an employee kitchen and lounge, additional kitchenette, and two lactation rooms. On the 2nd floor of the Vanport Building, the School of Public Health has shared spaces with PSU's College of Education and PCC. These spaces include a classroom and computer lab (shared with the College of Education), and a conference room and student lounge shared with both the College of Education and PCC. There are ample study spaces in the Vanport Building to support School of Public Health students to facilitate their learning. The co-location of the School of Public Health in the Vanport Building will greatly benefit collaboration, decrease commute times between campuses, and improve student access to faculty and staff. The Vanport Building will also provide a more identifiable physical location for the School.

Faculty who are not primarily located in the Vanport Building have office spaces at the OHSU campus:

- Three faculty in the MPH Environmental Systems & Human Health program have office and lab space in the OHSU Hatfield Research Center.
- Three faculty in the Biostatistics program and one faculty in the Epidemiology have office space at the Knight Cancer Research Building.
- Two faculty in the Epidemiology and Health Systems & Policy programs have office space at the Veteran Affairs Medical Center.
- One faculty member in the Epidemiology program has office space in the Child Development and Rehabilitation Center.

These faculty also have access to shared spaces in the Vanport Building.

- **Faculty office space**

  All full-time faculty have designated office space in the Vanport Building or at the OHSU campus, and are equipped with computers and telephones to meet with colleagues and students.

- **Staff office space**

  All staff have designated workspaces in the Vanport Building and are equipped with computers and telephones

- **Classrooms**

The School of Public Health has sufficient classroom space to fulfill its education mission. Classrooms ranging in capacity from 15 – 400, as well as smaller seminar and conference rooms ranging in capacity from 4 – 12, are available across OHSU's South Waterfront campus and PSU's downtown campus (including the Vanport Building), and may be reserved in advance or utilized on an ad hoc basis.

- **Shared student space**

  There are many shared spaces available to School of Public Health students across OHSU and PSU, including student centers, lobbies, lounges, and study rooms that may be reserved in advance or utilized on an ad hoc basis.

  Vanport Building
  The Vanport Building is the School of Public Health's primary building. It contains lobbies with comfortable seating, tables, and workspaces that are accessible to students. There is a dedicated student lounge on the second floor that is shared with PSU College of Education and PCC students.

  Other Academic Buildings
  Many academic buildings across the OHSU and PSU campuses contain open, accessible spaces that may be used by students for studying or informal gatherings. Buildings with large, furnished atria and other spaces well-suited for studying or informal student gatherings include OHSU's Robertson Life Sciences Building, and PSU's Karl Miller Center, Fariborz Maseeh Hall, Cramer Hall, and the Academic & Student Recreation Center.

  Student Centers
  School of Public Health graduate students have access to the resources of both the OHSU Student Center and PSU's Smith Memorial Student Union. School of Public Health undergraduate students have access to the resources of PSU's Smith Memorial Student Union.

  The OHSU Student Center contains recreation facilities (pool, gymnasium, exercise room); a multi-functional, fully-equipped media room that is available for a variety of academic and social activities; an art gallery; and multiple group study areas and lounges that are available on a first-come, first-served basis. There is also a computer/study room that has four computer kiosks and lounge-style seating that is well-suited for group study sessions.

  The Smith Memorial Student Union houses multiple dining spaces; meeting spaces; student support services and cultural resource centers; study areas; and student lounges. It also has recreation facilities, including a bowling alley and student art galleries. There are large open lounge spaces with chairs on the second floor where students can gather and study informally. Students may also reserve private study spaces, and take advantage of a quiet prayer and meditation lounge on the lower level.

  Recreation Facilities
  School of Public Health graduate students have access to the resources of both OHSU's March Wellness Center and PSU's Academic & Student Recreation Center. School of Public Health undergraduate students have access to PSU's Academic & Student Recreation Center. Both centers have state-of-the-art exercise facilities, as well as multiple open, accessible areas with tables and chairs available to students for studying or informal gatherings.

- **Laboratories, if applicable to public health degree school offerings**

The Vanport Building has a computer lab shared by School of Public Health students and PSU College of Education students. Other open-access computer labs and workstations are located in PSU's Fariborz Maseeh Hall, Millar Library, and the Karl Miller Center, as well as the OHSU Library. School of Public Health students have access to specialized statistical, modeling, and mapping software through on-campus computer labs and PSU's Virtual Computer Lab (VLAB).

2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.

The School of Public Health has physical resources sufficient to fulfill our stated mission and goals. The School's new, spacious home in the Vanport Building provides an opportunity for our joint-school to come together in an environment that provides a wealth of physical resources for our members and community partners.

School of Public Health spaces in the Vanport Building meet a diverse range of faculty, staff, and student needs including: new, additional audio-visual technology, computers and a computer lab, two reception areas to welcome students, community partners, and visitors, quiet study and work spaces in the lobby and across three floors; open collaboration spaces and lounges on the School of Public Health floors; HIPAA-compliant mini-suites; work stations with additional security for specialty research; and the School of Public Health multi-purpose room with enhanced technology to support a range of functions.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The Vanport Building is the first co-location of School of Public Health faculty and staff since it was established. Due to the COVID-19 pandemic, the promise of the Vanport Building has not been fully utilized as the building and the School of Public Health's space in it were completed in the midst of the pandemic. Once occupied, the shared space will provide the School with an increased ability to advance collaboration and engagement with one another, as well as our community partners.
- The School of Public Health's space in the Vanport Building has ample room and opportunity for growth. There are 22 private offices, seven shared two-occupant offices, 47 open workstations, and 29 touchdown spaces which are currently vacant and available for future occupancy.
- The new and expanded physical and technological resources provide an array of educational and wellness resources, which are now available to our faculty, staff, and students.

Areas of Improvement

- There is limited classroom space available for School of Public Health students in the Vanport Building.

Plans for Improvement

- Since additional classroom space, besides the classroom shared with PSU's College of Education, could not be constructed in the Vanport Building, the School of Public Health will continue to prioritize and utilize OHSU's South Waterfront Campus and PSU's main campus for classroom space. Both of these locations are a minimal commute to and from the Vanport Building, with multiple public transportation options available (light rail, streetcar, bus).

C5. Information and Technology Resources

The school has information and technology resources adequate to fulfill its stated mission and goals and to support instructional schools. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional schools), faculty access to hardware and software (including access to specific software required for the instructional schools offered) and technical assistance for students and faculty.

1) **Briefly describe, with data if applicable, the following:**

- **library resources and support available for students and faculty**

  The OHSU-PSU School of Public Health has extensive library resources and support available for students and faculty. Graduate students and faculty have access to both OHSU's Library at the Biomedical Information Communication Center (BICC) and PSU's Millar Library. Undergraduate students have access to PSU's Millar Library. Library resources include physical and electronic references, training opportunities, and document delivery. Computer labs, workstations, open study spaces, and private study rooms are available at both libraries. Two librarians, one from each parent institution, support the School by regularly attending faculty meetings, and preparing resources for students and guest lecturing in courses to assist students in their research.

  The OHSU Library provides students with extensive online and print resources, as well as expert library staff support. Students and faculty can access OHSU Library's resources 24 hours a day, seven days a week from any location by authenticating their OHSU account. Remote capabilities include conducting literature searches in 130 databases, which are linked to more than 31,000 journal subscriptions and 205,000 online books licensed by or owned by OHSU. Whenever possible, the Library purchases at least one online or print copy of all recommended and required textbooks. OHSU has over 85,000 print books, engages in communal borrowing with regional academic libraries as a part of the Orbis-Cascade Alliance of Libraries and participates in global interlibrary loan networks. Items that are not available online are available at no charge through the Library's *Get It for Me* service, which delivers articles and chapters via e-mail within one-to-two business days. The Library's Education, Research, & Clinical Outreach librarians support student learning and faculty development through consultation and addressing questions about searching, information and citation management, and critically appraising the literature. The OHSU Library also provides 24-hour technology enabled-spaces, access to printing, and equipment lending to facilitate student knowledge acquisition and sharing.

  The PSU Millar Library provides access to physical and digital resources including, but not limited to, over 1.4 million print volumes, 400,000 government documents, microfilms, audiovisual materials, special collections, and more. In addition to these materials, students may borrow materials through the Orbis-Cascade Alliance of Libraries, which expands library monograph holdings to 37 member libraries throughout the Pacific Northwest, as well as request monographs not health by an Alliance library through an inter-library loan. Leveraging demand-driven acquisitions on a local and Alliance-level, the Millar Library provides expanding e-book options. Journal subscriptions are offered online whenever possible through direct subscriptions and third-party database packages. The Millar Library purchases access to streaming media packages, such as Films on Demand and Academic Video Online, to meet the needs of an increasingly digital educational environment. The Millar Library and its librarians provide course-integrated library instruction by collaborating with instructional faculty to identify student-learning needs and develop and deliver corresponding curriculum. Librarians have developed research guides to support faculty and student research, and provide reference services and research consultations to students in a variety of modalities, including in-person, online, and via e-mail, text, and telephone. Workshops on

topics, such as managing citations and conducting literature reviews, are also available to students.

- **student access to hardware and software (including access to specific software or other technology required for instructional schools)**

  Hardware
  Students have access to fully-equipped computer labs and workstations across the two institutions, and the ability to borrow laptops, Chromebooks, tablets, headsets, webcams, and other hardware from PSU's Millar Library. The School of Public Health's new Vanport Building has a computer lab specifically dedicated to School of Public Health and College of Education students. Other open-access computer labs and workstations are located in PSU's Fariborz Maseeh Hall, the PSU's Millar Library, and the OHSU Library. School of Public Health students have a printing allowance of up to 500 pages per term at PSU computer labs.

  Software
  Software is available to students free of charge through both OHSU and PSU. Microsoft Office Suite is available to all School of Public Health students on all OHSU and PSU university workstations, and is available through OHSU and PSU for free use on personal computers. Students also have access to specialized statistical, modeling, and mapping software through on-campus computer labs and PSU's Virtual Computer Lab (VLAB). Graduate students may download specialized statistical software through OHSU's software library for use on their personal devices.

  Learning Management Systems
  OHSU and PSU employ different online learning management systems: Sakai and Desire2Learn (D2L), respectively. These systems serve as both a repository for course materials, including lectures, readings, and assignments, and as a collaborative space for completing course activities or participating in breakout rooms for small-group discussions. Abundant resources are available to students to optimize their use of both Sakai and D2L. Students are supported in their use of Sakai with multiple guides and tutorials available on the Sakai Student Guides page. Sakai support is provided to students by OHSU's Information Technology Group (ITG). Regular staff support is available 6am to 6pm Monday through Friday, but phone support is available to students 24 hours a day, seven days a week. The PSU Help Center provides a D2L overview for students taking online courses, while PSU's Office of Academic Innovation (OAI) has a library of D2L technology tutorials. Students can also contact PSU's Office of Information Technology's (OIT) Helpdesk for D2L support.

  PSU is in the process of retiring D2L and will fully migrate to Canvas™ by April 1st 2022. All undergraduate and PSU-based courses were taught using Canvas in winter term 2022. PSU's Office of Academic Innovation (OAI) is managing the migration and has prepared tutorials to facilitate the transition and minimize disruption in teaching and learning.

- **faculty access to hardware and software (including access to specific software or other technology required for instructional schools)**

  Hardware
  Faculty with a primary appointment in the School of Public Health (using the School's definition of "primary," not CEPH's definition) are provided with a computer system (desktop or laptop) and computer peripheral devises. Both OHSU and PSU offer faculty standard Dell and Apple computing options. Beginning with fiscal year 2022, OHSU is supplying standardized computers to all employees paid for by central university funds. PSU budgets for new and replacement computers on an annual basis as a part of the School of Public Health's budget.

Software
Software is available to faculty through both OHSU and PSU. Microsoft Office Suite is available to all faculty on OHSU and PSU workstations, and is available through both OHSU and PSU for free use on personal computers. Faculty also have access to specialized statistical, modeling, and mapping software through on-campus computer labs and PSU's Virtual Computer Lab (VLAB). Faculty may also download specialized statistical software to their personal devices through OHSU's software library.

Learning Management Systems
Faculty are supported in their use of online learning platforms. Sakai guides and tutorials are available on the Sakai faculty page. PSU's OIT provides support for faculty teaching online courses and the Office of Academic Innovation (OAI) has a library of technology tutorials. OHSU's Teaching & Learning Center (TLC) and PSU's Office of Academic Innovation (OAI) offer technical and pedagogy training to faculty for Sakai and D2L/Canvas, respectively. Both the TLC and OAI are discussed in more detail in E3. Faculty Instructional Effectiveness.

- **technical assistance available for students and faculty**

  Technical assistance for faculty, staff, and students is provided by OHSU Information Technology Group (ITG Helpdesk) and PSU's Office of Information Technology (OIT Helpdesk). The OHSU Helpdesk is staffed 6am – 6pm with limited staffing during non-business hours, weekends, and holidays. The PSU Helpdesk is staffed seven days a week from 8am – midnight, except on university holidays and closures. Both helpdesks have extensive online FAQs, "how-to's", and tutorials. In addition, faculty, staff, and graduate students have free access to Linkedin Learning, which offers more than 11,000 courses in business, technology, and creative skills taught by industry experts.

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

Based on the resources described in the previous section, the information and technology resources are sufficient for the School of Public Health to fulfill its mission and goals and to support instructional programs.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- Undergraduate students have access to library and software systems at PSU. Graduate students and faculty have access to library and software systems at both PSU and OHSU.
- Hardware is available for students and faculty to borrow in order to support continuity of instruction and learning.
- The School of Public Health has two dedicated librarians (one from OHSU and one from PSU) with specialized expertise in public health.
- Both OAI and TLC are significant resources for information and technology needs.

Areas of Improvement
- The School of Public Health's new Vanport Building utilizes a mix of OHSU and PSU technology, and it will require education and resources for faculty, staff, and students to maximize the functionality of the new building's technology. Presently, there are gaps in coordination efforts between OHSU and PSU in terms of technological support in the Vanport Building that will require ongoing coordination from both institutions.
- Faculty may not be aware of resources available to them to improve their pedagogy.
- As a part of the self-study process, students report challenges navigating two different learning management systems (Sakai for OHSU-based courses, D2L, soon to be replaced

by Canvas, for PSU-based courses). This has been a particular problem in the context of course evaluations. Students enrolled in PSU-based courses utilize D2L for their course work, but course evaluations are completed through Sakai. The use of two different online management systems was one of the contributing factors for students reporting that their experience in the School of Public Health was less than seamless.

Plans for Improvement

- The School of Public Health is in the process of hiring a local IT/web manager who will be dedicated to the needs of the School.
- The School of Public Health plans to create an information technology resource sheet for incoming students to make them aware of available resources.
- Information regarding teaching and learning resources will be provided to faculty through multiple communication channels to increase faculty utilization and ultimately improve student learning.
- The School of Public Health plans to make emergency student funds available to assist students experiencing hardship in purchasing information and technology resources.

D1. MPH & DrPH Foundational Public Health Knowledge

The school ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

The school validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

1) **Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the school.**

Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	**Course number(s) & name(s) or other educational requirements**
1. Explain public health history, philosophy and values	**HSMP 574: Health Systems Organization** This competency is covered in week 1: • H. Mahler. "The Meaning of 'Health for All by the Year 2000" Reprinted in American Journal of Public Health 106 (#1, January 2016): 36-38. • H. MacDougall. "Reinventing Public Health: *A New Perspective on the Health of Canadians* and Its International Impact." Journal of Epidemiology and Community Health 61 (2007): 955-959. • J.M. McGinnis, H.V. Fineberg, and V.J. Dzau. "Advancing the Learning Health System." New England Journal of Medicine Perspective 385 (#1, July 1, 2021): 1-4. • Skim "A Brief History of Public Health", Boston University or any other website offering a broad historical overview of public health from ancient history to the present. • Steven Johnson. "The Living Century." The New York Times Magazine May 2, 2021. Assessment Written paper (see syllabus -- "include reference to any relevant historical public health or health services programs, policies, or interventions that inform your system design and recommendations") and Book Review (see syllabus for details and book selections) and discussion in Week 8.
2. Identify the core functions of public health and the 10 Essential Services*	**HSMP 574: Health Systems Organization** This competency is covered in week 3: • Centers for Disease Control and Prevention. "The 10 Essential Public Health Services." See PDF on D2L • B.C. Castrucci. "The "10 Essential Public Health Services" Is the Common Framework Needed to Communicate about Public Health." American Journal of Public Health 111 (#4, April 2021): 598–599 Assessment Written paper (see syllabus "…should specifically address the relevant core functions of public health/10 essential services (see Session 3 readings)"

3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	All MPH students are required to take two courses that address the role of quantitative methods in describing population health. This competency is covered in every week of each of the three courses Epidemiology is listed for this competency because it teaches students about study design and quantitative methods. Biostatistics is listed for this competency because it teaches students about the meaning and calculation of the numbers used to derive meaning from quantitative studies. • **BSTA 511**: Estimation and Hypothesis (Biostatistics and Epidemiology MPH students) • **BSTA 525**: Introduction to Biostatistics (all other MPH students) • **EPI 512**: Epidemiology 1 (all students) <u>Assessment</u> Competency attainment in all three of the quantitative courses is evaluated using homework, quizzes and exam scores All MPH students are required to take one course devoted to the role of qualitative methods in describing aspects of population health. Multiple classes are listed here because programs require different courses for qualitative methods. This competency is covered in every week of the listed courses. • **CPH 511** Research Methods and Evidence-based Practice (PHP students) • **PHE 520** Qualitative Research and Design (HP MPH students) • **HSMP 588** (HP and HSMP students; one assignment in this course asks students to choose and justify the "methods" (plural, explicitly mixed methods) chosen for the program evaluation and compare their model's approach to 3 other models • **UNI 504**: Qualitative Methods for Health Professionals (all other MPH students) <u>Assessment</u> Competency attainment in the qualitative courses is assessed with quizzes and / or final projects as described in each of the syllabi
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	**EPI 512: Epidemiology 1** This course evaluates a student's ability to interpret the quantitative trends in morbidity and mortality. This competency is covered in week 10 • Oleckno Chapter 14: Disease Outbreaks, Disease Clusters, and Public Health Surveillance (pages 507-545) • Cancer Surveillance in the United States Cancer Facts & Figures, 2017 from the American Cancer Society; Atlanta GA: American Cancer Society, 2017 • CDC Publication, Surveillance for Certain Health Behaviors Among States and Selected Local Area--Behavioral Risk Factor Surveillance System, United States, 2014. <u>Assessment</u>

	Student's ability to identify and list causes of and trends in morbidity and mortality are evaluated in week 10 homework **PHE 512: Principles of Health Behavior** This course both enables students to identify morbidity and mortality trends and put these trends, and their causes, in their contexts. This competency is covered in weeks 1, 2, 3, 7, and 8 Week 1 • Chadha, N., Lim, B., Kane, M., & Rowland, B. (2020). *Toward the abolition of biological race in medicine: Transforming clinical education, research, and practice* (Policy Brief No. 1). Institute for Healing and Justice in Medicine, Othering & Belonging Institute, UC Berkeley: https://www.crg.berkeley.edu/research/towards-the-abolition-of-biological-race-in-medicine-transforming-clinical-education-research-and-practice/ • Duncan, G., Magnuson, K., Murnane, R., & Votruba-Drzal, E. (2019). Income inequality and the wellbeing of American families. *Family Relations, 68*, 313-325.hVps://doi.org/10.1111/fare.12364 • Goetzel, R. Z., Pei, X., Tabrizi, M. J., Henke, R. M., Kowlessar, N., Nelson, C. F., & Metz, R. D. (2012). Ten modifiable health risk factors are linked to more than one-fifth of employer-employee health care spending. *Health Affairs*, *31*(11), 2474-2484. Week 2 • Abboud, S., De Penning, E., Brawner, B. M., Menon, U., Glanz, K., & Sommers, M. S. (2017). Cervical cancer screening among Arab women in the United States: An integrative review. *Oncology Nursing Forum, 44*, E20-E33. Week 3 • Smith, P. J., Humiston, S. G., Marcuse, E. K., Zhao, Z., Dorell, C. G., Howes, C., Hibbs, B. (2011). Parental delay or refusal of vaccine doses, childhood vaccination coverage at 24 months of age, and the health belief model. *Public Health Reports, 126,* 135-146 Week 7 • Araiza, A. M., & Lobel, M. (2018). Stress and eating: Definitions, findings, explanations, and implications. *Social and Personality Psychology Compass, 12,* e12378 • McEwen, B. S. (2012). Brain on stress: how the social environment gets under the skin. *Proceedings of the National Academy of Sciences, 109*(Supplement 2), 17180-17185. • Thoits, P. A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior 51,* S41. • Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, *59*(4), 466-485. Week 8 • Christakis, N. A. & Fowler, J. H. (2007). The spread of obesity in a large social network over 32 years. *New England Journal of Medicine, 357*, 370-379. • Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health, 152*, 157-171. hVps://doi.org/10.1016/j.puhe.2017.07.035

	Assessments • Journal Club: presentation and discussion of one supplemental reading per week • Team Forum Posts: Most are theory-based intervention designs that address causes of disease related to behavior
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	**EPI 512: Epidemiology 1** This competency is covered in weeks 1 and 9 Week 1 • Oleckno Chapter 3: Selected concepts in Epidemiology (pages 35-54; Levels of prevention) Week 9 • Oleckno Chapter 13: Screening for Disease and Other Conditions (pages 447-500) Week 10 • Oleckno Chapter 14: Disease Outbreaks, Disease Clusters, and Public Health Surveillance (pages 507-545) Assessment Levels of prevention are assessed in • Weekly homework (week 1) • Class quiz (week 2) • Midterm exam • Final exam Surveillance is assessed in • Weekly homework (week 9 and 10) • Class quiz (week 10) • Final exam
6. Explain the critical importance of evidence in advancing public health knowledge	**EPI 512: Epidemiology 1** This course is listed because it teaches students about how evidence is created and evaluated for advancing public health knowledge. This competency is covered in week 7 • Oleckno Chapter 7: Association and Causation in Epidemiology (pages 179-190) • Oleckno Chapter 8: Assessing the Accuracy of Epidemiologic Studies (pages195-226) Assessment The critical importance of evidence, as it relates to association and causation, as well as the factors that affect the accuracy of epidemiologic studies and public health knowledge is assessed in • Homework 7 • Homework 8 • Final exam **PHE 512: Principles of Health Behavior**

	This course is listed because it helps students put evidence in context and learn how to apply evidence for advancing public health knowledge. This competency is covered in weeks 1 and 9 Week 1 • Prestwich, A., Webb, T. L., & Conner, M. (2015). Using theory to develop and test interventions to promote changes in health behaviour: evidence, issues, and recommendations. *Current Opinion in Psychology*, *5*, 1-5 • Chadha, N., Lim, B., Kane, M., & Rowland, B. (2020). *Toward the abolition of biological race in medicine: Transforming clinical education, research, and practice* (Policy Brief No. 1). Institute for Healing and Justice in Medicine, Othering & Belonging Institute, UC Berkeley: https://www.crg.berkeley.edu/research/towards-the-abolition-of-biological-race-in-medicine-transforming-clinical-education-research-and-practice/ Week 9 • Baker, P., Friel, S., Kay, A., Baum, F., Strazdins, L., & Mackean, T. (2018). What enables and constrains the inclusion of the social determinants of health inequities in government policy agendas? A narrative review. *International Journal of Health Policy Management, 7*(2), 101-111. <u>Assessment</u> • Forum Posts, both team and individual, require students to use peer-reviewed sources to support • Journal Club: Based on peer-reviewed literature
7. Explain effects of environmental factors on a population's health	**ESHH 511: Concepts of Environmental Health** This competency is covered in weeks 4, 5, 6, and 7 Week 4 • Read Frumkin Chapter 16, Water and Health • Watch *Water Quality* - Echo360 (https://youtu.be/Blfm9RZZ8U4)) Week 5 • Frumkin, Chapter 12, Climate Change and Human Health, starting on page 275 • Frumkin, Chapter 13, Air Pollution, starting on page 319. • Do Activities: Complete Sakai worksheets to complete air pollution mapping in real time via https://earth.nullschool.net/ and explore course website for more on air and climate change: Air: https://sites.google.com/view/learnenvironmentalhealth/core-topics/air Climate Change: https://sites.google.com/view/learnenvironmentalhealth/lenses/climate-change Week 6 • Read Frumkin, Chapter 18, Pest Control and Pesticides, starting on page 477 ; Frumkin, Chapter 19: Food systems, the environment, and public health; Review CDC's Food Safety Handout • Do: Visit The International Outbreak Museum (Virtual) of the Oregon Health Authority at http://www.outbreakmuseum.com/ and explore food safety:

	https://sites.google.com/view/learnenvironmentalhealth/core-topics/food-safety Week 7 • Read: Frumkin Chapter 17: Solid and Hazardous Waste, starting on page 453; Frumkin Chapter 22: Radiation, starting on page 603 • Explore course site: Radiation: https://sites.google.com/view/learnenvironmentalhealth/core-topics/radiation; Waste Mgmt: https://sites.google.com/view/learnenvironmentalhealth/core-topics/waste-mgmt) <u>Assessment</u> • Weekly quizzes (overall score) • Participation in online for a • Final written summaries
8. Explain biological and genetic factors that affect a population's health	**PHE 512: Principles of Health Behavior** This competency is covered in weeks 1, 2, 3, 6, 7, 8 Lecture Week 6 on stress physiology and impact on health - all other lectures include bio/genetic factors but don't center them in place of behavior Readings - these contain information on the bio/genetic aspects of the diseases they address or are about biological bases of policy that need to be challenged Week 1 • Chadha, N., Lim, B., Kane, M., & Rowland, B. (2020). *Toward the abolition of biological race in medicine: Transforming clinical education, research, and practice* (Policy Brief No. 1). Institute for Healing and Justice in Medicine, Othering & Belonging Institute, UC Berkeley: https://www.crg.berkeley.edu/research/towards-the-abolition-of-biological-race-in-medicine-transforming-clinical-education-research-and-practice/ • Goetzel, R. Z., Pei, X., Tabrizi, M. J., Henke, R. M., Kowlessar, N., Nelson, C. F., & Metz, R. D. (2012). Ten modifiable health risk factors are linked to more than one-fifth of employer-employee health care spending. *Health Affairs*, *31*(11), 2474-2484. Week 2 • Krieger, N. (2000). Refiguring "race": Epidemiology, racialized biology, and biological expressions of race relations. *International Journal of Health Services, 30*, 211-216. Week 3 • Smith, P. J., Humiston, S. G., Marcuse, E. K., Zhao, Z., Dorell, C. G., Howes, C., Hibbs, B. (2011). Parental delay or refusal of vaccine doses, childhood vaccination coverage at 24 months of age, and the health belief model. *Public Health Reports, 126,* 135-146. Week 7 • Araiza, A. M., & Lobel, M. (2018). Stress and eating: Definitions, findings, explanations, and implications. *Social and Personality Psychology Compass, 12,* e12378. • Lipschitz, J. M., Paiva, A. L., Redding, C. A., Butterworth, S., Prochaska, J. O. (2013). Co- occurrence and coaction of stress

	management with other health risk behaviors. *Journal of Health Psychology, 0*, 1-11. • McEwen, B. S. (2012). Brain on stress: how the social environment gets under the skin. *Proceedings of the National Academy of Sciences, 109*(Supplement 2), 17180-17185. • Thoits, P. A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior 51,* S41. • Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, *59*(4), 466-485. Week 8 • Christakis, N. A. & Fowler, J. H. (2007). The spread of obesity in a large social network over 32 years. *New England Journal of Medicine, 357*, 370-379. • Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health, 152*, 157-171. <u>Assessments</u> • Forum Post I to a small extent • Forum Posts 2-5 (intervention design) require discussion of causes of disease their intervention will address • Journal Club presentations often provide a bit of this, but it's not required
9. Explain behavioral and psychological factors that affect a population's health	**PHE 512: Principles of Health Behavior** The entire class is in service to this competency Readings: Every week's reading list contains articles specifically about behavioral and psychological factors that affect a population's health from a different theoretical point of view. Please refer to the syllabus Lectures: Week 2: Psychological Underpinnings is specifically about psychological factors - but all lectures are built around psychological /behavioral factors affecting health Assessments: • Journal Club: student presentation of article about these factors followed by class discussion • Forum Posts: Theory based intervention design about these factors. First post focuses on social determinants, subsequent posts focus on specific behaviors, Stress/Coping forum has added emphasis on psychological factors, but Forum Posts 2-5 (intervention design) all require discussion of causes of disease their intervention will address • Individual Response Posts: Require consideration of causes of disease not included in team posts • Conflict Resolution Quiz: based on reading on conflict resolution: Weide, D., Marinoff, J., & Berthold, T. (2016). Conflict resolution skills. In T. Berthold (Ed.), *Foundations for community health workers* (pp. 345-368). John Wiley & Sons, Inc.

	• Final Exam includes questions about this competency

10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	**HSMP 574: Health Systems Organization**
	
	This competency is covered every week. Examples include:
	• Week 2 multiple readings on "Determinants of Health and Disease" and on "Concepts of Health Equity" (discussions related to social determinants)
	• Week 4 multiple readings on "Public Policy and Ethics", "Health Policy", "Social Polices and Advocacy", "Universal Coverage", "Single Payer Systems" (discussions related to political determinants)
	• Week 5 multiple readings on health services budgeting, financing, insurance, coverage and expenditures (discussions related to economic determinants)
	• Week 6 multiple readings on "Quality of Services" which address how services contribute to population health and health inequities
	• Week 7 multiple readings on "Engaging Individuals with Health Information"
	
	<u>Assessments</u>
	• Book review (and discussion Week 8) – "discuss current health policies and/or programs that are relevant to the book's focus"
	• Written paper (see syllabus) asking students to:
	  • Explore various resources to find information … on your selected population
	  • … reference to relevant … public health or health services programs, policies, or interventions
	  • … should promote outcomes of improved population health, well-being, and equity
	  • Description of population of interest, the health inequities or challenges experienced by this population
	  • Identification of relevant policy changes to make the single payer system operational, including discussion of innovations in system-level financing and delivery
	  • Articulation of key insurance, workforce, and/or technology issues that affect your population

11. Explain how globalization affects global burdens of disease	**ESHH 511: Concepts of Environmental Health** This competency is covered in week 5 Read • Frumkin, Chapter 12, Climate Change and Human Health Activity • Explore course website for more on climate change: Climate Change: https://sites.google.com/view/learnenvironmentalhealth/lenses/climate-change <u>Assessment</u> • Week 5 climate change quiz (overall score) • Final written summary

12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	**ESHH 511: Concepts of Environmental Health** This competency is covered in week 6 Read • Frumkin, Chapter 18, Pest Control and Pesticides, starting on page 477 *(pay special attention to vector borne diseases!* <u>Assessment</u> Week 6 quiz overall score

2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.

Syllabi for courses listed in Table D1-1 are is located in ERF > D Criteria > D1. MPH & DrPH Foundational Public Health Knowledge > D1.2 – D1-1 Syllabi.

3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health ensures that all MPH graduates are grounded in foundation public health knowledge. The School offers at least one section of each core course every quarter throughout the year, including summer term. Core courses are offered via online and in-person modalities to increase accessibility for MPH students. Both the frequency and modes of offering facilitate the acquisition of foundational public health knowledge for our students.
- The core course syllabi are roughly standardized for MPH students and courses are generally taught by the same instructors each year (except in cases of sabbatical or retirement). Instructors share materials, learning activities and assessment approaches with each other across quarters to ensure students receive comparable learning and assessment experiences. The active sharing of material and instructor collaboration helps ensure that our graduates are grounded in foundational public health knowledge and that similar assessments validate this knowledge acquisition.
- The Academic Affairs and Students Affairs teams responded to increases student numbers using a core course prioritization process which ensures that students within a program who need to take a core course are able to register for it in a given pre-specified quarter. For example, students in the MPH Environmental Systems & Human Health program are permitted to register for ESHH 511 for two weeks in the fall term before students from other programs can register for it. This ensures that students in the MPH Environmental Systems & Human Health program, who need this course to be prepared for the rest of the program curriculum, can register for the class before it reaches the enrollment cap. The School views the core course prioritization process to be in service to equity since students who are working or have caretaking responsibilities may not be able the moment registration opens up, but are still able to access the classes they need to take in a timely manner.
- The CPH exam has been a graduation requirement for all MPH students since fall 2014. The CPH exam assesses competency in foundational knowledge and cross-cutting skills. School of Public Health students have a strong record of passing the exam, which is an independent demonstration of competency attainment.

Areas of Improvement

- While variable in size, many of the core courses have become very large (40+ students per quarter). These sizes have resulted from increased enrollment, which is positive for the

School, but may not be optimal for graduate learning and may undermine our graduates attainment of foundational public health knowledge.

- The size of the courses has required Academic Affairs and Student Affairs to prioritize registration by program. The adverse consequence of this prioritization is that core courses tend to be homogeneous by program, which does not allow for the exchange of ideas or perspectives across program areas. While this is not an issue for foundational knowledge attainment per se, it does potentially reduce the richness and diversity of thought and understanding that more heterogeneous courses would provide.
- The work of covering the 12 foundational public health learning objectives is not dispersed equally across the core courses. For example, PHE 512 – Principles of Health Behavior covers four of the 12 competencies, whereas BSTA 511 or BSTA 525 – Introduction to Biostatistics only covers one learning objective. This unequal allocation of competency coverage places a substantial burden for foundational knowledge attainment and validation on some courses over others.

Plans for Improvement

- The School will use its increased enrollment to justify the hiring of more faculty. Having more faculty will mean that core courses can be offered more frequently, ensuring smaller course sizes. This will ensure all graduates are grounded and appropriately evaluated for their foundational public health knowledge attainment. Furthermore, more faculty would also potentially result in more electives being offered, which would provide Students additional opportunities to apply their public health knowledge.
- The Academic Policy & Curriculum Committee (APCC, see A1. Organization and Administrative Processes) will review the distribution of foundational public health learning objectives across the five core courses to seek a more equitable distribution. The Academic Affairs deans, ex-officio APCC members, will work with instructors of core courses to help identify ways in which learning objectives can be most appropriately covered and their competency evaluated.
- The APCC will also review student results on the CPH exam to identify needed areas of improvement in foundational public health knowledge.

D2. MPH Foundational Competencies

The school documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree school.

1) **List the coursework and other learning experiences required for the school's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.**

MPH Biostatistics

Course	Title	Credits
Core Required Coursework (22 credits)		
BSTA 511	Estimation & Hypothesis Testing for Applied Biostatistics	4
EPI 512	Epidemiology I	4
ESHH 511	Concepts of Environmental Health	3
HSMP 574	Health Systems Organization	3
PHE 512	Principles of Health Behavior	3
Exam	Certified in Public Health Examination	0, Pass
BSTA 509PE	Practice Experience	4
BSTA 502IP	Integrative Project	1
Exam	Comprehensive Examination: Written Section	0, Pass
Exam	Comprehensive Examination: Lab Section	0, Pass
Program Required Coursework (28 credits)		
UNI 504	Qualitative Methods for Health Professionals	2
BSTA 512	Linear Models	4
BSTA 513	Categorical Data Analysis	4
BSTA 515	Data Management and Analysis in SAS	3
BSTA 516	Design and Analysis of Surveys	3
BSTA 519	Applied Longitudinal Data Analysis	3
HSMP 573	Values & Ethics in Health	3
EPI 513	Epidemiology II (Methods)	4
EPI 566	Current Issues in Public Health	2
Commonly-taken Electives (10 credits)		
BSTA 500	Reading and Research in Biostatistics	1 – 3
BSTA 514	Survival Analysis	3
BSTA 517	Statistical Methods in Clinical Trials	3
BSTA 521	Bayesian Methods for Data Analysis	3
BSTA 522	Statistical Learning and Big Data	3
BSTA 523	Designs of Experiments: Statistical Principles of Research Design & Analysis	3
BSTA 524	Statistical Methods for Next Generation Sequencing Data	3
BSTA 550	Introduction to Probability	3
BSTA 551	Mathematical Statistics I	3

BSTA 552	Mathematical Statistics II	3
EPI 514	Epidemiology III	4
PHE 519	Introduction to the Etiology of Disease	3
	Other courses with the permission of the program director	
	Total Credits	**60**

MPH Environmental Systems & Human Health

Course	Title	Credits
Core Required Coursework (22 credits)		
BSTA 525	Introduction to Biostatistics	4
EPI 512	Epidemiology I	4
ESHH 511	Concepts of Environmental Health	3
HSMP 574	Health Systems Organization	3
PHE 512	Principles of Health Behavior	3
Exam	Certified in Public Health Examination	0, Pass
ESHH 509PE	Practice Experience	4
ESHH 502IP	Integrative Project	1
Program Required Coursework (16 credits)		
UNI 504	Qualitative Methods for Health Professionals	2
ESHH 519	Environmental Health in a Changing World	3
ESHH 529	Environmental Toxicology & Risk Assessment	4
ESHH 521	Occupational Health	4
HSMP 573	Values & Ethics in Health	3
Commonly-taken Electives (22 credits)		
ESHH 512	Global & Planetary Health Concepts	3
ESHH 530	Environmental Chemistry	4
ESHH 532	Ecological Public Health	3
EPI 513	Epidemiology II (Methods)	4
PHE 511	Foundations of Public Health	3
PHE 517	Community Organizing	3
PHE 519	Introduction to the Etiology of Disease	3
PHE 521	Quantitative Research Design and Analysis	3
ESM 552 (PSU)	Environmental Regulation & Non-regulatory Approaches	3
ESM 587 (PSU)	Environmental Justice: Theory and Implication	4
ESM 588 (PSU)	Environmental Sustainability	4
PSY 510 (PSU)	Occupational Safety & Health	3
PSY 550 (PSU)	Occupational Health Psychology	3
PSY 510 (PSU)	Work and Well-being	3
	Total Credits	**60**

MPH Epidemiology

Course	Title	Credits
Core Required Coursework (22 credits)		
BSTA 511	Estimation & Hypothesis Testing for Applied Biostatistics	4
EPI 512	Epidemiology I	4
ESHH 511	Concepts of Environmental Health	3
HSMP 574	Health Systems Organization	3
PHE 512	Principles of Health Behavior	3
Exam	Certified in Public Health Examination	0, Pass
EPI 504PE	Practice Experience	4
EPI 502IP	Integrative Project	1
Program Required Coursework (27 credits)		
BSTA 512	Linear Models	4
BSTA 513	Categorical Data Analysis	4

EPI 513	Epidemiology II (Methods)	4
EPI 514	Epidemiology III (Causal Inference)	4
EPI 536	Epidemiologic Data Analysis & Interpretation	4
EPI 566	Current Issues in Public Health	2
HSMP 573	Values & Ethics in Health	3
UNI 504	Qualitative Methods for Health Professionals	2
Commonly-taken Electives (11 Credits)		
BSTA 514	Survival Analysis	3
BSTA 515	Data Management and Analysis in SAS	3
BSTA 516	Design and Analysis of Surveys	3
BSTA 517	Statistical Methods in Clinical Trials	3
BSTA 519	Applied Longitudinal Data Analysis	3
CPH 521	Social Determinants of Health	3
EPI 540	Introduction to Research Proposal & Design	3
EPI 556	HIV/AIDS Epidemiology	2
EPI 568	Infectious Disease Epidemiology	2
EPI 576	Chronic Disease Epidemiology	2
HSMP 581	Population Health: Policy & Practice Implications	3
PHE 519	Introduction to the Etiology of Disease	3
PHE 522	Health and Social Inequalities	3
PHE 524	Social Epidemiology Methods & Theory	3
	Other courses chosen in consultation with faculty advisor	
	Total Credits	**60**

MPH Health Management & Policy

Course	Title	Credits
Core Required Coursework (22 credits)		
BSTA 525	Introduction to Biostatistics	4
EPI 512	Epidemiology I	4
ESHH 511	Concepts of Environmental Health	3
HSMP 574	Health Systems Organization	3
PHE 512	Principles of Health Behavior	3
Exam	Certified in Public Health Examination	0, Pass
HSMP 509PE	Practice Experience	4
HSMP 502IP	Integrative Project	1
Program Required Coursework (25 credits)		
Varies	Interprofessional course (choose one): IPE 510 – Narrative Competence for Health Professionals IPE 525 – Relational Leadership UNI 502 – Conversations in Global Health UNI 504 – Qualitative Methods for Health Professionals	1
HSMP 541	Organizational Behavior in Health Service Organizations	3
HSMP 571	Health Policy	3
HSMP 573	Values & Ethics in Health	3
HSMP 576	Strategic Management of Health Care Organizations	3
HSMP 577	Health Care Law and Regulation	3
HSMP 586	Introduction to Health Economics	3
HSMP 587	Financial Management of Health Services	3
HSMP 588	Program Evaluation and Management in Health Services	3
Commonly-taken Electives (15 credits)		
AGE 557	National Long-term Care Policy	3
HSMP 575	Advanced Health Policy	3
HSMP 578	Performance Improvement in Health Services	3
HSMP 579	Health Information Technology and Systems Management	3

HSMP 580	Health Services Human Resources Management	3
HSMP 581	Population Health	3
HSMP 582	Oregon Health Policy	3
HSMP 583	Economics of Health Systems & Policy	3
HSMP 584	Social Policy & Public Health	3
PA 525 (PSU)	Grantwriting for Nonprofit Organizations	3
PA 543 (PSU)	Creating Collaborative Communities	3
PA 545 (PSU)	Organizational Development	3
PA 549 (PSU)	Cross-cultural Communication in the Public Sector	3
PA 553 (PSU)	Sustainable Development Policy and Governance	3
PA 554 (PSU)	Policy Analysis Research	3
PA 556 (PSU)	Public Contracts Management	3
PA 558 (PSU)	Managing Public Projects and Programs: From Local to Global	3
PHE 520	Qualitative Research Design	3
PHE 541	Media Advocacy and Public Health	3
	Other courses with the permission of the faculty advisor	
	Total Credits	**62**

MPH Health Promotion

Course	Title	Credits
Core Required Coursework (22 credits)		
BSTA 525	Introduction to Biostatistics	4
EPI 512	Epidemiology I	4
ESHH 511	Concepts of Environmental Health	3
HSMP 574	Health Systems Organization	3
PHE 512	Principles of Health Behavior	3
Exam	Certified in Public Health Examination	0, Pass
PHE 504PE	Practice Experience	4
PHE 502IP	Integrative Project	1
Program Required Coursework (29 credits)		
Varies	Interprofessional course (choose one): IPE 510 – Narrative Competence for Health Professionals IPE 423 – Climate Change and Human Health IPE 525 – Relational Leadership PHE 510 – Interprofessional Writing Seminar UNI 502 – Conversations in Global Health UNI 504 – Qualitative Methods for Health Professionals	1
PHE 511	Foundations of Public Health	3
PHE 517	Community Organizing	3
PHE 519	Etiology of Disease	3
PHE 520	Qualitative Research Design	3
PHE 521	Quantitative Research Design and Analysis	3
PHE 540 -or- PHE 541	Mass Communication Media Advocacy and Public Health	3
PHE 550	Program Planning	4
HSMP 573	Values & Ethics in Health	3
HSMP 588	Program Evaluation and Management in Health Services	3
Elective area of emphasis (9 credits)		
	Total Credits	**60**

MPH Public Health Practice

Course	Title	Credits
Core Required Coursework (22 credits)		
BSTA 525	Introduction to Biostatistics	4

EPI 512	Epidemiology I	4
ESHH 511	Concepts of Environmental Health	3
HSMP 574	Health Systems Organization	3
PHE 512	Principles of Health Behavior	3
Exam	Certified in Public Health Examination	0, Pass
CPH 504PE	Practice Experience	4
CPH 502IP	Integrative Project	1
Program Required Coursework (25 credits)		
Varies	Interprofessional course (choose one): IPE 510 – Narrative Competence for Health Professionals IPE 423 – Climate Change and Human Health IPE 525 – Relational Leadership UNI 502 – Conversations in Global Health UNI 504 – Qualitative Methods for Health Professionals	1
CPH 511/ PHE 520	Research Methods and Evidence-based Practices	3
CPH 521	Social Determinants of Health	3
CPH 522	Communicating Public Health Data	3
CPH 528	Management Practice and Quality Improvement in Health Care & Public Health Organizations	3
CPH 535	Professionalism, Ethics, and Systems Thinking in Public Health	3
CPH 536	Community Based Participatory Research	3
CPH 538 -or- HSMP 588	Public Health Program Evaluation Program Evaluation and Management in Health Services	3
CPH 550	Public Health Program Planning	3
Commonly-taken Electives (9 credits)		
CPH 507A	Current Issues in Public Health	3
CPH 515	Geographic Information Systems for Public Health	3
CPH 523	Global Perspectives & Program Development	3
CPH 526	Epidemiology of Aging & Chronic Disease	3
CPH 531	The Social Context of Public Health Policy	3
HSMP 579	Health IT & Systems Management	3
PHE 545	Men's Health	4
PHE 553	Women's Reproductive Health	4
	Total Credits	**56**

MPH Program Guides
Program guides for AY2021-22 for each MPH program are linked below:

- MPH Biostatistics
- MPH Environmental Systems & Human Health
- MPH Epidemiology
- MPH Health Management & Policy
- MPH Health Promotion
- MPH Public Health Practice

2) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies. If the school addresses all of the listed foundational competencies in a single, common core curriculum, the school need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH school, the school must present a separate matrix for each combined degree. If the school relies on concentration-specific courses to assess some of the foundational competencies listed above, the school must present a separate matrix for each concentration.

Table D2-2 is presented on the following pages. Because programs may use different classes to meet a given competency (e.g., Introduction to Biostatistics (BSTA 525) versus Estimation and Hypothesis Testing for Applied Biostatistics (BSTA 511), multiple courses may be listed for a competency. When multiple courses are listed for one competency, the programs using each class are explicitly noted.

Assessment of Competencies for MPH in all concentrations		
Competency	*** Course number(s) and name(s)**	**Specific assessment opportunity**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	**EPI 512 – Epidemiology 1**	Students learn to apply epidemiologic methods to the breadth of public health settings and practice through their study of study design, effect measures, and public health surveillance • Weeks 2-4: Measures of frequency, measures of association, population attributable measures • Weeks 5-6: Study design and selection • Week 9-10: Screening and public health surveillance <u>Assessment</u> Measures of frequency, association, and population attributable measures assessed in weekly homework (weeks 2, 3, 4), class quizzes (weeks 2, 4), midterm and final exams. Study design and selection assessed in weekly homework (weeks 5, 6), class quiz (week 7), midterm and final exam. Screening and public health surveillance assessed in weekly homework (week 9 and 10), class quiz (week 10), and final exam.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context [Multiple courses are listed for this competency because different programs meet this competency with different qualitative and quantitative courses]	**Quantitative - BSTA 511 – Estimation & Hypothesis Testing for Applied Biostatistics**	For Biostatistics and Epidemiology students Students learn how to select quantitative data collection methods beginning in week 1, during which the class covers different data collection methods such as simple random samples, stratified sampling, cluster samples, and multistage sampling, in addition to discussing experiments versus observational studies. <u>Assessment</u> Students are assessed on this competency in weekly homework (week 1) and on the midterm exam by having to choose the most appropriate sampling method for different scenarios or identify the type of method use in a study. Exercises have a public health and/or biomedical focus. This topic also arises as part of many other assessments throughout the term.

	Quantitative - BSTA 525 – Introduction to Biostatistics	For Environmental Systems and Human Health, Health Management and Policy, Health Promotion and Public Health Practice students Students spend the entire quarter learning to select quantitative data collection methods. • Week 2: Numerical summaries, rates, and standardization • Week 3: Introduction to probability, Bayes theorem, probability distributions • Week 4: Confidence intervals • Week 5: Hypothesis testing and types of error • Week 7: Comparison of 2 means • Week 8: Inference on proportions, contingency tables, chi-square tests • Week 9: Analysis of variance and nonparametrics • Week 10: Correlation, simple linear regression, survival analysis <u>Assessment</u> Students are required to complete weekly homework assignments that reinforce the use of appropriate quantitative tests depending on the type of data and study, and to interpret findings in the context of the problem. Most homework assignment problems require the use of statistical software. Student competency attainment is also assessed based on the midterm and final exams. Finally, students respond to forum post assignments where they learn how to read and interpret a peer-reviewed journal publication. For asynchronous mode of instruction, assessment relies more heavily on weekly homework assignments. They are also assessed on two quizzes, a final project, and forum post assignments.
	Qualitative - UNI 504 – Qualitative Research for Health Professionals	For Biostatistics, Epidemiology, Environmental Systems and Human Health students. While the entire course is devoted to teaching students about qualitative methods, this competency is explicitly covered in week 4: Focus groups

		and methods selection for final projects (also synthesizes methods learned weeks 1-4) <u>Assessment</u> • Final project written summary score: Methods sub-component score, which describes methods selection and ethical considerations. • Final project asks students to synthesize course content, including selection of quantitative collection methods, including observation methods, photovoice, interviews, and focus groups.
	Qualitative - HSMP 588 – Program Evaluation and Management in Health Services	Both Health Management & Policy and Health Promotion students take this course. This competency of selective quantitative and / or qualitative data collection methods is covered explicitly in weeks 6 and 7 • Weeks 6-7: Qualitative and quantitative methods and data collection strategies <u>Assessment:</u> • Assignment 2: Students are asked to select and justify selection of collection methods ("Using material covered in the class to this point, compare and contrast your selected model with the other three models"). • Assignment 5: Evaluation design, including choice and justification of selection of design, other designs considered, costs/benefits of selected design, methods to address threats to validity. Include discussions of relevant literature as appropriate. • Assignment 6: Measurement methods and data sources identified in conceptual matrix; discussion of selection and design of data collection instruments; drafts of sample instruments (appended); issues of sample size (where applicable). Final project: Create a comprehensive, multi/mixed method evaluation plan. Students work in small groups with an assigned community-based organization to develop an evaluation plan that must specifically include community stakeholders, address equity and power differentials, and utilize appropriate theoretical approaches. Students are assessed individually

		and collectively on their contribution to the project. Plan components include: • Evaluation Design (conceptual matrix, core concepts, key indicators, other designs considered, costs/benefits of selected design, methods to address threats to validity. • Data Collection (measurement methods and data sources per the conceptual matrix, selection and design of data collection instruments, drafts of sample instruments; issues of sample size. • Analysis (data synthesis/analysis methods, strategies for presenting results and findings. • Reporting and Dissemination (anticipated uses of the evaluation; alternative reporting/dissemination methods for multiple audiences)
	Qualitative - PHE 520 – Qualitative Research Design	For Health Promotion and Public Health Practice students. This entire course is devoted to teaching students about qualitative methods, including data collection methods. • Weeks 2-3: Students are introduced to research design, including ethnographic, mixed methods research (MMR), participatory, and applied study designs (e.g., evaluation) • Weeks 4-7: Students are assigned to read and discuss examples of different research designs and types of data collection, including in-depth and focus group interviews, go-along (aka walking) interview methods, designs that collect multiple forms of data such as socio-spatial (e.g., GIS), photovoice, and quantitative observation, and secondary data sources (e.g., marketing material). • Weeks 8-9: The class discusses how to select an appropriate type of qualitative data analysis approach (e.g., thematic, grounded theory, content analysis) based on study design and data type(s). • Week 10: The class returns to the topic of research design and how/when to use qualitative methods now that students have read a variety of published studies using qualitative and/or MMR designs. <u>Assessment</u> Response paper - Students are asked to describe rationales for using qualitative methods, including strengths and weaknesses of the assigned readings

	Qualitative - CPH 511 – Research Methods and Evidence-Based Practice	For Public Health Practice students This competency is covered in weeks 2, 3, and 4 • Week 2: Research Design • Week 3: Questionnaires and Surveys • Week 4: Experimental and Observational Designs <u>Assessments</u> • This competency is assessed in Quiz 1. • Research Exercise B - Designing survey questions • Research design project. Each student will select a topic of interest and submit a design plan that describes studies that could be conducted to answer 2 research questions related to this topic. One of the proposed studies must be qualitative and one must be qualitative. Each proposal much include a short background section, research question and hypothesis or objectives, inclusion/exclusion criteria, ethical considerations, how data will be collected, the outcomes and how they will be measured, and other important variables. The purpose of this project is to have students gain experience matching an appropriate design to a research question, thinking through and summarizing key elements of the design with a focus on strengths and limitations. This assignment is worth 100 points and 20% of the student's final grade for the course.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate [Multiple courses are listed for this competency because different programs meet this competency	**Quantitative - BSTA 511 – Estimation & Hypothesis Testing for Applied Biostatistics**	For Biostatistics and Epidemiology students: Students are taught to analyze quantitative data throughout the course, but especially in weeks 5-10. • Week 5: Foundations for inference • Week 6: Hypothesis testing – single sample with a t-distribution • Week 7: Hypothesis testing – two-sample paired data and two-sample independent data

with different qualitative and quantitative courses]		• Week 8: Inference for categorical data • Week 9: Comparing means with ANOVA, Kruskal-Wallis; simple linear regression • Week 10: Simple linear regression and non-parametric tests In weeks 5-10, students analyze data through graphical displays and applying confidence intervals and hypothesis testing. Problems require R to conduct exploratory data analysis (data visualizations and numerical summaries), followed by an analysis to formally test the question of interest and estimate relevant parameters, and end with a written summary of the statistical findings that would be accessible to non-experts. <u>Assessment</u> Students are assessed on this competency in weekly homework (weeks 5-10) and on the final exam. They work through a variety of problems organized by chapter and topic. Assessments require students to choose an appropriate method for analysis, justify their chosen method and provide conclusion statements. Statistical software is required for many of the problems to do the data analysis.
	Quantitative - BSTA 525 – Introduction to Biostatistics	For Environmental Systems & Human Health, Health Management & Policy, Health Promotion, and Public Health Practice students Computer application (STATA or R) is included as part of the course to introduce students to basic data management, reading output from computer packages, interpreting and summarizing results. Students are taught to analyze quantitative data throughout the course, but especially beginning in week 1, and more completely in weeks 4-10. • Week 1: Students are introduced to statistical analysis software. • Weeks 4-10: Students are required to use software for homework assignments in weeks 4 through 10. <u>Assessment</u> Students complete their homework problems using statistical software. They are also required to read software output and appropriately communicate findings in the context of the problem. Software is also used

		for the midterm and final exams. For remote asynchronous instructions, software (STATA or R) is required in week 1 and weeks 4 through 10 for homework assignments and for the final project. The quizzes involve looking at output from software, being able to pick the right inferential test, and interpret results.
	Qualitative - UNI 504 – Qualitative Research for Health Professionals	For Biostatistics, Epidemiology, and Environmental Systems and Human Health and Public Health Practice students. This competency is covered in week 6: Qualitative data analysis <u>Assessment</u> • Final project (Written summary score; Results component score) • Pre/post class self-reflection competency • Final project asks students to analyze collected qualitative data and present it as a data matrix and visualization for supporting summarized project findings.
	Qualitative - PHE 520 – Qualitative Research Design	For Health Promotion and Public Health Practice students. This competency is covered in weeks 8, 9 and 10 Week 8-9: Data analysis Week 10: Data analysis and research design <u>Assessment</u> Assignment 3. Qualitative data analysis. (25 points) This assignment asks students to define qualitative data codes and coding, describe how they would use coding across three different datasets, and how the student would report the codes in a paper or presentation. They are further asked to defend your choice and include at least 2 references.

4. Interpret results of data analysis for public health research, policy or practice [Multiple courses are listed for this competency because Epidemiology and Biostatistics are requiring students to interpret different types of output for public health research, policy or practice]	**BSTA 511 – Estimation & Hypothesis Testing for Applied Biostatistics**	For Biostatistics and Epidemiology students Students are taught to interpret the results of data analysis for public health in weeks 5 - 10. • Week 5: Foundations for inference • Week 6: Hypothesis testing – single sample with a t-distribution • Week 7: Hypothesis testing – two-sample paired data and two-sample independent data • Week 8: Inference for categorical data • Week 9: Comparing means with ANOVA, Kruskal-Wallis; simple linear regression • Week 10: Simple linear regression and non-parametric tests In weeks 5-10 students learn data analysis techniques. Each data analysis is followed up with a written summary of the statistical findings that would be accessible to non-experts. <u>Assessment</u> Students are assessed on this topic in weekly homework (weeks 5-10) and on the final exam. They work through a variety of problems organized by chapter and topic. Assessments require students to choose an appropriate method for analysis, justify their chosen method and provide conclusion statements. Exercises have a public health and/or biomedical focus.
	BSTA 525 – Introduction to Biostatistics	For Environmental Systems & Human Health, Health Management & Policy, Health Promotion, and Public Health Practice students Students are taught to interpret the results of data analysis for public health in weeks 2 - 10 • Week 2: Numerical summaries, rates, and standardization • Week 3: introduction to probability, Bayes theorem, probability distributions • Week 4: Confidence intervals • Week 5: Hypothesis testing and types of error • Week 7: Comparison of 2 means

		• Week 8: Inference on proportions, contingency tables, chi-square tests • Week 9: Analysis of variance and nonparametrics • Week 10: Correlation, simple linear regression, survival analysis <u>Assessment</u> All homework assignments, quizzes, midterm and final exams require interpreting results and being able to communicate findings to lay people. This is a graded element of every assessment activity.
	EPI 512 – Epidemiology 1	Students learn to interpret results of data analysis for public health research, policy or practice in every week after the first week of the quarter. In particular • Weeks 2-4: Measures of frequency, measures of association, population attributable measures • Weeks 5-6: Study design and selection • Weeks 7-8: Role of third variables and biases • Week 9-10: Screening and public health surveillance <u>Assessment</u> Students both choose the correct interpretation of epidemiologic measures and provide interpretations of epidemiologic measures in homework 3, 5, 6, 7, 8, 9, and 10, quizzes 3 and 4, the midterm, and final exams
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	**HSMP 574 – Health Systems Organization**	This competency is covered during weeks 1 - 7 • Week 1: Conceptualizing and defining health and health systems; criteria for evaluating health systems; historical context • Week 2: Overview of health services delivery in the United States; determinants of health and disease; health equity • Week 3: Structures and modes of health services delivery; ten essential health services; role of public health • Week 4: Introduction to health policy; single payer health systems and universal coverage; ethics, evidence and advocacy in the policy process

		• Week 6: Health services workforce; health technologies; improving health services quality • Week 7: Engaging individuals with health information; cross-sectoral collaborations for health systems <u>Assessments</u> Written Paper (see syllabus for complete description): • … you will consider issues relevant to the design of Oregon's future health system that will achieve some of the [Oregon Task Force on Universal Health Care] recommendations for a population that you select; the population should be important to you and the work that you do now or hope to do in the future. • … Explore various resources to find information both on your selected population and models for health systems reform from various agencies, foundations, institutes, etc. • You may wish to reference other organizing frameworks discussed in class within the paper if they help you to frame your analysis, such as the IOM Aims and Rules, the Culture of Health Action Framework, etc. • You should use the "Criteria for Health Systems Analysis" as a framework to present your paper (see Appendix 3 of syllabus) • Be sure that your final paper includes specific recommendations that address health inequities, systems design, health care financing, policy implications, and stakeholder advocacy to achieve your vision of a future system.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	**PHE 512 – Principles of Health Behavior**	This competency is explicitly covered in weeks 1 and 2 and in all weeks as part of discussions Week 2 Forum is an ecological overview of a specific health issue with emphasis on racism, colonialism, and other structural forms of discrimination and exclusion. Readings for the week include: • Chadha, N., Lim, B., Kane, M., & Rowland, B. (2020). *Toward the abolition of biological race in medicine: Transforming clinical education, research, and practice* (Policy Brief No. 1). Institute for Healing and Justice in Medicine, Othering & Belonging Institute, UC Berkeley: https://www.crg.berkeley.edu/research/towards-the-abolition-of-

		biological-race-in-medicine-transforming-clinical-education-research-and-practice/ • Darling-Hammond, S., Michaels, E. K., Allen, A. M., Chae, D. H., Thomas, M. D., Nguyen, T. T., … & Johnson, R. C. (2020). After "The China virus" went viral: Racially charged Coronavirus coverage and trends in bias against Asian Americans. *Health Education & Behavior,* 1-10. DOI: 10.1177/1090198120957949 • Duncan, G., Magnuson, K., Murnane, R., & Votruba-Drzal, E. (2019). Income inequality and the wellbeing of American families. *Family Relations, 68*, 313-325. • Gee, G. C., Hing, A., Mohammed, S., Tabor, D. C., & Williams, D. R. (2019). Racism and the life course: Taking time seriously. *American Journal of Public Health, 109 Suppl. 1*, S43 – S47. • Hafeez, H., Zeshan, M., Tahir M. A., Jahan, N., & Naveed, S. (2017) Health care disparities among Lesbian, Gay, Bisexual, and Transgender Youth: A literature review. *Cureus, 9*, e1184. DOI 10.7759/cureus.1184 • Krieger, N. (2000). Refiguring "race": Epidemiology, racialized biology, and biological expressions of race relations. *International Journal of Health Services, 30*, 211-216. • Kumar, S., Quinn, S. C., Kim, K. H., Musa, D., Hilyard, K. M., & Freimuth, V. S. (2012). The social ecological model as a framework for determinants of 2009 H1N1 influenza vaccine uptake in the United States. *Health Education & Behavior, 39,* 229-243. • Pirtle, W. N. L. (2020). Racial capitalism: A fundamental cause of novel coronavirus (COVID-19) pandemic inequities in the United States. *Health Education and Behavior,* 1-5. DOI: 10.1177/1090198120922942 <u>Assessment</u> Construct quiz and forum post based on week 9 readings: • Brenner, A. B., Zimmerman, M. A., Bauermeister, J. A., & Caldwell, C. H. (2013). Neighborhood context and perceptions of stress over time: An ecological model of neighborhood stressors and intrapersonal and interpersonal resources. American Journal of Community Psychology, 51, 544-556 • Ford, P. B., & Dzewaltowski, D. A. (2008). Disparities in obesity prevalence due to variation in the retail food environment: Three testable hypotheses. Nutrition Reviews 66, 216-228

		• Freudenberg, N., Pastor, M., & Israel, B. (2011). Strengthening community capacity to participate in making decisions to reduce disproportionate environmental exposures. American Journal of Public Health, 101, S123-S130 • Link, B. G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. Journal of Health and Social Behavior, 35, 80-94 • MacQueen, K. M., McLellan, E., Metzger, D. S., Kegeles, S., Strauss, R. P., Scotti, R., Blanchard, L., & Trotter, R. T. (2001). What is community? An evidence-based definition for participatory public health. American Journal of Public Health, 91, 1929-1937.
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	**HSMP 574 – Health Systems Organization**	This competency is covered in weeks: 1 and 2 • Week 1: Conceptualizing and defining health and health systems; criteria for evaluating health systems • Week 2: Determinants of health and disease; Concepts of health equity <u>Assessment</u> • Short submission #1: Description of population of interest, the health inequities or challenges experienced by this population, and the system for delivery of health services. • Short submission #4: Identification and discussion of the key stakeholders to involve to address the specific issues related to the Task Force recommendations. The final paper includes specific recommendations that address health inequities, systems design, health care financing, policy implications, and stakeholder advocacy.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	**HSMP 574 – Health Systems Organization**	This competency is covered in weeks: 2, 4, and 7 • Week 2 : Determinants of health and disease; Concepts of health equity • Week 4: Ethics, evidence and advocacy in the policy process • Week 7: Engaging individuals with health information <u>Assessment</u> • Written paper: … the student will consider issues relevant to the design of Oregon's future health system that will achieve some of the Task Force recommendations for a population that they select; the population should be important to the student.

