

REVIEW FOR ACCREDITATION  
OF THE  
GRADUATE SCHOOL OF PUBLIC HEALTH  
AT THE  
UNIVERSITY OF PITTSBURGH

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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## Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the School of Public Health at the University of Pittsburgh. The report assesses the school's compliance with the *Accreditation Criteria for Schools of Public Health, amended June 2011*. This accreditation review included the conduct of a self-study process by school constituents, the preparation of a document describing the school and its features in relation to the criteria for accreditation and a visit in May 2015 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the school and verify the self-study document.

The University of Pittsburgh was founded in 1787 as the Pittsburgh Academy. Following the growth of Pittsburgh's population and at the request of the Pittsburgh Academy trustees, the Pennsylvania legislature re-chartered the school as the Western University of Pennsylvania in 1819. In 1908, the Western University of Pennsylvania became the University of Pittsburgh. The university is a nonsectarian, coeducational, state-related research university. The university is a public-private venture supported by state and private funds. As of May 2015, the university is organized into 16 Pittsburgh-campus schools and colleges, numerous centers and institutes and four regional campuses in Bradford, Greensburg, Johnstown and Titusville. The university offers more than 468 distinct degree programs and enrolls over 28,600 students on the main Pittsburgh campus.

The Graduate School of Public Health (GSPH) was established in 1948 and became Pennsylvania's first accredited graduate school of public health in 1950. In its earliest days, GSPH assumed prominence in occupational and industrial health, consistent with its location in Pittsburgh, which at the time was the locus of the largest steel industry in the world. As the economy and the population composition changed, so did the focus of GSPH efforts. Today, the school operates as a research-intensive institution that produces public health practice graduates ready to meet local, national and global needs. The school is one of six health sciences schools at the university, providing ample opportunities for interdisciplinary teaching, research and service.

The school was last reviewed by CEPH in 2007 and was awarded an accreditation term of seven years. The school has reported a number of substantive changes since its last review including the addition of Peace Corps Masters International tracks to existing MPH programs in two departments, various degree programs, a certificate program and a change to the organizational structure of the school. The school was required to submit interim reports related to competencies and assessment projects, which the Council accepted as evidence of compliance with the applicable criteria. The Council extended the school's accreditation term one additional year to better balance its workload of accreditation reviews.

## Characteristics of a School of Public Health

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

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

These characteristics are evident in the GSPH at the University of Pittsburgh. The school is located in a regionally accredited university and has the same rights and privileges as other professional schools on campus. The school has a planning and evaluation process that is inclusive, timely and focused on public health research, teaching and service.

The school's faculty are trained in a variety of disciplines, and the inclusion and integration of other health-related degrees and several joint degrees within the school ensure that the environment supports interdisciplinary collaboration. The school's degree programs are organized with an ecological perspective, and faculty and student connections with public health practitioners and local community members ensure that the school fosters the development of professional public health concepts and values. The school has a clearly defined mission with supporting goals and objectives.

The school has adequate resources to offer the MPH degree in the five core areas of public health knowledge and doctoral degrees in at least three areas. The school offers additional master's and doctoral degrees in such areas as human genetics, genetic counseling and infectious diseases and microbiology.

## **1.0 THE SCHOOL OF PUBLIC HEALTH.**

### **1.1 Mission.**

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

This criterion is met. The school has a clearly formulated and publicly stated mission with supporting goals, objectives and values. The mission was revised in 2013. The mission statement is as follows:

Through excellence and leadership in education, research, and service, the University of Pittsburgh Graduate School of Public Health promotes health, prevents disease, and strives to achieve health equity for everyone.

The mission statement is augmented by four goal statements related to 1) education, 2) research, 3) service and 4) the infrastructure needed to support these school-wide functions. The school modified the goals in 2012 as part of the strategic planning process. Each goal has a set of three to five objectives, stated as desired outcomes. Each objective has a set of specific measures ("aims") that are tracked and monitored to assure that the school is moving toward achieving the objective. Goals were created for the school as well as for each department within the school and for cross-disciplinary centers.

The conceptual linking of aims to objectives and goals and ultimately to the mission provides a good framework for GSPH to work toward its goals for the future. The school has strong administrative support to reflect on its strategic plan and assess its performance. Key elements of the school's capacity to review and update its strategic plan include a) assignment of oversight to the senior associate dean, b) convening of a working group that includes the dean and other senior staff, faculty, and students, c) active involvement of department and school-level committees, d) selected program-specific accreditation reviews, e) university-supported long-range planning and f) reviews by the external stakeholders like the GSPH Board of Visitors, members of the departments of health at the state and county level and other community organizations.

Particular aims within the strategic plan are selected for implementation before each fiscal year by associate deans and the assistant dean for administration and finance. It was noted on-site that there are aims within the school-level strategic plan that have been implemented and others that may need revision to maintain relevancy to current public health issues and the school environment. The associate deans and the assistant dean for administration and finance oversee integration of the school-wide strategic plan with the department and center specific plans.

At the site visit department chairs noted that the strategic plans developed by the departments are more specific but integrated with the framework of the school-level strategic plan. Discussion and revision of departmental plans is done at departmental meetings and during faculty meetings and retreats.

## **1.2 Evaluation and Planning.**

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

This criterion is met with commentary. The school has established protocols for monitoring and evaluating its progress toward achieving its mission and goals.

The self-study outlines the processes the school uses to measure its success, including data sources and responsible parties. The senior associate dean has primary responsibility for strategic plan implementation and evaluation, with other associate deans responsible for specific areas. In addition, many outcome measures not directly tied to specific objectives and aims in the strategic plan (eg, employment, student satisfaction, faculty productivity) are monitored.

The current strategic plan including mission, vision and goals was finalized in June 2012 after an inclusive and iterative process involving faculty, staff, students and other school stakeholders. Each defined objective has several aims. Implementation plans and outcome measures are defined at the aim level, with a report template including target and annual status for each outcome measure, responsible individual and collaborators and resources needed.

The GSPH Council discusses progress reports for current strategic plan aims on a rotating basis at monthly meetings. A more comprehensive report is presented to an annual general faculty meeting, in addition to an annual "state of the school" presentation for faculty, Board of Visitors, staff groups and health science administrators. In addition, specific groups assess outcomes in targeted areas, including the Diversity Committee, which monitors faculty diversity outcomes and the Planning and Budget Policies Committee, which monitors facilities and finance.

The first commentary relates to the lack of information concerning the implementation and annual status of many of the aims. The number of empty or incomplete reports implies that the strategic plan is incomplete at the implementation level. The self-study describes how the school leadership makes an annual decision about the aims on which to focus the next year, but the reporting does not reflect this well. On site, team members learned that school leaders recognize that some of the objectives that have

not yet been addressed probably should be revisited for possible revision or deletion before any effort toward implementation is made. In addition, many of the outcome measures do not define specific quantitative benchmarks. While including some process measures is acceptable, many of the measures are to “increase” or “improve” some metric, without designating how much change is expected to satisfy the target.

The second commentary relates to the lack of quantitative targets for a number of the outcome measures embedded in individual criteria throughout the self-study document. The school describes these metrics as “gross outcomes,” since they are not associated with specific objectives and aims in the strategic plan. The self-study identifies specific metrics and reports the required three years of data but does not identify either maintenance or aspirational targets. On site, administrators noted that the request for targets was discussed but not resolved. Specific outcome measures without targets include fiscal reserve (Criterion 1.6 Fiscal Resources), student-faculty ratios (Criterion 1.7 Faculty and Other Resources), research metrics (Criterion 3.1 Research), service metrics (Criterion 3.2 Service), and student qualifications (Criterion 4.3 Student Recruitment and Admissions).

The school views accreditation as an ongoing process and has been working on some aspects of the self-study since the previous site visit in 2006 and more intensely since the 2011 criteria were released. More formal activity initiated in 2013 with the creation of an Accreditation Committee led by three administrators with CEPH experience, other assistant and associate deans and key staff members. This committee met regularly during 2014 to draft the self-study and actively solicited responses from a variety of stakeholder constituents.

### **1.3 Institutional Environment.**

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

This criterion is met. The University of Pittsburgh is accredited by the Middle States Association of Colleges and Schools, Commission on Higher Education; it underwent a full review in 2012 and received a 10-year accreditation term. The school maintains accreditation of its health administration program by the Commission on Accreditation of Healthcare Management Education, and the genetic counseling program is accredited by the Accreditation Council for Genetic Counseling. The university overall responds to 35 specialized accreditation agencies in a number of professional fields.

The dean is the chief academic and administrative officer of the school and reports directly to the senior vice chancellor for the health sciences (for administrative matters) and the provost (for academic matters). GSPH is one of six schools of the health sciences. The school holds the same status as other professional schools at the University of Pittsburgh.

Currently, the same individual holds the senior vice chancellor and the dean of the School of Medicine positions. While this was not the original organizational design and the positions were not designed to be coterminous, it may be perceived to provide an advantage to the School of Medicine. The GSPH dean told site visitors that the school has a high level of independence. The dean provided examples of the school's status, including a strong relationship with the provost, finances separate from the School of Medicine and inclusion on the search committee for the chancellor position.

The dean, with input from the faculty and various committees and approval of the provost and senior vice chancellor, has the right, responsibility and privilege of decision making in areas including budget, personnel appointments and promotion and academic standards and curriculum. The provost and senior vice chancellor for the health sciences provide a budgetary allocation to the school. Allocations within the school are made through the Dean's Office with input from the various department chairs and the Planning and Budgeting Committee, which includes a student member.

Faculty and staff are appointed by individual departments or the Office of the Dean. All appointments require approval from the provost and senior vice chancellor for the health sciences. Annual faculty reviews take place with the relevant department chairs. Department chairs and associate deans are evaluated annually by the dean. All faculty complete evaluation forms provided by the associate dean for faculty affairs, which are then used in one-on-one meetings. All review results are forwarded to the dean and then to the provost. On-site, reviewers learned that all faculty hires require a national search. Faculty hires are initiated at the department level while the dean makes the final decision on all chair and associate dean hires.

The dean approves all new programs in the school. The provost, senior vice chancellor for health sciences and University Council on Graduate Students also approve all new programs. Oversight of curriculum begins at the departmental level. Overall oversight of curricula is the responsibility of the school's Educational Policies and Curriculum Committee.

#### **1.4 Organization and Administration.**

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

This criterion is met. The school has an organizational setting that is conducive to public health learning, research and service. The school is organized into seven departments: Behavioral and Community Health Sciences, Biostatistics, Epidemiology, Environmental and Occupational Health, Health Policy and Management, Human Genetics, and Infectious Diseases and Microbiology. Each is led by a department



chair, who reports directly to the dean. In addition to the seven departments, the school also includes a number of institutes and centers.

