

APRIL 2019

# SELF-STUDY FOR CEPH ACCREDITATION

LIFELONG HEALTH AND WELL-BEING FOR  
**EVERY PERSON, EVERY FAMILY, EVERY COMMUNITY**  
in Oregon and Beyond



COLLEGE OF PUBLIC HEALTH AND HUMAN SCIENCES





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## **Introduction**

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### **1. Institutional environment**

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Oregon State University (OSU) was founded in 1868. In addition to being the state's land grant university, OSU is 1 of only 2 universities in the United States to have Sea Grant, Space Grant and Sun Grant designations. OSU is the only university in Oregon to hold the Carnegie Foundation's top designation for both Community Engagement classification and top-tier research institution.

OSU's main campus is located in Corvallis, Oregon, which consistently ranks among the best and safest cities to live in the United States, as well as among the most environmentally responsible. OSU has a presence across Oregon with 15 agricultural experiment stations, 35 county extension offices, the Hatfield Marine Sciences Center in Newport, 4 buildings in Portland (Meier & Frank Building, WeWork Custom House, Collaborative Life Sciences, and the Food Innovation Center), and the OSU-Cascades campus in Bend, Oregon.

OSU welcomes a diverse student body of nearly 32,000 students from across Oregon, all 50 states, and more than 100 countries. Students can choose from more than 200 undergraduate and 100 graduate degree programs, including more than 20 PhD programs. OSU Ecampus is consistently ranked among the nation's top 10 providers of online education and offers 20 undergraduate degrees and more than 25 graduate online programs, including the MPH. OSU increasingly attracts high-achieving students, with nationally recognized programs in areas such as conservation biology, agricultural sciences, nuclear engineering, forestry, fisheries and wildlife management, pharmacy, and zoology. In keeping with our innovative multidisciplinary approach to public health, our students have access to faculty at unique research centers across campus including the Linus Pauling Institute, Institute for Climate Change Research, Environmental Health Sciences Center, and the Center for Genome Research and Biocomputing.

The University employs 4,017 full time and 699 part time faculty as well as 1,467 full time and 161 part time staff (based on 2017/2018 Institutional Research reporting) and is organized into the following 11 colleges: Agricultural Sciences; Business; Earth, Ocean and Atmospheric Sciences; Education; Engineering; Forestry; Public Health and Human Sciences; Liberal Arts; Pharmacy; Science; and Veterinary Medicine. The colleges are grouped into 4 divisions: Health Sciences, Business and Engineering, Earth Systems Science, and Arts and Sciences to align with the signature areas of distinction. Our College is grouped with Pharmacy and Veterinary Medicine in the Division of Health Sciences. The most senior Dean at each division serves as Executive Dean for the Division (position currently held by Dr. Susan Tornquist from the College of Veterinary Medicine), although the Deans in each College report directly to the Provost of the University.

OSU is Oregon's only university with a statewide presence. To help guide OSU's mission to serve the state and the needs of its citizens in a growing global economy, the University is governed by a Board of Trustees that are appointed by the Governor and confirmed by the Oregon Senate.

#### **Accrediting Bodies**

OSU is accredited by the Northwest Commission on Colleges and Universities (NWCCU). The University is authorized by the Oregon State Board of Higher Education to offer baccalaureate, masters, doctorate, and first professional degrees, as well as undergraduate-, post-baccalaureate-, and graduate-level certificates. NWCCU reaffirmed the accreditation of OSU in Spring 2011. OSU is now participating in the new NWCCU 7-year accreditation cycle, which involves reporting every other year on different standards, rather than a single large report submitted once every 7 years. More information on

OSU accreditation can be found at <https://leadership.oregonstate.edu/provost/7-year-institutional-accreditation-cycle>. Accreditation of colleges within the University, other accredited university activities, and accreditation of the College of Public Health and Human Sciences (CPHHS) and programs within CPHHS are outlined in RFIIntro1-1.

### **History and Evolution of the OSU College of Public Health and Human Sciences (CPHHS)**

Recognizing the compelling need to address emerging public health challenges facing the nation and the need for an accredited school of public health in the state of Oregon and under the leadership of Founding Dean Dr. Tammy Bray, the College began laying the foundation with a focus on public health in 2007. Establishing the first CEPH accredited College of Public Health and Human Sciences (CPHHS) in Oregon became an institutional goal as part of OSU Strategic Plan Phase II in 2009. OSU identified Improving Human Health and Wellness (Healthy People) as 1 of 3 signature areas of distinction to be achieved through the University's Strategic Plan along with Advancing the Science of Sustainable Ecosystems (Healthy Planet) and Promoting Economic Growth and Social Progress (Healthy Economy). Because collaboration, integration, and consolidation were hallmarks of the OSU strategic process, divisions aligning colleges with signature areas of distinction were established. In addition, a university-wide integrative and consolidation guideline that each administrative unit should have a minimum of 20 faculty members per unit was proposed. Hence, our College's new academic structure consisted of schools instead of more traditional departments, a structure that aligned with the University's guideline as well as with the inherently interdisciplinary nature of public health.

CPHHS faculty, staff and the leadership team positioned the College for a leadership role in interdisciplinary public health education. We leveraged existing strengths and increased our collective capacity for research, teaching and outreach in the focus area of Healthy People thereby providing an innovative and valuable contribution to the state of Oregon. Building on our tradition of excellence in public health and human sciences, we designed and reorganized the College to provide a research and learning environment that supported interdisciplinary collaboration, promoted a broad intellectual framework for problem solving, and fostered the development of professional public health values.

The College realigned disciplines to create 2 Schools: Biological and Population Health Sciences (BPHS), and Social and Behavioral Health Sciences (SOBE), 4 Research Centers (Hallie Ford Center for Healthy Children and Families; Center for Healthy Aging Research; Center for Global Health; and Moore Family Center for Whole Grain Foods, Nutrition and Preventive Health), and an integrative Extension Service unit. This unit, a unique component of a land grant institution, is comprised of 4-H Youth Development and Family and Community Health programs. The reorganized CPHHS currently functions as a collaboration of 9 disciplines (Biostatistics, Environmental and Occupational Health, Epidemiology, Global Health, Health Management and Policy, Health Promotion and Health Behavior, Human Development and Family Sciences, Kinesiology, and Nutrition) that address the health of populations and communities through instruction, research, and outreach. Most importantly, the CPHHS brings to the field of public health a forward thinking, comprehensive, and integrative approach to population health that uses an ecological and life course perspective focused on individuals, families, and communities.

Faculty members in the CPHHS embrace the vision, goals and values common to public health and understand the culture and breadth of the public health disciplines. These disciplines are rooted in the CEPH-accredited Oregon Master of Public Health (OMPH) Program that we founded in collaboration with Portland State University and Oregon Health and Science University in 1996. As part of the accredited OMPH Program, OSU began offering MPH programs in Health Promotion and Education and Health Policy and Management in 1996. The International Health and the Environment, Safety and Health options were added in 2000 and 2004, respectively. In 2009, OSU developed curricula and competencies for new Epidemiology and Biostatistics MPH options, which CEPH approved and added to the OMPH unit of accreditation in 2010. We also revised our PhD degree in Public Health to develop

competencies and advanced courses specific to each of the 3 distinct concentrations (Environmental and Occupational Health and Safety, Health Policy, and Health Promotion and Health Behavior) that are consistent with national standards in each field. More recently, we have added 2 additional PhD in Public Health concentrations (Epidemiology in 2015 and Global Health in 2017). We renamed the MPH option in International Health to Global Health, and we added a fully online MPH option in Public Health Practice. Faculty redesigned the undergraduate public health degrees to provide a BS in Public Health with options in Health Management and Policy and in Health Promotion and Health Behavior. Since 2009, we have added more than 40 new faculty members trained in public health as well as faculty in the human sciences whose training bridges to public health disciplines. Our College has 12 endowed faculty positions. Collectively and intentionally, we transformed the College to be a pre-eminent leader in public health. Oregon State University's College of Public Health and Human Sciences was granted accreditation by CEPH on June 24, 2014, making it the first school of public health in Oregon to earn this recognition.

In the Fall of 2016, F. Javier Nieto, MD, MPH, MHS, PhD, replaced Dr. Tammy Bray as Dean of the College. Under his leadership, the CPHHS continues its trajectory to become a top-tier research, teaching, and outreach institution. During FY 18, the College increased external research funding, and faculty brought in \$20,334,912 in sponsored awards, grants, and contracts, the largest ever and an increase of 34% from last year. Our 4 research centers are dedicated to fulfilling the College mission of lifelong health and well-being for every person, every family and every community. CPHHS is currently engaged in internationalizing OSU's land grant mission. In order to advance the frontiers of knowledge not just in the United States, but also for the entire world, the CPHHS has strengthened a number of its existing partnerships abroad and built promising new partnerships on several continents. These new initiatives offer the CPHHS and OSU an exclusive opportunity to prepare future public health leaders across the world and strengthen the public health workforce globally.

Closer to home, the OSU Center for Health Innovation (OCHI) is a new initiative that engages academic, industry, government, and community partners to create innovative solutions to pressing population health issues in the state while building capacity for the current and future public health workforce. In collaboration with OSU Extension and the Eastern Oregon Coordinated Care Organization, the Center launched the Community Health Worker Training Program that aims to improve the health of communities in 12 counties in Eastern Oregon. The Center also strengthened partnerships with local public health departments through the creation of Academic Health Departments with Clackamas, Benton, Lane, Linn, and Lincoln counties. The first full-time Director of OCHI, Dr. Allison Myers, PhD, was recently hired after a national search.

In the late Spring of 2017, Dean Nieto launched a College-wide strategic planning process to step back and assess the most critical issues in partnership with a wide range of stakeholders – within the College; across the University; and in Oregon's communities, businesses and government agencies. Specific to the College's environment, several challenges and opportunities were outlined:

1. the complex nature of the major challenges facing public health today (e.g., obesity, mental health, and increasing disparities) requires innovative and transdisciplinary approaches;
2. the need to triple the number of current public health graduates globally together with the demand for new interdisciplinary professionals requires strategies for diversifying access to training and continuing education of the workforce;
3. the growing health inequities emerging from the broad determinants of health, and opportunities through the federal Affordable Care Act and other legislation requires new solutions;
4. the perennial challenge of gaps in actionable data and clear metrics to improve health can guide solutions;
5. local communities stressed by funding reductions for health services from traditional sources require the creativity of innovative funding relationships between communities and agencies; and

6. the emergence of a global “Public Health 3.0” model that brings together public and private sectors into structured, cross-sectoral partnerships provides a framework for moving forward.

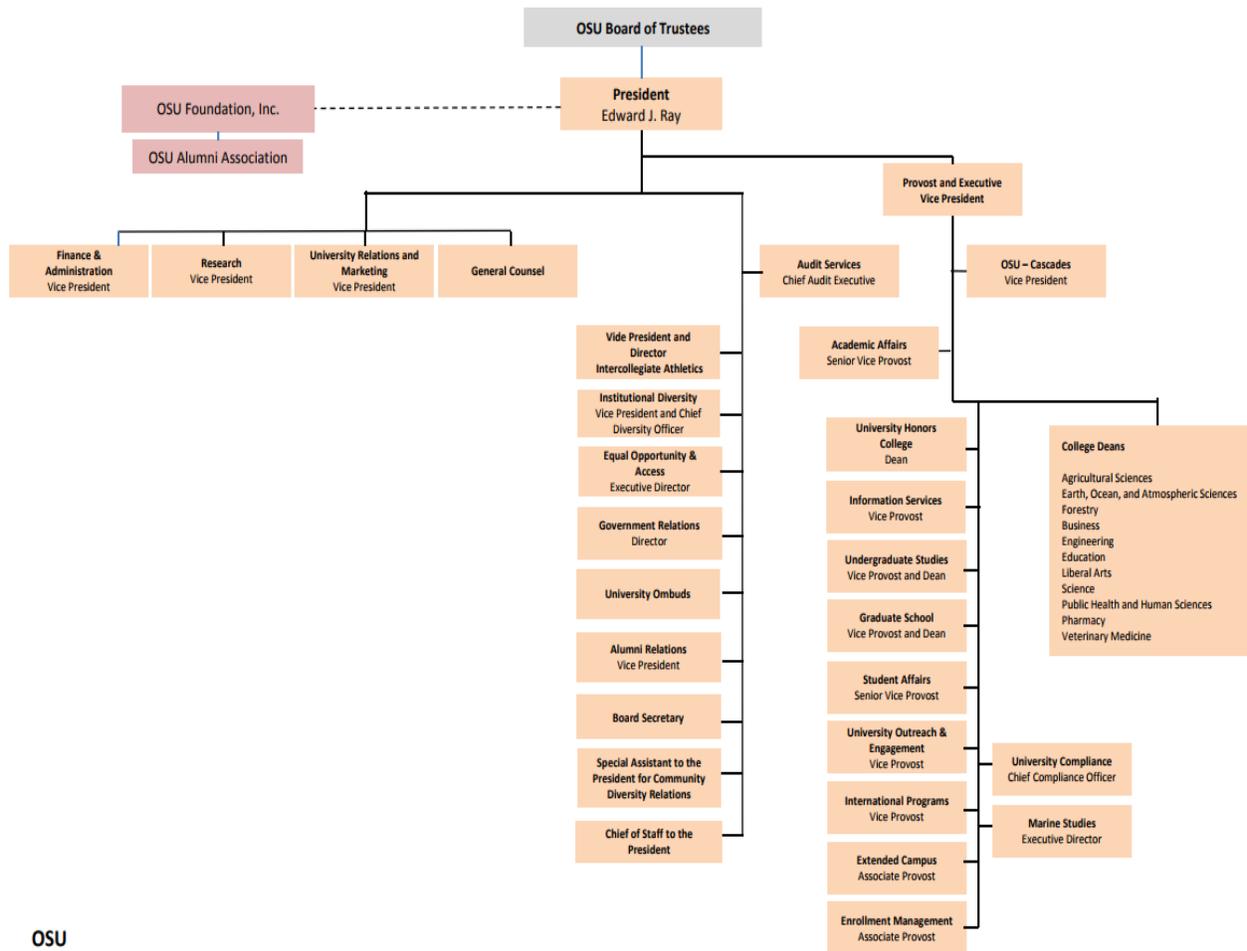
In response to these challenges and opportunities, the College began its planning process with these objectives: (1) focus on leadership and delivery of key goals critical to advancing the emerging OSU 4.0 Strategic Plan and the College; (2) raise visibility, create differentiation for the College, and strengthen research and teaching collaborations and partnerships across OSU and beyond; (3) maximize the College’s impact to improve population health and provide value to students and the University; and (4) capture synergies and opportunities realized from integration within a single CPHHS entity. Through the first 5 phases of the strategic planning process, leadership, faculty and staff collectively developed 4 goals for the College. The College leadership team has drafted the impact measures that will determine what success will look like for each of the 4 goals, and has developed guidelines for prioritizing next steps toward implementation. The College is now in the 6<sup>th</sup> and final phase of the 2018-2023 strategic planning process (<https://health.oregonstate.edu/strategic-plan>), where leadership, faculty and staff will collectively set the College’s priority actions for the next 2 years, and then announce and launch this implementation plan.