		• Short submission #1: Description of population of interest, the health inequities or challenges experienced by this population, and the system for delivery of health services. The final paper includes specific recommendations that address health inequities, systems design, health care financing, policy implications, and stakeholder advocacy to achieve the student's vision of a future system.
9. Design a population-based policy, program, project or intervention	**PHE 512 – Principles of Health Behavior**	This competency is assessed in weeks 3, 4, 5, 7, 9, and 10 • Week 3: Individual Health Behavior I – Health Belief Model & Theory of Reasoned Action/Theory of Planned Behavior • Week 4: Individual Health Behavior II – Transtheoretical Model & Stages of Change & Social Marketing • Week 5: Interpersonal Health Behavior I – Social Influence, Social Cognitive Theory & Self Efficacy • Week 7: Interpersonal Health Behavior III – Social Support & Social Networks • Week 9: Community and Population Level Models I: Diffusion of Innovations • Week 10: Community and Population Level Models: Behavioral Economics Assessment Weekly, students write a forum post that outlines a behavioral change intervention based on that week's theory. Five are team posts, two are individual. Individual posts require a theory-based critique of another team's proposal. In addition, for one post, each team is required to create a social marketing campaign to support their intervention proposal.
10. Explain basic principles and tools of budget and resource management	**HSMP 574 – Health Systems Organization**	This competency is covered in weeks 5, 6, 7 • Week 5: Health services budgeting and financing; Health insurance, coverage and expenditures • Week 6: Health services workforce; Health technologies • Week 7: Engaging individuals with health information; Cross-sectoral collaborations for health systems <u>Assessment</u>

		Written paper: Short submission #2: Identification of relevant policy changes to make the single payer system operational, including discussion of innovations in system-level financing and delivery Short submission #3: Articulation of key insurance, workforce, and/or technology issues that affect your population of interest Comparative system analysis: … students will conduct an analysis and comparison of different health system responses. One group topic is "Systems of health insurance/coverage/access" Use the WHO's "Strategizing National Health in the 21st Century" … Chapter 7: Estimating cost implications of a national health policy, strategy or plan.
11. Select methods to evaluate public health programs [Multiple courses are listed for this competency because different programs meet this competency is taught in variety of different courses for different programs]	**Quantitative - BSTA 511 – Estimation & Hypothesis Testing for Applied Biostatistics**	For Biostatistics and Epidemiology students: Students are taught to select methods that can be used to evaluate public health programs in weeks 5 - 10. • Week 5: Foundations for inference • Week 6: Hypothesis testing – single sample with a t-distribution • Week 7: Hypothesis testing – two-sample paired data and two-sample independent data • Week 8: Inference for categorical data • Week 9: Comparing means with ANOVA, Kruskal-Wallis; simple linear regression • Week 10 – Simple linear regression and non-parametric tests In weeks 5-10 students learn data analysis techniques, which can be applied to evaluate public health programs. <u>Assessment</u> Students are assessed on this topic in weekly homework (weeks 5-10) and on the final exam. They work through a variety of problems organized by chapter and topic. <u>Assessments require students to choose an appropriate method for analysis, justify their chosen method and provide conclusion statements</u>. Exercises have a public health and/or biomedical focus

	Quantitative - BSTA 525 – Introduction to Biostatistics	For Environmental Systems and Human Health, Health Management and Policy, Health Promotion and Public Health Practice students The selection of appropriate methods is taught beginning in week 2 and is covered in each subsequent week. Week 2: Numerical summaries, rates, and standardization Week 3: Introduction to probability, Bayes theorem, probability distributions Week 4: Confidence intervals Week 5: Hypothesis testing and types of error Week 7: Comparison of 2 means Week 8: Inference on proportions, contingency tables, chi-square tests Week 9: Analysis of variance and nonparametrics Week 10: Correlation, simple linear regression, survival analysis <u>Assessment</u> Each week's material builds upon material mastered in the previous week. In the midterm and final exam, students are required to read through a question, review the software output provided for a variety of tests (where some of them are inappropriate to use), identify the appropriate test to use, justify why they picked that test, and communicate their findings. For asynchronous remote instruction, students turn in a final project where they use a dataset to identify the question of interest, use appropriate methods, justify the methods used, acknowledge the assumptions and limitations of those methods, and communicate their findings. The final project contains an introduction, methods (including the use of statistical software), results (including tables), and conclusions that are somewhat similar to drafting up a manuscript.
	Qualitative - UNI 504 – Qualitative Research for Health Professionals	For Biostatistics, Epidemiology, Environmental Systems and Human Health students. Students are taught to select methods that can be used to evaluate public health programs in weeks 1, 2, 3, and 4. • Week 1: Observational methods • Week 2: Interviewing program stakeholders and clients • Week 3: Photovoice

		• Week 4: Focus groups. <u>Assessment</u> The final project asks students to synthesize course content, including selection of quantitative collection methods, including observation methods, photovoice, interviews, and focus groups.
	Qualitative - HSMP 588 – Program Evaluation and Management in Health Services	Both Health Management & Policy and Health Promotion students take this course. Students are taught to select methods that can be used to evaluate public health programs in weeks 3, 6, 7, and 9 • Week 3: Traditional and alternative evaluation plan models • Weeks 6 & 7: Qualitative and quantitative methods; selection and data collection strategies • Week 9: Organizational capacity and evaluation plan design <u>Assessment:</u> • Assignment 2 - Students are asked to select and justify selection of collection methods ("Using material covered in the class to this point, compare and contrast your selected model with the other three models"). • Assignment 5 - Evaluation design, including choice and justification of selection of design, other designs considered, costs/benefits of selected design, methods to address threats to validity. Include discussions of relevant literature as appropriate. • Assignment 6. Measurement methods and data sources identified in conceptual matrix; discussion of selection and design of data collection instruments; drafts of sample instruments (appended); issues of sample size (where applicable). Final project - Create a comprehensive, multi/mixed method evaluation plan. Students work in small groups with an assigned community-based organization to develop an evaluation plan that must specifically include community stakeholders, address equity and power differentials, and utilize appropriate theoretical approaches. Students are assessed individually

		and collectively on their contribution to the project. Plan components include: • Evaluation Design (conceptual matrix, core concepts, key indicators, other designs considered, costs/benefits of selected design, methods to address threats to validity. • Data Collection (measurement methods and data sources per the conceptual matrix, selection and design of data collection instruments, drafts of sample instruments; issues of sample size. • Analysis (data synthesis/analysis methods, strategies for presenting results and findings. • Reporting and Dissemination (anticipated uses of the evaluation; alternative reporting/dissemination methods for multiple audiences)
	Qualitative - PHE 520 – Qualitative Research Design	For Health Promotion and Public Health Practice students. Students are taught to select methods that can be used to evaluate public health programs in weeks 2 - 10 • Weeks 2-3: Students are introduced to research design, including ethnographic, mixed methods research (MMR), participatory, and applied study designs (e.g., evaluation) • Weeks 4-7: Students are assigned to read and discuss examples of different research designs and types of data collection, including in-depth and focus group interviews, go-along (aka walking) interview methods, designs that collect multiple forms of data such as socio-spatial (e.g., GIS), photovoice, and quantitative observation, and secondary data sources (e.g., marketing material). • Weeks 8-9: The class discusses how to select an appropriate type of qualitative data analysis approach (e.g., thematic, grounded theory, content analysis) based on study design and data type(s). • Week 10: The class returns to the topic of research design and how/when to use qualitative methods now that students have read a variety of published studies using qualitative and/or MMR designs. <u>Assessment</u> Response paper - students are asked to describe rationales for using qualitative methods, including strengths and weaknesses of the assigned readings

	Qualitative - CPH 511 – Research Methods and Evidence-Based Practice	For Public Health Practice students Students are taught to select methods that can be used to evaluate public health programs in weeks 2, 3, and 4 • Week 2: Research Design • Week 4: Experimental and Observational Designs • Week 7: Bias, validity, rigor <u>Assessments</u> • This competency is assessed in Quiz 1 and 2. • Research design project. Each student will select a topic of interest and submit a design plan that describes studies that could be conducted to answer 2 research questions related to this topic. One of the proposed studies must be qualitative and one must be qualitative. Each proposal much include a short background section, research question and hypothesis or objectives, inclusion/exclusion criteria, ethical considerations, how data will be collected, the outcomes and how they will be measured, and other important variables. The purpose of this project is to have students gain experience matching an appropriate design to a research question, thinking through and summarizing key elements of the design with a focus on strengths and limitations. This assignment is worth 100 points and 20% of the student's final grade for the course.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	**HSMP 574 – Health Systems Organization**	This competency is covered in weeks: 1, 2, 3, 4, 7 • Week 1: Conceptualizing and defining health and health systems; Criteria for evaluating health systems • Week 2: Overview of health services delivery in the United States; determinants of health and disease; health equity • Week 3: Structures and modes of health services delivery

		• Week 4: Introduction to health policy; single payer health systems and universal coverage; ethics, evidence and advocacy in the policy process • Week 7: Engaging individuals with health information; Cross-sectoral collaborations for health systems <u>Assessment</u> • Short submission #1: Description of population of interest, the health inequities or challenges experienced by this population, and the system for delivery of health services • Short submission #2: Identification of relevant policy changes to make the single payer system operational, including discussion of innovations in system-level financing and delivery
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	**HSMP 574 – Health Systems Organization**	This competency is covered in week 7: Engaging individuals with health information; cross-sectoral collaboration for health systems; leadership for health systems transformation. <u>Assessment</u> Short submission #4: Identification and discussion of the key stakeholders to involve to address the specific issues related to the Task Force recommendations you are focusing on, and the key partnerships to make the system operational
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	**PHE 512 – Principles of Health Behavior**	This competency is covered in weeks 1 and 2. Equity concerns are addressed in readings, class discussions, and forum posts. • Week 1: Theory in health behavior and the ecological model • Week 2: Behavior and health: barriers and opportunities Assessment • Week 2 Forum Post specifically asks students to propose solutions to social determinants that affect access and equity in healthcare and public health. • Journal Club is another assignment each student participates in, that includes discussions of equity/access relevant to the papers read that week.

15. Evaluate policies for their impact on public health and health equity	**HSMP 574 – Health Systems Organization**	This competency is covered in week 4: Introduction to health policy; single payer health systems and universal coverage; ethics, evidence and advocacy in the policy process. <u>Assessment</u> • Short submission #1: Description of population of interest, the health inequities or challenges experienced by this population, and the system for delivery of health services. Apply one systems thinking tool to illustrate the relationships among social determinants of health, population characteristics or contexts, organizations and entities that deliver health services, and any other factors of health services delivery • Short submission #2: Identification of relevant policy changes to make the single payer system operational, including discussion of innovations in system-level financing and delivery
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	**HSMP 573 – Values and Ethics in Health**	This competency is covered in weeks: 2 - 9 • Week 2: Framing population, community, organizational and individual perspectives; public health and managerial codes of ethical practice and conduct • Week 3: Justice, rights, harm, responsibility; frameworks for ethical analysis; understanding ethics and its relationship to law, politics, and other frameworks • Week 4: Individual choice and preferences; gender identity; reproduction issues • Week 5: Systems level challenges and health systems reform; distributive, reproductive and environmental justice • Week 6: Clinical and health services research and ethics; institutional review boards • Week 7: Organizational missions vs. personal values and ethics vs. professional obligations; conscientious objection • Week 8: Competence, individual choice, dignity of risk, futility; advance directives • Week 9: Challenges to values/ethics in varying contexts and situations; conflict of interest <u>Assessment</u>

		• Personal values statement: Students will write about how they approach issues of values and ethics in health, including their background in health services, ethics (including religious upbringing, family, culture, etc.), responses to the personal values exercise. • Case analysis: Students will analyze one case, and either present it verbally in class, or prepare a written analysis. The analysis will follow the framework used in class for discussing and resolving ethical dilemmas. • Group ethical analysis: The aim of this assignment is to work in a group to conduct an ethical analysis, debate multiple perspectives, achieve some consensus on ways to approach the issue, and present your collective findings. Particular attention should be paid to means of reconciling potentially conflicting perspectives, and the socio-political ramifications of choosing various resolutions to ethical issues. The topic areas present the opportunity to highlight elements of the four core concepts central to this course -- rights, harm, justice, and responsibility. In addressing the issues, consider ways of addressing ethical challenges, values orientations, social justice, and human rights perspectives.
17. Apply negotiation and mediation skills to address organizational or community challenges	**HSMP 573 – Values and Ethics in Health**	This competency is covered in weeks: 4 - 9 • Week 4: Individual choice and preferences; gender identity • Week 5: Systems level challenges and health systems reform; distributive, reproductive and environmental justice • Week 7: Organizational missions vs. personal values and ethics vs. professional obligations; conscientious objection • Week 8: Competence, individual choice, dignity of risk, futility; advance directives • Week 9: Challenges to values/ethics in varying contexts and situations; conflict of interest <u>Assessment</u> • Response to ethical challenge: Certain topics challenge our own values, and require consideration of ethical implications to resolve them. This assignment will enable students to draw upon a group discussion to consider the ramifications of a topic; students will then independently write up the assignment. [Specific topics change with each course offering.]

		• Group ethical analysis: The aim of this assignment is to work in a group to conduct an ethical analysis, debate multiple perspectives, achieve some consensus on ways to approach the issue, and present your collective findings. Particular attention should be paid to means of reconciling potentially conflicting perspectives, and the socio-political ramifications of choosing various resolutions to ethical issues. The topic areas present the opportunity to highlight elements of the four core concepts central to this course -- rights, harm, justice, and responsibility. In addressing the issues, consider ways of addressing ethical challenges, values orientations, social justice, and human rights perspectives.
Communication		
18. Select communication strategies for different audiences and sectors	**PHE 512 – Principles of Health Behavior**	This competency is covered in week 4 during Social Marketing. During this week, students create a social marketing campaign to support an intervention they have designed. The lecture includes discussion of market segmentation and social persuasion based on referent power. Week 4 readings • Benitez, T. J., Tasevska, N., Coe, K., & Keller, C. (2017). Cultural relevance of the transtheoretical model in activity promotion: Mexican-American women's use of the process of change. *Journal of Health Disparities Research and Practice, 10,* 20-27. • Bogueva, D., Marinova, D., & Raphaely, T. (2017). Red meat consumption and social marketing interventions promoting appetite for change. *International Journal of Food Engineering, 3,* 154-158. • Brennan, L., & Binney, W. (2010). Fear, guilt, and shame appeals in social marketing. *Journal of Business Research, 63,* 140-146. • Hastings, G., Stead, M., & Webb, J. (2004). Fear appeals in social marketing: Strategic and ethical reasons for concern. *Psychology and Marketing, 21,* 961-986. • Matthews, A. K., McConnell, E. A., Li, C. C., Vargas, M. C., & King, A. (2014). Design of a comparative effectiveness evaluation of a culturally tailored versus standard community-based smoking cessation treatment program for LGBT smokers. *BMC Psychology*, *2*(1), 12. <u>Assessment</u>

		Group Intervention Design Project: Students choose a theory or model covered in class AND a specific health problem. Then, they plan a theory-based intervention designed to address this health problem. The group will then design a social marketing campaign to promote it and present this to the class. Students are asked to specifically address "Who are the target population? and What do you need to know about your participants before, during and after the intervention?"
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	**HSMP 574 – Health Systems Organization**	This competency is covered in weeks: 8 - 11 • Week 8: Book review presentations • Week 9: Discussion with Oregon Universal Health Care Task Force leaders • Weeks 10 and 11: Discussion of group comparative analyses <u>Assessment</u> • Book review: The student will choose one of four formats for the submission as described in the materials posted on D2L: zine, poster, video (Ted Talk), or infographic. Students who choose the zine or video/Ted Talk, will also prepare a 1 page or 2 slide summary/fact sheet…. everyone is required to post their summary <u>or</u> poster <u>or</u> infographic to the D2L discussion folder for the book review. • Written paper: This is an independently written and researched, academic paper. … the student will submit small sections of the paper to receive rapid feedback on focus, comments on writing style, and editorial advice. Each short submission should be 1-2 pages (double-spaced) plus references … The final paper may be no more than 8 pages in length. • Comparative analysis: Groups will prepare a 10-minute prerecorded presentation using both slides and voice …. Students will also prepare a factsheet that is no more than 2 pages and summarizes the key points from the presentation (but not be a script). … Groups will be responsible for facilitating the discussion of their presentation, and should assume all other students have viewed their presentation.

20. Describe the importance of cultural competence in communicating public health content	**HSMP 573 – Values and Ethics in Health**	This competency is covered in weeks: 1, 2, 3, 7, 8, 9 • Week 1: Identification of core ethical issues • Week 2: Framing population, community, organizational and individual perspectives • Week 3: Justice, rights, harm, responsibility; frameworks for ethical analysis; understanding ethics and its relationship to law, politics, and other frameworks • Week 7: Organizational missions vs. personal values and ethics vs. professional obligations; conscientious objection • Week 8: Competence, individual choice, dignity of risk, futility • Week 9; Challenges to values/ethics in varying contexts and situations; conflict of interest <u>Assessment</u> • Personal values statement: The student will write about how they approach issues of values and ethics in health, including background in health services, background in ethics (including religious upbringing, family, culture, …), and responses to the personal values exercise. [see syllabus for more details] • Case analysis: The student will analyze one case, and either present it verbally in class, or prepare a written analysis. The analysis will follow the framework we will use in class for discussing and resolving ethical dilemmas. [see syllabus for more details]
21. Perform effectively on interprofessional teams [Multiple courses are listed for this competency because students have access to multiple interprofessional or University (UNI) courses that would meet this competency]	**UNI 504 – Qualitative Research for Health Professionals**	This course is offered to all students across the university and is taught twice each year. Students in the Human Investigations Program and in Behavioral Neuroscience (both in the School of Medicine) join students from the School of Public Health. • Week 1: Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice) • Week 2: Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning. (Roles/Responsibilities) • Week 3: Choose effective communication tools and techniques, including information systems and communication technologies, to

		facilitate discussions and interactions that enhance team function. (Interprofessional Communication) • Week 4: Develop consensus on the ethical principles to guide all aspects of team work. (Teams and Teamwork) <u>Assessment</u> Written reflection of how interpersonal competencies were address in the course, including how interprofessional work impacted changing knowledge, attitudes, skills, and behaviors (14% of final project grade)
	IPE 510 – Narrative Competence for Health Professionals	This course is open to all OHSU students Weeks 1 - 10 encourage interpersonal sharing and discussion in order to gain a greater understanding of the multiple perspectives involved in a health science setting. All the works of art and writing used in these sessions are created by BIPOC, LGBTQ+ communities, and persons living with disability. As a result, students will also have the chance to recognize and challenge bias. The course will culminate in a collaborative writing project <u>Assessment</u> Collaborative Assignment • Connection, affiliation, community, and being part of a collective story are all components of narrative medicine practice. In previous weeks students will have connected in pairs or trios to share ideas, reactions, and commonalities in the readings and in their own writings. In the collaborative writing assignment, students will work together as a group, recognizing that practicing medicine is never done alone, and that one can complement each other's strengths and weaknesses by seeing the "self" that each member of a group brings. The only requirement is that something from every student is represented in the final product. Final writing sharing • Present the collective poem or series of poems as a group in the last class. Brief reflection • In one or more paragraphs, reflect on the experience of co-creation and collaboration in this project.

	IPE 512 – Rural Community Project	This course is taught by instructors both within and outside the School of Public Health. It is open to students from all over OHSU One of the three outcomes / goals of this course of for learners to demonstrate the personal values and attitudes needed for effective team functioning. Interprofessional teamwork is expected at every class meeting. <u>Assessment</u> Active participation in and completion of assigned project modules with other interprofessional students constitutes 33% of the course grade. Data analysis is also done as part of an interprofessional team.
	IPE 423 – Climate Change and Human Health	This course is taught by instructors both within and outside the School of Public Health. It is open to students from all over OHSU Explicit class activities that require students to perform effectively on interprofessional teams include creating and sharing blog posts on the topic of the week and participating in a small group project to research a topic relevant to confronting the climate crisis, and create a modern communication product such as a brochure, podcast, or video. <u>Assessment</u> The group project, which is the course element in which students perform on interprofessional teams, that produces a modern communication product (brochure, podcast, video) is worth 25% of the overall class grade
	IPE 525 – Relational Leadership: Effective Teaming and Health Systems Transformation	This course is open to all students at OHSU and is taught by faculty outside the OHSU-PSU School of Public Health The course is designed to deliver essential competencies to enhance relational dynamics and open communication on teams to catalyze health systems transformation efforts. The collaborative combines large group didactics, small group work, and opportunities for individual and group reflection, in addition to application in clinical and innovation setting

		This competency is addressed weekly through topics including narrative leadership, teaming (dynamics and collaborative decision-making), coaching and conflict transformation and having difficult conversations. Each week of the course is explicitly devoted to relationship and interprofessional teams. <u>Assessment</u> • Attendance and participation in small group discussions (30% of total grade). The classroom environment is intended to broaden students' learning experience through face-to-face interaction with a group of interprofessional and cross-generational peers. • Post-session reflections (50% of total grade). Each student will write and e-mail a one-page, double-spaced reflection paper after each session on the ways session readings influence their perceptions of leadership, teaming, and health systems transformation. • Final reflection (20% of total grade). Each student will write and e-mail a three-page, double-spaced paper following the final session, sharing reflections about how the course has impacted their approach to leadership, teaming, and systems transformation, as well as how it will change their future leadership style, based on their individual career goals.
	PHE 510 – Interprofessional Writing Seminar	This course is open to all OHSU students In addition to the substantive material being taught in the course, there are interprofessional preparation materials that are required, interprofessional guest speakers and interprofessional reflective writing assignments due throughout the quarter. <u>Assessment</u> Your final written products and your interprofessional assessment (which includes your interprofessional reflective writing assignments) will be used to evaluate CEPH's MPH foundational competency: 21. Perform effectively on interprofessional teams. A rubric for your interprofessional assessment grade component will be provided on D2L

	UNI 402 – Conversations in Global Health	This course engages OHSU students in all health professional schools. It is taught by faculty outside the OHSU-PSU School of Public Health In addition to the substantive material being taught in the course, there are weekly student collaborative activities worth almost 50% of the overall class grade. It is through these weekly collaborative activities that the students attain the interprofessional competency. <u>Assessment</u> Weekly Student Collaboration Activity: The purpose of the lesson videos, readings, and discussion questions is to stimulate a conversation between students so each can all learn from the other and dive deeper into the material together. This activity is worth 10 points every week. First week of the unit: • Watch the lesson seminar and read all posted material prior to reflecting on and responding to the lesson's collaboration activity • Create your initial response to the collaboration activity making sure the response answers every part of the question. Post it by Saturday at 9pm PT. You can engage in additional conversation if you choose. Second week of the unit: • Follow the specific directions in the weekly lesson which will instruct you how to further the discussion. This will often require responding to at least two classmates' posts. All posts are due Saturday by 9pm PT.
Systems Thinking		
22. Apply systems thinking tools to a public health issue	**HSMP 574 – Health Systems Organization**	This competency is covered in weeks: 1, 2, 3, 9 • Week 1: Concepts of systems thinking; see readings on “Systems Thinking” and “Resources for systems thinking illustration” • Week 2: Overview of health services delivery in the United States • Week 3: Structures and modes of health services delivery; role of public health • Week 9: Health systems transformation in Oregon; Health Systems Comparisons and Future Directions <u>Assessment</u> • Written paper: Short paper #1 description includes: Description of population of interest, the health inequities or challenges experienced by this population, and the system for delivery of health services. Apply

		one systems thinking tool to illustrate the relationships among social determinants of health, population characteristics or contexts, organizations and entities that deliver health services, and any other factors of health services delivery. For the systems thinking application (short paper #1), see the additional citations in the Session 1 list; in particular, refer to Systems Thinking Tools and select **one** of the causal loop diagram, the systems archetype or the policy structure diagram to illustrate your understanding of these foundational concepts. The important part of this element of the assignment is to demonstrate you can illustrate systems thinking… • Comparative system analysis: Topics listed in syllabus…, students will conduct an analysis and comparison of different health system responses to specific topic. Groups will prepare a 10 minute prerecorded presentation using both slides and voice. You must use the "Criteria for Health Systems Analysis" to frame your analysis (see Appendix 3). These topics must be covered explicitly in the presentation: a) how the health system is organized (structures and processes of delivery); b) how health services are financed (public, private, combination); c) how services are delivered specific to your topic; d) relevant social, cultural, workforce, and/or political factors that play a role in systematic efforts to address the topic; e) effectiveness of these efforts in comparison to how this topic is addressed in the USA; f) three lessons learned that could be relevant to the USA based upon political issues; sociocultural factors; quality of response; current events; and/or other issues.

3) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.

Syllabi for courses listed in Table D2-1 are is located in ERF > D Criteria > D2. MPH Foundational Competencies > D2.3 – D2-1 Syllabi.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- MPH program directors, who are all members of the Academic Policy & Curriculum Committee (APCC, see A1. Organization and Administrative Processes), work with faculty teaching program-specific courses to ensure that the CEPH MPH foundational competencies map to learning and assessment activities in their classes. APCC oversight ensures that students are validated in their ability to perform each competency and this validation occurs in a comparable manner across sections.
- The School provides multiple opportunities for students to develop and demonstrate foundational competencies through core, required, and elective MPH courses. The core courses listed as addressing the MPH foundational competencies represent students' first opportunity for demonstrating competency attainment. Many of these foundational competencies are built upon and reinforced in subsequent program-specific courses.
- Some program directors and faculty have participated in assessment training or other improvement activities to improve assessment. Some of these trainings have occurred in faculty meetings, which has helped engage teaching faculty in continuous improvement efforts. These trainings and activities have both increased faculty appreciation for the importance and methods of assessment, as well as facilitated diverse assessment activities.

Areas of Improvement

- New or adjunct faculty are not centrally-trained in competency-based course design and assessment. Training, when it occurs, is conducted by prior course instructors or program directors, not by the Dean's Office or the Director of Assessment & Evaluation. New or adjunct instructor may be told they cannot change certain elements of the course, but not the reasons why. This lack of training reduces their ability to communicate assessment activities to their students and may impair their ability to appropriately validate students' competency attainment.
- A disproportionate number of the CEPH MPH foundational competencies are reliant upon HSMP 574 – Health Systems Organization for their teaching and assessment. The consequence of this over-reliance is that a very small number of faulty are evaluating the bulk of students' performance on the MPH foundational competencies, and that many of the non-HSMP faculty are under-engaged in student's foundational competency education and assessment.
- Because some of the courses responsible for covering several of the CEPH MPH foundational competencies are core courses, the issues noted in D1. MPH & DrPH Foundational Public Health Knowledge related to large course sizes and priority registration apply to the foundational competencies.

Plans for Improvement

- Similar to the plan for improvement for MPH & DrPH Foundational Public Health Knowledge competency attainment and assessment, the School will use its increased enrollment to justify hiring more faculty. Having more faculty will mean that foundational courses will be smaller, which will better ensure that all graduates are grounded and appropriately evaluated for their CEPH MPH foundational competency attainment.

- The Dean's Office will create centralized onboarding of new and adjunct faculty. One component of this onboarding will be training in competency-based course design and assessment. This training will ensure all faculty are better educated and invested in competency attainment and assessment. Because many of the Adjunct faculty go on to have multi-year contracts, this training will reap benefits for many years.
- The Academic Policy & Curriculum Committee (APCC) will review the distribution of foundational competencies across courses to seek a more equitable distribution. The Academic Affairs Deans, who are ex-officio APCC members, will work with instructors of foundational courses to help identify ways in which competencies can be most appropriately covered and their attainment assessed.

D3. DrPH Foundational Competencies (if applicable)

Not applicable

D4. MPH & DrPH Concentration Competencies

The school defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The school documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

If the school intends to prepare students for a specific credential (eg, CHES/MCHES) that has defined competencies, the school documents coverage and assessment of those competencies throughout the curriculum.

1) **Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration.**

   In comments from the January 2022 review of our draft self-study, we received the recommendation that each of the programs reduce the number of program-specific competencies from 8-10 down to 5. We have also received the recommendation program-specific competencies be eliminated if they are duplicative of either public health foundational knowledge competencies or MPH foundational competencies. Following our site visit, we will undertake an intentional and systematic process of program competency refinement. In this self-study, we present our programs and the program-specific competencies as they have been taught for the past five years. Readers will note that, following initial comments from CEPH reviewers, the Program Directors identified several program-specific competencies that were either overly duplicative or for which no strong didactic or assessment activity could be identified. These competencies are highlighted as candidates for possible elimination subsequent to the site visit and review

   Matrices for each MPH program that outline program core competencies and assessment activities are presented on the following pages:

Assessment of Competencies for MPH Biostatistics		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Apply appropriate principles of research design and population-based concepts to assess health problems.	**EPI 513 – Epidemiology II**	The principles of research designs are covered in depth in Weeks 7, 8, 9 and 10. Week 7: RCTs Week 8: Cohort studies and case control studies Week 9: Cross-sectional studies, ecologic studies, age-period-cohort studies, nature experiments Week 10: Descriptive studies <u>Assessment</u> • Homework (weeks 7, 8, and 9) • Final exam Population-based concepts are covered in weeks 2, 3 and 6. Week 2: Confounding Week 3: Directed Acyclic Graphs and Selection Bias Week 6: Effect modification <u>Assessment</u> • Homework (weeks 2, 3, 6) • Midterm • Final exam
	BSTA 516 - Design and Analysis of Surveys	This entire course covers various sampling survey designs and how to make inference about the population based on the surveyed samples. Therefore, this competency is covered in weeks 1-10 Didactic activities about survey design and population level inference : • Week 1-3: Basic concepts, simple random sampling, stratified sampling and estimators • Week 4-5: Ratio and regression estimation

		• Week 6-8: Cluster Sampling • Week 9-10: Complex survey <u>Assessments</u> • Homework 1: Simple random sampling • Homework 2: Stratified random sampling • Homework 3: Ratio and regression estimation • Homework 4: Cluster Sampling • Homework 5: Two stage sampling and complex survey design.
2. Apply appropriate descriptive and inferential statistical methods to analyze risk determinants of disease and health conditions.	**Overview of why three courses are used to meet this competency**	All three courses teach descriptive and inferential statistical methods to analyze risk determinants of disease and health conditions. Descriptive and inferential statistical methods to analyze risk determinants of disease and health conditions **are assessed in all homework and the final or class project**. Each homework evaluates students' understanding and mastering of the statistical methods covered in each class. The homework provides more guidance on how to apply the descriptive and inferential statistical methods appropriately. The final project or the class project evaluates the students' ability to synthesize the knowledge learned from the whole course and apply the appropriate statistical model and model building techniques to conduct data analysis to answer a well-defined research question.
	BSTA 512 – Linear Models	This course focuses on descriptive and inferential statistical methods when the disease and health conditions are characterized by continuous outcomes (e.g, cholesterol level, blood pressure). Therefore, this competency is covered in weeks 1-10

	• Week 1: Simple linear regression: the risk determinant is one single continuous variable. • Week 2: ANOVA table and sample correlation coefficient • Week 3-6: Linear regression when the risk determinants are both continuous and categorical. • Week 7-10: ANOVA and ANCOVA models when the risk determinants are factor variables. <u>Assessment</u> • Homework 1: Simple linear regression • Homework 2: ANOVA table and sample correlation coefficient • Homework 3-4: Multiple linear regression • Homework 5-6: Polynomial regression, association model building and regression model diagnostic • Homework 7-8: ANOVA and ANCOVA models The class project is a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results of a linear regression model as well as communicate the results in common language in the context of research question, based on real life data.
BSTA 513 - Categorical Data Analysis	This course focuses on methods when the disease and health conditions are characterized by categorical outcomes (e.g, disease status (Yes vs. No); or number of ED visits). The risk determinants could be any type, either categorical or continuous. Therefore, this competency is covered in weeks 1-10 • Week 1-2: Contingency tables and univariate methods • Week 3-9: Logistic regression • Week 10: Poisson regression <u>Assessment</u>

		• Homework 1: Test for contingency tables (Chi –squared test, Fisher's exact test, McNemar's test, Cochran-Armitage test). • Homework 2: Inference of risk ratio and odds ratio, Mantel-Haenszel odds ratio etc. • Homework 3: Simple logistic regression and ROC curve • Homework 4: Multiple logistic regression • Homework 5: Variable selection and model building for logistic regression model • Homework 6: Model assessment and interpretation of model coefficients for logistic regression model Final project: a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results as well as communicate the results of a logistic regression model in common language in the context of research question, based on real life data.
	BSTA 519 - Applied Longitudinal Data Analysis	This course focuses on methods when the disease and health conditions are measured at multiple time points (longitudinal). Both the disease/health conditions and risk determinants could be any type, either categorical or continuous. Therefore, this competency is covered in weeks 1-10 • Week 1: Exploratory methods and simple longitudinal data analysis. • Week 2-4: Marginal models for longitudinal continuous data • Week 5-6: Linear mixed effects models for longitudinal continuous data • Week 7-8: Logistic marginal and mixed effects models for longitudinal binary data • Week 9-10: Generalized linear mixed effects and marginal models for longitudinal count data <u>Assessment</u> • Homework 1: Exploratory longitudinal data analysis and change score vs. ANCOVA model

		• Homework 2-3: Marginal models for longitudinal continuous data: response profile vs. parametric curve. • Homework 4: Marginal models for longitudinal continuous data: covariance pattern. • Homework 5: Linear mixed effects model and model diagnostic • Homework 6-7: Logistic marginal and mixed effects models for longitudinal binary data • Homework 8 (optional): Generalized linear mixed effects and marginal models for longitudinal count data Final project: a comprehensive project to assess model choice based on data type and study design, interpretation of model results as well as communicate the results of a longitudinal model in common language in the context of research question, based on real life data.
3. Apply descriptive and inferential statistical methods that are appropriate to the different study designs used in public health research.	**Overview of why four courses are used to meet this competency**	All four courses teach descriptive and inferential statistical methods. BSTA512 and BSTA 513 focuses on statistical methods for studies that produce *independent* outcome variables (e.g., cross sectional studies, cohort studies and RCTs when looking at data each time point). BSTA512 covers statistical methods for independent continuous outcome variables, and BSTA513 covers statistical methods for independent binary outcome variables. BSTA 516 focuses on various survey designs and the corresponding analysis methods. BSTA 519 focuses on methods for studies that produce *correlated longitudinal data* (e.g., repeated measures of continuous data, binary data and count data) as outcome variables. Descriptive and inferential statistical methods **are assessed in all homework and the final or class project**.

BSTA 512 – Linear Models	This course focuses on descriptive and inferential statistical methods when the disease and health conditions are characterized by continuous outcomes (e.g, cholesterol level, blood pressure). Therefore, this competency is covered in weeks 1-10 • Week 1: Simple linear regression: the risk determinant is one single continuous variable. • Week 2: ANOVA table and sample correlation coefficient • Week 3-6: Linear regression when the risk determinants are both continuous and categorical. • Week 7-10: ANOVA and ANCOVA models when the risk determinants are factor variables. <u>Assessment</u> • Homework 1: Simple linear regression • Homework 2: ANOVA table and sample correlation coefficient • Homework 3-4: Multiple linear regression • Homework 5-6: Polynomial regression, association model building and regression model diagnostic • Homework 7-8: ANOVA and ANCOVA models The class project is a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results of a linear regression model as well as communicate the results in common language in the context of research question, based on real life data.
BSTA 513 - Categorical Data Analysis	This course focuses on methods when the disease and health conditions are characterized by categorical outcomes (e.g, disease status (Yes vs. No); or number of ED visits). The risk determinants could be any type, either categorical or

		continuous. Therefore, this competency is covered in weeks 1-10 • Week 1-2: Contingency tables and univariate methods • Week 3-9: Logistic regression • Week 10: Poisson regression <u>Assessment</u> • Homework 1: Test for contingency tables (Chi –squared test, Fisher's exact test, McNemar's test, Cochran-Armitage test). • Homework 2: Inference of risk ratio and odds ratio, Mantel-Haenszel odds ratio etc. • Homework 3: Simple logistic regression and ROC curve • Homework 4: Multiple logistic regression • Homework 5: Variable selection and model building for logistic regression model • Homework 6: Model assessment and interpretation of model coefficients for logistic regression model Final project: a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results as well as communicate the results of a logistic regression model in common language in the context of research question, based on real life data.
	BSTA 516 - Design and Analysis of Surveys	This entire course covers various sampling survey designs and how to make inference about the population based on the surveyed samples. Therefore, this competency is covered in weeks 1-10 Didactic activities about survey design and population level inference: • Week 1-3: Basic concepts, simple random sampling, stratified sampling and estimators • Week 4-5: Ratio and regression estimation • Week 6-8: Cluster Sampling • Week 9-10: Complex survey

		<u>Assessments</u> • Homework 1: Simple random sampling • Homework 2: Stratified random sampling • Homework 3: Ratio and regression estimation • Homework 4: Cluster Sampling • Homework 5: Two stage sampling and complex survey design.
	BSTA 519 - Applied Longitudinal Data Analysis	This course focuses on methods when the disease and health conditions are measured at multiple time points (longitudinal). Both the disease/health conditions and risk determinants could be any type, either categorical or continuous. Therefore, this competency is covered in weeks 1-10 • Week 1: Exploratory methods and simple longitudinal data analysis. • Week 2-4: Marginal models for longitudinal continuous data • Week 5-6: Linear mixed effects models for longitudinal continuous data • Week 7-8: Logistic marginal and mixed effects models for longitudinal binary data • Week 9-10: Generalized linear mixed effects and marginal models for longitudinal count data <u>Assessment</u> • Homework 1: Exploratory longitudinal data analysis and change score vs. ANCOVA model • Homework 2-3: Marginal models for longitudinal continuous data: response profile vs. parametric curve. • Homework 4: Marginal models for longitudinal continuous data: covariance pattern. • Homework 5: Linear mixed effects model and model diagnostic • Homework 6-7: Logistic marginal and mixed effects models for longitudinal binary data

		• Homework 8 (optional): Generalized linear mixed effects and marginal models for longitudinal count data Final project: a comprehensive project to assess model choice based on data type and study design, interpretation of model results as well as communicate the results of a longitudinal model in common language in the context of research question, based on real life data.
4. Interpret and summarize results and communicate them to lay and professional audiences, in the context of proper public health principles and concepts.	**Overview of why three courses are used to meet this competency**	In all three courses, the lectures cover the interpretation of results in both statistical and plain language for each statistical method. Interpretation of results is an integral part of teaching statistical methods. Each homework asks students to interpret and summarize the results from the statistical models and provide interpretation of results in both statistical and plain language. In final or class project, students will not only interpret and summarize the results, but also provide discussion of results in the context of the research question.
	BSTA 512 – Linear Models	This course focuses on descriptive and inferential statistical methods when the disease and health conditions are characterized by continuous outcomes (e.g, cholesterol level, blood pressure). Therefore, this competency is covered in weeks 1-10 • Week 1: Simple linear regression: the risk determinant is one single continuous variable. • Week 2: ANOVA table and sample correlation coefficient • Week 3-6: Linear regression when the risk determinants are both continuous and categorical. • Week 7-10: ANOVA and ANCOVA models when the risk determinants are factor variables. <u>Assessment</u> • Homework 1: Simple linear regression

		• Homework 2: ANOVA table and sample correlation coefficient • Homework 3-4: Multiple linear regression • Homework 5-6: Polynomial regression, association model building and regression model diagnostic • Homework 7-8: ANOVA and ANCOVA models The class project is a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results of a linear regression model as well as communicate the results in common language in the context of research question, based on real life data.
	BSTA 513 - Categorical Data Analysis	This course focuses on methods when the disease and health conditions are characterized by categorical outcomes (e.g, disease status (Yes vs. No); or number of ED visits). The risk determinants could be any type, either categorical or continuous. Therefore, this competency is covered in weeks 1-10 • Week 1-2: Contingency tables and univariate methods • Week 3-9: Logistic regression • Week 10: Poisson regression <u>Assessment</u> • Homework 1: Test for contingency tables (Chi –squared test, Fisher's exact test, McNemar's test, Cochran-Armitage test). • Homework 2: Inference of risk ratio and odds ratio, Mantel-Haenszel odds ratio etc. • Homework 3: Simple logistic regression and ROC curve • Homework 4: Multiple logistic regression • Homework 5: Variable selection and model building for logistic regression model • Homework 6: Model assessment and interpretation of model coefficients for logistic regression model

		Final project: a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results as well as communicate the results of a logistic regression model in common language in the context of research question, based on real life data.
	BSTA 519 - Applied Longitudinal Data Analysis	This course focuses on methods when the disease and health conditions are measured at multiple time points (longitudinal). Both the disease/health conditions and risk determinants could be any type, either categorical or continuous. Therefore, this competency is covered in weeks 1-10 • Week 1: Exploratory methods and simple longitudinal data analysis. • Week 2-4: Marginal models for longitudinal continuous data • Week 5-6: Linear mixed effects models for longitudinal continuous data • Week 7-8: Logistic marginal and mixed effects models for longitudinal binary data • Week 9-10: Generalized linear mixed effects and marginal models for longitudinal count data <u>Assessment</u> • Homework 1: Exploratory longitudinal data analysis and change score vs. ANCOVA model • Homework 2-3: Marginal models for longitudinal continuous data: response profile vs. parametric curve. • Homework 4: Marginal models for longitudinal continuous data: covariance pattern. • Homework 5: Linear mixed effects model and model diagnostic • Homework 6-7: Logistic marginal and mixed effects models for longitudinal binary data • Homework 8 (optional): Generalized linear mixed effects and marginal models for longitudinal count data

		Final project: a comprehensive project to assess model choice based on data type and study design, interpretation of model results as well as communicate the results of a longitudinal model in common language in the context of research question, based on real life data.
5. Evaluate strengths and weaknesses of alternative research designs and analytic methods, and critically review and assess statistical analyses presented in public health literature.	**EPI 513 – Epidemiology II**	This competency is covered in weeks 7-10 • Week 7: RCTs • Week 8: Cohort studies and case control studies • Week 9: Cross-sectional studies, ecologic studies, age-period-cohort studies, nature experiments • Week 10: Descriptive studies <u>Assessment</u> • Homework (weeks 7, 8, 9) • Final exam
	BSTA 519 - Applied Longitudinal Data Analysis	Strengths and weaknesses of analytic methods are covered in weeks 1, 8 and 10 • Week 1: Change score analysis vs. Analysis of covariance • Weeks 2 and 3: Response profile model vs. parametric curves • Week 8: Marginal models vs. Mixed effects models for binary outcome • Week 10: Marginal models vs. Mixed effects models for count outcome <u>Assessment</u> The contrast of analytic methods is assessed • Homework 1 • Homework 2 • Homework 3 • Homework 6 Final project – the students were asked to pick the most appropriate model for the project data/research question from

		the many models covered in the course, and provide their rational for the model choice. Assessment of statistical analyses presented in public health literature will occur in Homework 5 and homework 6. It was also assessed in the comprehensive exam.
~~6. Apply basic ethical principles pertaining to the collection, maintenance, use, and dissemination of public health data.~~ The program has identified it needs to eliminate this competency because aspects are covered in CEPH foundational competencies and because no didactic / assessment of this competency occurs except in courses that are taught as part of the CEPH foundational competency course (HSMP 573 – Values and Ethics in Health)		
~~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.~~ The program has identified it needs to eliminate this competency because aspects are covered in CEPH foundational competencies and because no didactic / assessment of this competency occurs except in courses that are taught as part of the CEPH		

foundational competency course (HSMP 573 – Values and Ethics in Health)		

Assessment of Competencies for MPH Epidemiology		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Apply population-based concepts of epidemiology and risk determination to the assessment of health problems.	**EPI 536 – Epidemiologic Data Analysis and Interpretation** (The description of weeks in which an activity occurs is for the Fall quarter class rather than the summer term class, which follows a compressed schedule).	This competency is covered in week 2 Week 2 - Recorded lecture, C.2 Purpose and Elements of an Analysis Plan and in-class discussion on overview of analysis plan. <u>Assessment</u> "Project 2. Analysis Plan," a detailed written research plan that addresses the population burden of the health condition or outcome using quantitative epidemiologic measures of occurrence and association, as well as the mechanistic rationale for association under study. Students are evaluated out of 10 points using a standardized rubric.
2. Apply evidence-based knowledge of health determinants to public health issues.	**EPI 566 – Current Issues in Public Health**	This competency is covered in weeks 3 and 6 • Week 3 introduces determinants of hepatitis C infection as a model for considering knowledge gaps that inform policy needs. • Week 6 provides an overview of governmental structures for delivery of public health programs. <u>Assessment</u> "Policy Brief", written in the form of a 2-page memo on a research program, program implementation or policy intervention to address a public health issue related to the Health People 2020 topics. Students review literature to identify appropriate strategies to address the public health issue and describe how effectiveness of their proposed intervention or program will be assessed. Students are evaluated on 10 points using a standardized rubric.

3. Apply and interpret a variety of statistical methods commonly used in medical and public health research.	**EPI 536 - Epidemiologic Data Analysis and Interpretation** (The description of weeks in which an activity occurs is for the Fall quarter class rather than the summer term class, which follows a compressed schedule).	This competency is covered in weeks 4 - 7 • Week 4: Descriptive analysis of the analytic population accounting for survey design and sampling weights • Week 5: Estimate crude and adjusted associations and assess linearity of associations • Week 6: Control for confounding • Week 7: Evaluation of effect measure modification. <u>Assessment</u> "Project 5. Methods and Results Section," in which students write a complete Methods and Results sections of their manuscript in accord with Standardized Reporting of Observational Epidemiology (STROBE) criteria 4-8 and 10-17. Students convey all descriptive and analytical statistical methods they have applied in their research, as well write narrative interpretations of numeric results shown in data tables. Students are evaluated on 4 points for Methods and 6 points for Results using a standardized rubric.
4. Propose and test a research hypothesis.	**EPI 536 - Epidemiologic Data Analysis and Interpretation** (The description of weeks in which an activity occurs is for the Fall quarter class rather than the summer term class, which follows a compressed schedule).	This competency is covered in week 1. Week 1. Recorded lecture, C.1 Biologic and social basis of analysis. <u>Assessment</u> "Project 1. Presentation of Research Topic and Hypotheses," a short narrative specifying the primary and secondary hypotheses to be tested in the research project, as well articulating the biologic or social mechanisms that theoretically underlie the hypothesized association. Students are evaluated out of 10 points using a standardized rubric.
~~5. Identify ethical problems that arise in public health decisions.~~		

In response to preliminary review recommendations, the program has identified it needs to eliminate this competency because aspects are covered in CEPH foundational competencies and because no didactic / assessment of this competency occurs except in courses that are taught as part of the CEPH foundational competency course (HSMP 573 – Values and Ethics in Health)		
6. Apply knowledge of cultural dimensions in conducting research, including culturally-sensitive recruitment of study participants, and develop strategies for interpretation of data in the larger cultural context.	**EPI 513 – Epidemiology II, Methods**	This competency is covered in weeks 5 and 6. • Week 5: Review and literature synthesis: the case of race in data and analysis • Week 6: Effect measure modification (reading, lecture examples, assignment focused on sex and gender differences). <u>Assessment</u> A final exam section that includes a series of questions about interpretation of results on effect measure modifications by race reported in published papers. The questions draw on didactic content in Weeks 5 and 6. Students are evaluated on 10 of 38 points.
7. Integrate and apply relevant literature in epidemiology to public health issues and policy.	**EPI 514 - Epidemiology III, Causation**	This entire course teaches students how to identify, integrate, and apply relevant literature to their chosen public health issue. See especially weeks 2, 4, 8, and 9 • Week 2: Construction of an Evidence Table • Week 4: Confounding including synthesis across studies • Week 8: Conclusions, levels of prevention and recommendations • Week 9: Systematic reviews. <u>Assessment</u>

		Assignment 1.8, Conclusions and Recommendations, which students are asked to draw conclusions about the results of a study, support their conclusions based on epidemiologic principles, and describe implications of conclusion for public health or clinical practice with attention to the 3-levels of prevention. Students are evaluated on 3.5 points for conclusion and 4 points for recommendations using a standardized rubric.
8. Communicate public health principles and concepts through various strategies across multiple sectors of the community.	**EPI 536 - Epidemiology Data Analysis and Interpretation**	This competency is covered in week 9. Week 9. Recorded lecture, C.4 Presenting Epidemiologic Associations. The *specific assessment* is "Oral Presentation," a 12–15-minute presentation of the research project with slides to a broad audience of peers, faculty, and the public. Students are evaluated out of 100 points using a standardized rubric.

Assessment of Competencies for MPH Environmental Systems & Human Health		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Communicate the relationship between environmental systems and human health, particularly in response to a changing climate.	**ESHH 519 - Environmental Health in a Changing World**:	This competency Is covered in weeks 1 and 3 Week 1: Lecture 1 “Climate change is a public health emergency” Week 3: Lecture 3 “Air Quality” and Assignment background instructions <u>Assessment</u> Oral public presentation. Students communicate how different human activities or interventions can contribute to the drawdown of atmospheric CO2 to peers and to ESHH and SPH faculty. Competency is evaluated based on success in explaining and communicating one strategy to reduce levels of atmospheric carbon dioxide and achieve health co-benefits.

2. Analyze how environmental hazards (chemical, physical and biological) interact with natural and built systems, including the mechanisms of their adverse effects on humans.	**ESHH 529 - Environmental Toxicology & Risk Assessment**	This competency is covered in weeks 6, 7, and 8 Week 6 • Lecture "Fate of chemicals, exposure routes & pathways" • Chapter 4.1.2 Toxicokinetics and Chapter 4.1.4 Xenobiotic Defense & Metabolism in Environmental Toxicology (Cornelis A.M. van Gestel, Frank G.A.J. Van Belleghem, Nico W. van den Brink, Steven T.J. Droge, Timo Hamers, Joop L.M. Hermens, Michiel H.S. Kraak, Ansje J. Löhr, John R. Parsons, Ad M.J. Ragas, Nico M. van Straalen, and Martina G. Vijver) Week 7 • Lecture 14 **"**Exposure/toxicokinetics" • Chapters 4.1.4, 4.1.7 Xenobiotic Defense & Metabolism in Environmental Toxicology (Cornelis A.M. van Gestel, Frank G.A.J. Van Belleghem, Nico W. van den Brink, Steven T.J. Droge, Timo Hamers, Joop L.M. Hermens, Michiel H.S. Kraak, Ansje J. Löhr, John R. Parsons, Ad M.J. Ragas, Nico M. van Straalen, and Martina G. Vijver) Week 8 • Lectures 15 & 16: toxicokinetics, toxicodynamics, carcinogens • Chapter 4.1.2, 4.1.7, Chapter 4.2 (Introduction), 4.2.8, 4.2.13, 4.3.2, 4.3.3 (Re: Toxicity Testing) Xenobiotic Defense & Metabolism in Environmental Toxicology (Cornelis A.M. van Gestel, Frank G.A.J. Van Belleghem, Nico W. van den Brink, Steven T.J. Droge, Timo Hamers, Joop L.M. Hermens, Michiel H.S. Kraak, Ansje J. Löhr, John R. Parsons, Ad M.J. Ragas, Nico M. van Straalen, and Martina G. Vijver) Assessment Written assignment. Students reflect on the challenges in identifying cancer clusters associated with environmental exposures and consider data from the Oregon cancer registry to compare regions for specific cancer incidence rates: students will synthesize information from the literature (to

		demonstrate understanding of mechanisms) and present/analyze data from cancer incidence rates in the State of Oregon in a written paper and class discussion.

3. Assess and interpret relevant literature in the area of public health and environmental hazards.	**ESHH 521 - Principles of Occupational Health**	This competency is covered in weeks 2 and 3 Week 2: Lecture 3 GUEST: Laura Zeigen, PhD, library science to discuss systematic literature reviews Week 3: Lecture 6 In-class discussion and peer review of literature review topics <u>Assessment</u> Written assignment, Term Project. Students complete a systematic literature review project on the topic of total worker health. Includes**:** one-page project proposal, presentation slides and one-page project summary written for a business audience, and final project *Details*: Each student will complete a systematic literature review project that is worth a total of 100 points. Each student will prepare a one-page project proposal (10 points) and get feedback from the class before pursuing the idea. This proposal process is designed to ensure projects are focused on a socially and logically important Total Worker Health® topic. Each student will also produce five slides to present to the class and a one-page summary written for an industry audience (10 points). Final papers will be submitted in APA format, approximately ten pages double spaced in length (not including references), and will be due on the class period before the final exam (80 points).

4. Evaluate the risk of environmental exposures to human populations through the incorporation of exposure, toxicological, and other relevant data into risk assessment methodology.	**ESHH 529 - Environmental Toxicology & Risk Assessment**	This competency is covered in weeks 6 and 9 Week 6 • Lectures 12, 13, • Textbook Chapters 3.4, 3.7.1, 3.7.2 Xenobiotic Defense & Metabolism in Environmental Toxicology (Cornelis A.M. van Gestel, Frank G.A.J. Van Belleghem, Nico W. van den Brink, Steven T.J. Droge, Timo Hamers, Joop L.M. Hermens, Michiel H.S. Kraak, Ansje J. Löhr, John R. Parsons, Ad M.J. Ragas, Nico M. van Straalen, and Martina G. Vijver) Week 9: Lectures 18, 19; Readings: • Gray & Ropeik (2002). Dealing With the Dangers of Fear: The Role of Risk Communication. Health Affairs, 21(6): 106-116. • Morello-Frosch, R., Pastor, M. and Sadd, J. (2001). Environmental Justice and Southern California's "Riskscape": The distribution of air toxics exposures and health risks among diverse communities, Urban Affairs Review, 36(4), 551–578 <u>Assessment</u> Environmental risk assessment. Students carry out an environmental risk assessment where they have to consult the primary literature as well as databases of exposure scenarios and information as well as chemical properties and environmental concentrations. They perform a quantitative assessment of risk after quantifying exposures in both a written report and by communicating their findings in an oral presentation to the class. Students are evaluated on their success in gathering data to support their exposure scenario, the presentation of an introduction and methods, and a synthesis of exposure risk and health implications. They are further assess in their ability to evaluate risk and communicate their findings to the class.

5. Discuss how federal and state regulatory programs, guidelines and authorities impact environmental and occupational health issues.	**ESHH 521 - Principles of Occupational Health**	This competency is covered in week 2 Week 2 Lecture and student-led discussions • Legislation, Safety/Health Systems, (OSHA, Workers Compensation, &Health Care) • Traditionally Regulated Hazards (physical, chemical, work hours) Readings • Roberts, K. (2003). Using workers' compensation to promote a healthy workplace. D. A. Hoffman &L.E. Tetrick, (Eds.), Health and safety in organizations: A multilevel perspective (pp. 341-371). San Francisco: Jossey-Bass. • OSHA "At a Glance "Overview• • Example: Material Safety Data Sheets (MSDS) for Gasoline• • Permissible Exposure Limits• • Example: Noise Permissible Exposure Limits (PEL)•OSHA forms for recording work-related injuries and illnesses <u>Assessment</u> Student-led discussions. Students lead discussions based on peer-reviewed literature on topics that fall under federal and state regulatory programs, guidelines, and authorities with a focus on how these regulations and guidelines impact environmental and occupational health issues. Discussion Facilitation (20 possible): Each student pair will facilitate at least 2 sessions for class discussion. Discussion leaders will develop additional discussion questions for the readings for their session. You will be awarded points based on the quality of the discussion and your leadership in class. Discussion Quality (80 possible): Each week, students will award their inter-teaching partner up to 5 points for the

		quality of their written answers on study guides and the discussion (0 = not prepared at all; 5 = very well prepared). These points will be awarded confidentially via email to the instructor post-class.
~~6. Apply ethical principles that govern the practice of environmental risk assessment, management, and communication.~~ In response to preliminary review recommendations, the program has identified it needs to eliminate this competency because aspects are covered in CEPH foundational competencies and because no didactic / assessment of this competency occurs except in courses that are taught as part of the CEPH foundational competency course (HSMP 573 – Values and Ethics in Health)		
7. Specify approaches for assessing, preventing and controlling environmental and occupational hazards that pose risks to human health and safety, particularly in a climate change context.	**ESHH 519 - Environmental Health in a Changing World**	This competency is covered in weeks 1, 3 and 6 Week 1 • Lecture 1 "Climate change is a public health emergency" • Assignment background and instructions Week 3 • Lecture 3 "Air Quality" Week 6 • Lecture 6 "Emergency Preparedness" • Read: "Earthquake preparedness in Oregon' • Watch: video (https://youtu.be/76b_WGzCl54) <u>Assessment</u>

		• Oral public presentation. Students communicate and research how different human activities or interventions can contribute to the drawdown of atmospheric CO2; they are required to give a succinct talk in 'ignite' format (20 slides that automatically advance every 20 seconds) to peers and to ESHH and SPH faculty. Competency is evaluated based on success in explaining and communicating one strategy to reduce levels of atmospheric carbon dioxide and achieve health co-benefits. • Week 6 quiz
8. Integrate, synthesize and apply theory to practice in the context of a research study, policy consequences, or environmental exposure.	**ESHH 532 – Ecological Public Health**	This competency is covered in weeks 3, 6, and 9 Week 3 • Lecture: Biodiversity, Evolution, and Public Health • Read: • Bernstein, A.S. (2014). Biological diversity and public health, Ann. Rev. Public Health 35: 153-67 • Omenn, G. (2010). Evolution and public health. Proc Natl Acad. Sci. • El-Sabaawi RW, et al. (2016). Biodiversity and ecosystem risks arising from using guppies to control mosquitoes. Biol. Lett. 12: 20160590 Week 6 • Lecture: Disease in Space & Time • Read: Campbell-Lendrum & Pruss-Ustum (2019). Climate change, air pollution and noncommunicable diseases Week 9 • Lecture: Environmental Monitoring and Forecasting for Public Health • Read: • Rund et al. (2019). Rescuing troves of hidden ecological data to tackle emerging mosquito-borne diseases

		• Apte, J. et al. (2017). High-resolution air pollution mapping with Google Street View Cars: Exploiting Big Data. • Farrer, D. et al. (2015). Health-based cyanotoxin guideline values allow for cyanotoxin-based monitoring and efficient public health response to cyanobacterial blooms. <u>Assessment</u> Research proposal. Students develop a hypothesis and select appropriate methods and approaches to address an important environmental public health issue. The project includes submission of a draft, oral presentation of the research plan and background, and a final 10–15-page research proposal.
~~9. Explain the general mechanisms of toxicity in eliciting a human health effect in response to various environmental and occupational exposures.~~ The program has suggested removing this competency because it overlaps with ESHH MPH competencies 2 and 4	~~ESHH 529 - Environmental Toxicology & Risk Assessment~~	~~Environmental risk assessment. Students work collaboratively to put together an environmental risk assessment where they read and synthesize primary literature; consult tables with exposure estimates (i.e., Exposures Handbook, EPA 2011); conduct a quantitative risk assessment based on EPA protocols as presented in class; and present a risk assessment plan to the class.~~

Assessment of Competencies for MPH Health Management & Policy		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Communication & Messaging: Demonstrate effective verbal, written, & interpersonal communication & messaging skills.	**HSMP 577 - Health Law & Regulation**	This competency is covered especially in weeks 5 and 6, but also in weeks 4, 7, 8 and 9. • Week 5: Review / Example of creating a case brief • Week 6: Review of hypothetical fact pattern analysis and writing • Weeks 4, 5, 7, 8 and 9: Verbal and interpersonal communications (various topics) <u>Assessment</u> Written communication: • Case Brief [a) case citation, procedural history, and parties (plaintiff & defendant); b) summary of facts (clear, concise, chronological statements important to the issues and holding in the case); c) issue (best phrased as a question, e.g., "Did the physician commit battery by failing to obtain informed consent?"); d) holding (the court's conclusion regarding the issue in the case); e) rationale (summary of each material part of the decision/holding and why the court held the way it did); f) implications (for healthcare operations, policy, the practice of medicine, patient safety, cost of care, quality of care, conflict with other aspects of healthcare or society, etc.) • Hypothetical fact pattern analysis and summary per the IRAC format [Issue: Identify all real/potential legal issues in the fact pattern; Rule: State the applicable legal or regulatory rule; Application/Analysis: Apply the rule (statute, case law, etc.) to the fact pattern; discuss how the facts outlined in the hypothetical are similar to, or different than, the precedential case law, relevant statute(s), or other applicable law or regulation. Discuss potential defenses. Identify any missing facts that would enhance an analysis and assist in drawing a conclusion.

