Five-Year Academic Program Review

Masters of Public Health

Reviewed by: Dave Covell, Joanne Noone, Sean Molloy

Reviewed on: February 11, 2014

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When submitting the Academic Program Review (APR), programs with specialized accreditation must include their self-study and evaluative report. Answer the questions in the following template by providing the page number from the accreditation self-study where the question is addressed. If the self-study does not address a question, the program is required to provide a response in the space and manner requested below.

1. Introduction

Program Name:

1.1 Identify the participants in the self-evaluation process. Please select all that apply.

- [X] Faculty
- [X] Alumni
- [X] Students
- [☐] Employers
- [X] Staff
- [X] Others, please specify: Faculty of the partner universities and schools in the Oregon MPH Program: Portland State University and its School of Community Health and Mark O. Hatfield School of Government, and Oregon State University's College of Public Health and Human Sciences

1.2 When were meetings held to complete this self-evaluation process?

Documentation for this report was assembled during AY2012-13 meetings as part of the self-study and site visit for re-accreditation by the Council on Education for Public Health (CEPH).

1.3 Who prepared the document?

William Lambert, PhD, Director of Education, Dept. of Public Health and Prev. Medicine

1.4 Who reviewed the report?

Thomas Becker, MD, PhD, Chair, Dept. of Public Health and Preventive Medicine

1.5 Describe the program’s process for eliciting feedback from faculty on the APR report.

Faculty of the Department of Public Health and Preventive Medicine contributed sections, and provided review and comment on the CEPH Self-Study Document for the Oregon MPH Program, the document that is the basis for this report.

2. Overview

2.1 Describe the program:

Program Mission:

As a Track of the Oregon MPH Program, providing specialty training in epidemiology and biostatistics, we follow the mission statement of the three university program: “The mission of the collaborative Oregon MPH Program is 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.”

Program Purpose: The following set of value statements guide the OHSU Track in Epidemiology and Biostatistics, and the Oregon MPH Program in fulfilling its mission as stated above.
1. Create rich and relevant learning experiences for students and professionals at all stages of their public health careers.
2. Enhance the general health, welfare, and safety of populations and communities.
3. Demonstrate excellence and integrity in all we do.
4. Integrate public health principles into health care policies and delivery systems.
5. Promote sustainability as a critical part of public health practice.
6. Use an analytic, evidence-based approach in addressing health issues.
7. Enhance cultural diversity and fostering an environment conducive to the recruitment, training, and success of diverse students and faculty.
8. Develop partnerships for learning, service, and research to meet communities’ health needs.
9. Resolve and prevent conflicts of interest.
10. Encourage active involvement of students in decisions related to design and delivery of the program.

Identify Program Goals:

Goals for the Oregon MPH Program are listed for the four domains of our Mission Statement: (1) leadership, (2) education, (3) research, and (4) service.

1. Education
   1.1 Provide excellent education and professional preparation to all students in the substantive areas of public health, including epidemiology, biostatistics, social and behavioral sciences, health management and policy, and environmental health sciences.
   1.2 Serve the region by offering a range of specialized areas of public health including health promotion and health behavior, epidemiology, biostatistics, health management and policy, health disparities, environmental and occupational health and safety, and international health.
   1.3 Provide community-based and experiential learning opportunities to develop skills and competencies required to be effective public health practitioners.
   1.4 Provide educational information and modeling of ethical conduct of public health research and service activities.
   1.5 Provide educational information and experiential opportunities for the development of cultural competency in research and service activities.

2. Leadership
   2.1 Provide leadership and serve as a resource to our communities in addressing and communicating current and emerging public health problems and issues.

3. Research
   3.1 Conduct, teach, and communicate collaborative research and scholarship among faculty, students, practitioners, and members of the community affiliated with the Oregon MPH Program.

4. Service
4.1 Provide, enhance, or support service activities to meet the public health needs of urban and rural populations in cooperation with appropriate community professionals, organizations, and governmental agencies.

2.2 How do these align with, and contribute to, the fulfillment of OHSU’s mission, strategic goals and core themes?

The mission and values of the Oregon MPH Program and the OHSU Track in Epidemiology and Biostatistics are congruent with the stated mission, strategic goals, and core themes of OHSU:

“Setting the example for integrity, compassion and leadership, OHSU strives to:

- Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution. [see above, OMPH 1.1 – 1.5]
- Explore new basic, clinical and applied research frontiers in health and biomedical sciences, environmental and biomedical engineering and information sciences, and translate these discoveries, wherever possible, into applications in the health and commercial sectors. [see above, OMPH 3.1]
- Deliver excellence in health care, emphasizing the creation and implementation of new knowledge and cutting-edge technologies. [see above, OMPH 4.1]
- Lead and advocate for programs that improve health for all Oregonians, and extend OHSU’s education, research and healthcare missions through community service, partnerships and outreach.” [see above, OMPH 2.1]

2.3 Describe the curriculum, and if more than one award is given, highlight the progression in difficulty and performance expectations.

*Include the curriculum as a separate document.*

3. Faculty and Staff Resources

3.1 Describe the major research thrusts of faculty, areas in which the research is particularly strong, areas that need to be strengthened and current research support.