Executive authority rests with the dean, who is assisted by one senior associate dean, six associate deans, three assistant deans and other administrative and academic directors and coordinators. Collectively, these individuals are responsible for academic affairs, faculty affairs, finance and development, student affairs, research, public health practice and public policy.

The school approaches interdisciplinary collaborations as a rule in all school activities. Interdisciplinary collaboration is promoted in public health learning, research and service. The institutes and centers within the school serve as an important aspect of interdisciplinary research and/or training. The school regularly collaborates with other units across the institution. Numerous examples were provided on-site. Co-authorship between faculty in the school and the School of Medicine is frequent. Additionally, the Biostatistics Department works closely with its counterpart in the School of Medicine, and the Environmental and Occupational Health Department works with the geology and engineering programs. GSPH offers dual-degrees in anthropology, international affairs, genetic counseling, law, medicine and social work. At the site visit, faculty described regular collaborations with their colleagues and provided examples such as serving as and hosting guest lecturers from across the university.

### **1.5 Governance.**

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

This criterion is met with commentary. School administration and faculty have clearly defined rights and responsibilities concerning school governance and academic policies. The school is governed and guided by a set of bylaws, and policies are developed or revised through an inclusive process that involves input and participation from faculty and students. School bylaws are reviewed each fall by the Faculty Senate Executive Committee. Any proposed changes, from these annual reviews or other standing committee recommendations, are presented at a school-wide faculty meeting and decided via a secure internet voting system.

The major governance bodies for the school include the following standing committees:

The GSPH Council serves as an advisory board to the dean in matters of planning and setting overall priorities and objectives for the school. The council reviews the mission statement of the school and considers the effectiveness of the existing measures and makes recommendations concerning revisions of these measures or development of new measures. The council oversees the activities of the standing

committees. Motions for the creation or change of policies and procedures of the school governance or academic program are reviewed and approved by the council before being approved by the dean. The council brings forward, as a motion, issues that require action by the full Faculty Senate. The council meets on a regular monthly schedule and is composed of representatives from the standing committees, department chairs, one student representative, the dean, senior associate dean and various other associate and assistant deans.

The Faculty Appointment, Promotion, and Tenure Committee maintains documentation of all policies and procedures guidelines or criteria that relate to all faculty-level appointments, promotions and tenure decisions and assures that the faculty have access to this documentation. The committee provides the dean with informal advice on proposed faculty actions and formal review of proposed faculty appointments, promotion and tenure. This committee is composed of two faculty members elected by each department's faculty and the associate dean for faculty affairs. The associate dean for faculty affairs serves as the vice chair, coordinating activities with the Dean's Office.

The Educational Policies and Curriculum Committee establishes, maintains and revises academic policies and procedures for the school. The committee recommends action on all curricular changes and implementation of educational policies to the GSPH Council. The committee also establishes and interprets admissions policies and reviews student academic performance three times annually. The committee reviews and evaluates the school's educational courses, programs and core curriculum. The committee assists the dean and associate dean for student affairs and the associate dean for education in the integration and coordination of the school's curriculum. The committee is composed of one elected faculty member from each department, the associate deans for student affairs and education (non-voting), the assistant dean for student affairs (non-voting), the director of the multidisciplinary MPH program, four student representatives (two primary, voting members and two alternate members): two at the doctoral and two at the master's level and the educational programs coordinator (non-voting).

The Planning and Budget Policies Committee advises and makes recommendations to the dean and GSPH Council on issues with financial implication and proposed reallocation of funds among the departments. The committee develops and recommends policies and procedures for allocation of funds. The committee represents the school faculty in the University of Pittsburgh planning and budgeting process. The committee is composed of one elected faculty member from each department, one elected department chair, the director of budget and finance and one student representative. The assistant dean for administration and finance and the departmental administrators are ex-officio, non-voting members.

The Faculty Diversity Committee is composed of one elected faculty member from each department, the director of the Center for Health Equity and one student representative. The committee identifies and

implements a broad range of activities directed to increasing faculty diversity and works with the Faculty Appointment, Promotion and Tenure Committee to assure appropriate processes are in place. The committee also works with the Center for Health Equity in matters related to diversity.

All individuals with a primary appointment at the school are voting members of the Faculty Senate. The Faculty Senate Executive Committee is composed of the president-elect, president and past-president of the Faculty Senate. The committee represents the faculty on all matters as presented to the GSPH Council and the school. The committee develops and maintains the slate of elected positions within other councils and committees and oversees the elections to fill these positions.

School faculty also participate in University-wide committees including the University Senate, Institutional Review Board, Institutional Biosafety Committee, University Council on Graduate Studies and Institutional Animal Care and Use Committee.

In addition to serving on many of the school's standing committees, public health students also serve as officers in the GSPH Student Government Association. This is a student-led umbrella organization for the school's seven student organizations, including the Association for Women in Public Health, the Minority Student Organization and the Doctoral Student Organization.

Site visitors determined that faculty involvement in school governance is strong. Faculty are involved in departmental committees and vote to send representatives to the GSPH Council. On-site, the Council was described as the highest seat of governance in the school with the authority to make decisions and send recommendations to the dean. All school-wide policy goes through the Council's iterative, consensus process, which includes the faculty as a whole. Reviewers confirmed that student participation and perspectives in all committee and council meetings are valued and pursued.

The commentary relates to a deficit of other constituent and stakeholder participation in school governance. Constituents are involved in the school through informal relationships, but there are few formal opportunities for stakeholder involvement in governance. On-site, site visitors learned from community partners that individual and organizational relationships with the school are strong. Reviewers also learned that the school has other, important stakeholder partnerships. For example, the Community Research Advisory Board meets monthly and provides feedback on matters within its scope. While these efforts are important, they do not fully address the need for other constituent involvement in school governance.

## 1.6 Fiscal Resources.

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

This criterion is met. The school has financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives. Funds for the GSPH come from several sources, including the university, endowments and gifts and grants and contracts. Grants and contracts provide the largest source of funding, about 60% of total revenue.

Total revenue for this eight-year period has been relatively stable, with total annual revenue between \$82.9 million and \$91.5 million. Nine revenue sources are identified. As shown in Table 1, FY2014 showed a reduction in revenue from “university funds” of about \$1.0 million and of grants and contracts of about \$5.8 million as compared to FY2013. This latter reduction in part reflects the general decrease in federal funding for public health research. These reductions were offset by increases in “restricted gifts & income” of \$800,000 and an increase in “tuition incentive funds” of \$2.9 million, leading to a total reduction in revenue of about \$3.2 million between FY2013 and FY2014.

Expenses were down in FY2014 by \$4.8 million due to a reduction in staff, fixed assets and other non-compensation expenditures. There was also a carry-over into a reserve fund of \$2.8 million in FY2014. During the site visit, the team learned that the reduction of staff reflected decreases both in research staff, as a result in a reduction in sponsored research, and of non-research staff, through a process of consolidation of responsibilities. These reductions were accomplished by carefully considering the needs of the school and are reported to have had no adverse impact on its ability to meet its mission and goals. Revenue exceeded expenses for each of the last eight years by a median of about \$1.8 million.

The university provides the school with about \$8 million a year (~10% of total) in unrestricted (“university”) funds. Grants and contracts in FY2014 account for \$50 million a year of the school revenue (~60% of total), a reduction from FY2013, related in part to actions taken by the federal government (reduction in award levels, elimination of cost of living increases, etc.). Importantly, collaborations on sponsored research with investigators at other University of Pittsburgh schools or institutes support \$12 million a year in faculty and staff salaries.

<b>Table 1. Sources of funds and Expenditures by Major Category, 2007 to 2014</b>								
	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14
<b>Source of Funds</b>								
University Funds	\$8,123,008	\$9,858,621	\$9,763,522	\$8,223,819	\$9,160,573	\$9,527,857	\$9,625,225	\$8,588,628
Grants/Contracts	\$55,010,701	\$56,619,950	\$51,607,800	\$54,921,602	\$59,717,350	\$60,491,500	\$56,142,216	\$50,343,556
Indirect Cost Recovery	\$5,860,717	5,651,103	\$6,105,704	5,773,616	6,523,491	\$6,159,162	\$6,386,274	\$6,089,535
Endowment (Mellon & Other)	\$3,622,352	\$3,925,145	\$4,272,348	\$4,201,198	\$4,004,353	\$4,011,592	\$4,016,334	\$4,025,896
University Financial Aid	\$3,033,536	\$3,183,327	\$3,323,473	\$3,452,350	\$3,546,627	\$3,718,176	\$3,829,721	\$3,954,187
Restricted Gifts & Income	\$4,080,357	\$3,804,838	\$2,930,004	\$2,814,165	\$3,507,191	\$3,996,527	\$3,676,525	\$4,526,136
Tuition Incentive Funds	\$460,404	\$1,048,135	\$1,325,385	\$1,849,041	\$1,937,446	\$1,686,163	\$1,686,163	\$4,592,355
Sr. Vice Chancellor Funds	\$3,367,000	\$3,367,000	\$3,367,000	\$1,700,000	\$1,700,000	\$1,700,000	\$1,700,000	\$1,700,000
Provost's Funds	\$223,718	\$248,858	\$202,210	\$313,496	\$151,496	\$168,326	\$170,946	\$158,258
<b>Total Revenue</b>	<b>\$83,781,793</b>	<b>\$87,706,977</b>	<b>\$82,897,446</b>	<b>\$83,249,287</b>	<b>\$90,248,527</b>	<b>\$91,459,303</b>	<b>\$87,233,405</b>	<b>\$83,978,551</b>
<b>Expenditures</b>								
Faculty Salaries	\$16,196,571	\$16,160,535	\$16,718,895	\$17,651,135	\$19,060,734	\$19,269,691	\$19,288,218	\$19,226,062
Staff Salaries	\$14,852,379	\$15,432,136	\$15,437,965	\$15,786,107	\$17,248,516	\$17,502,375	\$16,428,459	\$15,498,843
Graduate Student Salaries	\$2,333,705	\$2,301,459	\$2,154,730	\$2,099,160	\$2,499,353	\$2,735,271	\$2,670,204	\$2,370,636
Student Salaries	\$2,020,237	\$1,834,736	\$2,005,173	\$2,092,956	\$2,010,966	\$2,190,771	\$1,775,111	\$1,839,646
Fringe Benefits	\$11,746,691	\$11,555,649	\$10,165,492	\$11,196,927	\$12,452,862	\$12,683,816	\$13,805,381	\$13,998,094
Sub-Total Compensation	\$47,149,583	\$47,284,515	\$46,482,255	\$48,826,285	\$53,272,431	\$54,381,924	\$53,967,373	\$52,933,281
Total Fixed Assets	\$745,097	\$1,179,565	\$948,185	\$1,019,466	\$945,853	\$861,279	\$915,388	\$365,174
Total Equipment Rental	\$19,259	\$9,298	\$13,540	\$7,695	\$2,779	\$1,780	\$1,140	\$5,235
Total Other Non-Compensation	\$34,262,183	\$36,964,115	\$32,261,440	\$31,341,581	\$34,812,854	\$35,460,208	\$31,128,085	\$27,854,534
Total Non-Compensation	\$35,026,539	\$38,152,978	\$33,223,165	\$32,368,742	\$35,761,486	\$36,323,267	\$32,044,613	\$28,224,943
<b>Total Expenses</b>	<b>\$82,176,122</b>	<b>\$85,437,493</b>	<b>\$79,705,420</b>	<b>\$81,195,027</b>	<b>\$89,033,917</b>	<b>\$90,705,191</b>	<b>\$86,011,986</b>	<b>\$81,158,224</b>
Total Revenue minus Expenses	\$1,605,671	\$2,269,484	\$3,192,027	\$2,054,260	\$1,214,610	\$754,112	\$1,221,419	\$2,820,327

\*The Total Net Income (Loss) represents the unspent fiscal year-end funds available from restricted, gifts, endowment and RDF accounts. Additional revenue affecting the Loss includes non-school research and funds related to capital renovations.

