REVIEW FOR ACCREDITATION

OF THE

OREGON MASTER OF PUBLIC HEALTH PROGRAM

OFFERED COLLABORATIVELY BY

PORTLAND STATE UNIVERSITY
OREGON HEALTH AND SCIENCE UNIVERSITY
OREGON STATE UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

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SITE VISIT TEAM:
Charles Hamilton, MPH, DrPH, Chair
Cynthia Kenyon, MPH

SITE VISIT COORDINATOR:
Kristen S. Force, MPH, CHES
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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program offered collaboratively by Portland State University (PSU), the Oregon Health and Science University (OHSU) and Oregon State University (OSU). The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs, amended June 2011. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in October 2013 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program 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 program and verify the self-study document.

OHSU is exclusively dedicated to the education of clinical health professionals, and it is the state’s only public academic health center. The university offers educational programs in dentistry, medicine, nursing, public health, engineering and other sciences, and has more than 3,000 active research projects. OHSU enrolls about 2,800 students and employs more than 1,500 scientists.

PSU provides access to a liberal arts and sciences education for undergraduates as well as professional and graduate degrees relevant to metropolitan areas. PSU enrolls 29,500 students. The OMPH program is administratively housed on the PSU campus.

OSU is the state’s land-grant university, and it focuses heavily on agriculture, business and engineering. More than 25,000 students are enrolled in more than 200 undergraduate and 80 graduate programs. OSU also maintains 15 Agricultural Experiment Stations and 35 county Extension offices around the state.

The collaborative Oregon MPH (OMPH) program was launched in 1994 as a single, statewide coordinated public health training program. Three universities, two located in metropolitan Portland and one located 90 miles away in Corvallis, entered a formal partnership to participate in and support the OMPH program. Each participating institution has retained significant authority and autonomy in offering its MPH concentrations, including authorization to award the degree. As the program enters its twentieth year of operation, it faces a significant transition. Effective July 1, 2014, PSU and OHSU will continue the OMPH program while OSU will become a separate school of public health. All entities have been preparing for this transition and keeping all relevant stakeholders informed of the process. The program has had successful accreditation reviews in 1999, 2003 and 2006.
Characteristics of a Public Health Program

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

a. The program 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 or its equivalent in other countries.

b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

c. The program 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 public health program 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 values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program 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 program's activities.

e. The program 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. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.

f. The program 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 collaborative OMPH program. The three partnering universities are each regionally accredited, and the program's faculty and students have the same rights, privileges and status as other professional programs. Program faculty have diverse training and experience, and faculty and students collaborate with individuals in other degree programs at all three universities and with the local public health workforce. These features and actions ensure that the program maintains an interdisciplinary framework and fosters the development of professional public health values.

The program's organizational culture places a value on community collaboration, applied research and service. The program draws on a committed faculty to offer the MPH degree. The program has a strong planning and evaluation system that incorporates feedback from students, faculty, alumni and other community partners.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met with commentary. The program has a clear and concise mission statement with supporting goals and objectives. The mission statement, initially developed in the mid 1990s, was reaffirmed by OMPH program leadership in 2004. Program leaders began another review process in 2007 and made final changes in 2012. The program’s mission is as follows:

To provide innovative education, leadership, research, and service in public health throughout the state and beyond. The Oregon MPH Program is committed to providing students with a competency-based public health education that prepares them to discover and implement strategies with the diverse communities they serve, to achieve sustainable health for all and to eliminate health disparities.

The mission, values, goals and objectives are reviewed annually by the Coordinating Council and the Academic Program Committee. Faculty leadership gather and represent the interests and recommendations of the faculty in their respective tracks and combine feedback from other stakeholder groups, including the External Advisory Committee and the Student Leadership Council. The program encouraged the External Advisory Committee to attend an in-person meeting to review the mission, goals and objectives; furthermore, the program sent a link with access to the mission, goals and objectives via email to those who were unable to attend. The mission, values, goals and objectives are readily available on the OMPH website and in the student handbook.

Goals for the OMPH program center around four areas: leadership, education, research and service. Each goal has from two to 10 specific measurable objectives.

The commentary relates to the appropriateness of some of the objectives. Reviewers determined that 1) not all objectives are strong indicators of quality; 2) some objectives do not align well with the goals; and 3) some objectives are measured differently across tracks. For example, objectives that support the education goal state that 100% of students will complete the field and culminating experiences. These components of the curriculum are integral to the degree itself and may not be the best measure of the quality of the educational program. In addition, the program has established objectives related to cultural competence that are subjectively assessed in each track. Finally, the program has established quantitative objectives related to the admission of students but uses a more qualitative process in reality. Reviewing these measures may yield more useful data about the relationship between the program’s admissions practices and the success of students.
1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program'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 program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met. The program has an explicit process for monitoring and evaluating its efforts, assessing the program’s effectiveness and using evaluation results in ongoing planning and decision making. The self-study provided a clear and thorough explanation of an evaluation process that measures the program’s attainment of its mission, goals and objectives.

Monitoring progress toward the mission, goals and objectives is the collective responsibility of the program director, faculty governance committees, Deans Oversight Council and, ultimately, the faculty and staff of the OMPH tracks. The program director is responsible for oversight of all program evaluation processes. Program Office staff are responsible for monitoring the entirety of the indicators and providing data to the appropriate committees. The Deans Oversight Council reviews indicators including student and alumni survey data, resource allocations and expenditures, program assessment and policy/procedural alignment among the three partner universities. The Deans Oversight Council also considers and approves recommendations of the faculty governance committees relative to evaluation-based program changes and innovations. The Coordinating Council and the Academic Program Committee share responsibility for coordinated program planning and assessment. In addition, the standing committees related to diversity, field experience and workforce oversee specific processes and outcomes related to those topical areas.

Student representatives are involved in the evaluation of program events and help analyze data from the annual student survey and the alumni survey. Student representatives also sit on the Academic Program Committee. Members of all OMPH committees participate in the annual leadership retreat, which involves strategic planning and assessment topics.

The External Advisory Committee contributes to planning and evaluation by providing input on the program as a whole and its responsiveness to the public health needs of the state. Members who met with site visitors said that they suggest new approaches to meeting specific program goals and objectives.

The self-study shows that nearly all objectives are being met. The program has recently developed seven objectives that will have initial data in the 2013-2014 academic year.
In previous years, the Coordinating Council was primarily responsible for monitoring progress against goals and key objectives, while relying on the Academic Program Committee for oversight of track and curricular activities. However, the Coordinating Council focused on measures and indicators related to specific problem areas, which inadvertently left less time for monitoring the complete set of objectives in the mission, goals and objectives structure. The program recognized this issue and, as part of the self-study, put into place an annual review of the mission, goals and objectives. The program coordinator compiles the data and—with the program director—reviews and disseminates to appropriate committees for follow-up. The program director is ultimately responsible for ensuring that the annual review occurs.

The Self-Study Steering Committee, composed of the program director and faculty governance committees, coordinated the efforts of the self-study review. The self-study document was provided to all primary faculty as well as the Student Leadership Council and the External Advisory Committee for review and comment, and it was posted to the OMPH website for student, alumni and outside review. The Deans Oversight Council provided final program-level approval of the self-study, and the provosts provided campus-level approval.

1.3 Institutional Environment.

The program shall be an integral part of an accredited institution of higher education.

This criterion is met. The three institutions that currently make up the collaborative program are all accredited by the Northwest Commission on Colleges and Universities. PSU also responds to 18 specialized accreditors in areas such as business, chemistry, social work, music, theater, planning and engineering. OHSU responds to 14 specialized accreditors in health and science subjects such as midwifery education, pharmacy, nurse anesthesia, radiologic technology and clinical laboratory science. OSU responds to 13 accreditors for professions such as teacher education, range management, veterinary medicine, forestry and dietetics.

Beginning in July 2014, the OMPH program will be housed in two partner universities: OHSU and PSU, and OSU will transition to independent accreditation as a school of public health with CEPH.

OHSU offers educational programs in dentistry, medicine, nursing, public health, engineering and other sciences, and has more than 3,000 active research projects. In 2012, OHSU enrolled 2,800 students and employed more than 1,500 scientists. The university operates two hospitals and numerous primary care and specialty practices. OHSU is governed by a Board of Directors, whose members are nominated by the governor and approved by the state Senate. Located in Oregon’s largest population center, PSU’s mission addresses a commitment to urban life and educational programs relevant to metropolitan areas. PSU has a student body of about 29,500.
At OHSU, the program resides in the Department of Public Health and Preventive Medicine (in the School of Medicine) and the Graduate Programs (in the School of Nursing). At PSU, the program resides in the Division of Public Administration (in the Hatfield School of Government) and in the School of Community Health. Both schools are in the College of Urban and Public Affairs.

Budgeting and resource allocation starts in the Program Office, where an annual budget request is prepared for the Deans Oversight Council. If needed, negotiations occur between the program director and the Deans Oversight Council. The Council approves the annual budget, and each member is responsible for his or her institution’s allocation.

Personnel recruitment, selection and advancement at the program level is overseen by the program director. The Coordinating Council plans for and discusses faculty recruitment, which allows program leadership to stay abreast of hiring processes and to provide input on recruitment and selection decisions. The program’s most recent hire was its interim director. The Deans Oversight Council managed this appointment in consultation with the three university provosts. On-site discussion with university leaders indicated that the two-university collaborative plans to conduct a full search for a leader who can assemble the resources needed to build a school of public health.

The program’s governance committees oversee, review and agree on uniform and/or compatible academic standards at the program level. In the pending two-campus program, the Office of Graduate Studies within the Office of Academic Affairs at PSU and the Office of the Provost at OHSU will ultimately govern academic policies. The program director and the Deans Oversight Committee provide support when negotiation of policies between the program and the host academic unit are needed.