The College is well positioned to realize these goals because of multiple strengths that include its growth and interdisciplinary focus on health across the lifespan, its integration of human sciences into public health concepts, and its distinction among other schools and colleges of public health because of its built-in capacity for outreach in the form of OSU Extension Service. As one of only a handful of schools of public health at a land grant institution, it is one of a select few with this direct connection with communities. In summary, we have created and continue to build an organizational structure, systems, culture, and processes that foster a multidisciplinary approach to advancing knowledge, policies, and practices aimed at improving population health in communities across Oregon and beyond.

## 2. Organizational charts

Oregon State University is organized along fairly traditional lines for large, comprehensive, research-engaged institutions (see Figure 1 or <https://institutionalresearch.oregonstate.edu/sites/institutionalresearch.oregonstate.edu/files/orgchart-university-feb-2017.pdf>). As noted previously (under 1. Institutional environment), the University houses 11 degree-granting colleges. The Graduate School and University Honors College are separate with specific functions within the University. Deans of colleges report directly to the University Provost and Executive Vice President, who in turn reports directly to the University President. The Dean of the Graduate School also serves as Vice Provost for graduate education. The Colleges are aligned with the 3 signature areas of distinction (*Healthy People, Healthy Planet and Healthy Economy*) to form the Divisional Administrative Structure (i.e., Divisions of Health Sciences, Earth System Sciences, and Business and Engineering). The University Provost appoints an Executive Dean for each Division to coordinate and lead Division initiatives but not as a reporting function. In all cases, the Dean of each college in the Division retains a direct reporting relationship with the University Provost. The Provost meets periodically with the Deans both individually and as a group (Provost Council of Deans); Dean Nieto currently serves as a representative of the Deans at the OSU President’s Cabinet (see A1.4).

## Introduction Figure 1. Oregon State University Administrative Structure

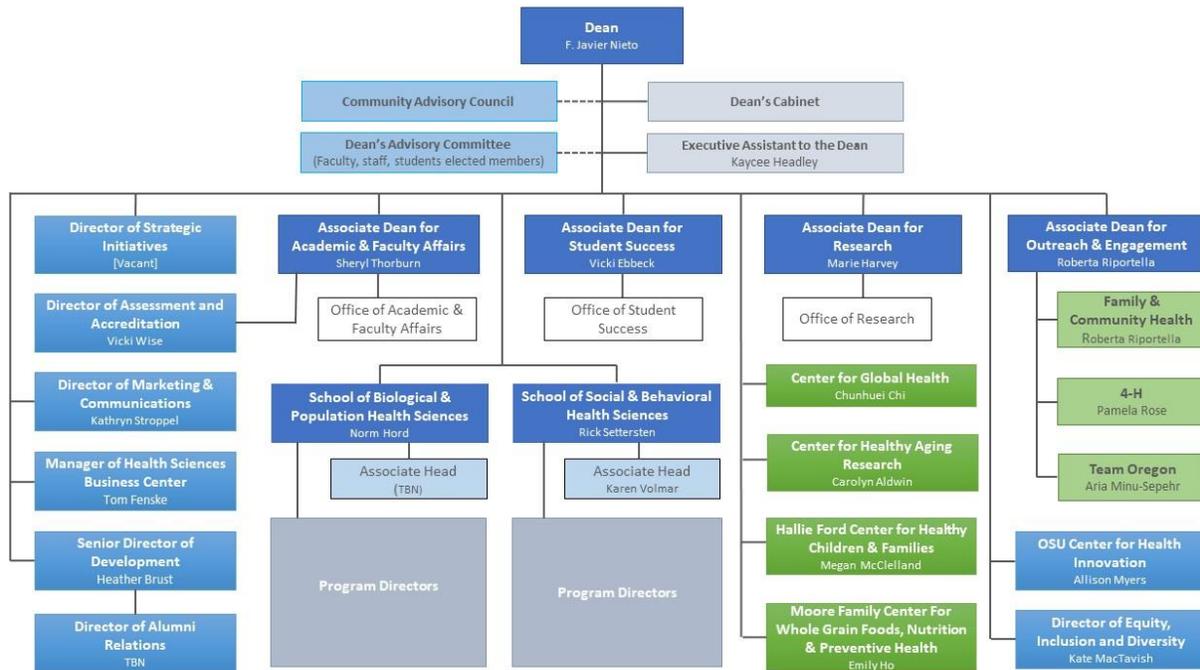


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Feb 2017



Figure 2 displays the administrative organization of the CPHHS, including the reporting lines to the Dean (also at <https://health.oregonstate.edu/leadership-flowchart>). Aligning with the mission of the College (i.e., research, academic excellence, student success, and outreach and extension), the 4 Associate Deans report directly to the Dean and include the Associate Deans for Research, Academic and Faculty Affairs, Student Success, and Outreach and Engagement. Each School is administered by a School Head who is appointed by and reports to the Dean. Specialized administrators who report directly or indirectly to the Dean support the work of that office including budgeting and fiscal management, communication and alumni relations, development and fund raising, and strategic directions. In addition, the College has 4 interdisciplinary Research Centers that support and bolster the College's research agenda. These Center Directors work collaboratively with the Associate Dean for Research to enhance the research and scholarship capacity of the College in the distinctive signature areas. Each administrator on the chart works collaboratively to serve the College's constituents.

**Introduction Figure 2 – College of Public Health and Human Sciences Administrative Structure**



**3. Instructional matrix**

Introduction Table 1. Instructional Matrix - Degrees and Concentrations AY 2018-2019						
Bachelor's Degrees			Categorized as public health	Campus based	Executive	Distance based
Human Development and Family Sciences	BS			BS		BS
Kinesiology	BS			BS		
Nutrition	BS			BS		BS*
Public Health, Health Management and Policy	BS		X	BS		
Public Health, Health Promotion and Health Behavior	BS		X	BS		
* We have put forth a proposal for this program.						
Master's Degrees	Academic	Professional				
Biostatistics		MPH	X	MPH		
Environmental and Occupational Health		MPH	X	MPH		
Epidemiology		MPH	X	MPH		
Global Health		MPH	X	MPH		
Health Management and Policy		MPH	X	MPH		
Health Promotion and Health Behavior		MPH	X	MPH		
Public Health Practice		MPH	X			MPH

Introduction Table 1. Instructional Matrix - Degrees and Concentrations AY 2018-2019						
Adapted Physical Education		MAPE		MAPE		
Athletic Training		MATR N		MATR N		
Kinesiology	MS			MS		
Human Development and Family Studies	MS			MS		
Nutrition	MS			MS		
<b>Doctoral Degrees</b>	<b>Academic</b>	<b>Professional</b>				
Environmental and Occupational Health	PhD		X	PhD		
Epidemiology	PhD		X	PhD		
Global Health	PhD		X	PhD		
Health Policy	PhD		X	PhD		
Health Promotion and Health Behavior	PhD		X	PhD		
Kinesiology	PhD			PhD		
Human Development and Family Studies	PhD			PhD		
Nutrition	PhD			PhD		
<b>Joint Degrees</b>	<b>Academic</b>	<b>Professional</b>				
<b>2<sup>nd</sup> Degree Area</b>	<b>Public Health Concentration</b>					
Veterinary Medicine	Epidemiology		MPH-DVM	X	MPH	

#### 4. Enrollment data

Introduction Table 2. Enrollment Data 2018-2019 AY		
Degree		Current Enrollment
Master's		
	MPH – Biostatistics	8
	MPH - Environmental and Occupational Health	13
	MPH – Epidemiology	23
	MPH - Global Health	20
	MPH - Health Management and Policy	18
	MPH - Health Promotion and Health Behavior	18
	MPH - Public Health Practice	11
	MS – Kinesiology	15
	MS – Nutrition	0
	MATR – Athletic Training	18
	MS – Human Development and Family Studies	14
	MAPE - Adapted Physical Education	6
Doctoral		

<b>Introduction Table 2. Enrollment Data 2018-2019 AY</b>		
<b>Degree</b>		<b>Current Enrollment</b>
	PhD - Public Health, Environmental and Occupational Health	8
	PhD - Public Health, Epidemiology	14
	PhD - Public Health, Global Health	7
	PhD - Public Health, Health Policy	17
	PhD - Public Health, Health Promotion and Health Behavior	20
	PhD – Human Development and Family Studies	14
	PhD – Kinesiology	24
	PhD – Nutrition	11
Bachelor's		
	BS - Public Health, Health Management and Policy	100
	BS - Public Health, Health Promotion and Health Behavior	192
	BS – Human Development and Family Sciences	566
	BS – Kinesiology	866
	BS – Nutrition	181

## A1. Organization and Administrative Processes

### A1.1. List the school's standing and significant *ad hoc* committees. For each, indicate the formula for membership and list the current members.

Listed below in Table A1.1.a. are the College's standing and significant *ad hoc* committees, formula for membership, and current members as of Fall 2018.

<b>Table A1.1.a. List of Committees as of Fall 2018</b>	
<b>College Level Committees</b>	
<b>Dean's Cabinet</b>	
Formula for Membership	The Dean's Cabinet is composed of the Dean; Associate Deans; School Heads; Extension 4-H program leader; Extension Family and Community Health Associate Dean and program leader; Senior Director of Development; Director of Marketing and Communications; Director of Assessment and Accreditation; CPHHS Director of Equity, Inclusion, and Diversity; Director OSU Center for Health Innovation; Manager of Health Sciences Business Center; a Center Director; 2 Program Directors (elected); and Executive Assistant to the Dean. Members are appointed by the Dean, except those indicated.
Members	Javier Nieto (Dean), Viktor Bovbjerg, Heather Brust, Vicki Ebbeck, Tom Fenske, Marie Harvey, Kaycee Headley, Emily Ho, Norm Hord, Kate MacTavish, Allison Myers, Roberta Riportella, Pamela Rose, Robert Stawski, Rick Settersten, Kathryn Stoppel, Sheryl Thorburn, Vicki Wise
<b>Dean's Leadership Team</b>	
Formula for Membership	The Dean's Leadership Team is composed of the Dean, Associate Dean for Research, Associate Dean for Academic and Faculty Affairs, Associate Dean for Student Success, Associate Dean for Outreach and Engagement, Head of the School of Biological Health Sciences, and Head of the School of Social and Behavioral Health Sciences. Members are appointed by the Dean.
Members	Javier Nieto (Dean), Vicki Ebbeck, Marie Harvey, Norm Hord, Roberta Riportella, Rick Settersten, Sheryl Thorburn
<b>Dean's Advisory Committee</b>	
Formula for Membership	The Dean's Advisory Committee consists of 10 members, each representing the groups listed below. Representatives are nominated and elected by members of each group—except for the student representatives who are elected by their corresponding councils from among their members. Each member is elected for a 1-year term, and is eligible to be re-elected for no more than 3 consecutive terms. <ul style="list-style-type: none"> <li>• Cascades CPHHS faculty (regardless of track/rank)</li> <li>• Extension faculty (regardless of track/rank)</li> <li>• Tenured faculty (Corvallis campus, non-full time Extension)</li> <li>• Tenure track assistant/associate professors (Corvallis campus, non-full time Extension)</li> <li>• Non-tenure track clinical and research faculty, regardless of track/rank (Corvallis campus, non-full time Extension)</li> <li>• Instructor (regardless of rank)</li> <li>• Professional faculty</li> <li>• Classified staff</li> <li>• Graduate student (elected by Graduate Student Council)</li> <li>• Undergraduate student (elected by Undergraduate Student Council)</li> </ul>
Members	Kiana Barr (undergraduate student), JP Bigouette (graduate student), Brad Cardinal, Catherine (CJ) Clevinger, Kim Hannigan-Downs, Veronica Irvin, Tonya Johnson, Lori McGraw, Christine Pollard, Tami Schrock
<b>College Promotion and Tenure Committee</b>	
Formula for Membership	Members are elected by College faculty.
Members	Carolyn Aldwin, Lynette Black, Virginia Bourdeau, Viktor Bovbjerg, Urszula Iwaniec, Jeff Luck, Megan McClelland, Marc Norcross