The school receives about \$6 million (~7% of total) in indirect cost distribution; of this amount, 50% is retained in the dean's research and development funds; 12.5% is returned to the departments; 25% is provided to the principal investigators of funded research projects and the remaining percentage is retained in a general fund.

Annual endowment revenue constitutes about \$4 million (about 2% of total). An additional \$4 million a year comes from restricted gifts and income.

A tuition incentive fund initiative returns 65% of tuition generated beyond a baseline set approximately 10 years ago. The school has received tuition incentive funds in each of the last eight years, and FY2014 showed a substantial increase (~\$4.6 million), as the result of the release of some funds for school-related construction.

Other annual sources of revenue from the university include financial aid (\$4 million), senior vice chancellor funds (\$1.7 million, unrestricted) and provost funds \$200,000 for specific uses: scholarships, equipment, etc.). During the site visit, it was made clear that the school expects this support to continue at these levels, although it was acknowledged that these funds could be at risk should the university have emergency needs elsewhere.

In each of the years shown in Table 1, revenues exceeded expenditures. The school has been able to accumulate reserve funds of about \$27.7 million, which is available to the dean for strategic investments.

The Planning and Budget Policies Committee is responsible for coordinating and prioritizing plans, programs and budgets as requested by the dean. It was clarified on site that the Planning and Budget Policies Committee has considerable responsibility for directing school resources and that decisions are most often through consensus; the dean typically accepts the recommendations of the Planning and Budget Policies Committee.

### **1.7 Faculty and Other Resources.**

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

This criterion is met. The school has the necessary personnel and other resources to fulfill its stated mission and goals and its instructional, research and service objectives.

The school meets the full-time quantitative faculty requirements in the five core public health knowledge areas. The school has 161 primary, full-time faculty across the seven academic departments. A total of 245 other faculty participate in the GSPH activities. Full-time faculty numbers have been relatively stable over the last three years, and no major faculty expansions are planned.

The number of primary, full-time faculty by department in FY2014 ranged from 15 in human genetics to 44 in epidemiology. The total student FTE for FY2014 was 478.4, down slightly from 495.8 in FY2012. The distribution by department (FY2014) ranged from 13.6 in the multidisciplinary MPH to 114.4 in epidemiology.

The overall student (FTE) to primary faculty ratio is about 3:1. Student-faculty ratios vary by department and reporting year from a low of 1.3:1 in environmental and occupational health sciences to highs of 4.1:1 in behavioral and community health sciences and 5.3:1 in health policy and management. Overall, the school has the faculty resources necessary to support its students.

Adequacy of faculty resources is further documented by specific faculty performance measures. In the last three years, percent of faculty ratings greater than 3.5 out of 5.0 for instructor effectiveness, percent of faculty serving as National Institutes of Health (NIH) grant PIs, faculty with 50% or more of salary derived from grants and faculty with three or more peer-reviewed publications have been at or near specified targets.

The school employs 345 staff. More than half (57%) are employed by the departments of epidemiology or biostatistics, suggesting that a large proportion of these are research staff. On site, administrators confirmed that only about 20% of staff are in administrative support roles. The school has sufficient staff to support its research and teaching activities.

The school occupies two buildings (Parran and Crabtree Halls) comprising 253,384 square feet (sf), including a 58,000 sf addition to Parran Hall (funded by the university) completed in 2014. The school occupies an additional 109,320 sf of rental space, including 40,887 sf two miles from campus occupied by the Department of Environmental and Occupational Health. At the time of the self-study, there was a total of 16,930 usable sf of GSPH laboratory space.

At the time of the last site visit, there was a plan to complete a \$37.5 million renovation project in Parran and Crabtree Halls between 2007 and 2010. It appears that the renovations to Parran and Crabtree did not proceed (although additional laboratory space was created at Parran), and the school is now planning renovation of these spaces, consolidating classrooms, creating dedicated student space and converting old lab space to offices. The renovations, when completed, should allow those now in rental space to return to Parran and Crabtree Halls. Planning is underway but has not started. Renovation costs are set at \$57.5 million, with \$15 million coming from the school. The renovation is planned in three phases with completion expected in 2019.

Campus information technology resources are available through two units. The university's Computing Services and Systems Development provides the school's basic technology infrastructure, including email, the student information system and a 24-hour help desk. Upgrades are underway and when completed, all wired connections will be gigabit capable. The GSPH also uses the university's Network Operations Center to house and support school servers off site. The human genetics and biostatistics departments have their own computational clusters, and there is access to computers at the department level. GSPH students have wireless access from any building on campus, have access to email and to network printing services and access to discounted purchasing programs for hardware and software.

GSPH students have access to computer labs throughout campus and also to school-specific computer labs. The school provides additional IT services through the Office of the Dean. In addition, each department has a designated person providing IT support. Additional high-performance, data-intensive IT resources available include the University Center for Simulation and Modeling and the Pittsburgh Supercomputing Center. At the site visit, the team learned that, while IT instructional and infrastructure support were provided primarily by the school and the university, each department provided and supported the research IT infrastructure it required. Some department collaborations on research IT needs allowed for benefits of economy of scale. In addition to these resources, it was learned that, while access to high-performance data-intensive IT resources outside of the school were fee-for-service, various programs available to faculty made access to these resources largely free.

There are nine libraries in the University Library System, including the Health Sciences Library System located across the street from the GSPH, which has customized resources for the GSPH, including a public health librarian and a dedicated molecular biology information services program. The latter includes a web portal with information about services, workshops and access to bioinformatics tools, bioinformatics consultation and educational outreach. The Health Sciences Library System presently serves as the regional medical library for the Middle Atlantic Region of National Network of Libraries of Medicine. Faculty and students have easy access to the entire system. Electronic resources include over 5,900 electronic journals and 2,700 e-books. Other resources are available to GSPH faculty, students and staff including the Office of Academic Career Development, Health Sciences, Clinical and Translational Science Institute, Center for Instructional Development and Distance Education, Office of Research, Health Sciences, Human Resources Department and Center for Bioethics and Health Law.

### **1.8 Diversity.**

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

This criterion is met. The school demonstrates a commitment to diversity that is reflected in its mission statement, values and through the recent activities of the school's ad hoc Diversity Committee.



The school addresses diversity from two primary perspectives: 1) encompassing “individuals from varying cultural [sic], race/ethnicity, socioeconomic status, sexual orientation, gender identity, and physical abilities;” and 2) in programs and curricula, assuring that “all individuals shall increase their self-awareness and their ability to recognize and work with cultural differences of any kind, including in international settings.” Within this definition, the school identifies seven constituent groups on which to focus efforts: blacks/African-Americans, Hispanics/Latinos, individuals of disadvantaged socioeconomic status, individuals of international origin, LGBT, students with disabilities and faculty women.

Eight diversity outcome measures include percent black/African-American and percent Hispanic/Latino among faculty, students and staff; percentage of students who are first-generation college graduates; and students who are present in the US on a visa, regardless of race/ethnicity. The school defines targets in terms of unspecified improvement relative to population demographics, but in most metrics, the proportions have declined over the three years reported, rather than increasing toward the “availability pool” target. This trend is especially notable for black/African-American students and staff and for first-generation college students.

The school acknowledges that historical success in recruiting diverse faculty and students and associated leadership for diversity initiatives were significantly damaged by the 2012 departure of several faculty members involved with the Center for Minority Health. Since that time, the school has made intentional effort to broaden the presence of diversity across the school and the various programs. The school and the university have policies and procedures in place to promote building a diverse community and support a climate supportive of that diversity. The school presents numerous goals, objectives and aims that reflect a commitment to a culture of inclusion and equity, both for recruitment and retention of faculty, staff and students and for programs and curricula.

One specific strategy has been participation in the campus diversity training for members of the Faculty Appointment, Promotion and Tenure Committee, the Faculty Diversity Committee and other interested school faculty. Every faculty search committee must include at least one member who has completed the training. With the strategies promoted through this training, the school has experienced recent success in recruitment of under-represented minority faculty candidates, with five new minority faculty appointments anticipated for fall 2015.

The school acknowledges the recent decreases in both underrepresented minority students and first-generation students. The school understands that, in addition to the loss of a critical mass of minority faculty, the school’s recruitment activities have been further challenged by recent increases in tuition due to the economy and declining state support for the university.

## 2.0 INSTRUCTIONAL PROGRAMS.

### 2.1 Degree Offerings.

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

This criterion is met with commentary. The school offers the professional MPH degree in each of the five core areas plus public health genetics, two concentrations in infectious diseases and microbiology and a multidisciplinary MPH (MMPH) aimed at professionals with a clinical degree or previous doctorate. The school offers the professional DrPH degree in behavioral and community health sciences, environmental and occupational health and epidemiology. The school offers the academic master of science (MS) in six areas and the academic doctoral degree (PhD) in seven areas including biostatistics, environmental and occupational health and epidemiology. The school offers two other professional master's degrees: the Master of Health Administration (MHA) and the MS in genetic counseling. The school also offers eight joint degrees. Table 2 presents the school's degree offerings.