*Complete Table 3.1 to provide detail faculty information.*

3.2 Describe how the program has maintained adequate qualified faculty members and staff members in relation to the program’s enrollment, clinical and/or research efforts over the last five years.

During the last five years, the Department of Public Health and Preventive Medicine lost one faculty member in epidemiology (Yvonne Michael, PhD, moved to Drexel University in 2008), and experienced the retirement of the MPH Program Director (Katherine Riley, EdD, retired in 2009). These losses have been offset by the addition of several new faculty in epidemiology, biostatistics, and health services research. The new faculty members who are directly involved in the delivery of MPH courses are: Yiyi Chen, PhD (joined 2008); Thuan Nguyen, MD, PhD (2008); Carrie Nielson, PhD, MPH (2009); Janne Boone-Heinonen, PhD, MPH (2010). Additionally, David Buckley, MD, MPH, of the Department of Family Medicine received a joint appointment to PHPM in 2011, as did Elena Andresen, PhD of the Oregon Institute on Disability and Development (CDRC) in 2012. Additionally, Ana Quinones, PhD
(appointed 2010) and Seth O’Neal, MD, MPH (2011) provide guest lectures and thesis advising, as does Kathleen Carlson, PhD, MS (2011) of the Portland VA Medical Center.

In our Department, 17 epidemiology and 12 biostatistics faculty teach courses in the Epi/Biostat Track of the MPH degree (total = 29). Augmenting this effort are 5 faculty from Portland State University involved in the instruction of Oregon MPH Program core courses regularly taken by OHSU students (3 health management and policy faculty from the Mark O. Hatfield School of Government and 2 faculty from the College of Community Health).

Each academic year, our MPH Program delivers 9 required courses (32 credits total) covering topics in epidemiology, biostatistics, and public health. We also deliver 6 elective courses (12 credits total), administrate 1 course of field experience/internship (3-6 credits), and support student master thesis research.

Each academic year, our MPH Program admits approximately 15 graduate students, 3 fellows and junior faculty, and 6-9 MD/MPH students. Our curriculum is designed to be completed in two years, and each year approximately 25 students earn their MPH degree.

Typically, faculty in our Department teach one MPH course per year, serve as Thesis Mentor/Advisor to 2 students, and serve on the thesis committees of 2 additional students. Dr. Lambert provides administrative oversight to the MPH Program.

Our faculty are expected to maintain independently-funded research programs. It is challenging for them to devote time to teaching and research, and maintain quality and productivity in both domains. We are fortunate to have hard-working and devoted faculty that generously contribute the extra time required to ensure the success of our MPH program and the student learning experience.

3.3 Provide data for the last five years illustrating program faculty: total number, rank and series numbers, number recruited, number retired or left position, number promoted or awarded tenure. Analyze the program’s success in attracting and retaining faculty and leadership?

Complete Table 3.3 to provide detail faculty data.

As described above in 3.2, our faculty has grown modestly in size over the past 5 years. We have lost one faculty member who moved to another university, and another to retirement. We have added 9 new faculty and expanded using the mechanisms of K-Awards and joint appointments, and creating support through extramural research grants. Revenue from tuition provides support for teaching effort. In 2009, the MPH Program experienced a smooth transition of leadership necessitated by the retirement of Dr. Riley and the appointment of Dr. Lambert to the role of Program Director. We are fortunate to have Theresa Triano as Education Program Manager. Ms. Triano joined the program in 2007 and her extensive knowledge of university systems and Graduate Studies policies, and skills in working with students and faculty have supported our program success and growth.

3.4 If your program is responsible for recruitment and retention, and efforts have not produced desired diversity, what are your plans to recruit diverse faculty? What resources will be used or are needed to achieve these results?
Include the program’s Diversity Plan.

In the past five years, our Program has added new faculty who are involved in the teaching and advising of our MPH students, and for these positions we have purposely sought women, minorities, persons from other under-represented groups. Six of the 9 new faculty are women, one woman is of Hispanic heritage, and 3 are of Asian heritage. During the past 5 years, none of these new faculty members have left our Department. Among the total census of 29 faculty who teach courses in the OHSU Epi/Biostat MPH Degree Program (see Table 3.1 Program Faculty), 38% (11/29) are female, 0% (0/29) are Hispanic, and 21% (6/29) are Asian American. If the definition of faculty is broadened to include those involved in advising of thesis research (but do not teach our MPH classes), two additional female faculty would be counted, one of whom is Hispanic.

In the past five years, our Department and Program has advanced in rank three women faculty members: two to Associate Professor (Yvonne Michel, PhD, MPH in 2008, and Rochelle Fu, PhD in 2011) and one to full Professor (Jodi Lapidus, PhD in 2012).

The Department of Public Health and Preventive Medicine follows the commitment of the University to diversity and inclusion: “Diversity at OHSU requires creating and sustaining a community of inclusion. We honor, respect, embrace and value the unique contributions and perspectives of all employees, patients, students, volunteers and our local and global communities. Diversity includes age, culture, disability, ethnicity, gender, national origin, race, color, religion, sexual orientation, diversity of thought, ideas and more. Diversity maximizes our true potential for creativity, innovation, quality patient care, educational excellence and outstanding service.”