<b>Table A1.1.a. List of Committees as of Fall 2018</b>	
<b>College Curriculum Committee</b>	
Formula for Membership	The Committee consists of a minimum of 8 faculty members, 4 students, the College's Head Advisor (ex officio) or designee, and the Associate Dean for Academic and Faculty Affairs (ex officio). Eight faculty members are elected by College faculty. The Dean appoints student members and may appoint additional faculty members.
Members	Laura Arntson (student), Adam Branscum, Karen Elliott, Erin Heim (ex-officio), Gregory Heinonen (student), Molly Kile, Jeff Luck, Carolyn Mendez-Luck, Chloe Simpson (student), Ellen Smit, Hannah Tacke (student), Sheryl Thorburn (ex-officio), Heidi Wegis, Erica Woekel, Jangho Yoon
<b>College Equity, Inclusion and Diversity Committee</b>	
Formula for Membership	The Equity, Inclusion and Diversity Committee is composed of faculty, staff, and students from across the College. The Chair is appointed by the Dean, and members are appointed by the School Heads.
Members	Jonathan Garcia, Stephanie Grutzmacher, Jamie Jaramillo (student), Deborah John, Kate MacTavish (Chair), Mario Magana, Cynthia Mojica, Cristian Reyes (student), David Rothwell, Vicki Wise
<b>Undergraduate Student Council</b>	
Formula for Membership	The Council is composed of students representing the undergraduate majors and options in the College. Council members are selected by faculty in the College, or are assigned to the Council by the Associate Dean for Student Success after responding to open invitations sent to the undergraduate student body. Members are encouraged to maintain their participation across multiple years.
Members	Kiana Barr, Alexis Geiszler, Kennedy Hedges, Hailey Tefft
<b>Graduate Student Council</b>	
Formula for Membership	The Council is composed of representatives from each of the 9 graduate academic disciplines in the College. Council members are chosen by a vote of students in their respective academic program and serve for a 1-or-2- year term.
Members	Fatimah Al-Ghadban, Shannon Austin, John Paul Bigouette, Minarva Craig, Hiroki Den, Stephanie Foster, Ellen Street, Shelbie Turner, Vacant (Health Management and Policy)
<b>College Scholarship Committee</b>	
Formula for Membership	Members are appointed by the Dean in consultation with School Heads.
Members	Michelle Bump, Larry Gilley, Lori McGraw, Marc Norcross, Monica Olvera, Jay Penry, Nelson Sigrah, Ingrid Skoog, Aimee Snyder
<b>Fellowship Awards Committee</b>	
Formula for Membership	Members are appointed by the Dean to serve a 1-year term.
Members	Adam Branscum, Jessica Gorman, Don Jump, Marc Norcross, Rob Stawski, Sheryl Thorburn (ex officio)
<b>College Awards Committee</b>	
Formula for Membership	The Dean appoints the previous year's award recipients to serve a 1-year term.
Members	Mary Arnold, Sue Carozza, Gloria Krahn, Lori McGraw, Lisa Silbernagel
<b>School Level Committees</b>	
<b>BPHS Personnel Committee</b>	
Formula for Membership	Committee membership consists of elected members from each program within the School by faculty in the respective programs.
Members	Jeanne Brand, Adam Branscum, Patty Case, Emily Ho, Mark Hoffman, Donald Jump, Sunil Khanna, Jessica Linnel, Ellen Smit, Anthony Veltri, Heidi Wegis, JK Yun
<b>SOBE Promotion and Tenure Committee</b>	
Formula for Membership	Committee membership consists of elected members from each program within the School by faculty in the respective programs.
Members	Carolyn Ashton, Marc Braverman, Joe Catania, Peggy Dolcini, Karen Elliott, Kate MacTavish, Anne Mannering, Shannon Lipscomb, Carolyn Mendez-Luck, Jangho Yoon

<b>Table A1.1.a. List of Committees as of Fall 2018</b>	
<b>Program Level Committees</b>	
<b>Academic Program Faculty Committees and Program Directors</b>	
Formula for Membership	All faculty of each discipline (Program Faculty) are members of their Academic Program Faculty Committee. Committees for each academic program are headed by a Program Director appointed by their respective School Head.
Members	Program Directors include the following: Viktor Bovbjerg, Adam Branscum, Cathleen Brown Crowell, Sue Carozza, Mary Cluskey, Peggy Dolcini, Jonathan Garcia, Larry Gilley, Kim Hannigan, Neilann Horner, Donald Jump, Laurel Kincl, Jeff Luck, Lori McGraw, Marc Norcross, Kari-Lyn Sakuma, Rob Stawski, Heidi Wegis
<b>Community Level Committees</b>	
<b>The Community Advisory Council (CAC)</b>	
Formula for Membership	The CAC is comprised of 12-15 external stakeholders in public health and human sciences. Members are appointed by the Dean for a 3-year term.
Members	Full membership list is provided in Table F1.1

**A1.2. Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made.**

**A1.2.a. Degree requirements.**

The University has policies governing all Master’s and Doctoral degree programs, including general requirements and graduate programs of study. Specific degree requirements are developed by faculty in each of the academic programs, and requirements for new degrees are approved through a multi-step curriculum approval process that includes approval by our College, the University Graduate Council (if a graduate degree), the University Curriculum Council, and the University Academic Programs office (see A1.2.b. for more details). Many changes to degree requirements (e.g., total number of credits required for a degree, MPH course requirements) require curriculum proposals, which are reviewed and approved through the same multi-step process. Some changes to degree requirements (e.g., internship requirements, doctoral concentration course requirements, and the format of doctoral qualifying exams) do not undergo the same multi-step process, but are developed and approved by the faculty in the affected program(s). Each academic program is responsible for and coordinates the development, oversight, and implementation of specific degree requirements. The Associate Dean for Academic and Faculty Affairs oversees all academic programs and the curriculum review and approval process in our College.

**A1.2.b. Curriculum design.**

Curriculum and academic standards are the purview of the faculty. Curriculum proposals usually originate and are developed at the academic-program level. In AY 2017-18, the College revised our internal curriculum review process. The College’s new policy document was approved by the faculty and describes our curriculum committee and proposal process (see <https://health.oregonstate.edu/committees/curriculum>). The College Curriculum Committee reviews curriculum proposals pertaining to (1) initiation or discontinuation of courses included in the curriculum, (2) new courses to be offered in the College, (3) revision of courses offered by the College, (4) revision of academic programs and curriculum (e.g., changes to majors, minors, options, and certificates), and (5) new academic programs (e.g., degrees, majors, minors, options, and certificates). All of these types of proposals must be approved by the College Curriculum Committee before submission to the University for review. The College’s Office of Academic and Faculty Affairs facilitates the review and approval of curriculum proposals by the College Curriculum Committee and, when required, the College faculty. Details regarding committee membership and the curriculum proposal process are described in the policy document. Once approved by the College, proposals are submitted to and shepherded through the University review and approval process by the College’s Office of Academic and Faculty Affairs, under the oversight of the Associate Dean for Academic and Faculty Affairs.

### **A1.2.c. Student assessment policies and processes.**

Academic assessment and policies are monitored and enforced in 3 categories:

- 1) The Graduate School monitors the maintenance of a 3.0 GPA for continued enrollment and graduation of masters and doctoral students. For policies governing all OSU graduate programs, see <https://health.oregonstate.edu/committees/curriculum>
- 2) The Registrar's Office monitors the maintenance of a minimum 2.0 GPA for continued enrollment and graduation of undergraduate students. Undergraduate students falling below the minimum GPA are placed on Academic Warning and directed to consult with an advisor in the College's Office of Student Success. A student on Academic Warning who fails to achieve a minimum 2.0 GPA in the subsequent term is placed on Academic Probation; a student on Academic Probation who fails to achieve a minimum 2.0 GPA in the subsequent term is placed on Academic Suspension from the University. Specific undergraduate academic programs in our College have retention standards for continued enrollment in the major that are higher than the minimum standard for enrollment at the University.
- 3) All academic program faculty members who are trained in the discipline and teach in a specific degree program or concentration/option develop, review, and approve all program standards and policies, such as curriculum requirements and course content for specific academic degrees.

### **A1.2.d. Admissions policies and/or decisions.**

Undergraduate admissions and decisions are managed centrally in the University's Admissions Office. The College Director of Graduate Student Recruitment and Admissions (who reports to the Associate Dean for Academic and Faculty Affairs) and faculty members of each academic discipline actively recruit a diverse student population for all graduate programs in the College. Applicants to graduate public health degree programs (MPH and PhD) apply first through the Schools of Public Health Application Service (SOPHAS), and then through the OSU Graduate School's supplemental application. At each of the 2 deadlines (December 1 and March 1), the Director of Graduate Student Recruitment and Admissions facilitates the review process by circulating complete applications to the appropriate reviewing committees that are discipline specific (e.g., Epidemiology, Global Health, etc.). An initial determination is made by the respective committee on each application and forwarded to School Heads for approval. These decisions are submitted to the OSU Graduate School for a final review, wherein the Graduate School determines whether the general university requirements for admission have been met (<https://gradschool.oregonstate.edu/admissions/academic-requirements>). See Section H4.1. for additional details regarding student recruitment and admissions policies and procedures.

### **A1.2.e. Faculty recruitment and promotion.**

Faculty recruitment is administered at the School level, and is consistent with the faculty search and appointment procedures described by the OSU Office of Human Resources (<http://oregonstate.edu/admin/hr/jobs/>) and the promotion and tenure policies described in the OSU Faculty Handbook (<http://oregonstate.edu/admin/aa/faculty-handbook-contents>). For recruitment, each School is responsible for identifying faculty needs and submitting a position description to the Dean for approval. Once approved, a search committee is established and formally charged. Each search committee includes a Search Advocate who is an OSU faculty or staff member trained to advise the search and selection process to enhance equity, inclusion, and diversity in hiring. The committee reviews applications, schedules faculty candidate visits and meetings on campus, and submits a list of acceptable candidates to the School Head and the Dean. With the Dean's approval, the School Head negotiates the faculty hire.

Faculty members are invited to participate in regularly scheduled College and University workshops on the promotion and tenure process and guidelines. A guiding principle in the promotion and tenure process is that faculty members are evaluated according to the delineation and distribution of effort defined in their position descriptions. The College follows the Promotion and Tenure (P & T) Guidelines described in the OSU Faculty Handbook (<http://oregonstate.edu/admin/aa/faculty-handbook-promotion->

[and-tenure-guidelines](#)).

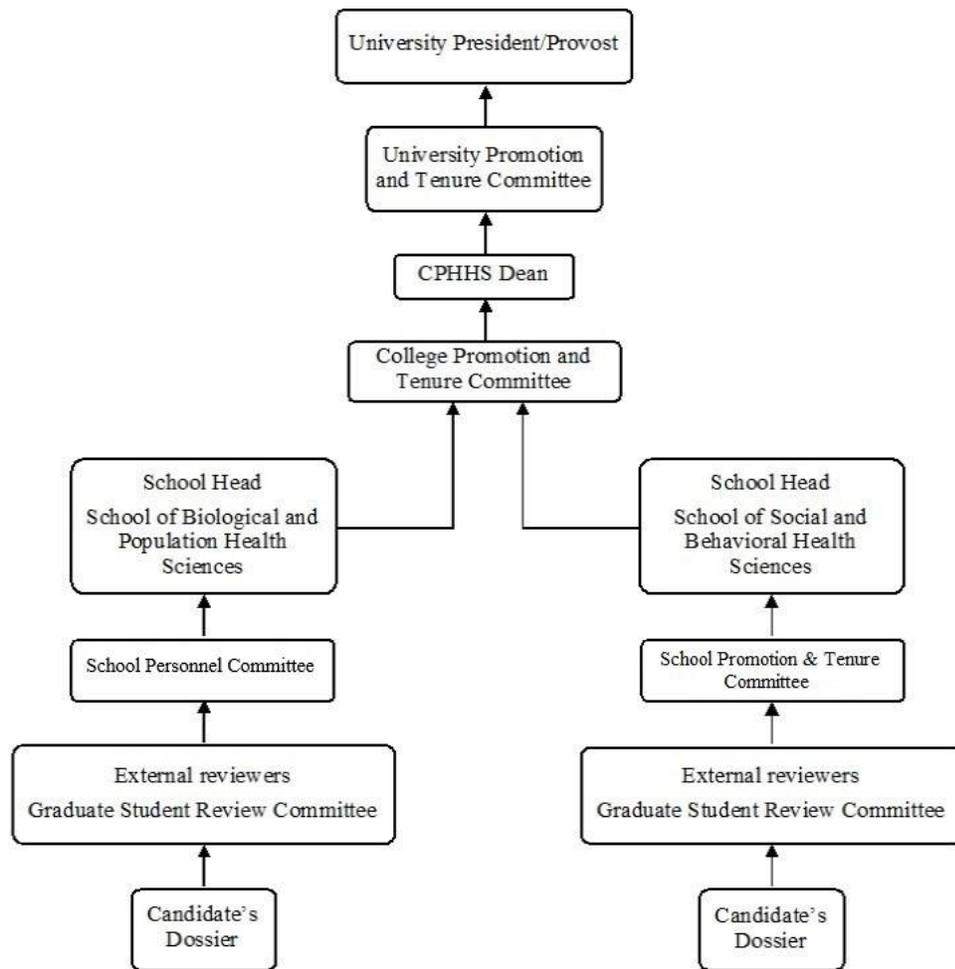
The promotion and tenure process includes review at the School, College, and University levels (see Promotion and Tenure Process figure below). Each School has a review committee (Personnel Committee in BPHS and P & T Committee in SOBE). In each School, committee membership consists of elected members from each program in the respective School. All rank faculty are eligible to vote within their School. The School-level review committee evaluates the dossiers of faculty being considered for promotion and/or tenure, and provides recommendations to its respective School Head. All cases receive the benefit of external reviewers, at least 3 of which are selected from a list provided by the candidate and the remainder are selected by the School Head. School Heads invite external reviews to conduct the reviews. Students also participate in the review of faculty for promotion and tenure. The School Head requests letters from recent and current students, including advisees that provide an evaluation of the faculty's effectiveness as a teacher and advisory. A student committee appointed by the School Head prepares a letter summarizing the input from student referees. The purpose of the student evaluation letter is to document the student perspective of the candidate's effectiveness as a teacher and advisor. All members of the student committee sign the summary letter, and the letter is included in the faculty dossier prior to review by the School-level faculty committee. After receiving the faculty committee's letter, the School Head reviews the dossiers and writes a letter of evaluation and recommendation. The dossier, with the School-level faculty committee and School Head letter included, advances to the College level for review by the College P & T Committee and the Dean.

The College P & T Committee is comprised of on-campus faculty members from each School, elected by on-campus faculty within the respective Schools, as well as off-campus Extension faculty members, who are elected by faculty with off-campus Extension appointments. The College P & T Committee evaluates the dossiers of faculty being considered for promotion and/or tenure and provides recommendations to the Dean. The Dean then conducts his review of the dossier, having the benefit of input from School-level faculty and administrators and College-level faculty. The Dean's letter of evaluation and recommendation completes the College-level review, and the dossier then proceeds to the University level for review.

The criteria considered in appointments and promotion and tenure include: (1) performance in teaching, advising, and mentoring of students; (2) performance in research, scholarship, and creative activity; (3) performance of service to the University, the profession, or the community; and (4) performance in other assigned duties. Each faculty member on annual tenure (tenure-track) is subject to an annual performance review by the School Head in the areas of teaching, research, and service, and a mid-term review (in spring of the 3rd year for faculty on the standard tenure clock) by the school personnel/promotion and tenure committee and School Head. The dossier and accompanying letters of evaluation from the unit review committee and School Head for each mid-term review of faculty are shared with the Dean. For Assistant Professors, University policies mandate the P & T review during the faculty member's 6th year for promotion to Associate Professor and granting of indefinite tenure.