		Conclusion: State the conclusion(s) based upon the steps listed above. Who is likely to prevail? How is a court likely to analyze and conclude? Why? What are the key dependencies? Verbal and interpersonal communication: Graded participation in four class discussion forums: 1) negligence & liability (week 4); 2) organizational management/institutional liability (week 5); 3) HIPAA, accreditation & compliance (week7); and, 4) public health law (week 8/9). (Note: *verbal modality was transitioned to online discussion format due to COVID in AY20-21*) • Minimum of one original, detailed, meaningful, insightful response to the issue(s)/question(s) outlined in the forum that week (posted by… so that others have time to respond to your original post); AND, • Minimum of one insightful, respectful & professional response to two original posts authored by your colleagues. Responses to colleague posts should be based primarily on course readings, but relevant outside material that meets academic standards may also be used.
2. Social Justice and Health Equity: Demonstrate ethical, social & cultural competence in the practice of health management & policy.	**HSMP 573 - Values & Ethics in Health**	This competency is covered in weeks: 1, 2, 3, 7, 8, 9 • Week 1: Identification of core ethical issues • Week 2: Framing population, community, organizational and individual perspectives • Week 3: Justice, rights, harm, responsibility; frameworks for ethical analysis; understanding ethics and its relationship to law, politics, and other frameworks • Week 7: Organizational missions vs. personal values and ethics vs. professional obligations; conscientious objection • Week 8: Competence, individual choice, dignity of risk, futility • Week 9: Challenges to values/ethics in varying contexts and situations; conflict of interest

		<u>Assessments</u> • Personal values statement: The student will write about how they approach issues of values and ethics in health, including background in health services, background in ethics (including religious upbringing, family, culture, …), and responses to the personal values exercise. [see syllabus for more details] • Case analysis: The student will analyze one case, and either present it verbally in class, or prepare a written analysis. The analysis will follow the framework we will use in class for discussing and resolving ethical dilemmas. [see syllabus for more details]
3. Community Engagement: Engage with and integrate the knowledge & experience of other professions, health system stakeholders, & communities to address health system challenges.	**HSMP 576 - Strategic Management of Health System Organizations**	This competency is covered in weeks 2, 3, 6, and 8 • Week 2: Environmental scans; internal/external stakeholder identification and analysis; implications of CCO 2.0 health system reform for distinct stakeholder groups. • Week 3: Case analysis that focuses on strategy development in context of competitive and collaborative relationships, and internal and external stakeholders. • Week 6: Town Hall simulation – understanding one's own and others' interests and contributions to the health system • Week 8: Strategic communication and audience identification/analysis <u>Assessments</u> • Town Hall Simulation – Students participate in a "Community Coalition for Health System Transformation" (town hall-style meeting) in which they represent their organization, its interests and goals and learn about the other organizations (clinics, hospitals, state & county health departments, LTC facilities, behavioral health providers, etc.) and work collaboratively with those

		organizations to identify health priorities for the region/community. • Strategic Management Plan. Students conduct a situational analysis (stakeholders, SWOT, qual/quant analyses), interpret the findings and present strategic recommendations in a written report and presentation.
4. System & Critical Thinking: Demonstrate critical & self-reflective thinking in the practice of health management & policy.	**HSMP 586 - Intro to Health Economics**	This competency is covered in weeks 2 - 9 Course content is based in critical and analytic thinking about economic modeling in health and healthcare, including: • Week 2: Health vs. healthcare services • Weeks 2 and 3: Consumer choice and demand for medical care • Weeks 4 and 5: Competition among organizations and within the system • Weeks 6 and 7: Markets & competition for physician and other health profession labor • Weeks 8 and 9: Market & government failures, national health insurance <u>Assessments</u> Five problem sets and final (8 page) written exam. Sample items include: • Consider a person near death with insurance and their choice of using a high cost, highly technical experimental procedure with a low probability of success. Specific to this example, discuss: a) externalities (type(s) and effect on consumption and/or production); b) demand with and without insurance (i.e. underlying demand elasticity and effect of insurance on demand); c) supplier-induced demand theory (how, why and to what extent it might affect demand); and, d) which of the three supply/demand controls is likely to be the best response to the identified externality problem(s): 1) increased co-insurance, 2) restricting referrals to the specialists that provide this experimental

		procedure, 3) putting these specialists under capitation financing for this procedure. • As part of a physician's training, student MDs must complete a residency in which they work long hours for low pay under the supervision of licensed physicians. Medical educators argue that this is a vital aspect of "hands on", supervised training for potential MDs. Given the market for physician services, what are three alternative economic explanations that could be made for why this is done? • Market competition in insurance products is often reflected in "switching" by consumers among insurance plans. This switching behavior is often most intense when new insurance products are introduced into a market. Consider and answer the following questions: a) What type of person, in terms of relative level of or propensity toward illness, is most likely to switch plans and why? b) Given a) what type(s) of competition are insurers likely engaging in when they introduce new products? c) Is this type of person's medical care more or less likely to require complex, coordinated production of care? d) Given your answer in c), what type of organization and contracting might be more prevalent in this type of market environment? e) What type of efficiency (technical or allocative) might be more emphasized? f) Suppose that new insurance product offerings were regulated in such a way that they occurred less frequently with less likelihood of consumers switching plans (at least just for newness). How might this change the emphasis in the market in regard to the types of competition engaged in by insurers, the types of organizations and contracting found, and the type of efficiency emphasized? • Consider the differences in benefit/premium ratios for group vs. individual insurance contracts. What are the implications for a person facing the choice of individual vs. group insurance (i.e., is he/she less/more likely to insure under one or the other)? Why? Use the health

		insurance demand model to explain. a) Given that some individuals do not have access to group insurance plans, briefly discuss this issue as a market externality that the government might intervene in. b) Consider two potential government responses to this issue: 1) subsidizing all individual insurance purchasers; and 2) creating/ requiring standardized insurance contracts that allow individual purchasers to obtain the economic benefits of group insurance. Discuss the benefits or problems/limitations of these government interventions, indicate which type of intervention they represent, and indicate which you believe would be the best approach and why.
5. Planning & Management: Apply theory to practice in the design, implementation, management, & evaluation of processes to improve organizational performance.	**HSMP 541 – Organizational Behavior in Health System Organizations**	This competency is covered in weeks 2 - 9 • Week 2: History & major perspectives in organizational theory • Week 3: Theories of organizational communication • Week 4: Content, process and attribution/motivation theories • Week 5: Leadership theories • Week 6: Theories of power and influence • Week 7: Theories of group behavior/teamwork • Week 8: Theories of decision-making, change and implementation • Week 9: Negotiation, conflict management and managerial ethics <u>Assessment:</u> Written, two-part descriptive summary and organizational analysis that demonstrates students' knowledge of, and ability to apply concepts of org theory and behavior to a health or human services organization. Part I is a 6–8-page descriptive summary of an organization in which students must draw on specific organizational behavior theory/ies to frame their analysis and observations. Part II is a 10–12-page critical organizational analysis which requires the

		systematic application of relevant organizational behavior theory/ies to analyze and recommend a solution to an organizational problem.
6. Health Policy Development, Evaluation & Advocacy: Apply policy process knowledge & advocacy techniques to support the development & implementation of policies that advance health.	**HSMP 571 - Health Policy**	This competency is covered in weeks 2 - 9 • Week 2: Problem identification; agenda setting • Week 3: Stakeholders and coalitions • Week 4: Policy development • Week 5: Policy analysis and decision-making • Week 6: Policy enactment, policy change strategies, and power • Week 7: Policy implementation • Week 8: Evidence in policymaking • Week 9: Policy evaluation & modification <u>Assessment:</u> Students must demonstrate critical thinking skills to analyze, strategize, and apply policy process knowledge and advocacy techniques to a specific health policy. Students are assessed on their ability to produce a formally structured, four-part health policy analysis, including: 1) problem identification & definition; 2) identification and summary of policy alternatives; 3) analysis of/rationale for the preferred policy alternative (processes of adoption, stakeholder coalition formation, implementation, evaluation); 4) strategy for policy action (policy memo, oral testimony, editorial).
7. Creation, Application and Evaluation of Evidence: Select & apply appropriate theories & qualitative & quantitative methods to analyze, evaluate, & manage health system programs & services.	**HSMP 588 - Program Evaluation and Management in Health**	This competency is covered in weeks 3 - 9 • Week 3: Traditional/alternative evaluation plan models • Weeks 4-5: Power/ethics/staff engagement in evaluation • Weeks 6-7: Qual & quant methods & data collection strategies • Week 8: Evaluation budgeting

		• Week 9: Organizational capacity and evaluation plan design <u>Assessment:</u> Create a comprehensive, multi/mixed method evaluation plan. Students work in small groups with an assigned community-based organization to develop an evaluation plan that must specifically include community stakeholders, address equity and power differentials, and utilize appropriate theoretical approaches. Students are assessed individually and collectively on their contribution to the project. Plan components include: • Title Page; Introduction; Background and Program Description; • Literature review (rationale for design and choice of methods); • Evaluation Design (conceptual matrix, core concepts, key indicators, other designs considered, costs/benefits of selected design, methods to address threats to validity. • Data Collection (measurement methods and data sources per the conceptual matrix, selection and design of data collection instruments, drafts of sample instruments; issues of sample size. • Discussion of involvement of human subjects (anonymity, confidentiality and socio-economic-cultural issues; need/procedures for IRB review/approval. • Analysis (data synthesis/analysis methods, strategies for presenting results and findings. • Reporting and Dissemination (anticipated uses of the evaluation; alternative reporting/dissemination methods for multiple audiences) • Budget, Staffing, and Timeline (budget narrative, major expense categories, confirmed/potential/alternatives funding sources; timeline)

8. Professionalism, Ethics and Leadership: Demonstrate professional, collaborative, & ethical leadership skills to address health system management & policy issues.	**HSMP 541 - Organizational Behavior in Health System Organizations**	This competency is covered in weeks 5 - 9 • Week 5: Leadership and leaders • Week 6: Power and influence • Week 7: Group behavior, teamwork and collaboration • Week 8: Decision-making, change and implementation • Week 9: Negotiation, conflict management and managerial ethics <u>Assessment:</u> Students are assigned to a 3–4-person team and must work collaboratively to analyze organizational behavior theory and practice through community-based field interviews and their own research on an identified organizational behavior concept, such as leadership, collaboration, communication, change management, etc. Students are assessed individually for their contribution to the project (leadership, professionalism and collaboration), and collectively for production of the report, and both individually and collectively for the presentation Specific project components include: • Lit review to identify relevant theories; • Team collaboration to create a research protocol, suitable for IRB ethics review; • Professionally conduct an individual interview of a health system leader following the shared research protocol; • Individual interview analysis and collaborative analysis and synthesis of team interviews; and, • Collaborative production of a professional report and presentation of findings.

Assessment of Competencies for MPH Health Promotion		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Apply theory in the development, implementation, and evaluation of health promotion interventions, programs, and policies.	**PHE 550 - Program Planning**	This competency is covered in week 6 Week 6 – Interventions: Integrating theory into program planning Read: ● p. 360-366 of Glanz, K., Rimer, B. K., & Viswanath, K. *Health behavior: Theory, research, and practice* (5th edition). San Francisco, CA: Jossey-Bass. (eBook via PSU library) ● Langlois, M. A., & Hallam, J. S. (2010). Integrating multiple health behavior theories into program planning: The PER worksheet. *Health Promotion Practice*, *11*(2), 282-288. ● Native VOICES: https://www.healthynativeyouth.org/curricula/native-voices-2/ and Adaptation paper: https://www.healthynativeyouth.org/wp-content/uploads/2018/12/13050080_35_Native-VOICES-Adaptation-Journal-Article.pdf ● BRAVE Intervention: https://www.healthynativeyouth.org/curricula/brave/ ; Recruitment paper: https://www.healthynativeyouth.org/wp-content/uploads/2020/09/Stephens-BRAVE-Recuitment-ijerph-17-09437.pdf; Efficacy pre-print: https://preprints.jmir.org/preprint/26158 Watch: ● Video of new PER worksheet ● Video: https://youtu.be/xaBxwUg_gxU ● Video playlist: https://youtu.be/dOcthWY9CLI Assessment

		• Exam – questions related to the role of theory in program planning • Draft program strategy and methods section, specifically the application of theory portion of the strategy and methods section. • Final project. The final project is a health promotion program plan, which includes a needs assessment, the program goals and objectives including the application of theory to the program plan, program strategy and methods of how the program will be managed and staffed, monitoring and evaluation measures, program workplan, and budget and budget justification.
2. Develop interventions and programs to effect change at multiple levels, including individual, community, organization, and policy.	**PHE 550 - Program Planning**	Every week of this course builds to developing interventions and programs to effect change at multiple levels. • Week 1: Introduction to Program Planning; Overview of PRECEDE/PROCEED Model • Week 2: Social assessment, participatory planning • Week 3: Epidemiological assessment • Week 4: Ecological and educational assessment • Week 5: Setting goals and objectives • Week 6: Interventions, integrating theory into program planning • Week 7: Policy and administrative assessment; implementation • Week 8: Evaluation of program effectiveness <u>Assessment</u> • Exam – questions related to the role of theory in program planning • Draft program strategy and methods section, specifically the application of theory portion of the strategy and methods section. • Final project. The final project is a health promotion program plan, which includes a needs assessment, the program goals and objectives including the application of theory to the program plan, program strategy and methods

		of how the program will be managed and staffed, monitoring and evaluation measures, program workplan, and budget and budget justification
~~3. Design and implement strategies to promote health.~~ Based on reflection following initial feedback from CEPH reviewers, the program agrees that this competency is redundant with competency 2 and have identified this competency (competency 3) to be a candidate for elimination	~~**PHE 550 - Program Planning**~~	~~Every week of this course builds to developing interventions and programs to effect change at multiple levels.~~ ~~• Week 1-Introduction to Program Planning; Overview of PRECEDE/PROCEED Model~~ ~~• Week 2 – Social assessment, participatory planning~~ ~~• Week 3 – Epidemiological assessment~~ ~~• Week 4 – Ecological and educational assessment~~ ~~• Week 5 – Setting goals and objectives~~ ~~• Week 6 – Interventions, integrating theory ito program planning~~ ~~• Week 7 – Policy and administrative assessment; implementation~~ ~~• Week 8 - Evaluation of program effectiveness~~ ~~Assessment~~ ~~• Exam – questions related to the role of theory in program planning~~ ~~• Draft program strategy and methods section, specifically the application of theory portion of the strategy and methods section.~~ ~~• Final project. The final project is a health promotion program plan, which includes a needs assessment, the program goals and objectives including the application of theory to the program plan, program strategy and methods of how the program will be managed and staffed, monitoring and evaluation measures, program workplan, and budget and budget justification~~
4. Solicit and integrate input from community and organization stakeholders.	**PHE 550 - Program Planning**	This competency is addressed during the first week of the quarter during the introduction to program planning. Student teams are required to talk to at least one outside agency or health professional as part of the needs assessment phase. The conversation with the outside agency or health professional should be limited to 45 minutes (to respect their

		limited time) and team members should present a few specific questions or topics in advance of the meeting. Assessment • The information from the agency or health professional interview must be incorporated in the Draft of the Needs Assessment. • Draft program strategy and methods section, specifically the program specific information incorporated in the Needs Assessment. • Final project. The final project is a health promotion program plan, which includes a needs assessment that has been informed by community and stakeholder contribution, the program goals and objectives including the application of theory to the program plan, program strategy and methods of how the program will be managed and staffed, monitoring and evaluation measures, program workplan, and budget and budget justification
	HSMP 588 - Program Evaluation and Management in Health	This competency is covered during the first week of the quarter when the teams are introduced to the community partners seeking an evaluation plan. Student teams work with community partners / organizations to build the evaluation plan. Through this project, students will participate in community-based learning - working with a community organization to develop an evaluation framework that will respond to the organization's needs and assets and will be of future use to that organization. Students meet with their community partners at least three times – an initial information gathering meeting of the entire student team with the partner representative, a meeting to discuss preliminary ideas and collect additional information, and a final meeting for the entire student team to present the evaluation plan. The objectives of this experience for the students are to: • Gain knowledge about the program/organization for which the evaluation design is being prepared; • Meet with program/organization leadership to identify program objectives, intent of the evaluation, and anticipated outcomes;

		• Design a realistic and comprehensive evaluation plan that is compatible with program/organizational assets, needs and resources; • Describe what quantitative and qualitative data collection methods would be most appropriate for this evaluation and why; • Present the evaluation plan to the program / organization, the professor, and the class. <u>Assessment</u> Final presentation. Presentations should include the following: • A brief overview of the organization and the program to be evaluated. • An overview of the intent of the evaluation. • A discussion of the proposed evaluation approach and design. • A discussion of the proposed methods for data collection, analysis, and reporting Final evaluation plan. The final evaluation plan includes • Background and program description • Evaluation design • Data collection • Analysis • Reporting and dissemination • Budget, staffing, and timeline
5. Design and deliver health communication messages.	**PHE 541 - Media Advocacy**	This competency is covered in every week of the course. • Week 1: Differentiating media strategies and strong policy principles • Week 2: Operations and the professionalism of journalism • Week 4: Setting, priming, conceptual framing • Week 5: Frame analysis and earning access • Week 6: Shaping the story • Week 7: Story and metaphor • Week 8: Framing case studies • Week 9: Communicating equity • Week 10: Interviewing on-camera and off

		<u>Assessment</u> The assessment of this competency includes both individual and group activities all building toward a final media advocacy campaign. The individually assessed items are included here, but the full assessment, including the final campaign, are detailed in the syllabus. Op-Ed • Pick an aspect of the problem you are addressing in your final project, being certain that it includes a policy component. Write an Op-ed according to the criteria outlined in your text and the additional hints, below. Use your text book and readings to identify the structure of an Op-Ed and prepare accordingly. *Op-Eds are 550-650 WORDS*; *include word count at the conclusion* Social Math • Identify five data points or statistics related to the topic you have chosen for your project. Such data points might include death rates, incidence or prevalence rates, amounts of money needed to address the problem, raw distances, or other indicators of the breadth or depth of your issue. Next: • Using the assignment template and worksheet provided in D2L, convert each data point to a "social math" equivalent. • One of your conversations must be "visual," meaning a schematic, pictorial representation, or other data visualization [Note: a simple graph or pie chart is not sufficient; this is time to be creative!] • Describe how each conversion is derived, and provide the calculation. • Provide a complete citation for each of the statistics you select, as well as for any additional information used in the conversion process. Final project. The final project is a media advocacy campaign that is completed in accordance with principles of policy advocacy, strategic communications and framing, and news writing.

6. Evaluate and interpret results from program evaluation and other research.	**HSMP 588 - Program Evaluation and Management in Health**	This competency is covered in weeks 3, 4, 5, 6, 7, and 9 • Week 3: Traditional/alternative evaluation plan models • Weeks 4-5: Power/ethics/staff engagement in evaluation • Weeks 6-7: Qualitative and quantitative methods; data collection strategies • Week 9: Organizational capacity and evaluation plan design <u>Assessment:</u> Create a comprehensive, multi/mixed method evaluation plan. Students work in small groups with an assigned community-based organization to develop an evaluation plan that must specifically include community stakeholders, address equity and power differentials, and utilize appropriate theoretical approaches. Students are assessed individually and collectively on their contribution to the project. Plan components include: • Title Page; Introduction; Background and Program Description; • Literature review (rationale for design and choice of methods); • Evaluation Design (conceptual matrix, core concepts, key indicators, other designs considered, costs/benefits of selected design, methods to address threats to validity. • Data Collection (measurement methods and data sources per the conceptual matrix, selection and design of data collection instruments, drafts of sample instruments; issues of sample size. • Discussion of involvement of human subjects (anonymity, confidentiality and socio-economic-cultural issues; need/procedures for IRB review/approval. • Analysis (data synthesis/analysis methods, strategies for presenting results and findings. • Reporting and Dissemination (anticipated uses of the evaluation; alternative reporting/dissemination methods for multiple audiences)

		• Budget, Staffing, and Timeline (budget narrative, major expense categories, confirmed/potential/alternatives funding sources; timeline)
~~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.~~ Based on reflection following initial feedback from CEPH reviewers, the program has identified that while this competency is important to the program, it has no explicit didactic or assessment of its attainment. Therefore, this competency is one that will be better integrated in the programmatic revision following the site visit.		
8. Define health problems, frame hypotheses, design research procedures, and outline methods of analysis.	**PHE 521 - Quantitative Research Design and Analysis**	Every week of this course builds to creating a quantitative design and analysis plan so this competency is covered in every week of the course. Specifically: • Week 1: Defining quantitative research and elements of quantitative research • Week 2: Measurement, reliability and validity • Week 3: Survey design • Week 3: Sampling and relationship to statistical inference • Week 5: Study designs, threats to experimental validity and pre-experimental designs • Week 6: Quasi-experimental and factorial study designs • Week 7: Refresher on statistical analysis and codebook creation • Week 8: Communicating and interpreting results

		• Week 9: Field research, research with available data and multiple methods <u>Assessment</u> Proposal sections: 1. Section 1 Background that includes the following (in no more than 4 pages): a. The health topic of interest. Include the burden of the condition and its public health significance b. The theory that will inform the quantitative research, describe the whole theory with special attention to the specific theoretical constructs that you will use to understand the heath condition of interest c. Conceptual model – how does the health condition come to be and what are the intervention points for addressing the health condition d. Detail the formal research question(s) and your hypotheses e. Briefly outline the ethical concerns in this research, both internal (e.g., IRB-pertinent stuff) and external (e.g., society importance and justice) and how your proposed research will address them. 2. Section 2 Sampling strategy and description of all measures and variables. Describe sampling plan, indicate how the reliability and validity of measures will be assessed. Incorporate existing literature that validates your study measures. 4-pages maximum. 3. Section 3 Prepare the research design that will allow you to answer your formal research questions. Describe the kind or kinds of inquiry you will employ in your proposed research. Include the kind of data analysis you will perform to answer your formal research question. 4 pages maximum. 4. Section 4 Create the dissemination plan for a) academic audiences; b) lay audiences; and c) specific policy-making audiences. Describe explicitly the kinds of tables or graphs you will use to communicate your findings. 4 pages maximum.

		Final project. The final project is the revised sections of a quantitative project proposal, including the theoretical and conceptual framework, sampling strategy, research design and analysis, and dissemination plan. The rubric for grading this final project is included in the ERF.
9. Apply ethical principles that govern the practice of public health promotion.	**PHE 511 – Foundations of Public Health**	This competency is addressed throughout the course, but is covered explicitly in weeks 1 and 2 Week 1 Readings • Beauchamp, D. (1976). Public health as social justice. *Inquiry, XIII*, 3-14. • Garcia, J.J. & Sharif, M.Z. (2015). Black lives matter: A commentary on racism and public health. *American Journal of Public Health*, 105, e27-e30. • Jones, C.P. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health, 90*, 1212-1215. • Public Health Leadership Society's 2002 Principles of the Ethical Principles of Public Health. Week 2 Readings • Hofrichter & Bhatia: Chapter 1 (from Hofrichter, R. & Bhatia, R. (Eds.) (2010). *Tackling Health Inequities through Public Health Practice: Theory to Action. 2nd Edition*. New York, NY: Oxford University Press. <u>Assessment</u> • Syllabus review & revision • Class participation & discussion • Critical reflection practice • Exit Interview & self-assessment
10. Demonstrate cultural competency in health promotion among all social and cultural communities.	**PHE 511 – Foundations of Public Health**	This competency is actively addressed during all class sessions and is explicitly taught during week 2

		Week 2 Readings: • Alang, S., Hardeman, R., Karbeah, J., et al. (2021). White supremacy and the core functions of public health. *American Journal of Public Health, 111*(5), 815-819. • Oluo, I. (2018). *So You Want to Talk About Race*. New York, NY: Seal Press: Introduction & Chapters 1-5 • McGhee, Heather. (2021). *The Sum of Us: What Racism Costs Everyone and How We Can Prosper Together.* New York, NY: One World: Chapters 1-2 <u>Assessment</u> • Class participation & discussion • Critical reflection practice • Exit Interview & self-assessment

Assessment of Competencies for MPH Public Health Practice		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Assess, analyze, and synthesize the health status of vulnerable populations.	**CPH 521 - Social Determinants of Health**	This competency is covered in weeks 2 - 7. These weeks involve didactics around specific social determinants of health, orienting students to theories, measures, and methods for assessing the health status of a population • Week 2: Socioeconomic status • Week 3: Race/ethnic discrimination • Week 4: Gender discrimination • Week 5: Social relations • Week 6: Working conditions • Week 7: Neighborhoods <u>Assessment</u> Final paper: This op-ed style paper must synthesize how socio-economic forces shape the health of a specific vulnerable population and provide comments about who/what are the drivers and what can be done to reverse/mitigate damage. This assignment is worth 25 points and 25% of the student's final grade for the course.
2. Identify, develop, and manage interventions to promote and protect the health of populations at risk.	**CPH 550 - Public Health Program Planning**	Each week in the course is designed to build the components of the proposal, from identifying populations at risk and interventions to promote and protect their health to the development of interventions. Management is addressed later in the course, with the expectation that the final program proposal will be carried over into the evaluation course for a deeper dive into managing interventions • Week 2: Equity in planning and needs assessment • Week 3: Needs assessment – theory and prioritization • Week 4: Needs assessment – framework and data • Week 5: Aims and objectives • Week 6: Strategies and activities • Week 7: Logic model

		• Week 8: Logic model and timeline • Week 9: Budget and budget justification <u>Assessment</u> • Final program proposal: This iteratively drafted final proposal, designed in conjunction with the evaluation course the following term (CPH 538), is formatted as a grant proposal or budget request. Students identify a need (significance section), describe a well-specified program designed to address the need (program design section), and include a timeline, budget, and logic model (program design section). The final program proposal is worth 100 points and 35% of the student's final grade for the course. • Online forum participation: this course requires students to identify populations at risk of health disparities and current evidence-based public health interventions and programs to address these disparities. Students may earn 2 points each week for a total of 20 points at the end of 10 weeks (20% of their grade).
3. Lead and participate in interprofessional efforts to address health inequities with community partners.	**CPH 536 - Community Based Participatory Research**	This competency is covered in weeks 3 - 10 • Week 3: Working with Diverse Communities and Race, Racism, and White Privilege • Week 4: Introduction to Ward and Lodge Studies • Week 5: Forming, Maintaining, and Sustaining Partnerships • Week 6: Intervention Development • Week 7: Research Questions. Designing and conducting program evaluation or policy research • Week 8: Analysis, Interpretation, Dissemination • Week 9: Research Rigor and Ethics • Week 10: Public Policy. What would you do? <u>Assessment</u> • Assignment 1 is a paper identifying and describing a specific public health issue including specifics about the

		target population, with a background literature review. Assessment criteria are: Significance of the issue (25%), description of the issue (25%), description of the affected population (25%) and quality of the literature review (25%). • Assignment 2 consists of two interviews with representatives of the community or population affected by the identified issue. This is a phenomenological exercise. There are two prompt questions. Assignment is submitted as videos. Assessment criteria are: conducted and submitted the interviews (25%), interviews were the required 10 min. length (25%), acquired direct, subjective experience from interviewees (25%), and acquired recommendations from interviewee about what needs to be done to solve the problem. • Assignment 3 builds on Assignments 1 and 2. This is a research proposal in which the problem and population are described, the key research questions are articulated, and a proposal for resolution is presented. Assessment criteria are: Format (10%), Logical Flow (10%), Evidence-based (20%), Scholarly Presentation (20%), application of CBPR Tenets and Methods (30%), and Ethical Considerations (10%). • Culminating research proposal. This assignment builds on two previous assignments. This is a research proposal in which the problem and population are described, the key research questions are articulated, and a proposal for resolution is presented. Assessment criteria are: Format (10%), Logical flow (10%), Evidence-based (20%), Scholarly presentation (20%), application of CBPR tenets and methods (30%), and Ethical considerations (10%).
4. Conduct, participate in, or apply research which improves the health of a population.	**CPH 511- Research Design**	This competency is covered in weeks 1- 8 and the entire course is devoted to addressing this competency • Week 1: Research purpose and process, developing research questions, overview of research ethics

		• Week 2: Research designs and variables elements and diagrams • Week 3: Questionnaires and survey research • Week 4: Experimental and observational designs • Week 5: Qualitative research parts 1 and 2 • Week 7: Research designs and bias, validity and rigor • Week 8: Measurement and measure development <u>Assessment</u> This course requires students to complete a research design project. Each student will select a topic of interest and submit a design plan that describes studies that could be conducted to answer 2 research questions related to this topic. One of the proposed studies must be qualitative and one must be qualitative. Each proposal much include a short background section, research question and hypothesis or objectives, inclusion/exclusion criteria, ethical considerations, how data will be collected, the outcomes and how they will be measured, and other important variables. The purpose of this project is to have students gain experience matching an appropriate design to a research question, thinking through and summarizing key elements of the design with a focus on strengths and limitations. This assignment is worth 100 points and 20% of the student's final grade for the course.
5. Assess and integrate cultural beliefs and practices in public health interventions.	**CPH 536 - Community Based Participatory Research**	This competency is covered in weeks 3, 4, and 10 • Week 3: Working with Diverse Communities and Race, Racism, and White Privilege • Week 4: Introduction to Ward and Lodge Studies • Week 10: Public Policy. What would you do? <u>Assessment</u> Online forum participation. During the second year of the program, all MPH in Public Health Practice students take the program required course CPH 536 Community Based Participatory Research. This course requires students to articulate the theoretical and ethical issues involved with working with underserved and underrepresented

		communities and populations (Course Objective 3), skills which will be required throughout their careers to address changing public health problems in diverse settings over time. Through participation in graded online forums, students must apply their own awareness of cultural values and practices to the design or implementation of public health polices or programs. Students are graded using a rubric, with a maximum of 30 points assigned over the course (3 points per week).
6. Develop and plan interventions utilizing principles of health systems organization and health care finance to address health disparities.	**CPH 550 - Public Health Program Planning**	This competency is covered in weeks 7, 8, and 9 • Week 7: Logic model • Week 8: Logic model and timeline • Week 9: Budget and budget justification <u>Assessment</u> • Final program proposal: This iteratively drafted final proposal, designed in conjunction with the evaluation course the following term (CPH 538), is formatted as a grant proposal or budget request. Students identify a need (significance section), describe a well-specified program designed to address the need (program design section), and include a timeline, budget, and logic model (program design section). The final program proposal is worth 100 points and 35% of the student's final grade for the course. • Online forum participation: this course requires students to identify populations at risk of health disparities and current evidence-based public health interventions and programs to address these disparities. Students may earn 2 points each week for a total of 20 points at the end of 10 weeks (20% of their grade).

7. Apply program planning and quality improvement principles in the development, management, and/or evaluation of public health services.	**CPH 528 - Management Practice and Quality Improvement in Health Care**	This competency is covered in weeks 3, 5, and 7 Week 3: Quality improvement project aims Week 5: Quality improvement project QI Tools Week 7: Quality improvement project measurement <u>Assessment</u> This course requires students to develop a Plan-Do-Study-Act (PDSA) quality improvement project proposal to address a public health department service concern. Working in teams, students develop a PDSA quality improvement project proposal to address a public health department service concern. Each team's quality improvement project is graded using a rubric. For each student, 20% is the group grade. 10% is an individual grade, that is arrived at by individuals scoring each other.
	CPH 550 - Public Health Program Planning	This competency is covered in weeks 3 - 9 • Week 3: Needs assessment – theory and prioritization • Week 4: Needs assessment – framework and data • Week 5: Aims and objectives • Week 6: Strategies and activities • Week 7: Logic model • Week 8: Logic model and timeline • Week 9: Budget and budget justification <u>Assessment</u> • Final program proposal: This iteratively drafted final proposal, designed in conjunction with the evaluation course the following term (CPH 538), is formatted as a grant proposal or budget request. Students identify a need (significance section), describe a well-specified program designed to address the need (program design section), and include a timeline, budget, and logic model (program design section). The final program proposal is worth 100 points and 35% of the student's final grade for the course.

8. Demonstrate basic skills in the development of a grant proposal.	**CPH 550 - Public Health Program Planning**	Each week in the course is designed to build the components of the proposal, from identifying populations at risk and interventions to promote and protect their health to the development of interventions. Management is addressed later in the course, with the expectation that the final program proposal will be carried over into the evaluation course for a deeper dive into managing interventions • Week 2: Equity in planning and needs assessment • Week 3: Needs assessment – theory and prioritization • Week 4: Needs assessment – framework and data • Week 5: Aims and objectives • Week 6: Strategies and activities • Week 7: Logic model • Week 8: Logic model and timeline • Week 9: Budget and budget justification <u>Assessment</u> • Final program proposal: This iteratively drafted final proposal, designed in conjunction with the evaluation course the following term (CPH 538), is formatted as a grant proposal or budget request. Students identify a need (significance section), describe a well-specified program designed to address the need (program design section), and include a timeline, budget, and logic model (program design section). The final program proposal is worth 100 points and 35% of the student's final grade for the course.
9. Employ techniques to manage human, fiscal, and other public health resources.	**CPH 550 - Public Health Program Planning**	This competency is covered in week 9: budgets and budget proposal. <u>Assessment</u> Final program proposal budget and budget justification: This is a high-level budget and budget justification, limited to staff, travel, supplies, etc. Students build on this budget by

		incorporating the budget for evaluation in CPH 538. Students submit and initial draft timeline and budget that is worth 100 points and 4% of the student's final grade for the course. A polished budget and budget justification are included in the student's final program proposal.

2) **For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.**

Not applicable. No MPH program in the School of Public Health allows students to tailor competencies at an individual level.

3) **Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.**

Syllabi from the courses listed above are presented in Syllabi for courses listed in Table D4-1 are is located in ERF > D Criteria > D4. MPH & DrPH Concentration Competencies > D4.3 - D4-1 Syllabi.

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- Each MPH program in the School of Public Health has at least five distinct program core competencies. Each program core competency has at least one specific, required assessment activity. Assessment activities are a mix of direct and indirect assessment, course assignments and program requirements, and are evaluated by faculty or preceptors and, in the case of indirect assessment, by students.
- Program directors and faculty have expressed interest in program review following the completion of the CEPH self-study. Programs have already begun reflecting on the number and nature of their specific competencies. This interest in competency review reflects program commitment and an acknowledged responsibility to continued improvement
- As a multi-partner ("joint") school, the School of Public Health participates in annual assessment planning and reporting at both OHSU and PSU. As a part of their respective institutional NWCCU accreditation, both institutions require programs to have assessment plans, at least one assessment activity per competency, and annually report assessment data. OHSU was recognized by the National Institute for Learning Outcomes Assessment (NILOA) for Excellence in Assessment in 2020. OHSU's Assessment Council and PSU's Office of Academic Innovation are responsible for evaluating and providing feedback on assessment plans (including alignment and identified assessment activities) and data. In spring 2020, MPH program directors participated in an alignment workshop to align program core competencies with CEPH MPH foundational competencies and institutional learning outcomes and identify suitable assessment activities for each program core competency. Assessment plans and reports are generally well-received by both OHSU and PSU. The MPH Biostatistics program, in particular, received OHSU Provost's *Excellence in Assessment Award*.

Areas of Improvement

- The program core competencies for the MPH programs have not been substantially revised or updated since the School of Public Health's initial application for CEPH accreditation. The program core competencies need to be revised and updated to reflect currency in public health.
- Many programs have too many competencies and several of these competencies are duplicative of CEPH MPH Foundational Public Health knowledge competencies. Competency redundancy needs to be eliminated to ensure programs can focus on their specific areas of excellence and expertise.
- Many programs rely on a fraction of their required coursework for competency education and evaluation. Program-specific competencies should either be better distributed across

required coursework, or required coursework needs to be revised to support competency attainment.

- The Certified in Public Health (CPH) credentialing exam is a graduation requirement for MPH students. As a part of the Annual Student Survey, as well as in open meetings with students and alumni in service of the CEPH self-study, students and alumni noted that the competencies covered in the CPH exam needed to be better integrated throughout the MPH curriculum.

Plans for Improvement

- MPH programs intend to revise their program core competencies when the CEPH reaffirmation of accreditation process is complete. As a part of the alignment workshop described above, participants identified six common areas among the program core competencies, CEPH MPH foundational competencies, and institutional learning outcomes. These six areas will be foundational in programs revising their core competences.
- As part of the competency revisioning process, programs will also assess their required coursework to ensure students are required to take relevant and contemporary classes and that competencies are better distributed across required courses
- The School of Public Health is committed to preparing MPH students to be successful in passing the CPH exam. As such, the School will engage in a systematic assessment and alignment exercise to understand where in the MPH curriculum CPH competencies are covered, and identify gaps where competencies could be better covered.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The school assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the school or by individual students) in any physical or electronic form chosen by the school.

1) **Briefly describe how the school identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.**

   The School of Public Health refers to the MPH Applied Practice Experience as the *Practice Experience* (PE). The PE is intended to be an opportunity for students to apply their competency-based learning in a practice setting. Each MPH program has a designated PE coordinator to guide students through their experience. Students are expected to demonstrate attainment on at least five competencies. All students are required to demonstrate attainment of CEPH foundational competency 6 – *Discuss the means by which structural bias, social inequalities, and racism undermine health and create challenges to achieving health equity*. Students select two additional CEPH foundational competencies and two MPH program core competencies. Students identify these competencies as a part of their learning contract, which is signed by the student, preceptor, faculty advisor, and PE coordinator. In the learning contract, students align the selected competencies with goals, tasks and activities intended to achieve those goals, corresponding deliverables and work products, and develop a positionality statement. Students submit the learning contract approximately five months prior to registering for their PE.

   At the midpoint of a student's PE (five weeks for one-quarter experiences, 10 weeks for two-quarter experiences), students submit a midway progress report to their PE coordinator. Students describe their progress on project goals, and tasks and activities used to achieve those goals, as they relate to competency attainment.

   Upon completion of the PE, students submit a portfolio with at least two products from their PE and deliver an oral presentation. The portfolio is submitted via Sakai, OHSU's online learning management system. The oral presentation is a 20-minute PowerPoint presentation in which students provide an overview of their practice experience, the work products they developed and their significance to public health, and how the experience contributed to their competency attainment. Ten minutes following the presentation are reserved for a question-and-answer session between the student and audience. MPH Biostatistics are not required to complete an oral presentation of their practice experience because their comprehensive exam has an oral component. The portfolio and oral presentation are evaluated by the PE coordinator using rubrics. The rubric used to evaluate the portfolio is located in ERF > D Criteria > D5. MPH Applied Practice Experiences > D5.1a PE Portfolio Rubric. The rubric used to evaluate the oral presentation is located in ERF > D Criteria > D5. MPH Applied Practice Experiences > D5.1b PE Oral Presentation Rubric.

   COVID-19 Considerations

Consistent with the likely experience of other programs and schools of public health, the COVID-19 pandemic had a significant impact on and interfered with MPH students' ability to complete the PE. Students were no longer able to complete their PEs in person and in those circumstances when a remote experience was possible, preceptors were understandably preoccupied with monitoring and addressing the public health emergency and could no longer host students. Following CEPH's guidance, the PE/IP Subcommittee stressed the importance of maximum flexibility and offered creative solutions on a case-by-case basis to ensure MPH students could successfully complete their PE in a timely manner without graduation delays. During this period, many students have completed community-facing projects under the supervision of a faculty member rather than a community preceptor.

2) **Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.**

- PE Handbook: ERF > D Criteria > D5 MPH Applied Practice Experiences > D5.2a PE Handbook
- PE Syllabus: ERF > D Criteria > D5 MPH Applied Practice Experiences > D5.2b PE Syllabus
- PE Learning Contract: ERF > D Criteria > D5 MPH Applied Practice Experiences > D5.2c PE Learning Contract
- PE Midway Report: ERF > D Criteria > D5 MPH Applied Practice Experiences > D5.2d PE Midway Report
- PE OHSU Affiliation Agreement: ERF > D Criteria > D5 MPH Applied Practice Experiences > D5.2e PE OHSU Affiliation Agreement
- PE Affiliation Agreement: ERF > D Criteria > D5 MPH Applied Practice Experiences > D5.2f PE PSU Affiliation Agreement

Information about the PE, including the above documentation, is available on the School of Public Health's public-facing website: https://ohsu-psu-sph.org/ipe_pe_ip/practice-experience/

3) **Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree schools, if applicable. The school must provide samples of complete sets of materials (ie, Template D5-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school has not produced five students for which complete samples are available, note this and provide all available samples.**

The location of PE-related student work for each MPH program is detailed below:

- MPH Biostatistics: ERF > D Criteria > D5. MPH Applied Practice Experiences > D5.3a – PE MPH Biostatistics
- MPH Environmental Systems & Human Health: ERF > D Criteria > D5. MPH Applied Practice Experiences > D5.3b – PE MPH Environmental Systems & Human Health
- MPH Epidemiology: ERF > D Criteria > D5. MPH Applied Practice Experiences > D5.3c – PE MPH Epidemiology
- MPH Health Promotion: ERF > D Criteria > D5. MPH Applied Practice Experiences > D5.3d – PE MPH Health Promotion
- MPH Health Management & Policy: ERF > D Criteria > D5. MPH Applied Practice Experiences > D5.3e – PE MPH Health Management & Policy
- MPH Public Health Practice: ERF > D Criteria > D5. MPH Applied Practice Experiences > D5.3f – PE MPH Public Health Practice

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- The MPH applied practice experience, referred to by the School of Public Health as the practice experience (PE), is managed by the PE/IP Subcommittee (see A1. Administrative & Organization Process). Each MPH program has a designated coordinator responsible for guiding students through the PE. The coordinators comprise the PE/IP Subcommittee and are responsible for developing and implementing the standards and practices associated with the PE. The Associate Dean for Student Affairs & Community Engagement supports the Subcommittee with contracting, advocacy, and exploring institutional processes and policies. The Student Support Coordinator has dedicated .40 FTE to support the PE/IP Subcommittee. The Subcommittee meets every two weeks with the Associate Dean for Student Affairs & Community Engagement to discuss procedures, alignment, and management of specific contexts. Members of the PE/IP Subcommittee—past and present—created and continue to refine the PE/IP handbook, a syllabus common to all MPH programs, and rubrics used to evaluate students' PE deliverables. In addition, the PE/IP Subcommittee guides MPH students through the process to successfully execute the PE. The PE/IP Subcommittee was successful in supporting students in quickly transitioning to faculty-led PEs as the result of the COVID-19 pandemic.

Areas of Improvement

- Through the self-study process, the PE/IP Subcommittee identified a number of areas to administratively improve the PE. In particular, the Subcommittee suggested that the School of Public Health establish a staffed Office of Community Engagement to help secure affiliation agreements with public health and community organizations, and to better serve students in locating preceptors and PEs that advance students' educational and professional goals. In addition, the PE/IP Subcommittee called for more oversight from Academic Affairs in the evaluation of PE-related deliverables and to elevate the competency attainment piece of the PE. With the growing number of MPH students in recent years, the current PE/IP Subcommittee structure (one coordinator providing primary advising and evaluation of PE deliverables per program) is not sustainable and called for broader faculty engagement in the PE process. These suggestions for improvement would offer substantial support in improving students' experience of the PE.

Plans for Improvement

- School of Public Health leadership has shared the idea of creating a staffed Office of Community Engagement with Faculty Council (see A1. Organization & Administrative Processes) and the External Advisory Council (see F1. Community Involvement in School or Program Evaluation and Assessment) to gauge the value of establishing such an entity in the School of Public Health in advancing the PE. Engaging more faculty in PE advising and evaluation will be an ongoing work in progress. Beginning in AY2021-22, the Dean's Executive Assistant developed a spreadsheet to better understand the number of faculty asks each year in order to facilitate greater faculty involvement in PE advising and evaluation.
- The PE/IP Subcommittee drafted the requirements for a 0.50 FTE non-tenure track faculty position to support and unify processes across MPH programs. School of Public Health leadership are crafting a position description.

D6. DrPH Applied Practice Experience

Not applicable

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

Professional certification exams (eg, CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The school identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (eg, preceptors).

1) **List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the school to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.**

MPH Integrative Learning Experience for MPH Biostatistics	
Integrative learning experience (list all options)	**How competencies are synthesized**
Draft journal manuscript	MPH Biostatistics students self-select two CEPH MPH foundational competencies in addition to #6 (*Discuss the means by which structural bias, social inequalities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels*) and three program core competencies as a part of the integrative project proposal process. The proposal is approved by the student's faculty advisor and Integrative Project coordinator. Synthesis is evaluated by at least one faculty member using the integrative project rubric. All competencies must be satisfactorily addressed in order to successfully complete the integrative project.

MPH Integrative Learning Experience for MPH Epidemiology	
Integrative learning experience (list all options)	**How competencies are synthesized**
Draft journal manuscript	MPH Epidemiology students self-select two CEPH MPH foundational competencies in addition to #6 (*Discuss the means by which structural bias, social inequalities, and racism undermine health and create challenges to*

Research grant application	*achieving health equity at organizational, community, and societal levels*) and three program core competencies as a part of the integrative project proposal process. The proposal is approved by the student's faculty advisor and Integrative Project coordinator. Synthesis is evaluated by at least one faculty member using the integrative project rubric. All competencies must be satisfactorily addressed in order to successfully complete the integrative project.
Technical report for public health agency	

MPH Integrative Learning Experience for MPH Environmental Systems & Human Health	
Integrative learning experience (list all options)	**How competencies are synthesized**
Draft journal manuscript	MPH Environmental Systems & Human Health students self-select two CEPH MPH foundational competencies in addition to #6 (*Discuss the means by which structural bias, social inequalities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels*) and three program core competencies as a part of the integrative project proposal process. The proposal is approved by the student's faculty advisor and Integrative Project coordinator. Synthesis is evaluated by at least one faculty member using the integrative project rubric. All competencies must be satisfactorily addressed in order to successfully complete the integrative project.
Research grant application	
Technical report for public health agency	

MPH Integrative Learning Experience for Health Management & Policy	
Integrative learning experience (list all options)	**How competencies are synthesized**
Draft journal manuscript	MPH Health Management & Policy students self-select two CEPH MPH foundational competencies in addition to #6 (*Discuss the means by which structural bias, social inequalities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels*) and three program core competencies as a part of the integrative project proposal process. The proposal is approved by the student's faculty advisor and Integrative Project coordinator. Synthesis is evaluated by at least one faculty member using the IP rubric. All competencies must be satisfactorily addressed in order to successfully complete the integrative project.
Program evaluation plan or report	
Policy analysis	
Public policy proposal	
Technical report	
Training manual	

MPH Integrative Learning Experience for MPH Health Promotion	
Integrative learning experience (list all options)	**How competencies are synthesized**
Draft journal manuscript	MPH Health Promotion students self-select two CEPH MPH foundational competencies in addition to #6 (*Discuss the means by which structural bias, social inequalities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels*) and three program core competencies as a part of the integrative project proposal process. The proposal is approved by the student's faculty advisor and Integrative Project coordinator. Synthesis is evaluated by at least one faculty member using the integrative project rubric. All competencies must be satisfactorily addressed in order to successfully complete the integrative project.
Grant proposal	
Program proposal	
Program evaluation	

MPH Integrative Learning Experience for MPH Public Health Practice	
Integrative learning experience (list all options)	**How competencies are synthesized**
Draft journal manuscript	MPH Public Health Practice students self-select two CEPH MPH foundational competencies in addition to #6 (*Discuss the means by which structural bias, social inequalities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels*) and three program core competencies as a part of the integrative project proposal process. The proposal is approved by the student's faculty advisor and Integrative Project coordinator. Synthesis is evaluated by at least one faculty member using the integrative project rubric. All competencies must be satisfactorily addressed in order to successfully complete the integrative project.
Grant proposal	
Program proposal	
Program evaluation	

2) **Briefly summarize the process, expectations and assessment for each integrative learning experience.**

The School of Public Health refers to the MPH Integrative Learning Experience as the *integrative project* (IP). For the IP, students are expected to deliver a high-quality, professional written product that demonstrates synthesis and mastery of CEPH foundational and program core competencies. Acceptable products vary by program and the student's goals, and include: a program evaluation plan or report, a draft journal manuscript, a grant proposal, a health promotion or community engagement program plan, or a policy analysis. Students register for credit to complete their IP, which can be completed at the same time or after their PE. The IP may derive from students' PE, or it can be a written product based on a different educational activity or experience. Each MPH

program has an IP coordinator, who also serves as the program PE coordinator, who guides students through their IP.

Before students register to complete their IP, they submit a proposal. In the proposal, students describe the project and identify two CEPH foundational competencies and three MPH program core competencies on which they plan to demonstrate mastery through the IP. All students are required to demonstrate attainment of CEPH foundational competency 6 – *Discuss the means by which structural bias, social inequalities, and racism undermine health and create challenges to achieving health equity*. The proposal is approved by the faculty advisor and the IP coordinator.

The key components of the IP include an overview, background and significance, a literature review, and a critical analysis that demonstrates synthesis of competency attainment. Students are expected to approach their IP using an equity lens and demonstrate their positionality as it relates to public health. The IP is evaluated by two faculty using a rubric to assess the student's ability to apply existing theory and empirical evidence, to articulate the public health implications of a policy, program, or research study, equity and positionality, and effective written communication. The rubric is located in ERF > D Criteria > D7. MPH Integrative Learning Experience > D7.2 – IP Rubric.

3) **Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students.**

- IP Syllabus: ERF > D Criteria > D7 MPH Integrative Learning Experience > D7.3a IP Syllabus
- IP Proposal: ERF > D Criteria > D7 Integrative Learning Experience > D7.3b IP Proposal

Information about the IP, including the above documentation, is posted on the School of Public Health's public-facing website: https://ohsu-psu-sph.org/ipe_pe_ip/integrative-project/

4) **Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.**

The MPH IP rubric is provided in ERF > D Criteria > D7. MPH Integrative learning Experience > D7.2 – IP Rubric.

5) **Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.**

The location of IP-related student work for each MPH program is detailed below:

- MPH Biostatistics: ERF > D Criteria > D7. MPH Integrative learning Experience > D7.5a – IP MPH Biostatistics
- MPH Environmental Systems & Human Health: ERF > D Criteria > D7. MPH Integrative learning Experience > D7.5b - IP MPH Environmental Systems & Human Health
- MPH Epidemiology: ERF > D Criteria > D7. MPH Integrative learning Experience > D7.5c - IP MPH Epidemiology
- MPH Health Promotion: ERF > D Criteria > D7. MPH Integrative learning Experience > D7.5d - IP MPH Health Promotion
- MPH Health Management & Policy: ERF > D Criteria > D7. MPH Integrative learning Experience > D7.5e - IP MPH Health Management & Policy
- MPH Public Health Practice: ERF > D Criteria > D7. MPH Integrative learning Experience > D7.5f - IP MPH Public Health Practice

6) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- School of Public Health MPH students complete an integrative learning experience, referred to as the integrative project (IP), that encourages the synthesis of CEPH MPH foundational competencies and program core competencies. The IP is managed by the PE/IP Subcommittee. Each MPH program has a designated coordinator responsible for providing guidance on the IP. The PE/IP Subcommittee has developed assessment methods to evaluate the IP and the designated coordinator evaluates the IP.

Areas of Improvement

- Through the self-study process, the PE/IP Subcommittee identified the need for more faculty to be involved in the assessment of the IP. As the School of Public Health's MPH programs continue to grow, the number of IPs for PE/IP Subcommittee members to evaluate each year will become burdensome.

Plans for Improvement

- Engaging more faculty in IP evaluation will be an ongoing work in progress. The Dean is working to better understand the number of typical asks each year to better facilitate more faculty involvement in IP evaluation.

D8. DrPH Integrative Learning Experience

Not applicable

D9. Public Health Bachelor's Degree General Curriculum

The overall undergraduate curriculum (eg, general education, liberal learning, essential knowledge and competencies, etc.) introduces students to the domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

- **List the coursework required for the school's bachelor's degree.**

  Students earning a BS/BA in Public Health Studies must successfully complete a minimum of 180 credits with at least 62 upper division credits. BS/BA students complete coursework in science, social and behavioral sciences, mathematics and quantitative reasoning, and humanities or fine arts. A BA degree emphasizes language skill development, which requires two years of a second language and additional coursework in arts and letters, with at least one course from fine and performing arts. Students must complete one quarter of math or science. A BS degree includes a requirement of 10 credits in science with associated labs, as a well as a college-level math course. Students also complete additional coursework in their choice of arts and letters and/or social science.

  Bachelor of Arts – Minimum of 23 credits
  - **Arts & Letters** – 10 credits minimum, three from fine and performing arts
  - **Social Science/Science** – 10 credits minimum, with three from science of math
  - **Math or Science** – three credits minimum
  - **Foreign Language** – 200-level or higher, three credits minimum

  Bachelor of Science – Minimum of 23 credits
  - **Science** – 1 year, 10 credits minimum, of which six must have a lab
  - **Arts and/or Social Science** – 10 credits minimum
  - **Math** – Three credits of college-level math

  Undergraduate students must complete University Studies, an innovative general studies curriculum that addresses PSU's campus-wide learning outcomes. The learning outcomes include: disciplinary and/or professional expertise, creative and critical thinking, communication, diversity, ethics and social responsibility, internationalization, engagement, and sustainability. University Studies entails the following requirements:
  - **Freshman Inquiry** (15 credits)
  - **Sophomore Inquiry** (12 credits)
  - **Upper-division Cluster** (12 credits)
  - **Senior Capstone** (6 credits)

  All BS/BA Public Health Studies students are required to complete a set of core courses that align with the ASPPH recommendations for best practices in public health curriculum. These courses also address the required learning outcomes for CEPH accreditation. All BS/BA Public Health Studies complete a minimum of 120 hours of internship (four credits) and additional coursework as determined by their choice of one of five concentrations (Community Health Promotion, Healthy Aging, School Health Educator, Clinical Health Science, Health Services Administration) Students must earn a C- or better in all core and required courses in their major and concentration. The program provides academic opportunities for a public health education and preparation for entry-level jobs in local and state health departments, as well as continued education.

  Required core coursework for the **BS/BA Public Health Studies** program and concentrations are presented below:

Course	Title	Credits
Required Core Coursework (28 credits)		
STAT 243	Introduction to Probability & Statistics	4
PHE 250	Our Community, Our Health	4
PHE 350	Health & Health Systems	4
PHE 363	Communicable & Chronic Disease	4
PHE 450	Epidemiology	4
PHE 452	Gender, Race, Class, & Health	4
PHE 404	Internship	4

Health Aging Concentration

Course	Title	Credits
Required Coursework (36 credits)		
PHE 325	Nutrition for Health	4
PHE 354	Social Gerontology	4
PHE 416	Families & Aging	4
PHE 423	Business of Aging	4
PHE 456	Health Aspects of Aging	4
PHE 478	Program Planning	4
PHE 479	Program Planning	4
One of the following four courses:		
SOC 469	Sociology of Aging	4
PSU 462	Psychology of Adult Development & Aging	4
PHE 369	Health Policy, Law, & Ethics	4
PHE 328	Health and Housing Across the Life Course	4
One of the following three courses:		
BA 306	Working with Money for Business	4
BA 316	Working with Customers of Business	4
BA 326	Working with People for Business	4
Required Electives (16 credits)		

Community Health Promotion Concentration

Course	Title	Credits
Required Coursework (36 credits)		
PHE 369	Health Policy, Law, & Ethics	4
PHE 443	Environmental Health	4
PHE 444	Global Health	4
PHE 472	Marketing Public Health	4
PHE 478	Program Planning	4
PHE 479	Program Planning	4
Required Electives (20 credits)		

Health Service Administration Concentration

Course	Title	Credits
Required Coursework (36 credits)		
BA 101	Introduction to Business	4
BA 306	Essentials of Finance	4
EC 316	Introduction of Health Care Economics	4
PHE 320	Health Ethics	4
PHE 321	Health Policy	4
PHE 322	Health Service Administration	4
PHE 426	Advanced Topics in Health Service Administration	4
PHE 427	Health Informatics	4
PHE 478	Program Planning	4

PHE 479	Program Planning	4
PA 425	Grant Writing for Nonprofits	4
Required Electives (8 credits)		

Clinical Health Science Concentration

Course	Title	Credits
Required Electives (16 credits of any PHE elective or approved course related to health)		

School Health Educator Concentration

Course	Title	Credits
Required Coursework (36 credits)		
PHE 275	Stress Management	4
PHE 295	Health Promotion, Disease Prevention	4
PHE 325	Nutrition for Health	4
PHE 326	Drug Education	4
PHE 355	Human Sexuality	4
PHE 365	Health Promotion for Children and Youth	4
PHE 448	Health Education Technology	4
PSY 311	Human Development	4
ED 420	Introduction to Education	4
Anatomy/Physiology Sequence		
Required Electives (8 credits)		

- **Provide official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include copies of any documents that are not available online.**

  PSU Bulletin - Undergraduate Degree & Credential Requirements
  http://pdx.smartcatalogiq.com/2020-2021/Bulletin/Undergraduate-Studies/Degree-Requirements

  PSU Bulletin - BS/BA Public Health Studies
  http://pdx.smartcatalogiq.com/2020-2021/Bulletin/School-of-Public-Health/Undergraduate-Programs/Public-Health-Studies-B-A-B-S

- **Provide a matrix, in the format of Template D9-1, that indicates the courses/experience(s) that ensure that students are introduced to each of the domains indicated. Template D9-1 requires the school to identify the experiences that introduce each domain.**

Domains	Courses and other learning experiences through which students are introduced to the domains specified
Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease	BS Public Health Studies students take at least 12 credits of a lab science for the degree; for the major, they are required to take a course that includes PHE 363 - Communicable and Chronic Disease and PHE 450 - Epidemiology. BA Public Health Studies students take a core that includes PHE 363 - Communicable & Chronic Disease and PHE 450 - Epidemiology. BA students also must take 4 hours of science or math.

Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences	BS Public Health Studies students take at least 12 credits of Arts & Letters/Social Science for the degree; for the major, they are required to take a core that includes PHE 250 - Our Community, Our Health and PHE 452 - Gender, Race, Class and Health. BA Public Health Studies students take 8 hours of science social science for the degree and PHE 250 - Our Community, Our Health and PHE 452 - Gender, Race, Class & Health for the major.
Math/Quantitative Reasoning: Introduction to basic statistics	BS and BA Public Health Studies students are required to take STAT 243 - Introduction to Probability & Statistics 1.
Humanities/Fine Arts: Introduction to the humanities/fine arts	BS and BA Public Health Studies students are required to take Freshman Inquiry, Sophomore Inquiry, an Upper Division Cluster, a Senior Capstone, and a writing requirement. These general education requirements expose students to the humanities. BA Public Health Studies students must take 4 credits of Fine & Performing Arts.

- **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- BS/BA Public Health Studies students meet this standard due to PSU's requirements of BS/BA programs and University Studies requirements. Recently, PSU improved the transferability of coursework from local community colleges to ensure that students would meet BS/BA requirements by adjusting the range of credits to align with PSU's four-credit model. PSU's award-winning University Studies program includes a number of transferable additional service-learning opportunities with the required capstone component.
- As an opportunity school with a high percentage of first generation, BIPOC, and working students, PSU has actively supported the development of online and flexible degree options that aid to increase our student retention and graduation rates. The School of Public Health currently offers a number of core and required courses as online and hybrid options. These courses are held to the same standard as our in-person courses. All faculty teaching an online section was required to complete training on best practices in online course delivery through the Office of Academic Innovation. The SPH received several AIM grants to support faculty in their online course development.

Areas of Improvement

- While the School of Public Health does not have the ability to change general education and University Studies coursework and requirements, the School can work to maintain high standards for essential academic skills needed for success. In recent years, undergraduate faculty have noted that many students have less than satisfactory written communication skills. This is likely due to a combination of factors from the implementation of No Child Left Behind in K-12 education, as well as restructuring of general education coursework tied to reduced funding at PSU. The School of Public Health inventoried available resources for writing support offered to undergraduate students and identified areas for improvement. As a School with a social justice mission and a population of students who are often first-generation or underserved, the School recognizes that in order to support students' writing success, additional support is needed.

Plans for Improvement

- The School of Public Health is currently in the early stages of implementing a writing support initiative. The School was able to secure funds in 2020 to hire a dedicated writing coach. Writing assessments have been implemented at both the undergraduate and graduate level. Undergraduate students are assessed in PHE 250 – Our Community, Our Health, the required gateway course offered early in their academic career. Students who are identified by the writing coach as benefitting from additional support are provided with a list of resources and encouraged to work with PSU's Writing Center. For AY2021-22, the School is offering writing workshops and has purchased a subscription to Grammarly for students in the School. Moving forward, the School plans to develop a writing center with individual tutoring, workshops for faculty, and a required writing intensive public health course.
- The School of Public Health is in the early stages of developing a new concentration in Indigenous Health. This first of its kind available to undergraduate students will promote a diverse, forward thinking and forward doing, public health and medical workforce that launches and supports an identity affirming and socially justice field of public health, including health policy, medicine, education, and research, through its unwavering commitment to center Indigenous peoples and values in its pursuit to dismantle systemic oppression, heal conditions that emerge and perpetuate white supremacy, institutional white dominance, and the systemic invisibilizing and erasure of Native peoples. The Indigenous Health concentration has the ambitious promise to inspire transformational change for social justice, liberation and sovereignty that will benefit all populations, regardless of positionality, power, and privilege. This concentration is a collaboration with the Indigenous Nations unit as well as utilizing many existing courses from other units on campus that focus on Indigenous populations.

D10. Public Health Bachelor's Degree Foundational Domains

The requirements for the public health major or concentration provide instruction in the domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (ie, the school may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

If the school intends to prepare students for a specific credential, the curriculum must also address the areas of instruction required for credential eligibility (eg, CHES).