Between 2004 and 2008, the three-university collaborative developed policies and memoranda of understanding (MOU) to document the rights and obligations of each participating institution. In 2013, the program revised these formal agreements and developed an MOU for the two-campus collaborative program. This proposed document, which was in the university approval process at the time of the site visit and will take effect in July 2014, specifies the terms of the collaborative relationship and the benefits and responsibilities it confers to faculty and students. Site visitors reviewed the proposed MOU as well as a letter of agreement committing to implementation of the two-campus program. The PSU and OHSU provosts told site visitors that the proposed agreements were expected to be finalized in early November 2013.

Until the transition in 2014, OMPH students choose one of the three universities through which to enroll in the program. Students can take courses and access resources on any campus, but each has a primary
affiliation with one institution. The two-unit collaborative will enhance the joint nature of the degree; students will be enrolled at both universities and will receive a diploma with both universities named.

1.4 Organization and Administration.

The program 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 program’s public health mission. The organizational structure shall effectively support the work of the program’s constituents.

This criterion is met. The program has an organizational setting that is conducive to public health learning, research and service. The program’s day-to-day operations are overseen by the Program Office, which includes the program director and the program coordinator. The program director reports to the three-member Deans Oversight Committee, which reports directly to the provosts of each affiliated university. The program coordinator provides overall administrative support to the program. She coordinates intercampus registration, manages databases, monitors the website and oversees the graduate assistant. The program currently includes two tracks housed at PSU, two tracks housed at OHSU and six tracks housed at OSU. Each track has a coordinator who is responsible for working with students, managing the curriculum and the coverage of competencies, providing assurance and accountability for the track and serving as a liaison between the Coordinating Council and the faculty and students in the track.

The program has experienced significant changes in leadership at multiple levels in recent years. The program’s interim director has been in place since early 2013, and site visitors noted her strong leadership of the program during an extremely busy, transitional period. Program, school/college and university leaders who met with site visitors indicated strong commitments to the OMPH program at all levels. For example, PSU and OHSU leaders provided the finances needed for the OMPH program to join the Association of Schools and Programs of Public Health (ASPPH) in 2013.

As a collaborative program with a variety of tracks housed in multiple divisions and colleges, the program has high expectations for interdisciplinary coordination and collaboration. Interdisciplinary learning is facilitated by the teams of core course instructors who work together to develop courses that build on the strengths of their respective disciplines. In addition, MPH students can take advantage of the breadth of course offerings across multiple universities. Students have taken courses in areas such as sociology, psychology, women’s studies, communication, urban planning, anthropology and biology. MPH courses also include frequent guest lecturers who have a range of community, academic and professional backgrounds. Interdisciplinary service is supported by the Program Office through the sponsorship of events and activities in the community. Co-sponsors have included Portland Community College, the African American Health Coalition, the Oregon Health Authority and the LGBTQ Health Coalition. OMPH
program faculty regularly engage in collaborative and interdisciplinary research teams across the universities as well as with practitioners in the community.

1.5 Governance.

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

This criterion is met. The program’s administrators and faculty have clearly defined rights and responsibilities concerning program governance and academic policies. The program operates with an overarching body of deans, two standing faculty administrative leadership committees, an External Advisory Council, Student Leadership Council, Alumni Subcommittee and three faculty subcommittees.

The Deans Oversight Council acts on behalf of the provosts and serves as the ultimate authority in the OMPH program. The council is responsible for final decision making over issues of budget, program leadership, oversight of program assessment and program growth and development. The Council met with the site visit team and also said that its role involves promotion and advocacy for the program’s instructional, research, community service and professional activities. The deans or deans’ designees from each of the partner universities compose the council. A chair is elected from among the membership and serves for a term of two years. Beginning in July 2014, the Deans Oversight Council will change its composition to four members representing the School of Nursing (OHSU), the School of Medicine (OHSU), the Hatfield School of Government (PSU) and the School of Community Health (PSU).

The program currently has two faculty leadership bodies: the Coordinating Council and the Academic Program Committee. The Coordinating Council is responsible for strategy development, accreditation compliance and policies and processes that support program planning. This Council comprises two senior faculty members affiliated with the program from each partner university and the program director. The Academic Program Committee represents the tracks of the program and assures coordination of curricula, admissions and graduation requirements between each. The track coordinators for the four tracks housed at OHSU and PSU serve on this council along with one representative from OSU who represents all six OSU tracks. The program has revised its bylaws as part of its transition to a two-university collaborative and these two faculty committees will become one with a combined membership in July 2014. The role of students has also been clarified as part of this process to ensure that they have opportunities to be involved but not overburdened with administrative responsibilities.

The Student Leadership Council provides recommendations and input to the OMPH program via the program director and program coordinator. This committee makes recommendations about and helps coordinate new-student orientation, the annual student symposium, student surveys and other student
affairs. One member of the Student Leadership Council is invited to serve on each standing and ad hoc faculty committee unless student confidentiality would be compromised. Composition includes a campus representative from each collaborative institution, two representatives (first- and second-year) from each track and at least one joint degree student representative. Members are elected and/or appointed from their track, and the committee appoints a chair from among the second-year and campus representatives. Since 2011-2012, OSU has been represented by one student so that the college could develop its own student governance structure. Students who met with site visitors said that members of the Student Leadership Council serve an important role for other students by communicating information from program committees and acting as informal mentors for students less familiar with the program. Multiple on-site meetings cited the student body's initiative, involvement and willingness to share best practices and insights with each other as strengths of the program.

The External Advisory Council advises the program about the changing needs of the public health workforce, community needs and feedback, trends affecting public health education, strategic directions for the program and career opportunities for MPH graduates. The External Advisory Council provides its feedback to the Deans Oversight Committee via the program director. Members of the committee serve two-year appointments that can be renewed and meet once each academic quarter. The committee includes at least 15 community partners representing the populations and practice perspectives of Oregon and southwest Washington in fields related to public health. Members of the External Advisory Council told site visitors that they strive to improve collaborations between the program and the community and to ensure that field placement sites are well-versed in the expectations involved in the practice experience. At a recent council meeting, the program asked members to provide feedback and edits to the employer survey that was distributed in early fall 2013.

The program also has subcommittees related to diversity, the field experience, workforce development and alumni. The Diversity Subcommittee provides support, guidance and recommendations on recruitment of students, faculty and staff from diverse and underrepresented populations. The subcommittee also develops and promotes strategies that foster a welcoming and culturally sensitive community for every individual affiliated with the program. The Field Experience Subcommittee provides ongoing development, review and evaluation of the program’s field experiences. The field experience coordinators from each track, as well as the students who represent each campus, serve on this subcommittee. The Workforce Development Subcommittee conducts assessments of and develops policies, programs and alliances designed to provide continuing education to the public health workforce. The Alumni Subcommittee provides leadership and organization for OMPH program alumni. At least one faculty member, three alumni and the program coordinator serve on this subcommittee. Each subcommittee meets at least two times each year.
Program faculty provide service at the program, school and university levels. The self-study provides a comprehensive list of primary faculty who hold memberships on university committees. Public health faculty members are represented on such committees as the Faculty Senate, the OHSU School of Nursing Diversity Task Force, the IRB Chair’s Advisory Council, the International Degree Committee and the President’s Commission on the Status of Women.

1.6 Fiscal Resources.

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

This criterion is partially met. The Deans Oversight Council, in consultation with the program director, establishes a budget for the OMPH Program Office each fiscal year. The three partnering universities contribute equally to this budget, which is administered by the program director to support program administrative functions, salaries and benefits for Program Office personnel, sponsored events, program memberships, diversity initiatives, workforce development activities and other centralized operations. The OHSU Schools of Medicine and Nursing use a formula based on proportion of students enrolled in each of their MPH tracks to determine their respective contributions to the Program Office budget, which combined is equal to that contributed by PSU and OSU. PSU provides office space and serves as the employing institution for Program Office personnel. With OSU’s planned departure from the collaborative arrangement in July 2014, OHSU and PSU campus and program leaders will evaluate budget needs for the two-campus program and determine a shared funding mechanism.

Each partnering academic unit, through its campus, provides funding for academic and staff salaries and benefits, equipment, space, services and supplies for the respective MPH program tracks. The MPH tracks are embedded with other academic and research operations, which requires estimates of staffing and other resources dedicated to the MPH degree. Each academic unit has budgetary discretion for expenditure of funds within university guidelines. Tuition, fees and state appropriations are the major sources of funds. With the exception of the epidemiology/biostatistics track, tuition and fees are pooled at the campus level and allocated to the academic units based on need. The epidemiology/biostatistics track receives about 90% of its funding from tuition returned directly to the department, with virtually no state funds available to support faculty lines. Faculty in this track are funded based on their research productivity and on tuition from their instruction of graduate courses. The OSU tracks receive the full tuition differential between the MPH tuition rate and the base university graduate tuition. Indirect cost recovery funds are awarded to the primary unit in which a faculty member is appointed. Institutional formulas determine the proportion of indirect costs returned to the colleges and to the generating academic units. For the health promotion and health management and policy tracks at PSU, 25% of the indirect costs is returned to the college, of which 15% goes to the unit. For the epidemiology/biostatistics track at OHSU, 80% is returned to the department. For the primary health care and health disparities
track at OHSU, indirect costs remain with the College of Nursing. For OSU, 26% is returned to the college.

Table 1 shows the sources of funds and expenditures for the past seven years, with revenue covering expenses in each of these years. Financial data for OSU for the first three fiscal years are reported separately due to significant changes in the accounting processes and organizational structure of the College of Public Health and Human Sciences. For fiscal year 2012-2013, income exceeded expenses by about $90,000 due to OSU investing in the growth of its new college. Tuition and fees have provided the most significant funding, which has increased each year except for fiscal year 2011-2012. Of total revenues for fiscal year 2012-2013, 60% of funding was from tuition and fees, 31% from state appropriations, 4% from department and college support identified as other, 3% from indirect cost recovery and about 1% each from university funds and grants. The School of Nursing at OHSU secured the two reported grants with the first supporting the development of the online primary health care and health disparities track and the second offering partial support of faculty salaries and travel. Tuition and fees remain with the academic unit in which the student is admitted and are not shared across program tracks based on student enrollment in courses. In a proposed joint degree model to take effect July 1, 2014, tuition will follow the student’s enrollment, representing tuition-sharing for the first time in the history of this collaborative program.