Research and service requirements are described in the Faculty Workload Document (RFE4-1a). Faculty Workload). This document provides guidance to School Heads who, in collaboration with faculty members, make decisions about the percent of FTE allocated to each function. Each faculty position is unique; therefore defining a rigid set of expectations for all faculty members in the College is neither possible nor appropriate. All tenured and tenure-track faculty members are, however, expected to conduct rigorous, high-quality research and scholarship. According to University Promotion and Tenure Guidelines, at least .15 FTE must be allocated to scholarship (RFE4-1b). In the CPHHS, the standard resident tenured and tenure-track faculty position has .45 FTE, .45 FTE, and .10 FTE allocated to research, teaching, and service, respectively. School Heads work to maximize the effectiveness of their faculty to meet the School and College goals related to teaching, scholarship, and service. They do so by

individualizing faculty assignments to meet the different responsibilities needed to fulfill the mission and goals of the unit, recognizing the talents, interests, and expertise of the faculty. Thus, School Heads in collaboration with a faculty member may decide to make changes to faculty assignments based on external funding success for research and/or the needs of the unit (e.g., administrative appointments, increased teaching expectations).



**Figure A1.2.e. Promotion and Tenure process**

**A1.2.f. Research and service activities.**

As stated in the OSU Faculty Handbook (<http://oregonstate.edu/admin/aa/faculty-handbook-promotion-and-tenure-guidelines>): “All Oregon State University faculty in the professorial ranks have a responsibility to engage in scholarship and creative activity. Scholarship and creative activity are understood to be intellectual work whose significance is validated by peers and which is communicated.” With respect to service: “Faculty service is essential to the University’s success in serving its central missions, and is a responsibility of all faculty.” As a land grant university, research and service expectations are also part of our College’s stated mission, goals and objectives. Each faculty member’s position description specifies individual expectations for research and service. Faculty productivity and contributions in teaching, research, service, and other assigned duties are rewarded through the University’s system of merit, promotion, and tenure. See Section E4 for more details about faculty research activities and Section E5 for more details about faculty service activities.

**A1.3. A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school or program.**

A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school are posted on the College website and available to all faculty and staff at <https://health.oregonstate.edu/governance-documents>. The following College policy documents are also available in RFA-1.3a-f.

- a) College Guidelines for Workload Assignments
- b) College Curricular Structure and Process
- c) College Promotion and Tenure Committee Guidelines
- d) College Policy on Periodic Review
- e) School of Biological and Population Health Sciences (BPHS) Personnel Committee Guidelines
- f) School of Social and Behavioral Health Sciences (SOBE) Promotion and Tenure Committee

Students are involved in governance through committee participation and through student councils. See Criterion A3. for specific details related to student engagement.

**A1.4. Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.**

The University’s standing committees, formula for membership, and current College members are listed in Table A1.4.a.

<b>Table A1.4.a. List of University Committees</b>	
<b>Provost’s Council of Deans</b>	
Charge	Advises the Provost, shared strategic thinking and collaboration on College and University-wide matters.
Formula for Membership	College Deans and the Special Assistant to the Provost, appointed by the Provost
College Members	Javier Nieto
<b>Faculty Senate</b>	
Charge	Legislative responsibility regarding academic policies, educational standards, curricula, academic regulations, faculty welfare, and makes recommendations to University administration.
Formula for Membership	132 elected members (apportioned according to the bylaws available at <a href="http://senate.oregonstate.edu/bylaws">http://senate.oregonstate.edu/bylaws</a> ), officers of the Senate, and ex-officio members
College Members	Sergio Arispe, Jeffrey Bethel, Kimberly Hannigan, Wendy Hein, Clive Kaiser, Sunil Khanna, Gloria Krahn, Jeff Luck, Katherine MacTavish, Elissa Wells, Joonkoo Yun
<b>Faculty Senate Standing Committees</b>	
Charge	Each of the 27 committees has Standing Rules available at <a href="http://senate.oregonstate.edu/committees-councils">http://senate.oregonstate.edu/committees-councils</a>
Formula for Membership	Appointed by the Faculty Senate Executive Committee based on response to the Committee Interest Form distributed to all faculty in the spring.
College Members	Jennifer Beamer (Academic Regulations) Karen Elliot (Faculty Status Committee) Carey Hilbert (Undergraduate Admissions Committee) Drew Ibarra (Budgets and Fiscal Planning Committee) Sunil Khanna (Promotion and Tenure) Marc Norcross (Graduate Council)

<b>Table A1.4.a. List of University Committees</b>	
	John Schuna (Curriculum Council) Nelson Sigrah (Student Recognition and Awards Committee) Karen Volmar (Graduate Admissions Committee)
<b>Associate Deans for Research Advisory Council</b>	
Charge	Advises the Vice President for Research
Formula for Membership	Associate Deans for Research in each of the Colleges appointed by the Vice President for Research
College Members	Marie Harvey
<b>President's Commission on the Status of Women</b>	
Charge	Advises the President and other administrators regarding the status of women within the University, advocates for and promotes a positive climate for all university women including students, staff, faculty, and administrators.
Formula for Membership	New members are recruited and names are forwarded to the President's office, and the President makes the final selection and appoints members.
College Members	Kelly D. Chandler
<b>President's Cabinet</b>	
Charge	The Cabinet provides effective, responsive, and informed institutional leadership and serves as a venue for shared strategic thinking and collaboration. The Cabinet surfaces issues that require or would benefit from cross-unit discussion and collaboration and works to ensure that the University makes timely progress toward its goal of advancing as one of the nation's best universities. The Cabinet also provides penultimate review of recommendations to the President and Provost on matters of broad institutional significance. Cabinet members are responsible for ensuring effective, reciprocal communication with their constituents.
Formula for Membership	Cabinet members serve at the invitation of the President. <ul style="list-style-type: none"> <li>• President, Edward J. Ray</li> <li>• Provost/Executive Vice President, Ed Feser</li> <li>• Vice President for Finance and Administration, Mike Green</li> <li>• Vice President for Research, Irem Tumer (Interim)</li> <li>• Vice President for University Relations and Marketing, Steve Clark</li> <li>• Vice President and Director, Intercollegiate Athletics, Scott Barnes</li> <li>• Vice President and Chief Diversity Officer, Charlene Alexander</li> <li>• Interim Vice Provost for Student Affairs, Dan Larson</li> <li>• Senior Vice Provost for Faculty Affairs, Susan Capalbo</li> <li>• Board of Trustees Secretary, Debbie Colbert</li> <li>• President, OSU Foundation, Mike Goodwin</li> <li>• General Counsel [ex officio], Rebecca Gose</li> <li>• President, ASOSU, Justin Bennett</li> <li>• Executive Director, Equal Opportunity and Access, Kim Kirkland</li> <li>• President, Faculty Senate, Jon Dorbolo</li> <li>• Director, Government Relations, Jock Mills</li> <li>• Vice Provost for University Outreach and Engagement, Scott Reed</li> <li>• Chief Audit, Risk and Compliance Executive [ex officio], Patti Snopkowski</li> <li>• Dean of the College of Public Health and Human Sciences, Javier Nieto</li> <li>• Chief Assistant to the President and Assistant Board Secretary, Jennifer Almquist</li> <li>• Chief Human Resources Officer, Cathy Hasenpflug</li> </ul>
College Members	Javier Nieto
<b>President and Provost Leadership Council for Equity, Inclusion, and Social Justice</b>	
Charge	Guide a deliberate institutional strategy to provide comprehensive leadership and investments in

<b>Table A1.4.a. List of University Committees</b>	
	equity, inclusion, diversity, and social justice initiatives throughout the University.
Formula for Membership	Appointed by the President and the Provost
College Members	Vicki Ebbeck, Marie Harvey, Kate MacTavish
<b>University Health and Safety Committee</b>	
Charge	To ensure the health and safety of all University employees.
Formula for Membership	Appointed by the Vice President for Finance and Administration
College Members	Debi Rothermund
<b>Undergraduate Education Council</b>	
Charge	Facilitating and enhancing communication among colleges and administrative units that will lead to meaningful improvements in the services, programs, and products associated with OSU's undergraduate students.
Formula for Membership	Associate Deans for undergraduate education in each of the Colleges appointed by the Senior Vice Provost for Faculty Affairs
College Members	Vicki Ebbeck
<b>University Assessment Council</b>	
Charge	Engages College in strategic assessment efforts.
Formula for Membership	Representative identified by each college focused on assessment and accreditation. Appointed by the Dean
College Members	Vicki Wise

**A1.5. Describe how full-time and part-time faculty regularly interact with their colleagues and provide documentation of recent interactions.**

All faculty and staff are invited to attend the 2 annual College meetings. A Fall meeting is held at the beginning of each academic year and provides an opportunity to introduce new faculty and staff, share updates about the College, and set aside time to interact socially. This meeting is followed by a College social event where faculty and staff interact informally over lunch or dinner. During the Spring term (typically in May) another College meeting is held. In addition, each school holds monthly faculty meetings, and each program meets on a regular basis. Faculty regularly interact with their colleagues through annual peer teaching evaluations; each faculty receives and performs an evaluation of teaching. In addition, faculty reach out to one another to collaborate on research projects. (See RFA1-5)

**A1.6. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement.**

**Strengths:**

- Both College and University governance includes representation and active participation of faculty and students.
- Faculty governance is instrumental in the curricular processes and degree requirements, admissions of graduate students, faculty promotion and tenure, and new faculty searches.
- We have streamlined our curricular processes, shortening the time for review and approval within the College, thus allowing us to be more nimble and responsive to curricular needs and emerging trends.

- We have engaged faculty and students in the strategic planning and in the self-study process for the College.
- A new Dean's Advisory Committee (composed of elected members of faculty, staff, and students) has been established to provide a direct line of communication with the Dean and to promote a participative and consensus-based governance culture.
- We have enhanced online faculty resources.
- To complement the University Faculty Handbook, the College has developed a faculty handbook that is specific to our College policies and procedures.

**Weaknesses:** None

**Plan:** We will continue to engage faculty in committees and decision-making bodies to participate in policy making within the College. We will engage faculty as members on decision-making bodies whenever appropriate.

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**A2. Multi-Partner Schools and Programs**

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Not applicable



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## A3. Student Engagement

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### A3.1. Student participation in policy and decision making.

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Students are involved in governance through membership on decision making committees and on student councils. They have appointed membership on the College Curriculum Committee (in our previous curriculum approval process, students served on multiple curriculum committees within our College), serve on faculty-search committees, and are appointed to student committees that provide input on evaluation of teaching for faculty promotion and tenure dossiers (see Table A3 for specific committees and identification of all student members in public health degree programs over the last 3 years). Students are invited to become members of the Undergraduate Student Council, and graduate students are elected by their program peers to be members of the Graduate Student Council. The Undergraduate and the Graduate Student Council each has one representative on the Dean's Advisory Council.

**The Undergraduate Student Council** represents undergraduate students across the undergraduate majors and options in our College and provides undergraduate students a voice in matters pertaining to the affairs of our College, Schools, and undergraduate academic programs. This Council provides a means for undergraduate students to advocate for student interests to College administration as well as student engagement opportunities, and otherwise enhance the undergraduate student experience in our College, the University, and the community.

The Undergraduate Student Council is composed of representatives from various undergraduate majors and degree options in the College. Council members are nominated by faculty in the College, or participate on the Council after responding to open invitations sent to the undergraduate student body. Members are encouraged to maintain their participation across multiple years. The Undergraduate Student Council meets 3 times each term with the Associate Dean for Student Success in attendance to socialize, participate in leadership trainings, and meet with College administrators such as the Dean and School Heads. The Council members assess issues of concern to the students they represent and offer recommendations for enhancing the student experience. Members also engage in additional service-oriented activities, and assume responsibility for organizing student events in the College.

**The Graduate Student Council** represents graduate students across all the disciplines in the College and provides graduate students a voice in matters pertaining to the affairs of our College, Schools, and graduate academic programs. This Council provides a means for graduate students to be involved in determining future College directions and planning, to improve the quality of graduate student life, to encourage the highest quality of graduate instruction, and to enhance overall the graduate student experience.

Council members are chosen by a vote of students in their respective academic programs and serve for a 1- or 2-year term. Representatives serve as liaisons between their academic programs and the Graduate Student Council as a whole. Through quarterly meetings, open discussion, and committee work, the Council assesses issues of concern to the students they represent and brings forward recommendations to Associate Deans, School Heads, and the Dean. The Graduate Student Council sometimes develops and hosts events for graduate students in the college (e.g., social events, NPHW events, professional development events for students) and co-sponsor / host college events such as the Graduate Students Research Poster Session, held on the same day as our Admitted Graduate Students Visit Day.