Our MPH Program is committed to supporting the goals of the University. We will:

(1) increase our recruitment and representation of diverse faculty and students – actively recruit and hire/admit qualified faculty and students from under-represented and minority groups. We will attend and support student recruitment at the OHSU Multicultural Career Day, events associated with Portland State University’s Bridges to Baccalaureate Program, and will continue to participate in outreach and recruitment by the OHSU Graduate Studies at national and regional conferences (e.g., AISES – the American Indian Science and Engineering Society and SAHCNAS – the Society for Advancing Hispanic/Chicanos & Native Americans in Science). Several MPH students have been recruited from our annual Summer Research Training Institute for American Indian Alaska Native Health Professionals sponsored by the Northwest Portland Area Indian Health Board, the community partner of the OHSU Center for Healthy Communities, a CDC-funded Prevention Research Center.

(2) strengthen our retention of diverse faculty and students – enhance career development of diverse junior faculty through mentoring and guidance, support and resources, and similarly support academic advancement of diverse students through advising, mentoring, support and other resources (e.g., Mitch Greenlick Scholarship Fund).
(3) improve the climate of inclusion – model and demonstrate inclusion, provide an inclusive and accessible setting for learning and research, and increase cultural awareness and understanding across OHSU (e.g., monthly Department Grand Rounds, quarterly American Indian/Alaska Native Seminar series, monthly Public Health Seminar series).

(4) build community partnerships - support faculty and student research in diverse communities, through engagement and partnerships. Notably, the 2013 Community Partnership Award from the OHSU Center for Diversity and Inclusion was given to the Northwest Portland Area Indian Health Board, our major community partner in research and teaching with the Department of Public Health & Preventive Medicine and our MPH Degree Program.

(5) benchmark for excellence – measure our activities both qualitatively and quantitatively, and compare against ourselves as a Program and Department over time, against similar MPH programs and university public health departments, and other healthcare institutions.

3.5 What process is in place to evaluate faculty effectiveness and teaching quality? With what frequency do faculty get evaluated and what is the feedback mechanism?

Include any supporting documentation.

Each term, faculty sit in on a lecture in a peer’s course and review the syllabus and Sakai-based student evaluations to critique course content and delivery. Written reviews are submitted to the Program Director (Dr. Lambert) and in turn, distributed to the instructors for their use to improve the course.

4. Enrollment/Degree Production

4.1 Is the five-year enrollment trend appropriate to the program’s capacity? What is the program’s strategic plan to maintain or grow capacity?

Our 5-year enrollment trend is appropriate to the number of faculty, classroom and computer classroom space (22 workstations), and administrative staff fte. Over the last 5 years, the number of applicants to the Program has dropped from 60 to 45 per year. The size of entering cohorts has varied from year to year, depending on the number of qualified students and acceptances of our offers of admission. Entering class sizes have typically ranged from 25 to 30 students. We have maintained this capacity while the Department has added two new degree programs in biostatistics: (1) the Graduate Certificate in Biostatistics and (2) the MS in Biostatistics.

4.2 Has the number and/or quality of matriculates changed in the last five years? If so, how? What is the impact?

The number and quality of matriculates has remained steady in the last 5 years. In fact, the average GPA and GRE scores of students admitted to the MPH Program in Epidemiology and Biostatistics rank at the top of OHSU’s graduate programs.

In the past two cohorts (AY 2011-12, and 2012-13) we have observed that more students are choosing to attend classes on a part-time basis and to remain employed, resulting in smaller enrollments in our courses and reduced tuition revenues.
In the last five years has the trend in awarding degrees and certificates been appropriate to the program's resources and capacity?
Yes.

What is the average time-to-degree for students in the program? What percentage of students complete their degree on time?

Table 4.3 presents the numbers of students in the MPH degree program, including the combined MD/MPH students, by year of matriculation. These data were provided by OHSU Office of Graduate Studies. The table begins with the cohort enrolled in Fall 2004 and continues through Fall 2012. The figures are calculated according to the University 6-year limit to complete a graduate degree.

The MPH curriculum is designed to be completed in two years. Thus, it is relevant to examine the graduation rate for the cohort matriculating 2010 where 71% (24/34) graduated in two years. Over the years 2004 to 2010, the proportion graduating is 76%. Over this time period, the average years to completion of the MPH degree has steadily decreased from 4.1 years to 2.5 years.

Complete Table 4.3 below demonstrating the number and percentage of students completing on-time and those completing at the next benchmark. Adjust column headings and years to accurately reflect usual program time. (e.g., PhD’s usual time = 6 years, next benchmark = 7 years; MD’s usual time = 4 years, next benchmark = 6 years) Provide analysis of this data related to program effectiveness.