Expenditures for faculty salaries and benefits constitute 79% of the most recent fiscal-year budget. Of total expenditures for fiscal year 2012-2013, staff salaries and benefits, student support and combined operations and travel received about 5% each. A university tax, identified as an overhead cost allocation, is paid by the primary health care and health disparities and epidemiology/biostatistics tracks at OHSU largely based on physical space. Presently, epidemiology/biostatistics pays 10% of all revenue to the School of Medicine. The primary health care and health disparities track pays an overhead cost allocation rate of 7.13%. The university tax represents about 3.6% of the latest fiscal-year budget.
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The program identifies four fiscal resource objectives that measure capability related to 1) course offerings, 2) retention of faculty, 3) securing grants that include student support and 4) a Program Office budget that balances or shows a surplus by the end of the year. The program is meeting its established targets for all but the new student support measure, for which data are not yet available.

Reviewers noted the financial uncertainties associated with OSU’s planned departure from the collaborative program in July 2014. The program reports that the state of Oregon ranks in the bottom five states in terms of support for university students and that financial strains already exist at track and academic unit levels. With declines in discretionary funds and mounting pressures to offset reductions in state appropriations, leadership of the emerging PSU-OHSU collaborative program will be challenged to project and monitor adequacy of fiscal resources for addressing ongoing program expenses and maintaining quality of the respective programs, especially if enrollments should weaken.

The concern relates to the need to improve the program’s financial management and evaluation capabilities, especially given the change in the collaborative partnership. Currently, the program’s tracking of fiscal resources uses measurable objectives and targets that are highly generalized. The program will not be able to clearly determine whether progress in improving its fiscal resources is being achieved or to portray trend lines essential for planning and advocacy purposes unless it sets explicit, challenging targets and assembles data relevant to each target annually. Should state appropriations continue to be constrained or reduced, the program would benefit by challenging faculty and program leadership to consider additional revenue streams. Deans Oversight Council members who met with site visitors agreed that creative ways must be explored to increase funding. Council members cited the possibility of attracting a major donor, with which the universities have been successful for other disciplinary areas. University leaders who met with site visitors stated that there is a working alignment between the two foundations of their universities and that the PSU-OHSU partnership is likely to stimulate donor commitments.

1.7 Faculty and Other Resources.

The program 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 with commentary. The OMPH program has defined a weighted methodology for calculating percent of faculty involvement based on teaching expectations at each institution plus other instructional activities, advising and program-specific administrative duties, with secondary faculty identified as those contributing less than 50% full-time equivalence (FTE). The Portland-based tracks in 2012-2013 reported 16 primary and 16 secondary faculty members for the epidemiology/biostatistics track, four primary and six secondary faculty members for the health management and policy track, 10 primary and 20 secondary faculty members for the health promotion track and four primary and three secondary faculty members for the primary health care and health disparities track. Using the primary
faculty FTE, the program reports the student-faculty ratio (SFR) for each track as 3.4 for epidemiology/biostatistics, 14.3 for health management and policy, 6.3 for health promotion and 4.0 for primary health care and health disparities.

The self-study indicates that a plan exists to recruit two new full-time faculty members to support an evolving PhD program in the academic unit hosting the health management and policy track. If these new faculty can contribute at least 0.50 FTE to the health management and policy program as part of their faculty responsibilities, the health management and policy track may be able to move closer to meeting the SFR target of 10:1 or less. Site visitors learned that the new faculty hires will have an appointment date of fall 2015, with national searches occurring in academic year 2014-2015.

The six tracks for OSU, which will no longer be included in the OMPH as of July 2014, report sufficient faculty resources. The self-study reports five primary and three secondary faculty members for biostatistics, five primary and 13 secondary faculty members for environmental and occupational health and safety, five primary and one secondary faculty members for epidemiology, six primary and one secondary faculty members for health management and policy, seven primary and six secondary faculty members for health promotion and health behavior and three primary and nine secondary faculty members for international health. Using the primary faculty FTE, the OSU program reports the SFR for each track as ranging from 0.9 for biostatistics to 5.1 for health promotion and health behavior and 8.5 for international health.

The Program Office has two administrative staff members. In addition, the PSU and OHSU tracks report two staff each for the epidemiology/biostatistics and primary health care and health disparities tracks and three staff members each for health promotion and health management and policy. The OSU-based tracks report two staff for all tracks.

Space availability varies among the three partnering institutions. The health promotion and health management and policy tracks each have dedicated office, cubicle and common space for student use on the fourth and sixth floors of the college’s Urban Center building on the PSU campus. The epidemiology/biostatistics and the primary health care and health disparities tracks have space in the Campus Services Building and in the School of Nursing, which are adjacent to each other on the OHSU campus. The PSU and OHSU campuses are located within two miles of each other. Classrooms at both campuses are centrally administered in buildings across the campuses. The OSU tracks have teaching, research, administrative and office space located in several buildings on campus, where classrooms are also available. The environmental and occupational health and safety track uses a 360-square-foot laboratory in Waldo Hall for one of the courses, mainly dedicated to air sampling and noise measurements. In addition, fully equipped and recently renovated research labs used by the
environmental and occupational health and safety track constitute almost 7,500 square feet of space in Milan Hall.

Computer facilities and resources are adequate with each campus providing secure and open-access wired and Wi-Fi internet connections and information technology departments staffed seven days per week. Each faculty member, administrator and staff member has a computer in his or her office space. Each partner campus provides computer access for students. A primary computer lab in the Biomedical Information and Communication Center plus four satellite labs are located on the OHSU campus. In addition, the epidemiology/biostatistics track offers a designated lab with 22 computers and software for its students. Three labs are available to all students on the PSU campus; and the Urban Center building houses a computer lab specifically for students in the college. Three computer labs are available to all students on the OSU campus, and students have access to public computers located in Memorial Union and Valley Library.

Library and information resources are readily available for use by faculty and students. The holdings of libraries at OHSU and PSU plus 34 other Northwest colleges and universities may be accessed through Summit, the consolidated catalog of holdings from the Orbis Cascade Alliance in Washington, Oregon and Idaho. Through interlibrary loan, students can access books and electronic journal holdings of each campus, with books delivered to the student's campus within 48 hours and articles delivered to the student's email account. Campus librarians are available to help students and faculty access databases and electronic holdings and to provide instruction on searching, research and information management as needed. In addition to assistance provided through a staffed information desk, librarians conduct an orientation to library services and resources for MPH students at OSU at the beginning of the program and offer a workshop series each term covering such topics as literature review, information and bibliographic management tools, data management, scholarly publishing and preparing IRB submissions.

The program has established five outcome measures to assess the adequacy of its faculty and other resources. The program has set targets related to 1) administrative staff-to-student ratio, 2) Program Office administrative staff-to-student ratio, 3) dedicated primary faculty FTE by track, 4) SFR by track and 5) percent of core and required courses taught by primary faculty. Although the Program Office administrative staff ratio and the minimum primary faculty FTE for health management and policy at PSU targets have not been met, the staffing ratio is trending in a positive direction.

The commentary relates to the need to maintain reasonable SFRs in all tracks. In the health management and policy track, student FTEs have ranged from 44 to 57, while the faculty FTE has remained constant each year at 3.5. In the last four years, these student enrollments have resulted in SFRs of 15.6, 16.2, 12.6 and 14.3, respectively. OMPH funding is largely derived from student tuition and fees, which
suggests that it would be more advantageous to increase the faculty FTE as opposed to reducing the number of students enrolled in the health management and policy track.

1.8 Diversity.

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

This criterion is met with commentary. The program demonstrates a commitment to diversity in its outreach activities and programs. The OMPH program has four goals for fostering diversity and cultural competence: 1) recruit and retain diverse faculty and staff; 2) recruit and retain historically underrepresented, historically underserved students; 3) ensure that diversity and cultural competence are incorporated into the curricula across all tracks; and 4) foster an environment that is welcoming and inclusive toward faculty, staff and students from all backgrounds and communities. These goals align with the mission and/or vision of the partner campuses.

The program has made substantial efforts to recruit more diverse faculty and students, and the current profile of faculty matches Oregon demographics, with the exception of Hispanic and Latino representation. About 14% of the faculty complement represents minority populations, with the highest number identifying as Asian.

The commentary relates to the lack of diverse representation among the staff and students. According to the self-study, only one out of 10 staff members is considered part of an underrepresented population. Additionally, 9% of OMPH students represent minority populations, with the highest representation identifying as Hispanic/Latino. A new plan was developed and put in place in 2012-2013. Reviewers determined that it is an appropriate step toward achieving greater diversity in the future, but it is still too soon to see results.

The Deans Oversight Council and the PSU and OHSU provosts told site visitors that there is a commitment to increase the program’s representation of diverse individuals, with special attention to the growing Latino population in Oregon. This attention includes outreach to the undergraduate programs for recruitment and even an understanding of how decisions about college are influenced during a student’s primary education. The universities have developed pipeline programs directly involving middle- and high-school populations as well as other programs to promote matriculation. Complementary to these efforts, several mechanisms are in place to help recruit and retain underrepresented faculty.

Beyond addressing racial and ethnic disparities, the program has encouraged diversity involving the LGBT (lesbian, gay, bisexual, transgender) community and those with disabilities. Students with disabilities account for about 6% of the student population, and those who identify as LGBT account for
8%. However, even with this continued commitment to diversity, females continue to comprise 80% of the student body, a statistic that has been noted in previous accreditation reviews.