1) **Provide a matrix, in the format of Template D10-1, that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated. Template D10-1 requires the school to identify the learning experiences that introduce and reinforce each domain. Include a footnote with the template that provides the school's definition of "introduced" and "covered."**

   Table D10-1 is split in two parts and presented on the following pages:

Public Health Domains	Course Name and Number					
	PHE 250 Our Community, Our Health	*PHE 350 Health and Health Systems*	*PHE 363 Communicable and Chronic*	*PHE 450 Epidemiology*	*PHE 452 Gender, Race, Class and Health*	*PHE 369 Health Law, Policy and Ethics*
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society						
Public Health History	*C*	*C*	*I/C*	*I/C*	*I/C*	*C*
Public Health Philosophy	*C*	*C*	*I*		*I/C*	*C*
Core PH Values	*I/C*	*C*	*I/C*			*C*
Core PH Concepts	*I/C*				*I/C*	*C*
Global Functions of Public Health	*I/C*					
Societal Functions of Public Health	*C*	*C*	*C*			*C*
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice						
Basic Concepts of Data Collection				*I/C*		
Basic Methods of Data Collection				*I/C*		
Basic Tools of Data Collection				*I/C*		
Data Usage	*I*			*C*		
Data Analysis	*I*	*I*		*C*		
Evidence-based Approaches	*I*		*C*	*C*		

Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations						
Population Health Concepts	*I*	*I*	*I*	*C*	*C*	
Introduction to Processes and Approaches to Identify Needs and Concerns of Populations	*I/C*					
Introduction to Approaches and Interventions to Address Needs and Concerns of Populations	*I*			*C*		
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course						
Science of Human Health and Disease	*I/C*		*C*		*I*	
Health Promotion	*I/C*		*C*	*I*		
Health Protection	*I/C*		*C*	*I*		*C*
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities						
Socio-economic Impacts on Human Health and Health Disparities	*C*	*C*	*I*	*I*	*I*	*C*
Behavioral Factor Impacts on Human Health and Health Disparities	*I/C*	*I*	*C*	*I*	*I*	*I*

Biological Factors Impacts on Human Health and Health Disparities	*I/C*		*C*	*I*	*I/C*	*C*
Environmental Factor Impacts on Human Health and Health Disparities	*I/C*		*I*	*I*	*C*	
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation						
Introduction to Planning Concepts and Features	*I*					
Introduction to Assessment Concepts and Features	*I*					
Introduction to Evaluation Concepts and Features	*I*					
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries						
Characteristics and Structures of the U.S. Health System	*I*	*C*	*I*			*I/C*
Comparative Health Systems	*I*	*C*				*I/C*
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government						

	Legal dimensions of health care and public health policy	*I/C*	*I*			*C*	*I/C*
	Ethical dimensions of health care and public health policy	*I/C*				*C*	*I/C*
	Economic dimensions of health care and public health policy	*I*				*C*	*I/C*
	Regulatory dimensions of health care and public health policy	*I/C*				*C*	*I/C*
	Governmental Agency Roles in health care and public health policy	*I/C*	*I*				*C*
Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology							
	Technical writing	*I/C*	*I/C*			*C*	*I/C*
	Professional writing	*I/C*				*C*	*I/C*
	Use of Mass Media	*I*				*C*	*I/C*
	Use of Electronic Technology	*I/C*				*C*	*I/C*

Public Health Domains	Course Name and Number					
	PHE 478 Program Planning	*PHE 479 Program Evaluation*	*PHE 444 Global Health*	*PHE 443 Environmental Health*	*PHE 472 Marketing Public Health*	*STAT 243 - Introduction to Probability & Statistics*
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society						
Public Health History			*I*			
Public Health Philosophy			*I/C*	*I/C*		
Core PH Values			*I/C*			
Core PH Concepts	*C*	*C*	*I/C*			
Global Functions of Public Health			*C*	*I/C*		
Societal Functions of Public Health				*I/C*		
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice						
Basic Concepts of Data Collection						*C*
Basic Methods of Data Collection						*C*
Basic Tools of Data Collection	*I/C*	*I/C*				*C*
Data Usage	*I/C*	*I/C*				*C*
Data Analysis	*I/C*	*I/C*				*C*

Evidence-based Approaches	*C*	*C*				*C*
Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations						
Population Health Concepts						
Introduction to Processes and Approaches to Identify Needs and Concerns of Populations	*C*					
Introduction to Approaches and Interventions to Address Needs and Concerns of Populations	*C*					
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course						
Science of Human Health and Disease				*I/C*		
Health Promotion						
Health Protection				*I/C*		
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities						
Socio-economic Impacts on Human Health and Health Disparities						

	Behavioral Factor Impacts on Human Health and Health Disparities						
	Biological Factors Impacts on Human Health and Health Disparities						
	Environmental Factors Impacts on Human Health and Health Disparities				*C*		
Project Implementation: **Address** the fundamental concepts and features of project implementation, including planning, assessment, and evaluation							
	Introduction to Planning Concepts and Features	*C*					
	Introduction to Assessment Concepts and Features	*C*	*C*				
	Introduction to Evaluation Concepts and Features		*C*				
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries							
	Characteristics and Structures of the U.S. Health System						
	Comparative Health Systems						

Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government						
Legal dimensions of health care and public health policy	*I/C*					
Ethical dimensions of health care and public health policy	*I/C*				*C*	
Economic dimensions of health care and public health policy	*I/C*				*C*	
Regulatory dimensions of health care and public health policy						
Governmental Agency Roles in health care and public health policy	*I/C*					
Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology						
Technical writing	*I/C*	*C*				
Professional writing	*I/C*	*C*	*C*		*C*	
Use of Mass Media	*I/C*	*C*			*C*	
Use of Electronic Technology		*C*	*C*			

2) **Include the most recent syllabus from each course listed in Template D10-1, or written guidelines, such as a handbook, for any required experience(s) listed in Template D10-1 that do not have a syllabus.**

Syllabi from the courses listed above are presented in Syllabi for courses listed in Table D10-1 are located in ERF > D Criteria > D10. Public Health Bachelor's Degree Foundational Domains > D10.2 – D10-1 Syllabi.

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- The BS/BA Public Health Studies program continues to map curricula to required learning outcomes for core and required coursework, as well as for concentration and CEPH learning objectives. Curricular changes are discussed and approved by the Academic Policy & Curriculum Committee (APCC, see A1. Organization & Administrative Processes) Faculty are committed to providing engaging classroom experiences and creative assessment activities. At the undergraduate level, the school employs non-primary instructional faculty who have practice experience in specific content areas that align with the BS/BA Public Health Studies concentrations.

Areas of Improvement

- Through curriculum mapping and feedback from students, the BS/BA Public Health Studies program has identified the need to infuse core and required coursework with an antiracist framework.
- The Healthy Aging concentration is in need of review and revision of the course sequence and requirements.
- Although the School of Public Health has sufficient faculty to meet the standards outlined in C2. Faculty Resources, the BS/BA Public Health program is missing faculty positions due to past retirements.

Plans for Improvement

- The School of Public Health recognized the importance of antiracism and allocated funds to hire an Associate Dean of Social Justice in spring 2020 (see G1. Diversity & Cultural Competence). One of the responsibilities of this position is developing and implementing a plan to train and support faculty in the School's mission to be an antiracist school. Numerous workshops are underway to assist faculty in redesigning courses with a social justice and equity lens. Key faculty participated in monthly training sessions provided by the Praxis Project, an antiracist training workgroup, from January to June 2021. The material covered in these training sessions will be used to develop additional workshops and training. Faculty from the Diversity, Equity, & Inclusion Committee (DEIC, see A1. Organization & Administrative Processes) developed a reflexive tool aimed at supporting instructors in the critical review of their courses using an equity lens. The tool guides instructors through a process that helps them identify areas where redesign is possible and provides examples for how course content can better reflect an antiracist and equity lens. The continued use of this tool will help the School of Public Health meet its commitment to incorporating health equity and inclusion throughout the curriculum.
- The School of Public Health is working on a cluster hire of new faculty to fill vacant positions.

D11. Public Health Bachelor's Degree Foundational Competencies

Students must demonstrate the following competencies:

- **the ability to communicate public health information, in both oral and written forms, through a variety of media and to diverse audiences**
- **the ability to locate, use, evaluate and synthesize public health information**

1) **Provide a matrix, in the format of Template D11-1, that indicates the assessment opportunities that ensure that students demonstrate the stated competencies.**

   Table D11-1 is presented on the following pages:

Competencies		Course number(s) & name(s) or other educational requirements	Specific assessment opportunity
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences			
	Oral communication	PHE 452 - Gender, Race, Class and Health	**Assignment *N* of 1:** Each student will develop and present (in class) a brief "N of 1" narrative describing their perceptions/experiences of health opportunity and health inequity throughout their lives from blastocyst to present, i.e., from in-utero to now. The narrative does not need to be "formal" or technical, but rather should be told/delivered as a story. Each FIT will prepare a presentation on a topic of their choice related to their team's module
		PHE 444 – Global Health	**PowerPoint Presentation: Global Health Analysis of a Specific Country -** The goal of each PowerPoint presentation is to describe the global health situation of that specific country. Students will begin with the statistical profiles developed from their previous assignment. They will also make use of all available resources to flavor their presentations (i.e., library texts, journal articles, newspaper articles, internet resources). Students are required to employ the program from Gapminder.org to illustrate changes in population health statistics. Students will create and narrate a slideshow following a structure to be described in additional instructions.
	Written communication	PHE 350 - Health & Health Systems	**Five (5) Homework Assignments (HW)**: These assignments will direct students to details of the course material. The homework assignments have different

			purposes. Some are designed to determine whether the student comprehends the material, others act as a guide through the material. They will employ a variety of formats including quizzes, short answers, structured note-taking and informal written feedback. Typically, students will be asked to record details from materials, synthesize concepts and opine on salient issues. Associated materials will be films, lectures or readings. Generally, the homework assignments will be due between exams. Because the HW assignments reinforce lecture concepts, the scheduling of assignments is dependent on the progress of the lectures.
		PHE 452 – Gender, Race, Class, & Health	**Policy Paper:** The policy paper will generally consist of the following elements: I. Title and Statement of Purpose a. Briefly provide a summary and the need for the policy. II. Background a. Describe the current impact of COVID-19 in the target population and how the organization you lead is associated with COVID-19. III. Methods/Input a. How did you arrive at this policy? Who did you obtain input from to formulate this policy or activity? Did you consult the community, conduct a survey, analyze existing data? How do you know that the input you have collected is of high internal and external validity (accurate, representative, reliable)? IV. Policy a. Describe the policy/activity. How are you going to implement this policy/activity? From whom do you need approval? Who will be the target population? What data will you be collecting to inform you if the policy/activity is having an impact? V. Budget a. How much will it cost? What assumptions have you made?

			VI. Outcome a. What is the expected measurable outcome and how do you know if you achieve your goals? VII. Stakeholder Engagement a. Who are your stakeholders, and how would they be involved? VIII. References a. At least 10 references with the majority being peer-review publications (e.g., PubMed) The paper should be no more than 10 pages, using Times New Roman 12 font, double space lines, and one-inch margins (top, bottom, left and right).
		PHE 479 – Program Evaluation	Public health-specific communication, including technical and professional writing, is covered when students develop either a fact sheet to be used with the audience of their choice or a policy brief that can be used to recruit legislative support.
		PHE 250 - Our Community Our Health	**Creative Concepts:** Each student write sentences interpreting measures of effect on their homework assignments. Each student must choose appropriate interpretive sentences in multiple choice contexts on their exams.
	Communicate with diverse audiences	PHE 452 - Gender, Race, Class and Health	**Public Health MixTape:** Students submit songs related to course themes and write a 250-word analysis connecting it readings, films, and core concepts/principles; Final Group Project where student teams create either a children's book related to course themes or an animated cartoon
		PHE 250 - Our Community Our Health	**Discussion Assignments**: Community Empowerment and Community Health and Introduction to Social Determinants and Health Disparities. Discussion assignments built upon Unnatural Causes case studies and ethical public health practice
	Communicate through variety of media	PHE 250 - Our Community, Our Health	**Photo Essay Assignment**: The photo essay assignment depicts local implementation of interventions related to HP2020 objectives. Students select one of two HP2020 objectives

			profiled in the creative concepts assignment for the final photo essay. For the creative concepts, they discuss community impact of the issues and any intervention effects. They also describe the intended audience and message(s) to be conveyed through images. Compose a written narrative and insert photographs: Specify the Healthy People 2020 topic and the two objectives you plan to profile. Describe how the health outcome(s), the interventions are intended to overcome, are impacting your community (2-3 paragraphs). You must personally take, and insert, 2 photographs that demonstrate implementation of each intervention (2 for each objective - 4 photographs total). Photos must be inserted in the document. Describe/explain any effects the interventions are having/have had on your community - what difference(s) have they made? Select and describe your intended audience and the specific message your final photo essay will communicate.
		PHE 452 - Gender, Race, Class and Health	**Public Health MixTape:** Students submit songs related to course themes and write a 250-word analysis connecting it readings, films, and core concepts/principles; Final Group Project where student teams create either a children's book related to course themes or an animated cartoon
Information Literacy: Students should be able to locate, use, evaluate, and synthesize public health information			
	Locate information	PHE 250 - Our Community, Our Health	**Health Topic Paper, Career Exploration Paper, and Social Determinants Paper**: These assignments require students to locate

			information related to health topics and careers and incorporate into final project
		PHE 444 – Global Health	**Journalism Paper**: The purpose of this media literacy assignment is to draw attention to journalism and the topic of global health. Using specified news sources, students collect three articles about current global health issues, develop a theme, and an essay.
		PHE 478 – Program Planning	**APA Formatting Exercise** Students visit the PSU Library online to utilize academic databases. Following the assignment formatting guide, students search published peer-reviewed literature and government or other credible sources for information that presents a broad view of their assigned HP 2030 objective. (The Healthy People website and the textbook used in this course, do not count as sources for this assignment)
	Use information	PHE 350 - Health & Health Systems	Several data repositories are presented in-class, including textual and graphical representations of research findings. Students must show/discuss on essay exams how data sets are utilized to support and frame health policy.
		PHE 363 - Communicable and Chronic Disease	**Discussions**: Students will be expected to participate in two rounds of discussions twice each during the term, for a total of four times. Round one is all about infectious disease. Round two is about chronic disease. In weeks 3 and 7, students share information they've found in the peer-reviewed literature, or in popular media regarding the prevention, treatment, or news about a condition or issue covered in class. In weeks 4 and 8, students respond to someone else's post with more information on the same topic, but this post must be based on information from the peer-reviewed literature. In every post, students provide a link to the source they've chosen to write about, so other students can access it.

			The discussion post might discuss one or more of the following: what students learned from it, what questions it raises for students, what impact it might have on health care, what's controversial about the topic, and what inspiring, uplifting, or amazing about the topic?
	Evaluate information	PHE 450 - Epidemiology	**Cohort Studies and Risk Ratio Assignment -** practice assignment learning to use data on risk ratios needed for Exam #2
		PHE 479 – Program Evaluation	**Evaluation and Data Plan Assignment**: The purpose of an evaluation plan is to demonstrate program effectiveness and reveal opportunities for program improvement. This is done by measuring the program's impacts and outcomes and analyzing efficacy of the program's processes and procedures. When you developed measurable program goals, you determined the performance thresholds that will indicate program success. The most important part of planning program evaluations is collecting incremental data, throughout the duration of the intervention, so changes can be captured and the development of trends as they occur.
		PHE 444 – Global Health	**Statistical Profile Assignment:** Students will select two countries to compare and contrast for a set of descriptive statistics. The assignment addresses the goal of quantitative literacy. Students rehearse the process of interpreting patterns across set of variables.
	Synthesize information	PHE 363 - Communicable and Chronic Disease	**Discussions**: Students will be expected to participate in two rounds of discussions twice each during the term, for a total of four times. Round one is all about infectious disease. Round two is about chronic disease. In weeks 3 and 7, students share information they've found in the peer-reviewed literature, or in popular media regarding the prevention, treatment, or news about a condition or issue covered in class. In weeks 4 and 8, students

			respond to someone else's post with more information on the same topic, but this post must be based on information from the peer-reviewed literature. In every post, students provide a link to the source they've chosen to write about, so other students can access it. The discussion post might discuss one or more of the following: what students learned from it, what questions it raises for students, what impact it might have on health care, what's controversial about the topic, and what inspiring, uplifting, or amazing about the topic?
		PHE 478 - Program Planning	**Theories Applied Assignment**: The purpose of the Theories Applied assignment is to provide a rationale or justification of your selection of one health behavior theory to guide development of a health promotion program or intervention. Students design an assessment and use the data to create health promotion programs for specific populations
		PHE 444 – Global Health	**PowerPoint Presentation - Global Health Analysis of a Specific Country**: The purpose of this assignment is to teach the class about the global health situation of a specific low- or middle-income country. The students lecture over slides, focus on morality statistics and disability-adjusted life years and basic encyclopedic information and maps.

2) **Include the most recent syllabus from each course listed in Template D11-1, or written guidelines, such as handbook, for any required elements listed in Template D11-1 that do not have a syllabus.**

Syllabi for courses listed in Table D11-1 are is located in ERF > D Criteria > D11. Public Health Bachelor's Degree Foundational Competencies > D11.2 - D11-1 Syllabi.

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- The programs utilize innovative and creative assessments that utilize a variety of communication modes, including the use of social media platforms, videos, music, and visual aids.

Areas of Improvement

- As noted in D9. Public Health Bachelor's Degree General Curriculum, undergraduate faculty have noted that many students have less than satisfactory written communication skills.

Plans for Improvement

- The School of Public Health is developing and plans to offer workshops on writing for students. These will utilize a dedicated writing coach, and provide instructors with resources for students. The School has also implemented the use of Grammarly™ to support School of Public Health students.

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Schools encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

1) **Provide a matrix, in the format of Template D12-1, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated.**

Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)	**Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.**
PHE 404 - Cooperative Education/Internship	The internship provides students with professional experience where they can apply skills and theory in a work place environment while becoming more socialized into the field of community/public health. All BS/BA Public Health Studies students are required to complete an internship to connect and integrate theory with specific activities in a 'real' environment, under supervision. This is a demonstration by the student of his/her ability to apply knowledge of teaching and learning to specific activities in a work-related environment. The work-related experience ties together content, methodology, people, activity, learning environment and supervision. The internship requirement for all BS/BA Health Studies students is completion of a minimum of 4 credits (120 hours) of an internship experience. The Internship application requires that students submit a resume and cover letter. Students needing assistance refining a resume are referred to the University Career Center. Applying for an internship provides an experience that can be transferred to the skill of applying for employment upon graduation. Student Learning Outcomes: • Apply theory and knowledge in a work place environment • Become socialized into the field of public health • Develop and acquire skills necessary for success in a public health field • Create a network of professionals and organizations for future connections • Experience public health in practice

	• Identify personal learning outcomes for the internship experience • Provide an opportunity to integrate, synthesize and apply knowledge gained from completed coursework to a worksite setting. Upon completion, students will also be able to: • Assess the internship site and map personal learning outcomes to internship experience • Identify skill and knowledge development and attainment and relationship to internship responsibilities • Understand how internship experience connects to career goals • Identify areas of professional development needed to be successful in the field.

2) Include examples of student work that relate to the cumulative and experiential activities.

Student internship work from BS/BA Public Health Studies students is located in ERF > D Criteria > D12. Public Health Bachelor's Degree Cumulative and Experiential Activities > D12.2 - D12-1 Internship Work.

3) Briefly describe the means through which the school implements the cumulative experience and field exposure requirements.

All BS/BA Public Health Studies students enroll in PHE 404 - Internship, a 4-credit course in which students engage in 120 hours of experiential activity. The objective off the internship is to provide students with an opportunity to "put theory into practice" in a real-world environment. Students may include observation in a clinical setting to complete their internship requirement. PHE 404 is taken close to graduation.

Prior to enrolling in PHE 404, students meet with the internship coordinators to discuss the best internship placement to enhance their future career goals. Guidance about potential sites aligned with the student's interests are offered, but the internship is not set up for students. Students are expected to make initial contact with potential internship sites. Students complete a learning contract, identity three outcomes they want to gain from their internship, and connect their program core competencies to the experiential activity. The learning contract is signed by the internship supervisor.

Internships are generally in-person events, but the number of in-person internships have been reduced due to the COVID-19 pandemic. In order to meet the cumulative and experiential activity, the School of Public Health created a list of alternative internship experiences that could provide students with the ability to practice learned skills and learn new skills in a remote environment.

Upon completion of the internship, students prepare a reflective paper in which they discuss what they gained from their experience—including how the experience contributed to their attainment of program core competencies.

Throughout the curriculum, Public Health Studies students are provided with practice to successfully make contact with their internship site. For example, in PHE 250 – Our Community, Our Health, students identify their career interests, articulate why they are interested in those careers, and submit a resume. Students are also directed to PSU's University Career Center for assistance in developing cover letters and resumes in anticipation of the internship.

4) **Include handbooks, websites, forms and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include electronic copies of any documents that are not available online.**

PHE 404 – Undergraduate Internship Packet
https://ohsu-psu-sph.org/wp-content/uploads/2019/02/SPH-Internship-Packet-2019-Updated.pdf

School of Public Health Undergraduate Internships
https://ohsu-psu-sph.org/undergraduate-internships/

School of Public Health COVID-19 Internship Activities
https://ohsu-psu-sph.org/wp-content/uploads/2020/10/COVID-Internship-Activities.pdf

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and lifelong learning. Students are exposed to concepts through any combination of learning experiences and co-curricular experiences.

1) **Briefly describe, in the format of Template D13-1, the manner in which the curriculum and co-curricular experiences expose students to the concepts identified.**

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for protection and promotion of the public's health at all levels of society	PHE 350 - The course presents and explains how public health problems concentrate among subpopulations that are intersectionally disadvantaged. It presents and explains how policies and programs are helpful and how a general social benefit accrues.
	PHE 450 - Given a specific health issue and population, determine which type of study designs would be best suited to answering a specific research question. Students will learn how to gather data to advocate for the design of interventions for all levels of society based on good research.
	PHE 452 -Discuss how politics, legislation (national, state, and local), and case law have shaped health risks and opportunities based on social groups
	PHE 369 - This course Introduces students to key legal and ethical concepts and principles that: a) form the foundation of public health law in the US, and b) inform, enable, and constrain public health policies, regulations, and processes related to research (e.g., with human subjects) and practice (e.g., disease surveillance).
Community dynamics	PHE 250 - Students identify and evaluate the implementation of HP2020 objectives in their local community. Students are asked to evaluate community dynamics through a public health lens. They are introduced to the broad topics of the Healthy People initiatives and guided through exploring the related objectives. They are asked to reflect upon these issues in their local community and profile visible interventions "in action," in their community.
Critical thinking and creativity	PHE 250 - Students identify and evaluate, via photo essay, the implementation of HP2020 objectives in their local community
	PHE 350 - The course stimulates critical thinking by contrasting individual level interests with population level interests. Comparisons of international level statistics stimulates reflection on US national policies about health
	PHE 452 - Public Health MixTape assignment where students submit songs related to course themes and write a 250-word analysis connecting it readings, films, and core concepts/principles; Final Group Project where student teams create either a children's book

	related to course themes or an animated cartoon (e.g. children's book for Module 8 on Intersectionality: "Mommy, Can Black People Be Vegans?"
Cultural contexts in which public health professionals work	PHE 250, PHE 350 - Examines the role of public health professionals in the workplace and cultural competency including a critical evaluation of weaknesses related to a work force that lacks diversity in the public health field. Week 3 - Community Empowerment and Community Health and Week 5 - Introduction to Social Determinants and Health Disparities. Lectures include information about social constructs, inequities and related health outcomes. Lectures include examples of PH programs that focus on mitigating adverse outcomes within diverse/vulnerable populations.
Ethical decision making as related to self and society	PHE 350 The course stimulates ethical decision making by contrasting personal, corporate and governmental responsibilities. These comparisons lead to reflection on the role of voting, elections and activism regarding US national policies about health; PHE 363 Occasionally relevant to lecture content
Independent work and a personal work ethic	PHE 363 Encouraged as part of course format 452U: weekly "Keep it 100" posts on D2L reflecting on each week's course materials (e.g., readings, film, lecture); 452U: Film Analyses where students submit 250-word analysis of 7-10 films as related to course themes; 452U: Media Analysis where students submit 250-word on a media piece (e.g., news story, blog, TV commercial, magazine advertisement) as related to course themes
Networking	The internship provides students with a professional experience where they can apply skills and theory in a work place environment while becoming more socialized into the field of community/public health. A benefit obtained from internship experiences includes fostering a network of professionals and organizations for future connections. PHE 250 - In person classes have more opportunities via guest presentations by campus resource representatives as well as local PH professionals but online course includes video presentations by PH professionals and community-based PH initiates via TED Talks, etc.
Organizational dynamics	PHE 350 - The course specifically addresses the differing incentives associated with an organization's position regarding taxes (i.e., commerce, tax-exempt, government). This information conveys general motives for organizational behavior.
Professionalism	PHE 350 - The course specifically addresses the concept of professionalization. It addresses the general pattern of historical change that occurs as an occupation becomes a profession. The qualities that students must learn about include the rationale for codes of ethics, continuing education, the roles of research, abstraction and theory, the concept of title protection, advocacy and lobbying by professional associations and the concept of white-collar work; PHE

	250 students are required to write a career exploration paper, PHE 404 includes a review of a code of conduct.
	PHE 404 - Internship requires students to read statements about what it means to be a professional in the field and then sign this document. See Internship paperwork. Internship Code of Conduct
Research methods	PHE 450 - • Describe what it means to study health determinants and outcomes at the population level • Calculate and explain basic epidemiologic measures • Describe the pros and cons of basic epidemiological study designs • Given a specific health issue and population, determine which type of study designs would be best suited to answering a specific research question • Read an epidemiologic study published in a peer-reviewed journal and understand the basic methodologies, justifications, and findings
Systems thinking	PHE 350 - The course explicitly discusses the concept of systems. It identifies and uses ideas from network theory, information theory and game theory. The course explicitly addresses the curricular goal of promoting quantitative literacy. Lessons regularly include attention to the proper and thorough interpretation of graphical information. Abstract models of public health relationships are described and then employed throughout the course. The concept of a system is used as a heuristic device to examine whether the American health care system is indeed systematic. Through all of these lessons, students emerge with an appreciation of how health and health care are related structurally and across time.
Teamwork and leadership	PHE 452 - Group Lecture Presentations; Group Final Projects; 369: Group Lecture Presentations; Group Final Presentation

2) Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course.

Syllabi for courses listed in Table D13-1 are is located in ERF > D Criteria > D13. Bachelor's Concepts & Experiences > D13.2 - D13-1 Syllabi.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- As reflected in the following statement, PSU's University Studies requirements support CEPH's expectations for cross-cutting concepts and experiences: "The purpose of the general education program at Portland State University is to facilitate the acquisition of knowledge, abilities, and attitudes that will form a foundation for lifelong learning among its students. The foundation includes the "capacity and the propensity to engage in inquiry and critical thinking, to use various forms of communication for learning and expression, to gain an awareness of the broader human experience and its environment, and appreciate the responsibilities of persons to themselves, to each other, and to the community."

University Studies cover PSU's campus-wide learning outcomes of communication, inquiry and critical thinking, diversity, equity, and social justice, and ethics, agency, and community—all of which lead to success in the workplace.

- Courses in the BS/BA Public Health Studies major address the importance of collaboration by including projects that provide students with opportunities to work together. Understanding the interdisciplinary nature of public health prepares students for careers which rely on numerous disciplines. The required University Studies capstone brings students together from different majors to work on addressing a real problem in the Portland metropolitan area.
- The MPH Application Workshop series offers undergraduate students guidance on the application process prior to applying to graduate school. The series includes information on choosing the right program, writing a statement of purpose, obtaining letters of recommendation, preparing a resume or CV, and gaining experience outside of school (see H2. Career Advising).

Areas of Improvement

- The School of Public Health recognizes that BS/BA Public Health students may need more exposure related to professionalism, career identification, and planning, as well as opportunities to network for career development.

Plans for Improvement

- The Associate Dean for Student Affairs & Community Engagement and the Assistant Dean for Undergraduate Affairs have developed a *Career Mentorship Bridge to Pathways Academic Advising* ("Career Bridge") proposal that outlines an articulated career mentoring model developed to target career-specific and professional trajectory guidance. A pilot program is currently underway. The Career Bridge will support both the School of Public Health and PSU's shared equity and social justice goals by providing individualized and targeted mentorship based on a student's expressed needs and interests. The School recognizes that undergraduate students come from a range of starting points and backgrounds and that some are more or less experienced and comfortable navigating professional environments and institutions. First-generation, students of color, and students from marginalized social groups, in particular, are disadvantaged by existing academic systems and the Career Bridge will work to ensure their success. Together, students and career mentors will identify needs and tailor the approach to the student so students have the necessary tools, support, and plans needed to explore and select options that will best advance their career goals.

D14. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Schools use university definitions for credit hours.

1) **Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.**

   MPH programs in the OHSU-PSU School of Public Health require at least 56 credits for completion. The MPH Public Health Practice program requires 56 credits; the MPH Biostatistics, MPH Environmental Systems & Human Health, MPH Epidemiology, and MPH Health Promotion programs require 60 credits; the MPH Health Management & Policy program requires 62 credits.

   The typical program length for full-time students completing an MPH degree is two years, or seven quarters. The typical program length for part-time students completing an MPH degree is three years, or 10 quarters.

2) **Define a credit with regard to classroom/contact hours.**

   The MPH programs in the OHSU-PSU School of Public Health adhere to OHSU policy 02-50-015 – Assignment of Course Credit Hour for credit hour definitions. This policy defines a credit hour as "an institutionally established equivalency that reasonably approximates not less than 50 minutes of classroom or direct faculty instruction, and a minimum of two hours 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" (pp. 2 – 3).

   The Assignment of Course Credit Hour policy can be found in ERF > D Criteria > D14. MPH Program Length > D14.2 - 02-50-015 - Assignment of Course Credit Hour.

D15. DrPH Program Length

Not applicable

D16. Bachelor's Degree Program Length

A public health bachelor's degree requires completion of a total number of credit units commensurate with other similar degree schools in the university.

Schools use university definitions for credit hours.

1) **Provide information about the minimum credit-hour requirements for all bachelor's degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.**

   In order to earn a bachelor's degree at PSU, students must complete a minimum of 180 credits. Of that number, a minimum of 62 upper-division credits are required. Forty-five of the final 75 credits must be taken at PSU, and 25 of the last 45 credits must include differentiated grades (A – F). However, this last credit requirement was relaxed due to the COVID-19 pandemic.

   All students must meet these credit requirements with a minimum cumulative GPA of 2.0 and a 2.0 in all courses in the major in order to earn a BS or BA.

2) **Define a credit with regard to classroom/contact hours.**

   The BS/BA Public Health Practice program adheres to PSU's definition of academic credit. According to PSU's Bulletin, an academic credit is "the basic unit of measurement of educational accomplishment One credit normally connotes 10 hours of lecture-recitation or 20 or more hours of laboratory, studio, or activity work. The majority of courses at Portland State University involve three or four hours per week of lecture-recitation. PSU is on a quarter-system. Semester credits transferred from other accredited United States schools may be converted to PSU's credits by multiplying by 1.5."

   More information about PSU's definition can be found at:
   http://pdx.smartcatalogiq.com/2020-2021/Bulletin/Academic-Records-and-Credit

3) **Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges.**

   Accredited Colleges & Universities
   PSU accepts college-level credits earned in academic degree programs accredited by institutional accreditors. The Office of the Registrar, in consultation with academic units, evaluates credits from accredited colleges and universities. Courses are evaluated as equivalent (course description is substantially equal to a course in PSU's Bulletin) or parallel (course is in a discipline offered by PSU, but PSU does not offer that course). The maximum number of credits transferable from an institutionally-accredited two-year college is 124 credits.

   Unaccredited Institutions and Foreign Colleges & Universities
   Departmental representatives working in the Office of the Registrar are authorized to evaluate transfer credits from unaccredited institutions or foreign colleges and universities after a student has been admitted to PSU. Courses transferred from unaccredited schools are evaluated in accordance with the institutions and policies published by the American Association of Collegiate Registrars & Admissions Officers' *Transfer Credit Practices*.

   OHSU-PSU School of Public Health Policy on Transfer Credits
   To allow inclusion of a public health course as a substitute for a required or core course, a syllabus is required that includes details of the course content, course learning objectives, and corresponding assessment of those learning objectives. These are reviewed to determine equivalency. For in-state coursework that is approved, the School of Public Health submits a

recommendation to the Office of the Registrar to allow approved coursework to substitute for existing requirements in the Degree Audit Report (DARS), PSU's degree tracking system. All other public health-related coursework not assigned as a replacement for a core or required course may be deemed as Public Health Studies elective credits on a case-by-case basis.

Additional information about PSU's policies and procedures for acceptance of coursework completed from other institutions can be found at:
https://www.pdx.edu/admissions/transfer-rules

Additional information about PSU's credit limits can be found at:
https://www.pdx.edu/advising/credit-requirements-and-limitations

4) If applicable, provide articulation agreements with community colleges that address acceptance of coursework.

The BS/BA Public Health Studies program currently has articulation agreements for the transfer of undergraduate credits in place for:

- Portland Community College
- Mt. Hood Community College
- Chemeketa Community College
- American Samoa Community College

Articulation agreements for the BS/BA Public Health Studies program are provided in ERF > D Criteria > D16. Bachelor's Degree Program Length > D16.4 – Articulation Agreements.

5) Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor's degree programs in the home institution.

BS/BA Community Development (College of Urban & Public Affairs)
The minimum credit hour requirement for the BS/BA Community Development program is 180 credits. Of that number, a minimum of 62 upper-division credits are required. Forty-five of the final 75 credits must be taken at PSU, and 25 of the last 45 credits must include differentiated grades (A – F). However, this last credit requirement was relaxed due to the COVID-19 pandemic.

BS/BA Social Work (School of Social Work)
The minimum credit hour requirement for the BS/BA Social Work program is 180 credits. Of that number, a minimum of 62 upper-division credits are required. Forty-five of the final 75 credits must be taken at PSU, and 25 of the last 45 credits must include differentiated grades (A – F). However, this last credit requirement was relaxed due to the COVID-19 pandemic.

D17. Academic Public Health Master's Degrees

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic public health master's students' foundational public health knowledge through appropriate methods.

1) **List the curricular requirements for each relevant degree in the unit of accreditation.**

The OHSU-PSU School of Public Health offers one academic public health master's degree: MS Biostatistics. The MS Biostatistics program is designed to provide graduate-level training in the theory and application of biostatistics, and seeks to serve learners interested in pursuing a career as an intermediate-level biostatistician or future doctoral work in biostatistics.

Curricular requirements are listed in the table below:

Course	Title	Credits
Required Coursework (40 credits)		
BSTA 511	Estimation & Hypothesis Testing for Applied Biostatistics	4
BSTA 512	Linear Models	4
BSTA 513	Categorical Data Analysis	4
BSTA 514	Survival Analysis	3
BSTA 517	Statistical Methods in Clinical Trials	3
BSTA 519	Applied Longitudinal Data Analysis	3
BSTA 530	Biostatistics Lab	3
BSTA 550	Introduction to Probability	3
BSTA 551	Mathematical Statistics I	3
BSTA 552	Mathematical Statistics II	3
PHE 513	Introduction to Public Health	3
EPI 512	Epidemiology I	4
Exam	Comprehensive Exam: Written	0; Pass
Exam	Comprehensive Exam: Lab	0; Pass
STAT 568	Applied Probability II (PSU)	3
STAT 580	Nonparametric Methods	3
Elective Coursework (14 credits)		
BSTA 500	Reading & Conference	1 - 3
BSTA 515	Data Management & Analysis in SAS	3
BSTA 516	Design & Analysis of Surveys	3
BSTA 521	Bayesian Methods for Data Analysis	3
BSTA 522	Statistical Machine Learning & Big Data	3
BSTA 523	Design of Experiments: Statistical Principles of Research Design & Analysis	3
BSTA 524	Statistical Methods for Next Generation Sequencing Data	

EPI 513	Epidemiology II (Methods)	4
BMI 550	Computational Biology I (OHSU)	4
BMI 551	Computational Biology II (OHSU)	4
STAT 567	Applied Probability I (PSU)	3
STAT 568	Applied Probability II (PSU)	3
STAT 580	Nonparametric Methods	3

2) Provide a matrix, in the format of Template D17-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree school, but matrices may be combined if requirements are identical.

The matrix for the MS Biostatistics program that outlines assessment activities for each foundational public health learning objective is presented on the following pages:

Content Coverage for Academic Public Health **Master's Degree (MS Biostatistics)**		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Explain public health history, philosophy and values	PHE 513 - Introduction to Public Health	Week 1 Writing Assignment - Characterize the philosophy of public health and distinguish it from health care and medicine
2. Identify the core functions of public health and the 10 Essential Services*	PHE 513 - Introduction to Public Health	Week 1 Writing Assignment - Name the core functions of public health and give an example from your community
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PHE 513 - Introduction to Public Health	Week 8 Writing Assignment - Create a research question – how would you answer the question using quantitative methods and data? How would you answer it using qualitative data? Why would you prefer to use one method over another?
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	PHE 513 - Introduction to Public Health	Week 2 Writing Assignment - List the major causes of morbidity and mortality in the US for the past year. How have the causes of morbidity and mortality changed over the past decade? Compare the causes of morbidity and mortality in your state of origin (place where you were born) to the US as a whole. Describe how they differ.
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	PHE 513 - Introduction to Public Health	Week 2 Writing Assignment - Distinguish primary from secondary from tertiary prevention and describe how each level of prevention contributes to improving population health

6. Explain the critical importance of evidence in advancing public health knowledge	PHE 513 - Introduction to Public Health	Week 8 Writing Assignment - What study design would you use to study whether a particular drug to treat maternal hypertension in pregnancy was associated with adverse pregnancy outcomes? Discuss the advantages and disadvantages of your choice.
7. Explain effects of environmental factors on a population's health	PHE 513 - Introduction to Public Health	Week 7 Writing Assignments - 1. Discuss two examples showing how the built environment can adversely impact population health. 2. Discuss two examples showing how the build environment can improve population health
8. Explain biological and genetic factors that affect a population's health	PHE 513 - Introduction to Public Health	Week 3 Writing Assignments - 1. Describe how biological factors operating at each developmental state (perinatal, infancy and childhood) accumulate to create adult health outcomes and 2) distinguish genetic predispositions from accumulating exposures in producing health outcomes.
9. Explain behavioral and psychological factors that affect a population's health	PHE 513 - Introduction to Public Health	Week 4 Writing Assignments - 1. Summarize 3 behavioral and 3 psychosocial factors that affect population health 2. Think about individual behaviors related to anxiety in adolescents. Classify each individual behavior as risk-elevating or risk-reducing, and modifiable or non-modifiable.

10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	PHE 513 - Introduction to Public Health	Week 5 Writing Assignments - 1. Define the social, political and economic determinants of health 2. Describe how each of the aforementioned health determinants contributes to health 3. Describe how each of the aforementioned health determinants contributes to health inequities
11. Explain how globalization affects global burdens of disease	PHE 513: Introduction to Public Health	Week 6 Writing Assignments - 1. Describe how globalization affects the global burden of disease 2. Explain how globalization has influenced public health practice
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	PHE 513: Introduction to Public Health	Describe how antibiotic use in the animal farming industry can lead to antimicrobial resistance in humans

3) Provide a matrix, in the format of Template D17-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the foundational public health learning objectives defined in this criterion.

The matrix for the MS Biostatistics program that outlines program core competencies and assessment activities are presented on the following pages:

Assessment of Competencies for Academic Master's Degrees in Public Health Fields (MS Biostatistics)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Apply intermediate to advanced biostatistical theory and techniques to design, plan, and manage data collection to conduct analysis for own research projects or support collaborative research teams.	**BSTA 551 – Mathematical Statistics I**	Mathematical Statistics I is the first course of the two-term statistical theory (BSTA 551 & 552) covering the foundations of statistical inference. This competency is covered in every week of the course. • Week 1: Probability theory and common distributions • Week 2: Multiple random variables • Week 3-4: Properties of a random sample • Week 5-6: Principles of data reduction • Week 8-9: Point estimation • Week 10: Introduction of hypothesis testing Assessments • Homework 1 Probability theory and common distributions • Homework 2 Multiple random variables • Homework 3-4 Properties of a random sample • Homework 5-6 Principles of data reduction • Homework 7-8 Point estimation Midterm is given in week 7 and cover materials of first six weeks and the final exam is given in finals week (we ek 11). For each homework and the exams, students need to work on derivation and proof of theoretical results.
	BSTA 552 – Mathematical Statistics II	Mathematical Statistics I is the second course of the two-term statistical theory (BSTA 551 & 552) covering the foundations of statistical inference. This competency is covered in every week of the course. • Week 1-2: Hypothesis testing • Week 3-5: Interval estimation • Week 6-10: Asymptotic evaluation Assessments • Homework 1-2 Hypothesis testing • Homework 3-4 Interval estimation • Homework 5 Methods for evaluating interval estimators

	• Homework 6 Asymptotic evaluation for point estimation • Homework 7 Asymptotic evaluation for Hypothesis testing Midterm is given around week 6 and cover materials before midterm and the final exam is given in finals week (week 11). For each homework and the exams, students need to work on derivation and proof of theoretical results.
BSTA 512 – Linear Models	This course focuses on intermediate biostatistics models and techniques that could be used for data analysis of continuous outcomes for own research projects or support collaborative research teams. Therefore, this competency is covered in weeks 1-10 • Week 1: Simple linear regression: the risk determinant is one single continuous variable. • Week 2: ANOVA table and sample correlation coefficient • Week 3-6: Linear regression when the risk determinants are both continuous and categorical. • Week 7-10: ANOVA and ANCOVA models when the risk determinants are factor variables. <u>Assessment</u> • Homework 1: Simple linear regression • Homework 2: ANOVA table and sample correlation coefficient • Homework 3-4: Multiple linear regression • Homework 5-6: Polynomial regression, association model building and regression model diagnostic • Homework 7-8: ANOVA and ANCOVA models The class project is a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results of a linear regression model as well as communicate the results in common language in the context of research question, based on real life data.
BSTA 513 - Categorical Data Analysis	This course focuses on intermediate biostatistics models and techniques that could be used for data analysis of categorical outcomes for own research projects or support collaborative research teams. Therefore, this competency is covered in weeks 1-10.

	• Week 1-2: Contingency tables and univariate methods • Week 3-9: Logistic regression • Week 10: Poisson regression <u>Assessment</u> • Homework 1: Test for contingency tables (Chi –squared test, Fisher's exact test, McNemar's test, Cochran-Armitage test). • Homework 2: inference of risk ratio and odds ratio, Mantel-Haenszel odds ratio etc. • Homework 3: Simple logistic regression and ROC curve • Homework 4: Multiple logistic regression • Homework 5: Variable selection and model building for logistic regression model • Homework 6: Model assessment and interpretation of model coefficients for logistic regression model Final project: a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results as well as communicate the results of a logistic regression model in common language in the context of research question, based on real life data.
BSTA 514 - Statistical Analysis of Time-to-Event Data	This course focuses on advanced biostatistics models and techniques for data analysis of time to event data for own research projects or support collaborative research teams. Therefore, this competency is covered in weeks 1-10. • Week 1 - 3: Survival functions and hazard functions. • Week 4-5: Time to event regression – parametric models and proportional hazard (PH) models – estimation and interpretation. • Week 6-7: PH model building, model adequacy assessment and presenting results. • Week 8-9: Extension of PH models. • Week 10: Introduction to competing risk models <u>Assessment</u> • Homework 1-2: Survival functions and hazard functions • Homework 3: Parametric and proportional hazards models. • Homework 4: Extension of proportional hazards models.

		Modeling project: a comprehensive data analysis project on proportional hazards regression modeling, interpretation of model results as well as communicate the results in common language in the context of research question, based on real life data.
	BSTA 519 - Applied Longitudinal Data Analysis	This course focuses on advanced biostatistics models and techniques that could be used for data analysis of continuous or categorical longitudinal outcomes for own research projects or support collaborative research teams. Therefore, this competency is covered in weeks 1-10. • Week 1: Exploratory methods and simple longitudinal data analysis. • Week 2-4: Marginal models for longitudinal continuous data • Week 5-6: Linear mixed effects models for longitudinal continuous data • Week 7-8: Logistic marginal and mixed effects models for longitudinal binary data • Week 9-10: Generalized linear mixed effects and marginal models for longitudinal count data <u>Assessment</u> • Homework 1: Exploratory longitudinal data analysis and change score vs. ANCOVA model • Homework 2-3: Marginal models for longitudinal continuous data: response profile vs. parametric curve. • Homework 4: Marginal models for longitudinal continuous data: covariance pattern. • Homework 5: Linear mixed effects model and model diagnostic • Homework 6-7: Logistic marginal and mixed effects models for longitudinal binary data • Homework 8 (optional): Generalized linear mixed effects and marginal models for longitudinal count data Final project: a comprehensive project to assess model choice based on data type and study design, interpretation of model results as well as communicate the results of a longitudinal model in common language in the context of research question, based on real life data.
2. Translate broad research goals into specifications and	**BSTA 513 - Categorical Data Analysis**	This course focuses on intermediate biostatistics models and techniques for data analysis of different type of categorical outcomes. By working with different type of data, students learn to answer different type of research questions by using

procedures for statistical analysis and interpretation of results in basic, clinical, translational and public health research studies		different statistical procedures, and interpret the results in the context of the research question. This competency is covered in weeks 3-10. • Week 3-9: Logistic regression • Week 10: Poisson regression Final project: a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results as well as communicate the results of a logistic regression model in common language in the context of research question, based on real life data. Students pick one of the three research questions and each research question requires a different statistical procedure and analysis approach. Students need to pick an analysis approach appropriate for the research question, and interpret the results in the context of the research question.
	BSTA 519 - Applied Longitudinal Data Analysis	This course focuses on advanced biostatistics models and techniques for data analysis of continuous and categorical longitudinal outcomes. By working with different type of data, students learn to answer different type of research questions by using different statistical procedures, and interpret the results in the context of the research question. This competency is covered in every week of the course. • Week 1: Exploratory methods and simple longitudinal data analysis. • Week 2-4: Marginal models for longitudinal continuous data • Week 5-6: Linear mixed effects models for longitudinal continuous data • Week 7-8: Logistic marginal and mixed effects models for longitudinal binary data • Week 9-10: Generalized linear mixed effects and marginal models for longitudinal count data <u>Assessment</u> Final project: a comprehensive project to assess model choice based on data type and study design, interpretation of model results as well as communicate the results of a longitudinal model in common language in the context of research question, which could be clinical, or public health related, based on real life data. Students pick one of the three research questions and each research question requires a different statistical procedure and analysis approach. Students need to

		pick an analysis approach appropriate for the research question and interpret the results in the context of the research question.
3. Select and use appropriate statistical analysis software for assessment, decision-making and information-sharing (e.g., Stata, SAS, R or other special programs)	**BSTA 511 – Estimation & Hypothesis Testing for Applied Biostatistics**	Students are taught to analyze quantitative data throughout the course, but especially in weeks 5, 6, 7, 8, 9, and 10. • Week 5: Foundations for inference • Week 6: Hypothesis testing – single sample with a t-distribution • Week 7: Hypothesis testing – two-sample paired data and two-sample independent data • Week 8: Inference for categorical data • Week 9: Comparing means with ANOVA, Kruskal-Wallis; simple linear regression • Week 10: Simple linear regression and non-parametric tests In weeks 5-10, students analyze data through graphical displays and applying confidence intervals and hypothesis testing. Problems require R or Stata to conduct exploratory data analysis (data visualizations and numerical summaries), followed by an analysis to formally test the question of interest and estimate relevant parameters, and end with a written summary of the statistical findings that would be accessible to non-experts. <u>Assessment</u> Students are assessed on this competency in weekly homework (weeks 5-10) and on the final exam. They work through a variety of problems organized by chapter and topic. Assessments require students to choose an appropriate method for analysis, justify their chosen method and provide conclusion statements. Statistical software is required for many of the problems to do the data analysis.
	BSTA 512 - Categorical Data Analysis	This course focuses on intermediate biostatistics models and techniques for data analysis of categorical outcomes. This competency is covered in weeks 1-10. • Week 1-2: Contingency tables and univariate methods • Week 3-9: Logistic regression • Week 10: Poisson regression

		Each lecture has slides to demonstrate how to use statistical package (R or SAS) to fit the statistical model and how to interpret the outputs from the statistical package. R codes or SAS codes are provided as part of the class materials. <u>Assessment</u> • Homework 1: Test for contingency tables (Chi –squared test, Fisher's exact test, McNemar's test, Cochran-Armitage test). • Homework 2: Inference of risk ratio and odds ratio, Mantel-Haenszel odds ratio etc. • Homework 3: Simple logistic regression and ROC curve • Homework 4: Multiple logistic regression • Homework 5: Variable selection and model building for logistic regression model • Homework 6: Model assessment and interpretation of model coefficients for logistic regression model Final project: a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results as well as communicate the results of a logistic regression model in common language in the context of research question, based on real life data. Each homework and the final project requires the use of statistical package to do data analysis.
	BSTA 514 - Statistical Analysis of Time-to-Event Data	This course focuses on advanced biostatistics models and techniques for data analysis of time to event data for own research projects or support collaborative research teams. Therefore, this competency is covered in weeks 1-10. • Week 1 - 3: Survival functions and hazard functions. • Week 4-5: Time to event regression – parametric models and proportional hazard (PH) models – estimation and interpretation. • Week 6-7: PH model building, model adequacy assessment and presenting results. • Week 8-9: Extension of PH models. • Week 10: Introduction to competing risk models Each lecture has slides to demonstrate how to use statistical package to fit the statistical model and how to interpret the outputs from the statistical package. R codes or SAS codes are provided as part of the class materials.

		<u>Assessment</u> • Homework 1-2: Survival functions and hazard functions • Homework 3: Parametric and proportional hazards models. • Homework 4: Extension of proportional hazards models. Modeling project: a comprehensive data analysis project on proportional hazards regression modeling, interpretation of model results as well as communicate the results in common language in the context of research question, based on real life data. Each homework and the final project requires the use of statistical package (either Stata or R or SAS) to do data analysis.
	BSTA 519 - Applied Longitudinal Data Analysis	This course focuses on advanced biostatistics models and techniques for data analysis of continuous and categorical longitudinal outcomes. Therefore, this competency is covered in weeks 1-10. • Week 1: Exploratory methods and simple longitudinal data analysis. • Week 2-4: Marginal models for longitudinal continuous data • Week 5-6: Linear mixed effects models for longitudinal continuous data • Week 7-8: Logistic marginal and mixed effects models for longitudinal binary data • Week 9-10: Generalized linear mixed effects and marginal models for longitudinal count data Each lecture shows how to use statistical package to fit the statistical model and how to interpret the outputs from the statistical package. R/SAS/STATA codes are provided as part of the class materials. <u>Assessment</u> • Homework 1: Exploratory longitudinal data analysis and change score vs. ANCOVA model • Homework 2-3: Marginal models for longitudinal continuous data: response profile vs. parametric curve. • Homework 4: Marginal models for longitudinal continuous data: covariance pattern. • Homework 5: Linear mixed effects model and model diagnostic • Homework 6-7: Logistic marginal and mixed effects models for longitudinal binary data

		• Homework 8 (optional): Generalized linear mixed effects and marginal models for longitudinal count data Final project: a comprehensive project to assess model choice based on data type and study design, interpretation of model results as well as communicate the results of a longitudinal model in common language in the context of research question, based on real life data. Each homework assignment and the final project requires the use of statistical package to do data analysis.
4. Communicate statistical methods and findings clearly and unambiguously to specialists and non-specialist audiences	Overview of three courses and how they work together	In all four courses, the lectures cover the interpretation of results in both statistical and plain language for each statistical method. Interpretation and communication of results is an integral part of teaching statistical methods. Each homework asks students to interpret and summarize the results from the statistical models and provide interpretation of results in both statistical and plain language. In final or class project, students will not only interpret and summarize the results, but also provide discussion of results in the context of the research question.
	BSTA 512 – Linear Models	This course focuses on descriptive and inferential statistical methods when the disease and health conditions are characterized by continuous outcomes (e.g, cholesterol level, blood pressure). Therefore, this competency is covered in weeks 1-10 • Week 1: Simple linear regression: the risk determinant is one single continuous variable. • Week 2: ANOVA table and sample correlation coefficient • Week 3-6: linear regression when the risk determinants are both continuous and categorical. • Week 7-10: ANOVA and ANCOVA models when the risk determinants are factor variables. <u>Assessment</u> • Homework 1: Simple linear regression • Homework 2: ANOVA table and sample correlation coefficient • Homework 3-4: Multiple linear regression

		• Homework 5-6: Polynomial regression, association model building and regression model diagnostic • Homework 7-8: ANOVA and ANCOVA models The class project is a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results of a linear regression model as well as communicate the results in common language in the context of research question, based on real life data.
	BSTA 513 - Categorical Data Analysis	This course focuses on methods when the disease and health conditions are characterized by categorical outcomes (e.g, disease status (Yes vs. No); or number of ED visits). The risk determinants could be any type, either categorical or continuous. Therefore, this competency is covered in weeks 1-10. • Week 1-2: Contingency tables and univariate methods • Week 3-9: Logistic regression • Week 10: Poisson regression <u>Assessment</u> • Homework 1: Test for contingency tables (Chi –squared test, Fisher's exact test, McNemar's test, Cochran-Armitage test). • Homework 2: Inference of risk ratio and odds ratio, Mantel-Haenszel odds ratio etc. • Homework 3: Simple logistic regression and ROC curve • Homework 4: Multiple logistic regression • Homework 5: Variable selection and model building for logistic regression model • Homework 6: Model assessment and interpretation of model coefficients for logistic regression model Final project: a comprehensive project to assess variable selection and model building, model fit and model diagnostic, interpretation of model results as well as communicate the results of a logistic regression model in common language in the context of research question, based on real life data.

	BSTA 514 - Statistical Analysis of Time-to-Event Data	This course focuses on advanced biostatistics models and techniques for data analysis of time to event data for own research projects or support collaborative research teams. Therefore, this competency is covered in weeks 1-10. • Week 1 - 3: Survival functions and hazard functions. • Week 4-5: Time to event regression – parametric models and proportional hazard (PH) models – estimation and interpretation. • Week 6-7: PH model building, model adequacy assessment and presenting results. • Week 8-9: Extension of PH models. • Week 10: Introduction to competing risk models <u>Assessment</u> • Homework 1-2: Survival functions and hazard functions • Homework 3: Parametric and proportional hazards models. • Homework 4: Extension of proportional hazards models. Modeling project: a comprehensive data analysis project on proportional hazards regression modeling, interpretation of model results as well as communicate the results in common language in the context of research question, based on real life data.
	BSTA 519 - Applied Longitudinal Data Analysis	This course focuses on methods when the disease and health conditions are measured at multiple time points (longitudinal). Both the disease/health conditions and risk determinants could be any type, either categorical or continuous. Therefore, this competency is covered in weeks 1-10 • Week 1: Exploratory methods and simple longitudinal data analysis. • Week 2-4: Marginal models for longitudinal continuous data • Week 5-6: Linear mixed effects models for longitudinal continuous data • Week 7-8: Logistic marginal and mixed effects models for longitudinal binary data • Week 9-10: Generalized linear mixed effects and marginal models for longitudinal count data <u>Assessment</u> • Homework 1: Exploratory longitudinal data analysis and change score vs. ANCOVA model

		• Homework 2-3: Marginal models for longitudinal continuous data: response profile vs. parametric curve. • Homework 4: Marginal models for longitudinal continuous data: covariance pattern. • Homework 5: Linear mixed effects model and model diagnostic • Homework 6-7: Logistic marginal and mixed effects models for longitudinal binary data • Homework 8 (optional): Generalized linear mixed effects and marginal models for longitudinal count data Final project: a comprehensive project to assess model choice based on data type and study design, interpretation of model results as well as communicate the results of a longitudinal model in common language in the context of research question, based on real life data.

4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

As shown in D17.1, all MS Biostatistics students are required to complete the core epidemiology sequence (EPI 512 and EPI 513), as well as a full array of biostatistics courses. In addition, all MS Biostatistics students are required to take a one-quarter three-credit PHE 513 – Introduction to Public Health course, which provides a broad overview of methods for discovery and translation of public health knowledge. This course is taken early in the students' program (i.e., fall term of the first year) and provides an introduction to all foundational public health learning objectives. Foundational learning objectives are introduced through reading and lecture, then competency attainment is evaluated using graded responses to weekly writing prompts and a final paper (rubrics included in ERF with syllabus).

The initial introduction of the foundational public health learning objectives in PHE 513 – Introduction to Public Health is reinforced by the required biostatistics and epidemiology courses, which provide exposure to a wide range of methods for discovery and translation. The EPI 512 – EPI 513 sequence, in particular, is designed to assess student attainment of arrange of population health methods and their applications. This sequence is equivalent to a five-semester credit course.

5) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.

The MS Biostatistics comprehensive exam assesses students' achievement of program core competencies, including assessment of students' ability to integrate statistical knowledge and skills acquired in their biostatistical coursework. Students must demonstrate mastery of the subject matter, critical thinking and independent problem solving, and interpretation of results in the context of a research question. The MS Biostatistics comprehensive exam evaluates students' knowledge of both biostatistical theories and applied methods.

The MS Biostatistics comprehensive exam comprises questions that reflect nine required courses:

- BSTA 511 – Estimation & Hypothesis Testing for Applied Biostatistics
- BSTA 512 – Linear Models
- BSTA 513 – Survival Analysis
- BSTA 517 – Statistical Methods in Clinical Trials
- BSTA 519 – Applied Longitudinal Data Analysis
- BSTA 550 – Introduction to Probability
- BSTA 551 – Mathematical Statistics I
- BSTA 552 – Mathematical Statistics II

The written component of the comprehensive exam is a total of six questions divided in two: two-and-a-half hour sections with one-hour break in between. The first section covers applied statistical questions from BSTA 511, 512, and 513. The second section covers theoretical statistical questions from BSTA 550, 551, and 552.

The lab component of the comprehensive exam covers material from BSTA 514, 517, and 519 and takes four hours to complete. It contains three data analysis questions and an additional question to assess the appropriateness of the statistical methods used in a published journal article. Students' responses to each question is evaluated by two faculty reviewers.

6) **Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree school**.

Information related to the School of Public Health's MS Biostatistics can be found here: https://ohsu-psu-sph.org/ms-in-biostatistics/

- MS Biostatistics program guide

7) **Include completed, graded samples of deliverables associated with the major paper or project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.**

Student work from MS Biostatistics students is located in ERF > D Criteria > D17. Academic Public Health Master's Degree > D17.7 – MS Biostatistics Comprehensive Exam.

8) **Briefly explain how the school ensures that the instruction and assessment in basic public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course.**

PHE 513 – Introduction to Public Health was designed to ensure that MS Biostatistics students are introduced to the CEPH foundational public health learning objectives and assessed using the appropriate activities. PHE 513 is a standard, three-credit graduate course with three 50-minute periods each week for ten weeks, with two-hours of work outside of class per week.

9) **Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.**

The syllabus for PHE 513 – Introduction to Public Health is located in ERF > D Criteria > D17. Academic Public Health Master's Degree > D17.9 – Syllabus & Supporting Materials.

10) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- MS Biostatistics students are required to take PHE 513 – Introduction to Public Heath in the first quarter of their program. This course ensures that students are grounded in the CEPH foundational public health learning objectives. Students' foundational public health knowledge is validated each week and at the end of the term through written assignments.
- MS Biostatistics students also take epidemiology courses that ensure they are grounded in a population health framework. They take these courses with epidemiology students, and sometimes students from other programs as well, which helps ensure they are exposed to a broad public health perspective.

Areas of Improvement

- Foundational public health knowledge learning objectives are primarily taught and evaluated in one course. This puts the burden of public health education and competency attainment on one (or a small number) of instructors. Furthermore, there is no guarantee that foundational public health knowledge is addressed in subsequent coursework, which may undermine foundational public health knowledge reinforcement or validation.
- Biostatistics faculty are under-involved in the PHE 513 – Introduction to Public Health course, with the bulk of instruction being provided by MPH Health Promotion and MPH Environmental Systems and Human Health faculty. The minimal Biostatistics faculty involvement in providing or assessing foundational public health learning objectives also undermines confidence that these topics are revisited and reinforces for students in subsequence coursework.

Plans for Improvement

- The Academic Policy & Curriculum Committee (APCC), along with the instructional Biostatistics faculty, will review the distribution of foundational competencies across the entire MS Biostatistics curriculum to produce a more equitable distribution of the foundational public health learning objectives. The Academic Affairs deans, ex-officio members on APCC, will work with MS Biostatistics faculty to identify ways in which learning objectives can be most appropriately covered and their attainment evaluated.
- PHE 513 – Introduction to Public Health was taught for the first time in fall 2021. All future offerings of PHE 513 will be more inclusive of Biostatistics faculty and as a result, the concepts covered in PHE 513 will be reinforced by the Biostatistics faculty in subsequent courses that MS Biostatistics students take throughout the curriculum.

D18. Academic Public Health Doctoral Degrees

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

These students complete doctoral-level, advanced coursework and other experiences that distinguish the school of study from a master's degree in the same field.

The school defines appropriate policies for advancement to candidacy, within the context of the institution.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic doctoral students' foundational public health knowledge through appropriate methods.

1) **List the curricular requirements for each non-DrPH doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's, students or b) would not typically be associated with completion of a master's degree in the same area of study.**

   The school may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from master's-level study. This narrative is especially important for institutions that do not formally distinguish master's-level courses from doctoral-level courses.

   The school will present a separate list for each degree program and concentration as appropriate.

   The OHSU-PSU School of Public Health offers three academic public health doctoral degrees: Community Health, Epidemiology, and Health Systems & Policy.