<table>
<thead>
<tr>
<th>Cohort Year</th>
<th>Total Enrolled</th>
<th>Continuing</th>
<th>Dropped out</th>
<th>Completing Before 6 Years (on-time)</th>
<th>Completing After 6 years (next benchmark)</th>
<th>Average Yrs to MPH Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>Graduated by</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>2004</td>
<td>15</td>
<td>-</td>
<td>6</td>
<td>2009-10</td>
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<td>60</td>
</tr>
<tr>
<td>2005</td>
<td>17</td>
<td>-</td>
<td>3</td>
<td>2010-11</td>
<td>14</td>
<td>82</td>
</tr>
<tr>
<td>2006</td>
<td>28</td>
<td>-</td>
<td>7</td>
<td>2011-12</td>
<td>20</td>
<td>71</td>
</tr>
<tr>
<td>2007</td>
<td>22</td>
<td>-</td>
<td>8</td>
<td>2011-12</td>
<td>14</td>
<td>64</td>
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<tr>
<td>2008</td>
<td>30</td>
<td>0</td>
<td>8</td>
<td>2011-12</td>
<td>22</td>
<td>73</td>
</tr>
<tr>
<td>2009</td>
<td>29</td>
<td>6</td>
<td>7</td>
<td>2011-12</td>
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<td>55</td>
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<tr>
<td>2010</td>
<td>34</td>
<td>7</td>
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<td>2011-12</td>
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<td>2011</td>
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<td>12</td>
<td>8</td>
<td>2011-12</td>
<td>11</td>
<td>35</td>
</tr>
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<td>16</td>
<td>1</td>
<td>2011-12</td>
<td>6</td>
<td>26</td>
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</tbody>
</table>

4.3 In alignment with OHSU’s Vision 2020 strategic goal, “Be a great organization, diverse in people and ideas,” the university submitted core theme objective 1.1 to NWCCU for regional accreditation: develop a student pipeline to meet the health needs of an increasingly diverse Oregon and nation. The following indicator will demonstrate fulfillment of this objective: 20 – 30 percent of diverse students in OHSU programs, of total OHSU students.

What percentage of the program’s population is diverse (underrepresented minority, rural background, disadvantaged background)?
The race and ethnicity counts of our MPH graduate students, for the 5-year reporting period are presented in the table below. 73% (68/93) of our matriculated graduate students are female. 6% (6/93) are Black/African American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander. 1% (1/93) are of Hispanic heritage. Our Program does not maintain statistics on rural or disadvantaged background. (During the 5-year reporting period, no student in the combined MD/MPH degree program self-identified as a minority or under-represented group.) We are substantially below the 20 percent objective.

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Total Enrolled</th>
<th>Male</th>
<th>Female</th>
<th>AI/AN</th>
<th>Asian</th>
<th>Black African Am</th>
<th>Native Hawaiian/Pacific Islander</th>
<th>Hispanic ethnicity</th>
<th>White</th>
<th>Decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-09</td>
<td>20</td>
<td>10</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>13</td>
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<td>09-10</td>
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<td>6</td>
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<td>3</td>
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<td>Total</td>
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<td>25</td>
<td>68</td>
<td>2</td>
<td>8</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>66</td>
<td>10</td>
</tr>
</tbody>
</table>

How will the program endeavor to fulfill the university diversity initiative?

Please see Section 3.4, above.

4.4 If you have not achieved desired results, what are your plans to recruit diverse students that add value to the learning environment? What resources will be used or are needed to achieve these results?

See section 3.4, above.

4.5 What is the evidence of regional, national or international need for additional qualified individuals such as the program is producing? Please specify.

The Affordable Care Act of 2010 and reform of the national health care system creates many opportunities for employment in preventive medical services, government health care delivery, and research in community and patient-centered health services.

In addition health care reform, evidence of market demand includes a national shortage of epidemiologists, as stated by professional organizations including the Council of State and Territorial Epidemiologists, and the Association of Schools and Programs of Public Health. Additionally, demand will be caused by the shifting demographics of the U.S. population towards an older, and more diverse profile, requiring the collection and use of reliable statistical data to understand health care needs, disease incidence and prevalence, health disparities and disease prevention and control (National Institute of Health 2005; IOM 2003, Department of Health and Human Services Healthy People 2020.)

5. Other Resources
5.1 What revenue sources does the program have access to? Choose all that apply and include the percentage of the program’s total revenue that comes from the selected sources:

- Tuition _95 _%  
- Philanthropy __1__%  
- State Appropriations __4__%  
- Indirect Cost Return ____%  
- Clinical/Patient Care ____%  
- Research Grants ____%  
- Training Grants ____%  
- Contracts ____%  
- Other, please specify and include %

5.2 What percentage of faculty are grant funded?

100% (all faculty, excepting emeritus and affiliate)

What percentage of students are on faculty grants?

2% are on grants of our Department faculty; however, approximately 10% are employed on grants of OHSU faculty outside of PHPM.

5.3 What is the current budget (present year) for this program?

FY’13 - $849,969  
FY’14, our budget is reduced 17%, to $705,025

5.4 How does tuition (or graduate stipends) compare to similar programs at other institutions (ideally, compare against programs on the institutional peer list)?