The program has made a commitment to integrating cultural competence into the curriculum. Although the measurements are relatively vague, conversation on site revealed a robust system to ensure training of the program’s students. In particular, cultural competence is integrated into each track and is also integrated into the field experience. If cultural competence is not directly applied in the field experience, then students are required to reflect on how they could have integrated cultural sensitivity in the paper at the end of their fieldwork. Employer surveys indicate high satisfaction with the cultural and ethical skills of graduates from this program.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master’s degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

This criterion is met. The OMPH program offers the MPH degree in 10 tracks. After OSU completes the transition process to a standalone college of public health in July 2014, the program will retain four MPH tracks. Table 2 presents the program’s degree offerings; shading denotes those degrees offered through OSU.

In addition to core courses and the required practice and culminating experiences, each track includes a set of required courses and a few elective options. The epidemiology/biostatistics track provides students with epidemiological and statistical reasoning skills and the ability to study the distribution and dynamics of disease in populations, evaluate health care programs and conduct clinical, behavioral and health services research.

The health management and policy track addresses the delivery and management of health services. Required track courses address organizational behavior in health services organizations, values and ethics, financial management of health services, health care law and regulation, health economics and program evaluation.

The health promotion track prepares students to use public health approaches to develop, administer, implement and evaluate culturally sensitive health promotion and behavior change programs and to mobilize community resources for planned social change. Required track courses focus on topics such as community organizing, quantitative and qualitative research design, mass communication and health, program planning, program evaluation and etiology of disease.
The primary health care and health disparities track prepares students to ensure the quality of implemented clinical and community care activities, act as resources for the development of innovative and expanded responses in clinical and community care, coordinate care with regional and county offices, interface with all services involved with the care of patients and provide counseling and education for families and patients receiving care. Required track courses address the epidemiology of aging, the epidemiology of disease, the social determinants of health, communication and informatics, global perspectives of program development and the social context of public health policy.

Students can take between four and 18 credits of electives, depending on the track. Electives are approved by faculty advisors who consider a student’s career goals and review the course syllabus in the context of the program and its competencies.

Site visitors’ review of the program’s and institutions’ websites showed up-to-date, consistent information related to the curriculum and other program operations.

<table>
<thead>
<tr>
<th>Table 2. Instructional Matrix</th>
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<tr>
<td><strong>Master’s Degrees</strong></td>
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<tr>
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<td>Urban and Regional Planning</td>
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<td>Nursing*</td>
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*  Shading denotes tracks offered through OSU.
*  The MPH in Primary Health Care and Health Disparities is offered in a distance-based format only.
*  The PhD/MPH joint degree is inactive as of 2013-2014.

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. Students must complete 58-62 quarter credit hours, depending on the track, to earn the MPH degree. One credit hour is equal to 10 classroom contact hours during a 10-week period. The program credit-hour requirements meet the minimum standard set by CEPH. Beginning in academic year 2014-2015, the required hours for health promotion, health management and policy and primary health care and health disparities tracks will be increased by one credit hour each, due to the transition to a four-credit-hour core epidemiology course.

Students may complete the degree in about 2.5 years by enrolling full-time (ie, nine-credits) per quarter during the standard academic quarters of fall, winter and spring. To complete the degree in a shorter period of time, students may take classes during summer or enroll in more than nine credits per academic quarter. No student has graduated with fewer than 58 credit units.

2.3 Public Health Core Knowledge.

All graduate professional public health degree 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 are required to complete five courses addressing the core areas of public health knowledge for a total of 16-17 credits. Students may take core courses from any of the three partnering campuses, with the exception that students in the epidemiology/biostatistics track are required to take the more in-depth introductory courses in epidemiology and biostatistics. Instructors from across the program coordinate each set of courses available within the core public health disciplines to ensure that instructional design and implementation are based on the same competencies and that content and learning activities are comparable. To promote consistency, a core course competency matrix is available for each core discipline. The matrix consists of the defined competencies, related components, learning activities and methods for competency demonstration, along with the course description. Site visitors examined the core course competency matrices and found that the matrices offered reasonable guidance for the course instructors.

The site visit team reviewed course syllabi and determined that the core courses offer appropriate master's-level learning experiences. A core and required course syllabi policy specifies the inclusion of 13 elements in course syllabi, including the relevant competency matrix as of fall 2013. Site visitors confirmed that the fall 2013 syllabi were in compliance with the policy. Several of the matrices identify the listings of learning activities and methods for competency demonstration under a “menu of options” sub-heading, providing needed flexibility for the course instructor. In addition, the program’s 2013-2014 OMPH Instructor Manual provides uniform guidance for course instructors across the partnering institutions including links to resources, a well-defined and explicit set of faculty expectations, the core and required course syllabi policy, contact and referral information and other items pertinent to instructional responsibilities. To further ensure consistency of courses in meeting the core competencies and to remain current, the program indicates that core course reviews coordinated by the Program Office
occur every two years. Faculty who met with the site visitors described the reviews as informal exchanges offering opportunities to share teaching strategies and update competencies and content.

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 partially met. All MPH students, with the exception of the epidemiology/biostatistics track, are required to complete a 200-hour (6 credit) field placement.

The concern relates to the epidemiology/biostatistics track, which currently requires a 100-hour (3 credit) field placement. The program did not provide evidence that this experience is structured in a way that allows the student sufficient opportunities to apply classroom knowledge in the limited amount of time. Site visitors understood that a proposed change to increase the hours and associated credits was in the approval process at the time of the site visit. The program’s response to the site visit team’s report indicates that the epidemiology/biostatistics track field experience will increase to 200 hours with expanded deliverables. The response notes that this change has been approved at the first two levels (program and departmental) and is scheduled to be submitted to the university as a substantive program change spring 2014. Students admitted for the fall 2014 term will be held to this new 200-hour placement policy, and continuing students will be provided the option to complete the program with the expanded Field Experience in place of the thesis. The program should submit documentation when this change has been finalized and is fully implemented.

Field experiences, also called “organizational experiences” in the health management and policy track or “graduate internship” in epidemiology/biostatistics and primary health care and health disparities tracks are meant to provide an opportunity to apply the skills developed during coursework in a practice setting. To maximize this opportunity, the program provides guidance to students about the overall framework of the field study but expects them to do the majority of the work in contacting and arranging a contract with a field experience site. Students commented on the challenges with designing their own contract for their field experience; however, this was quickly followed up with statements that the process gave them valuable real-world preparation.

Early in the program, faculty discuss the fieldwork experience and work directly with their advisees to explore different venues that would best suit the interests and talents of students. Students are then responsible for meeting with various sites to determine availability. Once students have chosen a place to do their fieldwork, they meet with the fieldwork coordinator to draft a contract with the preceptor. The contract is designed by the student, and it is expected to go through many drafts. The fieldwork coordinator works closely with students to ensure proper development of the contracts. Students are
required to check in regularly throughout their field experience and write a reflective paper at the conclusion. The core and track competencies are monitored and evaluated through the development of the contract and by writing the reflective paper. Students are evaluated as pass/no-pass for all tracks except for health management and policy, which is given a grade A-F. All tracks will be moving to a grading scale in fall 2014. The program does not grant any waivers for the field experience.

The program’s Field Experience Subcommittee and the Academic Program Committee oversee field experience requirements and practice across tracks to ensure uniformity despite disciplinary differences. Prior to planning their field experiences, students in most tracks attend a required orientation session at which expectations, policies and procedures are discussed. The one exception to the in-person orientation is the online primary health care and health disparities track, in which orientation is accomplished via phone, face-to-face or through email correspondence with the field experience coordinator. Further information is provided to students through a handbook and online resources for each track’s requirement. Students are made aware of placement openings through track and program listservs, the OMPH program’s website and through the program’s weekly newsletter.

Students are encouraged to arrange a field experience in an organization other than their place of employment. However, if students do their field experience in their place of employment, then steps are taken to ensure that the experience goes above and beyond the student’s normal responsibilities. The list of agencies and preceptors provided in the self-study show a wide variety of sites in government and community organizations.

Preceptors must have public health or health-related credentials and experience to provide appropriate mentorship/supervision in the learning experience. The primary health care and health disparities track requires preceptors to have an MPH and a minimum of one year of practice experience in their field or the equivalent public health education, training and practice experience. In the health management and policy, health promotion, epidemiology/biostatistics and all OSU tracks, sites and preceptors are individually evaluated and approved by the field experience coordinators. Preceptors are oriented via an online tool, with the exception of the epidemiology/biostatistics track, in which case preceptors are individually oriented by the track’s field experience coordinator. Preceptors are asked to evaluate students at the end of each placement; this evaluation is used as part of the final grade.

Survey results from students relating to selecting a field experience found that 46% to 65% of students reported satisfaction with the process. Although these results are low, program faculty told site visitors that these data points reflect the independent nature of the placement-seeking process that is both expected and encouraged by the program. Regardless, the program has put more standardized advising
and support in place. Satisfaction ratings on the rest of the measurements in the survey were relatively high.

2.5 Culminating Experience.

All graduate 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 with commentary. All MPH students complete a required culminating experience before graduating from the program. In general, the program expects each student to demonstrate the ability to synthesize public health concepts as related to the student’s specialty area, to critically evaluate public health information and to communicate public health information both orally and in writing. Each track defines expectations for the culminating experience and the methods for assessing students’ mastery of basic knowledge in the specialty area. Students have two opportunities to successfully complete the culminating experience, and very few fail to meet expectations on the first attempt. To ensure comparability and to facilitate program oversight, the program has defined minimum standards for culminating experiences across all tracks.

The minimum standards permit many forms of culminating experiences responsive to disciplinary needs and hold each track responsible for managing design and implementation of the experience and for providing adequate documentation to the program director. The standards also charge the program director with general oversight of the culminating experiences and for ensuring that they are in compliance with accreditation requirements. The program provides detailed information for student guidance via the OMPH Student Handbook. The minimum standards stipulate that at the end of each academic year, track leaders will discuss findings regarding the culminating experience formats and identify revisions or improvements that may be needed along with the process and timeline for implementing recommended changes. The standards require documentation of these discussions, which is submitted to the program director.