PhD Community Health

Course	Title	Credits
Required Community Health Core (34 credits including doctoral seminar)		
PHE 546	Urban & Community Health	3
PHE 612	Advanced Principles of Health Behavior	3
HSMP 671	Health Policy	3
PHE 622	Health & Social Inequalities	3
PHE 626	Teaching and Learning in Health Promotion & Social Work	3
HSMP 673	Values & Ethics in Heath	3
PHE 632	Development Origins of Health & Human Disease Epidemiology	3
HSMP 681	Population Health: Policy & Practice Implications	3
PHE 619	Mentored Teaching	3
One of the two following courses:		
ESHH 519	Climate Change & Public Health	3
ESHH 612	Global & Planetary Health Concepts	3
Required Methods Core (23 credits)		

PHE 520	Qualitative Research & Design	3
PHE 624	Philosophy through Power Calculations	3
PHE 625	Advanced Methods Toolkit	3
PHE 634	Social Epidemiology Methods & Theory	3
CPH 636	Community-based Participatory Research	3
BSTA 611	Estimation & Hypothesis Testing for Applied Biostatistics	4
BSTA 612	Linear Models	4
Doctoral Seminar (6 credits)		
PHE 623	Doctoral Seminar	1
Community Health Electives (8 credits)		
Methods Electives (6 credits)		
Electives (18 credits)		

PhD Epidemiology

Course	Title	Credits
Required Epidemiology Core (24 credits)		
EPI 613	Epidemiology II: Methods	4
EPI 614	Epidemiology III: Causal Inference	4
EPI 636	Epidemiologic Data Analysis & Interpretation	4
EPI 630	Epidemiology Journal Club	2
EPI 640	Research & Proposal Design	3
EPI 668	Infectious Disease Epidemiology	2
EPI 676	Chronic Disease Epidemiology	2
EPI 610	Epidemiology Doctoral Seminar	3
Required Biostatistics Core (23 credits)		
BSTA 612	Linear Models	4
BSTA 613	Categorical Data Analysis	4
BSTA 515	Data Management (SAS)	3
One of the following two courses:		
BSTA 514	Survival Analysis	3
BSTA 519	Longitudinal Data Analysis	3
Required Public Health Core (13 credits)		
HSMP 674	Health Systems Organization	3
ESHH 611	Concepts of Environmental Health	3
PHE 612	Principles of Health Behavior	3
PHE 622	Health & Social Inequalities	3
One of the following two courses:		
MGRD 650 (formerly CONJ)	The Practice and Ethics of Science	1
HSMP 673	Values & Ethics in Health	3
Electives (22 credits)		

PhD Health Systems & Policy

Course	Title	Credits
Required Health Systems & Policy Core (21 credits)		
HSMP 642	Organizational Theory & Health Systems	3
HSMP 660	Contemporary Research in Health Systems & Policy	3
HSMP 671	Health Policy	3
HSMP 673	Values & Ethics in Health	3
HSMP 674	Health Systems Organization	3
HSMP 677	Health Care Law & Regulation	3
HSMP 686	Introduction to Health Economics	3
Required Policy Core (9 - 10 credits)		

HSMP 675	Advanced Health Policy	3
PAP 616	Policy Process	3
One of the following two courses:		
HSMP 683	Economics of Health Systems & Policy	3
USP 615	Economic Analysis of Public Policy	4
Required Health Systems Core (6 credits)		
PHE 622	Health & Social Inequalities	3
HSMP 681	Population Health: Policy & Practice Implications	3
Required Design & Methods Core (11 credits)		
HSMP 689	Research Design in Health Services	3
PHE 520	Qualitative Research Design	3
SOC 638	Integrating Qualitative & Quantitative Methods	4
Policy Electives (9 – 12 credits)		
Health Systems Electives (6 credits)		
Research Design & Methods Electives (9 – 12 credits)		

2) Provide a matrix, in the format of Template D18-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

The combined D18-1 table for the 3 PhD programs is presented here. Students who matriculate into the PhD programs without an MPH are required to take core courses not included in the above course of study. These core courses vary by program, but the intersection of these core courses plus coursework required by all three of the PhD programs ensures the foundational public health learning objectives are met.

The Community Health PhD program requires students admitted with an undergraduate degree or a graduate degree other than an MPH to take EPI 612 Epidemiology I, PHE 511 Foundations of Public Health, and BSTA 525 Introduction to Biostatistics as electives. Epidemiology PhD students who have earned an MPH degree may request to waive any or all of the first three courses listed in their course of study table: HSMP 674 Health Systems Organization, ESHH 511 Concepts of Environmental Health, and PHE 612 Principles of Health Behavior. Students in the Health Systems and Policy PhD who do not have an MPH or equivalent courses will be required to take the masters courses in epidemiology (EPI 612 Epidemiology 1), biostatistics (BSTA 1 Introduction to Biostatistics) and Foundations of Public Health (PHE 511) early in their program of study.

Prior self-study review comments requested that we include the best course that teaches to and assesses each competency. However, because different programs require a different collection of courses to meet these competencies, in most cases, multiple courses are listed per competency.

Content Coverage for PhD students who matriculated without an earned MPH from a CEPH-accredited program		
Content	**Course number(s) and name(s)**	**Specific assessment opportunity**
1. Explain public health history, philosophy and values	**PHE 511: Foundations of Public Health**	This competency is covered in Week 1 • Beauchamp, D. (1976). Public health as social justice. *Inquiry, XIII*, 3-14. • Garcia, J.J. & Sharif, M.Z. (2015). Black lives matter: A commentary on racism and public health. *American Journal of Public Health*, 105, e27-e30. • Jones, C.P. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health, 90*, 1212-1215. • Public Health Leadership Society's 2002 Principles of the Ethical Principles of Public Health. Assessment • Syllabus review & revision • Class participation & discussion • Critical reflection practice • Exit Interview & self-assessment
	HSMP 674: Health Systems Organization	This competency is covered in Week 1: • H. Mahler. "The Meaning of 'Health for All by the Year 2000' " Reprinted in American Journal of Public Health 106 (#1, January 2016): 36-38. • H. MacDougall. "Reinventing Public Health: *A New Perspective on the Health of Canadians* and Its International Impact." Journal of Epidemiology and Community Health 61 (2007): 955-959. • J.M. McGinnis, H.V. Fineberg, and V.J. Dzau. "Advancing the Learning Health System." New England Journal of Medicine Perspective 385 (#1, July 1, 2021): 1-4. • Skim "A Brief History of Public Health", Boston University or any other website offering a broad historical overview of public health from ancient history to the present. • Steven Johnson. "The Living Century." The New York Times Magazine May 2, 2021. Assessment • Written paper (see syllabus -- "include reference to any relevant historical public health or health services programs, policies, or interventions that inform your system design and recommendations") • Book Review (see syllabus for details and book selections) • Discussion in Week 8

2. Identify the core functions of public health and the 10 Essential Services*	**HSMP 674: Health Systems Organization**	This competency is covered in Week 3 • Centers for Disease Control and Prevention. "The 10 Essential Public Health Services." See PDF on D2L and also view: https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html • B.C. Castrucci. "The "10 Essential Public Health Services" Is the Common Framework Needed to Communicate about Public Health." American Journal of Public Health 111 (#4, April 2021): 598–599 Assessment Written paper (see syllabus "…should specifically address the relevant core functions of public health/10 essential services (see Session 3 readings)"
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	**Quant - BSTA 525: Introduction to Biostatistics** **Quant – BSTA 611 – Estimation and Hypothesis Testing** **Quant - EPI 612: Epidemiology 1**	PhD students without an earned MPH are required to take at least two courses that address the role of quantitative methods in describing population health. Epidemiology PhD students take many more than these two
	Qual - PHE 520: Qualitative Research Design	The role of qualitative methods is addressed in every week of the course while explicit attention to mixed methods is addressed in week 3 • Week 1: Research ethics • Week 2: Qualitative methods • Week 3: Research design: Stand alone and mixed methods • Week 4: Data collection: Individual interviews • Week 5: Data collection: Group interviews • Week 6: Data collection: Observation & existing sources • Week 7: Data collection: Action research • Weeks 8-9: Data analysis Assessment • Assignment 1 (ongoing): Read and respond to the assigned readings weekly. Write a 1-page single-spaced paper that summarizes assigned readings.

		• Assignment 2, Defending qualitative methods paper: You are being asked to defend qualitative research by responding to any 3 of the below concerning statements made by a coworker or professor (see syllabus for list). Please start your response by completing ALL of these 3 sentences:
		  • The main goals of qualitative research are to…
		  • Three ways that qualitative research differs from quantitative research are…
		  • Three common forms of qualitative data collection are…
		• Final Project 1. (PhD students). Write a 7-page research proposal consisting of the following: Specific Aims; Research Strategy (Significance; Approach; Theory and/or conceptual framework (as relevant); Research design – for each aim, describe the sample, setting and participants; data collection method(s); and specific data analysis techniques (e.g., content analysis, grounded theory, narrative analysis); Potential problems and alternative strategies; Human subjects protection

4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	**EPI 612 – Epidemiology**	This competency is covered in week 10 • Oleckno Chapter 14: Disease Outbreaks, Disease Clusters, and Public Health Surveillance (pages 507-545) • Cancer Surveillance in the United States Cancer Facts & Figures, 2017 from the American Cancer Society; Atlanta GA: American Cancer Society, 2017 • CDC Publication, Surveillance for Certain Health Behaviors Among States and Selected Local Area--Behavioral Risk Factor Surveillance System, United States, 2014. <u>Assessment</u> The student's ability to identify and list causes of and trends in morbidity and mortality are evaluated in week 10 homework
	PHE 612: Advanced Principles of Health Behavior	This competency is covered in weeks 1, 2, 3, 7, and 8 Week 1 • Chadha, N., Lim, B., Kane, M., & Rowland, B. (2020). *Toward the abolition of biological race in medicine: Transforming clinical education, research, and practice* (Policy Brief No. 1). Institute for Healing and Justice in Medicine, Othering & Belonging Institute, UC Berkeley: https://www.crg.berkeley.edu/research/towards-the-abolition-of-biological-race-in-medicine-transforming-clinical-education-research-and-practice/ • Duncan, G., Magnuson, K., Murnane, R., & Votruba-Drzal, E. (2019). Income inequality and the wellbeing of American families. *Family Relations, 68*, 313-325.hVps://doi.org/10.1111/fare.12364

		• Goetzel, R. Z., Pei, X., Tabrizi, M. J., Henke, R. M., Kowlessar, N., Nelson, C. F., & Metz, R. D. (2012). Ten modifiable health risk factors are linked to more than one-fifth of employer-employee health care spending. *Health Affairs*, *31*(11), 2474-2484. Week 2 • Abboud, S., De Penning, E., Brawner, B. M., Menon, U., Glanz, K., & Sommers, M. S. (2017). Cervical cancer screening among Arab women in the United States: An integrative review. *Oncology Nursing Forum, 44*, E20-E33. Week 3 • Smith, P. J., Humiston, S. G., Marcuse, E. K., Zhao, Z., Dorell, C. G., Howes, C., Hibbs, B. (2011). Parental delay or refusal of vaccine doses, childhood vaccination coverage at 24 months of age, and the health belief model. *Public Health Reports, 126,* 135-146 Week 7 • Araiza, A. M., & Lobel, M. (2018). Stress and eating: Definitions, findings, explanations, and implications. *Social and Personality Psychology Compass, 12,* e12378 • McEwen, B. S. (2012). Brain on stress: how the social environment gets under the skin. *Proceedings of the National Academy of Sciences, 109*(Supplement 2), 17180-17185. • Thoits, P. A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior 51,* S41. • Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, *59*(4), 466-485. Week 8 • Christakis, N. A. & Fowler, J. H. (2007). The spread of obesity in a large social network over 32 years. *New England Journal of Medicine, 357*, 370-379. • Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health, 152*, 157-171. hVps://doi.org/10.1016/j.puhe.2017.07.035 <u>Assessments</u> • Journal Club: presentation and discussion of one supplemental reading per week • Team Forum Posts: Most are theory-based intervention designs that address causes of disease related to behavior

	HSMP 681 Population Health: Policy and Practice Implications	This competency is covered in weeks 1-5, 8 • Week 1: Defining population health • Week 2: Population and population dynamics; overview of demographic concepts • Week 3: Documenting U.S. health disadvantage • Week 5: Impact of healthcare on health; the role of health systems • Week 8: Determinants of health and mortality; social and economic policies <u>Assessment</u> Term paper: You will select a population health issue of your choice and similarly refer to the causes and trends of morbidity and mortality, specifically describing the influence of a) long-term demographic trends (e.g., population aging, migration & globalization, fertility); b) social and economic policies (including health policy); c) characteristics of the healthcare system. Rather than proposing a single policy solution, you will complete a policy analysis comparing three policy alternatives to address the selected health issue.
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	**EPI 612: Epidemiology 1**	This competency is covered in weeks 1, 9, 10 • Week 1: Oleckno Chapter 3: Selected concepts in Epidemiology (pages 35-54; Levels of prevention) • Week 9: Oleckno Chapter 13: Screening for Disease and Other Conditions (pages 447-500) • Week 10: Oleckno Chapter 14: Disease Outbreaks, Disease Clusters, and Public Health Surveillance (pages 507-545) Assessment • Levels of prevention assessed in weekly homework (week 1), class quiz (week 2), midterm and final exams. • Surveillance assessed in weekly homework (week 9 and 10), class quiz (week 10), and final exam

6. Explain the critical importance of evidence in advancing public health knowledge	**EPI 612: Epidemiology 1**	This competency is covered in week 7 • Oleckno Chapter 7: Association and Causation in Epidemiology (pages 179-190) • Oleckno Chapter 8: Assessing the Accuracy of Epidemiologic Studies (pages195-226) <u>Assessment</u> The critical importance of evidence, as it relates to association and causation, as well as the factors that affect the accuracy of epidemiologic studies and public health knowledge is assessed in homework 7, homework 8, and the final exam
	PHE 612: Advanced Principles of Health Behavior	This competency is covered in weeks 1 and 9 Readings Week 1 • Prestwich, A., Webb, T. L., & Conner, M. (2015). Using theory to develop and test interventions to promote changes in health behaviour: evidence, issues, and recommendations. *Current Opinion in Psychology*, *5*, 1-5 • Chadha, N., Lim, B., Kane, M., & Rowland, B. (2020). *Toward the abolition of biological race in medicine: Transforming clinical education, research, and practice* (Policy Brief No. 1). Institute for Healing and Justice in Medicine, Othering & Belonging Institute, UC Berkeley: https://www.crg.berkeley.edu/research/towards-the-abolition-of-biological-race-in-medicine-transforming-clinical-education-research-and-practice/ Week 9 • Baker, P., Friel, S., Kay, A., Baum, F., Strazdins, L., & Mackean, T. (2018). What enables and constrains the inclusion of the social determinants of health inequities in government policy agendas? A narrative review. *International Journal of Health Policy Management, 7*(2), 101-111. <u>Assessment</u> • Forum Posts, both team and individual, require students to use peer-reviewed sources to support • Journal Club: Based on peer-reviewed literature

7. Explain effects of environmental factors on a population's health	**PHE 622: Health and Social Inequalities**	This competency is covered in weeks 1 and 2 Week 1 • Link, B. G., & Phelan, J. C. (1995). Social Conditions as Fundamental Causes of Disease. Journal of Health & Social Behavior, 35, 80–94. Week 2 • Phelan, JC, Link, B. G., & Tehranifar, P. (2010). Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence, and Policy Implications. Journal of Health and Social Behavior, 51(S), S28–S40. • Kok, A. A. L., Cooper, R., Cosco, T. D., Huisman, M., Deeg, D. J. H., Kuh, D., & Stafford, M. (2019). Lifetime trajectories of socio-economic adversity and their associations with psychosocial factors and attitudes towards social class. Longitudinal and Life Course Studies, 20(20), 1–24. <u>Assessment</u> • Students are graded for oral participation each class—which includes guided and open discussion of the reading material. • Students have weekly assignments dissecting and analyzing individually-selected research articles using the population health equity framework. Example assignment: 1. Describe a population health inequity driven specifically by environmental conditions in a single sentence. Intersectional inequities are fine. 2. Name two populations that the health inequity you described exists between? 3. What is one measured disparity characterizing the population health inequity you described? 4. What is the structural injustice described as causing the population health inequity? 5. Why is the social mechanism you described in #4 unnecessary? 6. Find and cite (in any published literature) an argument justifying that social mechanism. 7. What is a (or the) proposed solution to produce population health equity to counter the population health inequity you described in #1? <u>PhD students also answer</u> 8. Does actual application of one or more of the dimensions of environmental conditions fit into your own current research? If so, briefly explain how and where it does so, and if this supports a health equity approach? If not, briefly explain whether and how your research results might hide a specific health inequity structured by environmental conditions.
	ESHH 611 – Concepts in Environmental Health	This competency is covered in weeks 4, 5, 6, and 7 Week 4

		• Read Frumkin Chapter 16 Water and Health • Watch *Water Quality* - Echo360 (https://youtu.be/Blfm9RZZ8U4) Week 5 • Frumkin, Chapter 12, Climate Change and Human Health, starting on page 275 • Frumkin, Chapter 13, Air Pollution, starting on page 319. • Do Activities: Complete Sakai worksheets to complete air pollution mapping in real time via https://earth.nullschool.net/ and explore course website for more on air and climate change: Air: https://sites.google.com/view/learnenvironmentalhealth/core-topics/air Climate Change: https://sites.google.com/view/learnenvironmentalhealth/lenses/climate-change Week 6 • Read Frumkin, Chapter 18, Pest Control and Pesticides, starting on page 477 ; Frumkin, Chapter 19: Food systems, the environment, and public health; Review CDC's Food Safety Handout • Do: Visit The International Outbreak Museum (Virtual) of the Oregon Health Authority at http://www.outbreakmuseum.com/ and explore food safety: https://sites.google.com/view/learnenvironmentalhealth/core-topics/food-safety Week 7 • Read: Frumkin Chapter 17: Solid and Hazardous Waste, starting on page 453; Frumkin Chapter 22: Radiation, starting on page 603 • Explore course site: Radiation: https://sites.google.com/view/learnenvironmentalhealth/core-topics/radiation; Waste Mgmt: https://sites.google.com/view/learnenvironmentalhealth/core-topics/waste-mgmt) Assessment Weekly quizzes (overall score), participation in online fora, and final written summaries
8. Explain biological and genetic factors that affect a population's health	**PHE 612: Advanced Principles of Health Behavior**	This competency is covered in weeks 1, 2, 3, 6, 7, 8 Lecture Week 6 on stress physiology and impact on health - all other lectures include bio/genetic factors but don't center them in place of behavior Readings - these contain information on the bio/genetic aspects of the diseases they address or are about biological bases of policy that need to be challenged

		Week 1 • Chadha, N., Lim, B., Kane, M., & Rowland, B. (2020). *Toward the abolition of biological race in medicine: Transforming clinical education, research, and practice* (Policy Brief No. 1). Institute for Healing and Justice in Medicine, Othering & Belonging Institute, UC Berkeley: https://www.crg.berkeley.edu/research/towards-the-abolition-of-biological-race-in-medicine-transforming-clinical-education-research-and-practice/ • Goetzel, R. Z., Pei, X., Tabrizi, M. J., Henke, R. M., Kowlessar, N., Nelson, C. F., & Metz, R. D. (2012). Ten modifiable health risk factors are linked to more than one-fifth of employer-employee health care spending. *Health Affairs*, *31*(11), 2474-2484. Week 2 • Krieger, N. (2000). Refiguring "race": Epidemiology, racialized biology, and biological expressions of race relations. *International Journal of Health Services, 30*, 211-216. Week 3 • Smith, P. J., Humiston, S. G., Marcuse, E. K., Zhao, Z., Dorell, C. G., Howes, C., Hibbs, B. (2011). Parental delay or refusal of vaccine doses, childhood vaccination coverage at 24 months of age, and the health belief model. *Public Health Reports, 126,* 135-146. Week 7 • Araiza, A. M., & Lobel, M. (2018). Stress and eating: Definitions, findings, explanations, and implications. *Social and Personality Psychology Compass, 12,* e12378. • Lipschitz, J. M., Paiva, A. L., Redding, C. A., Butterworth, S., Prochaska, J. O. (2013). Co- occurrence and coaction of stress management with other health risk behaviors. *Journal of Health Psychology, 0*, 1-11. • McEwen, B. S. (2012). Brain on stress: how the social environment gets under the skin. *Proceedings of the National Academy of Sciences, 109*(Supplement 2), 17180-17185. • Thoits, P. A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior 51,* S41. • Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, *59*(4), 466-485. Week 8 • Christakis, N. A. & Fowler, J. H. (2007). The spread of obesity in a large social network over 32 years. *New England Journal of Medicine, 357*, 370-379.

		• Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health, 152*, 157-171. hVps://doi.org/10.1016/j.puhe.2017.07.035 Assessments • Forum Post I to a small extent • Forum Posts 2-5 (intervention design) require discussion of causes of disease their intervention will address • Journal Club presentations often provide a bit of this, but it's not required
9. Explain behavioral and psychological factors that affect a population's health	**PHE 612: Advanced Principles of Health Behavior**	The entire class is in service to this competency Readings: Every week's reading list contains articles specifically about behavioral and psychological factors that affect a population's health from a different theoretical point of view. Please refer to the syllabus Lectures: Week 2: Psychological Underpinnings is specifically about psychological factors - but all lectures are built around psychological /behavioral factors affecting health <u>Assessments</u> • Journal Club: student presentation of article about these factors followed by class discussion • Forum Posts: Theory based intervention design about these factors. First post focuses on social determinants, subsequent posts focus on specific behaviors, Stress/Coping forum has added emphasis on psychological factors, but Forum Posts 2-5 (intervention design) all require discussion of causes of disease their intervention will address • Individual Response Posts: Require consideration of causes of disease not included in team posts • Conflict Resolution Quiz: based on reading on conflict resolution:Weide, D., Marinoff, J., & Berthold, T. (2016). Conflic resolution skills. In T. Berthold (Ed.), *Foundations for community health workers* (pp. 345-368). John Wiley & Sons, Inc. • Final Exam includes questions about this

	HSMP 681 Population Health: Policy and Practice Implications	This competency is covered in weeks 1, 3, 4, 6, 8 Session 1: Defining population health Session 3: Documenting U.S. health disadvantage Session 4: Population aging; migration & globalization Session 6: Fertility Session 8: Determinants of health and mortality <u>Assessment</u> Term paper: Using your knowledge of population health and policy, you will write a paper focusing on one of the health domains. This paper should refer to the causes and trends of morbidity and mortality, specifically describing the influence of a) long-term demographic trends (e.g., population aging, migration & globalization, fertility); b) social and economic policies (including health policy); and c) characteristics of the healthcare system. Finally, propose a forward-thinking policy solution that takes all of these factors into consideration. Include a brief description of barriers (e.g., political, social, economic) you might encounter in enacting your policy solution. (see syllabus for specific topics)
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	**PHE 622: Health and Social Inequalities**	The entire course is built around this, more specifically through grounding in and application of the population health equity framework. The readings included in the syllabus across the whole course address specific axes of social position and/or identity and health. Topics include • Economic power and classism • Racism • Binary sex/gender, sexism and patriarchy • Intersectionality • Equity interventions (included each week after the first, but this is a whole class devoted to the topic) The final three weeks' topics and readings are selected by the students (with direction from me). These have included: body normaivity, sizism & fatphobia; anti-drug use stigma; bourbanocentrism and the rural/urban continuum; carceral history and carceral stigma; and immigration, documentation status, and xenophobia. <u>Assessment</u> • Students are graded for oral participation each class—which includes guided and open discussion of the reading material. • Students have weekly assignments dissecting and analyzing individually-selected research articles using the population health equity framework.

		Example assignment: 1. Describe a population health inequity driven specifically by structural fatphobia in a single sentence. Intersectional inequities are fine. 2. Name two populations that the health inequity you described exists between? 3. What is one measured disparity characterizing the population health inequity you described? 4. What is the structural injustice described as causing the population health inequity? 5. Why is the social mechanism you described in #4 unnecessary? 6. Find and cite (in any published literature) an argument justifying that social mechanism. 7. What is a (or the) proposed solution to produce population health equity to counter the population health inequity you described in #1? <u>PhD students also answer</u> 8. Does actual application of one or more of the dimensions of structural fatphobia fit into your own current research? If so, briefly explain how and where it does so, and if this supports a health equity approach? If not, briefly explain whether and how your research results might hide a specific health inequity structured by fatphobia.
11. Explain how globalization affects global burdens of disease	**HSMP 681 Population Health: Policy and Practice Implications**	This competency is covered in Sessions 4, 5, 8, 10 Session 4: Population aging; migration & globalization Session 5: Impact of healthcare on health; the role of health systems Session 8: Determinants of health and mortality; social and economic policies Session 10: The role of policy and healthcare practice in population health improvement <u>Assessment</u> Term paper: Though the U.S. is one of the wealthiest countries in the world, its health is worse than in other high-income countries. Using your knowledge of population health and policy, you will write a paper focusing on one of the health domains described in the book *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. This paper should refer to the causes and trends of morbidity and mortality, specifically describing the influence of a) long-term demographic trends (e.g., population aging, migration & globalization, fertility); b) social and economic policies (including health policy); and c) characteristics of the healthcare system. Finally, propose a forward-thinking policy solution that takes all of these factors into consideration. Include a brief description of barriers (e.g., political, social, economic) you might encounter in enacting your policy solution. For doctoral students: You will select a population health issue of your choice and similarly refer to the causes and trends of morbidity and mortality, specifically describing the influence of a) long-term demographic trends (e.g., population aging, migration & globalization, fertility); b) social and economic policies (including health policy); c) characteristics of the healthcare system. Rather than proposing a single policy solution, you will complete a policy analysis comparing three policy alternatives to address the selected health issue.

	ESHH 611: Concepts in Environmental Health	This competency is covered in week 5 Read • Frumkin, Chapter 12, Climate Change and Human Health Activity • Explore course website for more on climate change: Climate Change: https://sites.google.com/view/learnenvironmentalhealth/lenses/climate-change Assessment • Week 5 climate change quiz (overall score) • Final written summary
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	**ESHH 611: Concepts in Environmental Health**	This competency is covered in week 6 Read • Frumkin, Chapter 18, Pest Control and Pesticides, starting on page 477 *(pay special attention to vector borne diseases!* Assessment Week 6 quiz overall score
	HSMP 681 Population Health: Policy and Practice Implications	This competency is covered in Sessions 2, 3 • Session 2 - Population and population dynamics; overview of demographic concepts • Session 3 - Documenting U.S. health disadvantage Assessment: Reflection paper #2: Exponential population growth during the mid 20th century led to serious concerns about human, animal, and ecosystem health, which in turn led to draconian policies to control fertility. Using an ecological perspective, discuss the bidirectional nature of long-term demographic trends and population health, incorporating a One Health (or similar) approach into your response. What role does policy play in the relationship between a changing population and health?

3) Provide a matrix, in the format of Template D18-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the introductory public health learning objectives defined in this criterion.

Matrices for each PhD program that outline program core competencies and assessment activities are presented on the following pages:

Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD Community Health)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
1. Identify gaps in the field of Community Health by critically analyzing relevant peer-reviewed literature; design timely, responsive and feasible research questions.	**PHE 624 - Philosophy through Power Calculations**	This competency is covered in weeks 1 and 2 of the course Week 1: Ontology, conceptual models and framework Week 2: Crafting testable aims, research questions, and causation <u>Assessment</u> • Week 2 presentation of background / significance of research, identified gap in the literature, conceptual model related to the identified gap and draft specific aims • Final Research Proposal - An NIH-style research proposal; specifically the Specific Aims section (20 points), the Significance section (10 points) and the Innovation section (10 points)
	PHE 625: Advanced Methods Toolkit	The act of identifying and responding to gaps in the literature is one of the main projects of this course. While simultaneously learning a variety of advanced methods, students collaboratively across the course create an instrument (e.g., systematic social observation, systematic environmental observation, survey scale or index) from conception, through constructs and sub-constructs, operationalization, variables and data, to data collection and validation analysis. This instrument and concept are of something that does not exist in the published literature at the time. Example instruments from past years: accessible and immersive public green space; holistic preparedness for anticipated death scale; community capacity for social sacrifice <u>Assessment</u> Work on the instrument creation project begins in week 2 and continues through finals week. It accounts for 27% of the total course grade.

2. Apply appropriate theoretical frameworks to topics relevant to the field of Community Health, including pedagogical theory in the context of teaching.	**PHE 626 Teaching & Learning in Public Health and Social Work**	Students complete readings on a variety of pedagogical theories and create a Learning Experience assignment (an assignment designed for college-level learning) that incorporates pedagogical theory in its design, assessment and rubric. Peadagogical theory is addressed in classes 2, 3, and 4 Class 2 • hooks, b. (1994). Teaching to transgress. New York: Routledge. (Chapters Intro through Chapter 3) • Davarian B. Higher Education's Racial Reckoning Reaches Far Beyond Slavery. Washington Post. April 1 2021. • Goldin C, Katz LF. The Shaping of Higher Education in the United States: The formative Years in the United States, 1890-1940. Journal of Economic Perspectives. Vol. 13(1) 1999. Class 3 • Nouri A, Mehdi Saddaji S. Emancipatory Pedagogy in Practice: Aims, Principals and Curriculum Orientation. International Journal of Critical Pedagogy. Vol 5(2) 2014. • hooks, b. (1994). Teaching to transgress. New York: Routledge. (Chapters 4 & 12) • The Handbook of Transformative Learning: Theory, Research & Practice (Chapter 1) Class 4 • Morreira S & Luckett K. Questions Academics can Ask to Decolonise their classrooms. Foluke's African Skies Blog, November 14 2018. • Morreira S et al. Confronting the complexities of decolonising curricula and pedagogy in higher education. Third World Thematics August 2020. • Harvey A & Russell-Mundine G. Decolonising the curriculum: using graduate qualities to embed Indigenous knowledges at the academic cultural interface. Teaching in Higher Education. Aug 2018 Assessment

		Learning Experience Rough Draft (10%) • The Learning Experience Assignment is a lesson students create for a specific audience (could be intended for UG students, for graduate students, for community members, etc.) It must include elements of Universal Design and include the following sections: 1. A personal reflection describing motivation for creating the Learning Experience. (What is the intended audience? How did you settle on your topic/exercise? What other options did you choose? What teaching philosophies did you choose to focus on and why? How did you incorporate Universal Design? How did Emancipatory / Transformative theories influence your project? 2. An overview of the student's goals for the Learning Experience (including at least 4 citations to papers with the pedagogical theory or theories the student wishes to incorporate) 3. Student learning competencies for the Learning Experience 4. The Learning Experience—in whatever format would be appropriate to give to your "students." The assignment must include the learning competencies with mapping showing how the assignment will fulfill those competencies. 5. Assessment Final Learning Experience • The final learning experience is a revised version and better developed version of the draft learning experience. 5% of the total grade derives from the appropriate use of theory.
3. Utilize pertinent research design, analytic methods, and interpretation of results to address timely research questions in the field of Community Health.	**PHE 624 - Philosophy through Power Calculations**	The entire class builds to the development of appropriate research design, analytic methods, and interpretation of results. • Week 1: Ontology, theory of knowledge, conceptual models and frameworks • Week 2: crafting testable aims, research questions, causation • Week 3: Sampling, relationship to statistical inference, selection bias • Week 4: Study designs from the Community Health and Epidemiologic perspective • Week 5: Data sources, research with available data an information bias • Week 6: Survey design and data collection; measurement validity and reliability

		• Week 7: Statistical analysis refresher and codebook creation • Week 8: Communicating and interpreting results <u>Assessment</u> • Section drafts: significance, innovation, population description and sample selection, study design, data sources, data collection, analysis plan for each aim. • Graded critique provision to fellow classmates • Final full proposal – Benefitting from the critique provided by your NIH study section, revise your proposal and submit this by the end of week 10 This final proposal may be 15 pages in length (not including references).
	PHE 625: Advanced Methods Toolkit	Weekly reading topics that address this competency include: • Philosophy of science about modeling nature • Formal causal reasoning and causal diagrams of major study designs • Case control study designs, with special attention to causal inference, finding controls, and selection bias; cohort study designs (inc. cohort time series) • Immortal person time bias, measurement biases, effect modification vs causal interaction • Probability sampling, snowball sampling, and respondent-driven sampling methods • Time series study designs (cross-sectional time series, serial cohorts time series) • Differentiating individual from population analysis • Intervention research and community-based participatory research • Scale development and validation (among others) <u>Assessment</u> • Three written homework assignments • Four reading / self-reflections on doctoral and research aspirations • Seven problem sets on topical methods (e.g., the instrumental variables, multiple imputation, etc.)

		• Group quarter-long assignment - create an instrument (e.g., systematic social observation, systematic environmental observation, survey scale or index) from conception, through constructs and sub-constructs, operationalization, variables and data, to data collection and validation analysis
4. Evaluate the impact of social, cultural and contextual factors on health outcomes.	**PHE 622 - Health & Social Inequalities**	The entire course is built around this, specifically through grounding in and application of the population health equity framework. While not reproducing the entire syllabus here, these are the first lecture's reading assignment, which sets the stage for application to specific axes of social position and/or identity across the remainder of the course: • Whitehead, M. (1991). The concepts and principles of equity and health. Health Promotion International, 6(3), 217–228. • Rose, G. (1985). Sick individuals and sick populations. International Journal of Epidemiology, 14(1), 32–28. • Link, B. G., & Phelan, J. C. (1995). Social Conditions as Fundamental Causes of Disease. Journal of Health & Social Behavior, 35, 80–94. • Kuh, D., Ben-Shlomo, Y., Lynch, J., Halloqvist, J., & Power, C. (2003). Life Course Epidemiology Journal of Epidemiology and Community Health, 57, 778–783. • Dinno, A. (2021). Crash Course-Refresher in Measures of Population Health & Population Health Disparities. Handout Only PhD Students read: • Penman-Aguilar, A., Talih, M., Huang, D., Moonesingh, R., Bouye, K., & Beckles, G. (2016). Measurement of Health Disparities, Health Inequities, and Social Determinants of Health to Support the Advancement of Health Equity. Journal of Public Health Management and Practice, 22(Suppl 1), S33–S42. Remaining week's topics include: economic power and classism; racism; binary sex/gender, sexism and patriarchy; intersectionality; equity interventions, among others. Student-led sessions have included: body normaivity, sizism and fatphobia; anti-drug use stigma; bourbanocentrism and the rural/urban continuum; carceral history and carceral stigma; and immigration, documentation status, and xenophobia.

		Assessment • Students are graded for oral participation each class—which includes guided and open discussion of the reading material. • Students have weekly assignments dissecting and analyzing individually-selected research articles using the population health equity framework. • Here is an example assignment: 1. Describe a population health inequity driven specifically by structural cause in a single sentence. 2. Name two populations that the health inequity you described exists between? 3. What is one measured disparity characterizing the population health inequity you described? 4. What is the structural injustice described as causing the population health inequity? 5. Why is the social mechanism you described in #4 unnecessary? 6. Find and cite (in any published literature) an argument justifying that social mechanism. 7. What is a (or the) proposed solution to produce population health equity to counter the population health inequity you described in #1? PhD students also answer 8. Does actual application of one or more of the dimensions of structural issue fit into your own current research work (including dissertation work if you like)?
5. Effectively disseminate Community Health knowledge and research findings to public, professional, and student audiences using multiple modes of communication.	**PHE 626 - Teaching & Learning in Health Promotion and Social Work**	This competency is covered in classes 5, 7, 8, 10, and 13 Assessment Discussion leader: Students have the opportunity to practice leading discussions starting in week 9 to practice delivering their learning activity Learning Experience Rough Draft (10%) • The Learning Experience Assignment is a lesson students create for a specific audience (could be intended for UG students, for graduate students, for community members, etc.) It must include elements of Universal Design and include the following sections: 1. A personal reflection describing motivation for creating the Learning Experience. (What is the intended audience? How did you settle on your topic/exercise? What other options did you choose? What teaching philosophies did you choose to focus on and why? How did you incorporate Universal Design? How did Emancipatory / Transformative

		theories influence your project? 2. An overview of the student's goals for the Learning Experience (including at least 4 citations to papers with the pedagogical theory or theories the student wishes to incorporate) 3. Student learning competencies for the Learning Experience 4. The Learning Experience—in whatever format would be appropriate to give to your "students." The assignment must include the learning competencies with mapping showing how the assignment will fulfill those competencies. 5. Assessment Final Learning Experience • The final learning experience is a revised version and better developed version of the draft learning experience. 5% of the total grade derives from the appropriate use of theory
5. Demonstrate ethical conduct and cultural competence in research design, analysis, dissemination, and critique	**HSPM 673 – Values and Ethics in Health**	This entire course is designed to address values and ethics in health with particular attention to public health practice. Attention is given to numerous areas of ethical concern and questions, including research dilemmas. The following provide preparation for the assessment: • Week 1: Identification of core ethical issues • Week 2: Framing population, community, organizational and individual perspectives; public health and managerial codes of ethical practice and conduct • Week 3: Justice, rights, harm, responsibility; frameworks for ethical analysis; understanding ethics and its relationship to law, politics, and other frameworks • Week 4: Individual choice and preferences; gender identity; reproduction issues • Week 5: Systems level challenges and health systems reform; distributive, reproductive and environmental justice • Week 6: Clinical and health services research and ethics; institutional review boards • Week 7: Organizational missions vs. personal values and ethics vs. professional obligations; conscientious objection • Week 8: Competence, individual choice, dignity of risk, futility; advance directives • Week 9: Challenges to values/ethics in varying contexts and situations; conflict of interest

		Assessment • Personal values statement: Students will write about how they approach issues of values and ethics in health, including their background in health services, ethics (including religious upbringing, family, culture, etc.), responses to the personal values exercise. • Case analysis: Students will analyze one case, and either present it verbally in class, or prepare a written analysis. The analysis will follow the framework used in class for discussing and resolving ethical dilemmas. • Group ethical analysis: The aim of this assignment is to work in a group to conduct an ethical analysis, debate multiple perspectives, achieve some consensus on ways to approach the issue, and present your collective findings. Particular attention should be paid to means of reconciling potentially conflicting perspectives, and the socio-political ramifications of choosing various resolutions to ethical issues. The topic areas present the opportunity to highlight elements of the four core concepts central to this course -- rights, harm, justice, and responsibility. In addressing the issues, consider ways of addressing ethical challenges, values orientations, social justice, and human rights perspectives. [see syllabus for more details]
	PHE 625: Advanced Methods Toolkit	The first week of the course, the students dive into the social philosophy of science, with emphasis on questions of the *social value* of research • Levins, R. (1996). Ten propositions on science and antiscience. Social Text 46/47, 14(1 and 2):101–111. • Sayer, A. (1997). Critical realism and the limits to critical social science. Journal for the Theory of Social Behaviour, 27(4):473–488. • Haraway, D. J. (1991). Simians, cyborgs, and women: The reinvention of nature, Chapter Nine: Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective, pages 183–201. Routledge. • Restivo, S. (2011b). Red, Black, and Objective: Science, Sociology, and Anarchism, chapter 1: Objectivity Revisited and Revised, pages 7–28. Ashgate Publishing Limited.

		Levins, R. (2003). Whose scientific method? New Solutions: A Journal of Environmental and Occupational Health Policy, 13(3):261–274. • Martin, B. (1994). Anarchist science policy. The Raven: Anarchist Quarterly, 7(2):136–153. <u>Assessment</u> Student reflections are graded and represent 18% of their grade in the course. Students are asked to write open and directed reflections on ethics in community health. Examples of directed reflection prompts: • How can your power—both in terms of your individual skills as a researcher, and in terms of the informal and formal professional and academic networks you have access to—serve the health of communities? How can you communicate "what you have to offer" to those non-researchers whose health you will work for? How can you be an ally as a researcher? • List two research methods that you would like to have more training and/or experience with (broadly speaking: lit reviews, writing, applied theory, analysis, study design, collaboration, translation… anything that you deem research methody): how will these methods advance the health of you communities of interest?

Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD Epidemiology)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Apply population-based concepts of chronic and infectious disease epidemiology within appropriate biological, pathophysiological, social, and community contexts.	**EPI 676 – Chronic Disease Epidemiology**	This entire course is designed to teach students to apply population-based concepts of chronic disease epidemiology in different contexts. See especially the following: • Weeks 2 and 3: Survey of Chronic Conditions, covering multiple chronic conditions including their basic pathophysiology • Week 4: Risk factors for chronic conditions, social determinants, including mechanisms of action (e.g. the Link and Phelan reading) • Week 8: Community based Interventions <u>Assessment</u> • Paper 1 (see syllabus -- "include overview/synopsis of the condition, its biological mechanisms, and a description of the epidemiology (appropriately cited)") • Presentation – prepare and deliver a short lecture/presentation on the chronic disease topic in the format of the final paper and covering interventions and advocacy
	EPI 668 – Infectious Disease Epidemiology	The entire course teaches students about infectious disease epidemiology in different contexts. See especially the following: • Week 1, Overview and outbreak exercise • Week 4, Burden and convergence of communicable and non-communicable diseases • Week 7: Hospital surveillance and control <u>Assessment</u> • Surveillance System Evaluation, including an abstract on critical surveillance system need • Homework assignments on outbreak investigations, including use of epidemiological measures
2. Apply methods for collecting, evaluating, and synthesizing existing evidence of health determinants to research on public health problems.	**EPI 614, Epidemiology III, Causal Inference**	The entire course teaches students how to identify, integrate, and apply relevant literature to public health issues, as well as propose research for public health action. See especially the following: • Week 2: Construction of an Evidence Table,

		• Week 4: Literature searches including hands on search • Weeks 4-6: Confounding, Selection and Measurement Biases • Week 9: Systematic Reviews <u>Assessment</u> • Case 1, Exercise 1.2, Evidence table and PICO (Population, Intervention (or Independent Variable), Comparison, Outcome) statement • Case 2, Exercise 2.2, Draft research question, Significance, DAG (Directed Acyclic Graph) and Evidence Table • Case 2, Exercise 2.3, Final paper including the protocol for a proposed systematic review
	EPI 636 - Epidemiologic Data Analysis and Interpretation	In this course, students conduct an epidemiologic research investigation using publicly available National Health and Nutrition Examination Survey (NHANES) data. Collecting, evaluating and synthesizing background literature in support of the study hypothesis is a major emphasis of the class. The following provide preparation for the assessment: • Recorded lecture, "C.1 Biologic and social bases is analysis, • Video 'Introduction to Literature Reviews: An Overview for Graduate Students' • In-class hands application of literature search strategies with an OHSU librarian • Discussion of selected publications posted on the course materials pages that provide manuscripts for students to model <u>Assessment</u> Extended Analysis Plan Background and Summary Literature Table (Project EB, in the syllabus)
3. Apply appropriate data quality assurance and statistical methods for the research questions and study designs used in epidemiologic research.	**BSTA 613 – Categorical Data Analysis**	This entire course teaches statistical methods for the research questions and study designs used in epidemiologic research (contingency tables, risk ratios, odds ratios, simple logistic regression, multiple logistic regression, and Poisson regression). The course uses recorded and live demonstrations to present concepts and practice applications. <u>Assessment</u>

		• Homework 5, Model building and assessing the fit of the logistic regression model (Extra problem for BSTA 613—creation of linear splines) • Homework 6, Logistic regression for case-control studies (Extra problem for BSTA 613—Poisson regression)
	EPI 636 – Epidemiologic Data Analysis and Interpretation	In this course, students conduct an epidemiologic research investigation using publicly available National Health and Nutrition Examination Survey (NHANES) data. Students assess data quality and perform statistical analyses through a series of laboratory exercises that provide assessments and methods they then apply to their own project. Students demonstrate competency by writing a full methods and results section that is of publication quality. <u>Assessment</u> • Exercise 6, Descriptive analyses accounting for survey design • Exercise 7, Descriptive assessments for data quality • Exercise 8, Crude and minimally adjusted associations • Exercise 10, Assessment and control of confounding • Exercise 11, Effect measure modification • Project 5, Final Methods and Results Section
4. Formulate a testable hypothesis and propose a related study design and analytic approach that have the potential for advancing knowledge of the determinants of health and disease.	**EPI 640 – Research and Proposal Design**	This entire course is designed to address this competency. Through a series of class preparations, feedback on submission, and practice sessions, students complete an NIH research grant proposal. See especially: • Week 4: Organizing evidence; research approach • Week 5: Design Studio night—presentations of research idea and opportunity for feedback • Week 6: Titles and abstracts; strengthening the approach Assessments: • Assignment #1 – Draft abstraction with candidate research question and preliminary hypothesis • Assignment –Detailed outline of approach • Final proposal

	EPI 636 – Epidemiologic Data Analysis and Interpretation	In this course, students conduct an epidemiologic research investigation using publicly available National Health and Nutrition Examination Survey (NHANES) data. Early activities in the class guide students to selecting a research topic, formulating and refining the rationale, objectives and hypotheses, and defining the causal framework in which the hypothesis will be tested. The following provide preparation for the assessment: • Recorded lecture, "C.2 Purpose and Elements of an Analysis Plan", • In class discussions on refining the study objectives and hypothesis, and on crafting the hypothesis statement. • In-class work to prepare a directed acyclic graph (DAG) to represent the causal structure among variables to be used in their proposed study and analysis. • Discussion of selected publications posted on the course materials pages that provide manuscripts for students to model. <u>Assessment</u> "Project 2. Analysis Plan," a comprehensive 8-10 page document organized to address the Introductory and Methods elements of the proposed study. The detailed content addresses items 1-12 of the Standardized Reporting on Observational Epidemiology (STROBE) checklist. Relevant to this competency, those items include pre-specified hypothesis, study design, setting, participants, data sources and variables and all statistical methods.
5. Apply ethical principles to problems that arise in epidemiologic research and practice.	**MGRD 650 (formerly CONJ 650) – The Practice and Ethics of Science**	This entire course is designed to provide doctoral students with training in scientific research ethics. The following provide preparation for the assessment: • Weeks 1 and 3: Ethical issues pertaining to data acquisition, handling and recordkeeping • Week 2: Authorship and writing, including plagiarism • Week 6: Human investigations, including informed consent and privacy of genetic information Assessment Facilitated small group discussions
	HSPM 673 – Values and Ethics in Health	This entire course is designed to address values and ethics in health with particular attention to public health practice. Attention is given to numerous

		areas of ethical concern and questions, including research dilemmas. The following provide preparation for the assessment: • Week 1: Identification of core ethical issues • Week 2: Framing population, community, organizational and individual perspectives; public health and managerial codes of ethical practice and conduct • Week 3: Justice, rights, harm, responsibility; frameworks for ethical analysis; understanding ethics and its relationship to law, politics, and other frameworks • Week 4: Individual choice and preferences; gender identity; reproduction issues • Week 5: Systems level challenges and health systems reform; distributive, reproductive and environmental justice • Week 6: Clinical and health services research and ethics; institutional review boards • Week 7: Organizational missions vs. personal values and ethics vs. professional obligations; conscientious objection • Week 8: Competence, individual choice, dignity of risk, futility; advance directives • Week 9: Challenges to values/ethics in varying contexts and situations; conflict of interest <u>Assessment</u> • Personal values statement: Students will write about how they approach issues of values and ethics in health, including their background in health services, ethics (including religious upbringing, family, culture, etc.), responses to the personal values exercise. • Case analysis: Students will analyze one case, and either present it verbally in class, or prepare a written analysis. The analysis will follow the framework used in class for discussing and resolving ethical dilemmas. • Group ethical analysis: The aim of this assignment is to work in a group to conduct an ethical analysis, debate multiple perspectives, achieve some consensus on ways to approach the issue, and present your collective findings. Particular attention should be paid to means of reconciling potentially conflicting perspectives, and the socio-political ramifications of choosing various resolutions to ethical issues. The topic areas present the opportunity to highlight elements of the four core concepts central to this course -- rights, harm, justice, and

		responsibility. In addressing the issues, consider ways of addressing ethical challenges, values orientations, social justice, and human rights perspectives. [see syllabus for more details]
6. Evaluate scientific, cultural, and political issues on epidemiologic research, including research goals, recruitment of study participants, and communication of results in the appropriate contexts.	**EPI 613 – Epidemiology II, Methods**	Specific sessions in this class focus on teaching students to understand and correctly interpret information on sex, gender, race and ethnicity in epidemiologic research. The following provide preparation for the assessment: • Week 5: Review and literature synthesis, the case of race in data analysis • Week 6: Effect measure modification with readings focused on sex and gender differences <u>Assessment</u> A final exam section that includes a series of questions about interpretation of results on effect measure modifications by race reported in published papers. The questions draw on didactic content in Weeks 5 and 6.
	PHE 622 – Health and Social Inequalities	The entire course is built around this, specifically through grounding in and application of the population health equity framework. While not reproducing the entire syllabus here, these are the first lecture's reading assignment, which sets the stage for application to specific axes of social position and/or identity across the remainder of the course: • Whitehead, M. (1991). The concepts and principles of equity and health. Health Promotion International, 6(3), 217–228. • Rose, G. (1985). Sick individuals and sick populations. International Journal of Epidemiology, 14(1), 32–28. • Link, B. G., & Phelan, J. C. (1995). Social Conditions as Fundamental Causes of Disease. Journal of Health & Social Behavior, 35, 80–94. • Kuh, D., Ben-Shlomo, Y., Lynch, J., Halloqvist, J., & Power, C. (2003). Life Course Epidemiology Journal of Epidemiology and Community Health, 57, 778–783. • Dinno, A. (2021). Crash Course-Refresher in Measures of Population Health & Population Health Disparities. Handout Only PhD Students read: • Penman-Aguilar, A., Talih, M., Huang, D., Moonesingh, R., Bouye, K., & Beckles, G. (2016). Measurement of Health Disparities, Health Inequities, and Social Determinants of Health to Support the

		Advancement of Health Equity. Journal of Public Health Management and Practice, 22(Suppl 1), S33–S42. Remaining week's topics include: economic power and classism; racism; binary sex/gender, sexism and patriarchy; intersectionality; equity interventions, among others. Student-led sessions have included: body normaivity, sizism and fatphobia; anti-drug use stigma; bourbanocentrism and the rural/urban continuum; carceral history and carceral stigma; and immigration, documentation status, and xenophobia. <u>Assessment</u> • Students are graded for oral participation each class—which includes guided and open discussion of the reading material. • Students have weekly assignments dissecting and analyzing individually-selected research articles using the population health equity framework. • Here is an example assignment: 1. Describe a population health inequity driven specifically by structural cause in a single sentence. 2. Name two populations that the health inequity you described exists between? 3. What is one measured disparity characterizing the population health inequity you described? 4. What is the structural injustice described as causing the population health inequity? 5. Why is the social mechanism you described in #4 unnecessary? 6. Find and cite (in any published literature) an argument justifying that social mechanism. 7. What is a (or the) proposed solution to produce population health equity to counter the population health inequity you described in #1? PhD students also answer 8. Does actual application of one or more of the dimensions of structural fatphobia fit into your own current research work (including dissertation work if you like)?
7. Demonstrate excellent verbal and communication skills in teaching epidemiologic principles and concepts at appropriate levels to different audiences.	**EPI 614 - Epidemiology III, Causal Inference**	This competency is addressed in Week 10. The following provides preparation for the assessment: • Lecture topic, Communicating findings to a lay audience. <u>Assessment:</u> Case Presentation 2. Public presentation to a lay audience

	EPI 636 - Epidemiologic Data Analysis and Interpretation	In this course, students conduct an epidemiologic research investigation using publicly available National Health and Nutrition Examination Survey (NHANES) data. Upon completing their research projects, prepare and deliver a scientific presentation that is open to the public. The following provide preparation for the assessment: • Recorded lecture, "C.4 Presenting Epidemiologic Associations" • In-class practice sessions to refine slides, presentation content, and professional speaking manner <u>Assessment:</u> "Oral Presentation," a 12-15 minute presentation of the research project with slides to a broad audience of peers, faculty, and the public.

Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD Health Systems & Policy)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
1. Apply relevant theories and frameworks to issues pertaining to health systems and policies.	**HSMP 642 - Organizational Theory and Health Systems**	This competency is covered in weeks 1, 2, 4-10 • Week 1: History of Organization Theory • Week 2: Classical, Neoclassical & Modern/Structural Organization Theory • Week 4: Human Resource, Organizational Behavior and Group/Team Theories • Week 5: Institutional Economics and Organizational Culture Theories • Week 6: Theories of Power and Leadership • Week 7: Organizations and Their Environments: Systems, Complexity & Chaos • Week 8: Decision Making, Innovation and Organizational Change • Week 9: The Contexts of Society & Health System Organizations; Gendered and Racialized Perspectives on Organizational Theory • Week 10: Organizing Schemes for Organizational Theory; Organizational Theory Matrix and Health System Research <u>Assessment</u> • Theoretical perspective/concept short papers: For one session you will present and lead the class discussion, plus one for another identified session in which you will act as a "discussant." The theoretical perspective paper that you present should be based on substantive research and should address the historical development, key tenets and constructs, brief comparison to other theoretical perspectives, and several examples of the use of a specific theory/framework representative of that perspective in research. • Comparative analysis of organizational theories: You will present two theories on an organizational concept/topic of your choice and conduct a comparative analysis that highlights their strengths, similarities, and differences. The descriptive and comparative criteria to be used in the analysis include: 1) the schools (or perspectives) which the theories represent; 2) the antecedent/ subsequent theories that are relevant to understanding where they fit in the evolution of that school of thought or perspective; the ontological and epistemological perspective and, 3) the unit of analysis and/or environmental locus in which they may be applied. The final part of the analysis should comment on the theory's *ontology* – how we experience "truth-value" in relation to the world (how we make distinctions between what is real to us and what is not real to us), and its *epistemology* – how we can then "know" the difference between these value states (how we can derive "true" information in relation to the world.

	HSMP 671 – Health Policy	This competency is covered in weeks 1-9 • Week 1: Defining Policy, Health Policy, and the Policy Process • Week 2: Problem Definition • Week 3: Agenda Setting • Week 4: Decision-Making: The Rational Model and Some Alternatives • Week 5: Power and Information in the Policy Process • Week 6: Implementation • Week 7: Bringing Together the Policy Process Pieces • Week 8: Incremental and Non-Incremental Policy • Week 9: A Policy Typology <u>Assessment</u> The two "staged" analytic papers are designed to allow the student to become familiar with expectations for the writing assignment and to receive feedback that can be incorporated in the final policy brief. Doctoral students will be required to provide a policy evaluation/research proposal brief in addition to the policy brief in order to fulfill 600-level course requirements.
	HSMP 677 Health Care Law and Regulation	This competency is covered in weeks 1-8 • Week 1: Introduction to the class and US legal system • Week 2: Health care reform/ Access / Admission & Discharge • Week 3: Contracts & Intentional Torts • Week 4: Negligence (cont'd), Liability • Week 5: Organization & Management of a Corporate Healthcare Organization; Liability of the Healthcare Institution • Week 6: Emergency Care / EMTALA ; Consent for Treatment and Withholding Consent • Week 7: Taxation of Healthcare Institutions; Fraud & Abuse (Anti-Kickback, Stark, FCA) • Week 8: Accreditation, Compliance, HIPAA, Reproduction and Birth <u>Assessment</u> • Hypothetical Fact Pattern Assignment: As a critical thinking and knowledge application exercise, you will be presented with a "hypothetical" fact pattern. After reading the hypothetical, you will be required to analyze the fact pattern in the 'IRAC" format (Issue, Rule, Application/Analysis, Conclusion).

	• Final Examination: The final examination for HSMP 577/677 will consist of a comprehensive, take-home exam consisting of approximately 50 "fill-in-the-blank," short answer, and hypothetical fact pattern questions drawing from readings, in-class discussions and other hand-outs or multimedia presentations.
HSMP 686 Introduction to Health Economics	**Covered in Weeks 1-10** • Week 1: The Economic Paradigm and its Application to Health Care • Week 2: Health vs. Health Services and Introduction to Demand Theory • Week 3: Demand for Medical Care • Week 4: Demand for Health Insurance and Introduction to Supply Theory • Week 5: More Supply Theory and the Market for Health Insurance • Week 6: The Market for Hospital Services • Week 7: The Market for Physician Services and Labor • Week 8: The Market for Health and Healthcare • Week 9: Market Problems & Government Role in Health • Week 10: Economics of Health Care Reform <u>Assessment</u> Students will be evaluated on their ability to articulate the economic concepts presented and their application to health-related services and policies in written and/or graphical form. There will be five short problem sets, a take home mid-term and a take home final exam. Doctoral students taking the class will be required to complete a brief essay applying economic reasoning, with empirical evidence were available, in the assessment or review of a topic of choice.
HSMP 681 Population Health: Policy and Practice Implications	This competency is covered in weeks 4, 5, 8, 10 • Week 4: Population aging; migration & globalization • Week 5: Impact of healthcare on health; the role of health systems • Week 8: Determinants of health and mortality; social and economic policies • Week 10: The role of policy and healthcare practice in population health improvement <u>Assignment</u> Term paper: Though the U.S. is one of the wealthiest countries in the world, its health is worse than in other high-income countries. Using your knowledge of population health and policy, you will write a paper focusing on one of the health domains described in the book *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. This paper should refer to the causes and trends of morbidity and mortality, specifically describing the influence of a) long-term demographic trends (e.g., population aging, migration &

		globalization, fertility); b) social and economic policies (including health policy); and c) characteristics of the healthcare system. Finally, propose a forward-thinking policy solution that takes all of these factors into consideration. Include a brief description of barriers (e.g., political, social, economic) you might encounter in enacting your policy solution. For doctoral students: You will select a population health issue of your choice and similarly refer to the causes and trends of morbidity and mortality, specifically describing the influence of a) long-term demographic trends (e.g., population aging, migration & globalization, fertility); b) social and economic policies (including health policy); c) characteristics of the healthcare system. Rather than proposing a single policy solution, you will complete a policy analysis comparing three policy alternatives to address the selected health issue.
	PAP 616: Policy Process	This competency is covered in weeks 2-10 • Week 2: Agenda Setting, Causal Stories and Problem Definition • Week 3: Incrementalism, Punctuated Equilibrium, and Policy Feedback Theory • Week 4: Multiple Streams Approach and Systems Thinking • Week 5: Diffusion and Innovation Models • Week 6: The Advocacy Coalition Framework • Week 7: Ever-Expanding Policy Network Theories • Week 8: Institutional Analysis and Development and Adaptive Governance • Week 9: Comparison of Theories • Week 10: Integration of Policy Theories and Course Learning Objectives <u>Assessment</u> Research Paper: Students are required to compose a research paper that integrates the course learning objectives into an arena of their choosing. The paper evaluates two policy frameworks efficacy and usefulness in explaining policy outcomes in a domain of their choice. Students need to use the following section headers [including] Problem, Assumptions of the two theories, Key actors, Modes of policy learning from the theories
	HSMP 683 Economics of Health Systems and Policy	This competency is covered in weeks 1-10 • Week 1: Introduction to the Economics of Health Systems and Policy • Week 2: Neo-Classical Economics and its Shortcomings • Week 3: Equity and Efficiency – Cost-Benefit/Utility/Effectiveness • Week 4: The Information Problem –Principal-Agent Problem, Selection, Measurement • Week 5: Open Session – Discussion of Individual Topics and Applications • Week 6: Organizational Economics – Transaction Cost Economics • Week 7: Organizational Economics – Institutional Economics

		• Week 8: Open Session – Discussion of Individual Topics and Applications • Week 6: Organizational Economics – Transaction Cost Economics • Week 9: Behavioral Economics – Overview, Nudge & Libertarian Paternalism • Week 10: Behavioral Economics – Prospect Theory and Rational Addiction <u>Assessment</u> Students will be evaluated on their ability to articulate the economic issues that apply to their area(s) of policy or system intervention interest and the nature of improvements to their formation or implementation that can be attained from application of appropriate economic theories and concepts. Students are expected to identify general health system or policy questions and topics or specific system interventions and policies to use as the basis of class discussion and papers. Three papers are required for all students in the course that identify a health system or policy question/topic or specific health system intervention or policy and apply the economic concepts learned to develop suggested improvements in their development or implementation (masters students) or identify and justify salient research questions to pursue (doctoral students).
2. Select and apply appropriate qualitative and quantitative research techniques to identify strategies to improve health system effectiveness.	**HSMP 660 - Contemporary Research in Health Systems & Policy**	This competency is covered in weeks 3, 5, 6, 8, 10 • Week 3: Designing Your Contribution Week 5: Academic Writing • Week 6: Disseminating Your Work • Week 8: Giving, Getting and Using Others' Feedback • Week 10: Presentation of Research Ideas <u>Assessment</u> Term paper: Practice the art of creating and writing a clear, concise and succinct research proposal or prospectus. The proposal/prospectus should cover the 8 areas covered in the oral presentation: 1) a statement of the research topic/issue and its background; 2) problem statement; 3) specific research questions and/or aims that the proposal intends to answer/fulfill; 4) the theoretical or conceptual frameworks that underpin the research questions and are expected to guide the research process and assessment of results; 5) research design; 6) statistical methods and measurement; 7) study limitations; and, 8) purpose and significance. A critical aspect of this exercise is to evaluate which are most important to the student in regard to their current investigation of a research area and which are less so at this point.
	HSMP 689 Research Design in Health Services	This competency is covered in weeks 1-8 and 10 • Week 1: Causal inference and elements of research design • Week 2: Theory, Models, and Research Questions; Qualitative Research

	• Week 3: Measurement/Validity; Sources of data for HSR • Week 4: Causal inference and elements of research design • Week 5: Observational study design • Week 6: Experimental study design • Week 7: Quasi-experimental study design; natural experiments • Week 8: Research ethics; Institutional Review Boards • Week 10: How to find, review, and present research; How design impacts grants and publications; Authorship issues <u>Assessment</u> Term paper: Research proposal (includes research question, hypothesis, and rationale; brief literature review; conceptual model; study design, source of data, and variable construction; and discussion with expected findings and limitations). Does not include a results section.
PHE 520 Qualitative Research Design	This competency is covered in weeks 1-9 • Week 1: Research ethics • Week 2: Qualitative methods • Week 3: Research design: Stand alone and mixed methods • Week 4: Data collection: Individual interviews • Week 5: Data collection: Group interviews • Week 6: Data collection: Observation & existing sources • Week 7: Data collection: Action research • Week 8: Data analysis • Week 9: Data analysis <u>Assessment</u> • Qualitative data analysis: Review the course materials on qualitative data analysis techniques and software, including the readings and material presented during Weeks 8-9, prepare a 5-page paper that compares and contrasts at least three analytic approaches, such as grounded theory, narrative analysis, and content analysis. Be sure to describe the purpose of coding, role of theory (if any), whether or not codes will be counted, inter-rater reliability, and the use of qualitative software, including whether and why you would choose to use *Excel, Dedoose* or *Atlas.ti*, and how to present qualitative findings (e.g., as counts, themes, categories, typologies, and the use of quotes). • Final Project 1. (PhD students). Write a 7-page research proposal consisting of the following: Specific Aims; Research Strategy (Significance, Approach, Theory and/or

		conceptual framework (as relevant), Research design – for each aim, describe the sample, setting and participants; data collection method(s); and specific data analysis techniques (e.g., content analysis, grounded theory, narrative analysis)); Potential problems and alternative strategies; Human subjects protection
	SOC 638 Integrating Qualitative and Quantitative Methods	This competency is covered in weeks 1-9 • Weeks 1-3: Introductory Material: Process and Philosophy of Method • Weeks 4, 5: "Additional" Approaches to Mixed Methods • Week 6: "Convergent" Approaches to Mixed Methods • Week 7, 8: "Sequential" Approaches to Mixed Methods • Week 9: Integrating Data and New Technologies <u>Assessment</u> • Research design: Identify your research questions, quantitative data, qualitative data, and (most importantly) approach to mixed methods. See syllabus p. 8 "Guidelines for Research Design Assignment". • Methods section: Expand the information in your research design assignment into a methods section written as for a peer reviewed journal article, thesis, or dissertation. See syllabus p. 9 "Guidelines for Methods Section Assignment" • Final PowerPoint and presentation: Create and deliver a 12–15-minute PowerPoint presentation on the research project. Final presentations will be delivered in class during weeks 10 and 11 via zoom. See syllabus p. 12 "Guidelines for the Mixed Methods Powerpoint Presentation"
3. Formulate a testable research question and propose a relevant study design and analytic approach that has the potential to advance knowledge of health systems and policy.	**HSMP 660 - Contemporary Research in Health Systems & Policy**	This competency is covered in weeks 3, 5, 6, and 8 • Week 3: Designing Your Contribution • Week 5: Academic Writing • Week 6: Disseminating Your Work • Week 8: Giving, Getting and Using Others' Feedback <u>Assignment</u> Term paper: Practice the art of creating and writing a clear, concise and succinct research proposal or prospectus. The proposal/prospectus should cover the 8 areas covered in the oral presentation: 1) a statement of the research topic/issue and its background; 2) problem statement; 3) specific research questions and/or aims that the proposal intends to answer/fulfill; 4) the theoretical or conceptual frameworks that underpin the research questions and are expected to guide the research process and assessment of results; 5) research design; 6) statistical methods and measurement; 7) study limitations; and, 8)

		purpose and significance. A critical aspect of this exercise is to evaluate which are most important to the student in regard to their current investigation of a research area and which are less so at this point.
	PHE 520 Qualitative Research Design	This competency is covered in weeks 1-9 • Week 1: Research ethics • Week 2: Qualitative methods • Week 3: Research design: Stand alone and mixed methods • Week 4: Data collection: Individual interviews • Week 5: Data collection: Group interviews • Week 6: Data collection: Observation & existing sources • Week 7: Data collection: Action research • Week 8: Data analysis • Week 9: Data analysis <u>Assessment</u> • Qualitative data analysis: Review the course materials on qualitative data analysis techniques and software, including the readings and material presented during Weeks 8-9, prepare a 5-page paper that compares and contrasts at least three analytic approaches, such as grounded theory, narrative analysis, and content analysis. Be sure to describe the purpose of coding, role of theory (if any), whether or not codes will be counted, inter-rater reliability, and the use of qualitative software, including whether and why you would choose to use *Excel, Dedoose* or *Atlas.ti*, and how to present qualitative findings (e.g., as counts, themes, categories, typologies, and the use of quotes). • Final Project 1. (PhD students). Write a 7-page research proposal consisting of the following: Specific Aims; Research Strategy (Significance, Approach, Theory and/or conceptual framework (as relevant), Research design – for each aim, describe the sample, setting and participants; data collection method(s); and specific data analysis techniques (e.g., content analysis, grounded theory, narrative analysis)); Potential problems and alternative strategies; Human subjects protection
	SOC 638 Integrating Qualitative and Quantitative Methods	This competency is covered in weeks 1-9 • Weeks 1-3: Introductory Material: Process and Philosophy of Method • Weeks 4, 5: “Additional” Approaches to Mixed Methods • Week 6: “Convergent” Approaches to Mixed Methods • Week 7, 8: “Sequential” Approaches to Mixed Methods • Week 9: Integrating Data and New Technologies

		Assessment • Research design: Identify your research questions, quantitative data, qualitative data, and (most importantly) approach to mixed methods. See syllabus p. 8 “Guidelines for Research Design Assignment”. • Methods section: Expand the information in your research design assignment into a methods section written as for a peer reviewed journal article, thesis, or dissertation. See syllabus p. 9 “Guidelines for Methods Section Assignment” • Final PowerPoint and presentation: Create and deliver a 12-15 minute PowerPoint presentation on the research project. Final presentations will be delivered in class during weeks 10 and 11 via zoom. See syllabus p. 12 “Guidelines for the Mixed Methods Powerpoint Presentation”
5. Apply principles of ethics and cultural competence when conducting health systems and policy research and education.	**HSMP 660 - Contemporary Research in Health Systems & Policy**	This competency is covered in weeks 3-6, 8 • Weeks 3-6: Journal club • Week 3: Designing Your Contribution Week 5: Academic Writing • Week 6: Disseminating Your Work • Week 8: Giving, Getting and Using Others’ Feedback; Text Structure Analysis Assessment • Presentation of journal article (journal club): To develop skills in critically reading and evaluating relevant academic literature, each student will assign an article to class that was published since 2018. You will then lead a 20 minute discussion of the article, highlighting and critiquing the problem, research question, theoretical framework (if present), research design, data source, presentation of findings, limitations, and implications for HSP. • Text Structure Analysis: To learn how to target appropriate journals for publication, each student will select and analyze three journal articles using Dannelle Stevens’ Text Structure Analysis worksheet. Additional detail to be provided in class. • Term paper: Practice the art of creating and writing a clear, concise and succinct research proposal or prospectus. The proposal/prospectus should cover the 8 areas covered in the oral presentation: 1) a statement of the research topic/issue and its background; 2) problem statement; 3) specific research questions and/or aims that the proposal intends to answer/fulfill; 4) the theoretical or conceptual frameworks that underpin the research questions and are expected to guide the research process and assessment of results; 5) research design; 6) statistical methods and measurement; 7) study limitations; and, 8) purpose and significance. A critical aspect of this exercise is to evaluate which are most important to the student in regard to their current investigation of a research area and which are less so at this point.