Our MPH Track in Epidemiology and Biostatistics is part of the Oregon MPH Program, and our partner universities are Portland State and Oregon State. We have increased our tuition 6% in each of the last three years. In AY2013-14 we will increase our tuition 10% to $350 per credit for Oregon residents, and $550 for non-State residents.

Tuition Comparison for AY2012-13 is:
(1) OHSU (Res/Non-Res): $315/$500 per credit
(2) Portland State University (Res/Non-Res): $337/$527 per credit
(3) Oregon State University (Res/Non-Res): $484/$778 per credit
(4) University of Washington (Res/Non-Res): $15,660/$31,880 per year

Our tuition is substantially lower than that of the University of Washington, but the MPH Program at UW provides financial aid to its students, and we do not have those resources to offer. We are incrementally increasing our tuition to bring it into alignment with Oregon State University, and are discussing tuition levels with Portland State University as part of the business plan for the proposed OHSU-PSU School of Public Health.

5.5 What resources is the program utilizing to fulfill its mission (e.g. library, computer equipment, facilities, research labs, clinical placements)? What resources, if any, is the program sharing with other programs (facilities, computer equipment, labs, clinical placements)?

Sakai
OHSU Library

Department of Public Health & Preventive Medicine computer classroom

Online courses in the School of Nursing’s MPH Track in Primary Health Care and Health Disparities

Guest lectures from faculty in other OHSU schools and departments

Students mentored in their thesis research by faculty in other OHSU schools and departments

5.6 Has anything happened since the last review that has influenced expenditures?

☐ Yes

☐ No

If “yes” was selected, please explain.

Our tuition revenues have decreased. The School of Medicine is now returning 90% of tuition, as opposed to 100% in prior years (70% tuition return + 30% OCA credits). Additionally, a higher proportion of students are taking classes part-time, resulting in reduced total credits per student per year. To compensate, we are offering fewer elective courses in FY’14, and faculty receive less fte for teaching and advising responsibilities.

6. Student Learning Outcomes and Assessment

What are the program’s student learning outcomes? How are student learning outcomes assessed? How is achievement defined and how do students receive feedback? What do these results communicate about program effectiveness?

Include any evidence that is relevant to the response.

The Oregon MPH Program Learning Competencies (adopted 2011):

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

The learning competencies of the Epidemiology and Biostatistics Track at OHSU represent specialty training that is mapped to those of the Oregon MPH Program:

1. Apply population-based concepts of epidemiology and risk determination to the assessment of health problems. (OMPH 2 and 4)
2. Apply evidenced-based knowledge to health determinants to public health issues. (OMPH 1)
3. Apply and interpret a variety of statistical methods commonly used in public health research. (OMPH 2 and 4)
4. Formulate and test a researchable question. (OMPH 2)
5. Identify ethical problems that arise when epidemiology is used to guide public health policy decisions. (OMPH 3 and 5)
6. Identify cultural dimensions of conducting research, including culturally sensitive recruitment of participants, and develop strategies for interpretation of data in the larger cultural context. (OMPH 6)
7. Assess and interpret relevant literature in the area of public health and epidemiology. (OMPH 1)
8. Integrate understanding of the interrelationships among the organization, delivery, and financing of health-related services. (OMPH 3)
9. Communicate public health principles and concepts through various strategies across multiple sectors of the community. (OMPH 4)

Student learning outcomes are assessed multiple times and in multiple ways as students move through the training program. In coursework, students are evaluated by exams, participation in discussion, quality of oral presentations and written papers, self-assessment and work products derived from the field experience/practicum, the written thesis, and the research seminar/oral examination. Achievement is defined in the successful completion of coursework and in course grades, and by the completion of the field experience practicum and defense of a thesis. The fact that 76% of students complete their thesis and graduate with their MPH degree is evidence of program effectiveness.

a. Summarize how assessment results are used to improve the program curriculum, learning experiences, instruction, student recruitment and/or academic and learning support.

Student course evaluations, faculty peer review of courses, Oregon MPH Program alumni surveys, and the self-study process for accreditation with the Council for Education in Public Health are used by the Program Director, Department Chair, and the Department Education Committee to evaluate student academic progress, mastery of competencies, delivery of competencies in coursework, internship, and thesis.

b. What percentage of students in the program have mentors?
100% - We are a thesis-based curriculum and therefore 100% of students have Advisor/Mentors.

What percentage of students are retained?
76% (see Section 4.3, above)

What percentage of students entering the program graduate?
76% (see Section 4.3, above)
c. What evidence does the program have about employment and/or further professional or graduate-level activities of program completers? What and how are alumni doing (e.g., industry or self-employment, geographic location, job, success indicators)?

The Oregon MPH Program conducts an annual email survey of alumni to monitor employment and professional activities of its graduates, and satisfaction with the academic preparation received in the Program. For the OHSU Epidemiology and Biostatistics Track, all (100%) persons earning their MPH degree have been employed in public health and related fields, or continued their training in doctoral programs, if they so choose. The majority of our graduates are employed in state and local public health agencies, and non-profit health organizations. In recent years, several students have entered PhD programs in epidemiology at highly respected schools of public health, including: Harvard University, the University of North Carolina, the University of Washington, and McGill University. Over the past three years, six MPH students have been admitted to medical schools. Similarly, our dual degree MD/MPH students have matched to excellent residency programs at Massachusetts General, Brigham and Women’s Hospital, University of Washington, and OHSU.