The Portland-based health promotion, health management and policy and primary health care and health disparities tracks require a reflective paper that is developed as a product of the field experience and report discussed in Criterion 2.4. The health promotion track additionally requires a three-hour oral comprehensive examination before a three-member faculty committee, and the health management and policy track requires a public presentation. The epidemiology/biostatistics track currently requires a thesis and presentation with a defense before a committee of three faculty members, but the track plans to replace the thesis requirement with a 200-hour field experience and reflective paper requirement plus an oral examination effective in 2014-2015. Guidelines for meeting the reflective paper requirement for the health promotion, health management and policy and primary health care and health disparities tracks are explicitly defined. The health management and policy track weights the project report for the field organization at 40% of the grade, the reflective paper at 30% and the presentation at 20%.
The first point of commentary relates to the design variations in culminating experiences for the Portland-based tracks, which may influence actual or perceived inconsistencies in rigor. For example, the primary health care and health disparities track, which is offered in an online format, does not require a presentation or oral examination and uses a single faculty grader. The program director told site visitors that the primary health care and health disparities faculty require students to specifically identify in their reflective papers how they meet each track competency, which is a demanding expectation and that the faculty are considering adding a virtual presentation requirement.

The second commentary relates to students’ general inability to explain the culminating experience requirement, other than the thesis required in epidemiology/biostatistics. In a meeting with site visitors, students were unclear about the purpose of a culminating experience and had difficulty distinguishing between field practice and culminating experience requirements. Those in the health promotion track also expressed anxiety over the oral exam and suggested that it needs to be demystified, perhaps with an explanatory handbook or guide to preparing for the exam. In a subsequent meeting with the program director, site visitors learned that although the health promotion faculty consider the oral exam an effective tool for measuring the attainment of competencies and for determining the student’s synthesis of course exposures and skill building, track faculty are discussing options to replace the oral exam.

The OSU tracks, in compliance with Graduate School requirements, conduct an oral examination as a major component of the culminating experience. The stated purpose of the oral exam is “to provide students with an opportunity to integrate their educational experiences and draw from coursework and the internship to respond to substantive, methodological, and theory-based questions.” In addition, the student offers a brief oral presentation of the field experience at the beginning of the two-hour examination session, with the exceptions of the epidemiology, biostatistics and health promotion and health behavior tracks. The oral exams in the epidemiology and biostatistics tracks are based on questions from the student’s internship report with questions provided to the student one hour in advance of the scheduled exam, allowing some preparation time. The health promotion and health behavior track’s oral examination uses a problem-solving format, with the student having two weeks to prepare a presentation on an approach and solution to a defined public health problem. Health promotion and health behavior faculty use a well-developed grading rubric to critique the problem-solving exam, leading to ratings of unsatisfactory, satisfactory or exceptional performance. Eligibility for all track exams includes completion of all required coursework and the field experience plus approval of the academic advisor. The oral examination committee is composed of three faculty members who determine the assignment of a pass or fail grade. A student has one opportunity to retake the exam 10 weeks following the date of the failed exam.
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 program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor’s, master’s and doctoral).

This criterion is met. The program has clearly stated competencies that guide the development of each MPH track. The program has developed seven program learning competencies (ie, core competencies) that address the five core public health knowledge areas as well as ethics, cultural competence and communication. These competencies have been mapped to the core and track-specific coursework and are incorporated into the learning agreement of the field placement.

The program has also developed a set of eight to 10 competencies for each track (ie, track learning competencies). These competencies have been mapped to the required coursework and the field experience. Track matrices were provided in the self-study and are available to students and other program constituencies in the OMPH student handbooks and on the program website. Program and track leaders explain the competency structure to students during new student orientation.

The program established its competency-based curriculum during 2004-2006 and has continued to make revisions and updates since then. Between 2010 and 2012, the program comprehensively reviewed, confirmed and/or updated the program and track learning competencies. As part of this process, faculty affiliated with the primary health care and health disparities and health management and policy tracks determined that changes to the curricula were needed. For the primary health care and health disparities track, the program added two new required courses (Epidemiology of Disease, Epidemiology of Aging) and one elective option (Foundations in Organizational Leadership and Management). For the health management and policy track, three courses were moved from electives to required (Health Care Law and Regulation, Financial Management of Health Services, Program Evaluation and Management in Health Services).

The program has also made changes to the health promotion track that have been approved at all necessary levels of the university and will take effect in fall 2014. Nine elective credits will be replaced with three required courses (Qualitative Methods, Values and Ethics in Health, Etiology of Disease).

Tracks in epidemiology and biostatistics housed at OSU were also developed in recent years. OSU faculty mapped track-level competencies based on the College of Public Health and Human Services’ approach. In summer 2012, faculty in the health promotion track at OSU determined that a more appropriate name would be health promotion and health behavior. Also, OSU faculty in the environmental
and occupational health and safety track made changes to the required and recommended elective courses to add breadth and depth to the curriculum in response to competency mapping.

The program’s initial competency development process was based on competency sets from the Council on Linkages, Johns Hopkins Community Health Scholars and the National Commission on Health Education Credentialing. The program has also considered the ASPH MPH Core Competency Model in its revisions and updates. The program first identified what skills students must have at the conclusion of the program and worked backward to ensure coordination of competencies at all levels. During its regular review process, the program assesses the competencies from the perspective of how it can contribute to the field of public health and from the track perspectives with consideration of what new professionals will need to be able to do.

All core and required course syllabi identify which competencies will be addressed in the course. The program plans to include competency matrices on the syllabi for courses offered in fall 2014 to further emphasize the skills to be developed and to more directly allow students to monitor in which aspects of a course specific skills will be developed. Program leaders said that this step will better ensure that new and/or adjunct instructors consistently deliver the agreed-upon content and skills.

The program solicits feedback about the appropriateness of its competencies from students, alumni, preceptors and the External Advisory Council. Program faculty also review current literature on public health practice needs and regularly interact with local and state public health professionals. Members of the Coordinating Council and the Academic Program Committee continually assess trends in public health education and often initiate changes to competencies and the curricula.

Students who met with site visitors had a good understanding of the program- and track-level competencies. They were able to articulate how skills are developed and provided examples of the application of competencies, such as during the field experience.

2.7 Assessment Procedures.

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

This criterion is met. The program has procedures for assessing and documenting the extent to which each student has demonstrated achievement of the program and track competencies. Competencies are assessed through coursework, the field experience and the culminating experience. In coursework, student competence may be demonstrated through individual or group projects, presentations, scholarly papers, class leadership roles and written and oral exams. Competency attainment is also evaluated
through student self-assessments and preceptor evaluations of students. Students must earn a B- or better in each required course to receive credit. In addition, students must maintain an overall GPA of 3.0.

At the conclusion of each public health course, students are asked to rate the adequacy of the course in addressing the competencies identified in the syllabus. Data show that students perceive high attainment of the stated competencies in each course. Course instructors and department chairs use this feedback during course reviews.

Students must identify a list of competencies that they expect to demonstrate during the required field experience. At the conclusion of the placement, students’ demonstration of competencies and evidence of competency mastery are assessed by the student, the preceptor and faculty member (either the faculty advisor or field experience coordinator) overseeing the placement. Learning agreements can be adjusted throughout the experience to ensure that appropriate competencies are specified as projects may change direction and scope. Students must return to the placement site or revise their deliverables if a demonstrated mastery of identified competencies is not evident. Students and faculty who met with site visitors said that this rarely occurs, but has happened.

Culminating experiences vary by track but generally involve deliverables produced as a result of the field experience, as described in Criterion 2.5. Teams of faculty members review these deliverables to ensure that students demonstrate an integration of skills and knowledge from across the curriculum. Students have up to two opportunities to demonstrate a mastery of competencies in the culminating experience. Unsatisfactory performance on the second attempt results in administrative dismissal from the program.

The student body of the OMPH program includes part- and full-time students, professionals working in public health practice, those returning to academia and those continuing from another degree. Students take between two and seven years to complete the program. The self-study provides graduation data from 2005-2006 to present, and the graduation rate has been above 70% each year. The self-study documents that student attrition–while low–is often due to students with full-time employment determining that the program is too great a commitment while also working.

Similar to graduation rates, the program also reports strong job placement rates. In the last three years, 92%, 89% and 97% of graduates reported being employed or enrolled in additional education. These data are collected as part of the program’s annual track report. Each track conducts an employment and service survey of its alumni and reports these data to the Program Office. To increase response rates, the Program Office supplements this report with information collected by faculty advisors, via email with alumni and through searches on LinkedIn and Facebook. In 2012-2013, the program developed an
annual recent graduates survey in an effort to collect information in a more timely manner and to reduce the number of surveys.

Site visitors’ review of the 2012 alumni survey showed that 87% reported working in a public health or related field, 88% reported satisfaction with the impact of the MPH degree on their careers and 82% reported satisfaction with the relevance of the curriculum to their current positions. These responses show an increase in satisfaction from the 2010 survey. The alumni survey also includes questions about certifications. In 2010, 13 respondents (13%) reported taking and passing the Certified Health Education Specialist (CHES) exam, and two respondents (2%) reported taking and passing the Certified in Public Health (CPH) exam. Two additional graduates earned the CPH credential in 2012.

The program collects and evaluates information from alumni, preceptors and employers about the ability of its graduates to perform competencies in a workplace setting. Recent data indicate that alumni feel best prepared to 1) employ ethical principles and behaviors, 2) apply evidence-based knowledge of health determinants to public health issues and 3) apply public health knowledge and skills in practical settings. Those competencies with which alumni reported feeling least secure related to 1) research design and methods and 2) the delivery, organization and financing of health services. The program reviewed its course competency evaluations to see if similar perceptions were reported immediately following a course in which specific competencies are addressed and found that students reported strong perceived preparation to perform these same skills. The program plans to assemble focus groups of alumni during academic year 2013-2014 to better understand the issues.