**Student clubs and organizations:** Students in public health degree programs also participate in a variety of student clubs and organizations (complete list at <https://health.oregonstate.edu/clubs>) that are involved in school or program governance including:

- American Society of Safety Professionals: OSU student section
- Athletic Training Club
- Children’s Adaptive Resources for Social Mobility
- CPHHS Peer Advisors
- Global Health Club
- Healthy Aging Club
- Nutrition and Dietetics Club
- Pre-Therapy and Allied Health Club
- Public Health Club
- Society of Healthcare Administrators
- Society of Healthcare Executives
- Women of Color Caucus (new)

<b>Table A3. Public Health Student Involvement in Committees, Councils, and Clubs</b>			
	<b>2015-2016</b>	<b>2016-2017</b>	<b>2017-2018</b>
College Curriculum Committee (new Spring 2018)			Laura Arnston Greg Heinonen Hanna Tacke
Biological and Population Health Sciences, Student Summary Letter Committee Members for Promotion and Tenure	Tiffany Adams Rebecca Amantia Benjamin Ashraf Araya Dimtsu Assfaw Maria Brambila Greta Frey Annie Larson Alan Leet Rebecca Schoon Whitney Schumacher Jason Skipton Laura Syron Alma Torres	Sharia Ahmed Colin Albi Dan Dowhower Sara Ehrlicher Rich Evoy Barbara Hudson Hanley Amber Lyon-Colbert Lindsay Miller Corey Pierce Alma Torres Rory Van Garde Barret Welch Chenkai Wu Liu Yang	Barbara Hudson Hanley Mary Willis
Social and Behavioral Health Sciences, Student Summary Letter Committee Members for Promotion and Tenure	Because no faculty members in the Public Health academic programs were being evaluated for Promotion and Tenure, students in the public health disciplines did not serve on the committee this year.	Sarah Bartlett Linh Bui Pedro Cepeda Amy Dishion Meghan Fitzgerald Diana Govier Annie Larson Rosalee Locklear	Because no faculty members in the Public Health academic programs were being evaluated for Promotion and Tenure, students in the public health disciplines did not serve on the committee this year.
Search Committees	Sarah Fox (MPH Internship Coordinator search) Antonette Shockey (Academic Advisor search) Rachel Smith (Academic Advisor search)	Erin Green (OSS Office Manager search) Alma Torres (CPHHS Dean search)	Linh Bui (HMP Associate Professor search) Jenny Fessler (Assoc Head Advisor search) Annie Hommel (Dir of Assessment and Accreditation search)
Graduate Student Council	Katie Anthony Sean Dalton Diana Govier Evan Hilberg	Coral Cotto-Negron Jessica Keune Ronnie Roy	Sharia Ahmed Allison Gallegos Jessica Keune Abigail Mulcahy

<b>Table A3. Public Health Student Involvement in Committees, Councils, and Clubs</b>			
	<b>2015-2016</b>	<b>2016-2017</b>	<b>2017-2018</b>
	Barbara Hudson-Handley Jason Skipton Daniel Standridge Barrett Welch Lauralee Woods Connie Wu	Alyssa Speece Daniel Standridge Barrett Welch	Sarah Sorenson Barrett Welch
Undergraduate Student Council	Briar Bullock Emily Burney Mackenzie Olson Ariana Rabette Nikki Rieken	Kiana Barr Isabel Brady Briar Bullock Emily Burney Sol Dressa Kennedy Hedges Ariana Rabette Nikki Rieken	Kiana Barr Erin Green Kennedy Hedges
Equity, Inclusion and Diversity Enhancement Team	Erin Green	No students in the public health disciplines	Akash Gupta
Strategic Planning Committee	Committee began in 2017-2018		Jessica Keune

**A3.2. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** We have engaged students in the self-study process for the College. College governance includes representation and active participation of students on governance committees, student councils and clubs/organizations. In addition, the new Dean’s Advisory Committee includes student members.

**Weaknesses:** None

**Plan:** We will continue to engage students in formal methods to participate in policy making and decision making within the College and engage students as members on decision-making bodies as appropriate.

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**A4. Autonomy for Schools of Public Health**

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**A4.1. Briefly describe the school's reporting lines up to the institution's chief executive officer. The response may refer to the organizational chart provided in the introduction.**

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As do all Deans on the OSU campus, the Dean of our College reports directly to the Provost and Executive Vice President and works at the pleasure of the Provost. The Provost and Executive Vice President reports directly to the President, who serves as the University's chief executive officer (see Introduction Figure 1. Oregon State University Administrative Structure). The Dean provides administrative, academic, research, outreach, and budgetary oversight of the College and is responsible and accountable for the distribution and balance of the College budget. Dean Nieto serves on the Provost's Council (the organizational group of all campus deans) and has the same access as all other Deans to the Provost. Through the Provost's Council, the Deans collaborate and help the Provost to set the strategic direction of OSU and delineate administrative, research, and academic oversight. Currently, Dean Nieto is the representative on the OSU President's Cabinet (2-year term ending in August 2020).

**A4.2. Describe the reporting lines and levels of autonomy of other professional schools located in the same institution and identify any differences between the school of public health's reporting lines/level of autonomy and those of other units.**

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As describe above, Dean Nieto, as do all Deans on the OSU campus, reports directly to the Provost and Executive Vice President and has the same level of autonomy for providing oversight for the College as all other Deans have for their respective Colleges.

**A4.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement.**

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**Strengths:** The Dean of our College reports directly to the Provost and works at the pleasure of the Provost. He provides administrative, academic, research, outreach, and budgetary oversight of the College. The Dean also has the same level of autonomy for providing oversight for the College as all other Deans have for their respective Colleges.

**Weaknesses:** None

**Plan:** None

## **A5. Degree Offerings in Schools of Public Health**

### **A5.1. Affirm that the school offers professional public health master's degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas.**

Consistent with its mission, the College offers BS, MPH, and/or PhD degrees in 7 Public Health options/concentrations: Biostatistics, Environmental and Occupational Health, Epidemiology, Global Health, Health Management and Policy, Health Promotion and Health Behavior, and/or Public Health Practice (see Table 1. Instructional Matrix). More specifically, the College offers the Master of Public Health (MPH) degree with 7 distinct options/concentrations: Biostatistics, Environmental and Occupational Health, Epidemiology, Global Health, Health Management and Policy, Health Promotion and Health Behavior, and Public Health Practice. In addition, the College offers a PhD degree in Public Health with 5 distinct concentrations in Environmental and Occupational Health, Epidemiology, Global Health, Health Policy, and Health Promotion and Health Behavior. The PhD is an advanced, research-oriented, academic degree requiring in-depth study in a specialty area. Students are required to apply theory, research, analytic methods, knowledge, and skills to solve current and emerging public health challenges. The MPH and PhD in Public Health student handbooks are available at <https://health.oregonstate.edu/mph/handbooks> and <https://health.oregonstate.edu/phd/handbooks/public-health>, respectively.

### **A5.2. An official catalog or bulletin that lists the degrees offered by the school.**

The official catalog of degrees and programs offered within the College of Public Health and Human Sciences is located at <https://catalog.oregonstate.edu/college-departments/public-health-human-sciences/#programstext>.

### **A5.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** Our curricular offerings exceed the criteria, and we offer the Master of Public Health (MPH) degree with 7 distinct options/concentrations and the PhD degree in Public Health with 5 distinct concentrations.

**Weaknesses:** None

**Plan:** We will continue to offer BS, MPH, and PhD degrees in multiple Public Health disciplines to allow students to select a degree program that meets their needs.



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## **B1. Guiding Statements**

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### **B1.1. A one to three page document that presents the school's vision, mission, goals, and values.**

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The College's vision, mission, goals, and values are as follows:

**Vision:** Lifelong health and well-being for every person, every family, every community in Oregon and beyond.

**Mission:** Through integrated education, research and outreach, we advance scientific discovery and implementation of ideas to improve population health and prepare the next generation of globally-minded public health and human sciences professionals. As part of a land-grant university, we connect our science to the policies and practices in communities to increase people's quality of life and capacity to thrive.

We share the values that guide Oregon State University: Accountability, Diversity, Integrity, Respect, and Social responsibility. To these values, we add our dedication to:

- **Equity:** We are committed to advancing lifelong health and well-being for all.
- **Care and Compassion:** With compassion and understanding, we commit to caring for ourselves and others.
- **Innovation:** We embrace innovative approaches to addressing challenges and opportunities.
- **Continuous Improvement:** We continually strive toward high standards by optimizing individual and collective strengths.
- **Collaboration:** We promote a supportive, collegial and inclusive learning and work environment.

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### **B1.2. College 5-year strategic plan.**

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The 5-Year Strategic Plan, 2018-2023, for the College of Public Health and Human Sciences was completed in Fall 2018. Provided below are the strategic planning goals. For a more detail description of the Strategic Planning, please refer to RFB1-2.

#### **Overarching Goal**

*Champion the discovery and implementation of ideas that advance the lifelong wellness of people and communities as part of OSU's integrated health sciences initiative*

#### **Strategic Goals**

**Goal I: Lead integrated health sciences research to improve the health of individuals, families and communities.**

#### **Objectives:**

1. Leverage and invest in health sciences research to identify problems and discover innovative solutions that improve human health and well-being across the lifespan.
2. Expand research capacity to provide solutions for emerging health priorities such as mental and behavioral health.
3. Integrate basic and community-engaged research through translation, implementation science and program evaluation.

**Goal II: Graduate public health and human science professionals prepared to meet the complex health challenges of the 21st century.**

**Objectives:**

1. Ensure career readiness for all students by engaging future employers – such as business, academic, community, and government partners – in curriculum development and experiential learning opportunities.
2. Develop academic programs that align career goals of potential students with workforce needs – including collaborative degrees with other colleges and universities, non-traditional curricula, and multiple delivery formats.
3. Increase the number and diversity of students we recruit, retain, and graduate.

**Goal III: Enhance programs and partnerships that foster community engagement and positively impact communities.**

**Objectives**

1. Increase community impact of our research and education by expanding cross-college, cross-institutional, and cross-sectoral partnerships industry, government agencies, and community organizations.
2. Work collaboratively with communities to help them reach their goals by providing scientific and technical expertise in support of priority setting, program implementation, and program evaluation.
3. Continue to increase the integration of Extension and non-Extension programs and faculty to increase our impact.

**Enabling Goal: Create a supportive work climate, and a culture of health that promotes equity, inclusion, and social justice.**

**Objectives:**

1. Enhance efforts and resources to increase visibility of the college both in and outside of Oregon State University.
2. Improve administrative processes to increase efficiency and support.
3. Foster a participative, collaborative and supportive work climate.
4. Promote equity, inclusion, and social justice in all programs and partnerships

**B1.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** CPHHS has a new Dean, and we just completed our 5-year Strategic Plan June 2018. The new plan aligns with our revised mission, vision, and new goals. We will implement this plan beginning in AY 2018-2019. Many of the evaluation measures articulated in this plan are from data sources we have used previously, so in some cases there will be trend data.

**Weaknesses:** None identified. We are intentionally streamlining the measures/data collection processes to collect evidence to determine the effectiveness in meeting the goals of the Strategic Plan. We believe that when completed, the evidence will be sufficient to address the plan.

**Plan:** The College is in the 6<sup>th</sup> and final phase of our 2018-2023 strategic planning process (<https://health.oregonstate.edu/strategic-plan>). In this phase, we will set the College's priority actions for the next 2 years, and then announce and launch this implementation plan. This phase has taken a bit longer than expected. We have established timelines for achieving objectives but we have not completely

solidified metrics needed to measure these objectives. We have many measures in place, however, that have been part of ongoing data collection in the College. Those measures and data collection efforts are specified in B5.

## B2. Graduation Rates

**B2.1. Graduation rate data for each public health degree. The school achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.**

In Tables B2.1.1, we provide graduation rate data for the BS in Public Health degree from 2012-13 through 2018-19 following a 6-year cohort model.

	Cohort of Students	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
2011-12	# Students entered	212						
	# Students withdrew, dropped, etc.	28						
	# Students graduated	11						
	Cumulative graduation rate	5%						
2012-13	# Students continuing at beginning of this school year (or # entering for newest cohort)	173	186					
	# Students withdrew, dropped, etc.	10	12					
	# Students graduated	52	0					
	Cumulative graduation rate	30%	0%					
2013-14	# Students continuing at beginning of this school year (or # entering for newest cohort)	111	174	159				
	# Students withdrew, dropped, etc.	6	11	13				
	# Students graduated	70	58	2				
	Cumulative graduation rate	63%	31%	1%				
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	35	105	144	178			
	# Students withdrew, dropped, etc.	3	4	12	22			
	# Students graduated	24	62	33	1			
	Cumulative graduation rate	74%	65%	22%	1%			
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	39	99	155	154		
	# Students withdrew, dropped, etc.	0	4	9	7	11		
	# Students graduated	4	29	68	52	2		
	Cumulative graduation rate	76%	80%	65%	30%	1%		
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	4	6	22	96	141	160	
	# Students withdrew, dropped, etc.	1	2	2	3	11	14	

<b>Table B2.1.1. Students in BS in Public Health Degree, by Cohorts Entering Between 2012-13 and 2018-19.</b>								
	etc.							
	# Students graduated	1	2	15	67	44	4	
	Cumulative graduation rate	76%	81%	74%	67%	30%	3%	
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	2	5	26	86	142	137
	# Students withdrew, dropped, etc.	1	0	1	5	4	14	20
	# Students graduated	0	0	2	18	60	43	4
	Cumulative graduation rate	76%	81%	75%	78%	69%	29%	3%

In Table B2.1.2 and B2.1.3, we provide graduation rate data for the MPH and PhD in public health degrees from 2011-12 through 2017-18.

<b>Table B2.1.2. Students in the MPH Degree, by Cohorts Entering Between 2011-12 and 2017-18</b>								
	<b>Cohort of Students</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
2011-12	# Students entered	52						
	# Students withdrew, dropped, etc.	1						
	# Students graduated	1						
	Cumulative graduation rate	2%						
2012-13	# Students continuing at beginning of this school year (or # entering for newest cohort)	50	67					
	# Students withdrew, dropped, etc.	1	4					
	# Students graduated	30	1					
	Cumulative graduation rate	60%	1%					
2013-14	# Students continuing at beginning of this school year (or # entering for newest cohort)	19	62	41				
	# Students withdrew, dropped, etc.	0	2	0				
	# Students graduated	8	38	1				
	Cumulative graduation rate	75%	58%	2%				
2014-15	# Students continuing at	11	22	40	50			

**Table B2.1.2. Students in the MPH Degree, by Cohorts Entering Between 2011-12 and 2017-18**

	Cohort of Students	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
	beginning of this school year (or # entering for newest cohort)							
	# Students withdrew, dropped, etc.	0	1	0	1			
	# Students graduated	4	15	32	0			
	Cumulative graduation rate	83%	81%	80%	0%			
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	6	8	49	32		
	# Students withdrew, dropped, etc.	0	0	0	1	3		
	# Students graduated	5	3	6	36	1		
	Cumulative graduation rate	92%	85%	95%	72%	3%		
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	3	2	12	28	65	
	# Students withdrew, dropped, etc.	1	0	0	0	1	0	
	# Students graduated	1	1	1	12	22	4	
	Cumulative graduation rate	94%	87%	98%	100%	72%	6%	
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	2	1	0	5	59	48
	# Students withdrew, dropped, etc.	0	1	0	0	0	0	1
	# Students graduated	0	1	1	0	2	5	0
	Cumulative graduation rate	94%	98%	100%	100%	78%	14%	0

\* You will note that it is possible for students to finish the MPH in 1 year. For example, concurrent PhD students could come into the program and transfer in credits to the MPH program (there is a substantial number of credits that can be double counted) and then only need 3 to 4 terms to finish, which could be done in 1 academic year. This

is the same with people who completed the Graduate Certificate in Public Health prior to enrolling in the MPH program. That group comes in with 20 credits finished (1/3 of the program). Technically, for those groups, it is possible to finish in 1 academic year.