Approximately one-third of master thesis manuscripts are published in peer-reviewed journals. For example, in the past two years, MPH thesis research has been published in *Obstetrics & Gynecology, Cancer, Heart Rhythm, Research and Reports in Neonatology, Accident Analysis & Prevention, Emerging Infectious Disease*, and the *Journal of Environmental Public Health*. This publication history is evidence of the high quality research conducted by our students with the guidance and mentorship of our faculty.

8. Other Information (optional)

*Use this space to provide any additional information about the program, that would help the committee better comprehend the program and its effectiveness.*

The OHSU MPH Program in Epidemiology and Biostatistics is one of ten tracks in the Oregon Master of Public Health Program, operated in partnership with Portland State University and Oregon State University. OSU has reorganized and established PhD programs as part of a newly formed College of Public Health and Human Sciences. In 2014, OSU will withdraw from this partnership. Currently, leadership of OHSU and PSU are planning a school of public health, and the MPH degree programs of both universities will be subsumed in this new school. The application for accreditation is targeted for 2016.

9. Analysis and Conclusions

a. What are the strengths and achievements of the program's faculty, students and graduates?

The faculty of the OHSU MPH Degree Program in Epidemiology and Biostatistics remain productive in scholarship and service, in addition to their commitment to the delivery of a high quality educational program. Faculty receive substantial support from federal, state,
Five Year Academic Program Review Template (Word Doc)

and private funding sources to conduct research on contemporary issues in public health, health services, and medicine. Faculty frequently publish in peer-reviewed literature and regularly present their research at national and international meetings. Faculty serve on study sections for the NIH and CDC, serve as reviewers and editors for journals, and contribute effort in their respective professional societies and organizations.

The achievements of MPH students and graduates are described above in Section 6.3.

b. What areas does the program believe need strengthening over the next three to five years?

- Creation of separate MPH degrees in epidemiology and in biostatistics to meet requirements for accreditation for a new school of public health (the current combined degree in epidemiology is not allowed by CEPH).
- Expand the number of hours in field experience/internship from 100 to 200 to meet minimum requirements of CEPH. We will drop the thesis requirement and add new courses to ensure mastery of competencies in epidemiologic data analysis, grant writing, and written/oral communication.
- Additional faculty to teach and advise in the proposed separate MPH degrees in Epi and Biostats, and new doctoral program in epidemiology.

c. How will this self-study be used for improvement against goals and targets? How will it inform planning, decision making and allocation of resources and capacity for the next five years?

This self-study will be the basis of discussion and planning by faculty and PHPM leadership.

d. Are new resources needed to achieve these goals and improvement targets? What can the university do to better support the program?

Yes, new resources are needed to revise our MPH curriculum to meet the requirements of our accrediting organization, CEPH, and to revise our MPH degrees to meet the requirements of accreditation for the future school of public health.

- Restoration and expansion of financial support for the MPH training program to compensate faculty for teaching and advising.
- Increased financial support for additional administrative staff to coordinate the expanded field experience/internship requirement
- Additional classroom space, including rooms to support breakout sessions and small group discussions, and importantly, additional work stations in the PHPM a computer laboratory
- Replacement of aging computer work stations in the PHPM computer laboratory
10. Response to Previous Program Reviews
This section is completed by programs that have previously undergone a five-year academic program review.

This is the first 5-Year Academic Review for the MPH and MD/MPH Programs.

a. What commendations did the committee have in the previous review?
b. What recommendations did the committee have in the previous review?
c. What did the program do to respond to recommendations?
d. In the last five years, have there been any significant changes in the program due to the previous academic program review? Please describe.

11. Signature and Submission (signature and title of person submitting the report)

__________________________
(signature) (date)

William Lambert, PhD
Associate Professor and Director of Education
Dept. of Public Health & Preventive Medicine

__________________________
(printed name and title)
Oregon Master of Public Health Program

Epidemiology & Biostatistics Track

Curriculum

Oregon MPH Program Core Courses

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>PHPM 512</td>
<td>Epidemiology I</td>
<td>4</td>
</tr>
<tr>
<td>PHPM 517</td>
<td>Principles of Health Behavior (offered at PSU)</td>
<td>3</td>
</tr>
<tr>
<td>PHPM 518</td>
<td>Concepts of Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>PHPM 519</td>
<td>Health Systems Organization (offered at PSU)</td>
<td>3</td>
</tr>
<tr>
<td>PHPM 525</td>
<td>Biostatistics I</td>
<td>4</td>
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Epidemiology & Biostatistics Track Required Courses