In addition to the five core courses, the field experience and capstone course, all MPH students must complete Public Health Overview, Public Health Biology, the MPH thesis or essay and two semesters of the dean's Public Health Grand Rounds. In addition to the 20-credit core curriculum and two to three credit practicum, MPH students complete courses required by their area of specialty and appropriate electives (ranging from six to 15 credit hours) to reach the total 42-47 credit hours required by their concentration. Three MPH concentrations are also offered as a part of the Peace Corps Master's International program. The course requirements are the same as other MPH degrees.

The commentary relates to the MMPH degree program. The MMPH is an outlier among the MPH degrees in regard to curriculum. The MMPH allows students to choose an individualized curriculum based on a plan developed with and approved by the program director. This program allows considerable flexibility, which faculty and students view as a strength. Site visitors learned on-site that each student's curriculum is not always set at the beginning of the course of study and therefore may not always be as intentional in design as the program intends. The MMPH is designed to be a program for professionals who have or are concurrently earning a clinical degree. As discussed in Criterion 2.6, the program lacks formal procedures for ensuring individualized and tailored advising and assessment that ensures curricular direction and alignment with a set of competencies. Site visitors learned from students that the MMPH program director is very committed to providing detailed, individualized advisement and is knowledgeable about the ways in which students can pursue their interests within the school.

<b>Table 2. Instructional Matrix</b>		
	Academic	Professional
<b>Master's Degrees</b>		
Biostatistics	MS	MPH
Environmental and Occupational Health	MS	MPH
Epidemiology	MS	MPH
Health Policy and Management		MPH
Public Health Genetics		MPH
Infectious Diseases and Microbiology with concentration in Infectious Disease Pathogenesis, Eradication, and Laboratory Practice		MPH
Infectious Diseases and Microbiology with concentration in Infectious Disease Management, Intervention, and Community Practice		MPH
Multidisciplinary Master of Public Health (MMPH)		MPH
Health Services Research and Policy	MS	
Human Genetics	MS	
Infectious Diseases and Microbiology	MS	
Genetic Counseling		MS
Health Administration		MHA
<b>Doctoral Degrees</b>		
Behavioral and Community Health Sciences	PhD	DrPH
Biostatistics	PhD	
Environmental and Occupational Health	PhD	DrPH
Epidemiology	PhD	DrPH
Health Services Research and Policy	PhD	
Human Genetics	PhD	
PhD in Infectious Diseases and Microbiology	PhD	
<b>Joint Degrees</b>		
International Affairs MID, MPIA, and MPA		MPH-MID/MPIA/MPA
Kenneth P. Dietrich School of Arts and Sciences Department of Anthropology PhD		MPH-PhD
School of Social Work		MPH-PhD
School of Social Work		MPH-MSW
School of Medicine <sup>1</sup>	PhD-MD	
Genetic Counseling		MPH-MS
School of Law		MPH-JD

<sup>1</sup> PhD can be taken in epidemiology or human genetics

## 2.2 Program Length.

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

This criterion is met. All MPH concentrations require at least 42 credit hours to earn the degree. One graduate credit is equal to one academic hour, 50 minutes, of class contact time over a standard 15-week term.

Prior to fall 2010, the Multidisciplinary MPH (MMPH) required only 36 credits. All students admitted in August 2010 or later must complete 42 credits. Students grandfathered into the previous requirements have continued to graduate. In 2011-2012, 12 MMPH degrees were awarded with 36 credits. In 2012-2013, three MMPH degrees were awarded with 36 credits. In academic year 2013-2014, two MMPH degrees were awarded with 36 credits. No students remain enrolled in the 36-credit-hour degree program; the final student graduated in April 2015. Currently, some students may complete the MMPH by completing 36 credit hours and applying up to six credits from their clinical degree. Faculty review credits applied from clinical degrees on a case-by-case basis. In this individualized review, the school ensures that only applicable credits are eligible in this process.

### 2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students complete a 20-credit-hour core including at least five courses in the traditional core disciplines and four interdisciplinary courses. DrPH students who have not earned an MPH degree from an accredited school of public health must complete the full set of core courses in addition to their doctoral program of study. The core courses are listed in Table 3 below.

<b>Table 3. Required Courses Addressing Public Health Core Knowledge Areas</b>		
<i>Core Knowledge Area</i>	<i>Course Number and Title</i>	<i>Credits</i>
Biostatistics (two options, depending on the program)	BIOST 2011 Principles of Statistical Reasoning	3
	BIOST 2041 Introduction to Statistical Methods I AND BIOST 2042 Introduction to Statistical Methods II	6 total
Epidemiology	EPIDEM 2110 Principles of Epidemiology	3
Environmental Health Sciences	EOH 2013 Environmental Health and Disease	3
Social and Behavioral Sciences	BCHS 2509 Social and Behavioral Sciences and Public Health	3
Health Services Administration	HPM 2001 Health Policy and Management in Public Health	3
Public Health	PUBHLT 2014 Public Health Overview	1
	PUBHLT 2015 Public Health Biology	2
	PUBHLT 2016 Capstone: Problem Solving in Public Health	2
	PUBHLT 2022 The Dean's Public Health Grand Rounds	0 (two semesters)

The self-study indicates that students are allowed to substitute higher-level courses for the core course in their field. In addition, many students with a strong background in biology request an exemption from PUBHLT 2015 (Public Health Biology). Such exemptions are approved on a case-by-case basis.

Corresponding syllabi list the learning objectives associated with each course and reflect an appropriate level of breadth and depth to expose students to the five core knowledge areas.

To assure mastery of the core curriculum, any student who achieves a grade lower than B is strongly advised to repeat the course. On site, faculty confirmed that this rarely happens. Any student who does not achieve at least a C after retaking the course is dismissed from the program.

#### **2.4 Practical Skills.**

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

This criterion is met. All MPH and DrPH students must complete an approved, supervised practicum, field placement or internship of at least 200 hours. Many students, particularly DrPH students, significantly exceed that number of hours. The practicum is designed to provide students with opportunities to apply their skills learned in the classroom and to better understand the professional practice of public health. Site placement is selected by the student working with his or her respective program director to find approved organizations, and work is conducted under the supervision of a designated site preceptor and faculty advisor or program director within the student's department. Each field placement must have an approved set of goals, learning objectives and activities developed by the student. Students review their experience at the end of the practicum, and site preceptors formally evaluate the students' performance with review by the faculty advisor or program director.

The DrPH practicum differs from the MPH practicum in both the number of hours required as well as the level of responsibility of the student within the practicum experience. At the site visit, DrPH program directors noted that the required hours for the practicum exceed the MPH program requirement of 200 hours. For example, in the Behavioral and Community Health Sciences Department, the DrPH practicum length is 340 hours; in the Epidemiology Department the required length is over 250 hours. In the Environmental and Occupational Health Department, the DrPH students fulfill the same 200-hour requirement as MPH students, but the DrPH students are also required to do a supplemental practicum experience that often leads to the dissertation work.

In the past some students, like those in the MMPH program, could receive waivers for the practicum. However, as of fall 2013, the practicum experience is no longer waived for students.

Students at the site visit reported satisfaction with their practicum experiences and ease of finding placements that were relevant to their field of study. They also appreciated the assistance by departmental staff and faculty with setting up the practicum. One student noted that within her department an excellent resource for finding placements was a practicum networking day with potential sites.

## **2.5 Culminating Experience.**

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

This criterion is met. All professional degrees require a culminating experience that allows students to demonstrate skills and integration of knowledge from throughout the curriculum. All professional graduate degree students in the school complete an essay, thesis or dissertation as a part of their culminating experience. The essay, thesis or dissertation is overseen by a faculty committee composed of individuals from at least two departments. The school recognizes that it can be difficult to fully capture all of the necessary professional principles in a single written product; therefore, each degree program has added components to ensure the experience is truly integrative.

The culminating experience for the MPH degree has three components: 1) a thesis or essay that addresses a research or practice problem, 2) a two-credit capstone course that culminates in a group project proposing an intervention to mitigate a public health problem and 3) the practicum and associated self-reflection forms.

The MPH essay or thesis generally range from 40 to 80 pages long. The essay or thesis can be an original investigation, critical literature synthesis, position paper, program development, program evaluation, case study or one-article opinion. On-site, reviewers learned that as many as 75% of students use their practicum topic for their essay or thesis. If the practicum is used as the basis, the same competencies may be addressed by the essay or thesis. Four departments have a form for reviewers to use as a tool in identifying and assessing whether competencies are being met. Site visitors reviewed examples of these rubrics onsite and found that the forms require committee members to rate each student's achievement of the competencies.

An essay requires two readers while the thesis requires three readers and an oral defense. At least one member of any committee must be from a different department than the student. Reviewers were able to review samples of essays and theses on-site and found them to be of appropriate quality.

The MPH capstone course is required of all MPH students. The course places students into groups to complete leadership activities, an ethical debate, an intervention project that includes a budgeting exercise and oral presentation and peer-assessments. The capstone course provides all MPH students

with the opportunity to demonstrate the skills they have honed during their time at the school. Site visitors were also provided with sample self-reflection forms from the MPH practicum on-site as evidence of the practicum's role in the culminating experience.

The DrPH culminating experience has two components: 1) the doctoral dissertation and 2) the extensive practice experience. The DrPH doctoral dissertation is a required aspect of the culminating experience. All doctoral students must take at least one dissertation credit or be engaged in one term of full-time dissertation research.

The MHA culminating experience has three components: 1) a written report and final evaluation of the management residency, 2) completion of HPM 2150: Strategic Management of Health Services Organizations and Health Policy and 3) a master's essay and presentation. The MHA master's essay is typically a management analysis, program evaluation or case study based on the student's experience in the management residency or other health care organization.

The MS in genetic counseling culminating experience has three components: 1) a master's thesis on a research or practice-related topic, 2) a 10-month period of clinical rotations in Pittsburgh-area hospitals and 3) comprehensive written and oral examinations. Throughout the MS in genetic counseling clinical rotations, student must document clinical cases and a reflection of each in a logbook that is reviewed and evaluated by their clinical supervisor. The comprehensive written and oral examinations take place in the second year of training. The 100 multiple-choice question written exam covers basic genetic counseling and human genetics knowledge. The oral examination covers areas of clinical knowledge, counseling skills, basic knowledge, problem solving skills and professional behaviors relevant to genetic counseling.

## **2.6 Required Competencies.**

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

This criterion is partially met. The school has identified a set of disciplinary and cross-cutting competencies that all MPH and DrPH students must meet. There is also a distinct set of competencies for each MPH and DrPH degree concentration, except the MMPH program. While some concentrations have over 15 track-specific competencies (eg, MPH in health policy and management, DrPH in epidemiology) others have as few as three (eg, MPH in biostatistics). Similarly, each of the academic and other degree programs (MS, MHA, PhD) identifies a set of competencies.