<b>Table B2.1.3. Students in the PhD in Public Health Degree, by Cohorts Entering Between 2011-2012 and 2017-2018</b>								
	<b>Cohort of Students</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
2011-12	# Students entered	14						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2012-13	# Students continuing at beginning of this school year (or # entering for newest cohort)	14	16					
	# Students withdrew, dropped, etc.	0	1					
	# Students graduated	0	0					
	Cumulative graduation rate	0%	0%					
2013-14	# Students continuing at beginning of this school year (or # entering for newest cohort)	14	15	8				
	# Students withdrew, dropped, etc.	0	2	0				
	# Students graduated	0	0	0				
	Cumulative graduation rate	0%	0%	0%				
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	14	13	8	9			
	# Students withdrew, dropped, etc.	1	0	1	0			
	# Students graduated	3	1	0	0			
	Cumulative	21%	6%	0%	0%			

<b>Table B2.1.3. Students in the PhD in Public Health Degree, by Cohorts Entering Between 2011-2012 and 2017-2018</b>								
	<b>Cohort of Students</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
	graduation rate							
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	10	12	7	9	7		
	# Students withdrew, dropped, etc.	0	0	0	0	0		
	# Students graduated	3	1	0	0	0		
	Cumulative graduation rate	43%	13%	0%	0%	0%		
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	11	7	9	7	13	
	# Students withdrew, dropped, etc.	0	1	0	0	2	0	
	# Students graduated	5	3	1	0	0	0	
	Cumulative graduation rate	79%	31%	13%	0%	0%	0%	
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	7	6	9	5	13	23
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	1
	# Students graduated	2	3	2	0	0	0	0
	Cumulative graduation rate	93%	50%	38%	0%	0%	0%	0%

## **B2.2. Data on the progression of public health doctoral students.**

In Table B2.2. we report progression data for the PhD in Public Health students by concentration for the 2017-18 academic year.

<b>Progression Data</b>	<b>Environmental and Occupational Health</b>	<b>Epidemiology</b>	<b>Global Health</b>	<b>Health Policy</b>	<b>Health Promotion and Health Behavior</b>
# newly admitted in 2018-19	2	6	4	4	9
# currently enrolled (total) in 2017-18	6	15	4	15	18
# completed coursework during 2017-18	0	0	0	0	0
# advanced to candidacy (cumulative) during 2017-18	4	3	0	1	1
# graduated in 2017-18	3	0	0	2	2

## **B2.3. Explain data presented including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.**

Cohorts in Table B2.1.1 are based on undergraduate students at the Corvallis campus whose first pre-public health or public health enrolled term was fall, winter, spring or summer of the year indicated. Students in each cohort entered with at least 60 credit hours, including both OSU and transferred credits. In the first year of each cohort, the number of students entered is an unduplicated annual enrollment headcount. The cohorts exclude all INTO students and include students with full-, half- or part-time status who declared the pre-public health or public health major as their primary major or secondary major. The graduated headcount includes students who graduated with a BS or Honors BS in the Public Health degree. The number of students who withdrew, stopped out or dropped out refers to students who did not continue in the pre-public health or public health major during the years captured in the assessed period (including monitoring whether students continued through 3/22/19) and had not graduated from PHHS. The continuing headcount excludes those students who graduated with a BS or Honors BS in the Public Health degree in the previous years and those who left the pre-public health or public health major in the previous years.

**The criterion's expectation of a 70% graduation rate is consistently met by Year 4 in Table B2.1 for the different cohorts, which equates to the fifth year of an undergraduate student's program of study given the tracking of each cohort started after students had already completed at least 60 credit hours.** A minimum of 60 credit hours was selected for inclusion in a cohort to provide some time for students to stabilize in their choice of majors. It is worth noting that the current practice of transitioning from pre-public health to public health could contribute to the number of students who withdraw or drop. Pre-public health students must complete 4 courses that are required for admission to the public health major and receive a grade of C or better for each course, as well as a cumulative GPA of 3.0 or better across all 4 courses. This academic standard can increase the time to graduation if students need to repeat courses, and result in some students never qualifying for admission to the public health major. Moreover, students cannot register for courses in the public health major until they have received all grades for their pre-public health coursework. This requirement can result in students having to wait a gap term if the classes they are required to take fill to capacity before they have the opportunity to

register, and some students may not be willing to wait for, or be financially able to afford, such a gap term.

**Graduation rates for MPH also exceeds the CEPH criteria of 70%. Although an MPH student is entitled to take up to 7 years to complete the MPH Program degree, we typically have students compete the program in 3 years. Consistently beginning with the 2012 cohort, MPH graduation rates have exceeded 70%.**

A typical full-time PhD student will take 4-5 years to complete their program, but may not take longer than 8 years. Looking at our graduation rates for students in the PhD in Public Health, we see that our students, in general, take a bit longer to graduate. For students who started in AY 2011-2012 they reached the CEPH criteria of 60% by year 5 (2017-18) with a 79% graduation rate. For those who started in 2012-13, the graduation rates are a bit lower at 50%.

In both the MPH and PhD programs, not only do we track student progression but also movement in and out of programs. For example, in the MPH we have had 1 student decide to apply for the PhD program, and drop the MPH degree program. Over the past 7 years, 3 PhD in Public Health students have changed degrees to the MPH program. We track and evaluate the reasons for these changes. In all cases, the students left the PhD program due to changes in career goals, personal hardship, or financial reasons.

#### **B2.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** The graduation rates for our BS and MPH degrees consistently exceed CEPH criteria. Annual progress reports for MPH and PhD students completed by the students and their faculty advisor help us monitor students' academic progress.

**Weaknesses:** A typical full-time PhD student may not take longer than 8 years to graduates. Our students, in general, take a bit longer to graduate. For students who started in AY 2011-2012 they reached the CEPH criteria of 60% by year 5 (2017-18) with a 79% graduation rate. For those who started in 2012-13, the graduation rates are a bit lower at 50%.

**Plans:** Prior to AY 2017-18, the doctoral program had for several years required a research project and manuscript as degree requirements to be completed before students prepared their dissertation proposal or completed their oral qualifying exams. The faculty completed an extensive evaluation of student and faculty experiences with these requirements. Among other things, the evaluation found that students were taking more time to complete these requirements than faculty had initially envisioned when the requirements were designed. Based on the results of the evaluation, the faculty decided to replace these 2 requirements with a written comprehensive exam, starting with the AY 2017-18 cohort of entering PhD students. We expect that this change in degree requirements will improve graduation rates. With regard to undergraduate students, the current requirement that students must complete pre-public health coursework for admission to the public health major will no longer be in effect as of Fall 2019 and students will be directly admitted into the public health major. We expect that this change in degree requirements will improve graduation rates.

### B3. Post-Graduation Outcomes

#### B3.1. Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree.

Data were obtained from the annual Graduation Survey administered via email by the College to all students in the late spring of their year of graduation. All graduates (960) were contacted to participate in this survey, and 190 (20%) responded. Employment rates of 2017-18 CPHHS graduates exceeded 80% for all degree areas.

<b>Bachelor of Science in Public Health Post-Graduation Outcomes</b>	<b>2015-16 Number and percentage</b>	<b>2016-17 Number and percentage</b>	<b>2017-18 Number and percentage</b>
Employed	68 (47%)	41 (39%)	11 (85%)
Continuing education/training (not employed)	15 (10%)	7 (7%)	1 (8%)
Not seeking employment or not seeking additional education by choice	5 (3%)	2 (2%)	0
Actively seeking employment or enrollment in further education	54 (37%)	39 (37%)	0
Unknown (not reported)	4 (3%)	16 (15%)	1 (8%)
<b>Total</b>	<b>146</b>	<b>106</b>	<b>13</b>

<b>Master of Public Health Post-Graduation Outcomes</b>	<b>2015-16 Number and percentage</b>	<b>2016-17 Number and percentage</b>	<b>2017-18 Number and percentage</b>
Employed	30 (58%)	19 (50%)	7 (88%)
Continuing education/training (not employed)	15 (29%)	3 (8%)	0
Not seeking employment or not seeking additional education by choice	0	1 (2%)	0
Actively seeking employment or enrollment in further education*	1 (2%)	11 (29%)	0
Unknown (not reported)	6 (11%)	4 (11%)	1 (12%)
<b>Total</b>	<b>52</b>	<b>38</b>	<b>8</b>

<b>PhD in Public Health Post-Graduation Outcomes</b>	<b>2015-16 Number and percentage</b>	<b>2016-17 Number and percentage</b>	<b>2017-18 Number and percentage</b>
Employed	7 (100%)	7 (87%)	2 (100%)
Continuing education/training (not employed)	0	0	0
Not seeking employment or not seeking additional education by choice	0	0	0
Actively seeking employment or enrollment in further education	0	0	0
Unknown (not reported)	0	1 (13%)	0
<b>Total</b>	<b>7</b>	<b>8</b>	<b>2</b>

#### B3.2. Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

Although we met our target of 80% employment rates for each public health degree in 2017-18, ideally

response rates could be improved. A new Director of Assessment and Accreditation was not in place at the time of the current survey administration, so strategies for effective survey administration were not followed as closely as needed. As a new Director is currently in place, we would expect the next round of surveys to yield higher response rates.

### **B3.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strength:** Employment rates of 2017-18 CPHHS graduates exceeded 80% for all degree areas.

**Weakness:** Lower than expected employment rates for both Bachelor of Science in Public Health and MPH students. It is difficult to know, for certain, the reasons for these lower employment rates. In terms of Bachelor students, the percentages of students actively seeking employment or enrollment in further education could be explained by the slow rise in employment rates after the recession of 2008. Oregon has been slower than many other states to recover from the recession, especially in rural areas. This explanation may also hold for MPH graduates in 2016-17; whereas in 2015-16, a higher percentage was continuing education/training (not employed). Again, this could be a reflection of a slower bounce back from the recession.

**Plans:** As we had lower than expected response rates, the Director of Assessment and Accreditation will undertake several steps to remedy this:

- Review current survey to ensure it is not longer, in terms of number and type of questions asked, than is necessary.
- Make multiple efforts to ensure accuracy of sample list.
- Establish contact in meaningful ways and offer incentives for participation.
- Develop and fulfill pledges of confidentiality given to respondents.
- Share survey results with respondents too.

## B4. Alumni Perceptions of Curricular Effectiveness

### B4.1. Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.

In Spring 2018, CPPHS contacted 878 public health students who graduated in AY 2016/17. Of these, 811 graduates had valid emails. Graduates were sent a link to a web-based survey that asked them to rate on a 4-point scale their perceptions of their own success in applying public health competencies: *To what degree do you feel capable applying these public health competencies?* Ninety students (11%) responded to this original survey. Inadvertently, questions regarding alumni perceptions of curricular effectiveness were omitted from the survey for both undergraduates and PhD graduates.

The CPHHS re-administered a 4-item survey to all alumni asking specifically about capability applying these public health competencies. For the scale points (not at all, slightly, moderately, and very) we report the combined percentage of the top 2 categories (moderately and very) and the mean and standard for each question. Forty-three graduates responded to this survey (26 Bachelors in Public Health, 12 MPH, and 5 PhD in Public Health). In Table B4, we summarize the findings from respondents to the 2018 Alumni Survey follow-up.

Overall ratings were quite high with 2 exceptions. At least 80% of alumni reported they were able to apply the public health competencies. However, MPH alumni reported that they were least prepared to integrate understanding of the interrelationships among the organization, delivery, and financing of health-related services; and to select and employ appropriate methods of design, analysis, and synthesis to address population-based health problems.

Typically these data would be provided to School Heads, Program Directors, and faculty for use in an iterative process to revise curriculum and competencies as needed.

<b>B4. Alumni Perceptions of Curricular Effectiveness</b>				
<i>To what degree do you feel capable applying these public health competencies?</i>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>Percentage</b>
<b>Bachelors in Public Health</b>				
Q2_1 Understand the methods by which public health identifies potential causes of population health status, and identifies potential targets for intervention	26	3.35	.689	96
Q2_2 Describe the fundamental roles of public health and how those roles are operationalized in public health organizations, funding, workforce, and regulations	26	3.27	.667	96
Q2_3 Demonstrate the importance of public health data in understanding health and disease in populations	26	3.12	.653	92.3
Q2- 4 Explain the foundations of public health	26	3.15	.613	96.2
Q2_5 Identify environmental health hazards and their potential effects on human health; attribute to specific individual and community outcomes	26	3.15	.675	88.4
Q2_6 Differentiate the relationship between local, state, and federal public health systems and their roles in the US public health system	26	3.08	.688	88.5
Q2_7 Effectively communicate public health information in both oral and	26	3.12	.711	88.4

<b>B4. Alumni Perceptions of Curricular Effectiveness</b>				
<i>To what degree do you feel capable applying these public health competences?</i>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>Percentage</b>
written forms through a variety of media and to diverse audiences				
Q2_8 Demonstrate ability to locate, use, evaluate, and synthesize public health information	26	3.08	.688	88.5
<b>MPH</b>				
Q3_1 Apply evidence-based knowledge of health determinants to public health issues	12	3.08	.515	91.7
Q3_2 Select and employ appropriate methods of design, analysis, and synthesis to address population-based health problems	12	3.08	.793	75
Q3_3 Integrate understanding of the interrelationship among the organization, delivery, and financing of health-related services	11	2.82	1.079	54.6
Q3_4 Communicate public health principles and concepts through various strategies across multiple sectors of the community	12	3.08	.900	83.3
Q3_5 Employ ethical principles and behaviors	12	3.08	.515	91.7
Q3_6 Enact cultural competence and promote diversity in public health research and practice	11	3.27	.647	90.9
Q3_7 Apply public health knowledge and skills in practical settings	12	3.25	.622	91.7
<b>PhD in Public Health</b>				
Q4_1 Demonstrate understanding of and ability to apply theories and conceptual frameworks/models in the field of public health	5	*		80.0
Q4_2 Demonstrate and appropriately apply a range of research and statistical methods to improve understanding of specific public health problems	5	*		80.0
Q4_3 Assess public health problems in terms of their multi-disciplinary nature including but not limited to cultural, social, environmental, behavioral, and economic factors related to prevention and control	5	*		80.0
Q4_4 Demonstrate professional skills that uphold standards of professional integrity and that allow for effective synthesis, communication, instruction, and collaboration	5	*	.	80.0
*Number of respondents was fewer than 10, so means and standard deviations not reported.				

#### **B4.2. Provide full documentation of the methodology and finding from the alumni data collection**

Full documentation is available for survey administration (RFB4-2a), and survey data are also provided (RFB4-2b).