HSMP 673 - Values and Ethics in Health	This competency is covered in weeks 1-9 • Week 1: Identification of core ethical issues • Week 2: Framing population, community, organizational and individual perspectives; Public health and managerial codes of ethical practice and conduct • Week 3: Explore core concepts: Justice, Rights, Harm, Responsibility; Frameworks for ethical analysis; Understanding ethics and its relationship to law, politics, and other frameworks • Week 4: Individual choice and preferences; Gender identity; Reproduction issues • Week 5: Systems level challenges and health systems reform ; Distributive, reproductive and environmental justice • Week 6: Clinical and health services research and ethics; Institutional review boards • Week 7: Organizational missions vs. personal values and ethics vs. professional obligations; Conscientious objection; Second hour of class: Ethical challenge in-class discussion and preparation for individual assignment • Week 8: Competence, individual choice, dignity of risk, futility; Advance directives • Week 9: Challenges to values/ethics in varying contexts and situations; Conflict of interest <u>Assessment</u> • Personal values statement: Students will write about how you approach issues of values and ethics in health, including background in health services, background in ethics (including religious upbringing, family, culture, …), responses to the personal values exercise. [see syllabus for more details] • Case analysis: Students will analyze one case, and either present it verbally in class, or prepare a written analysis. The analysis will follow the framework we will use in class for discussing and resolving ethical dilemmas. [see syllabus for more details] • Response to ethical challenge: Certain topics challenge our own values, and require consideration of ethical implications to resolve them. This assignment will enable students to draw upon a group discussion to consider the ramifications of a topic; students will then independently write up the assignment. [Specific topics change with each course offering.] • For PhD students only: In addition to the group analysis, students will write an individual 4-5 page paper on the topic you work on for the group ethical analysis, in which they further explore the topic using health systems frameworks as well as policy, social justice and/or community organizing frameworks that are foundational to the PhD program of study, and specifically addressing any cultural competence issues. Students should address the four core concepts and the framework for ethical analysis used throughout the class.

	PHE 520 Qualitative Research Design	This competency is covered in Week 1 • Week 1: Research ethics <u>Assessment</u> Final Project 1. (PhD students). Write a 7-page research proposal consisting of the following: Specific Aims; Research Strategy (Significance, Approach, Theory and/or conceptual framework (as relevant), Research design – for each aim, describe the sample, setting and participants; data collection method(s); and specific data analysis techniques (e.g., content analysis, grounded theory, narrative analysis)); Potential problems and alternative strategies; Human subjects protection
6. Evaluate evidence-based public health policy and health systems transformation strategies to identify emerging issues in health systems and policy.	**HSMP 671 Health Policy**	This competency is covered in weeks 1-9 • Week 1: Defining Policy, Health Policy, and the Policy Process • Week 2: Problem Definition • Week 3: Agenda Setting • Week 4: Decision-Making: The Rational Model and Some Alternatives • Week 5: Power and Information in the Policy Process • Week 6: Implementation • Week 7: Bringing Together the Policy Process Pieces • Week 8: Incremental and Non-Incremental Policy • Week 9: A Policy Typology <u>Assessment</u> The two "staged" analytic papers are designed to allow the student to become familiar with expectations for the writing assignment and to receive feedback that can be incorporated in the final policy brief. Doctoral students will be required to provide a policy evaluation/research proposal brief in addition to the policy brief in order to fulfill 600-level course requirements.
	HSMP 675 Advanced Health Policy	This competency is covered in weeks 1-9 • Week 1: Topics, Process and Responsibilities • Week 2: Health System Reform • Weeks 3-9: Student Presentations (topics vary) <u>Assessment</u>

		Students will be evaluated on their ability to discuss and present health policy material in class and through written policy briefs.
	HSMP 674 - Health Systems Organization	This competency is covered in weeks 1-9 • Week 1: Conceptualizing and defining health and health systems; Concepts of systems thinking; Criteria for evaluating health systems • Week 2: Determinants of health and disease; Concepts of health equity • Week 3: Structures and modes of health services delivery; Role of public health • Week 4: Introduction to health policy; Single payer health systems and universal coverage; Ethics, evidence and advocacy in the policy process • Week 5: Health services budgeting and financing; Health insurance, coverage and expenditures; Introduction to health systems transformation in Oregon • Week 6: Health services workforce; Health technologies; Improving health services quality • Week 7: Engaging individuals with health information; Cross-sectoral collaborations for health systems; Leadership for health systems transformation • Week 8: Perspectives on health systems – discussion and analysis based upon book reviews • Week 9: Revisit health systems transformation in Oregon; Health systems comparisons and future directions <u>Assessment</u> • Book review (and discussion Week 8) • Written paper – must include: a) Explore various resources to find information … on your selected population …; b)… reference to relevant … public health or health services programs, policies, or interventions; c)… should promote outcomes of improved population health, well-being, and equity; d) description of population of interest, the health inequities or challenges experienced by this population; e) Identification of relevant policy changes to make the single payer system operational, including discussion of innovations in system-level financing and delivery; and f) Articulation of key insurance, workforce, and/or technology issues that affect your population • Comparative system analysis -- "These topics must be covered explicitly in your presentation (including): a) how health services are financed (public, private, combination); b) relevant social, cultural, workforce, and/or political factors that play a role in systematic efforts to address the topic; and c)three lessons learned that could be relevant to the USA based upon political issues; sociocultural factors; quality of response; current events; and/or other issues."

PAP 616 Policy Process	This competency is covered in weeks 2-10 • Week 2: Agenda Setting, Causal Stories and Problem Definition • Week 3: Incrementalism, Punctuated Equilibrium, and Policy Feedback Theory • Week 4: Multiple Streams Approach and Systems Thinking • Week 5: Diffusion and Innovation Models • Week 6: The Advocacy Coalition Framework • Week 7: Ever-Expanding Policy Network Theories • Week 8: Institutional Analysis and Development and Adaptive Governance • Week 9: Comparison of Theories • Week 10: Integration of Policy Theories and Course Learning Objectives <u>Assessment</u> Research Paper: Students are required to compose a research paper that integrates the course learning objectives into an arena of their choosing. The paper evaluates two policy frameworks efficacy and usefulness in explaining policy outcomes in a domain of their choice. Students need to use the following section headers [including] Problem, Assumptions of the two theories, Key actors, Modes of policy learning from the theories
HSMP 683 Economics of Health Systems and Policy	This competency is covered in weeks 1-10 • Week 1: Introduction to the Economics of Health Systems and Policy • Week 2: Neo-Classical Economics and its Shortcomings • Week 3: Equity and Efficiency – Cost-Benefit/Utility/Effectiveness • Week 4: The Information Problem –Principal-Agent Problem, Selection, Measurement • Week 5: Open Session – Discussion of Individual Topics and Applications • Week 6: Organizational Economics – Transaction Cost Economics • Week 7: Organizational Economics – Institutional Economics • Week 8: Open Session – Discussion of Individual Topics and Applications • Week 6: Organizational Economics – Transaction Cost Economics • Week 9: Behavioral Economics – Overview, Nudge & Libertarian Paternalism • Week 10: Behavioral Economics – Prospect Theory and Rational Addiction <u>Assessment</u> Students will be evaluated on their ability to articulate the economic issues that apply to their area(s) of policy or system intervention interest and the nature of improvements to their formation or implementation that can be attained from application of appropriate economic theories and concepts. Students are expected to identify general health system

		or policy questions and topics or specific system interventions and policies to use as the basis of class discussion and papers. Three papers are required for all students in the course that identify a health system or policy question/topic or specific health system intervention or policy and apply the economic concepts learned to develop suggested improvements in their development or implementation (masters students) or identify and justify salient research questions to pursue (doctoral students).
7. Create and deliver effective presentations of scholarly activities to academic and lay audiences.	**HSMP 675 Advanced Health Policy**	This competency is covered in weeks 1-9, but mostly in weeks 3-9 • Week 1: Topics, Process and Responsibilities • Week 2: Health System Reform • Weeks 3-9: Student Presentations (topics vary) <u>Assessment</u> Students will be evaluated on their ability to discuss and present health policy material in class and through written policy briefs.
	HSMP 642 - Organizational Theory and Health Systems	This competency is covered in weeks 4-9 • Week 4: Human Resource, Organizational Behavior and Group/Team Theories • Week 5: Institutional Economics and Organizational Culture Theories • Week 6: Theories of Power and Leadership • Week 7: Organizations and Their Environments: Systems, Complexity & Chaos • Week 8: Decision Making, Innovation and Organizational Change • Week 9: The Contexts of Society & Health System Organizations; Gendered and Racialized Perspectives on Organizational Theory <u>Assessment</u> Theoretical perspective/concept short papers: For one session you will present and lead the class discussion, plus one for another identified session in which you will act as a "discussant." The theoretical perspective paper that you present should be based on substantive research and should address the historical development, key tenets and constructs, brief comparison to other theoretical perspectives, and several examples of the use of a specific theory/framework representative of that perspective in research.
	PAP 616 Policy Process	This competency mostly occurs during week 11 • Week 2: Agenda Setting, Causal Stories and Problem Definition • Week 3: Incrementalism, Punctuated Equilibrium, and Policy Feedback Theory • Week 4: Multiple Streams Approach and Systems Thinking • Week 5: Diffusion and Innovation Models

		• Week 6: The Advocacy Coalition Framework • Week 7: Ever-Expanding Policy Network Theories • Week 8: Institutional Analysis and Development and Adaptive Governance • Week 9: Comparison of Theories • Week 10: Integration of Policy Theories and Course Learning Objectives • Week 11: Presentations <u>Assessment</u> Research Paper: Students are required to compose a research paper that integrates the course learning objectives into an arena of their choosing. The paper evaluates two policy frameworks efficacy and usefulness in explaining policy outcomes in a domain of their choice. Students need to use the following section headers [including] Problem, Assumptions of the two theories, Key actors, Modes of policy learning from the theories <u>Presentation:</u> Students are expected to give a short presentation of their research topic the last week of class.
	SOC 638 Integrating Qualitative and Quantitative Methods	This competency is covered in weeks 10 and 11 Weeks 10, 11: Presentations <u>Assessment</u> Final PowerPoint and presentation: Create and deliver a 12-15 minute PowerPoint presentation on the research project. Final presentations will be delivered in class during weeks 10 and 11 via zoom. See syllabus p. 12 “Guidelines for the Mixed Methods Powerpoint Presentation”

4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

The response to this inquiry slightly differs by program. Brief responses will for each doctoral program.

Community Health PhD
In addition to the first two courses in the Biostatistics sequence (BSTA 611 and BSTA 612), and PHE 520 – Qualitative Research Design, Community Health PhD students also take Social Epidemiology Methods & Theory (3 credits), which covers measurement, study design, analysis, and translation for researching behavioral, social, economic, and cultural determinants of population distributions of health outcomes. PHE 624 (3 credits) covers approaches to community health research, including scientific methods, ethics in research, theories, conceptual models and hypothesis generation, causal inference, the elements of research design, measurement (reliability, validity) developing data collection instruments, internal and external validity, and experimental methods. PHE 625 (3 credits) follows PHE 624 and covers applied, non-experimental research designs used in epidemiology research, including quasi-experimental designs, program evaluation, sampling methods, longitudinal designs, and secondary data sources. Students are also required to take a community-based participatory research course to ensure they have a full range of methodological approaches at their disposal.

Epidemiology PhD
The Epidemiology PhD program requires 15 credits in four 11-week courses that provide a foundation in a variety of public health research methods employed to address population health topics. The required course are BSTA 612 – Linear Models (4 credits), BSTA 613 – Categorical Data Analysis (4 credits), EPI 636 – Epidemiologic Data Analysis & Interpretation (4 credits), which moves doctoral students through all steps of a research project—from preparing the background, cleaning the data, constructing the variables, conducting the analysis, and interpreting and presenting the results. In addition, Epidemiology PhD students also take either BSTA 614 – Statistical Analysis of Time to event Data or BSTA 519 – Applied Longitudinal Data Analysis (bot 3 credits)

Health Systems & Policy PhD
Health Systems & Policy PhD students take HSMP 660 – Contemporary Research in Health Systems & Policy (3 credits), in which students write a research overview that includes a problem statement, background, research question, and research aims. Students also take HSMP 681 – Population Health: Policy & Practice Implications (3 credits) that ensures students understand the facets of population health, including various disciplinary perspectives (sociology, anthropology, demography, economics, medicine, public health) and methodological perspectives (qualitative methods, such as interviews, focus groups, ethnographic observation; quantitative methods, such as regression analyses, mixed methods). Health Systems & Policy PhD students also take three required public health research design and methods courses: HSMP 689 – Research Design in Health Services (3 credits); PHE 520 – Qualitative Research Design or a comparable course (3 credits), and SOC 638 – Integrating Qualitative & Quantitative Methods (4 credits). Through these three courses, students develop competencies in quantitative, qualitative and mixed designs and methods.

Common to all three PhD programs is the requirement that students take at least 27 credits of research units and participate in a doctoral seminar to allow them to practice presenting their work and receiving constructive feedback on the approaches they have selected. All three PhD programs require a dissertation proposal and defense.

5) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.

The three academic public health doctoral programs employ a dissertation as the culminating research project and paper. The dissertation is considered to be doctoral student's most substantial achievement—a significant research work intended for an educated readership of peers that is built upon close engagement in the academic literature, critical and creative theoretical reasoning, novel research design and analysis. Doctoral students do not begin the doctoral process until they have completed relevant coursework and comprehensive examination as specified by program requirements.

The dissertation process consists of four steps:

1. Appointment of a dissertation committee
2. Dissertation proposal defense based on a written proposal and oral examination of that proposal
3. Advancement to doctoral candidacy after passing the proposal defense
4. Dissertation defense and oral examination

Assessment
The PhD Epidemiology and PhD Health Systems & Policy programs employ rubrics in the assessment of the dissertation defense and oral examination.

6) **Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree school**.

Information related to the School of Public Health's PhD requirements can be found here: https://ohsu-psu-sph.org/phd-requirements/

- Community Health PhD program guide
- Epidemiology PhD program guide
- Health Systems & Policy program guide

7) Include completed, graded samples of deliverables associated with the advanced research project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Dissertation work from PhD students is located in ERF > D Criteria > D18. Academic Public Health Doctoral Degree > D18.7 – Dissertations.

8) Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course.

Students who matriculate into any of the PhD programs without an MPH are required to take courses not included in the program's proscribed course of study. The required core courses for non-MPH being matriculates vary by program, but the intersection of these core courses plus coursework required by the three PhD programs ensures the foundational public health learning objective are met.

The Community Health PhD program requires students admitted with a graduate degree other than an MPH to take EPI 612 – Epidemiology I, PHE 511 – Foundations of Public Health, and BSTA 525 – Introduction to Biostatistics as electives. The Epidemiology PhD program lists all the foundational courses, but indicates that students who have earned an MPH degree may request to waive any or all of the following: HSMP 674 – Health Systems Organization, ESHH 511 – Concepts of Environmental Health, and PHE 612 – Principles of Health Behavior. Students in the Health

Systems & Policy PhD program who do not have an MPH or equivalent courses are required to take EPI 612 – Epidemiology I, BSTA 525 – Introduction to Biostatistics, and PHE 511 – Foundations of Public Health early in their program of study. The combination of these three 10-week, three- or four-credit courses, in addition to the other required coursework, ensures that introductory public health knowledge is delivered.

9) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.

Syllabi from the courses listed in Tables 18-1 are located in ERF > D Criteria > D18. Academic Public Health Doctoral Degree > D18.9a – D18-1 Syllabi. Syllabi from the courses listed in Tables 18-1 are located in ERF > D Criteria > D18. Academic Public Health Doctoral Degree > D18.9b – D18-2 Syllabi.

10) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- PhD students are provided with the opportunity to select the appropriate analytic electives, following the completion of their core and required coursework, to ensure their dissertation projects employ the appropriate methods in service to their doctoral work.
- PhD students have opportunities to develop their analytic and professional skills through work with faculty, local governmental organizations, and research-based organizations These experiences help them learn new approaches to discovery and translation of public health knowledge.
- The PhD programs rely in part on non-primary instructional faculty to teach core and required coursework. Many of these faculty are former trainees of the respective programs who are now working as public health professionals and integrate their practice experience into the curriculum,

Areas of Improvement

- Use of rubrics to evaluate benchmarks documenting progression toward candidacy and graduation has not been consistent across PhD program.
- The PhD programs rely in part on non-primary instructional faculty core and required coursework. The Schol of Public Health recognizes the important role for a stable core of teaching faculty, while also bringing in community partners as non-primary faculty to serve a complementary role in the learning process. The PhD programs are working to find the right balance.
- The number of matriculating students is variable and, in some cases, unsustainable, due to very small or very large cohorts. Very small cohorts are problematic because there may not be enough students to create appropriately sized core and required courses. Very large cohorts are unsustainable because there may not be sufficient faculty to cover the educational, training, mentoring, and funding needs of students. Both of these extremes limit the programs' ability to deliver appropriate content and experiences.

Plans for Improvement

- The PhD program directors are systemizing use of rubrics for each of the critical doctoral benchmarks: comprehensive examinations, dissertation proposal defense, and dissertation defense.
- The Dean's Office will pursue additional faculty lines to minimize the use of adjuncts teaching core doctoral courses. It will also create centralized onboarding of new and adjunct faculty to ensure these faculty are trained in assessment of student learning outcomes and competency attainment and the appropriate evaluation of doctoral-level work.

- Program directors will work with the Associate Dean for Academic Affairs and the Associate Dean for Research to establish upper limits on the number of students matriculating in the doctoral programs. They will also work to ensure programs with very small cohorts are investigating and addressing the causes of students' failure to matriculate into doctoral programs.

D19. All Remaining Degrees

Students enrolled in any of the SPH's degree programs that are not addressed in Criteria D2, D3, D9, D17 or D18 complete coursework that provides instruction in the foundational public health knowledge at a level of complexity appropriate to the level of the student's degree program.

The instruction and assessment of students' foundational public health knowledge are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

1) **Provide a matrix in the format of Template D19-1 that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.**

   The School of Public Health has one additional degree program—BS/BA Applied Health & Fitness—that is not addressed in Standards D2, D3, D9, D17, or D18.

   The matrix for the BS/BA Applied Health & Fitness program that outlines assessment activities for each foundational public health learning objective is presented on the following page:

Content Coverage for BS/BA Applied Health & Fitness degree (All remaining degrees^)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
1. Explain public health history, philosophy and values	PHE 250 - Our Community, Our Health	quiz
2. Identify the core functions of public health and the 10 Essential Services*	PHE 250 - Our Community, Our Health	quiz
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PHE 250 - Our Community, Our Health; PHE 314 - Research in Health and Fitness	Quiz and practice applications
4. List major causes and trends of morbidity and mortality in the US or other communities relevant to the school or program	PHE 250 - Our Community, Our Health; PHE 363 - Communicable and Chronic Disease	quiz and reflective post
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	PHE 363 - Communicable and Chronic Disease	quiz and homework/post
6. Explain the critical importance of evidence in advancing public health knowledge	PHE 250 - Our Community, Our Health	quiz, discussion post
7. Explain effects of environmental factors on a population's health	PHE 250 - Our Community, Our Health	quiz
8. Explain biological and genetic factors that affect a population's health	PHE 363 - Communicable and Chronic Disease	quiz, homework
9. Explain behavioral and psychological factors that affect a population's health	PHE 363 - Communicable and Chronic Disease	quiz, homework
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	PHE 250 - Our Community, Our Health; PHE 363 - Communicable and Chronic Disease	quiz, homework, applied applications
11. Explain how globalization affects global burdens of disease	PHE 363 - Communicable and Chronic Disease	quiz, homework
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	PHE 363 - Communicable and Chronic Disease	quiz, homework

2) **Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course.**

PHE 250 – Our Community, Our Health was designed to align with ASPPH recommendations for introduction to public health courses. The course is built around the CEPH foundational public health learning objectives. Program faculty have mapped the curriculum to the objectives and have continued to ensure that the required content is covered with the appropriate assessment activities. PHE 363 – Communicable & Chronic Disease and PHE 314 – Research in Health & Fitness, two additional required courses in the BS/BA Applied Health & Fitness program, also cover the public health learning objectives. The PHE 250 instructors have backgrounds in public health, and can confidently ensure appropriate instruction and assessment.

3) **Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.**

Syllabi from the courses listed in Table D19-1 are located in ERF > D Criteria > D19. All Remaining Degrees > D19.3 – Syllabi.

In addition, information related to the School of Public Health's BS/BA Applied Health & Fitness can be found here: https://ohsu-psu-sph.org/ugrad-applied-health-fitness/

- BS/BA Applied Health & Fitness Advising Sheet

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- With one core introductory course (PHE 250 – Our Community, Our Health), as well as two additional courses (PHE 363 – Communicable & Chronic Disease, PHE 314 – Research in Health & Fitness) that cover the foundational public health learning objectives, the required instruction and assessments are adequately covered in the BS/BA Applied Health & Fitness program.

Areas of Improvement

- Although no areas for improvement were identified, the BS/BA Applied Health & Fitness program may have several instructors retiring in the next few years. These retirements may create potential issues for the delivery of course content in the future.

Plans for Improvement

- BS/BA Applied Health & Fitness program faculty will continue to ensure that PHE 250 – Our Community, Our Health covers the CEPH foundational public health learning objectives and provide training for new instructors on the appropriate content and assessments. The BS/BA Applied Health & Fitness program plans to infuse the learning objectives in additional required courses.
- The BS/BA Applied Health & Fitness program recently updated its program with changes to the Special Populations and Health Coaching focus areas. These changes are currently slated for implementation in fall 2023. The changes address the evolving fitness industry with an intent to update course requirements, adjust for course redundancy, and to align with accrediting bodies in the professional field of personal training, physical education, teacher licensure, and the fast-growing health coaching arena. The establishment of the National Board-Certified Health and Wellness Coach credential has opened new accreditation opportunities for the BS/BA Applied Health & Fitness program to pursue. The changes to the Health Coaching focus area of the degree better align with these

accreditation opportunities and prepare students to sit for national health coaching certification.

D20. Distance Education

The university provides needed support for the school, including administrative, communication, information technology and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate school improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence school.

1) **Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro-1 may be referenced for this purpose.**

   The School of Public Health offers one degree that is distance-based: the MPH Public Health Practice program. The MPH Public Health Practice program offers two options: an in-person/remote program that can be completed in 12 months and a fully-online MPH that is consistent in timing with the School's in-person MPH programs.

   COVID-19 Considerations
   Consistent with the U.S. Department of Education's "temporary flexibility" memo (https://www.nwccu.org/wp-content/uploads/2020/03/20-007-COVID-19-Accreditors-from-OMB-3.17-S.pdf), all in-person sessions were held remotely during the COVID-19 pandemic. PSU began holding in-person courses in fall 2021, while OHSU continued with remote learning.

2) **Describe the public health distance education programs, including**

   a) **an explanation of the model or methods used,**

      The MPH Public Health Practice program follows the same degree requirements as the in-person MPH programs, including completion of the MPH core (BSTA 525, EPI 512, PHE 512, ESHH 511, and HSMP 574), the practice experience, integrative project, and CPH exam passage. The MPH practice experience for Public Health Practice students is supported by School of Public Health faculty, but tend to take place in the students' home community; Primary and non-primary instructional faculty in the MPH Public Health Practice program are a highly-engaged group who meet monthly to discuss and review pedagogical challenges and successes. MPH Public Health Practice students regularly participate in extra-curricular activities, including the Student Leadership Council and sit on faculty committees (see A3. Student Engagement)

   b) **the school's rationale for offering these programs,**

      The MPH Public Health Practice program is rooted in part by recommendations made by a previous incarnation of the External Advisory Council and prior assessment of professional workforce development needs. The MPH Public Health Practice program is offered to students to ensure maximum flexibility for learners interested in adding a public health lens to their work. The program designed to attract: Professionals with full-time careers, including doctors, nurses, social workers, educators, nonprofit personnel, government officials, hospital administrators, and others whose work involves advancing the public's health.

      The MPH Public Health Practice program not only brings the School of Public Health to working professionals, but it also allows the School to reach learners who require distance education for other reasons, including military service, residence in rural Oregon and other parts of the Pacific Northwest without access to a CEPH-accredited school or program, or individuals with personal and professional responsibilities that require a distance learning option.

c) the manner in which it provides necessary administrative, information technology and student support services,

MPH Public Health Practice students have access to the same administrative, information technology, and student support services offered to in-person students.

Administrative
The MPH Public Health Practice program is supported by a dedicated program director who provides leadership for all administrative aspects of the program; The director represents the program on the Academic Policy & Curriculum Committee and leads monthly meetings with faculty who teach in the program. The program director also supports students with problems and concerns and works with School of Public Health leadership; the program director also holds regular advising sessions for all students in the program.

For both the practice experience and the integrative project, the Public Health Practice program has a designated coordinator to assist students in identifying appropriate organizations in their respective communities.

Information Technology
As discussed in C5. Information and Technology Resources, technology and library resources offered by OHSU's Teaching & Learning Center, PSU's Office of Academic Innovation, OHSU's Library at the Biomedical Information Communication Center, and PSU's Millar Library are extensive. Most journals and other library resources are accessible online. The School of Public Health has a dedicated faculty development specialist from OHSU's TLC to assist MPH Public Health Practice faculty develop online pedagogy and deliver instructional content.

Student Support Services
Students in the MPH Public Health Practice program are assigned a faculty advisor. The faculty advisors regularly meet with students to monitor their progress and success in the program. The School of Public Health's student affairs team offers the same student support services to MPH Public Health Practice students that are available to students enrolled in the in-person MPH programs. Student affairs works in collaboration with program directors to keep "early alert" lists of students who may need additional outreach in order to maintain good academic standing. More generally, staff support is available to students in the online program via e-mail, phone, or videoconference. An OHSU librarian serves as a faculty member to the Public Health Practice program.

MPH Public Health Practice students are eligible for student health services, which are now available via telehealth.

Additional academic support services are sometimes required to meet the needs of MPH Public Health Practice students, who may have less rigorous undergraduate training or professional experience. Distance education in general, and the MPH Public Health Practice program in particular, is especially challenging for students who lack strong written communication skills, time management skills, or the ability to structure workload around competing obligations.

Since the start of the COVID-19 pandemic, resources for remote communication have expanded and become more institutionalized throughout the School. Advising appointments and meeting with instructors are more likely to take place via WebEx, OHSU's remote meeting platform, than the telephone to foster more personal communication during remote operations. As the School of Public Health begins to transition back to in-person learning, it will be important to maintain and expand capacity for remote student support and health.

d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university, and

The academic rigor of the MPH Public Health Practice is monitored in the same manner as the in-person MPH programs. MPH Public Health Practice students complete the same MPH core as do in-person MPH students (see D2. MPH Foundational Competencies) and all online sections of the core courses have been updated to be consistent with the in-person core courses. MPH Public Health Practice students may complete their five core courses in-person or remotely. The integration of offering the MPH core remotely has had a dramatic influence on MPH Public Health Practice's visibility, diversity, and rigor.

Assessment of learning outcomes is used to monitor competency attainment. The MPH Public Health Practice program is subject to assessment policies and procedures for both OHSU and PSU; changes to the Public Health Practice program are subject to review and approval by the School of Public Health's Academic Policy & Curriculum Committee (APCC), reviewed and approved by OHSU and PSU Faculty Senates. Course evaluations; In contrast to the in-person MPH programs, the MPH Public Health Practice program implements a mid-term evaluation at the three-week mark of the term. This evaluation has been implemented to ensure course corrections can be made early in the term, and a similar approach for the in-person programs is currently being evaluated. The MPH Public Health Practice program uses the same rubrics used to evaluate the practice experience and integrative project as the in-person MPH programs do. The MPH Public Health Practice is also subject to the same institutional policies and practices related to assessment at both OHSU and PSU as the other programs.

Program faculty are responsible for curriculum development and ensuring the curriculum meets academic standards; faculty develop proposals for curricular modification; curricular modification go through the same review and approval process through APCC, OHSU Faculty Senate, and PSU Faculty Senate. As noted previously, primary and non-primary instructional faculty in the Public Health Program meet monthly to discuss pedagogical successes and challenges. Through these meetings, faculty have participated in formal and informal faculty development sessions with OHSU's TLC on assessment, course construction, and online engagement, engaged in conversations about revising syllabi and enhancing course rigor so students better achieve program core competencies, and strengthened the CPH 536, CPH 538, and CPH 550 course sequence.

e) the manner in which it evaluates the educational outcomes, as well as the format and methods.

Educational outcomes for MPH Public Health Practice are evaluated in a manner that is similar to the in-person MPH programs, and the monitoring of those outcomes is the same.

3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.

The MPH Public Health Practice program, as a part of the School of Public Health, follows OHSU's Verification of Student Identity policy (ERF > D Criteria > D.20 Distance Education > D.20.3a - 02-20-050 – OHSU Verification of Student Identity). The MPH Public Health Practice program uses Sakai as its online management learning system. Sakai uses Duo, OHSU's single sign-on service to verify that all students are securely authenticated, including two-factor verification, and access to courses based on registration information provided by the Office of Registrar. Sakai is connected to Examity, an online proctoring system, which allows for verifying student identities and monitoring student activity during the exam.

A secure student log-in and password credential are required to access Sakai. Consistent with OHSU's Code of Conduct (ERF > D Criteria > D.20 Distance Education > D.20.3b – OHSU Code of Conduct) and Information Privacy and Security guidelines, students are expected to keep those credentials secure. Two-step authentication, which supplements initial log-in with a one-time code generated or received by a device (e.g., a smartphone or security token).

Moreover, through course assignments and projects, the practice experience, and the integrative project, students engage in work that requires close communication with faculty and staff. Faculty interact with students in online forums and chat rooms, during remote meetings on WebEx or Zoom, webinars, and at special events and conferences. These interactions help faculty and students recognize and become familiar with each other. Students work onsite with preceptors during their practice experience, and the PE/IP coordinator and faculty advisors meet with students and preceptors via conference calls. Faculty have noted that a student persona develops through remote interactions that confirm students' writing style, pattern of reasoning, and quality of work.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- Students enrolled in the distance education MPH Public Health Practice program are supported by the School of Public Health and its parent institutions in administrative, communication, information technology, and student services in a manner that is similar to students enrolled in in-person MPH programs. The program has a dedicated director and PE/IP Coordinator to ensure success throughout the program. The MPH Public Health Practice program is offered as a distance-based education program to allow the School of Public Health to reach working public health professionals and students living in rural areas.

Areas of Improvement

- As a distance education program, it is often challenging for the School of Public Health to engage MPH Public Health Practice in participating in the Student Leadership Council (see A3. Student Engagement), or in policy and decision-making, more generally. The Public Health Practice program tends to attract students who are working adults with families who may live outside the Portland metropolitan area. However, MPH Public Health Practice students have served important roles on the executive team of the Student Leadership Council and on faculty committees.
- The MPH Public Health Practice program is largely staffed by non-primary instructional faculty (see E1. Faculty Alignment with Degrees Offered). The program would benefit from more dedicated primary instructional faculty to provide advising and support for the MPH practice experience (see D5. MPH Applied Practice Experience) and integrative project (see D7. MPH Integrative Learning Experience).
- The School of Public Health needs to establish effective measures to ensure the educational effectiveness of the distance-based MPH Public Health Practice program relative to in-person MPH programs. MPH Public Health Practice students complete the MPH core with students from the in-person MPH programs, and have similar degree requirements to students enrolled in in-person MPH programs, including the practice experience and integrative project. The School of Public Health has no reason to believe that the MPH Public Health Practice program is less educationally effective than in-person MPH programs.

Plans for Improvement

- In AY2021-22, the School of Public Health hired a new PSU faculty to serve as primary instructional faculty in the MPH Public Health Practice program to replace one primary instructional faculty who retired. The School of Public Health is committed to exploring options to hire additional primary instructional faculty for the MPH Public Health program.

- Beginning in AY2022-23, the Assessment & Evaluation APCC Subcommittee (see A1. Administrative & Organizational Processes) plans to engage in a systematic assessment effort to better understand the educational effectiveness of MPH Public Health Practice program relative to the in-person MPH programs, document their findings, and make recommendations to Academic Affairs leadership if discrepancies are found.

E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

1) **Provide a table showing the school's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.**

   E1-1 is presented on the following pages:

Primary Instructional Faculty Alignment with Degrees Offered						
Name*	**Title/ Academic Rank**	**Tenure Status or Classification^**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in Template C2-1**
Andrea, Sarah	Assistant Professor	NTTF (OHSU-Fixed)	PhD	OHSU-PSU School of Public Health	Epidemiology	Epidemiology
Baker, Robin	Assistant Professor	NTTF (OHSU-Fixed)	PhD	OHSU-PSU School of Public Health	Health Systems & Policy	Health Management & Policy
Boone-Heinonen, Janne	Associate Professor	NTTF (OHSU-Fixed)	PhD	University of North Carolina, Chapel Hill	Nutrition Epidemiology	Epidemiology
Browning, (Ashley) Nicole	Senior Instructor II	NTTF (Continuous)	MPH	Portland State University	Health Management & Policy	Public Health Studies (BS/BA)
Carlson, Bryant	Assistant Professor	NTTF (PSU-Fixed)	PhD	Portland State University	Applied Developmental Psychology	Health Promotion
Choi, Dongseok	Professor	NTTF (OHSU-Fixed)	PhD	University of Chicago	Statistics	Biostatistics
Crespo, Carlos	Professor	Indefinite Tenure	DrPH	Loma Linda University	Preventive Care	Public Health Studies (BS/BA)
Dinno, Alexis	Associate Professor	Indefinite Tenure	ScD	Harvard University	Health & Social Behavior	Community Health
Downing, Jae	Assistant Professor	NTTF (OHSU-Fixed)	PhD	University of California, Berkeley	Health Services and Policy Analysis	Health Management & Policy
Dozal-Lockwood, Rick	Assistant Professor	NTTF (Continuous)	PhD	Portland State University	Systems Science & Sociology	Public Health Studies (BS/BA)
Eckhardt, Cara	Associate Professor	Indefinite Tenure	PhD	University of North Carolina, Chapel Hill	Nutrition	Community Health
Fu, Rochelle	Professor	NTTF (OHSU-Fixed)	PhD	University of Connecticut	Plant Science	Biostatistics
Gelmon, Sherril	Professor	Indefinite Tenure	DrPH	University of Michigan	Health Policy	Health Systems & Policy

Gonzales, Kelly	Associate Professor	Indefinite Tenure	PhD	Oregon State University	Public Health	BS/BA Public Health Studies
Goodman, Julia	Associate Professor	Indefinite Tenure	PhD	University of California, Berkeley	Health Services and Policy Analysis	Health Systems & Policy
Hall, Eric	Instructor	NTTF (OHSU-Fixed)	PhD	Emory University	Epidemiology	Epidemiology
Izumi, Betty	Associate Professor	Indefinite Tenure	PhD	Michigan State University	Community, Food, Agriculture	Health Promotion
Johnson, Richard	Professor	NTTF (OHSU-Fixed)	PhD	Oregon Graduate Institute	Environmental Science & Engineering	Environmental Systems & Human Health
Kaufman, Deb	Senior Instructor I	NTTF (Continuous)	MA	Portland State University	Speech Communication	Public Health Studies (BS/BA)
Lapidus, Jodi	Professor	NTTF (Fixed)	PhD	University of New Mexico	Mathematics/Statistics	Biostatistics
Lin, Sunny	Assistant Professor	TTF	PhD	University of Michigan	Health Services Organization & Policy	Public Health Studies (BA/BA)
Marriott, Lisa	Associate Professor	NTTF (OHSU-Fixed)	PhD	University of Arizona	Neuroscience	Environmental Systems & Human Health
Marshall, Lynn	Professor	Affiliate / Vol	ScD	Harvard School of Public Health	Epidemiology	Epidemiology
Mercer, Jane	Senior Instructor II	NTTF (Continuous)	MST, MST	Portland State University; Humboldt State University	Teaching & Physical Education	Public Health Studies (BS/BA)
Messer, Lynne	Associate Professor	Indefinite Tenure	PhD	University of North Carolina, Chapel Hill	Epidemiology	Community Health
Minnier, Jessica	Associate Professor	Affiliate / Vol	PhD	Harvard University	Biostatistics	Biostatistics
Needoba, Joseph	Associate Professor	NTTF (Multi Year)	PhD	University of British Columbia	Botany	Environmental Systems & Human Health
Nguyen, Thuan	Associate Professor	NTTF (OHSU-Fixed)	PhD	University of California, Davis	Biostatistics	Biostatistics

Niederhausen, Meike	Assistant Professor	NTTF (OHSU-Fixed)	PhD	Purdue University	Mathematics	Biostatistics
Peterson, Tawnya	Assistant Professor	NTTF (Multi Year)	PhD	University of British Columbia	Oceanography	Environmental Systems & Human Health
Petteway, Ryan	Assistant Professor	TTF	DrPH	University of California, Berkeley	Public Health	Health Promotion
Richardson, Dawn	Associate Professor	Indefinite Tenure	DrPH	University of California, Berkeley	Public Health	Health Promotion
Rissi, Jill	Associate Professor	Indefinite Tenure	PhD	Arizona State University	Public Administration & Policy	Health Management & Policy
Smith, Nic	Assistant Professor	TTF	PhD	Portland State University	Applied Psychology	Public Health Practice
Snowden, Jonathan	Associate Professor	NTTF (OHSU-Fixed)	PhD	University of California, Berkeley	Epidemiology	Epidemiology
Srikanth, Priya	Instructor	Affiliate / Vol	MPH	Oregon Health & Science University	Epidemiology & Biostatistics	Biostatistics
Sun, Christina	Associate Professor	Indefinite Tenure	PhD	Johns Hopkins University	Social & Behavioral Public Health	Health Promotion
Tratnyek, Paul	Professor	NTTF (Multi Year)	PhD	Colorado School of Mines	Applied Chemistry	Environmental Systems & Human Health
Waddell, Elizabeth	Associate Professor	NTTF (OHSU-Fixed)	PhD	Columbia University	Sociomedical Sciences	Public Health Practice
Wallace, Neal	Professor	Indefinite Tenure	PhD	University of California, Berkeley	Health Services and Policy Analysis	Health Systems & Policy
Wheeler, Claire	Assistant Professor	NTTF (Continuous)	PhD, MD	University of Michigan; Loyola University Stritch School of Medicine	Clinical Psychology	Health Promotion
Winett, Liana	Associate Professor	Indefinite Tenure	DrPH	University of California, Berkeley	Public Health	Health Promotion

Winthrop, Kevin	Professor	NTTF (OHSU-Fixed)	MD, MPH	Oregon Health & Science University; University of California, Berkeley	Medicine, Epidemiology	Epidemiology
Wipfli, Brad	Assistant Professor	TTF	PhD	Arizona State University	Exercise Science	Health Promotion
Zeidler, Belinda	Assistant Professor	NTTF (Continuous)	MST	Portland State University	Exercise Science	Public Health Studies (BS/BA)

Note: A **fixed** appointment refers to a time-limited appointment of one year or more. Fixed appointments do not carry any expectation of renewal. At OHSU, the first contract offer for a fixed appointment is for three years and this contract may be renewed annually. At PSU, the first contract offer for a fixed appointment is for three years before the appointment shifts to probationary. Once the probationary period is complete and the faculty successfully completes a milestone review, the appointment shifts to continuous. A **continuous** appointment carries an expectation of automatic renewal.

2) Provide summary data on the qualifications of any other faculty with significant involvement in the school's public health instruction in the format of Template E1-2. Schools define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

E1-2 is presented on the following pages:

Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name*	**Academic Rank^**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in Template C2-1**
Bennett, Blake	Adjunct Instructor	Other	0.3	PhD	Johns Hopkins University	Environmental Health	Public Health Studies (BS/BA)
Bienen, Leslie	Instructor	PSU	0.5	DVM	Tufts University	Veterinary Medicine	Health Promotion
Buckley, David	Associate Professor	OHSU	0.1	MD	University of New Mexico	Medicine	Epidemiology
Carder, Paula	Professor	PSU	1.0	PhD	Portland State University	Public Administration & Policy	Community Health
Carlson, Kathleen	Associate Professor	OHSU	0.85	PhD	University of Minnesota	Environmental Health	Epidemiology
Carney, Nancy	Professor	OHSU	0.4	PhD	Portland State University	Systems Science/Psychology	Public Health Practice
Coates, Kelly	Adjunct Instructor	Other	0.2	PhD	OHSU-PSU School of Public Health	Health Systems & Policy	Health Systems & Policy
Cottrill, Colette	Adjunct Instructor	Other	0.1	MA	George Fox University	Clinical Mental Health Counseling	Public Health Studies (BS/BA)
Currier, Jessica	Adjunct Instructor	OHSU	0.1	PhD	OHSU-PSU School of Public Health	Health Systems & Policy	Health Systems & Policy
Darney, Blair	Associate Professor	OHSU	0.1	PhD	University of Washington	Health Services	Health Systems & Policy
Denny, Justin	Assistant Professor	OHSU	0.1	MD	Eastern Virginia Medical School	Medicine	Health Management & Policy
Einspruch, Eric	Adjunct Assistant Professor	Other	0.1	PhD	University of Miami	Educational Research & Evaluation	Health Management & Policy
Faler, Jason	Adjunct Instructor	Other	0.1	MSJ, MHA	Seton Hall University	Jurisprudence, Healthcare Administration	Health Management & Policy
Foster, Alex	Assistant Professor	OHSU	0.1	MD	Oregon Health & Science University	Medicine	Epidemiology

Goldberg, Bruce	Adjunct Professor	OHSU	0.1	MD	Mount Sinai School of Medicine	Medicine	Health Management & Policy
Govier, Diana	Adjunct Instructor	Other	0.1	PhD	Oregon State University	Health Policy	Health Management & Policy
Graven, Peter	Adjunct Assistant Professor	OHSU	0.1	PhD	University of Minnesota	Health Policy & Management	Health Management & Policy
Hamilton, Jessica	Adjunct Instructor	Other	0.1	JD	University of Washington	Jurisprudence	Environmental Systems & Human Health
Hasan, Reem	Assistant Professor	OHSU	0.25	PhD, MD	University of North Carolina, Chapel Hill	Epidemiology, Medicine	Epidemiology
Hesslink, Robert	Adjunct	Other	0.1	ScD	Boston University	Applied Anatomy & Physiology	Public Health Studies (BS/BA)
Hoffman, Laurel	Assistant Professor	OHSU	0.03	MD	Oregon Health & Science University		Epidemiology
Horner-Johnson, Willi	Associate Professor	OHSU	0.2	PhD	University of Illinois, Chicago	Community Psychology	Public Health Practice
Hurtado, David	Assistant Professor	OHSU	0.2	ScD	Harvard University School of Public Health	Social Determinants of Health	Public Health Practice
Johnson, General	Adjunct Instructor	Other	0.3	EdD; ND	Field Graduate University; National University of Natural Medicine	Leadership for Change; Naturopathic Medicine	Public Health Studies (BS/BA)
Jungbauer, Rebecca	Adjunct Instructor	Other	0.1	DrPH	Walden University	Public Health	Public Health Practice
Labissiere, Yves	Associate Professor	PSU	1.0	PhD	University of California, Santa Cruz	Social Psychology	Public Health Studies (BS/BA)
Leakas, Greg	Adjunct Instructor	Other	0.2	DC	University of Western States	Chiropractic Medicine	Health Promotion
Leavitt, Alissa	Adjunct Instructor	Other	0.2	MPH	Portland State University	Health Management & Policy	Public Health Studies (BS/BA)
Lipsky, Martin	Adjunct Instructor	Other	0.2	MD	Medical College of Pennsylvania	Medicine	Epidemiology
Martin, Alison	Assistant Professor	OHSU	0.05	PhD	University of Missouri, Kansas City	Community Psychology	Public Health Practice

Miller, Randy	Senior Instructor II	PSU	1.0	MST	Portland State University	Exercise Science & Sport Studies	Public Health Studies (BS/BA)
Minnier, Jessica	Associate Professor	OHSU	0.2	PhD	Harvard University	Biostatistics	Biostatistics
Muoto, Ifeoma	Adjunct Assistant Professor	Other	0.1	PhD	Oregon State University	Public Health Policy	Health Management & Policy
Olson, Ryan	Professor	OHSU	0.1	PhD	Western Michigan University	Applied Behavior Analysis	Environmental Systems & Human Health
O'Neal, Seth	Associate Professor	OHSU	1.0	MD	Oregon Health & Science University	Epidemiology	Epidemiology
Park, Byung	Professor	OHSU	0.15	PhD	Oregon State University	Statistics	Biostatistics
Sullivan, Kathleen	Adjunct Instructor	Other	0.1	PhD	Portland State University	Urban Studies & Planning	Public Health Studies (BS/BA)
Thosar, Saurabh	Assistant Professor	OHSU	0.1	PhD	Indiana University, Bloomington	Human Performance	Environmental Systems & Human Health
To-Haynes, Nhu	Adjunct	Other	0.50	MPA	Portland State University	Health Administration	Public Health Studies (BS/BA)
Totten, Annette	Associate Professor	OHSU	0.15	PhD	University of Minnesota	Health Services, Policy & Administration	Public Health Practice
Vines, Jennifer	Adjunct Assistant Professor	Other	0.1	MD	Brown-Dartmouth Medical Program	Medicine	Health Systems & Policy
Wisdom, Jennifer	Adjunct Instructor	Other	0.1	PhD	The George Washington University	Clinical Psychology	Health Management & Policy
Young, Jennifer	Adjunct Instructor	Other	0.1	EdD	Portland State University	Curriculum & Instruction	Public Health Studies (BS/BA)
Zeigen, Laura	Assistant Professor	OHSU	0.1	MPH, MLIS, MA	OHSU-PSU School of Public Health; University of Washington; Portland State University	Health Management & Policy, Library Science, History	Public Health Practice
Zell, Adrienne	Adjunct Instructor	OHSU	0.1	PhD	University of Chicago	Education	Epidemiology

Zhang, Xinbo	Adjunct Instructor	Other	0.1	PhD	University of Southern California	Biostatistics	Biostatistics

3) Include CVs for all individuals listed in the templates above.

CVs for all individuals listed in E1-1 are provided in ERF > E Criteria > E1. Faculty Alignment with Degrees Offered > E1-1. CVs for all individuals listed in E1-2 are provided in ERF > E Criteria > E1. Faculty Alignment with Degrees Offered > E1-2.

4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

Non-tenure Track Faculty Classifications
Between the two institutions, there are three distinct groups of non-tenure track faculty (NTTF). These are identified in E1-1 as NTTF (continuous), NTTF (PSU fixed), and NTTF (OHSU fixed) and are briefly described below:

- **NTTF (continuous)** – These faculty are primarily hired as course instructors. They go through a probationary period before they are offered continuous appointment. Subsequent to continuous appointment, NTTF (continuous) faculty undergo periodic review.
- **NTTF (PSU**-fixed) – These PSU-employed faculty are hired primarily as course instructors. However, in this case, there is not an expectation of continuous appointments and contracts are on an annual basis.
- **NTTF (OHSU**-fixed) – OHSU-employed fixed faculty are, in many aspects, more like traditional tenure-track faculty than NTT. While contracts are fixed term, there is an expectation that these faculty are permanent and their contracts will be automatically renewed on an annual basis. These faculty undergo annual performance reviews at all ranks.

Organizational Home
The School of Public Health's definition of primary faculty differs from CEPH's definition. Some OHSU-employed faculty have their academic appointment within the School of Public Health, but their organizational home is outside the School of Public Health—for example, in an affiliated units like the OHSU Knight Cancer Institute or the Veteran's Administration Portland Health Care System. In practical terms, the organizational home is responsible for paying the faculty. The School of Public Health considers these faculty to be primary in the School of Public Health, but CEPH's definition does not.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health has a strong core group of faculty with diverse educational and disciplinary backgrounds. The faculty's education and experience ensure that they teach and supervise students in the areas in which they are familiar and qualified and is appropriate for the degree level with which they are associated. Furthermore, many non-primary instructional faculty work in organizations outside the School of Public Health, which facilitates educational and employment opportunities for students and graduates.

Areas of Improvement

- While the School of Public Health has sufficient faculty to meet the standards outlined in C2. Faculty Resources, the School may not have a sufficient faculty to fully support its education mission on a sustainable basis. Since the School was founded, a number of faculty have retired or moved into leadership positions (and are, therefore, less available for teaching). Moreover, the School's enrollment has grown—particularly in the MPH programs. Faculty growth has not fully accounted for retirements or been proportional to increased enrollment.

- The School of Public Health's definition of primary faculty does not align with CEPH's definition of primary instructional faculty. Many primary faculty (using the School's definition) have regular instructional responsibilities within the School of Public Health and offer important service capacities in advising and committees, but may be administratively housed outside of the School or have less than 1.0 FTE allocated to the School.

Plans for Improvement

- The School of Public Health is beginning to hire new faculty to support its education mission and antiracism, social justice, and equity goals. In AY2021-22, the School hired four new primary instructional faculty: Sarah Andrea (Epidemiology), Bryant Carlson (Health Promotion), Eric Hall (Epidemiology), and Nic Smith (Public Health Practice). Five faculty searches (Biostatistics, Environmental Systems & Human health, Health Systems & Policy, and two in Epidemiology) are currently open. In addition, the School of Public Health is planning a cluster hire. A cluster hire is a best practice for recruiting multiple underrepresented faculty in the same search process. The cluster hire will focus on faculty with curricular and research expertise and lived experience in oppression. The cluster hire will be open-rank and the plan is to hire two OHSU and one PSU faculty. New faculty hires will more closely align with CEPH's definition of primary instructional faculty.

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the school employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

1) **Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.**

The School of Public Health's faculty utilize a variety of approaches to complement and integrate perspectives from public health practice, including:

1. Guest lecturer from practitioners,
2. Courses with significant public health practice content,
3. Individual faculty leadership in areas of public health practice,
4. Individual faculty leadership at the international and global scale, and
5. Maintaining professional relationships with affiliated faculty

Each of these approaches are briefly discussed with examples below:

Guest Lecturers from Public Health Practitioners
Many non-paid faculty appointments (OHSU adjunct or secondary appointments) are invited to guest lecture in courses, serve as preceptors for MPH students' practice experiences and integrative projects, and on PhD students' dissertation committees. Guest lecturers are often offered an academic appointment at an appropriate rank. These appointments and reappointments are made by the Academic Personnel Committee (APC).

Guest lecturers from community partners in course delivery provide another opportunity for the integration of practice experience. The table below presents a **representative** list of guest instructions in courses.

Name	Title	Organization	Course
Jessica Wyse, PhD	Research Investigator	OHSU and VA Portland Health Care System	HSMP 584 – Social Policy & Public Health
Kati Moseley	Director, Health in Education Program	Oregon Health Authority	HSMP 584 – Social Policy & Public Health
Jamaal Green, PhD	Research Analyst, ORRAI	Oregon Department of Health Services	HSMP 584 – Social Policy & Public Health
Josh Roll	Research Coordinator	Oregon Department of Transportation	HSMP 584 – Social Policy & Public Health
Zeke Smith	Director of Programs	FoodCorps	HSMP 584 – Social Policy & Public Health

Gabriela Goldfarb	Public Health Division	Oregon Health Authority	HSMP 584 – Social Policy & Public Health
Jessica Hamilton, JD, MPH	Director, Harbor and Environmental Public Health Law	Port of Portland	HSMP 588 – Program Evaluation & Management in Health Services
Sasha Walia, MPH	Business Planner, HIPAA Compliance & Accreditation	Providence Health & Services	HSMP 588 – Program Evaluation & Management in Health Services
John Kitzhaber	Former Governor	State of Oregon	HSMP 582 – Oregon Health Policy
Eric Hunter	CEO	CareOregon	HSMP 582 – Oregon Health Policy
Jeremy Vandehey	Director	Oregon Health Authority	HSMP 582 – Oregon Health Policy
Rachael Banks	Director	Oregon Public Health Division	HSMP 582 – Oregon Health Policy
Linda Roman	Racial Justice Advisor	Office of Governor Kate Brown	HSMP 582 – Oregon Health Policy
Meredith Roberts	Executive Director	Comagine Oregon	HSMP 582 – Oregon Health Policy
Dr. Patrick Sullivan	Professor	Emory University	EPI 566
Dr. Ann Thomas	Public Health Physician	Oregon Health Authority	EPI 566
Dr. Gary Oxman	County Health Officer	Multnomah, Clackamas & Washington Counties	EPI 566
Dr. Erin Takemoto	Epidemiologist	Pennsylvania Department of Health	EPI 566
Dr. Julia Baker	Epidemic Intelligence Service (EIS) officer	CDC's National Center for Immunization and Respiratory Diseases	CPH 527
Dr. Kevin Maloney	Assistant Professor	Georgia State University	CPH 527
Dr. Ian Buller	Cancer Prevention Fellow	National Institutes of Health	CPH 527
Hilary Kinavey, MS, LPC Dana Sturtevant, MS, RD	Founders	Be Nourished, Inc.	PHE 323
Emily York	Director of Climate & Health Division	Oregon Health Authority	ESHH 519

Faculty Leadership in Public Health Practice in Oregon

- Dean **David Bangsberg** has been on the Oregon Health Policy Board, the oversight body for the Oregon Health Authority since 2017, and board chair since 2019. This has facilitated multiple partnerships between the Oregon Health Authority (OHA) and the School of Public Health.
- **Kathleen Carlson** – Gun violence

- **Sherril Gelmon** – Extensive experience with the Bridges Collaborative Care Clinic, working as chair of the Research, evaluation, Improvement, & Dissemination Committee, and with colleagues to explore professionalism in health services organizations;
- **Julia Goodman** – Family leave
- **Jonathan Snowden** – Former health official, currently working with OHA
- **Elizabeth Waddell** – Prison and drug dependency
- **Neal Wallace** – Work with the OHA on opiate use disorders and activities

Faculty with Significant Regional Public Health Practice

- **Sarah Andrea** – Former health system epidemiologist
- **Ryan Petteway** – Former county health official
- **Claire Wheeler** – Trauma-informed community support for regional forest fires

Faculty Leadership in Public Health at the International & Global Level

- **Justin Denny** – Thailand
- **Betty Izumi** – Japan, Pacific Islands
- **Lisa Marriott** – Thailand
- **Seth O'Neal** - Peru
- **Christina Sun** – Botswana

Maintaining Professional Relationships with Affiliated Faculty

- Kelly Coates
- Wendi Drummond
- Peter Graven
- Kathleen Sullivan

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School's faculty are involved in a broad range of public health practice roles at the community, state, national, and global levels. This includes faculty whose scholarly output is centered on public health practice, as well as those who take leadership positions in a service context. In addition to regular faculty, the School has a valuable group of unpaid affiliated faculty—many of whom work for community partners, including county and state health agencies. This latter group are explicitly interested in advancing students' knowledge of the functions of public health practice.

Areas of Improvement

- The School of Public Health has not optimized the curriculum to take full advantage of faculty (both instructional and unpaid affiliated faculty) who have experience and expertise in public health practice.

Plans for Improvement

- Ironically, the COVID-19 pandemic has provided new tools for bringing public health practitioners (and, in particular, unpaid affiliated faculty) together with students "in the classroom" by utilizing improved technology and increased familiarity with remote learning. The School's intent is to continue leveraging remote technology to facilitate involvement of faculty and community partners in instruction efforts.
- With the re-envisioning of our MPH program, an explicit commitment has been made to balance the education and training of practice-informed researchers with that of research-informed practitioners. It is expected that this will lead to broader engagement of faculty and students with the public health practice community.

E3. Faculty Instructional Effectiveness

The school ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The school establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The school supports professional development and advancement in instructional effectiveness.

1) **Describe the means through which the school ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.**

Faculty In-service

The School of Public Health hosts an annual faculty in-service at the beginning of each academic year. Faculty in-services are an opportunity for faculty to maintain currency in instruction responsibilities of particular importance to the School of Public Health and is open to primary instructional and non-primary instructional faculty. At the AY2020-21 in-service, for example, faculty were trained in the use of a tool to build equity and inclusion into School of Public Health courses. By asking questions about integrating lectures, readings, and exercises underrepresented social groups integrate diversity, equity, and inclusion into course content as a part of faculty course preparation; authors from a variety of social positions and identities. Below is a selection of courses whose instructors have used this tool to build more equity and inclusion into their courses.

Course Number	Course Name	Instructor
PHE 350	Health & Health Systems	Rick Dozal-Lockwood
EPI 536/636	Epidemiologic Data Analysis & Interpretation	Lynn Marshall
ESHH 511	Concepts of Environmental Health	Lisa Marriott
HSMP 541	Organizational Behavior in Health System Organizations	Jill Rissi
PHE 522/622	Social Epidemiology Methods & Theory	Alexis Dinno

In addition, faculty have access to and participate in professional development seminars throughout OHSU's Teaching & Learning Center (TLC) and PSU's Office of Academic Innovation (OAI) to enhance the learning environment. Examples of seminars include incorporating collaborative learning into group projects, optimizing learner achievements in virtual settings, and lowering psychological barriers for students. These seminars and trainings are available to both OHSU and PSU-employed primary instructional faculty and non-primary instructional faculty. Besides seminars, both TLC and OAI offer training for teaching faculty. Examples of trainings offered by TLC include the Assessment Academy and Train Your Brain series. Examples of trainings offered by OAI include *Inclusive Frameworks for Student Success* and *Students as Partners*. Both TLC and OAI provided crucial support and resources to faculty during the rapid transition from in-person to remote modalities during the beginning of the COVID-19 pandemic and nearly all faculty availed themselves to these resources during the remote learning period.