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>PHPM 513</td>
<td>Epidemiology II</td>
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</tr>
<tr>
<td>PHPM 514</td>
<td>Epidemiology III</td>
<td></td>
</tr>
<tr>
<td>PHPM 520</td>
<td>Ethics in Epidemiology (or Con 650 Scientific Ethics)</td>
<td>3</td>
</tr>
<tr>
<td>PHPM 526</td>
<td>Biostatistics II</td>
<td>4</td>
</tr>
<tr>
<td>PHPM 527</td>
<td>Biostatistics III</td>
<td>4</td>
</tr>
<tr>
<td>PHPM 566</td>
<td>Current Issues in Public Health</td>
<td>2</td>
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<tr>
<td>PHPM 503</td>
<td>Field Experience/Internship (minimum 3 credits)</td>
<td>3 – 6</td>
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<tr>
<td>PHPM 504</td>
<td>Thesis (minimum 1 credit in term of graduation)</td>
<td>1 – 12</td>
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</table>

Electives

4 – 18

Total credits = 60
<table>
<thead>
<tr>
<th>Faculty Name, include credential</th>
<th>Primary Appointment</th>
<th>Research Areas</th>
<th>Courses</th>
<th>Mentorships (AY 12-13)</th>
<th>Committees</th>
<th>Other roles/ functions</th>
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<tbody>
<tr>
<td>Elizabeth Adams, PhD</td>
<td>Assistant Professor, Institute on Development &amp; Disability</td>
<td>nutrition and maternal and child health epidemiology</td>
<td>Maternal and Child Health Survey (PHPM 575)</td>
<td>students mentored: 1</td>
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<tr>
<td>Elena Andresen, PhD</td>
<td>Professor, Institute on Development &amp; Disability</td>
<td>aging, disability across the lifespan, health related quality of life methods and measures, and rehabilitation outcomes</td>
<td>Disability and Public Health (PHPM 573) Epidemiology I (PHPM 525)</td>
<td>students mentored: 0</td>
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</tr>
<tr>
<td>Don Austin, MD, MPH</td>
<td>Professor Emeritus, Public Health &amp; Preventive Medicine</td>
<td>cancer epidemiology</td>
<td>Epidemiology III (PHPM 527) Chronic Disease Epidemiology (PHPM 576)</td>
<td>students mentored: 3</td>
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<tr>
<td>Thomas Becker, MD, PhD</td>
<td>Professor and Chair, Public Health &amp; Preventive Medicine</td>
<td>cancer epidemiology, minority health</td>
<td>American Indian &amp; Alaska Native Health (PHPM 571) Infectious Disease Epidemiology (PHPM 568)</td>
<td>students mentored: 2</td>
<td>MPH Application Review Committee</td>
<td>Chair of the Dean’s Oversight Committee (DOC) of the Oregon MPH Program</td>
</tr>
<tr>
<td>Janne Boone-Heinonen, PhD, MPH</td>
<td>Assistant Professor, Public Health &amp; Preventive Medicine</td>
<td>obesity epidemiology</td>
<td>Intro to Research Design (PHPM 540)</td>
<td>students mentored: 2</td>
<td>MPH Application Review Committee</td>
<td></td>
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<tr>
<td>William Buckley, MD, MPH</td>
<td>Assistant Professor</td>
<td>family medicine</td>
<td>Intro to Research Design (PHPM 540) Epidemiology III (PHPM 527)</td>
<td>students mentored: 0</td>
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</tr>
<tr>
<td>Yiyi Chen, PhD</td>
<td>Assistant Professor, Public Health &amp; Preventive Medicine</td>
<td>biostatistics, design and analysis of clinical trials, Bayesian statistics</td>
<td>Biostatistics III (PHPM 527)</td>
<td>students mentored: 0</td>
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</tr>
</tbody>
</table>
### 3.1. Program Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Department</th>
<th>Research Interests</th>
<th>Courses Taught</th>
<th>Students Mentored</th>
<th>Additional Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dongseok Choi, PhD</td>
<td>Associate Professor, Public Health &amp; Preventive Medicine</td>
<td>biostatistics, spatial statistics, time series, high dimensional data, statistical learning</td>
<td>Spatial Data Analysis (PHPM 533)</td>
<td>1</td>
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<tr>
<td>Lori Coyner, MA</td>
<td>Instructor, Public Health &amp; Preventive Medicine</td>
<td>biostatistics</td>
<td>Intro to Biostatistics (PHPM 524)</td>
<td>0</td>
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<tr>
<td>Michael Freeman, PhD</td>
<td>Affiliate Professor, Public Health &amp; Preventive Medicine</td>
<td>forensic epidemiology</td>
<td>Forensic Epidemiology (PHPM 574)</td>
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<tr>
<td>Rochelle Fu, PhD</td>
<td>Associate Professor, Public Health &amp; Preventive Medicine</td>
<td>biostatistics, Bayesian methods of meta analysis, analysis of Medicare/Medicaid data</td>
<td>Longitudinal Data Analysis (BSTA 507)</td>
<td>0</td>
<td>MPH Application Review Committee</td>
</tr>
<tr>
<td>Jay Kravitz, MD, MPH</td>
<td>Assistant Professor, Public Health &amp; Preventive Medicine</td>
<td>global health epidemiology</td>
<td>Global Health Epidemiology (PHPM 567)</td>
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<tr>
<td>William Lambert, PhD</td>
<td>Associate Professor and Head of the Division of Epidemiology, Department of Public Health &amp; Preventive Medicine</td>
<td>Epidemiology, environmental and occupational health</td>
<td>Epidemiology II (PHPM 526)</td>
<td>4</td>
<td>MPH Application Review Committee</td>
</tr>
<tr>
<td>Jodi Lapidus, PhD</td>
<td>Professor, Public Health &amp; Preventive Medicine; Director of Education for the Division of Biostatistics, Department of Public</td>
<td>biostatistics, categorical data, proteomics, design of community intervention trials, Native health</td>
<td>Biostatistics I (PHPM 525)</td>
<td>4</td>
<td>MPH Application Review Committee</td>
</tr>
</tbody>
</table>