The 33 core MPH and DrPH competencies are divided into 12 domains: biostatistics, environmental health sciences, epidemiology, health policy and management, social and behavioral sciences, communication and informatics, diversity and culture, leadership, public health biology, professionalism, program planning and systems thinking. MPH competencies are closely modeled on the Association of Schools and Programs of Public Health (ASPPH) MPH competencies but are generally reduced to two or three per domain. While a number of the core competencies appear to be written at a level lower (eg, 'identify') than what is expected for an MPH student, further examination and on-site conversations demonstrated to site visitors that the competencies, as a set, describe an appropriate level of knowledge and skills for a master's degree program.

MPH competencies were most recently revised in 2012-2013. The year-long process involved all core curriculum committee members, MPH program directors, core course instructors and Educational Policies and Curriculum Committee members, including student representatives. The committee reviewed all ASPPH competencies and reduced the number of competencies in each domain to a smaller set for assessment through a process of combining competencies into broader categories. The committee then determined what assessments would be needed for this reduced set of competencies. The school plans to review the competencies for all MPH programs after the next CEPH criteria revision.

DrPH competencies were last reviewed in 2011-2012. Track-specific competencies were developed at the departmental level. Each department identified competencies from professional organizations (eg, ASPPH, American College of Epidemiology) as a starting point for developing appropriate competencies. All DrPH programs have competencies related to non-discipline-specific domains such as leadership and communication but are written to specifically address the needs of the given concentration. Students were involved in the development of competencies, and outside stakeholders were included through informal opportunities for input.

Professional degree competencies are developed by faculty with input from practitioners. The school used feedback on preferred skills for new staff and student practicum performance from the Allegheny County Health Department, practicum preceptors and employers of new graduates as a tool in developing competencies. The school supplemented this feedback with national resources such as the *Framing the Future* Blue Ribbon Public Health Employers Advisory Board report. Additionally, the school interviewed MPH graduates from the past three years to better identify which competencies alumni identified as most helpful in their current positions. Track-specific competency review takes place at the departmental level. Some departments review competencies each year as a part of their curriculum review.



Academic degree (MS, PhD) competencies are primarily developed by program faculty. Faculty assess changing needs by participating in the field through national conferences, review panels or other types of professional involvement.

Competencies for all degree programs are available on the primary website for each program. Each program uses different methods and venues for discussion of competencies with students. All MPH students complete a self-assessment against the full list of ASPPH competencies as an introduction and report the exercise in the capstone course.

The first concern relates to the MMPH degree program's lack of competencies. Students in the MMPH degree program are meant to meet with the program director to develop an individualized set of advanced competencies. Site visitors found that there is no uniform advising process to identify and designate a set of advanced competencies for MMPH students. Students meet with the program director early in the course of study but often do not create a structured curriculum and competency set until finishing the program, if at all. While a form exists to submit a set of competencies, it is not always used. One student reported working on a set of competencies during the final semester of the program. Site visitors were provided with samples of completed competency forms for the MMPH degree program. The competencies were assessed by the team as not reflecting an appropriate depth and rigor for a master's-level program. A majority of the assessment methods identified were completion of a course with a grade of B or higher. For the examples provided, only one of the identified courses is outside of the core. The program director provides extensive informal advising related to career goals and interests, which is highly valued by students. However, this advising does not ensure a curricular direction and alignment with a set of competencies.

The second concern relates to learning outcomes not being mapped to syllabi. Site visitors found that the syllabi for a number of courses were not linked to the learning outcomes. For example, the syllabus for BIOST 2042 (Introduction to Statistical Methods II) is mapped to the three biostatistics MPH competencies, yet the syllabus does not demonstrate how the competencies are linked to the course either through listed learning outcomes or assessment methods. The Educational Policies and Curriculum Committee does provide a syllabus template and workshops to support faculty in syllabus and course design focusing on competency-based education. The faculty reported feeling very supported by the school in these efforts. All syllabi are reviewed by the Educational Policies and Curriculum Committee only when the primary instructor for the course changes or if there are significant alterations made to the course curriculum. Outside these circumstances, there is no mechanism for ensuring that all required courses have updated syllabi that clearly link to student outcomes; therefore, some syllabi have not been mapped to student learning outcomes.

Reviewers found inconsistent awareness of competencies among students. Some students demonstrated a sharp awareness and understanding of competencies while others were less familiar with them.

### **2.7 Assessment Procedures.**

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

This criterion is met with commentary. Beyond general course assignments and grades, the school monitors student progress in achieving the expected competencies through practica, capstone experiences, thesis or essay, dissertations and other culminating experiences. In addition to assessment at the student level, much of this information is aggregated for program-level assessment reported annually as part of the university's regional accreditation. Other mechanisms through which the school evaluates student success include the tracking of graduation rates, job placement data and feedback from alumni. The school encourages but does not require MPH students to complete the CPH exam.

The program-specific competency matrices provide linkages between the competencies and the assessment methods. The MPH in behavior and community health sciences is notable with specific class assignments linked to competencies. Most of the other matrices reflect assessment based on a combination of course grades, comprehensive exams and evaluation of practica or other culminating experiences. Assessment feedback is given to the student in the form of results of course assignments, grades and program exams. Although the self-study indicates that both preceptors and faculty advisors assess MPH and DrPH practicum experiences, this assessment is not included in the competency-assessment tables that accompanied the self-study document.

The school reports graduation rates, job placement rates and CPH pass rates as outcome measures. For the master's programs (MPH, MS and MHA), the four-year graduation rates are consistently above 80%. For the PhD programs, the eight-year graduation rate is near 80% for every recent cohort. For the DrPH programs with much lower enrollments (two to 11 per cohort), the graduation rate has ranged from 33% to 100% over the past five years.

Job placement (including continuing education/training) rates meet or exceed 80% for all programs, with the single exception of the DrPH in 2013-2014, based on three graduates. Site visitors noted the increasing proportion of MPH graduates who are still seeking employment well after graduation. The school collects employment data from the new grad survey completed six months after graduation supplemented by other information provided by faculty and staff for those students who either are still seeking employment at the time of graduation or who do not respond to the initial survey. Combining these sources resulted in information for about 90% of all graduates. The school produced and distributed a report showing employment status and sector by department.

The CPH pass rate for GSPH students has exceeded both 80% and the national pass rate for each of the past five test administrations, with the number of students attempting the exam ranging from seven to 62 per administration.

The first commentary relates to the diversity of assessment methods. While the self-study documents assessment at the competency level, the assessment measures suggest that most of the assessment relates to program outcomes such as grades and evaluation of culminating experiences rather than assessment of individual achievement of competencies in a time-frame that facilitates any necessary remediation. Site visitors reviewed the rubrics by which the MPH culminating essays are evaluated and noted that most provide a competency-level assessment of the student's work. The self-study document narrative includes assessment of higher-level and integrative competencies through the practicum experience, but none of the MPH competency assessment tables includes a reference to the practicum evaluation. In addition, none of the practicum evaluation forms reference achievement of program competencies. At most, the evaluations ask about achievement of field experience objectives as a set.

The second commentary relates to the graduation rate and job placement rate for the DrPH. This degree has consistently lower rates for both metrics (eg, of those who graduated in 2013-2014, 33% were still seeking employment; of the 2007-2008 cohort, only 50% graduated within eight years). While site visitors understand that these rates are based on very small denominators, the trend should be monitored closely with effort to facilitate timely degree completion and to maximize employability of the graduates.

## **2.8 Other Graduate Professional Degrees.**

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

This criterion is met. The school offers a 60-hour MHA and a 38-hour MS in genetic counseling as other graduate professional degrees.

Students in these programs acquire basic public health knowledge through the completion of requirements in the following areas: 1) epidemiology (EPIDEM 2110 Principles of Epidemiology or HPM 2141 Managerial Epidemiology); 2) biostatistics (BIOST 2011 Principles of Statistical Reasoning, or BIOST 2041 and BIOST 2042 Introduction to Statistical Methods I and II; and, 3) general public health (PUBHLT 2011 Essentials of Public Health and two semesters of PUBHLT 2022 Public Health Grand Rounds). The interdisciplinary course PUBHLT 2011 Essentials of Public Health was designed to incorporate foundational content from environmental health sciences, social and behavioral science and health policy and management into one course. Through these courses, students in the other graduate professional programs gain a strong foundation in public health.

Students in the MHA complete a management residency in a health care organization, during which they assume responsibility for relevant project work and decision making while gaining exposure to upper management. Students in the MS in genetic counseling complete a minimum of 30 credits of course work prior to a year of clinical rotations in the Pittsburgh area. These students also complete a comprehensive examination and thesis research.

## **2.9 Bachelor's Degrees in Public Health.**

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

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

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

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

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

This criterion is not applicable.

## **2.10 Other Bachelor's Degrees.**

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

This criterion is not applicable.

## **2.11 Academic Degrees.**

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

This criterion is met. As shown in Table 2, the school offers MS degrees in four of the five core public health disciplines as well as in human genetics and infectious disease and microbiology. The MS in

health services research and policy is new, enrolling its first students in fall 2014. Site visitors learned that this program was developed to meet a defined need for master's-trained researchers and that the program was developed in consultation with the department's External Advisory Committee. During the site visit, GSPH faculty detailed the school's philosophy regarding differences in the structure of MS and MPH training, with their respective content targeted toward skills required for different job placements.

PhD degrees are offered in the five core public health disciplines and in human genetics and infectious diseases and microbiology.

The school assures a public health orientation by requiring all students to take introductory courses in biostatistics and epidemiology and the three-credit integrative PUBHLT 2011 (Essentials of Public Health) covering the other three public health disciplines. Both students and faculty reported that PUBHLT 2011 (Essentials of Public Health) was largely well received by students pursuing academic degrees. All students must also take PUBHLT 2022 (Public Health Grand Rounds) and attend other events throughout the year. These courses and activities give all GSPH students an appropriate grounding in public health.

Each academic degree includes a culminating experience: a thesis for MS degrees and a dissertation for PhD degrees. MS students must successfully complete a comprehensive exam, demonstrating knowledge-based and/or integrative competencies expected for the program of study. PhD students must complete a qualifying exam, a comprehensive exam and have a dissertation proposal approved, as well as complete a dissertation defense. Through various discussions that occurred during the site visit, it was clear that these activities are designed to appropriately assess knowledge and skills, including those of the core public health disciplines.