2) **Describe the school's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.**

Instructional effectiveness is a part of review process for both OHSU and PSU faculty.

OHSU Faculty Review
The guidelines for OHSU faculty review are included in the ERF (ERF > E Criteria > E3. Faculty Instructional Effectiveness > E3.2a OHSU Promotion Policies & Procedures). OHSU faculty are reviewed annually by the Associate Dean for Academic Affairs. Teaching is one of the three criteria by which faculty are evaluated. Faculty develop a self-assessment of their teaching activities in the past academic year (including an evaluation of instructional effectiveness), their teaching goals for the next academic year, and the resources they need from the School of Public Health to support instructional effectiveness. In addition, for the annual review the faculty prepare an "educator's portfolio" with quantitative and qualitative course evaluation data from the courses taught during the previous year. These are discussed with the faculty member as needed.

PSU Faculty Review
The guidelines for PSU faculty review are included in the ERF (ERF > E Criteria > E3. Faculty Instructional Effectiveness > E3.2b PSU Personnel Guidelines). Teaching and instructional effectiveness are primary criteria by which tenure-track and non-tenure track faculty are reviewed. Course evaluations are considered as a part of the review package, but how faculty respond to course evaluations and what they learn from evaluations—are an essential piece of the review process. Instructional effectiveness of tenure-track faculty occurs annually, beginning in the fall of their second year. Annual reviews continue through the tenure review (year six) and every five years thereafter. The reviews include relevant quantitative and qualitative summaries of course evaluations (i.e., mean scores, narrative syntheses), or appropriate assessments of teaching since the last review.

The instructional effectiveness of continuous-appointment non-tenure track faculty again occurs on an annual basis during the probationary period. The review for continuous appointment occurs in the sixth year and post-continuous review occurs every five years thereafter. During each of these reviews, faculty develop a self-assessment of their teaching activities from the past academic year, including an evaluation of instructional effectiveness, their teaching goals for the next academic year, and the resources they need from the School of Public Health to support instructional effectiveness.

Fixed-term non-tenure track faculty are evaluated annually beginning in the fall of their second year of employment. Documentation for these reviews includes a self-evaluation of instructional effectiveness. These reviews also include relevant quantitative and qualitative summaries of student evaluations (i.e., mean scores, narrative syntheses) or appropriate assessments of teaching since the previous review.

Adjunct faculty are evaluated by the School of Public Health's Assistant Dean for Undergraduate Affairs based on PSU-administered course evaluations. Because these evaluations are compiled after the end of quarters during which the adjuncts are employed, course evaluation review is initially done by the Assistant Dean for Undergraduate Affairs without adjunct instructor input. The evaluations are then used for subsequent decisions regarding re-hiring and training of adjuncts. In addition, adjunct faculty who have been employed by PSU for three years or 20 credits—whichever occurs first—are offered a professional evaluation by the Assistant Dean for Undergraduate Affairs.

Course Evaluations
Student course evaluations are administered online. Evaluations are handled by OHSU's TLC and PSU's Office of Institutional Research & Planning (OIRP). OHSU utilizes the Blue Teaching Effectiveness Survey. PSU's course evaluations are internally produced and administered via Qualtrics.

At the undergraduate level, course evaluations are sent out to all enrolled students via OIRP each quarter. Evaluation results are sent to individual faculty, the Student Support Coordinator, and the Associate Dean for Academic Affairs. The process of receiving course evaluations from OIRP can take several terms. Once course evaluations are received, they are sent to individual faculty to be used for course improvement. Evaluations are reviewed by the Academic Affairs team to identify

areas for improvement. For tenure-track, tenured, and non-tenure track PSU-employed faculty, the collection and review of course evaluations are key pieces of the promotion process. Tenure-track faculty, for example, are reviewed during their second, third, fourth, and fifth years. At each of these reviews, course evaluations are discussed.

Prior to the COVID-19 pandemic, the Assistant Dean or Undergraduate Affairs and the Associate Dean for Academic Affairs met with all PSU-employed tenure track and non-tenure track faculty to review teaching and discuss pedagogical goals. This process was disrupted during the COVID-19 pandemic. Academic Affairs intends to resume this process in AY2022-23.

At the graduate level, the Associate Dean for Academic Affairs receives evaluations for all graduate courses. OHSU's Interim Provost also receives this information and works with the Associate Dean for Academic Affairs if mean responses fall below a particular threshold. In these situations, faculty are contacted by the Associate Dean for Academic Affairs to discuss the issue, identify challenges, and pursue solutions to improve performance. Program directors do not receive course evaluations from individual instructors teaching in the program.

3) **Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of school involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty**.

School of Public Health faculty benefit from teaching support and professional development provided by both OHSU's Teaching & Learning Center (https://www.ohsu.edu/education/teaching-and-learning-center) and PSU's Office of Academic Innovation (https://www.pdx.edu/academic-innovation/).

OHSU Teaching & Learning Center
The Teaching & Learning Center's (TLC's) mission is to partner with all members of the education community to create meaningful, innovative, and evidence-based learning. To achieve this mission, the TLC offers ongoing educational training for faculty and staff, such as Train Your Brain and Assessment Academy, and hosts the annual Symposium for Educational Excellence. In addition, the TLC offers assessment consultation and assistance for online course development. Workshops are open to all OHSU and PSU-affiliated School of Public Health faculty, including primary instructional and non-primary instructional faculty.

In AY2020-21 (the first year in which the TLC began collecting attendance data), School of Public Health faculty participated in Assessment Academy workshops, including adjusting assessment strategies in the remote learning environment; making connections between assessment, social justice, and decolonization; and centering Indigenous voices in assessment. School of Public Health faculty attended 12 Train Your Brain sessions, largely on remote learning pedagogy, including using technology to increase student engagement, improving accessibility, and cultivating resiliency. Five School of Public Health faculty attended 2021's Symposium for Educational Excellence. The TLC's current attendance collection methods do not permit the disaggregation of primary instruction faculty and non-primary instruction faculty who participate in these events.

PSU Office of Academic Innovation
The Office of Academic Innovation's (OAI's) mission is to promote and support effective student learning by building sustainable instructional capacity and fostering creating communities committed to teaching and learning. The OAI offers support for online course development and Assessment Innovation Mini-grants (AIMs), small grants to innovative assessment work. The OAI is leading PSU's transition to Canvas as the learning management system. In addition, the OAI offers teaching workshops and communities of practice around universal design for learning and community-based learning, and a faculty book group. In fall 2021, the OAI sponsored PSU's first annual celebration of assessment day.

Recently, two School of Public Health faculty received AIMs for PSU's OAI. In AY2019-20, **Belinda Zeidler**, Assistant Dean for Undergraduate Affairs, received an AIM for her work to develop assessment plans and curriculum maps with the BS/BA Public Health Studies program faculty. In AY2020-21, **Betty Izumi**, MPH Health Promotion program director and faculty, received an AIM for her work to develop new program core competencies with the Health Promotion faculty.

Internal Support
The Dean awards $1,500 to each primary instructional faculty each year to be used for professional development.

4) Describe the role of evaluation of instructional effectiveness in decisions about faculty advancement.

OHSU
Teaching is one of the three promotion evaluation criteria that determine advancement for OHSU-employed faculty. A part of a candidate's application for promotion is a dossier that includes a CV, a personal statement, annual reviews from the previous five years, a time and effort distribution statement, an educator's portfolio, and samples of scholarly work. The personal statement includes a self-evaluation of the candidate's teaching ranked as satisfactory, substantial, or outstanding. The personal statement also involves the candidate's plan for teaching development during the next five years. The time and effort distribution statement is a narrative description of the candidate's effort distribution in teaching relative to scholarship and service. The educator's portfolio details the candidate's teaching activities, student advising, mentoring, and educational administration and leadership in the previous five years. For all four activities, candidates are expected to document the quality and quantity of their teaching accomplishments. Candidates are holistically reviewed by a three-person Promotion Review Committee as *satisfactory* (demonstrates a consistent teaching commitment pattern), *substantial* (teaches at a sustained level which consistently meets or exceeds peers), or *outstanding* (obtains institutional, regional, or national teaching awards). The Promotion Review Committee sends a recommendation and rationale to the Associate Dean for Academic Affairs, who reviews the candidate's dossier and offers a recommendation to the Dean for review before a recommendation is sent to the Provost. The Provost makes the final decision on a candidate's promotion.

PSU
Teaching, including delivery of instruction, mentoring, and curricular activities, is one of the four promotion criteria for PSU-employed faculty. Teaching effectiveness is expected to meet a minimum acceptable standard as determined by faculty in each program and approved by PSU. Tenure-track and tenured faculty prepare a dossier that includes the candidate's CV and a self-appraisal. The appraisal includes a description of the candidate's teaching philosophy and a summary of the quality and significance of the candidate's teaching with supporting evidence, including course syllabi and pedagogical materials, quantitative and qualitative summaries of course evaluations, and honors and awards for teaching. Non-tenure track faculty prepare a dossier that includes the candidate's CV, a cumulative self-appraisal of teaching, a complete set of syllabi, quantitative and qualitative summaries of course evaluations, contributions to course, curriculum, and program development, and evidence of accessibility to students. The dossier is reviewed by a four-person committee appointed by the Academic Personnel Committee (APC, see A1. Organization & Administrative Processes), including three PSU-employed faculty and one PhD student in the School of Public Health.

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the school and relate to instructional quality. Describe the school's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists in the criteria, the school may add indicators that are significant to its own mission and context.

Faculty Currency

Annual and Regular Review of Faculty Productivity
The two parent institutions of the School of Public Health both have an approach utilizing regular reviews of faculty productivity. The two have different review schedules for faculty productivity.

- For OHSU-employed faculty, there is a review each year of appointment. The major points of progress over the last three years have been the development of School of Public Health-specific review guidelines for both OHSU and PSU faculty. (ERF > E Criteria > E3. Faculty Instructional Effectiveness > E3.2a OHSU Promotion Policies & Procedures)
- At PSU, for tenure-track and continuous-appointment non-tenure track faculty, reviews occur annually with the sixth-year review being either the promotion-tenure review or the non-tenure track continuous appointment review. Following these milestone reviews, there are committee reviews every five years. For fixed-term non-tenure track faculty, there is an annual review each year. (ERF > E Criteria > E3. Faculty Instructional Effectiveness > E3.2b PSU Personnel Guidelines)

Faculty Instructional Technique
Participation in Professional Development Related to Instruction
The School of Public Health's approach to professional development related to instruction has focused in two areas: annual faculty in-service retreats and coordination of professional development opportunities with resources at both institutions.

- Since AY2018-19, the School has progressed in developing regularly-offered in-service opportunities at the beginning of each academic year. The faculty in-service is required for primary instructional faculty and optional for non-primary instructional faculty. Topics covered at faculty in-service events include: advising, applying an equity lens to syllabus review, antiracism, and remote instruction pedagogy.
- In addition, the School has progressed in pedagogy associated with remote instruction during the COVID-19 pandemic by utilizing the resources of OHSU's TLC and PSU's OAI. TLC and OAI offer professional development opportunities related to instruction that School of Public Health faculty regularly utilize. TLC resources can be found at https://www.ohsu.edu/education/teaching-and-learning-center. OAI resources can be found at https://www.pdx.edu/academic-innovation/teaching-support.

School- or Program-level Outcomes
The School of Public Health's approach to team-taught interprofessional courses has been two-fold. First, the School has taken increasing advantage of the breadth and experience across the two parent institutions. Second, the School has turned the challenge of instruction during the COVID-19 pandemic into an opportunity to utilize technology to expand our ability to bring diverse interprofessional perspectives into the remote class room

Progress in this area is characterized by the following examples:

Team-taught Courses with Interprofessional Perspectives

- **UNI 504 – Qualitative Methods for Health Professionals** is designed for graduate students to obtain hands-on experience in qualitative research methods while working in interprofessional teams. Students work together on a series of group projects, including a culminating project, in which students bring to bear their attained knowledge on interview, focus group, case study, and Photovoice techniques, and analytic strategies appropriate for qualitative research. Lead faculty **Lisa Marriott** (Environmental Systems & Human Health) co-teaches the course with faculty from OHSU's School of Nursing and research staff from OHSU's Oregon Rural Practice Research Network and Oregon Clinical and Translational Research Institute. UNI 504 is a required course for students in the MPH Biostatistics and MPH Epidemiology programs, and can be taken as an elective by students enrolled in the other MPH programs
- **IPE 523 – Climate Change & Human Health** is an online course designed to expose learners to a broad range of topics, including:

- Ecological footprint of healthcare
- Heat waves, extreme events, wildfires
- Water quality and Infectious disease
- Mental illness
- Food and food systems
- Climate Justice

The course is taught by a team of 16 instructors (in 2022), which as a group have expertise in all of the areas. The course was led by Dr. **Joe Needoba** (Environmental Systems & Human Health).

Courses that Integrate Technology in Innovating Ways

- **CPH 515 – Geographic Information Systems (GIS) for Public Health (Rick Johnson)**. CPH 515 is a fully online asynchronous course that utilizes a free, open-source code GIS software (QGIS). The use of QGIS allows maximum flexibility for learners in that it can be installed on their personal computer, accessed via PSU's Virtual Computer Laboratory (VLAB), or via any of the in-person computer labs across the PSU campus. This is essentially a laboratory course where students need to learn specific techniques. This type of course is most commonly offered in-person where there can be direct interactions between the students and instructor. To accomplish this course effectively in a fully asynchronous manner has necessitated the development of different technology-based solutions. These include, for example, "click-by-click" videos for some assignments and exchange of video clips between faculty and students to convey complicated questions and answers.
- **ESHH 511 – Concepts of Environmental Health (Lisa Marriott).** Students in ESHH 511 developed a public-facing COVID-19 & Environmental Health website that integrates evaluation approaches for measuring student development in science. Dr. Marriott was awarded a Torchbearer Award by OHSU's Teaching & Learning Center in 2021 for integrating technology into environmental health.
- **ESHH 519 – Environmental Health in a Changing World (Joe Needoba).** As a part of their term project, students in ESHH 519 host remote Ignite sessions (fast-paced, creative presentations conducted in five minutes) that focus on solutions to the climate crisis. Based on the work of Project Drawdown, the presentations focus on strategies to reduce greenhouse gas emissions at the scale necessary to avert catastrophic climate change, and how implementing these strategies will have important co-benefits to public and environmental health. Topics generally include climate justice, food, education, land management, and transportation.
- **PHE 466/566 – Mind-body Medicine in Chronic Disease Prevention (Claire Wheeler)** – Students in PHE 466-566 employ non-technological approaches to health improvement. Each week's program includes time for checking in and sharing followed by learning and practicing a new mind-body skill, like guided imagery or mediation. Two days a week are developed to lecture, sharing a new modality each week along with the research and clinical applications of such. The third session each week is an experiential day. These experiential days are innovative and encourage students to consider alternative paths to health promotion.
- **PHE 517 – Community Organizing (Ryan Petteway).** Students in PHE 517 submit a final group paper in the form of a mixtape of 10 songs, each with a 250-word analysis describing how it relates to community organizing concepts and principles, and how it inspires social action.
- **PHE 452 - Gender, Race, Class, and Health (Ryan Petteway)** Dr. Petteway includes a variety of creative assessments geared to increase student participation and critical thinking on a topic that can be uncomfortable. Using the art of storytelling, he has his students describe their perceptions/experiences of health opportunity and health inequity throughout their lives. The narrative does not need to be "formal" or technical, but rather should be told/delivered as a story. Each student can choose the format/style of their narrative (e.g., short video/film, photo slideshow, song, spoken word/poetry, conversation).

Another innovative assignment is the required Mixed Tape posts. Students are to identify a track that they believe is relevant to each module's theme. Students are responsible for providing a brief description explaining why the song relates to the weekly theme.

Implementation of Grading Rubrics

The School of Public Health's approach for implementing grading rubrics has been to regularly address their value at annual in-service sessions. As a consequence, faculty have made significant progress in their widespread use throughout the School of Public Health. In addition to regular didactic courses, faculty use rubrics to evaluate deliverables associated with the MPH practice experience and integrative project (see D5. MPH Applied Practice Experience and D7. MPH Integrative Learning Experience), as well as for the PhD dissertation (proposal, defense, final product).

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health has a robust system for evaluating instructional effectiveness. Faculty understand that instructional effectiveness is an important component of their role and expect to be regularly evaluated in this area.
- Resources exist at both institutions to support and further develop instructional effectiveness. New training and educational activities are offered annually and many School of Public Health faculty participate, Informal and formal dissemination of best practices in instructional effectiveness regularly occurs at faculty meetings so even faculty who do not participate in institutional trainings are exposed to these best practices.
- Use of technology in innovative ways to engage students has accelerated during remote teaching, and has allowed instructional effectiveness to remain high.
- Faculty-developed rubrics are of high-quality and useful for student evaluation. In addition to providing clarity for students, rubrics provide a consistent approach for assessing attainment of competencies. The School continues to encourage rubric development and use across degree levels and programs.

Areas of Improvement

- The course evaluation process is in need of improvement. In particular, response rates are lower than needed for effective evaluation of instructional effectiveness. In addition, the course evaluations are developed and focused to address institutional needs rather than School- and program-specific needs. The School of Public Health has some ability to change the content of the course evaluations, but does not have the ability to control the timing or the majority of the content.
- While the review process for OHSU faculty and PSU tenure-track faculty is well-established through institutional policy, the review process for PSU-employed non-tenure track and adjunct faculty is less well regulated. This has resulted in irregular reviews for these faculty groups—particularly during the COVID-19 pandemic.
- While substantial resources for faculty exist through institutional support from OHSU's TLC and PSU's OAI, the School needs to continue to encourage faculty to engage in these resources. The exception to this is opportunities for remote teaching techniques and strategies, where engagement has been consistently high. Engaging adjunct faculty in these resources is an ongoing challenge as there is no financial support for investing in improved instructional effectiveness.
- Team-taught courses with an interprofessional approach are an area of focus for the School of Public Health. However, in general, this is not being adequately supported at the institutional level
- Prior to the COVID-19 pandemic, the use of technology to improve student learning was not a priority for the School. Greater emphasis could be placed on innovative technology for the School of Public Health coursework.

Plans for Improvement

- In order to improve the course evaluation process, the School of Public Health is working to implement a standardized mid-term course evaluation throughout the curriculum. The Associate Dean for Academic Affairs, working with the Academic Policy & Curriculum Committee is developing the relevant policy and content, and to secure faculty approval.
- The Associate Dean will work with the APCC to reinforce the use of rubrics, especially for required coursework. The Associate Dean for Academic Affairs will begin to request rubrics for required courses as a part of faculty's annual review of instructional effectiveness.
- Student and faculty expectations regarding innovative technology for improved instructional effectiveness have increased in the last two years. Several factors need to converge to ensure that improvements can be realized, including ongoing faculty training and an institutional commitment to support technology. The School is planning to implement a quarterly brownbag series where faculty can discuss how they are implementing technology in innovative ways in the service of instructional effectiveness. The series will be built on the successful model of the distance education MPH Public Health Practice program which dedicates a portion of each monthly faculty meeting to sharing technological techniques for improving pedagogy.
- School of Public Health-specific review and promotion guidelines for both PSU and OHSU faculty have recently been approved. These guidelines clearly lay out the timelines for reviews and evaluations for all instructors in the School. With the presumed return to "normal operations" for AY2022-23, the School anticipates full implementation of the review processes to support instructional effectiveness of faculty.

E4. Faculty Scholarship

The school has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and school missions and relate to the types of degrees offered.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

1) **Describe the school's definition of and expectations regarding faculty research and scholarly activity.**

   The School of Public Health has a broad, inclusive definition of research to encompass the diverse array of scholarly activities engaged in by faculty. In general, the School defines research and scholarship as systematic study in order to advance the field of public health, with public dissemination of the work for critical review. Basic, translational, clinical, and systems-level research activities are valued, as are scholarly activities that contribute to public health practice, teaching, and pedagogy.

2) **Describe available university and school support for research and scholarly activities.**

   The School of Public Health hired an Associate Dean for Research in September 2021. The Associate Dean for Research has outlined a plan for the School of Public Health to better support research and scholarly activities. The plan identifies three areas of support:

   Strengthen the Research Infrastructure
   Strengthening the School of Public Health's research infrastructure will involve developing a mentoring program, igniting research development, and building research capacity. In the mentorship program, early career faculty will receive individualized mentoring to increase collaboration and peer support, advocate for protected research time, support career advancement and professional development, and increase collaborative networks. Protected research time, in particular providing faculty with a quarter or two of protected time to maximize their opportunity to develop and submit research grants, will help ignite research development in the School of Public Health. Building research capacity will involve identifying appropriate training opportunities for faculty and sponsoring their attendance at programs like the Grantsmanship Center, UCSF Visiting Professors Program, NIH Grant Writing Boot Camp at Columbia University, and various NIH-funded grant writing programs across the country.

   Involve More Students in Research
   The School of Public will create research internships for undergraduate students to inspire students to pursue research careers to advance public health and health equity. The School will share costs with faculty for graduate student tuition, fees, and stipend in order to better position graduate students to develop research skills, develop their own research program, and build a public health workforce.

   Hire Additional Research Faculty

Increasing the number of faculty—in particular faculty of color with lived experience—will promote and support the School of Public Health's antiracism, social justice, and equity goals. The School is planning a cluster hire of three open-rank faculty (two OHSU, one PSU).

In addition to the School of Public Health plans previously discussed, the Research Committee (see A1. Organization & Administrative Processes) reviews and awards two funding opportunities to support School of Public Health faculty in their research and scholarly activities: Catalyst Funds and Proposal Kickstarter Funds.

Catalyst Funds
The Catalyst Funds are intended to support faculty in developing early phase research agendas. Special considerations are provided for applications that promote partnership between OHSU and PSU faculty, focus on social determinants of health and mitigating health disparities, and new or early-stage investigators. Awards are up to $25,000.

Proposal Kickstarter Funds
The Proposal Kickstarter Funds are intended to support faculty engaging in pre-award activities associated with preparing high-quality grant or contract applications. Awards are between $500 and $5,000 and are made on a rolling basis.

Antiracism Faculty Fellowships
In addition to the Catalyst Funds and Proposal Kickstarter Funds, the School of Public Health recently initiated the Antiracism Faculty Fellowships. The fellowships are used to fund efforts aligned with the School of Public Health's antiracism initiative, which focuses on advancing social justice and supporting institutional change. The School of Public Health plans to award $500,000 over three years with funding support from the School's Philanthropic Advisory Board. The inaugural fellowships were announced in June 2021. The School's faculty lead, and the title of the project, are presented below:

- **Betty Izumi** (Health Promotion) – Expanding Equity and Inclusion: Asian-American & Pacific Islanders Studies at Portland State University
- **Jonathan Snowden** (Epidemiology) – Imagining a Health and Equitable Future for Childbirth: A Novel Public Health Framework
- **Alexis Dinno** (Community Health) – Funding Ongoing Service in Gender Minority Health by a Transgender Faculty
- **Rochelle Fu** (Biostatistics) – Incorporating Data Equity into Biostatistics Curriculum
- **Ryan Petteway** (Heath Promotion) – The People's Social Epi Project: P S E P PDX

The School of Public Health has an internal grants team to support faculty write and submit grants, and support the pre-award and post-award process.

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

- **ESHH 530 – Environmental and Occupational Health Chemistry (Paul Tratnyek) – Dr. Tratnyek's** research covers a range of topics based on laboratory and field measurements of chemical pollutants and toxicants. These topics are covered in ESHH 530 – Environmental and Occupational Health Chemistry. To give MPH students hands-on experiences with these methods, one class session is spent in the laboratory, working with members of Dr. Tratnyek's research group, making measurements using the same analytic methods used in on-going research projects (e.g., headspace sampling of trichlorothylene with analysis of metabolites by gas chromatography and mass spectrometry. In adjacent lectures, Dr. Tratnyek provides relevant background on analytical chemistry methods and elaborates on the connection between these methods and numerous examples of environmental health impacts of chemical contaminants.

- **HSMP 589/689 – Research Design (Julia Goodman)** In HSMP 589/689, Dr. Goodman uses her own research as examples to illustrate concepts like how to develop a conceptual framework, how to come up with a research question based on the literature, the value of conducting qualitative research to inform future research, challenges with conducting observational research, challenges with dissemination of research findings. In the class session focusing on observational study design, she has also historically shared highlights from one of her dissertation papers that used advanced methods on an observational dataset, and still ran into the challenges of selection bias that are so present in this type of research. In another class, HSMP 571/671 (Health Policy), she has also used paid family leave (the area of her research focus) as a policy issue to illustrate policy design considerations, advocacy and strategy, and policy typology. This falls in the session focused on policy enactment, policy change strategies, and power.
- **PHE 455/555 – Mind-body Medicine in Chronic Disease Prevention (Claire Wheeler)** – PHE 455/555 is a course created by Dr. Wheeler based on the programs she's been involved in through her work with the Center for Mind-Body Medicine (CMBM) since 1999. She has been a group facilitator and speaker at three training programs in Sonoma County and two in Shasta County in response to the ongoing wildfire disasters. In each county, various stakeholders raised enough funds to provide trauma resilience training to 250 people in Sonoma and 105 people in Shasta County. In each county, an effort has been made to work towards sustainability by assisting in the development of county-wide resilience task forces using websites, webinars, workshops, clinical supervision, and ongoing training of people using the CMBM model to build and nurture community resilience. She brings these real-life experiences into her classroom.
- **PHE 534/634 – Developmental Origins of Health and Disease (Janne Boone-Heinonen) –** This course covers developmental origins of health and disease (DOHaD) theory and evidence, study design considerations, and policy implications. The learning objectives focus on DOHaD – which is Dr. Boone-Heinonen's primary research focus – and how it interfaces with public health research and practice. One specific learning objective ("Explain potential approaches to the potential mitigation of programmed effects") draws heavily on her research on prenatal-postnatal interactions, and is addressed with a lecture on that topic, which includes examples from her own work, as well as others in the field.

4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

Representative examples of student opportunities for involvement in faculty research and scholarly activities are presented below:

- **Janne Boone-Heinonen** (Epidemiology) works with MPH and PhD students to develop and publish papers in several contexts. Primarily, Dr. Boone-Heinonen hires students as research assistants on funded projects. Students join the research team, familiarize themselves with the project and data, and typically select or develop a specific topic they are interested in pursuing. Students take the lead on data analysis and drafting presentations and papers, with feedback from Dr. Boone-Heinonen and the research team. Second, PhD students sometimes develop their own research projects as a part of their dissertation or a standalone project, and identify and acquire the data to test their hypotheses. Dr. Boone-Heinonen mentors students in these projects with regard to methodology, content area, and publication processes. Student led papers have been published in high-impact journals, such as *Annals of Epidemiology*, *Preventative Medicine*, *American Journal of Epidemiology*, *Obesity*, and *American Journal of Preventative Medicine*. Student-led abstracts have been presented at national conferences, including Obesity Week, Society of Epidemiologic Research Annual Meeting, Society of Pediatric and Perinatal Epidemiologic Research Annual Meeting, and Population Association America Annual Meeting.

- **Paula Carder** (Community Health) is Director of the Institute on Aging at PSU (https://www.pdx.edu/institute-on-aging/) and is currently supporting two PhD students. A third PhD student was continuously supported from 2015 until fall 2021, when she successfully defended her dissertation research. Dr. Carder hires students as research assistants on funded projects and has served on two SPH dissertation committees, providing students access to data and mentoring them from study design to defense. Students' co-authored papers have been published in high-impact journals, including *Health Services Research*, *Health Affairs*, *Journal of the American Medical Directors Association*, *Frontiers in Public Health*, *Alzheimer's & Dementia*, *Medical Care Research and Review*, and *The Gerontologist*. Students have presented research findings at conferences, including Academy Health and the Gerontological Society of America. In addition, students have gained applied experience working with community stakeholders in state agencies and have co-authored reports that summarize results of state-funded studies.
- **Sherril Gelmon (Health System & Policy)** has worked closely with local health services research centers to commit funding to support PhD students as graduate research assistants. Through her personal interactions with the directors of these centers, Dr. Gelmon has been able to secure funding to support PhD students. The Providence Center for Outcomes Research and Evaluation funds one or two HS&P PhD students. The Kaiser Center for Health Research has supported one or two PhD students per year. Several of these students have co-authored publications and peer reviewed presentations as a result of their GRA experience.
- **Seth O'Neal** (Epidemiology) maintains a large international research program focused on research mentorship and advising. His teaching model facilitates and encourages students of different levels and disciplines to conduct research collaboratively. During the last year, despite the pandemic, Dr. O'Neal supported eight student presentations at international meetings. His mentoring approach has led to a significant number of student-led publications in peer-review journals, including *PLOS Neglected Tropical Diseases*, *Parasites and Vectors*, and the *American Journal of Tropical Medicine and Hygiene*.
- **Tawnya Peterson's** (Environmental System & Human Health) research program has provided numerous MPH and PhD students with research opportunities in the area of microbial ecology and has resulted in numerous-student led publications. This includes articles published in *Applied and Environmental Microbiology*, *Journal of Microbial Methods*, *Environmental Microbiology*, and *Analytical Methods*.

In addition to the examples provided above, below is a representative list of PhD students supported by faculty research in AY2021-22.

Name	Program	Faculty
Wafi Albalawi	PhD Community Health	Paul Carder
Kelly Bell	PhD Health Systems & Policy	Jill Rissi
Anna Booman	PhD Epidemiology	Janne Boone-Heinonen
Blair Buder	PhD Health Systems & Policy	Sherill Gelmon
Annette Crawford	PhD Health Systems & Policy	Julia Goodman
Lisset Dumet Poma	PhD Health Systems & Policy	Seth O'Neal
Sarah Dys	PhD Community Health	Paul Carder
Lauralee Fernandez	PhD Epidemiology	Seth O'Neal
Priyanka Gautom	PhD Community Health	Sherril Gelmon
Christina Jaderholm	PhD Community Health	Jackie Shannon
Candace Joyner	PhD Health Systems & Policy	Neal Wallace
Alexandra Kihn-Strang	PhD Health Systems & Policy	Robin Baker
Devlin Prince	PhD Health Systems & Policy	Sherril Gelmon
Lindsey Smith	PhD Health Systems & Policy	Paula Carder
Angela Spencer	PhD Community Health	Seth O'Neal
Sarah Truclinh Tran	PhD Epidemiology	Ryan Petteway

Melissa Wardle	PhD Epidemiology	Seth O'Neal

5) Describe the role of research and scholarly activity in decisions about faculty advancement.

Research and scholarship are key criteria in decisions regarding faculty advancement.

OHSU

Research/scholarship is one of the three promotion evaluation criteria that determine faculty advancement at OHSU. Candidates are expected to contribute to original publications in peer-reviewed journals of high quality and/or produce other original work of a theoretical or applied nature. Each candidate prepares a dossier as part of the promotion process. The dossier includes a CV, a personal statement, annual reviews from the previous review cycle, a time and effort distribution statement, an educator's portfolio, and at least six samples of scholarly work. The personal statement includes a general description of the candidate's scholarly innovation and leadership and specific explanations of the candidate's contribution to the six samples of scholarly work provided in the dossier. In addition, the personal statement includes a self-evaluation of the candidate's scholarship as satisfactory, substantial, or outstanding, and plans for scholarship development in the next five years. The time and effort distribution statement is a narrative description of the candidate's effort distribution in scholarship relative to teaching and service, Candidates are holistically evaluated by a three-person Promotion Review Committee as *satisfactory* (local-level reputation with contribution outside of immediate professional work environment and active participation), *substantial* (regional-level reputation, expertise, and dissemination and leadership with evidence of impact or outcomes), or *outstanding* (national- or international-level reputation, leadership, impact, outcomes, and dissemination and maintains contributions with the department and institution). The Promotion Review Committee sends a recommendation and rationale to the Associate Dean for Academic Affairs, who reviews the candidate's dossier and offers a recommendation to the Dean for review before a recommendation is sent to the Provost. The Provost makes the final decision on a candidate's promotion.

PSU

Research/creative activities are one of the four promotion criteria for PSU-employed tenure track and tenured faculty. Non-tenure track instruction faculty do not carry expectations for scholarly research. Community-engaged scholarship, defined as scholarship that involves a mutually beneficial partnership with the community, is valued given the applied nature of public health. Research is evaluated by a four-person committee appointed by the Academic Personnel Committee (APC, see A1. Organization & Administrative Processes), including three PSU-employed faculty and one PhD student in the School of Public Health on the quality and significance of publications and presentations at scholarly conferences.

6) Select at least three of the measures that are meaningful to the school and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list in the criteria, the school may add measures that are significant to its own mission and context.

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	**Target**	**2019**	**2020**	**2021**
Percent of primary instructional faculty participating in research activities	80%			86%
Number of articles published in peer-reviewed journals (primary instructional faculty)	2 articles per primary instructional faculty each year	141	165	161
Number of citation references (primary instructional faculty)	5 citation references per primary instructional faculty each year	9,319	10,373	12,802

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- Research has been and continues to be a strength of the School of Public Health. The School has recently built on that strength by hiring Dr. Marguerita Lightfoot, the new Associate Dean for Research, in September 2021. Dr. Lightfoot is already working to redefine what research and scholarship means for the School of Public Health by expanding our research portfolio into programs within the School that have traditionally been more teaching focused. As a part of that work, the School has a faculty-led Research Committee that is composed of members from both institutions. The current research revenue is greater than $25 million dollars per year, and the School is optimistic that this number will continue to grow to better support the scholarship and creative activity goal of the School.

Areas of Improvement

- The two institutions that make up the School of Public Health have different cultures when it comes to research. The School needs to continue to develop its research identity, including how to better support students in the three doctoral programs.

Plans for Improvement

- The Associate Dean for Research is moving forward on a number of initiatives to provide additional research opportunities for faculty. This will include serving as a mentor to faculty interested in developing their research portfolio, developing workshop series on writing research proposals and grants, compiling research resources for faculty, and closely monitoring funding opportunities as they relate the research portfolio of the School.

E5. Faculty Extramural Service

The school defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the school's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

1) **Describe the school's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.**

   At the School level, service is explicitly included in the School of Public Health's vision (promoting a healthy equitable society through community engagement, education, research, and service) and in its mission to educate future public health leaders and advance public health scholarship and practice in collaboration with our communities to promote health equity (See B1. Guiding Statements).

   Extramural service is broadly defined to include professional and scholarly service, community-engaged service, and public health practice. These may include activities that align with a faculty member's scholarly activities. (In this context, intramural service includes School and institutional activities, such as committees or task forces, or other administrative functions within the School or two parent institutions.)

   Both institutions expect faculty to engage in extramural service, in addition to intramural service. Non-tenure-track PSU faculty typically provide a mix of intramural and extramural service, and are contractually limited to 10% of less intramural service without reduction of teaching load. In addition, both extramural and intramural service are primary criteria for promotion at both institutions.

   The OHSU Promotion Policies & Procedures (ERF > E Criteria > E3. Faculty Instructional Effectiveness > E3.2a OHSU Promotion Policies & Procedures) outline a list of service activities considered appropriate for promotion. At OHSU, the role of extramural service depends on the emphasis area of the faculty member (research, teaching, or public health practice). For faculty in the Public Health Practice area, service typically represents the most important criterion for promotion.

   Extramural service and in particular, community engagement, is a core value at PSU, as exemplified by PSU's motto "Let Knowledge Serve the City." For many faculty, this commitment to community service extends to their scholarship and teaching, and the integration of these three areas leads to impactful portfolios for faculty. The physical setting of PSU affords faculty many opportunities to make their expertise useful to the community outside of the institution. PSU has at the core of its mission a dedication to collaborative learning, innovative research, sustainability, and community engagement, and declare their values of commitment to curiosity, collaboration, stewardship, and sustainability. These values are further enshrined in the PSU Personnel Guidelines (ERF > E Criteria > E3. Faculty Instructional Effectiveness > E3.2b PSU Personnel Guidelines), in which community engagement, tied directly to one's special field of knowledge, is a significant factor in determining a faculty member's advancement.

2) **Describe available university and school support for extramural service activities.**

Within the School of Public Health, support for extramural service comes in three ways: 1) as a criterion for promotion, 2) through financial compensation, and 2) through public acknowledgement of service contributions.

At OHSU, the annual faculty review process addresses both a retrospective review of service in the prior year and a prospective plan for service in the upcoming year. At PSU, administrative and milestone reviews, as well as post-tenure reviews assess intramural and extramural service as a part of the review process.

To support service activities, OHSU and PSU provide a portion of full-time faculty compensation. This compensation ranges from approximately 10 – 20%, depending on the appointment type of the faculty member. Allocation of this support is not dictated by the School. However, some contribution from both areas is expected of each faculty member.

In 2020, the School began development of an equity audit. The intent is to publish the audit such that service activities of each faculty can be acknowledged. This audit is being developed to serve as a tool for balancing all aspects of service. The equity audit will also include formal and informal student advising and other service-related activities that occur outside of formal committees.

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

School of Public Health faculty integrate extramural and community-engaged service with their instruction in a variety of ways, including developing, informing, and grounding course content through the use of examples; utilizing community partners as guest lecturers or discussants, and collaborating with community partners in assignment design and course activities crafted to produce reflective knowledge through applied examples.

Below are examples of School of Public Health faculty, their extramural service activities, and how they integrate these activities into their instruction:

- **Dr. Alexis Dinno** (Community Health) has been leading community-centered and participatory work to accurately represent gender minorities in the clinic and in research. Her collaborators have included local and state health departments, medical professional associations, and gender minority advocacy groups. Her Antiracism Faculty Fellowship further funds her outreach on behalf of gender minority health, including a collaboration with the National Hemophilia Foundation to prioritize research in the service of gender minority access and quality of care in the blood disorders community. This work is represented in the classroom, including her PHE 522/622 – Health & Social Inequalities course.
- **Dr. Betty Izumi** (Health Promotion) received an Antiracism Faculty Fellowship for her project *Expanding Equity and Inclusion: Asian-American & Pacific Islander Studies at Portland State University*. This work derives from her lived experience, her time spent as a PSU Presidential Fellow, and her community engagement. It includes faculty from across PSU and representatives from the Asian Pacific Network of Oregon, the state's leading Asian American Pacific Islander grassroots advocacy organization. The project not only incorporates students in the project itself, but will result in a new Asian-American and Pacific Islander course being taught at PSU.
- Working with the Northwest Portland Area Indian Health Board (NPAIHB), **Dr. Jodi Lapidus** (Biostatistics), was awarded a grant from the NIH-funded Native American Research Center for Health. The NPAIHB is a tribal organization comprised of 43 tribes in Oregon, Washington, and Idaho. The objective of the grant is to provide training in applied biostatistics and data science to cohorts of native trainees and professionals working for native organizations. Training will be provided via intensive summer training institutes, month webinars and journal clubs, and an applied capstone project.

- **Dr. Lynn Marshall** (Epidemiology) was elected to the 2021 class of the Fellows of the American Society for Bone and Mineral Research (ASBMR). The Fellow of the ASBMR designation recognizes long-term members who have shown a commitment to ASBMR through service as a volunteer of the Society. Dr. Marshall integrates her work in the Society and the Osteoporotic Fractures in Men (MrOS) study, into the Epidemiology curriculum by using MrOS examples in her teaching, including in EPI 512/612 – Epidemiology I.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

Below are examples of School of Public Health faculty, their extramural service activities, and how they integrate these activities into their instruction:

- **Dr. Paula Carder** (Community Health) has volunteered for Meals-on-Wheels program in publicly-subsidized housing that led to a faculty development grant about the meaning of food access to residents. The grant supported a graduate research assistant and a publication is now in press with the student as a co-author: Carder, P., Croff, R., Tuttle, A., & Towns, J. Walking and talking: Recommendations for doing mobile interviews with older adults. *Journal of Aging & Environment*. (Accepted December 2021). Dr. Carder is also on the national advisory board for the Center for Excellence in Assisted Living. This service work led to funding and training opportunities for multiple students. Two students (Sarah Dys, Lindsey Smith) were funded by a research project and Sarah Dys co-authored the final report. Both students have been nominated to serve in a leadership capacity on a working group within the Gerontological Society of America. This work also led to Dr. Carder's partnership with researchers at Brown University and an NIA-funded study that has supported the following students: Sarah Dys, Lindsey Smith, Laken Harrel, Taylor Bucy, and Christina Nguyen. Student Diana Cater was asked to share her final project results with the National Center for Excellence in Assisted Living, and student Bethany Lowe presented her final project to members of the US Department of Health & Human Services' Assistant Secretary for Planning & Evaluation.
- **Dr. Alexis Dinno** (Community Health) has been funded by the Oregon Health Authority to supervise a graduate student doing validation research on race, ethnicity, language, and disability (REALD) and the complementary sexual orientation and gender identity (SOGI) guidelines. This opportunity for student participation arose from the ongoing work Dr. Dinno has performed in the community around these topics.
- **Dr. Sherril Gelmon** (Health Systems & Policy) is a board member for the Bridges Collaborative Care Clinic (BCCC). The BCCC is an interprofessional student-run clinic that involves the School of Public Health, OHSU's School of Medicine, School of Nursing, School of Dentistry, and the OSHU-OSU joint College of Pharmacy. The clinic provides health and social services that are participant-centered, and utilize a trauma-informed approach. As a member of the BCCC board, Dr. Gelmon has advertised the clinic and facilitated student participation in a variety of ways. MPH Health Management & Policy students have completed their practice experience with BCCC, and School of Public Health students serve in both student and Board leadership roles
- **Dr. Betty Izumi** (Health Promotion) has been the lead evaluator for CSA Partnerships for Health, a community-based participatory research project that brings fresh, locally grown vegetables to clinic patients. The project involves more than 15 partners, including health clinics, farms, nonprofit organizations, and health systems. This project has provided both undergraduate students and graduate students with research opportunities. In the past three years, the following students have been involved in CSA Partnerships for Health: Lourdes Gonzales (MPH Health Promotion, lead author on a manuscript currently under review), Teala Alford (MPH Public Health Practice), Madeline Snyder (BS/BA Public Health Studies), Mary Silfven (BS/BA Public Health Studies), Jaritza Garicia (BS/BA Public Health Studies), and Genesis Arambula (BS/BA Public Health Studies). Teala Alvord's work on

this project has led to new opportunities for her to consult with the Gretchen Swanson Center for Nutrition, which provides training and technical assistance on produce prescription and nutrition incentive projects across the United States.

5) Select at least three of the indicators that are meaningful to the school and relate to service. Describe the school's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list in the criteria, the school may add indicators that are significant to its own mission and context.

Percent of primary instructional faculty participating in extramural service activities

Service is expected of all primary instructional faculty. At PSU, 100% of tenure-track and tenured primary instructional faculty participate in both intramural and extramural service. For non-tenure track faculty (NTTF), 10% of their compensation is allocated for service, which can be divided between intramural and extramural activities. At OHSU, 100% of primary instructional faculty engage in both intramural and extramural service.

Indicator	Year 1 AY2018-19	Year 2 AY2019-20	Year AY2020-21
Percent of primary instructional faculty participating in extramural service activities	100%	100%	100%

Faculty promoted on the basis of service

At both institutions, service is a critical component of the promotion process.

Indicator	Year 1 AY2018-19	Year 2 AY2019-20	Year AY2020-21
Percent of primary instructional faculty promoted on the basis of service	100%	100%	100%

Public, private, or cross-sector partnerships for engagement and service

School of Public Health faculty engage in a broad range of community-based service projects, which offer public, private, and cross-sector partnerships for engagement and service. The table below lists a representative sample of 23 projects in which faculty are currently participating in, or have recently participated in.

Community-Based Service Activity	Faculty
Organizer for OHSU-PSU SPH Research symposium on transgender health	Snowden
Supporter of the local non-profit organization Growing Gardens	Wipfli
Work with students to interview residents of publicly-subsidized housing, owned by Community Development Partners, as part of an assets-based evaluation.	Carder
Work with students to analyze transcripts from focus group interviews, including participants from publicly-subsidized housing owned by Northwest Housing Alternatives as well as Oregon-AARP stakeholders	Carder
Critical Resistance	Baker
Portland People's Outreach Project	Baker
Bridges Collaborative Care Clinic	Gelmon
NARAL Pro-Choice Oregon Foundation	Goodman

NW Dance Project	Rissi
Africa House COVID Training for Social Workers "Guiding African Refugees to Safety in the Pandemic"	Wheeler
Shasta County Resilience Collaborative/CMBM Webinar & Workshop "Resilience Training for Healthcare Professionals"	Wheeler
Shasta County Resilience Collaborative/CMBM Webinar & Workshop "Trauma Resilience in the Community"	Wheeler
SPH Student Brown Bag Presentation (online workshop) "Self Care in the Midst of a Pandemic with Mind-Body Medicine"	Wheeler
KGW-TV Portland Nightly News – multiple on-air appearances "Tips and Strategies for Staying Safe with COVID"	Wheeler
Oregon Women in Higher Education Monthly Meeting "Smart Approaches to Thriving Under Stress" Workshop	Wheeler
Butte County Department of Employment and Social Services Annual Meeting "Community Resilience in the Wake of Wildfire"	Wheeler
Baton Rouge Police Department Officer Training Program, Baton Rouge, LA "Effective Strategies for Managing Stress for First Responders"	Wheeler
Fire safety education, input on pandemic policy and governance at the Sierra Music and Arts Instruction camp	Dinno
Contributor to Cross Validated the statistics StackExchange	Dinno
Contributor to advance 'SOGI' (gender, sex, sexual orientation) as represented in routine demographic and clinical data collection in the state of Oregon	Dinno
Engaged with community partners including OHA, DHHS, and Oregon AIDS Education & Training Center	Dinno
Member of science advisory working groups for the National Hemophilia Foundation.	Dinno
Teach capoeira music to members of the Portland capoeira community free of charge in the Portland area.	Dinno

Additional Indicator: ***Percent of primary instructional faculty serving on standing committees***

Much of the School of Public Health's business is conducted by standing faculty committees. Historically, this responsibility has fallen to a fraction of the primary instructional faculty. Over the last three years, leadership has worked to increase participation to 100%. This goal was achieved in AY2021-22. This has involved a change to the bylaws to create a "committee on committees" structure. This group works with the Associate Dean for Academic Affairs and the Assistant Dean for Graduate Academic Affairs—using the previously discussed equity audit—to recommend a slate of candidates for approval by faculty vote.

6) Describe the role of service in decisions about faculty advancement.

OHSU

Service is one of the three promotion evaluation criteria that determine faculty advancement at OHSU. Service must include both extramural and intramural activities. Extramural service includes service to the candidate's profession, and to the community at local, state, regional, national, and international levels. A part of a candidate's application for promotion is a dossier that includes a CV, a personal statement, annual reviews from the previous five years, a time and effort distribution statement, an educator's portfolio, and samples of scholarly work. The personal statement includes a general description of the candidate's service activities, a self-evaluation of the service as satisfactory, substantial, or outstanding, and plans for professional development in the next five years. The time and effort distribution statement is a narrative description of the candidate's effort distribution in service relative to teaching and scholarship. Candidates are holistically reviewed by

a three-person Promotion Review Committee as *satisfactory* (local-level reputation with contribution outside of immediate professional work environment and active participation), *substantial* (regional-level reputation, expertise, and dissemination, and leadership with evidence of impact or outcomes), or *outstanding* (national-level reputation, leadership, impact, outcomes, and dissemination and maintains contributions with the department and institution). The Promotion Review Committee sends a recommendation and rationale to the Associate Dean for Academic Affairs, who reviews the candidate's dossier and offers a recommendation to the Dean for review before a recommendation is sent to the Provost. The Provost makes the final decision on a candidate's promotion.

PSU
Service is one of the four promotion evaluation criteria used to determine faculty advancement at PSU, and service must include both extramural and intramural activities. Extramural service includes service to the candidate's profession, and to the community at local, state, regional, national, and international levels, whereas intramural service includes service to the instructional unit, School, or institution. Faculty report on their service activities as a part of their dossiers constructed for their annual, milestone, promotional, and post-continuous or post-tenure reviews. Service expectations vary by faculty level (e.g., Assistant, Associate, and Full), as well as by teaching obligations; but service is required of all faculty seeking advancement at PSU. Candidates prepare their CV and description of the candidate's service activities. Candidates either undergo administrative review (for non-milestone reviews) or are holistically reviewed by a three-person review committee for third-year of promotion / tenure review. The review committee determines the candidate's service obligations as *satisfactory* (local-level reputation with contribution outside of immediate professional work environment and active participation), *substantial* (regional-level reputation, expertise, and dissemination, and leadership with evidence of impact or outcomes), or *outstanding* (national-level reputation, leadership, impact, outcomes, and dissemination and maintains contributions with the department and institution).

While the PSU personnel guidelines include service as an expectation but not evaluated, per se, the School of Public Health has elevated the role of service in its promotion decisions to a fourth criteria (along with scholarship, teaching, and community engagement). The School of Public Health made this decision for its personnel reviews to acknowledge the role that service places for our School. It also highlights for faculty the importance placed on this criterion. Finally, it also brings PSU's guidelines more in alignment with OHSU's guidelines for which service is a "scorable" part of annual reviews.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- Extramural service is integral to public health and to the School of Public Health, in particular. Faculty represent the School to the city, region, and world through their service. Service is an explicit component of promotion at OHSU and at PSU it has been elevated to be an explicit component of promotion. To that end, School of Public Health faculty have a high level of engagement in extramural service.

Areas of Improvement

- Despite placing a high value on intramural and extramural service, the School has not been as proactive as it could have been to define service expectations for faculty by rank and employment type, to help identify and facilitate service opportunities in keeping with the faculty's interests and expertise, and to support faculty's extramural service efforts.

Plans for Improvement

- School of Public Health leadership, in collaboration with faculty, will define a) what constitutes reasonable service expectations by rank, and b) support faculty's external service interest by giving it as much weight or emphasis in annual or promotion reviews as intramural service.
- The School of Public Health has revised its support model to pay OHSU faculty a larger proportion of their salary to enable them to participate in more service-related activities.

F1. Community Involvement in School Evaluation and Assessment

The school engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the school ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

1) **Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.**

The External Advisory Council (EAC) provides strategic guidance and insight to leadership and, in particular, to the Dean, The EAC consists of public health professionals, including representatives from counties in the Portland metropolitan area, elected officials, and alumni. EAC members are invited by the Dean to participate. Members are appointed to a two-year term, with an opportunity for reappointment when the term expires. Agendas and meeting minutes from EAC meetings in AY2020-21 are located in ERF > F Criteria > F1. Community Involvement in School Evaluation and Assessment > F1.1 - EAC Agendas & Meeting Minutes.

External Advisory Council Membership (AY2021-22)	
Name	**Title & Affiliation**
Rachael Banks, EMPA	Director, Public Health Division Oregon Health Authority
Travis Benson, MPH	MD Student Harvard Medical School
Michelle Berlin, MD, MPH	Former Co-director, Center for Women's Health Oregon Health & Science University – School of Medicine
Morgan Cowling, MPA	Executive Director Oregon Coalition of Local Health Officials
Frank A. Franklin, PhD, JD, MPH	Deputy Commissioner of Health City of Philadelphia
Eric Gebbie, DrPH, MIA, MA	Director of Emergency Operations, Oregon Public Health Oregon Health Authority
Adam S. Hoverman, DO, MPH	Clinical Instructor University of Washington – School of Public Health
Montana Lewellen, MPH	Senior Account Manager Legislative Advocates Government Affairs, LLC
West Livaudais, MPH	Founder Oregon Spinal Coard Injury Connection
Leslie Low, MD	Intensivist Legacy Health
Sharon E. Meieran, MD, JD	Commissioner (District 1) Multnomah County
Alan Melnick, MD, MPH, CPH	Director/Health Officer Clark County Public Health Department
Kate Thomas, MPP	Health Policy Client Service Assistant, McDermott+
Jeremy Vandehay, JD	Director, Health Policy & Analytics Oregon Health Authority
Bill Wright, PhD	Executive Director of Research Providence Health & Services

Note: Members shaded in grey are School of Public Health alumni

2) Describe how the school engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

The EAC is the primary avenue by which the School of Public Health engages external stakeholders. The EAC meets three-to-four times each academic year. Agendas regularly include items to ensure the School of Public Health's curriculum is current and relevant to public health practice. In recent academic years, the EAC has provided feedback on the MPH practice experience, the School of Public Health's guiding statements, and competency and skills gaps in the curriculum, and program requirements (e.g., the CPH exam for MPH students). Feedback provided by EAC members is used by School of Public Health leadership to inform decisions and priorities.

3) Describe how the school's external partners contribute to the ongoing operations of the school. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

The EAC provided extensive input on the development of the School of Public Health's guiding statements, as well as evaluation measures used to track the School's progress in achieving its goals. The EAC's feedback was favorable—praising the statements' strong foundation of health equity—and offering strategic language to emphasize the importance of public health foundations, advocacy and implementation, and antiracism. The EAC's feedback was incorporated by Faculty Council (see B1. Guiding Statements).

b) Development of the self-study document

The findings of the self-study process—in particular, areas for improvement—were presented to EAC. EAC provided feedback on 5 – 7 priority areas for improvement based on what could reasonably be accomplished by the time of the CEPH site visit and offered recommendations and actionable steps toward improvement, as well as necessary resources from OHSU and PSU to make those improvements. EAC reviewed key pieces of the self-study document and offered feedback and will continue to be involved in the self-study process in anticipation of the site visit.

c) Assessment of changing practice and research needs

The assessment of changing practice needs is an ongoing conversation in EAC meetings dating back to the earliest days of the School of Public Health. EAC members and their staff (e.g., Washington County Health Department, Multnomah County Health Department, Clark County Health Department, Oregon Health Authority, Coalition of Local Health Officials) offered insight on workforce development offerings provided by the School to address currency in public health practice. More recently, the Associate Dean for Student Affairs & Community Engagement discussed practice and workforce development at the April 2021 meeting with a follow-up discussion at the June 2021 meeting. The EAC provided feedback on the knowledge, skills, and abilities needed, how to prioritize people new to public health and those wishing to advance existing public health skills, how to determine participation, what formats are viable, what assessment methodologies are appropriate, and how to define success—particularly in a post-COVID-19 pandemic world. Feedback from the EAC was used by a strategic task force to inform workforce development planning by defining the public health populations of interest, informing the

selection of formats for proposed trainings (e.g., online training or an interactive ECHO series), and the supporting alignment of workforce development with other School of Public Health initiatives and across regional public health and health services organizations (see F3. Assessment of the Community's Professional Development Needs).

Assessment of research needs is a relatively new topic for the School of Public Health to engage the EAC, in part because the Associate Dean for Research only recently joined the School of Public Health (September 2021). The Associate Dean met with the EAC in January 2022 to discuss strengths and areas for improvement in the School of Public Health's research enterprise, and present initial investment and plans for research, including initiatives for involving students of color in research, the planned faculty cluster hire, and pilot research grants.

d) Assessment of school graduates' ability to perform competencies in an employment setting

The assessment of graduates' ability to perform competencies in employment settings is an ongoing conversation in EAC meetings. EAC membership is enriched by School of Public Health graduates who offer regular insight on how program curriculum and competencies prepared them for the workforce. Public health professionals from local and regional organizations who employ or serve as preceptors to School of Public Health students are regularly invited to EAC meetings. These professionals share their experiences—in particular, the areas and skills in which students are well-prepared, as well as the areas and skills in which students need additional preparation. EAC members—from the perspective of alumni and public health professionals—offer insight on where in the necessary skills and competencies can be better addressed in the curriculum. The most recent discussion from EAC on School of Public Health's graduates' abilities to perform competencies in an employment setting occurred in March 2022.

4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

Documentation from the EAC's involvement in the *development of the guiding statements and evaluation measures* is located in ERF > F Criteria > F1. Community Involvement in School Evaluation and Assessment > F1.4a - EAC Guiding Statements Meeting Minutes.

Documentation from the EAC's involvement in the *development of the CEPH self-study document* is located in ERF > F Criteria > F1. Community Involvement in School Evaluation and Assessment > F1.4b - EAC CEPH Self-study Meeting Minutes.

Documentation from the EAC's involvement in graduates' ability to perform competencies in an employment setting are located in ERF > F Criteria > F1. Community Involvement in School Evaluation and Assessment > F1.4c - EAC CEPH Graduate Preparedness Meeting Minutes.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health engages the External Advisory Council (EAC) in the evaluation and assessment of the School. The EAC's composition is strongly representative of public health and community organizations in Portland, Oregon, and neighboring communities in Washington state, as well as School of Public Health alumni currently working in public health. Alumni have first-hand knowledge of student experience and how the curriculum

has prepared them for careers in the public health workforce. As a whole, the EAC is well-positioned to offer regular, ongoing and critical feedback to improve the School of Public Health's curriculum and planning processes. The EAC has recently provided feedback on the School's antiracism initiative, guiding statements and strategic planning, and the CEPH self-study report.

Areas of Improvement

- In the first few years in which the School of Public Health existed, the EAC functioned more as a "report out" body rather than a body to provide regular feedback. Recognizing the collective experience and expertise of EAC members, the purpose of the EAC has shifted toward collecting critical feedback from the committee in recent years. The number of meetings per year has increased to better ensure regular, ongoing feedback from the committee.
- The School of Public Health would benefit from developing a *skills matrix* to better understand the EAC expertise and how they align with the School's vision and mission, identify any significant gaps that should be closed, and to help with succession planning when an EAC member steps down.

Plans for Improvement

- The School of Public Health will continue to engage the EAC in providing critical and regular feedback on the School of Public Health's curriculum and planning processes.
- School of Public Health leadership will begin to develop a skills matrix in preparation for determining AY2022-23 membership identification, with a particular focus on identifying individuals who serve as preceptors, are employers of School of Public Health graduates, and alumni.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

1) **Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.**

   Students are introduced to service and community engagement early in their career at the School of Public Health. Service and community engagement are discussed as a part of new-student orientation and reinforced throughout the curriculum. Individual faculty discuss their own service and community-engaged scholarship in courses across School of Public Health programs. Student Leadership Council (see A3. Student Engagement) regularly discuss opportunities for service and community engagement, including the Day of Service, in their monthly meetings.

   Students are introduced to professional development opportunities early in their career at the School of Public Health, including at new-student orientation. Students are encouraged to participate in professional development opportunities through communication from program directors and faculty, and the Student & Alumni Success Manager.

   Opportunities for service, community engagement, and professional development are placed on the School of Public Health's public-facing website at: https://ohsu-psu-sph.org/jobs/.

2) **Provide examples of professional and community service opportunities in which public health students have participated in the last three years.**

   The COVID-19 pandemic affected School of Public Health students' involvement in professional and community service. Many sites in which students serve closed during the global lockdown amid COVID restrictions, or were busy managing the emerging pandemic and could not host students. The pandemic introduced additional barriers for many students—in particular, those who are parents or caretakers and those who work. School closures meant School of Public Health students who are parents or caretakers had to manage remote schooling in conjunction with their own school work. Some students who work while studying lost their job or employment-related income (e.g., pay reductions). Involvement in community and professional service became less feasible for students navigating the hardships of the COVID-19 pandemic.

   Public Health Practice Team
   On February 28, 2020, the first COVID-19 case was identified in Oregon. In March 2020, the OHSU-PSU School of Public Health began working with the Oregon Health Authority (OHA) to establish the Public Health Practice Team and support OHA's statewide public health response to the pandemic. The Public Health Practice Team is led by Jonathan M. Snowden, an associate professor in epidemiology. Since the beginning of the pandemic, teams of students—both undergraduate and graduate—have participated in the following OHA programs:

   - **COVID-Net** – Students assisted with medical chart abstraction for patients who were hospitalized with COVID-19 to assist with a national database to better understand the impact of COVID-19. Six students have worked on this project
   - **COVID Response & Recovery Unit** (CRRU) – This unit was established at the beginning of the COVID-19 pandemic as a partnership between OHSU and the Oregon Department of Human Services. Students who work for CRRU assist with contract tracing, case investigation, vaccine navigation, and other related tasks (e.g., hotline calls, data entry and

cleaning). A total of 32 students have worked for CRRU, with one active student and two currently being onboarded.

- **Health Security, Preparedness, and Response (HSPR)** – Students who work with HSPR work on a variety of projects, including reviewing and updating threat response guides, project management, assisting with creating surveys and evaluation tools, assisting with media relations and related exercises, and emergency preparedness projects. A total of 10 students have worked for HSPR, with seven active students.
- **EMS/Trauma** – Students who work on the EMS/Trauma team conduct literature reviews and assist with data analysis and management. One student has worked for EMS/Trauma, and the program is interested in onboarding two additional students in the near future.

The School of Public Health's contract with OHA has been extended through summer 2023 and exploring the possibility of a permanent partnership. Since the contract began, 48 School of Public Health students have worked on the Public Health Practice Team. There are 11 students actively working on the team, with two students currently being onboarded.

In addition to the Public Health Practice Team, many School of Public Health students provided COVID-19 vaccination assistance and support independent of the OHA contract, including COVID-19 vaccination clinic support and outreach to minority communities in metropolitan and rural areas of Oregon (Hood River, The Dalles) and working with organizations such as Asian Health Services, and Quest Health.

Day of Service

Day of Service is an annual service event organized by the Student Leadership Council. It is an opportunity for students to connect with community-based organization to aid their work by donating time. The Student Leadership Council partners with a community organization to perform service each spring term. The format varies from year to year, and depends on the community's needs. Organizations at which students have recently performed service are Oregon Food Bank and Meals on Wheels.

Due to the COVID-19 pandemic, Day of Service was reformatted to be a "month" of service to provide both organizations and students more flexibility. The definition of service was expanded to include providing assistance to friends, family, community members, strangers, and mutual aid networks.

The month-long Day of Service format may be continued given the ever-changing conditions of the pandemic. The SLC will partner with Public Health Student Organization (PHSO), a student-led professional organization dedicated to engaging and uniting students throughout Oregon, on most service opportunities in the future.