The program instituted an employer survey in fall 2013 and provided the initial results during the site visit. Overall, employers reported high satisfaction with graduates of the program. Based on 56 respondents, graduates received the highest ratings in written and oral presentation skills, ethical conduct and professional demeanor. Employers also provided qualitative feedback about the types of skills they would like to see receive greater emphasis in the MPH curriculum. Some suggestions relate to program evaluation, financial modeling and strategic planning analysis, regulatory considerations and policy development and implementation. Employers and preceptors who met with site visitors said that the graduates and students they have worked with have been outstanding and have taken great initiative. Skills that were identified as particular strengths of OMPH graduates included organization, leadership and technical expertise. These constituent groups as well as recent alumni praised the program’s focus on soft skills like communication and leadership but requested additional opportunities for students to manipulate and manage data. Some said that while the program gives students an understanding of statistical methods and informatics, students would benefit from more hands-on analytical experiences. In addition, some alumni from the health management and policy track said that they would have benefited from more emphasis on policy and administration than on management.
2.8 Bachelor’s Degrees in Public Health.

If the program 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 (e.g., 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.

2.9 Academic Degrees.

If the program 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 not applicable.

2.10 Doctoral Degrees.

The program may offer doctoral degree programs, if consistent with its mission and resources.

This criterion is not applicable.

2.11 Joint Degrees.

If the program 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 program works closely with other disciplines to offer training in complementary fields. The curriculum for the MPH degree is equivalent for joint degree students, and where credit sharing exists, the program has diligently mapped the competencies to assure comparability. The joint
degree options are listed in Table 2. Each joint degree that is currently active enrolls between zero and six students each year.

Students seeking a joint degree must apply and be admitted to each degree program separately. The purpose of joint degrees is to allow students to earn two degrees in a shorter timeframe than if they had enrolled in both degrees sequentially. To achieve this efficiency, either select required courses for one degree are counted as electives for the other, or a small number of required courses for one degree are accepted in lieu of duplicative courses for the other.

The DVM/MPH program allows students to complete both degrees in five years using pre-approved and cross-listed courses as MPH electives. The two courses in the veterinary medicine program that satisfy MPH electives are Veterinary Medicine and Public Health (VMB 766) and Veterinary Epidemiology (VMB767). Students in the DVM/MPH program begin MPH coursework in their second year and complete the majority of the MPH curriculum in their fourth and fifth years. This joint degree is offered through OSU, and students may enroll in any of the six MPH tracks offered at OSU. This option will not be available to OMPH students after OSU’s transition to an independently accredited college in 2014.

Students in the MD/MPH program complete the epidemiology/biostatistics track. Students take select MPH courses during their first two years of medical school, then they complete the remaining MPH requirements in one year between their third and fourth years of medical school. No credit sharing is permitted in this joint degree. An MD/MPH student who met with site visitors said that the timing of MPH courses has been beneficial and allowed him to more fully incorporate MPH competencies into his medical training.

The MPH portion of the MURP/MPH program meets the same requirements as the health promotion track. Credits from the MURP degree may be counted as electives toward the MPH degree. Beginning in fall 2014, the quantitative and qualitative methods courses will also be shared. Faculty members from both departments collaborate to assess the equivalency of shared courses. University policy states that no more than 20% of the degree with fewer credits may be met by courses counted toward both degrees.

Students in the MSW/MPH can choose the health promotion or health management and policy track. MPH coursework counts for 10 credits of MSW requirements, and the nine-credit MSW Advanced Practice sequence counts toward MPH electives. An MSW/MPH student who met with site visitors said that the two degrees are complementary and that the faculty from both programs have done a good job avoiding too much redundancy in the program while still allowing students to reinforce concepts and combine knowledge from the two disciplines.
The program technically offers an MS/MPH and a PhD/MPH through the School of Nursing; however, both have been inactive for a number of years and may be removed from the catalog. The MS was originally focused on community health care systems and was restructured in 2011 into an MS in health systems organizational leadership, but no students have been admitted. The joint degree with the PhD in nursing has graduated a few students, but no students are currently enrolled. Program leaders and faculty affiliated with the School of Nursing said that these joint degrees will be revisited after the program completes its structural transition in summer 2014.

2.12 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program’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 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 program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program 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 program 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 met. The program’s primary health care and health disparities track is offered in an entirely distance-based format. This track was designed and operates with the same competency-based structure as all other tracks. Students in other tracks may take the courses offered through the online curriculum – such as the core courses – to meet the requirements of their programs. Similarly, students in the primary health care and health disparities track may take classroom-based courses if they prefer and are geographically able.

In 2009-2010, faculty affiliated with this track revised the curriculum to better focus the coursework on the social determinants of health and to add electives that would more fully prepare graduates to act in a leadership capacity. Faculty conducted extensive phone interviews with alumni to determine how prepared they felt to function in their current positions. Redundancies among the courses were eliminated, and the competencies were revised to reflect alumni feedback. In 2010-2011, the dean of the School of Nursing asked track faculty to review the track to ensure that it aligned with the recommendations of the Institute of Medicine’s Future of Nursing report. The faculty used this opportunity to develop new electives that better address community and transitional care as well as leadership skills.

In 2011-2012, the program stopped admitting students to the track during the School of Nursing’s reorganization. Admissions were resumed in 2012-2013, and enrollment has returned to previous levels.
The Deans Oversight Council and other program leaders told site visitors that the School of Nursing appears to be stable going forward. The school has a new dean as of July 2013 who has indicated that public health will be a greater priority than in the past.

In 2012-2013, the program reviewed the track again based on feedback from students engaged in the field experience and concerns from the faculty that workforce preparation in some skills was not optimal. Specifically, students and faculty identified the need for additional preparation in research and data management methods, grant writing and quality improvement science. Faculty developed a revised set of competencies and proposed revisions to the curriculum. Faculty from this track who met with site visitors said that the School of Nursing has historically “tinkered” with its programs almost continuously, but the track plans to maintain a more consistent curriculum going forward. Constant revisions – while well intentioned – put a heavy administrative burden on the track to manage approval processes, advise students and properly implement the curriculum.

Early in the development of the OMPH program, public health practitioners from various locations in the state voiced concerns about access to graduate study in rural areas. OHSU has a longstanding history of providing research, health care and education to all residents of the state. Given this organizational mission and history, OHSU was the logical partner to develop an online MPH degree that could be accessed from rural parts of the state. At its inception, this track – originally conceived as an MPH in community and public health nursing – was funded through a HRSA grant. While early enrollment was low, the evolution of the track to its current focus in primary health care and health disparities has produced an increase in applicants and matriculants. The online format appeals to local students who need greater flexibility than the classroom-based tracks allow and distance-based students who cannot attend classes on campus. In 2011-2012, 14 students were from the Portland area, seven were from rural Oregon and 13 were from out of state.

Standards for academic rigor are the same for all tracks regardless of delivery method. Both students and faculty who met with site visitors said that the online model often demands more student participation and accountability than in traditional classroom settings. The program requires extensive student participation in discussion forums and communication with the instructor. Class sizes are limited to 20-25 students to assure sufficient instructor time for monitoring participation. The field experience coordinator for the track has incorporated processes for overcoming geographic barriers that exist in distance-based programs such as requiring students to submit reflective journal updates following each 20 hours in the field.

Students in the primary health care and health disparities track have all the same rights and privileges as other MPH students. Beginning in 2012-2013, the program began podcasting its First Friday public health seminar series so that it would be more accessible to anyone unable to attend in person. Students in this
track are on the program’s listservs, participate as student representatives in the program’s governance structure, attend career-planning workshops, submit their work for presentation in the student symposium and network with students from other tracks.

All methods of evaluating educational outcomes is the same in the distance-based track. Students complete online course evaluations as well as the program’s course competency evaluation. Students also receive the annual student survey assessing satisfaction with orientation, the curriculum, career preparation and academic advising. Alumni receive the alumni survey, which asks them to reflect on the program’s strengths and opportunities, and new graduates are included in the recent graduates survey of employment within 12 months of degree completion.

The primary health care and health disparities track is offered through the Sakai online management system, through which instructors distribute course materials, post announcements, assignments and grades and conduct lessons. Students can submit assignments, track grades and participate in a collaborative workspace. The Sakai system allows for a variety of learning activities such as readings, written and video case studies, faculty-facilitated forums, discussion sessions, online and offline assignments, exams and phone/webinar sessions. In all courses, weekly participation via submissions or “posts” is required and assessed. These written communications provide faculty with the opportunity to observe each student and his or her strengths and needs for support.

The Sakai system can be accessed from any computer or mobile device with an internet connection and web browser. The learning platform is supported by staff seven days a week, and online learning specialists are available to assist faculty in curricular development that maximizes the benefits of the online learning environment. Student identity is verified in a number of ways. First, students taking online courses for the MPH program use a unique Sakai login. Track faculty also meet the online students in person during the new student orientation at the beginning of the program and continue to interact with them via phone meetings, webinars, online forums and at special events and conferences. Students work on site with preceptors during the field experience, and faculty periodically connect with students and preceptors via conference calls. In addition, the final exams for some courses require students to use a video camera to serve as a proctor. Faculty who met with site visitors said that they gain great familiarity with each student’s writing style, patterns of reasoning and quality of work.
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

The program 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. Faculty and students are participating in funded and unfunded research activities. The program’s partnering universities have clear research missions with policies, procedures and infrastructures to support the research expectation that faculty contribute to generalizable knowledge. Program faculty members within the three universities collaborate actively with each other and form research partnerships with a range of public and private organizations. Research interests are broad-based and reflect the program’s mission and goals. The program fosters project opportunities and encourages students to engage in research activities and to present findings.