**Epi/Biostat Track representative to the Academic Planning Committee (APC) of the Oregon MPH Program**
### 3.1. Program Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Affiliation</th>
<th>Specialties</th>
<th>Courses</th>
<th>Students mentored</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Lasarev, MS</td>
<td>Senior Instructor, Public Health &amp; Preventive Medicine</td>
<td>biostatistics, statistical computing, simulation, bootstrapping</td>
<td>Introduction to Biostatistics (PHPM 524)</td>
<td>students mentored: 0</td>
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<td></td>
</tr>
<tr>
<td>Mark Loveless, MD</td>
<td>Affiliate Professor, Public Health &amp; Preventive Medicine</td>
<td>HIV/AIDS epidemiology</td>
<td>HIV/AIDS Epidemiology (PHPM 566)</td>
<td>students mentored: 0</td>
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<tr>
<td>William Morton, MD, DrPH</td>
<td>Professor Emeritus, Public Health &amp; Preventive Medicine</td>
<td>environmental and occupational health</td>
<td>Environmental and Occupational Epidemiology (PHPM 507)</td>
<td>students mentored: 0</td>
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<tr>
<td>Thuan Nguyen, MD, PhD</td>
<td>Assistant Professor, Public Health &amp; Preventive Medicine</td>
<td>biostatistics, mixed effects models, model selection, longitudinal data</td>
<td>Biostatistics II (PHPM 526)</td>
<td>students mentored: 0</td>
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<tr>
<td>Carrie Nielson, PhD, MPH</td>
<td>Assistant Professor, Public Health &amp; Preventive Medicine</td>
<td>epidemiology</td>
<td>Epidemiology II (PHPM 513)</td>
<td>students mentored: 5</td>
<td>MPH Application Review Committee</td>
<td></td>
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<tr>
<td>Byung Park, PhD</td>
<td>Assistant Professor, Public Health &amp; Preventive Medicine</td>
<td>biostatistics, general linear models, microarrays</td>
<td>Intro to Biostatistics (PHPM 524)</td>
<td>students mentored: 0</td>
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<tr>
<td>Nancy Press, PhD</td>
<td>Professor, Public Health &amp; Preventive Medicine</td>
<td>genetics</td>
<td>Ethics and Epidemiology (PHPM 520)</td>
<td>students mentored: 0</td>
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<tr>
<td>Priya Srikanth, MPH</td>
<td>Instructor, Public Health &amp; Preventive Medicine</td>
<td>biostatistics</td>
<td>Intro to Biostatistics (PHPM 524), “Happy Lab”</td>
<td>students mentored: 0</td>
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<tr>
<td>John Stull, MD, MPH</td>
<td>Assistant Professor, Public Health &amp; Preventive Medicine</td>
<td>medical education, ethics</td>
<td>Epidemiology I (PHPM 512)</td>
<td>students mentored: 0</td>
<td></td>
<td>MD-MPH Program Director; Preventive Medicine Residency Director</td>
</tr>
</tbody>
</table>

5-Year Academic Program Review                                      Supplemental Faculty Data               pg. 3
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Specialization</th>
<th>Course Name</th>
<th>Students Mentored</th>
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</thead>
<tbody>
<tr>
<td>Philippe Thuillier, PhD</td>
<td>Assistant Professor, Public Health &amp; Preventive Medicine</td>
<td>cancer prevention</td>
<td>Chronic Disease Epidemiology (PHPM 576)</td>
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<tr>
<td>Kevin Winthrop, MD, MPH</td>
<td>Assistant Professor, Public Health &amp; Preventive Medicine</td>
<td>infectious disease epidemiology</td>
<td>Infectious Disease Epidemiology (PHPM 568)</td>
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<tr>
<td>Atif Zaman, MD, MPH</td>
<td>Professor, Public Internal Medicine</td>
<td>gastroenterology</td>
<td>Community Health (PHPM 507)</td>
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</table>
### 3.3 Faculty Data: Rank and Series

#### 3.3.1 Table

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Faculty</th>
<th>Total # Professor*</th>
<th>Total # Assoc. Prof</th>
<th>Total # Asst. Prof</th>
<th>Total # Senior Instructor</th>
<th>Total # Instructor</th>
<th>Total # Affiliate</th>
<th>Total # Scientist</th>
<th>Total Recruited</th>
<th>Total Promoted/Tenured</th>
<th>Total Retired/departed</th>
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* Included in the Professor count each year are two Professors Emeriti.