Ad Hoc Community & Professional Service

School of Public Health students also gain an understanding of public health practice by engaging in community and professional service on their own. Below are a few examples of organizations at which students have reported volunteering in the past two administrations of the Annual Student Survey:

- **Cascade AIDS Project** – Promotes well-being and advances equity by providing inclusive health and wellness services for LGBTQ+ people, people affective by HIV/AIDS, and all seeking compassionate care (https://www.capnw.org/)
- **Oregon Food Bank** – Seeks to erase food insecurity and eradicate its root causes (https://www.oregonfoodbank.org/)

- **Bridges Collaborative Care Clinic** – Student-run, interprofessional, and free clinic providing care to underserved communities in the Portland area (https://www.bridgesclinic.org/)
- **Oregon Health Plan** – Provides health coverage for low-income Oregonians (https://www.oregon.gov/oha/HSD/OHP/Pages/index.aspx)
- **Outside In** – Provides a safe, supportive, and inclusive place for health services, along with services to (https://outsidein.org/)
- **Operation Night Watch** – Promotes dignity, community, and connectivity by providing night-time hospitality for Portland's unhoused community (https://www.operationnightwatch.org)
- **Portland Animal Welfare (PAW) Team** – Provides veterinary services for the pets of people experiencing houselessness and extreme poverty (https://www.pawteam.org)
- **Adelante Mujeres** – Offers holistic education and empowerment opportunities to low-income Latinas and their families (https://www.adelantemujeres.org/)

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- Community and professional service opportunities are available to School of Public Health students. Opportunities like the faculty-led Pandemic Response Team and the student-led Day of Service provide students with a chance to gain an understanding of public health work outside of the classroom. Many School of Public Health students are involved in community and professional service outside of School of Public Health-sponsored events.

Areas of Improvement

- Although no areas of improvement were identified as a part of the self-study, the School of Public Health could do more to support involvement in community and professional service in a way that is authentic for our student population. This may include identifying and introducing opportunities for community and professional service that are feasible for students who are parents or caretakers and students who work while studying.

F3. Assessment of the Community's Professional Development Needs

The school periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

1) Define the school's professional community or communities of interest and the rationale for this choice.

In preparation for the self-study, School of Public Health leadership assembled a strategic task force to conduct an in-depth, systematic assessment of professional workforce development needs. The taskforce identified professional communities of interest and offered recommendations to leadership to advance professional workforce development. The two professional communities of interest identified by the taskforce are:

- Entry-level or community-based professionals without formal public health training
- Trained public health professionals with a leadership or supervisory role

The taskforce identified these two professional communities of interest based on public documents and interviews with key informants from School of Public Health faculty and staff, OHSU research staff, local, regional, and state public health professionals and the External Advisory Council (see F1. Community Involvement in School or Program Evaluation and Assessment). In selecting these communities, the taskforce wanted to be maximally inclusive of "public health workforce." Nonetheless, throughout the key informant interview process, two segments of the workforce were repeatedly identified as possibly in need of professional workforce development training: those with no formal public health training, and those with some formal training in leadership positions. The School of Public Health believes that by focusing on these two groups, the School will build sustainability and retention within the public health workforce.

2) Describe how the school periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs

The School of Public Health periodically assesses the professional workforce development needs of the communities served by the School. The most recent assessment, conducted by the aforementioned taskforce, builds on prior national and local assessments of training needs and presents the most in-depth professional workforce development plan since the School of Public Health's foundation. The report developed by the taskforce is provided in ERF > F Criteria > F3. Assessment of the Community's Professional Development Needs > F3.2 - Workforce Development Plan.

The taskforce consisted of Melinda Davis, PhD (Associate Professor, School of Public Health; Associate Director, Oregon Rural Practice-based Research Network, ORPRN), Maggie McLain McDonnell, MPH (Director of Oregon ECHO Network, ORPRN), and Leah Brandis, MPH, RDN (Project Manager at Oregon ECHO Network). The taskforce's objective was to identify and assess the professional development needs of the public health workforce in Oregon and to develop a training plan to guide the School of Public Health's workforce development activities for the following three years.

The taskforce utilized a multi-methods approach, including the review of existing documentation and reports, meetings with the School of Public Health's External Advisory Council, and conducting interviews and focus groups with 26 key informants—16 internal to the School of Public Health and 10 external to the School of Public Health.

Based on this approach, the taskforce offered the following recommendations:

- Develop new or identity and promote existing online trainings
- Develop new training opportunities on health equity and preceptorships using the Project ECHO "All Teach, All Learn" evidence-based learning methodology (https://www.oregonechonetwork.org/)

To support these professional workforce development activities, the taskforce recommended that the School of Public Health:

- Invest $867,050 over a three-year period to develop administrative infrastructure and provide staff support to elevate the School of Public Health's professional workforce development portfolio
- Create a marketing plan, including website and database development and management
- Nurture collaborative opportunities with public health organizations and establish a protocol for appointments with boards, coalitions, and committees with partners

School of Public Health leadership reviewed the plan and approved the work as of November 2021, following approval from both Provosts.

This recent assessment conducted by the taskforce builds on the School of Public Health's historical use of the Public Health Workforce Interests & Needs Survey (PH WINS, https://debeaumont.org/programs/ph-wins/) to inform the professional workforce development needs. PH WINS, developed and administered by the de Beaumont Foundation, is a national survey of public health workforce skills and professional development needs. The data can be disaggregated at the state and regional level, which offers a good understanding of professional workforce development that would benefit public health professionals living in Portland, Oregon, and the Pacific Northwest, more generally. Topics that rose to the top are messaging and framing of public health policy, data visualization for communication and persuasion, and how to interpret data. The PH WINS data have been used to inform the Pop-Up Institute (see F4. Delivery of Professional Development Opportunities for the Workforce) and the Graduate Certificate in Public Health curriculum. The topics identified by the PH WINS data are consistent with the perspectives shared with the School of Public Health as a part of the self-study (see B4. Alumni Perceptions of Curricular Effectiveness). The current assessment builds on the foundation provided by the PH WINS data and enhances our ability to address public health workforce development needs by gathering input from multiple local stakeholders, providing timely updates based on the pressures and stresses on the public health workforce due to the COVID-19 pandemic and social justice advancements in the past two years, and strengthening the foundation for strategic alignment across the School and with organizational partners working to advance professional development in the region.

The Northwest Center for Public Health Practice (NWCPHP), a center supported by the U.S. Health Resources & Services Administration (HRSA), regularly conducts needs assessments for workforce training in Alaska, Idaho, Oregon, and Washington. These assessments include region-wide surveys conducted every three years and includes local, state, and tribal public health professional. The Associate Dean for Student Affairs & Community Engagement serves on the NWCPHP Regional Network Steering Committee.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health periodically addresses the professional development needs of public health professions living in Portland, Oregon, and the Pacific Northwest. Prior to its

most recent assessment, the School relied on PH WINS data and work conducted by the NWCPHP.

Areas of Improvement

- The School of Public Health should conduct in-depth, systematic assessment more frequently than every 5 – 7 years. Now that the School of Public Health has identified professional communities of interest via the taskforce's assessment, the School of Public Health should conduct a more focused assessment with those communities in particular.

Plans for Improvement

- The School of Public Health's Professional Workforce Development Committee was established as a standing faculty committee beginning in AY2021-22. This committee will play an integral role in progressing the School's professional workforce development efforts.
- Both OHSU and PSU Provosts have approved the taskforce's plan, are supportive of the work, and see the plan as closing an important gap in the School. Funds have been identified at both OHSU and PSU to support the scope of work and have been approved by the relevant fiscal authorities.

F4. Delivery of Professional Development Opportunities for the Workforce

The school advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

1) **Describe the school's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3**.

The School of Public Health, in collaboration with OHSU's Community Outreach, Research, & Engagement (CORE) developed a site for professional development opportunities for public health professionals: https://www.ohsu.edu/community-outreach-research-and-engagement/public-health-workforce-training-ii

Prior to AY2021-22, the Community Engagement Committee was the first faculty committee responsible for professional workforce development. Following the recent revision of the School of Public Health's bylaws and clarification of bylaw language, the committee was split in two. Beginning in AY2021-22, the Professional Workforce Development Committee is the faculty committee now responsible for developing and implementing professional development opportunities for the workforce.

2) **Provide two to three examples of education/training activities offered by the school in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the school).**

Public Health Portland Style
Public Health Portland Style is a quarterly panel featuring faculty, students, community members, and industry leaders discussing current public health topics. In the previous academic year, Public Health Portland Style topics included covering the COVID-19 pandemic in the media, pandemic-related school closures and openings, gun violence, climate change, and poetry as public health practice. Topics are chosen based on PH WINS data, faculty expertise, and timeliness. Public Health Portland Style offers continuing education units (CEUs) for the Certified in Public Health (CPH) credential.

The table below depicts the number and percentage of participants by event held in AY2020-21, broken into internal and external participants:

Attendance (AY2020-21)					
		Internal			External
Event	Date	SPH	OHSU	PSU	
Gun Violence in Oregon: Addressing a Public Health Problem with Public Health Approaches	10/21/2020	32 (14%)	14 (6%)	46 (20%)	155 (68%)
Should Your Relative Be in an Assisted Living Facility During a Pandemic?	11/18/2020	26 (13%)	10 (5%)	38 (20%)	139 (72%)
Balancing Risks and Benefits of School Closures and Re-openings During COVID	12/16/2020	40 (6%)	40 (6%)	26 (4%)	619 (85%)
Climate Change in Oregon: A Public Health Emergency	02/17/2021	48 (15%)	15 (5%)	71 (22%)	234 (73%)

Having and Raising Children in Rural Oregon: Challenges and Innovations	03/17/2021	19 (8%)	9 (4%)	74 (31%)	191 (81%)
I Am Not Your Data, PT.I: Poetry as Praxis + Illumination for a Public Health of Resistance + Healing	04/21/2021	101 (22%)	28 (6%)	134 (30%)	292 (64%)

Note. Attendance was not recorded for the Covering COVID-19: The Pandemic in Oregon Viewed through a Journalist's Lens event on 09/17/2020. SPH = Internal participants from the School of Public Health, OHSU = participants from OHSU, PSU = participants from PSU; external = participants from outside the School of Public Health, OHSU, and PSU

The table below depicts the number and percentage of participants who requested Continuing Education Units (CEUs) by event:

Percentage of Attendants Requesting CEUs (AY2020-21)

Event	CEU (*n*)	CEU (%)
Gun Violence in Oregon: Addressing a Public Health Problem with Public Health Approaches	42	19%
Should Your Relative Be in an Assisted Living Facility During a Pandemic?	36	19%
Balancing Risks and Benefits of School Closures and Reopenings During COVID	79	11%
Climate Change in Oregon: A Public Health Emergency	65	20%
Having and Raising Children in Rural Oregon: Challenges and Innovations	40	17%
I Am Not Your Data, PT.I: Poetry as Praxis + Illumination for a Public Health of Resistance + Healing	82	18%
TOTAL	344	16%

The Future of Transgender Health

As a part of PSU's annual Portland State of Mind series, the School of Public Health hosted The Future of Transgender Health in October 2019. This symposium focused on research, policy, and practice for the health of gender minorities and featured four primary instructional faculty: Alexis Dinno, Jonathan Snowden, Jae Downing, and Christina Sun.

The table below displays the number and percentage of attendants:

Attendance

		Internal			External
Event	**Date**	**SPH**	**OHSU**	**PSU**	
The Future of Transgender Health	10/18/2019	63 (37%)	16 (9%)	18 (11%)	73 (43%)

The table below displays the number and percentage of attendants who requested CEUs:

Percentage of Attendants Requesting CEUs

Event	CEU (*n*)	CEU (%)
The Future of Transgender Health	17	10%

Pop-Up Institute

The School of Public Health, in collaboration with the Oregon State University's College of Public Health & Human Sciences, Oregon Health Authority (OHA), the Northwest Center for Public Health Practice (NWCPHP), hosted a free, two-day workshop titled "The Language of Public Health:

Incorporating Values, Data, Visuals, and Words." This workshop was developed to address deficits in public health workforce skills identified by PH WINS and held in Portland, Corvallis, and Medford.

The table below displays the number of professionals external to the School of Public Health, OHSU, or PSU who participated in each pop-up by location and date:

Attendance

Location	May 14, 2018	June 6, 2018	June 26, 218	June 28, 2018
Corvallis, OR	0	21	0	34
Medford, OR	0	4	5	0
Portland, OR	60	71	72	0
TOTAL	60	96	77	34

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health aims to address professional workforce development needs by offering sustained programming. Public Health Portland Style, in particular, is a successful, far-reaching event that focuses on timely, meaningful public health topics. In addition to Public Health Portland Style, the School of Public Health has offered ad hoc events.

Areas of Improvement

- The delivery of professional workforce development events is an area of improvement for the School of Public Health. As noted in F3. Assessment of the Community's Professional Development Needs, the School of Public Health recently completed an in-depth assessment. This assessment will assist the School in developing more systematic professional workforce development events, as well as improving the process for evaluating the effectiveness of these events. Besides the monthly Public Health Portland Style, professional workforce development events have been ad hoc.

Plans for Improvement

- The recent workforce development assessment and plan (ERF > F Criteria > F3. Assessment of the Community's Professional Development Needs > F3.2 - Workforce Development Plan) will provide a roadmap for improving the role of the School of Public Health in developing professional opportunities.

G1. Diversity and Cultural Competence

The school or program defines systematic, coherent and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship, and community engagement efforts.

The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools and programs advance diversity and cultural competency through a variety of practices, which may include the following:

- **incorporation of diversity and cultural competency considerations in the curriculum**
- **recruitment and retention of diverse faculty, staff and students**
- **development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination**
- **reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted**

1) **List the school's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.**

   Recognizing the need for a culturally-grounded public health workforce, the School of Public Health has identified students and faculty from first-generation, African-American, Latino/a, and Indigenous groups, and students from marginalized groups more generally as "priority, underrepresented populations," as these are the populations most impacted by inequities in our region. Health inequity is an outstanding problem for the field of public health, and follows racial, ethnic, socioeconomic, and gender lines. In order for public health to successfully mitigate inequities, students and faculty of color and from other historically and currently marginalized and oppressed groups must be actively recruited and supported in order to advance equitable public health solutions to improve the health of people and their communities.

2) **List the school's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.**

   The School of Public Health is committed to increasing the representation and supporting the success of the "priority, underrepresented populations" identified above. In support of this commitment, the School of Public Health has outlined the following goals:

   1. Build capacity among faculty and staff to engage in antiracism efforts directed at the internal workings of the School of Public Health and its parent institutions
   2. Enhance student recruitment and retention efforts and wrap-around services (e.g., hiring a Student Support Coordinator, building a career advising pathway) to support underrepresented students to better position the School of Public Health to more successfully engage in public health
   3. Institutionalize systems of support for faculty to engage in antiracism efforts

3) **List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.**

Appoint Leadership to Lead Social Justice and Equity Agenda
To advance the previously-listed goals, School of Public Health leadership recognized the need to create and fund a leadership position to advance the School of Public Health's social justice and equity goals. The Associate Dean for Social Justice stepped into the new position Fall 2020, and as of fall 2021, is supported by an Antiracism Program Manager. The Associate Dean for Social Justice is leading the School of Public Health's social justice and equity agenda.

The School of Public Health continues to build capacity in antiracism work. Capacity building efforts were initially focused on School of Public Health leadership. In AY2020-21, the School contracted with the Praxis Project to reflect on systemic racism in academia. In AY 2021-22, the School of Public Health will partner with PSU's Global Diversity & Inclusion (GDI) to implement the Intercultural U program to advance the School's goals of social justice and eliminating structural racism. The School of Public Health has partnered with OHSU's Office of Education Improvement and Innovation's Foster Respectful & Equitable Education (FREE) program to focus on syllabus redesign and engaging in difficult conversations in the classroom. The Associate Dean for Social Justice is developing a Social Justice Advisory Council that will serve as an advisory committee to further build capacity in the School's antiracism initiative. Both the Praxis Project and Intercultural U are discussed below.

Dean's Scholarship Fund
The Dean's Scholarship Fund was established to support first-generation and underrepresented students in the School of Public Health. The Scholarship Fund provides financial support to students: $5,000 is annually awarded to BS/BA recipients for up to $20,000 during their study; $10,000 is annually awarded to MS/MPH recipients for up to $20,000 during their study; and $15,000 is annually awarded to PhD recipients for up to three years. The Diversity, Equity, & Inclusion Committee (see A1. Administrative & Organizational Processes) manage the Dean's Scholarship Fund process to ensure an equity frame is implemented throughout the application, review, and award process. School of Public Health faculty volunteer to review student applications.

Below is the number of School of Public Health students from each degree level who have been awarded the Dean's Scholarship Fund:

	AY2018-19	AY2019-20	AY2020-21
BS/BA	8	10	13
MS/MPH	4	4	8
PhD	1	2	1

Western Regional Graduate Program
The School of Public Health is exploring the feasibility of participating in the Western Regional Graduate Program (WRGP), Western Interstate Commission for Higher Education (WICHE). The WRGP is a reciprocal agreement to offer instate tuition to prospective students outside of Oregon. Although PSU is a part of this agreement, OHSU is not. Participating in this agreement would effectively lower the cost of tuition for graduate programs in the School of Public Health, leading to a greater opportunity to recruit first generation and students of color in School of Public Health graduate programs.

In addition to the support offered by the Dean's Scholarship Fund, the Associate Dean for Social Justice has developed a Student Emergency Fund and is working to build programmatic support by developing a Student Inclusion Coordinator position.

Antiracism Faculty Fellowships
As discussed in E4. Faculty Scholarship, the School of Public Health recently initiated the Antiracism Faculty Fellowships. The fellowships provide support for faculty engaging in work that

is aligned with the School of Public Health's antiracism initiative. The School plans to award $500,000 over three years with funding support from the School's Philanthropic Advisory Board. The inaugural fellowships were announced in June 2021.

In addition to the School's own Antiracism Faculty Fellowship, OHSU recently announced the Racial Equity & Inclusion (REI) funding opportunity. This opportunity is geared toward creative projects that impact OHSU's diversity goals and stimulate and sustain antiracism action at OHSU. Funded proposals will receive $10,000.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

The School of Public Health is engaging in a number of strategies to create and maintain cultural humility:

- **Praxis Project** – Faculty Council, an advisory group of senior faculty, partnered with the Praxis Project throughout AY2020-21 to establish an Antiracism Working Group. The Praxis Project is a national nonprofit that partners with organizations to achieve health equity and justice by transforming power relationships and dynamics that affect lives and communities. In addition to Faculty Council members, the Antiracism Working Group also consisted of School of Public Health leadership and their respective executive assistants. Across five sessions, the School of Public Health's partnership with the Praxis Project led to a shared understanding of how racism operates and is institutionalized within academic structures, to normalize discussions of racism and systemic oppression, to increase capacity to advance ongoing antiracism knowledge, skills, and practices within the School of Public Health. The Antiracism Working Group serve as important points of contact in antiracism work in the School, OHSU, PSU, and beyond.
- **Intercultural U** – The School of Public Health will serve as a pilot site for PSU's Intercultural U training program. Intercultural U will explore topics related to the personal, cultural, and societal aspects of justice, equity, diversity, and inclusion and will move the School of Public Health closer to its social justice goals.
- **MPH practice experience and integrative project** (see D5. MPH Applied Practice Experience and D7. MPH Integrative Learning Experience). The School of Public Health is committed to equity as a fundamental component of public Health. To demonstrate this commitment, every MPH student is expected to demonstrate mastery on CEPH MPH foundational competency #6 (*Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels*) as a part of the practice experience and integrative project. This allows students to consider power and positionality within public health through the completion of their practice experience and integrative project.

In addition, the School of Public Health's parent institutions are engaging in coordinated efforts to advance antiracism, equity, and social justice: OHSU Antiracism Action Plan; PSU Strategic Priority: Acting on Equity and Racial Justice.

5) Provide quantitative and qualitative data that document the school's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

The School of Public Health's documentation of its approaches, success, and challenges are in early development. With the addition of the Associate Dean for Social Justice, and the School of Public Health's strategic plan (ERF > B Criteria > B5. Defining Evaluation Practices > B5.1 – School of Public Health Strategic Plan), the collection and regular monitoring of diversity and cultural

competence-related evaluation data is a priority. This includes the systematic collection of MPH students' attainment of CEPH MPH foundational competency #6 (*Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels*). The Associate Dean for Social Justice, in collaboration with the Director of Assessment & Evaluation, will be responsible for the implementation of a system for the regular collection of data to help the School identify successes and challenges associated with its social justice and equity goals.

6) Provide student and faculty (and staff, if applicable) perceptions of the school's climate regarding diversity and cultural competence.

The School of Public Health has not engaged in a formal, systematic survey of student, faculty, and staff perceptions of the School's climate regarding diversity and cultural humility. However, there have been informal mechanisms.to gauge perceptions. For example, the Dean has regular coffee meetings with students three-to-four times each week. It was through these meetings, and the feedback that students provided, that led to the School prioritizing and funding the Associate Dean for Social Justice and the antiracism initiative, more generally.

Beginning with the AY2020-21 administration of the Annual Alumni Survey, 2018-19 graduates were asked how committed faculty in their program were to promoting health using an equity lens and promoting cultural competence and humility using a 5-pt. scale (1 = *Not at all Committed*, 5 = *Very Committed*). Overall, graduates reported that their program faculty were strongly committed to promoting health using an equity lens (*M* = 4.51, *SD* = .73), with 89% of graduates reporting their program faculty were "Moderately Committed" or "Very Committed." Graduates reported that their program faculty were moderately committed to promoting cultural competence and humility (*M* = 4.16, *SD* = .97), with 81% of graduates reporting their program faculty were "Moderately Committed" or "Very Committed." The following two tables present additional information about graduates' responses to these items.

Promoting Health Using an Equity Lens

	2020 – 21 (AY2018-19 Graduates)		**2021 – 22 (AY2019-20 Graduates)**	
	M (SD)	**Committed / Very Committed (%)**	***M (SD)***	**Committed / Very Committed (%)**
BS/BA	4.63 (.57)	96%	4.50 (.80)	88%
MS/MPH	4.38 (.87)	80%	4.39 (.89)	83%
PhD	4.50 (.71)	100%	4.00 (1.00)	**67%**
OVERALL	**4.51 (.73)**	**89%**	**4.44 (.87)**	**85%**
RESPONSE RATE	**35%**		26%	

Promoting Cultural Competence & Humility

	2020 – 21 (AY2018-19 Graduates)		**2021 – 22 (AY2019-20 Graduates)**	
	M (SD)	**Committed / Very Committed (%)**	***M (SD)***	**Committed / Very Committed (%)**
BS/BA	4.37 (.80)	91%	4.49 (.81)	85%
MS/MPH	3.90 (1.10)	68%	4.35 (.88)	83%
PhD	4.50 (.71)	100%	3.67 (1.53)	67%
OVERALL	**4.16 (.97)**	**81%**	**4.40 (.87)**	**84%**

RESPONSE RATE	**35%**	**26%**

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health has defined systematic, coherent, and long-term efforts to advance diversity, equity, and social justice. The Associate Dean for Social Justice works to define these efforts and ensure that these efforts are met. The School of Public Health is developing incentive structures to support and reward faculty engaging in antiracism work. The School of Public Health, OHSU, and PSU leadership are committed to and prioritize equity and social justice efforts to advance an institution and learning environment characterized by diversity and cultural humility. Institutional support is embedded across OHSU and PSU. Both OHSU and PSU relate statements of strategic action to advance antiracism.

Areas of Improvement

- The School of Public Health has mechanisms to support first-generation students and students of color, and the Associate Dean for Social Justice is working to build more. Moving forward, a key metric will be understanding how these mechanisms are working to support underserved students.
- The School of Public Health should engage in a systematic effort to understand climate across faculty, staff, and students.

Plans for Improvement

- As the School of Public Health develops additional mechanism of student support, evaluation measures of effectiveness will be developed.
- Climate measures can be introduced in the Annual Student Survey, but a more formal mechanism of evaluating climate will need to be expanded to faculty and staff to fully understand how the School of Public Health supports diversity and advances cultural humility.

H1. Academic Advising

The school provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

1) **Describe the school's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.**

Undergraduate Advising
Undergraduate academic advising is managed by PSU's Advising Pathways, a centralized, institutional academic advising model in which similar majors are grouped together in seven "pathways" based on general education requirements. School of Public Health undergraduates are a part of the *Health, Science, and the Earth* pathway. This pathway is staffed by multiple professional advisors and the School of Public Health works closely to train the professional advisors on undergraduate majors and careers in public health.

First year advising is mandatory for undergraduate students. First-time, first-year students and transfer students are required to meet with their assigned academic advisor at least once in their first two terms. If students do not meet with their assigned advisor within the first two terms, a hold is placed which prevents students from registering for courses.

PSU offers a number of resources to further support undergraduate students' academic success. The Learning Center fosters academic skill development through academic coaching and subject-specific tutoring in math and statistics, sciences, and world languages, and accommodated testing. The Writing Center offers 1:1 writing assistance and communication-related support. Students may be referred by their advisors or School of Public Health faculty to the Learning Center for assistance with learning strategies or to the Writing Center for assistance with papers to support student's academic success.

To help undergraduate students align their academic curriculum with career exploration and professional trajectories, the School of Public Health has proposed the *Career Mentorship Bridge to Pathways Academic Advising* ("Career Bridge") program. The School believes that the specialized mentorship offered by the Career Bridge, coupled with the academic advising strengths of the Pathways, will provide a comprehensive, accessible, and supportive academic advising system for undergraduate students—from entry through internship and graduation. The Career Bridge will also incorporate outreach to high school and community college students and advisors, helping them better understand the School of Public Health's BS/BA Public Health Studies program, and more broadly, the field of public health and potential paths to career.

The School is currently in the first year of rolling out the Career Bridge program. The School has successfully offered workshops orienting students to the field of public health, as well as choosing a major and coursework targeted at specific public health careers. Workshops on internship selection and research opportunities are scheduled for spring term, and group mentoring sessions are planned.

Graduate Advising
A key element for promoting an accessible and supportive academic advising system to promote graduate student success is the relationship developed between a student and their faculty advisor. Each graduate student is paired with a faculty advisor. The Student & Alumni Success Manager works with program directors to assign incoming students with program faculty who have aligned

interests and advising capacity. Faculty advisors navigate students through their academic career by articulating academic and career goals and recommend courses, instructors, and experiential activities that align with and support these goals.

MS/MPH students are expected to meet with their faculty advisor in the first term of enrollment to develop and overall program of study and identify opportunities to support professional development. MS/MPH programs follow different advising models. For example, MS Biostatistics, MPH Biostatistics, and MPH Epidemiology programs employ a group advising model, in which the program directors, faculty advisors, and alumni, and older cohorts provide advice and support to newer cohorts. Other programs rely on one-and-one advising. Information pertinent to program-specific advising are posted on the School of Public Health's public-facing website.

PhD programs follow traditional advisor-advisee model. Students work closely with their faculty advisor throughout their studies, including all stages of the dissertation process. Faculty advisors are not required to serve on their students' comprehensive exam or dissertation committees, but the advisor can be a member of either or both committees, and may be the chair. PhD programs provide a handbook to assist students and advisors in navigating the program and degree requirements.

Program directors serve as an important source of academic advising for students. Directors review curriculum, monitor student progress, and address program issues identified by students. Moreover, directors are a point of contact for School procedures, leaves of absence, complaints, and other administrative matters. Student affairs produces a handbook for faculty to support their advising efforts (ERF > H Criteria > H1. Academic Advising > H1.1 - Faculty Advising Handbook).

The Student & Alumni Success Manager is an important resource for graduate students and provides navigational advice when approaching the course schedule or in exploring leaves of absence, but does not offer curricular or academic advise.

2) Explain how advisors are selected and oriented to their roles and responsibilities.

Undergraduate Advising
As noted in the response to the previous question, undergraduate advising is managed by PSU's Advising Pathways**.** Pathway advisors are selected into their roles based on their education, experience, and expertise in higher education, student affairs, and advising. Pathways advisors are trained on PSU policies, student information systems, and advising, as well as introduced to other student-facing service units at PSU and participate in professional, advising and student affairs-related professional organizations. Furthermore, the Assistant Dean for Undergraduate Affairs work closely with the *Health, Science, and the Earth* pathway advisors to ensure they have necessary and sufficient knowledge of the School of Public Health and its undergraduate curriculum.

Graduate Advising
Most School of Public Health faculty are expected to provide academic advising to graduate students. As noted in the response to the previous question, prospective students have an opportunity to identify a potential advisor in response to a prompt or in the statement of purpose as a part of the SOPHAS application process. When prospective students take advantage of this opportunity, the Student & Alumni Success Manager matches the incoming student with the preferred faculty advisor. When prospective students do not name a potential faculty advisor, the Student & Alumni Success Manager provides program directors with a list of incoming students. The program directors identify distribution gaps in advising and works with the Student & Alumni Success Manager to assign new students to faculty advisors. For PhD students, every effort is made to assign a faculty advisor whose expertise matches the new student's research interests. The Student & Alumni Success Manager informs students of their faculty advising assignment and provides an onboarding checklist, which includes scheduling an initial meeting with the faculty advisor.

Faculty orientation to academic advising is a continuous process. Student Affairs staff maintain and regularly update an advising handbook for faculty. Faculty maintain currency in their advising roles and responsibilities through the annual faculty in-service training. Prior in-service training has focused on training around accommodations, Title IX, and timely, responsive communication from program directors and faculty advisors to students.

3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.

Advising sheets for the BS/BA Public Health Studies program are provided in ERF > H Criteria > H1. Academic Advising > H1.3a - BS/BA Public Health Studies Advising Sheets. Program guides for all graduate programs are provided in ERF > H Criteria > H1. Academic Advising > H1.3b - Graduate Program Guides.

The OHSU-PSU School of Public Health no longer produces student handbooks for MS, MPH, and PhD programs. Instead, information previously contained in student handbooks is provided on the MPH and MS Requirements and PhD Requirements pages on the public-facing website (https://ohsu-psu-sph.org/).

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

The School of Public Health conducts an annual survey of current students. In AY2018-19, students were not explicitly asked about satisfaction with academic advising. Rather, students were asked to indicate the extent to which they agree or disagree with each of the following statements using a 4-pt. scale (1 = *Strongly Disagree*, 4 = *Strongly Agree*): "My advisor is knowledgeable about my degree requirements, course options, and academic policies;" "My advisor is genuinely interested in my academic progress;" "My advisor is knowledgeable about academic support services on campus and can direct me toward the office or person with the information I need;" and "My advisor is a source of guidance on careers or jobs that match my skills and interests." Because these four-items demonstrated strong reliability (α = .86), they were combined into a single scale for presentation. Generally, students agreed with the positive attitudes toward academic advisors conveyed by these items (*M* = 3.42, *SD* = .59). The table below presents additional information about students' response to this scale.

2018 – 19	
	M (SD)
BS/BA	3.48 (.56)
MS/MPH	3.20 (.64)
PhD	3.53 (.55)
OVERALL	3.42 (.59)

Beginning with the AY2019-20 administration of the Annual Student Survey, we asked students a single question to gauge satisfaction with academic advising: "Overall, how satisfied are you the academic advising you receive in the School of Public Health?" Students answer this question using a 5-pt. scale (1 = *Very Dissatisfied*, 5 = *Very Satisfied*). In 2019-20, students reported being satisfied with academic advising (*M* = 4.01, *SD* = 1.09), with 75% of the sample reporting being "Satisfied" or "Very Satisfied." The results were consistent in 2020-21. Students reported being satisfied with academic advising (*M* = 4.02, *SD* = 1.06), with 78% of the sample reported being "Satisfied" or "Very Satisfied." The table below presents additional information about students' response to this item.

	2019 - 20		2020 - 21	
	M (SD)	Satisfied / Very Satisfied (%)	*M (SD)*	Satisfied / Very Satisfied (%)
BS/BA	4.10 (.97)	79%	4.09 (.83)	82%
MS/MPH	3.83 (1.24)	68%	3.83 (1.25)	70%
PhD	4.30 (.82)	87%	4.29 (.96)	88%
OVERALL	**4.01 (1.09)**	**75%**	**4.02 (1.06)**	**78%**
RESPONSE RATE	**18%**		**16%**	

Beginning with the 2019-20 administration of the Annual Student Survey, students were asked "What suggestions do you have to improve academic advising at the School of Public Health?" In the 2020-21, students' qualitative evaluations of academic advising were mixed. Some participants noted that advisors were helpful, supportive, and responsive. Other participants noted that advisors were non-responsive, as well as noting there was turn-over in their advisors. Suggestions to improve academic advising included applying more care in how faculty were assigned advisees; providing more administrative support for advisors; and more opportunities for group advising.

Students' verbatim responses to this question from the 2019-20 and 2020-21 administrations of the Annual Student Survey are provided in ERF > H Criteria > H1. Academic Advising > H1.4 - Annual Student Survey – Student Responses on Academic Advising.

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

New-student orientation is hosted by the School of Public Health at the start of each fall term. Beginning with fall 2021, undergraduate students are included in the School of Public Health's new-student orientation to foster a stronger sense of collective identity and belonging. (Prior to fall 2021, undergraduate students did not participate in SPH's new-student orientation activities and only participated in the PSU required orientation.)

The structure of new-student orientation has been consistent over the past few years. Due to the COVID-19 pandemic, orientation was remotely held in fall 2020 and 2021. Orientation is a single-day event that begins with a welcome and introduction from the Dean. A special topic typically follows the Dean's introduction and welcome. This year, the Associate Dean for Social Justice introduced students to the School of Public Health's social justice framework and antiracism initiative. Past topics included unconscious bias training. During the lunch break, students have an opportunity to learn more about both School of Public Health, PSU, and OHSU student organizations and services available to them. The afternoon, students are broken into program-specific sessions. In the afternoon break-out sessions, students have the opportunity to meet with program directors and faculty, and undergraduate academic and career advisors. Students are introduced to their program core competencies, the appropriate CEPH competencies and learning outcomes, and respective cumulative and experiential activities (e.g., PE and IP for MPH students, dissertation for PhD students)

The event is organized by members of student affairs team in close collaboration with program directors and faculty.

In addition to the School of Public Health-sponsored new-student orientation, graduate students are required to attend OHSU's new-student orientation. At this orientation, new students are provided with information about valuable institutional, campus, and student resources. Students also complete online training modules dealing with respect, integrity, and information privacy and security.

For the past three academic years, the three School of Public Health doctoral program hosted a remote orientation for all newly admitted PhD students in spring.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health offers accessible and supportive advising for its students. Undergraduate advising follows PSU's centralized Advising Pathways model, which is readily accessible and graduate advising is handled by program directors and faculty within the School of Public Health. BS/BA, MS/MPH, and PhD students are provided with advising sheets and a program guide. Program guides and handbooks are annually updated. These resources ensure that students are engaged and knowledgeable about program curriculum and requirements. New-student orientation, which now includes undergraduate students as well as graduate students, ensures that students are provided with the necessary information to successfully navigate their program and the School of Public Health at the point of entry. As the School of Public Health has begun to systematically collect information from students on academic advising, students generally report high levels of academic advising support. The COVID-19 pandemic and—in particular, the remote learning environment—has had positive effects in terms of increasing accessibility and research and opened possibilities for more consistent academic advising opportunities in a group setting.

Areas of Improvement

- Academic advising is a broad area of improvement for the School of Public Health. Undergraduate advising, managed by PSU's Advising Pathways, is more general and not as specific to providing public health-specific academic and career advising. Throughout the self-study process, some program directors and faculty reported heavy advising loads, and faculty of color reported having heavier advising loads as students of color feel more comfortable having an advisor who aligns with their lived experience. While students' quantitative evaluations of academic advising point to higher levels of satisfaction, qualitative feedback tends to be more mixed.

Plans for Improvement

- The Assistant Dean for Graduate Academic Affairs is currently conducting an equity audit to better understand disparities in advising loads between program directors and faculty. This equity audit will include criteria associated with emotional labor and add a framework for appropriate compensation.
- Plans to improve the academic advising that undergraduate students receive via the PSU Pathways model are ongoing. The Assistant Dean for Undergraduate Affairs continues to work with Pathways advisors to help them learn more about public health and gain control over the degree audit process. Feedback from students and advisors indicates that the professional advisors in the pathway have struggled with the breadth and nuances of the non-clinical career directions of public health. As a results, the Associate Dean for Student Affairs & Community Engagement and the Assistant Dean for Undergraduate Affairs have developed a *Career Mentorship Bridge to Pathways Academic Advising* to further improve deficits in academic and career advising for undergraduate students. The Career Bridge will provide individual and targeted mentorship to match students' interests with undergraduate majors and electives within and outside the School of Public Health.

H2. Career Advising

The school provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The school provides such resources for both currently enrolled students and alumni. The school may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

1) **Describe the school's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.**

   The University Career Center is PSU's comprehensive career center. The University Career Center is available to all School of Public Health students, regardless of degree level or program. The School of Public Health works in collaboration with PSU's University Career Center to deliver career advising workshops, including workshops on assembling cover letters, resumes, and CVs, what students can do with their degrees, and how to search for jobs. In addition, the University Career Center has assembled a page for undergraduate students interested in potentially pursuing an MPH and knowing what career options are available to them: *What Can I Do With A Master's Degree in Public Health* (https://www.pdx.edu/careers/what-can-i-do-masters-degree-public-health). The School of Public Health has a dedicated career advisor housed in the University Career Center who specializes not only in public health, but also in securing employment in the public sector.

   The newly-developed *Career Mentorship Bridge to Pathways Academic Advising* ("Career Bridge") program was designed to provide public-health specific career advising/mentoring for undergraduate students and is in its initial stages of implementation. Upcoming workshops on internship selection and research opportunities are scheduled for the spring term.

   The School of Public Health recently hired a Student & Alumni Success Manager to provide internal career advising to both undergraduate and graduate students. The Student & Alumni Success Manager collaborates with the Assistant Dean for Undergraduate Affairs to develop, refine, and execute the Career Bridge program. In addition, the Student & Alumni Success Manager has developed a coordinated schedule to deliver career advising opportunities to graduate students on an ongoing basis by liaising with PSU's University Career Center and community partners and employers (e.g., OPHA, OHA, EPA). The Student & Alumni Success Manager develops written materials (worksheets, tip sheets, and planners) to support students' professional and career development, and disseminates current job opportunities by maintaining Career Resources, Jobs, & Opportunities page on the School of Public Health's public-facing website.

   Faculty provide career guidance to students in an informal capacity.

2) **Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.**

   University Career Center
   Career counselors at PSU's University Career Center are hired centrally and are professional career advisors with professional preparation in the field. PSU, as the hiring entity, assures the

appropriateness of background and credentials of those they employ in the University Career Center. During the hiring process, the position description is reviewed and posted according to PSU's Human Resources guidelines. Applicants are screened for minimum requirements and a search committee review identifies applicants to be invited for interviews. Interviews are conducted by a hiring manager and committee; a decision is made and Human resources extends an offer to the finalist. New career counselors meet individually with current staff, observe career counselors in one-on-one appointments, and are observed during a brief probationary period. On an ongoing basis, career counselors have weekly case meetings.

Career Bridge Faculty
Faculty in the School of Public Health provide career advising in public health to undergraduate students. Many of the School's faculty have strong connections with agencies and organizations that hire School of Public Health graduates. Many faculty have worked in public and private public health settings. Faculty are aware of the different career possibilities and work to mentor students on skills and coursework needed for successful post-graduate careers.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

MPH Application Workshop
The MPH Application Workshop is a free seminar series designed to help undergraduate students learn about the MPH application process and offer guidance on how to assemble a strong application package. The workshop is divided in five parts and covers: choosing the right program and the admissions process, preparing a personal statement, obtaining letters of recommendation, preparing a CV, and gaining public health experience outside of school. Office hours are reserved for workshop participants. Because many School of Public Health undergraduates are first-generation students, or students from marginalized populations who have been historically excluded from access to higher education, the workshop is designed with those students in mind.

The MPH Application Workshop has been offered three times since fall 2019:

- Fall 2019 (in-person): 22 BS/BA students
- Fall 2020 (remote): 74 BS/BA students
- Fall 2021 (remote): 56 BS/BA students

What Can I Do with an MPH?
What Can I Do with an MPH? is a regular workshop intended for both undergraduate students considering an MPH and current MPH students. The workshop is a collaborative workshop where students explore how their knowledge, skills, and interests align with job opportunities that are typically available to individuals with an MPH, as well as the range of organizations that individuals with an MPH typically work for. The workshop is a collaboration between the School of Public Health and PSU's University Career Center. The workshop is generally offered twice per year: winter term and spring term. It may also be offered on an ad hoc basis, given student interest.

Attendance information is presented below:

	Winter 2019	Spring 2019	Winter 2020	Spring 2021	Fall 2021
What Can I Do with an MPH?	8	6	18	51	25

Public Health Job Search
Public Health Job Search takes a deeper dive into locating potential job opportunities and organizations for students to seek employment, once students have identified the kind of post-graduation work they are interested in doing.

Attendance information is presented below:

	Spring 2018	Spring 2021
Public Health Job Search	15	32

In addition to these workshops, the School of Public Health has previously offered workshops on resumes, CVs, and cover letters on an ad hoc basis. This workshop focuses on how to customize application materials to fit the particular job to which students are interested in applying.

Moving forward, the School of Public Health plans to offer these workshops as a comprehensive package. These events developmentally prepare students in a stage-wise fashion, beginning first with guidance on pursuing graduate training in public health, followed by an exploration of possible career paths for post-graduate training, culminating in searching for and securing post-graduate employment. The School of Public Health plans to offer these workshops in collaboration with PSU's University Career Center on the following schedule:

- **Fall:** What Can I Do with an MPH?
- **Winter:** What Can I Do with an MPH? Public Health Job Search
- **Spring:** Public Health Job Search, Resumes & Cover Letters

In general, alumni events have been oriented toward professional workforce development (see F4. Delivery of Professional Development Opportunities for the Workforce). Informal feedback that the School of Public Health has received from alumni has suggested a strong interest in professional networking. The School hosted a networking event at the 2019 Oregon Public Health Association (OPHA) conference (no attendance information was collected), but this networking event has been suspended due to the remote offering of the conference during the COVID-19 pandemic. The School of Public Health plans to reintroduce a networking event at the OPHA conference when it is held in-person again in fall 2022.

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable.

Beginning with the AY2019-20 administration of the Annual Student Survey, students were asked the following question using a 5-pt. scale (1 = *Very Dissatisfied*, 5 = *Very Satisfied*): "Overall, how satisfied are you with the career advising you receive in the School of Public Health?" (We do not have data to share from prior to AY2019-20 because prior administrations of the survey did not distinguish career from academic advising). In 2019-20, students reported being moderately satisfied with career advising (*M* = 3.34, *SD* = .96), with 40% of the sample reporting being "Satisfied" or "Very Satisfied." The results were consistent in 2020-21. Students reported being moderately satisfied with career advising (*M* = 3.33, *SD* = .82), with 38% of the sample reported being "Satisfied" or "Very Satisfied." The table below presents additional information about students' response to this item.

	2019 - 20		2020 - 21	
	M (SD)	**Satisfied / Very Satisfied (%)**	***M (SD)***	**Satisfied / Very Satisfied (%)**
BS/BA	3.67 (.94)	55%	3.65 (.89)	53%
MS/MPH	3.03 (.91)	26%	3.03 (.90)	24%
PhD	3.10 (.70)	29%	3.33 (.86)	35%
OVERALL	**3.34 (.96)**	**40%**	**3.33 (1.06)**	**38%**
RESPONSE RATE	**17%**		**16%**	

Beginning with the 2019-20 administration of the Annual Student Survey, students were asked "What suggestions do you have to improve career advising at the School of Public Health?" In 2020-21, students' suggestions to improve career advising included: having a dedicated career

advisor or career development office; integrating career advising into the curriculum; connecting students with alumni and public health professionals who work outside of the academic environment; offering more career workshops throughout the academic year; and providing additional resources for non-academic jobs, internships, fellowships, and post-doctoral training.

Students' verbatim responses to this question from the 2019-20 and 2020-21 administrations of the Annual Student Survey are provided in ERF > H Criteria > H2. Career Advising > H2.4 - Annual Student Survey – Student Responses on Career Advising.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health provides accessible and supportive career advising services for students. PSU's University Career Center is a dedicated career advising office available to all School of Public Health students and offers support for writing cover letters, resumes and CVs and for undergraduate students in particular, information on how to apply for an MPH. The School of Public Health offers additional career advising opportunities, but these opportunities tend to be ad hoc. The School of Public Health maintains a database for internships and employment opportunities for both undergraduate and graduate students. The recently-hired Student & Alumni Success Manager is working to implement a constituent program of career advising opportunities within the School of Public Health.

Areas of Improvement

- Broadly speaking, career advising is an area in need of improvement for the School of Public Health. Students generally report low-to-mid levels of satisfaction with existing career advising opportunities. The School of Public Health offers career advising opportunities, but many of these opportunities are not well-attended. An important area for improvement is understanding what contributes to students' perceptions of career advising in relation to what the School of Public Health offers. Moreover, as a part of the self-study process, program directors and faculty reported not feeling confident or prepared to provide career advising.
- Student attendance at many professional development events tends to be low. Low attendance, in conjunction with students' reporting low awareness of professional development opportunities via the Annual Student Survey, suggests that these opportunities need to be more clearly communicated to students.

Plans for Improvement

- The School of Public Health has added a Student & Alumni Success Manager position to heighten the focus on career advising. This position's addition demonstrates the dedicated investment of FTE to meet the School of Public Health's need in this domain.
- The School of Public Health plans to develop a comprehensive plan for career advising in which systematic, ongoing advising opportunities are made available to students and alumni. This plan includes offering What Can I Do with an MPH? Public Health Job Search, and Resumes & Cover Letters on an annual cycle. Moreover, the School of Public Health will focus on building faculty capacity and confidence in career advising.
- The Associate Dean for Student Affairs & Community Engagement and the Assistant Dean for Undergraduate Affairs have developed a *Career Mentorship Bridge to Pathways Academic Advising* proposal to improve deficits in career advising for undergraduate students. The Career Bridge program is in its initial stages of implementation with workshops of careers in public health and choosing the right major and coursework to leverage career success. Once fully-realized, Career Bridge will provide individual and targeted mentorship to match students' interests with internships and suitable career paths within public health and allied fields. The School is currently proposing a non-tenure track faculty Career Bridge Manager position to support the new program.

H3. Student Complaint Procedures

The school enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to school officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

1) **Describe the procedures by which students may communicate any formal complaints and/or grievances to school officials, and about how these procedures are publicized.**

   The School of Public Health has a defined set of procedures that govern formal student complaints. These procedures are informed by federal law and institutional policies and protect the privacy of students, faculty, and staff. Due to the multi-partner arrangement of the joint School of Public Health, the student complaint procedures depend on 1) the nature of the complaint, 2) the institution at which the student registers, and 3) the institution at which the complaint lodges. In general, students are instructed to contact the Associate Dean for Student Affairs & Community Engagement for questions relating to complaints. If the complaint is related to Title IX, affirmative action and equal opportunity (AAEO), or accommodations, students can directly contact the respective offices at OHSU or PSU. For the School of Public Health, the primary contact and mandatory reporter for AAEO and Title IX is the Associate Dean for Student Affairs & Community Engagement.

   Information about student complaint procedures for undergraduate students (https://ohsu-psu-sph.org/undergraduate_policies_and_procedures/) and graduate students (https://ohsu-psu-sph.org/graduate-students-policies-and-procedures/#grievance-resolution), as well as resources related to student complaints, are published on the School of Public Health's public-facing website (https://ohsu-psu-sph.org/graduate-student-resources/) and is required on course syllabi.

   Additional links for institution-specific offices are presented below:
   - OHSU Office for Student Access
   - PSU Disability Resource Center
   - OHSU Center for Diversity & Inclusion
   - PSU Office of Global Diversity & Inclusion

2) **Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.**

   The School of Public Health encourages informal methods to resolve conflicts before they reach the threshold of a formal complaint. These methods include discussing the conflict directly with other party involved, or with the program director and/or members of the Dean's Team. Graduate students can utilize OHSU's ombudsperson as an additional resource to identify best solutions to resolve the conflict.

   If these methods are re-traumatizing, or not successful in reaching a resolution, the student is directed to submit a written summary of the complaint to the Associate Dean for Student Affairs & Community Engagement. The Associate Dean for Student Affairs & Community Engagement routes the complaint to the appropriate School of Public Health party (Dean, Associate Dean for Academic Affairs, Associate Dean for Social Justice) before it gets routed to the appropriate OHSU or PSU office.

   OHSU's Student Grievance & Appeal policy (ERF > H Criteria > H3. Student Complaint Procedures > H3.2 – 02-03-055 – OHSU Student Grievance & Appeal) outlines the steps involved in complaint processes. OHSU also provides the process and other conduct policies at

https://www.ohsu.edu/about/policies. The PSU Code of Student Conduct & Responsibility outlines the detailed steps for complaint filed against individuals and academic misconduct, and allegations of sexual misconduct and discrimination.

3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

In the last three years, the following complaints were submitted by School of Public Health students:

- One student expressed concern that they had been discriminated against in grading by a faculty member on the basis of immigration status. Per university policy, the student was referred to AAEO. Guidance was provided by the Title IX office to the School, and the matter was managed through the coaching of the faculty member.
- One student reported being discriminated against by a faculty member on the basis of gender-related factors. Per university policy, this was referred to the Title IX office. Guidance was provided by the Title IX office to the School, and the matter was managed through coaching of the faculty member.
- Two students reported being discriminated against by a faculty member in grading and in the overall course experience due to their race/ethnicity. Per university policy, the students were referred to AAEO, but only one student chose to pursue this approach. The School received guidance and assistance from AAEO and both situations were addressed internally by the School.
- One student filed a complaint about intimidation by a faculty member which raised a FERPA concern. The matter was referred to the OHSU Office of Integrity, which worked jointly with the OHSU Human Resources office. Based on guidance from the Human Resources office, the faculty member received coaching and the issue was resolved.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health follows a set of policies and procedures that govern formal student complaints. The procedures and steps involved in the student complaint process are guided to assure privacy and protection. At the School-level, the Associate Dean for Student Affairs & Community Engagement is the designated administrator charged with reviewing and resolving formal complaints. When the complaints are academic, the Associate Dean for Academic Affairs is involved; when the complaints are undergraduate-related, the Assistant Dean for Undergraduate Affairs is involved.
- The School's approach to student complaints, focused on an initial informal resolution, has been successful at minimizing the number of formal complaints at both institutions. The School of Public Health continues to refine this approach. Critical feedback on the student complaint process from both students and administrative staff has been well-received by both OHSU and PSU and is being used to improve the procedures and student experience associated with this process.

Areas of Improvement

- As a part of the self-study process, open meetings with students demonstrated a commitment to the student complaint process, but more work is needed. Students have expressed dissatisfaction with the process itself. In particular, students have indicated that it is complicated, lacks transparency, and has the potential to be re-traumatizing.

Plans for Improvement

- The School of Public Health is committed to improving the student complaint process, and students' experience of the process, to the extent allowable by institutional policies and

privacy laws. In particular, the School is working to increase transparency in the process so the procedures are more clearly articulated and communicated to students.

- The School of Public Health plans to improve the student complaint process by working with institutional partners to ensure a trauma-informed approach is utilized throughout the process. The Associate Dean for Social Justice position was created—in part—to address student concerns about transparency and trauma associated with the student complaint process.

H4. Student Recruitment and Admissions

The school implements 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.

1) **Describe the school's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.**

Undergraduate Recruitment
Undergraduate recruitment is managed by PSU's Admissions Office. Recruitment efforts happen throughout the world, but applicants and matriculates tend to be from Oregon, Washington, and Northern California. PSU has articulation agreements for the transfer of undergraduate credits in place for Portland Community College, Mt. Hood Community College, Chemeketa Community College, and American Samoa Community College. Prior to the COVID-19 pandemic, the Assistant Dean for Undergraduate Affairs and School of Public Health faculty regularly participated in recruitment events for prospective students, including college fairs at local high schools and community colleges, and this is expected to continue once in-person activities resume.

Graduate Recruitment
Graduate recruitment is managed by the School of Public Health. In the first few years, graduate recruitment and admissions were handled by the program directors. An early innovation was having graduate recruitment and admissions handled by a single point of contact: the Recruitment & Admissions Manager. The Recruitment & Admissions Manager implements marketing and recruitment strategies and represents the School of Public Health at recruitment events, including career and health fairs at regional colleges and universities (e.g., Pacific University, University of Portland, Washington State University, Southern Oregon University), ASPPH's "This Is Public Health" fairs, Oregon Public Health Association (OPHA), and American Public Health Association (APHA). Because the School of Public Health has an undergraduate public health program, graduate recruitment events are often focused on its own undergraduate students. A recruitment manual is current being developed by OHSU's Center for Diversity & Inclusion.

The School of Public Health's public-facing website (ohsu-psu-sph.org) is a useful recruitment tool for prospective students exploring graduate programs. Individual program pages include information about program plans and requirements, application instructions, and possible post-degree employment opportunities. Prospective students can submit an inquiry and schedule a meeting with the Recruitment & Admissions Manager through the public-facing website.

2) **Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.**

Undergraduate Admissions
Undergraduate admissions are handled by PSU's Admissions Office. The Admissions Office completes a comprehensive review of each prospective student's academic and non-academic accomplishments. Undergraduate students are admitted by PSU and placed in the majors they select. School of Public Health faculty are not directly involved in undergraduate admissions.

PSU is an all-access institution and has several initiatives to make learning more affordable and accessible. For example, Four Years Free is a financial aid program that covers tuition and fees for Oregon high school graduates who enroll at PSU full-time. Eligibility is determined based on information submitted by prospective students during the admissions and financial aid application processes. In addition, PSU participates in the Western Undergraduate Exchange program. Eligible incoming first-time, first-year and transfer students from out-of-state locations (Alaska, Arizona, California, Hawai'i, Idaho, Montana, Nevada, New Mexico, North Dakota, South Dakota, Utah,

Washington, Wyoming, Guam, and Northern Mariana Islands) pay 150% of in-state tuition instead of full out-of-state tuition.

Links for admissions requirements are presented below:

- First-time, first year students
- Transfer students

Graduate Admissions
Graduate admissions are managed by the School of Public Health. Prospective students apply to graduate programs in the School of Public Health using the Schools of Public Health Application Service (SOPHAS), a centralized application service for schools and programs of public health.

Masters-level programs (MS/MPH) have three application deadlines: December 1st, February 1st, and March 15th. Application requirements common to master's-level programs include: conferred undergraduate degree, 1,000-word statement of purpose, CV/resume, three letters of recommendation, official transcripts, and supplemental questions intended to evaluate equity lens, lived experience, and positionality. Admissions criteria are identical for all MPH programs, regardless of program or delivery format (in-person or online).

PhD programs have two application deadlines: December 1st and February 1st. Application requirements common to doctoral-level programs include: conferred master's degree, one college-level statistics or biostatistics course, 1,000-word statement of purpose, CV/resume, three letters of recommendation, writing sample, and official transcripts.

Graduate applicants from international locations submit World Education Services (WES) evaluation of academic records from institutions outside of North America, as well as TOEFL or IELTS scores.

Coinciding with the COVID-19 pandemic, the collection of GRE scores was suspended in the AY2020-21 admissions cycle. In February 2021, the Academic Policy & Curriculum Committee (APCC) voted to permanently remove GRE scores as a part of admissions requirements from all graduate programs in an effort to support the School's social justice and equity goals.

The School of Public Health is committed to selecting candidates who will succeed and advance the field of public health. Admissions standards and rubrics are developed and approved by APCC (see A1. Administrative & Organization Processes). Program directors bring the standards and rubrics back to their feedback for feedback in an iterative process before voted on by APCC.

The Recruitment & Admissions Manager coordinates with program directors to facilitate the applicant review process. Consistent with the School of Public Health's social justice and equity goals, the admissions review process is increasingly holistic. Holistic reviews carefully consider academic (GPA, coursework) and non-academic factors (e.g., personal and social identity, lived experience, impact of COVID-19); admissions committees carefully consider applications using a holistic approach to its review and applicants are offered full admission, or are rejected. Prospective students are notified by the respective program directors of the admissions decision.

3) Select at least one of the measures that is meaningful to the school and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the school may add measures that are significant to its own mission and context.

Information on average GPA for last degree completed is presented below. For average GPA for last degree completed, average high school GPA is presented for BS/BA Public Health Studies students, average bachelor's GPA is presented for MS/MPH students, and average master's GPA is presented for PhD students.

Average GPA for Last Degree Completed

Outcome Measures for Recruitment and Admissions				
Outcome Measure	**Target**	**Year 1 (2019)**	**Year 2 (2020)**	**Year 3 (2021)**
BS/BA Public Health Studies		3.42	3.41	3.39
MS/MPH		3.48	3.43	3.48
PhD		3.71	3.74	3.77

In addition, meaningful information on recruiting a diverse student body is presented below: percentage of first-generation students, percentage of non-white students (students of color), percentage of multi-lingual students, and percentage of low-income students. Because BS/BA Public Health Studies students complete PSU's undergraduate application and graduate students complete applications via SOPHAS, the data presented below come from different sources and may not be available for all degree levels:

% First-generation Students

Outcome Measures for Recruitment and Admissions				
Outcome Measure	**Target**	**Year 1 (2019)**	**Year 2 (2020)**	**Year 3 (2021)**
BS/BA Public Health Studies		43%	41%	34%
MS/MPH		24%	19%	26%
PhD		40%	20%	0%

% Non-white Students

Outcome Measures for Recruitment and Admissions				
Outcome Measure	**Target**	**Year 1 (2019)**	**Year 2 (2020)**	**Year 3 (2021)**
BS/BA Public Health Studies		55%	50%	65%
MS/MPH		32%	20%	34%
PhD		60%	30%	31%

% Multilingual

Outcome Measures for Recruitment and Admissions				
Outcome Measure	**Target**	**Year 1 (2019)**	**Year 2 (2020)**	**Year 3 (2021)**
BS/BA Public Health Studies		N/A	N/A	N/A
MS/MPH		16%	16%	33%
PhD		0%	30%	38%

% Low Income

Outcome Measures for Recruitment and Admissions				
Outcome Measure	**Target**	**Year 1 (2019)**	**Year 2 (2020)**	**Year 3 (2021)**
BS/BA Public Health Studies		N/A	N/A	N/A

MS/MPH		16%	17%	22%
PhD		20%	10%	15%

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The School of Public Health implements recruitment procedures designed to locate and select qualified students who will be successful in the School of Public Health and be competent public health professionals at the time of graduation. The undergraduate admissions recruitment and admissions process is handled by PSU's Admissions Office in a formal and systematic way. Graduate admissions and recruitment is a highly collaborative, holistic process guided by the Associate Dean for Student Affairs & Community Engagement, the Recruitment & Admissions Manager, the Academic Policy & Curriculum Committee, program directors, and program faculty. The admissions process is shaped by best practices and industry standards and driven by the School's social justice and equity goals.

Areas of Improvement

- Presently, the School of Public Health does not have any official School-specific recruitment and admissions policies that have been formally approved by faculty and both OHSU and PSU Provosts. Instead, the School of Public Health follows best practices to identify and select qualified students and follows both OHSU and PSU admissions policies.
- During the self-study process, program directors and faculty called for a recruitment and enrollment plan to support the labor necessary to review applications, to manage the number of incoming students, and ensure students are successful upon enrolling in the School of Public Health.

Plans for Improvement

- The Policy Subcommittee of the Academic Policy & Curriculum Committee is working to develop official, School of Public Health-specific policies for graduate admissions. These policies will be adopted following the appropriate chain of approval.
- Faculty Council is developing an action plan to identify the steps necessary to create a recruitment and enrollment plan with an equity lens to ensure that the School of Public Health is sufficiently educating and preparing students for the workforce.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the school to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

1) **Provide direct links to information and descriptions of all degree schools and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.**

Program Information
BS/BA Applied Health & Fitness: https://ohsu-psu-sph.org/ugrad-applied-health-fitness/
BS/BA Public Health Studies: https://ohsu-psu-sph.org/undergraduate-programs/ugrad-health-studies-2/
MS Biostatistics: https://ohsu-psu-sph.org/ms-in-biostatistics/
MPH Biostatistics: https://ohsu-psu-sph.org/mph-in-biostatistics/
MPH Environmental Studies & Human Health: https://ohsu-psu-sph.org/mph-environmental-systems-human-health/
MPH Epidemiology: https://ohsu-psu-sph.org/mph-in-epidemiology/
MPH Health Promotion: https://ohsu-psu-sph.org/mph-health-promotion/
MPH Health Management & Policy: https://ohsu-psu-sph.org/mph-health-management-policy/
MPH Public Health Practice: https://ohsu-psu-sph.org/mph-in-public-health-practice/
PhD Community Health: https://ohsu-psu-sph.org/phd-community-health/
PhD Epidemiology: https://ohsu-psu-sph.org/phd-in-epidemiology/
PhD Health Systems & Policy: https://ohsu-psu-sph.org/phd-health-systems-policy/

Policies & Procedures
Undergraduate: https://ohsu-psu-sph.org/academic-calendar/
Graduate: https://ohsu-psu-sph.org/graduate-students-policies-and-procedures/

Academic Calendar
https://ohsu-psu-sph.org/academic-calendar/

Admissions Policies
Undergraduate: https://www.pdx.edu/admissions/admissions-policies
Graduate: https://ohsu-psu-sph.org/graduate-students-policies-and-procedures/

Grading Policies
Undergraduate: https://www.pdx.edu/registration/grading-system
Graduate: https://ohsu-psu-sph.org/graduate-students-policies-and-procedures/

Academic Integrity Standards
Undergraduate: https://www.pdx.edu/dean-student-life/psu-code-student-conduct-and-responsibility
Graduate: https://ohsu-psu-sph.org/graduate-students-policies-and-procedures/

Degree Completion Requirements
Undergraduate: https://www.pdx.edu/advising/requirements-for-a-baccalaureate-degree
MS/MPH: https://ohsu-psu-sph.org/mph-ms-requirements/
PhD: https://ohsu-psu-sph.org/phd-requirements/

Portland State UNIVERSITY

SCHOOL OF
PUBLIC HEALTH