The academic units hosting the MPH tracks support the research endeavors of faculty by assisting with grant proposal budget development, grant submission and management of grant budgets. Although the epidemiology/biostatistics faculty are supported primarily through their research activities, faculty in the other tracks may buy-out a portion of their annual instructional assignments through funded projects. In emphasizing the program’s research mission, the Deans Oversight Council annually recognizes one student and one faculty member for their research contributions with a certificate, a $1,000 award and recognition through the OMPH website and listservs. Faculty who attended a meeting with site visitors stated that the university committed resources to promote their research productivity and success, including graduate research assistants. Faculty new to the university shared with the site visitors that senior faculty are very collaborative and supportive, helping them make research connections and actively mentoring them.

Faculty in the Portland-based tracks are engaged in an impressive variety of collaborative research projects with the community, frequently using a community-based participatory research approach. The self-study provides many examples of the wide range of research activities undertaken by the program related to each track it offers.

A formal agreement exists between PSU and the Oregon Health Authority and a Declaration of Cooperation exists between PSU and the Beaverton Community Health Collaborative. Research centers with which program faculty partner include the Institute of Aging, Center for Public Health Studies, Center for Public Service, National Policy Consensus Center, Center for Women, Politics and Policy and the Criminal Justice Policy Research Institute at PSU; the Prevention Research Center and Center for Health Communities at OHSU and Hallie Ford Center for Healthy Children and Families, Center for Healthy
Aging Research and Moore Family Center for Whole Grain Foods, Nutrition and Preventive Health at OSU.

Research funding generated by program faculty at OHSU and PSU during academic years 2009-2012 shows an increase from slightly over $10 million in 2009-2010 to nearly $16.2 million in 2011-2012, averaging over $12.6 million per year. About 35% of the funded projects at PSU-OHSU are community-based, and 25% involve student participation.

The program evaluates the success of its research activities using seven outcome measures, three of which relate to students. Most of the measures have been met or show data trending in a positive direction over the last three years. A measure related to faculty grants that include student support is new, and no data were available at the time of the site visit.

Students have opportunities for involvement in faculty-led research projects. Faculty report that 21% of research projects included student participation during the self-study period. Funding is available to support some students through graduate research assistantships. Students also may earn course credit for involvement in faculty-supervised research projects if the project meets curricular requirements regarding competency development and independent study. Students are involved in a wide variety of research roles such as conducting literature searches; assisting with research design, collecting, entering and analyzing data; participating in the design and administration of surveys or other data collection instruments; organizing conferences; assisting faculty in preparing research presentations and other activities. The program hosts an annual student symposium at which students present their own scholarly or project work in self-selected oral or poster formats. Faculty members also encourage students to submit abstracts for oral presentation or poster at the Oregon Public Health Association's annual meeting.

Students who met with site visitors stated that they are given timely notification of opportunities for research and that they are encouraged and assisted by the faculty to engage in research activities, which they consider valuable for professional growth and development. Several students shared examples of serving as research assistants on faculty research grants.

3.2 Service.

The program 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 OMPH program has a strong commitment to service evidenced by the integrated approach to the program’s mission, values and curricular design. Each of the three partner universities maintains policies and procedures through which commitment to service is institutionalized. Of the two universities involved in the future of the OMPH program, PSU has a statement in its values that “…promotes a reciprocal relationship between the community and the University in which knowledge
serves the city…” and OHSU has a distinct service statement that includes “…retaining a strong commitment to serving our local community…”

The self-study provides a breadth of examples of service projects done by faculty and students. Faculty who met with site visitors said that they are passionate about serving their community and see service, education and workforce development as complementary to each other. Faculty service ranges from serving on local and national boards to engaging with local and state community partners. These activities added up to over 450 points of engagement during the self-study period.

Students are regularly notified of service opportunities through listservs and the weekly newsletter and through postings on the OMPH website. The health management and policy, health promotion and primary health care and health disparities tracks incorporate service-learning activities in required coursework, during which students work directly with community organizations and agencies. In addition, both in the self-study and through conversations with students, it was noted that the Student Leadership Council provides service activities throughout the academic year. These activities range from organizing a food drive to hosting public discussions on current events such as the Affordable Care Act. In addition, the program recognizes a student for excellence in service each year.

The program has identified six objectives by which it evaluates the success of its service efforts. These objectives include maintaining an External Advisory Council, having students and primary faculty engage in community service activities, sponsoring public service events and providing experiential learning opportunities to students through required coursework and/or field placements. The program has met each objective for which data are available. Some indicators were recently developed, and data will be collected for the first time during 2013-2014.

3.3 Workforce Development.

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

This criterion is met. The OMPH program is closely aligned with the supporting universities and the surrounding community in the development and implementation of workforce development. The OMPH program conducts biennial surveys of alumni assessing interest in training and delivery formats. The External Advisory Council identifies education needs and interests. The program also partners with the Northwest Center for Public Health Practice (NWCPHP) and is collaborating with the organization to better survey the existing workforce in Oregon and the Pacific Northwest. A survey conducted in 2010 identified the top three training needs as 1) policy development/program planning, 2) leadership and systems thinking and 3) analytic/assessment skills. A second survey was conducted in 2013, and the Oregon-specific results were still being analyzed at the time of the site visit.
Through these collaborations, several workforce development initiatives have taken place. The program hosts “First Friday” public health seminars that are recorded and promoted via podcast, and colleagues in the workforce along with students are encouraged to come to these seminars. The graduate certificate program in public health was designed in partnership with local health departments—through the Coalition of Local Health Officials and the Public Health Division of the Oregon Health Authority. The program has set a goal that 50% of entering certificate students will be from the existing public health workforce. This certificate has been successful at meeting the growing need to provide public health training to individuals already practicing public health but lacking the credentials to meet health department accreditation requirements set by the Public Health Accreditation Board (PHAB). The certificate is offered in a fully online format, and it has been especially accessible to residents throughout Oregon. In general, students and alumni had positive feedback about the certificate. Although the certificate was designed as a six-course program, the workforce only needs to show completion of the five core courses for PHAB. Since the certificate was developed, 40 individuals have enrolled and 22 have graduated. Program leaders told site visitors that individuals who fail to complete the entire certificate usually leave the program after finishing the five core courses. The program is aware of this disconnect and is in the process of reviewing the structure of the certificate program.

The program relies heavily on feedback from its community partners and from the External Advisory Council regarding the needs of the workforce. In two instances, a need was identified and a course was created. However, both courses were ultimately canceled due to low enrollment. On-site discussions with faculty and the External Advisory Council revealed that the low enrollments related to marketing of the courses and the format. After these experiences, the program worked with NWCPHP to survey the workforce about which formats are most suitable for continuing education. The program is also exploring different way to inform the community of continuing education opportunities.

In addition to these efforts, faculty members also notify professionals of program seminars, which occur five to seven times a year. Attendance includes community partners and university members. The program also partners with NWCPHP to promote “Hot Topic” webinars; attendance has consistently been more than 200 individuals participating in each webinar.
4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

The program 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 program's mission, goals and objectives.

This criterion is met. The program’s faculty complement has relevant academic credentials with over 90% holding graduate degrees in one of the core disciplines of public health. About one-third of primary faculty members have professional public health practice experience.

Of the primary faculty members affiliated with the Portland-area tracks, 11 hold professor rank, eight are associate professors, 10 are assistant professors, three are instructors and two hold research positions. The program reports that 71% of primary faculty are tenured or tenure-track. All faculty have degrees highly relevant to public health and to their respective tracks. Primary faculty members are well-qualified by academic credentials and practice experiences to provide instruction in the five areas of knowledge basic to public health and for the four tracks. About 10 of the 45 secondary faculty members are employed by organizations and agencies outside the two universities. All but seven secondary faculty have earned doctoral degrees.

The primary faculty complement for OSU for academic year 2012-2013 includes 29 full-time faculty plus an internship coordinator; and all 30 are listed at 1.0 FTE. Of the 30 primary faculty, six hold professor rank, 13 are associate professors, eight are assistant professors and three are instructors, including the internship coordinator. All are tenured or tenure-track, with the exception of the three instructors and one assistant professor.

Faculty are encouraged to maintain ongoing practice linkages with communities and public health agencies to provide learning opportunities for students based on their personal research and service involvements. In a meeting with site visitors, community members expressed positive views of faculty engagement with the community. The program values service learning, which facilitates students working in the community as part of course requirements to offer additional practice-based exposure beyond the required field practicum. Practitioners participate in course instruction and the public health seminar series as guest lecturers and topical speakers to share insights about the realities of work in health settings. PSU recently approved the titles of clinical professor and professor of practice, which will create new opportunities for incorporating additional practice perspectives into the program’s teaching, research and service activities.
The program has established three outcome measures by which it assesses the qualifications of its faculty complement. The program has set targets related to the percent of primary faculty with 1) doctoral preparation, 2) graduate degrees in one of the core public health disciplines and 3) prior public health practice positions outside academia. The program meets or exceeds the three targets.

4.2 Faculty Policies and Procedures.

The program 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. Each partner campus specifies policies, procedures and expectations governing recruitment, appointment, evaluation and promotion of faculty. These governance manuals are developed in compliance with federal law, Oregon Revised Statutes, Oregon Administrative Rule, Oregon University System regulations and internal management directives, collective bargaining agreements at PSU and bylaws and the faculty senates of the three participating universities.

Each partnering university has faculty development funds that are awarded based on competitive applications each year and other resources available to support development of the faculty. Full-time faculty may apply for sabbatical leave every seven years. Each of the universities provides support for effective instructional approaches, research support and consultation, information technology support and troubleshooting and library assistance.

Other faculty development opportunities vary by campus and academic unit. OHSU and PSU do not distinguish between full- and part-time faculty in terms of professional development support. OHSU’s Human Investigations Program, dedicated to the development of junior faculty and fellows as clinical and translational researchers, sponsors professional development seminars twice per month. These seminars are also open to students. OHSU additionally sponsors presentations for junior and new faculty on advancement in the academic ranks. The Department of Public Health and Preventive Medicine in the School of Medicine sponsors seminars on promotion and tenure, achieving success in the university environment and project budget planning. The department also assigns senior faculty mentors for junior faculty. The School of Nursing’s dean of research offers guidance to new faculty on initiating a research program, pre- and post-award support to faculty submitting grants, funding for conference attendance and support of competency-based instruction for distance learning modalities.