#### **B4.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area**

**Strength:** Overall, ratings were quite good.

**Weakness:** Response rates were not as high as we would like.

**Plans:** While our overall question ratings were high, having higher survey response rates and ensuring respondents are representative of the population from which they are drawn are best practices. As the new Director of Assessment and Accreditation was not in place at the time of this survey administration, the strategies for effective survey administration were not followed as closely as needed. For example, initially alumni were contacted only once to engage their participation. Ideally, 3-5 points of contact would have been more appropriate, as well as offering incentives to participate. For the second survey administration best practices were followed; although, survey fatigue could certainly have been an issue in the low response rate. In addition, just as with the Graduation Survey, the Director will undertake several steps to increase Alumni Survey response rates.



## B5. Defining Evaluation Practices

### B5.1. Present an evaluation plan that, at a minimum, lists the school evaluation measures, methods and parties responsible for review.

Presented is a tentative (draft) evaluation plan for the College. We are in the process of establishing timelines for achieving objectives but we have not completely solidified metrics needed to measure these objectives. We have many measures in place, however, that have been part of ongoing data collection in the College. Those measures and data collection efforts are specified in Table B5.1.

<b>Table B5.1. Draft Evaluation Measures</b>		
<b>Measurable Impacts</b>	<b>Identify data source(s) and describe how raw data are analyzed and presented for decision making*</b>	<b>Responsibility for review</b>
<b>Goal I: Lead integrated health sciences research to improve the health of individuals, families, and communities</b>		
1. Increase the number and quality of interdisciplinary collaborations across the College and the University	<p><b>Data sources:</b> Databases compiled by the Office of Research that monitors all CPHHS research activities, grant applications, and awards</p> <p><b>Annual reports:</b></p> <ul style="list-style-type: none"> <li>• Number of research applications submitted for interdisciplinary research collaboration across the College, College Research Centers, University, and other institutions including those for program or center grants</li> <li>• Annual awards/funding received from grants and contracts for interdisciplinary research collaboration across the College, College Research Centers, University, and other institutions including those for program or center grants</li> </ul>	Associate Dean for Research
2. Increase the volume and diversity of external funding  3. Increase the College's funding portfolio	<p><b>Data sources:</b> Databases compiled by Office of Research that monitors all CPHHS research activities, grant applications, and awards</p> <p><b>Annual reports:</b></p> <ul style="list-style-type: none"> <li>• Number of research applications submitted</li> <li>• Number of applications submitted for signature research initiatives</li> <li>• Annual awards and dollars received for sponsored grants and contracts total and for signature research initiatives</li> <li>• Number of research applications submitted by sponsor; e.g., federal agencies (NIH, NASA, CDC, USDA, US Dept. Ed, etc.), industry, private foundations, and nonprofit organizations</li> <li>• Annual awards/funding received from grants and contracts from specific sponsors (industry, governments, foundations, and nonprofit organizations)</li> </ul>	Associate Dean for Research
4. Increase strength and visibility of our signature research initiatives	<p><b>Data sources:</b> Databases compiled by the Office of Research that monitors all CPHHS research activities, grant applications, and awards</p> <p><b>Annual reports:</b></p> <ul style="list-style-type: none"> <li>• Annual number of faculty and graduate students attending</li> </ul>	Director of Assessment and Accreditation

<b>Table B5.1. Draft Evaluation Measures</b>		
<b>Measurable Impacts</b>	<b>Identify data source(s) and describe how raw data are analyzed and presented for decision making*</b>	<b>Responsibility for review</b>
	<p>and presenting at national and international research conferences</p> <ul style="list-style-type: none"> <li>• Annual number of University-level and extramural news/interest stories pertaining to students, faculty and research in the College</li> <li>• Number of news stories focusing on CPHHS research findings</li> <li>• Number of faculty engaged in media training from OSU news/communications</li> </ul>	
5. Increase the impact our research has on the health of people and communities	<p><b>Data sources:</b> Partner inventory database (to be created); Organizational information and reports maintained and compiled within the CPHHS Extension programs</p> <p><b>Annual reports:</b> New database</p> <ul style="list-style-type: none"> <li>• Number of external partnerships established</li> <li>• Number of manuscripts/chapters and proposals submitted with new partners</li> <li>• Number of grant proposals submitted with external partners, including across OSU</li> </ul> <p>Extension database</p> <ul style="list-style-type: none"> <li>• Number of individuals and communities that participate in CPHHS Extension programs</li> <li>• Number of individuals that participate in CPHHS Extension programs by age, race/ethnicity, rurality, SES</li> <li>• Reported impact on behaviors and health outcomes</li> </ul>	<p>Oregon State University Center for Health Innovation (OCHI) Director</p> <p>CPHHS Associate Dean for Outreach and Engagement</p>
<b>Goal II – Graduate public health and human science professionals prepared to meet the complex health challenges of the 21st century</b>		
1. Increase the quality of the workforce - creating more capable, competent, agile professionals and leaders responsive to the needs of business, industry and government	<p><b>Data sources:</b> Alumni Survey, Employer Survey, Internship Preceptor Survey</p> <p><b>Reporting:</b></p> <ul style="list-style-type: none"> <li>• Alumni Survey (every 3 years): Percentage of graduates who report preparedness for workforce/career as a result of their degree program, including attainment and application of competencies, and gaps in training and preparation</li> <li>• Employer Survey (biennial): Percentage of employers who report successful graduate preparedness for the workforce/career, application of competencies, and gaps in training and preparation</li> <li>• Internship Preceptor Survey (bi-yearly): Percentage of preceptors that report students' successful preparedness for the workforce/career, attainment and applications of competencies, and gaps in training and preparation</li> </ul>	Director, Assessment and Accreditation
2. Graduate students that contribute to a diversified and inclusive workforce and advances OSU's	<p><b>Data sources:</b> Student Graduation Survey, Alumni Survey</p> <p><b>Reporting:</b></p> <ul style="list-style-type: none"> <li>• Student Graduation Survey (Annual survey of students that have graduated within the current academic year):</li> </ul>	Director, Assessment and Accreditation

<b>Table B5.1. Draft Evaluation Measures</b>		
<b>Measurable Impacts</b>	<b>Identify data source(s) and describe how raw data are analyzed and presented for decision making*</b>	<b>Responsibility for review</b>
inclusive excellence values	<p>Graduate satisfaction with their degree program, field experience, advising, and career services; perceived development of competencies specific to their degree program; preparedness for graduate/professional school; and employment status</p> <ul style="list-style-type: none"> <li>Alumni Survey (every 3 years): Percentage of graduates who report preparedness for graduate school as a result of their advising, preparation in their degree program, including successful application of competencies, and gaps in training and preparation</li> </ul>	
3. Number and diversity of students applied, admitted, retained, and graduated from our degree programs	<p><b>Data sources:</b> Data management systems operated by the University</p> <p><b>Annual reports:</b></p> <ul style="list-style-type: none"> <li>Application, admission, enrollment and graduation headcounts for all academic degree programs</li> <li>Percentage of underrepresented minority students and first-generation students applied, admitted, retained, and graduated from our degree programs</li> </ul>	Director, Assessment and Accreditation
<b>Goal III – Enhance programs and partnerships that foster community engagement and positively impact communities in Oregon and globally</b>		
1. Increase community-led research initiatives	<p><b>Data sources:</b> Internal College tracking system; Extension annual reports to federal, state, and other partners</p> <p><b>Annual reports:</b></p> <ul style="list-style-type: none"> <li>Number and type of collaborations and partnerships</li> </ul>	<p>Director, Assessment and Accreditation</p> <p>CPHHS Associate Dean for Outreach and Engagement</p>
2. Increase the opportunities for experiential learning in communities	<p><b>Data sources:</b> Digital Measures databases tracking, Carnegie Classification Engagement reporting, survey of community partner/Extension preceptors (to be developed), student engagement survey (to be developed)</p> <p><b>Annual reports:</b></p> <ul style="list-style-type: none"> <li># of internships or other experiential opportunities offered</li> <li># of students and faculty engaged in experiential learning</li> <li>Feedback from community partner/Extension preceptors (e.g., by interviews, focus groups, panels, etc.)</li> <li>Measures of student engagement</li> </ul>	Director, Assessment and Accreditation
3. Develop innovative models for translating research to practice	<p><b>Data sources:</b> Establish a formal home for Translation Research, Dissemination and Implementation Science in CPHHS</p> <p><b>Annual reports:</b> Conduct a feasibility study for a Center</p>	Dean
4. Increased engagement of both Campus and Extension based faculty in cooperative relationships between citizens,	<p><b>Data sources:</b> Organizational information and reports maintained and compiled within the CPHHS Extension programs</p> <p><b>Annual reports:</b></p>	CPHHS Associate Dean for Outreach and Engagement

<b>Table B5.1. Draft Evaluation Measures</b>		
<b>Measurable Impacts</b>	<b>Identify data source(s) and describe how raw data are analyzed and presented for decision making*</b>	<b>Responsibility for review</b>
policymakers and the university	<ul style="list-style-type: none"> <li>Number of new research and education programs between Extension and on-campus faculty</li> </ul>	
<b>Enabling Goal: Create a supportive work climate, and a culture of health that promotes equity, inclusion, and social justice.</b>		
1. Increase visibility of the College with target audiences (e.g., OSU Foundation; prospective students)	<p><b>Data sources:</b> Internal College donor tracking system; Organizational information and reports maintained and compiled within the CPHHS Extension programs</p> <p><b>Annual reporting:</b></p> <ul style="list-style-type: none"> <li>Application, admission, enrollment and graduation headcounts for all academic degree programs</li> <li>Funding received from donors</li> </ul>	Dean CPHHS  Senior Director Foundations
2. Increased ease and efficiency of “getting it done”	<p><b>To be determined:</b> At least one person central to CPHHS administration participate in efficiency training</p> <p><b>To be developed:</b> Detailed description of data systems/technology and their usage</p>	Dean  Director, Assessment and Accreditation
3. Improved alignment of rewards and incentives to the work we’re doing	<p><b>Data sources:</b> College publications (Kudos and Synergies), dean’s College-wide email newsletter (Las Noticias), College awards.</p> <p><b>Annual reporting:</b></p> <ul style="list-style-type: none"> <li>Annual number of University-level media news/interest stores pertaining to CPHHS students, faculty, staff and research</li> <li>Annual number of extramural media news/interest stores pertaining to CPHHS students, faculty, staff and research</li> <li>Annual number of College awards for faculty and staff</li> </ul>	Director of Marketing and Communications
4. Increased ongoing experience of equity, inclusion and social justice by all	<p><b>Data sources:</b> Climate Study (all faculty, staff, student employees, enrolled students)</p> <p><b>Reporting:</b></p> <ul style="list-style-type: none"> <li>Studies conducted every 2 years. Report on the percentage that express agreements (positively) in each of these areas: diversity, inclusion, equity, belonging, community, job satisfaction, process/administration/work environment</li> </ul>	Director, Assessment and Accreditation
5. Continue to improve the P&T and all evaluation processes (including for professional faculty, staff, student employees) to reflect and value all work as stated in PD	<p><b>Data sources:</b> (Under development) To enhance opportunities for the professional development of faculty and staff, we will</p> <ul style="list-style-type: none"> <li>Include professional development activities in position descriptions and annual review processes.</li> <li>Review professional development award processes to ensure equitable allocation</li> <li>Promote and recognize mentoring as professional development</li> </ul>	School Heads Associate Dean for Academic and Faculty Affairs

**B5.2. Briefly describe how the chosen evaluation methods and measures track the school or program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.**

The College incorporates data information systems, campus-wide assessment resources, regular consultations with key constituencies, and ad hoc, timely assessments to evaluate its progress in advancing public health and promoting student success. It uses this information in an ongoing planning process, with active participation from internal and external stakeholders, to revise strategies and activities as needed to ensure optimal effectiveness in achieving College goals.

**Advancing the Field of Public Health**

**Instruction.** The College plans and organizes its instructional programs through a system of ongoing review and revision. The academic programs in the College's 2 Schools (SOBE and BPHS) and the new College Curriculum Committee structure and process play a central role in establishing, revising, and refining instructional plans. Evaluation of individual courses is conducted through several channels, including the University's campus-wide electronic Student Evaluation of Teaching system. In addition, faculty engage in peer evaluations of teaching, in which they review course materials, observe classes, and provide written assessments to course instructors and School administrators. Each academic program's faculty meet on a regular basis to discuss curriculum. The alignment of courses with the public health competencies is assessed for the undergraduate, MPH, and doctoral programs. The College also coordinates with the University to ensure the successful achievement of student learning outcomes assessment and reporting.

**Scholarship.** The College compiles and maintains a number of ongoing internal indicators to track and assess important dimensions of faculty scholarship such as overall productivity, diversity of research collaborations, involvement of graduate students, etc. The Digital Measures data system is used to compile information on number of faculty publications and presentations, and student participation in research programs. In addition, databases compiled by the Office of Research monitor all CPHHS research activities, grant applications, and awards. The Associate Dean for Research coordinates the process of reviewing this information and using it to optimize administrative support efforts to achieve College goals. For example, trainings and other professional development opportunities are regularly offered for tenure-line faculty, research faculty and graduate students.

**Service.** Service is 1 of 3 core areas (along with research/scholarship and teaching/advising) on which faculty are reviewed for promotion and tenure, so the service activities of faculty are thoroughly tracked and evaluated. With regard to serving the state, the College promotes the vitality of public health in Oregon by disseminating new knowledge, translating research into practice, and ensuring that Oregon's public health professionals are ready to tackle emerging challenges and serve the state's population. Digital Measures and other systems are used to track and assess faculty members' leadership roles on panels and commissions, their provision of technical assistance, and their contributions to building partnerships and collaborations with local, state, and national entities. Faculty service also includes advancing the discipline of public health, and Digital Measures is used to track faculty members' support of public health scholarship through activities such as leadership roles on journal editorial teams and in professional societies, including the Oregon Public Health Association.

**Promoting Student Success**

The College's degree programs comprehensively prepare undergraduate and graduate students for public health careers by providing advanced, state-of-the-art academic content, encouraging collegial learning relationships, and fostering opportunities for varied professional training experiences. Worth noting here is that we have an Office for Student Success led by a dedicated Associate Dean. To track these goals

and ensure that they are being achieved, the College compiles and maintains critical statistics such as first-year retention and 6-year graduation rates for undergraduate students, retention and graduation rates for graduate students, employment placement rates for graduates, and other indicators. The College Curriculum Committee reviews and approves curriculum proposals.