### **2.12 Doctoral Degrees.**

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

This criterion is met. As shown in Table 2, PhD degrees are offered in the five public health disciplines and in human genetics and infectious diseases and microbiology. DrPH degrees are offered in epidemiology, environmental and occupational health and in behavioral and community health sciences. DrPH degrees in biostatistics and in infectious disease and microbiology were discontinued in 2012, and the epidemiology DrPH program was substantially revised. On-site, visitors learned of the efforts to make the existing DrPH programs clearly distinct from the more research-oriented PhD programs in the same department, with a focus on competencies relevant to a professional doctoral degree. DrPH students complete a dissertation, but these are typically more applied in nature (eg, policy analysis, white paper, program evaluation).

The present doctoral programs are well established and provide considerable support for their students. The majority of full-time doctoral students are supported by graduate student researcher positions (providing tuition and a stipend); others hold half-time positions. The school presently has four NIH T32 doctoral training grants that provide support for doctoral students. In addition, students are encouraged to apply for individual fellowships; four doctoral students have active (2014) NIH F31 awards.

Following qualifying exams, all doctoral students have primary mentors (dissertation advisors) and a dissertation committee that monitors progress toward completion of the degree. Prior to the completion of qualifying exams, all doctoral students also have academic advisors who assist students in the creation and maintenance of an independent development plan to guide their doctoral education experience.

As of September 2014, there were 215 doctoral students enrolled in the 10 doctoral degree programs. Only 27 of these were enrolled in the DrPH programs. The school provides ample doctoral-level coursework for the completion of all of the discipline area doctoral degrees.

The school has a large doctoral student body that it has been able to support financially with an extensive set of extramural research grants and other research funding, training grants and pre-doctoral fellowship grants.

### **2.13 Joint Degrees.**

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

This criterion is met. The school has developed 10 joint degree programs, as shown in Table 2, and the required curriculum for the professional public health degree within the joint degree is equivalent to that required for a separate public health degree.

The University of Pittsburgh requires all joint degree students to complete all the requirements for each constituent degree. Shared elective credits allow for credit savings. The appropriate program director reviews all syllabi to ensure that all non-school courses counted toward school degrees are appropriate. Most of these non-school courses are approved as the joint degree program is developed. The number of elective credit hours allowed is determined on a case-by-case basis by school faculty, although the university does not set an official maximum. All core courses must be completed, with the exception of the zero-credit Grand Rounds. Students are advised by faculty within their department at the GSPH as well as by faculty from their other degree program.

## **2.14 Distance Education or Executive Degree Programs.**

**If the school offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the school and within the school's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the school and university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the school offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The school must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The school must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.**

This criterion is not applicable.

## **3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.**

### **3.1 Research.**

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

This criterion is met. The GSPH maintains an impressive research portfolio that is consistent with its mission. NIH funding in FY2013 was \$46.4 million; total research funding from all sources in FY2013 is \$85.5 million (a 12% increase over the \$76.1 million total grant finding reported in FY2005). GSPH researchers target research in chronic disease, cancer and geriatrics with a particular focus on women's health, human genetics, Medicare and Medicaid policy research and computational modeling of infectious diseases.

Ongoing research programs of particular note include the following: 1) Project Tycho, a database including state-by-state disease surveillance data on 56 infectious diseases before, during and after vaccination licensure; 2) the Pitt Men's study, part of the Multicenter AIDS Cohort Study, a cohort study ongoing since 1984, studying HIV infection in gay and bisexual men; and 3) The Public Health Dynamics Laboratory, focused on the development of computational methods applied to public health theory and practice.

Many of the 26 centers highlighted on the school's website have research programs focused on public health problems, including the centers for LGBT Health Research, Public Health Practice, Epidemiology Data and Pharmaceutical Policy and Prescribing.

Each GSPH department has a strong research program. Some highlights of the departmentally-based research include the following: 1) receipt of a CDC Prevention Research Center Grant of the Behavioral and Community Health Sciences Department in collaboration with the Epidemiology Department; 2) the Biostatistics Department's continued collaboration with the National Surgical Adjuvant Breast and Bowel Project (now part of the NCI-funded NRG Oncology cooperative group) and the University of Pittsburgh Cancer Institute as well as its efforts through the Comparative Effectiveness Research Center; 3) investigations by the Environmental and Occupational Health Department of free-radicals and their relationship to disease risk, in part through the Center for Free Radical and Antioxidant Health; 4) the Epidemiology Department's research conducted through its Center for Aging and Population Health and its data coordinating center activities through the Epidemiology Data Center, including for the Longitudinal Assessment of Bariatric Surgery; and 5) the Health Policy and Management Department's research measuring and evaluating patient safety and health care quality.

The school has active collaborative research programs at the local, state, national and international level, including with community-based organizations. Of note, the director of the Allegheny County Health Department has secondary appointments within the school's Departments of Health Policy and Management and Behavioral and Community Health Sciences. Recent activities with the Allegheny County Health Department have included a county-wide health survey and service on the county's Child Death Review sections. At the site visit, the team heard about other community professionals who collaborated on various school research activities. There are ongoing collaborative research activities with the Commonwealth facilitated through a master agreement signed in 2013. An international collaboration highlighted in the self-study was the collaboration of an environmental and occupational health faculty member with the National Institute of Water and Atmospheric Research in New Zealand. At the site visit, school faculty highlighted many research activities with community partners including the Department of Behavioral and Community Health Sciences' active program of community-based participatory research with the Latino Engagement Group for Salud.

The school provides considerable administrative support for faculty research. These activities include distribution of targeted announcements of grant opportunities, supporting grant writing workshops, establishing systems of internal reviews of grant drafts and providing seed funds to support pilot research to generate preliminary results for extramurally funded grant submissions. At the site visit, many faculty members praised the school's infrastructure to support grant submissions, indicating that it greatly facilitated preparation of grants. Many faculty commented on the spirit of collaboration that existed within the school and in the health sciences generally. The Health Sciences Institutional Review Board is seen as helpful and positive in its role in reviewing and approving human subject's research.



Over the last three fiscal years, the metrics by which faculty are judged to have engaged in active and productive research found that 50% or more of GSPH faculty are PIs on NIH grants, 60% or more of GSPH faculty derive 50% or more of their salary from research funding and nearly 60% of GSPH faculty publish at least three peer-reviewed publications per calendar year.

The self-study reports that almost all GSPH students participate in the school's research programs. For example, some MPH students serve as research assistants or engage in research as part of their service learning activity. Students have reported high levels of satisfaction with research opportunities and research mentoring. Students have the opportunity to present research findings at the school-wide Dean's Day events and also at department-based research presentation days.

### **3.2 Service.**

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

This criterion is met. The school has integrated service into its five-year strategic plan activities and has a culture supportive of participation by students, staff and faculty. The Center for Public Health Practice, in particular, is the institutional hub for mission-driven service. The center's role was developed from a 2007 white paper titled "Can the Graduate School of Public Health Have Greater Impact on Public Health Policy and Practice?" which recommended that the Center for Public Health Practice: 1) develop school-wide plans and procedures to identify public health priorities aligned with departmental strengths 2) serve as a hub for the translation and dissemination of practice-relevant, research-based evidence and 3) continue to develop practice-relevant expertise within the faculty. Students are also well supported to participate in service activities, and financial support is provided through the Graduate and Professional Student Government. Students participate in activities like the Student Public Health Epidemic Response Effort, the Epi-in-Action group, in which students work with the community to provide assistance, and food distribution at a community food bank. While no formal policies or data collection methods are in place to collect information on staff service activities, a number of staff are involved in important projects.

Faculty are also a large part of GSPH's achievement of its service mission. Faculty service is pursued in a number of categories including academic service, professional associations, service to government agencies and private-sector organizations and community service. Although teaching and research are clearly weighted heavily, faculty involvement in service is required as part of promotion and tenure reviews and is a component of a faculty member's annual review. Due to the difficulty in weighting of service during review and promotion, the overall measurement of service is an area that is soon to be revised in the strategic plan. The school also faces challenges in obtaining data from the university's Faculty Information System due to the different categories of service used and the inconsistency in how faculty characterize their service. A third challenge revolves around training faculty to engage in service

activities as scheduled workshops were unattended in the past. A new approach will be to tie faculty mentoring to hands-on experience with senior faculty members.

A number of formal service agreements exist with the Commonwealth of Pennsylvania, the Allegheny County Health Department and the Pennsylvania Department of Health. The service agreements connect the school to the community by, for example, matching faculty members with health department directors to facilitate working relationships. At the site visit, the team learned about faculty members who are serving on advisory boards and strategic planning groups at the Allegheny County Health Department and about many instances of providing free assistance to a number of community agencies whenever the need arises.

The aspect of service is critical to public health and is essential to providing opportunities and connections to the local community. The school has a strong culture of service to the community, and school constituents at all levels are involved in a wide variety of activities.

### **3.3 Workforce Development.**

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

This criterion is met. The school's commitment to workforce development contains an impressive list of continuing education programs strengthened by the establishment of the Public Health Training Center (PHTC) and the AIDS Education and Training Center. Funded since 2000, the PHTC is the school's primary locus of responsibility for multidisciplinary, practice-focused workforce development. The school has housed a PHTC that originally covered Pennsylvania and Ohio through 2010 and subsequently covered Pennsylvania through August 2014. Beginning in September 2014, GSPH won funding to become the PHTC for Federal Region 3, covering Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia. The center has a mission "to improve the nation's public health system by strengthening the technical, scientific, managerial, and leadership competencies of the current and future public health workforce through the provision of education, training, and consulting services." The R3-PHTC continues the work of its predecessor by addressing a full spectrum of public health competencies through curriculum development, multimodal program delivery and evaluation.

The school conducts ongoing systematic needs assessments for the Public Health Training Center to assess the needs of public health workers through relationships with health departments, community health agencies and state public health associations. Competencies are assessed with reference to the core competencies for public health practitioners developed by the Council on Linkages between Academia and Public Health Practice, domains from the Public Health Accreditation Board, prevalent health conditions in a region's underserved populations, private sector involvement in activities through

the Affordable Care Act and accessible training modalities for the audience at hand. Needs assessment methods include surveys of health professionals, just-in-time advising from a committee of public health representatives and key informant interviews. The assessments have led to high quality educational experiences delivered in a variety of formats designed to accommodate the special requirements of working professionals.

At the site visit, the team learned that the PHTC developed an online series to train hospitals to conduct community health needs assessments. A number of departments were involved in the effort, and many practitioners were reached across the state. The PHTC also has the charge to develop nationwide training on public health informatics to make their expertise available to practitioners across the country. Previous training at the PHTC was conducted mainly in person with the goal of capacity building for practitioners within agencies, but current funding has a focus to develop more distance-based learning. The PHTC resides within the school-wide Center for Public Health Practice.