Faculty at PSU have access to online resources offering guidance and support for faculty development; and travel funds are available on a limited basis. PSU’s Center for Academic Excellence supports innovative teaching approaches and methodologies, encourages faculty excellence in teaching, conducts workshops and seminars and provides competitive funding to support new curricular advances or other
instructional development. The center specifically supports community-based learning and the development of community-university partnerships.

OSU offers support to faculty through the OSU Research Office, the Center for Teaching and Learning and the Office of Human Resources’ Training and Organizational Effectiveness unit. At least three funds support faculty development awards. The OSU Office of Academic Affairs hosts faculty forums and a leadership academy. At the college level, the dean’s office provides new faculty with research start-up funds and offers additional research support to all faculty. The college also emphasizes leadership development of faculty and conducts leadership workshops. Part-time faculty are provided with an email account, office space, a computer and access to the Blackboard educational portal and library resources.

Across the universities, faculty submit activity reports regarding accomplishments in teaching, scholarship and service for their annual performance review. Student course evaluations, prior year goals and goals for the upcoming year are included as part of the review. Each partnering university, according to established guidelines, evaluates faculty performance annually and conducts promotion and tenure reviews beginning at the academic unit level.

Each MPH course concludes with two anonymous student evaluations. The first evaluation form varies with each partner campus but generally assesses student perceptions in three areas: the instructor, course content and structure and overall satisfaction with the course. The online OHSU course evaluation form includes a five-point ratings system for 33 items plus five open-ended questions. The PSU form requests ratings for five instructor items and four course items. Space is provided for two open-ended questions to identify things most liked about the courses and suggestions to help improve the course. These evaluations are used in assessing teaching effectiveness in annual faculty performance and for considering applications for promotion and tenure. The second evaluation is the OMPH program core and required course competency evaluation, which was instituted in 2005. This form asks students to assess the extent to which each core or required course prepared them to demonstrate the course’s stated competencies, using a rating scale of 5 for prepared and 1 for not prepared. The competency evaluations are returned to the OMPH Program Office for compilation and analysis. Program leaders gain insights regarding content and consistency across all offerings of single course titles and are alerted to possible problems with particular courses, based on findings from the competency evaluations. Additionally, the program gains evaluative data via the annual student survey and the biennial alumni survey regarding quality and effectiveness of the curricula and satisfaction with competency development.
The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program’s various learning activities, which will enable each of them to develop competence for a career in public health.

This criterion is met. Admission criteria are clearly stated and easily accessible on the program’s website. Students applying to the OMPH program apply to the track and the university that hosts that track. Specific admissions procedures are managed at the institutional level, using criteria established by the program. With the move to a two-campus collaborative program, the admissions packets will be received at the Program Office via the Schools of Public Health Application System (SOPHAS) prior to being distributed to the tracks for unit-level evaluation. The unit will notify the program director of the decision and contact the candidates directly. Those candidates who are accepted into the program will receive a welcome letter and orientation information from the OMPH program. Candidates who are rejected may inquire as to why their application was not accepted. In these instances, the track coordinator and the program director reopen the file and review the application again; in some instances, this review has resulted in the candidate being admitted to the program.

Going forward, students will apply to the program and have complete privileges at both campus. The admission criteria were adjusted in 2012-2013 and include the following requirements:

- Graduation from an accredited US four-year college or university with a GPA of 3.0 or better
- Completion of the GRE within the past five years with recommended scores of
  - Analytic 4.5
  - Verbal 500 or 153 (new metric)
  - Quantitative 500 or 144 (new metric); 600 or 148 (new metric) for the epidemiology/biostatistics track
- Internet TOEFL score of 80 for non-native English-speaking foreign students for all tracks except primary health care and health disparities (score of 83, per state Board of Nursing)
- Completion of at least one college-level statistics course prior to matriculation (except health management and policy students, who must finish a statistics course before taking Epidemiology Survey or Intro to Biostatistics)
- Three letters of recommendation from academic and professional contacts
- Official transcripts from each institution of higher education attended
- Submission of a statement of purpose
- Resume and other supporting documents

The OMPH program accepts the MCAT in lieu of the GRE, with a recommended score of 30, and the health management and policy track accepts the GMAT in lieu of the GRE with a recommended score of 600. The program may waive the GRE requirement for applicants who have earned another graduate degree from an accredited US institution.

Candidates are reviewed as a complete package, and all tracks may exercise the option to grant conditional admission if an applicant shows strong potential but does not satisfactorily meet one or more
of the admission criteria. Information on the application process can be found on the OMPH website. The website also includes information and links to the partner sites, along with policies, curricula and other student or prospective student information.

The program recruits through combined efforts between the OMPH program and the partner campuses. Students are recruited at public health conferences as well as at events such as the Idealist Graduate School Fair. All tracks support student recruitment either through informal campus visits or more formal prospective student information sessions. The OMPH program along with the partnering universities have implemented strategies to improve recruitment and retention of a diverse student body. On average, across the program, student applications, acceptance and enrollment have been relatively consistent over the last three years, with an average enrollment of 140 students each 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. Students are assigned a faculty advisor upon admission; however, students do have the option to switch advisors if both parties agree. The goal of all program advising is to ensure that students receive guidance that helps them navigate not only the program but also internship and career options. A student’s background and/or stated career and research interests are considered in matching a student with an advisor. Students assigned to individual advisors are expected to meet with their advisor once per quarter; those advised in a group setting are expected to attend scheduled sessions.

Each track has a slightly different approach to advising: the epidemiology/biostatistics track provides advising in group settings and, as required, in individual meetings with the program director and/or education program manager; the health management and policy track assigns an individual advisor to each student and the assignment is made primarily based on advisor load, but also on topic interest; the health promotion track assigns an individual advisor to each student based on the student's interests, prior academic preparation and faculty advisors’ current loads; the primary health care and health disparities track assigns an individual advisor based on faculty accessibility and knowledge of the program. Training of advisors is also incorporated into the program's structure.

The program is committed to improving the advisor/advisee relationship. Surveys of students and alumni indicate overall satisfaction with academic advising. When issues have been identified, the faculty have taken steps to improve the advising process. As a result, different tracks are taking different approaches based on the feedback received. The program has also put several new procedures in place:
1) Students are offered a choice of two “packages” of classes for the first term as part of the admissions letter. This change is in response to feedback that initial advising can be difficult because not all faculty are available in the summer.

2) The course schedule is set two years in advance to help make course offerings more predictable.

3) Advisors post their office hours on the track website.

4) Joint degree students are assigned to designated advisors who specialize in those unique degree combinations.

The program anticipates that these changes will result in greater satisfaction results in the 2014 student survey. Students also receive handbooks prior to or at the new student orientation, which is held prior to each academic year. At the orientation, students are provided with an overview of the program, a chance to network with alumni, faculty and other students and a time to meet with their respective tracks.

Students are also supported in career counseling. The OMPH program uses multiple means, including career advising and career resources to facilitate the career search process. Examples of these approaches include career workshops and resume building sessions open to students and alumni, job search handouts, a career resource page on the website and ample networking with alumni. The self-study notes that although career workshops were rated positively, relatively few students were able to participate due to enrollment and budgetary limits on the number of workshops that could be offered. The program is aware that different approaches may be needed to increase the availability of these workshops.

There are multiple avenues by which students may voice their concerns, ask questions and contribute to the design of the advising and orientation pieces of the program. The program has a clear set of procedures that govern student grievances, which are detailed in the student handbook. No formal grievances were filed in the last three years.
Thursday, October 24, 2013

8:15 am  Request for Additional Documents
Liana Winett
Alison Schneiger

8:30 am  Executive Session

9:30 am  Meeting with Program Administrators
Liana Winett
Tom Becker
Carlos Crespo
Marie Harvey

10:30 am  Break

10:45 am  Meeting with Faculty Related to Curriculum and Degree Programs
Liana Winett
Sherril Gelmon
Anna Harding
William Lambert
Leslie McBride
Deborah Messecar
Sheryl Thorburn

11:45 am  Break

12:00 pm  Lunch with Students
Allison Fryman
Renee Huizinga
Emily Matza
Jordan Rawlins
Chelsea Whitney
Candice Jimenez
Elizaveta Kvach
Gena Lux
Suzanne Mosman
Kathryn Pearson
Erin Reid
Carin Waslo
David Sanders

1:00 pm  Break

1:15 pm  Meeting with Faculty Related to Research, Search, Workforce Development, Faculty Issues
Byung Park
Jodi Lapidus
Motomi Mori
Carrie Nielsen
Dawn Peters
Elena Andresen
Jill Rissi
Betty Izumi
Mark Kaplan
Margaret Neal
Dawn Richardson
Lynne Messer
Judy Sobel
Claire Wheeler
Noelle Wiggins
Corey Nagel
Catherine Salveson

2:15 pm  Meeting with the Program Director
        Liana Winett

2:30 pm  Executive Session

4:00 pm  Meeting with Alumni, Community Representatives, Preceptors
        Laurel Bentley
        Jamie Jones
        Paul Lewis
        Ruth Ann Tsukuda
        Maureen Baldwin
        Rebecca Casanova
        Jenny Cook
        Trevor Douglass
        Matt Ducsik
        Nancy Goff
        Mandy Green
        Dana Hargunani
        Katie Harris
        Eva Hawes
        Kathryn Broderick
        Kari Greene
        Nicole Merrithew
        Dagan Wright

5:00 pm  Adjourn

Friday, October 25, 2013

9:00 am  Meeting with University Leadership
        Wim Wiewel (PSU)
        Sona Andrews (PSU)
        Jenny Mladenovic (OHSU)
        David Robinson (OHSU)

9:45 am  Break

10:00 am  Executive Session

12:30 pm  Exit Interview