The school administers another training center in addition to the PHTC that has been in existence for over 25 years. Established with HRSA funding, the Pennsylvania-Mid-Atlantic AIDS Education and Training Center provides training, consultation and technical assistance to health professionals in Delaware, Maryland, Ohio, Pennsylvania, Virginia, West Virginia and the District of Columbia. The Pennsylvania-Mid-Atlantic AIDS Education and Training Center works in person with rural communities to build relationships through which capacity building can occur and then develops virtual trainings and meetings to provide distance education.

The site visit team learned that the Pennsylvania-Mid-Atlantic AIDS Education and Training Center partners with nine other institutions to offer clinical training to practitioners and clinics to improve capacity at both the individual and clinic level to treat individuals with HIV and other comorbidities. Other initiatives at the Pennsylvania-Mid-Atlantic AIDS Education and Training Center include working with young MSM to improve targeted HIV/AIDS prevention and care in this group and a tele-health initiative to work with rural community health centers. Overall, the center has trained over 57,000 health professionals.

The Center for LGBT Health also has a number of initiatives to assist health providers in working with HIV/AIDS populations both nationally and internationally. One example that the team learned about was working with national leaders to develop a textbook and lectures so that a semester-long course can be delivered to interested students globally. This program allows many others to benefit from the strong expertise in LGBT health of the school faculty.

Examples of faculty involvement in workforce development were provided during the site visit. One example detailed the development of a communications course for biostatisticians in collaboration with

the American Statistical Association that evolved into a training for professionals as well as a train-the-trainer course. The course has been popular and delivered to a number of biostatisticians.

The school offers nine certificate programs. All are available in a stand-alone format, but admissions to the certificate program requires that students be eligible for admissions to master's degree programs. Consequently, most certificates are used by degree-seeking students to provide concentrations in particular areas of interest such as LGBT health, global health and health equity.

#### **4.0 FACULTY, STAFF AND STUDENTS.**

##### **4.1 Faculty Qualifications.**

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

This criterion is met. Primary faculty are well qualified in the core disciplines of public health while representing a breadth of multidisciplinary and practice experience. The school has a large group of full-time faculty sufficient to meet the schools objectives in teaching, research and service. In addition, the school has a substantial number of secondary and adjunct faculty making considerable contributions to the teaching, mentoring and practice missions of the school. Additional faculty involved in the school's mission include those with primary part-time school appointments and those functionally full-time within the school, but whose appointments are elsewhere for historical reasons.

Faculty provide perspectives from the field of practice in several ways. Ten faculty hold practice track appointments. Practice track faculty typically come with professional (rather than academic) experience and are focused on applied research and instruction in the professional degree programs. Previously, practice track faculty were not tenure-eligible, but this was changed in 2013. Additional faculty holding standard school appointments were recruited following careers as senior public health professionals.

The self-study indicates that faculty appointments are made primarily on candidates' research and/or practice qualifications; strengths in teaching and practice are not guaranteed. However, promotion and tenure guidelines specify expectations for teaching for promotion to associate or full professor. Practice activities for faculty holding standard appointments are evaluated as a part of service.

The school maintains benchmarks for faculty qualifications including: 1) ratings by students of "instructor effectiveness" for all instructors in all courses (percentage of ratings greater than 3.5 out of 5), 2) serving as principal investigator on a grant, 3) salary derived for extramural funding and 4) annual publications. The targets for these benchmarks include the following: 1) 80% of faculty instructors rated at greater than 3.5 (out of 5.0) on measures of instructional effectiveness; 2) 60% of faculty serving as the principal

investigator on a NIH grant; 3) 75% of faculty with 50% or more of salary covered by extramural research funding; and 4) 60% with three or more publications per year. The instructor effectiveness and publication goals are largely being met. Performance measures for serving as principal investigators on NIH grants and percent of salary from extramural funds have fallen short of targets but reflect the present funding environment.

#### **4.2 Faculty Policies and Procedures.**

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

This criterion is met. Faculty are governed by the policies and procedures of the university to which school and departmental policies and procedures must conform. School faculty are expected to follow the university's policies and procedures as outlined in the Faculty Handbook. The handbook details all university-wide faculty-related policies, including employment conditions, leave and sabbatical policies, promotion and tenure, workplace and academic policies, compensation and benefits and research administration policies. A GSPH Operations Manual for the Faculty Appointment, Promotion and Tenure Committee supplements the university-wide policies regarding promotion and tenure and describes the GSPH process of considering promotion and tenure requests. The school recently developed specific guidelines for consideration of promotion of faculty in the public health practice and public health education tracks. The process by which new faculty are recruited (eg, search committees, advertising, efforts to promote diversity, selection process) are comprehensively described in the Faculty Appointment, Promotion and Tenure Committee Operations Manual.

Faculty development workshops are available to GSPH faculty through both university and school-based programs. Those available in the 2013-2014 academic year included workshops directed at instruction, advising and mentoring and developing promotion materials. Other offerings through the university's Office of Human Resources Faculty and Staff Development Program include programs on professional development and six workshops leading to certificates in specific areas, including organizational leadership and ethics, diversity education and online learning.

The school supports a full-time educational programs coordinator, providing support for faculty in various forms, including content for faculty orientation and weekly 'teaching tips.' Additional faculty teaching support resources are available through the university's Center for Instructional Development and Distance Education, and the GSPH has a Center for Instructional Development and Distance Education liaison who provides consultation on course development and other topics.

Faculty who teach receive salary and teaching assistant support. Yearly, the school awards a Craig Award for Excellence in Teaching. School faculty have also been awarded university-wide teaching and mentoring awards.

Some departments have formal mentoring programs, pairing junior faculty with full professors. Additional mentoring occurs in the research environment through a variety of mechanisms.

Faculty financial support is provided at the departmental level. Support may include start-up packages for new faculty, sabbatical salary for tenured faculty, modest travel support, access to shared equipment and availability of research grant bridge funding. The university has research seed funding programs and programs to fund major equipment purchases.

Faculty performance is evaluated each year through a formal process of mandatory annual faculty review. Faculty complete standard forms and meet with their department chairs; results of the review are shared with the dean and then routed to the provost. These annual reviews are designed to provide candid, constructive feedback on faculty performance and to provide guidance for the future. Faculty teaching performance is primarily evaluated through an end-of-term university-provided system of student evaluations, as well as through detailed surveys conducted of new and continuing students and through exit surveys.

Information related to teaching competency and effectiveness is evaluated annually, and the results of these reviews and action items resulting from them are retained as part of the strategic planning process.

Information obtained at the time of the site visit indicated that new faculty feel that they get a good orientation to the school and that expectations for them are well specified. Resources available for new faculty (formal and informal mentoring, teaching support, etc.) were described as excellent. Of particular note, the Biostatistics Department assigns a mentor to each new faculty member, has instituted one-year and three-year interim reviews of faculty progress (performed by the mentor and other senior faculty), encourages accessing teaching review and feedback available from the Center for Instructional Development and Distance Education and performs informal reviews of grant applications prior to submission.

#### **4.3 Student Recruitment and Admissions.**

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

This criterion is met. The school is committed to recruiting academically prepared and diverse students. The Office of Student Affairs and Education oversees recruitment through a wide range of strategies

including open houses, recruitment fairs, accepted applicant days, marketing materials, preview days and virtual fairs organized by SOPHAS and ASPPH. Inquiries into GSPH program admissions are recorded and tracked through the ApplyYourself web tool that will soon be replaced by the SOPHAS prospect system.

The school holds specific recruiting events throughout the year at national conferences, such as those hosted by the American Public Health Association, and others hosted by groups representing diverse populations, such as the National Hispanic Medical Association, the Atlanta University Consortium and Cheyney University, an HBCU (historically-black college or university). Additionally, there are a number of partnerships with other regional colleges and universities with special consideration given to schools with pre-professional programs, HBCUs and schools with high minority populations. GSPH has a number of programs to introduce students to public health that beneficially also work as a recruitment tool for the school. Examples include the Summer Institute for Training in Biostatistics and the relationship with the University of Texas at El Paso where GSPH recruits students for its doctoral program in infectious disease and microbiology under a T32 training grant.

Regarding admissions requirements, a bachelor's degree and substantial knowledge in a field relevant to public health through study, experience or both are the primary considerations in the selection process. If applicants do not already have a graduate degree, they must submit GRE scores, although other test scores (eg, DAT, MCAT, LSAT) may be substituted in some instances. Evidence of fluency in English is required of international students whose primary language is not English. International students must submit TOEFL scores in addition to GRE scores. The Office of Student Affairs receives applications from the SOPHAS application service, verifies the completeness of the application and then sends them to the departments where final decisions are made.

Particular review processes vary by department and program. Visitors learned at the site visit that admissions committees in departments often triage applications. A highest priority group of in-state, high-achieving students is first identified. The admissions requirements detailed above are next used to identify the lowest priority group, which will likely not receive offers of admission. The remaining 60-70% of applications receive a more detailed review.

The school is able to be very selective in its admissions practices. Site visitors also noted that most programs within the school reported a low yield. For example, after accepting four of 33 applicants and five of 47 applicants, the biostatistics MPH program had no enrollees in either year.

#### **4.4 Advising and Career Counseling.**

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

This criterion is met. All incoming students are invited to attend a two-day new student orientation at the start of their first academic year. In this setting, students get general information about the program as well as department-specific information. A comprehensive school-wide academic handbook is available online and provides detailed information about advising and mentoring; credit requirements; research, practice and examination requirements; and policies. Upon matriculation, each student is assigned a faculty advisor by the department and a departmental student services coordinator. The program director is also included in a student's advising network. The network is a resource for course advising, registration and mentoring. As students progress through their programs of study they may acquire different, informal advisors based on research needs and academic interests. On-site, students reported a high level of satisfaction with advising in general and specifically with the departmental student services staff, whom they view as an invaluable resource. Students also reported that faculty are very accessible and approachable, a position that was reiterated in meetings with faculty and administrators.

According to the self-study document, approximately 60-70% of students access the Career Services Office. Career Services provides services to students with a three-pronged approach with 1) workshops and one-on-one counseling for skill building, 2) the Pitt Bridges resource for employment opportunities and 3) a variety of networking events. The team also learned that the Career Services Office works with and provides resources to current students, recent grads and alumni. During the visit, the team learned that in addition to university resources, school faculty provide public health-specific career counseling to students. For example, the director of the multidisciplinary MPH provides extensive career counseling to students as they develop their personalized curriculum.

The major source of information about student satisfaction with academic and career advising is the annual new and continuing student survey. The 2013-2014 data show that the majority of respondents indicated satisfaction with advising (74% with faculty advising, 75% with thesis/essay/dissertation advising and 100% with career advising services).

The school has procedures in place for students to submit grievances and complaints. Typically, complaints are lodged verbally with the staff or faculty member with whom the student is most comfortable. In addition, the school maintains an anonymous digital comment box and the Office of Student Affairs and Education invites students to share any concerns with staff, including the assistant dean for education. These venues for complaint are first introduced at the new student orientation and reiterated throughout the program via weekly e-newsletter, student handbooks, flyers, and verbal invitation. The school reported that most complaints and grievances are resolved on an individual basis



and do not reach the level of a formal complaint. As such, the school has no formal complaints and/or student grievances to report for the last three years.

## Agenda

### COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

#### University of Pittsburgh Graduate School of Public Health

May 18 - 20, 2015

#### Monday, May 18, 2015

- 8:30 am      **Site Visit Team Request for Additional Documents**  
Eleanor Feingold, PhD, Professor, Senior Associate Dean and Associate Dean for Education  
Robert Frankeny, MSIS, IT Manager  
Robin Leaf, MEd, Educational Programs Coordinator
- 8:45 am      **Team Resource File Review**
- 9:30 am      **Meeting with Self-Study Committee and Associate Deans**  
Donald Burke, MD, Dean  
Renaë Brinza, MS, Assistant Dean for Administration and Finance  
Cindy Bryce, PhD, Associate Dean for Student Affairs  
Jane Cauley, DrPH, Associate Dean for Research  
Eleanor Feingold, PhD, Senior Associate Dean and Associate Dean for Education  
Robert Frankeny, MSIS, IT Manager  
George Huber, JD, MSIE, MSSM, Associate Dean for Public Policy  
Robin Leaf, MEd, Educational Programs Coordinator  
Margaret McDonald, PhD, MFA, Associate Vice Chancellor for Academic Affairs in the Health Sciences  
Margaret Potter, JD, MS, Immediate-past Associate Dean for Public Health Practice  
Todd Reinhart, ScD, Associate Dean for Faculty Affairs
- 10:15 am      **Break**
- 10:30 am      **Meeting with Department Chairs and Other Core Leadership**  
Donald Burke, MD, Dean  
Steven Albert, PhD, Chair, BCHS  
Gerald Barron, MPH, Acting Associate Dean for Public Health Practice and Acting Director of the Center for Public Health Practice  
Patricia Documet, MD, DrPH, Scientific Director, Center for Health Equity  
Eleanor Feingold, PhD, Senior Associate Dean and Associate Dean for Education  
David Finegold, MD, Director, MMPH program  
Jeremy Martinson, DPhil, Chair, Faculty Senate Executive Committee  
Sally Morton, PhD, Chair, BOST  
Anne Newman, MD, MPH, Chair, EPIDEM  
Bruce Pitt, PhD, Chair, EOH  
Margaret Potter, JD, MS, Immediate-past Associate Dean for Public Health Practice and lead developer of the GSPH diversity plan  
Charles Rinaldo, PhD, Chair, IDM  
Mark Roberts, MD, MPP, Chair, HPM  
Joanne Russell, MPPM, Director, Center for Global Health, and Assistant Dean for Global Health  
Ronald Stall, PhD, MPH, MA, Director, Center for LGBT Health Research  
Dietrich Stephan, PhD, Chair, HUGEN
- 11:45 am      **Break**
- 12:00 pm      **Lunch with Students**  
Maria Abunto, MMPH student  
Megan Crilly, HPM MS student  
Robert Coulter, BCHS PhD student  
Alice Liu, BOST PhD student  
Carlos Lopez, MMPH student  
Chelsea Pallatino, BCHS PhD student  
Proma Paul, EPIDEM DrPH student  
Samantha Rosenthal, HUGEN PhD student  
Elizabeth Sarles, EPIDEM PhD student  
Sanjana Srivinsian, EOH MPH student

Christian Suri, IDM MPH student  
Krystal Swasey, EPIDEM MPH student

1:30 pm **Break**

1:45 pm **Meeting with Instructional Programs Group 1 | Professional Public Health Programs**

Aaron Barchowsky, PhD, EOH core course instructor  
Gerald Barron, MPH, HPM MPH Program Director and Overview course instructor  
Thistle Elias, DrPH, MPA, BCHS core course instructor and director of Bridging the Gaps internship program  
David Finegold, MD, MMPH program director  
Linda Frank, PhD, MSN, IDM MPH Program Director  
Nancy Glynn, PhD, EPIDEM MPH Program Director  
Candace Kammerer, PhD, Educational Policies and Curriculum Committee Chair, HUGEN MPH Program Director, and Capstone instructor  
Jeremy Martinson, DPhil, IDM MPH Program Director and Public Health Biology instructor  
Sally Morton, PhD, BIOST core course instructor  
James Peterson, PhD, EOH DrPH and MPH Program Director  
Martha Terry, PhD, BCHS MPH Program Director, Chair of the MPH Committee, and BCHS core course instructor  
Jeanette Trauth, PhD, BCHS DrPH Program Director  
Thomas Songer, PhD, EPIDEM DrPH Program Director  
Ada Youk, PhD, BIOST MPH Program Director

3:00 pm **Break**

3:15 pm **Team Executive Session and Resource File Review**

Tour of new lab pavilion and review of Phase II renovation plans can be arranged during this time if requested by the site visit team.

5:00 pm **Adjourn**

## Tuesday, May 19, 2015

8:30 am **Meeting with Faculty Related to Research, Service, Workforce Development**

Gerald Barron, MPH, Acting Associate Dean for Public Health Practice, and Acting Director of the Center for Public Health Practice, Associate Professor, HPM  
Elizabeth Bjerke, JD, Assistant Professor, HPM  
Jeanine Buchanich, PhD, MEd, Research Assistant Professor, BIOST  
Jane Cauley, DrPH, Associate Dean for Research, Professor, EPIDEM  
Patricia Documet, MD, DrPH, Scientific Director Center for Health Equity, Associate Professor, BCHS  
Linda Frank, PhD, MSN, Director AETC, Associate Professor, IDM  
Patricia Opresko, PhD, Associate Professor, EOH  
Margaret Potter, JD, MS, Professor, HPM  
John Shaffer, PhD, Assistant Professor, HUGEN  
Anthony Silvestre, PhD, Professor, IDM  
Ronald Stall, PhD, MPH, MA, Director Center for LGBT Health Research, Professor, BCHS

9:45 am **Break**

10:00 am **Meeting with Instructional Programs Group 2 | Academic and Other Programs**

Velpandi Ayyavoo, PhD, IDM Graduate Programs Director and PhD Program Director  
Aaron Barchowsky, PhD, EOH MS and PhD Program Director  
Nicholas Castle, PhD, MHA, HPM MS and PhD Program Director  
Maria Brooks, PhD, EPIDEM Vice Chair of Education  
Robin Grubs, PhD, LCGC, HUGEN MS Genetic Counseling Program Director  
Candace Kammerer, PhD, HUGEN PhD and MS Program Director  
Todd Reinhart, ScD, IDM MS Program Director  
Wesley Rohrer, PhD, HPM MHA Program Director  
Thomas Songer, PhD, EPIDEM PhD Program Director  
Jeanette Trauth, PhD, BCHS PhD Program Director  
Abdus Wahed, PhD, BIOST PhD Program Director  
Ada Youk, PhD, BIOST MS Program Director

11:15 am **Break & Resource File Review**

12:00 pm **Lunch with Alumni and Community Stakeholders (including preceptors and employers of alumni)**

Leslie Bachurski, Director of Consumer Navigation and Organizational Development, Consumer Health Coalition  
Beth Dudley, MS, MPH, CGC, Licensed Genetic Counselor, UPMC Hereditary GI Program  
Mike Evans, MPH ('80 Health Administration), President and CEO, Trinity Healthcare Solutions, LLC  
Angela Garcia, Deputy Director, Global Links

Karen Hacker, MD, MPH, Director, Allegheny County Health Department  
 Jason Herring, MBA, MPH ('13 BCHS and Certificate in LGBT Individuals' Health and Wellness), Marketing and Communications Coordinator, Pittsburgh AIDS Task Force  
 Lauren J. Jonkman, PharmD, MPH ('12 MMPH), Assistant Professor, University of Pittsburgh School of Pharmacy  
 Susan Friedberg Kalson, JD, CEO, Squirrel Hill Health Center  
 Mark R. LaRosa, MUN ('87 Health Administration), Vice President for Planning and Business Development, Allegheny Health System  
 Teagen O'Malley, MPH ('12 BCHS), Doctoral Candidate, BCHS  
 Jamie A. Sokol, MPH ('07 BCHS) Workforce Development & Training Administrator, Allegheny County Health Department  
 Jordan B. Taradash, MPH ('12 EPIDEM), President, Innovative Wellness Solutions  
 Kelly Wilkinson, Intern Coordinator, Allegheny County Health Department

1:30 pm **Break**

2:00 pm **Meeting with Leadership of University**  
 Arthur Levine, MD, Senior Vice Chancellor for the Health Sciences  
 Alberta Sbragia, PhD, Vice Provost for Graduate Studies

2:30 pm **Break**

2:45 pm **Meeting with Faculty and Staff Related to Faculty Issues, Student Recruitment, Advising**  
 Joan Anson, MSEd, Director of Career Services  
 Mary Derkach, JD, MSIS, Assistant Dean for Student Affairs  
 Ying Ding, PhD, Assistant Professor, BLOST  
 Jessica Dornin, MSL, Recruitment and Academic Affairs Administrator, HPM  
 Tony Fabio, PhD, MPH, PBPC chair, Assistant Professor, EPIDEM  
 Tiffany Gary-Webb, PhD, MHS, Associate Professor, BCHS  
 Nancy Glynn, PhD, EPIDEM MS Program Director, Assistant Professor, EPIDEM  
 Tina Batra Hershey, JD, MPH, Faculty Diversity Committee Co-Chair, Assistant Professor, HPM  
 Robin Leaf, MEd, Educational Programs Coordinator  
 Karrie Lukin, Admissions Manager  
 Meredith Maverro, MEd, Student Services Coordinator, IDM  
 Lori Smith, Student Affairs Manager & Program Administrator, EPIDEM  
 Dan Weeks, PhD, FAPTC chair, HUGEN admissions chair, Professor, HUGEN

3:45 pm **Break**

4:00 pm **Executive Session & Resource File Review**

5:30 pm **Adjourn**

**Wednesday, May 20, 2015**

9:00 am **Executive Session and Report Preparation**

12:30 pm **Exit Interview**