The College administers multiple surveys of students and stakeholders at regularly planned intervals, to monitor changes in critical professional competencies and to ascertain how the College's instructional programs are meeting that challenge. Data from the Alumni Survey, the Employer Survey, and the Internship Preceptor Survey combined provide a multifaceted depiction, which allows the College to assess its effectiveness and revise its programs accordingly. The Graduation Survey provides data about students' immediate reflections on their past educational experience. The Alumni Survey provides a complementary perspective on career preparation by having former students reflect on their instructional program experience after having spent time in the workforce. The College's Director of Assessment and Accreditation leads the process of internal interpretation and review of the information gained from these surveys.

To promote the assessment and review of graduate programs, the University's Graduate School conducts external graduate program reviews, coordinates institutional strategic planning, and supports internal assessment carried out on a continuing basis by individual graduate programs. The regional accreditation of OSU is overseen by the Northwest Commission of College and Universities (NWCCU). In addition, the Office of Academic Programs and Assessment (APA) provides structure, support, and guidance to the OSU academic community for program- and course-level assessment for undergraduate programs.

### **B5.3. Provide evidence of implementation of the plan described in Template B5-1.**

Many of the evaluation measures articulated in this plan are from data sources we have used previously, so in some cases trend data exists. For example, data sources used to assess impact of Goal I ("*Lead integrated health sciences research to improve the health of individuals, families, and communities*") objectives are also sources we collect and use annually. An example of use is in the Oregon State University Report to the Provost (see RFB5-3a).

We will measure attainment of *Goal II* ("*Graduate public health and human science professionals prepared to meet the complex health challenges of the 21st century*") objectives with instrumentation used previously.

- Alumni Survey (RFB5-3b)
- Employer Survey (RFB5-3c)
- Student Exit (Graduation) Survey (RFB5-3d)
- CPHHS Bi-Yearly Preceptor/Site Supervisor Survey (RFB5-3g)

Other data sources used frequently include the data management systems operated by the College and University. We will continue to access these systems to extract information on programs and students:

- application, admission, enrollment and graduation headcounts for all academic degree programs; and
- percentage of underrepresented minority students and first-generation students applied, admitted, retained, and graduated from our degree programs.

We will measure attainment of *Goal III* ("*Enhance programs and partnerships that foster community engagement and positively impact communities in Oregon and globally*") with many data sources used previously. These sources include internal College tracking system data; Extension annual reports to federal, state, and other partners; and organizational information and reports maintained and compiled

within the CPHHS Extension programs.

- Organizational information and reports maintained and compiled within the CPHHS Extension programs.
- Digital Measures database to track service learning/community engagement for OSU Carnegie Community Engagement Reclassification.
- A survey of community partners and extension preceptors' insights on experiential learning (This still needs to be developed).

We will measure attainment of *Enabling Goal* (“*Create a supportive work climate, and a culture of health that promotes equity, inclusion, and social justice*”) objectives through a variety of data sources used previously and includes:

- Internal College donor tracking system. We currently track funding received from donors and report out in the Oregon State University Report to the Provost (RFB5-3a).
- Extension annual reports to federal, state, and other partners; and organizational information and reports maintained and compiled within the CPHHS Extension programs.
- In assessing climate for faculty and staff, the College will use survey data provided by the Office of Institutional Diversity from their spring/summer 2018 study (RFB5-3e). Results of this survey have been reviewed by the College Equity, Inclusion, and Diversity Committee with future plans to compare 2018 data to 2020 survey results to determine actions, if any, needed beyond current efforts in the College.
- In assessing climate for students, the Office of Institutional Diversity will re-administer a climate study previously conducted in 2016 with enrolled students in 2019 (RFB5-3f). This will provide CPHHS with comparable data to determine areas of progress and those of concern.
- We will mine data sources such as College publications (Kudos and Synergies), Dean's College-wide weekly email newsletter (*Las Noticias*), and College awards to measure efforts to continue recognition and appreciation of our faculty, staff and students.

#### **B5.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** We are intentionally streamlining our measures/data collection processes to collect evidence to determine the effectiveness in meeting the goals of our strategic plan. We believe that, in time, the evidence will be sufficient to address our plan. In addition to data collection outlined in Table 5.1, the College tracks statistics including 6-year undergraduate graduation rates, retention rates, graduation rates for graduate students, employment placement rates for graduates, and other indicators. Moreover, each degree program within our College assesses competencies and learning outcomes of its undergraduate and graduate students.

At the University level, the Office of Academic Programs, Assessment, and Accreditation (<https://apa.oregonstate.edu/>), located within the Office of Academic Affairs, is dedicated to the structure and quality of curricular programs. This office provides leadership, guidance, and support for each program in conducting assessments of student learning outcomes at the undergraduate level. The Graduate School supports 3 processes for assessment and review of graduate programs: external graduate program reviews, internal assessment carried out by individual graduate programs on a continuing basis, and institutional strategic planning. The regional accreditation of OSU is overseen by the Northwest Commission on Colleges and Universities (NWCCU).

**Weakness:** While we have yet to fully implement our evaluation plan, and to know how effective the plan and measures are at this point, we are confident that many of our measures will continue to yield

credible data as in the past. As stated previously, we are in the process of establishing timelines for achieving objectives but we have not completely solidified metrics needed to measure these objectives.

**Plans:** Continue to develop strategic plan metrics.

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## B6. Use of Evaluation Data

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### B6.1. Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results.

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The College has undertaken several programmatic changes in the last 3 years based on evaluation findings. Below is an example from our BS in Public Health. In addition, we implemented several strategies in Fall 2017 to improve the quality and impact of our graduate programs; provided are 2 examples of programmatic changes related to the MPH program that include the specific evaluation finding and the groups or individuals responsible for determining the planned change for each. Finally, we have provided 1 example of a programmatic change based on evaluation results for the PhD in Public Health.

The undergraduate program has utilized the annual program review process to inform several program changes over the last 6 years. Based on feedback from faculty, students, preceptors through 3 data sources (Preceptor evaluations and bi – annual survey, Student exit surveys, and Alumni survey), the program has made the following modifications over the last 3 years.

**Writing.** Responding to feedback from preceptors regarding the importance of written and oral communication skills, the program increased the supporting course requirements to include more advanced writing skills. Students are now required to complete WR 222 English Composition prior to enrolling in the program’s writing intensive course (H 434 Introduction to Health Law and Regulation). This change insures that students with weaker writing skills have completed at least 2 writing courses prior to the program writing course and that students have been exposed to research paper writing prior to H 434 (the emphasis in this writing course is on argumentation and research).

**Professional development.** Responding to feedback from preceptors regarding the importance of professional presentation, the program engaged in a more intentional sequencing of professional development work.

- H 250 Introduction to Healthcare Management: Introduces students to professional development and networking as well as principles of leadership and ethics.
- H 407 Pre-Internship is now available earlier in the program sequencing. We removed the requirement that students complete H436 Advanced Topics in Healthcare Management prior to enrolling in H407 pre-internship. The H407 course exposes students to *Strengthsfinder* and development of professional goals as well as skill building in networking and professional presentation so that they have preparation in professionalism prior to beginning their internship searches.
- H 436 Advanced Topics in Healthcare Leadership builds on this earlier work by exposing students to additional principles of healthcare leadership and ethics.
- H 410 Internship is generally taken in the last term and allows students to apply their professionalism skills in their internship experience.
- In 2017-18, the program also added a professional networking competency to the program level competency model.

**Capstone.** The program has continued to struggle with institutionalization of the capstone experience and graduates have provided low ratings of integrative experiences. Previously, the capstone was completed in the H458 Reimbursement Mechanisms course. It is now part of the H 436 Advanced Topics in Healthcare Leadership course and focused on process improvement plans. Students are prepared for the capstone experience through a re-formulation of the writing intensive course policy brief in H 434

Healthcare Law and Regulation. That brief now focuses on a complete analysis of a public health policy issue rather than legal/political analysis alone.

- **Experiential Learning.** Following review of graduate (alumni) surveys, the most recent student exit interviews, experiential learning opportunities inventory, and student retention rates, the program instituted additional and earlier experiential learning opportunities – including the REAL program detailed above and the planned incorporation of real-world projects in the H 436 course.
- **Quantitative analysis skills.** Based on preceptor and student feedback, the program has identified a need to revise data analysis skill development. We continue to work on evaluating additional options for student development of quantitative skills.
- **Practitioner involvement.** In response to reductions in practitioner involvement in courses and low ratings of exposure to practitioners in exit interview and alumni surveys, the Program Director developed a survey distributed to program partners and alumni with course schedules and instructor contacts to coordinate practitioner involvement in classes. To provide more interaction with alumni and practitioners, the College also developed the Catalyst mentoring program described above. Finally, the program recognizes the need for additional work in alumni development/involvement and the College is currently searching for a new director of alumni relations and the program hopes to increase interactions with alumni.

**Integrated MPH core curriculum.** Prior to Fall 2017, all OSU MPH students were required to take 5 distinct core courses in biostatistics, environmental and occupational health, epidemiology, health behavior, and health systems. The national MPH curriculum standards are evolving into a more integrated approach to public health education that better reflects public health practice, providing opportunities to put knowledge into action to solve real-world public health problems while developing additional skills to analyze, think critically, make judgments and decisions, and execute decisions. Opportunities also include developing professional identity and leadership/teamwork capabilities with a set of values, self-awareness, and capacity for ongoing learning. Across the country, MPH programs have been responding to these changes in standards by re-thinking their approach to public health education and their MPH curricula.

Program faculty began the process for MPH Core Integration in 2013-14 in recognition of the changing environment for public health education. The ASPPH launched a major initiative in 2014, *Framing the Future* taskforce, which recommended key foundational principles that should guide public health graduate education. To incorporate these evolving curricular standards, a committee of faculty integrated core public health competencies into an innovative 12-credit course that all incoming MPH students enroll in as of Fall 2017 (See section D). The redesigned curriculum focuses on translating research into practice and prepares the next generation of leaders to solve complex public health problems. Our College is now one of the first schools of public health to integrate the core curriculum and incorporate new national competencies mandated by the Council on Education for Public Health (CEPH), putting our students at the forefront of public health education. To align with the national taskforce's recommendations, faculty have revised the competencies and strengthened curricular offerings for each of our concentrations in Biostatistics, Environmental and Occupational Health, Epidemiology, Global Health, Health Management and Policy, and Health Promotion and Health Behavior.

**Resources and support for MPH students.** Examples of programmatic changes include 1) MPH option meetings, and 2) professional development opportunities. In Winter 2016, the College surveyed MPH students to determine if students felt they had enough assistance with and/or information on a variety of topics, including internships, career services, academic and institutional resources, etc. Findings highlighted 2 areas for improvement: professional development opportunities and awareness of academic and institutional resources available to graduate students. As a result, the MPH Administrative Director holds meetings for MPH students every term, in addition to the one-on-one meetings students have with their academic advisors. Sometimes these meetings are held for students in specific options; other times,

they are open to all MPH students. In these meetings, the MPH Administrative Director highlights resources available to graduate students and ensures that students know they can contact her if they are unable to find a particular resource. She also discusses requirements, deadlines, and paperwork required for timely graduation. In addition, the graduate programs team began to plan and implement quarterly professional development opportunities, many of which are tailored for MPH students. Examples include an MPH alumni panel, MPH internship panel, leadership workshop, graduate student poster session, and careers in Oregon Extension panel.

**Written Comprehensive Exam for PhD students.** For several years, students in the PhD in Public Health program were required to complete requirements for a research project and research manuscript (each student's products were evaluated by a faculty committee) before completing their preliminary oral exam (see, for example, PhD in Public Health Handbook for 2016-17 at <https://health.oregonstate.edu/phd/handbooks/public-health>). Informal observations and feedback from students and faculty suggested that some students took much longer than anticipated or desired to meet these requirements. After extensive faculty discussion of these requirements and concerns, a faculty member led a formal evaluation, collecting survey data from students and faculty about their experiences with these requirements. Those data informed the decision by the faculty to replace the research project and manuscript requirements with a written comprehensive exam (see the PhD in Public Health Handbook for 2017-18 and for 2018-19 at link above). As noted in D18.10, we do not yet have data to evaluate the new written comprehensive exam requirement, but we hope that it will increase PhD graduation rates.

#### **B6.2. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** We have a strong doctoral program in which every concentration offers its own set of courses, enabling students to gain a wide range of skills relevant to their discipline. The significant growth in faculty in our College has enabled us to expand the coursework. Further, with some exceptions, our doctoral courses are distinct from the master's level courses. We continually assess the relevance of our courses and modify or replace them as needed. For example, the HMP Program recently revised the curriculum for the Health Policy doctoral concentration to strengthen methods training for their doctoral students.

**Weaknesses:** As noted in B6.1, we have recently changed the doctoral requirements and instituted a written comprehensive exam. The written comprehensive exam replaced a research project and manuscript requirement (separate from the dissertation), and this change was made following a systematic evaluation of faculty and students that provided critical data on the research project/manuscript experiences. Because the written exam requirement is new, we do not yet have data that will allow us to evaluate it. Moreover, through these changes we hope to increase PhD graduation rates (see B2.4.).

**Plans:** The new Health Policy methods sequence was fully implemented this academic year and faculty in the program will be assessing the effectiveness of the sequence and its coordination with other methods



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## **C1. Fiscal Resources**

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### **C1.1. Describe the school's budget processes, including all sources of funding.**

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Resources for the College come from 5 principle sources that are also described below:

- an allocation of a portion of the University's Education and General (E & G) Fund, which is derived mainly from state of Oregon appropriations and student tuition revenue;
- an allocation of E & G dollars generated from alternative delivery revenue (e.g., summer session and E-Campus tuition) and indirect cost recovery from sponsored programs;
- competitively awarded grant and contract funds supporting scholarly research and service;
- Statewide Public Services (SWPS) funds directed to OSU Extension 4-H and Family and Community Health Programs, and a small portion of Agricultural Extension Station fund to support USDA multistate research project activities; and
- gift funds, including both donations and interest earnings on endowed funds.

#### **Education and General Funds**

The Oregon Higher Education Coordinating Commission (HECC) is responsible for development of biennial funding recommendations to the Oregon Governor and for coordination of funding for Oregon's 7 public universities. Starting in 2015-16, the allocation of state funding to the Oregon public universities has been determined using the Student Success and Completion Model (SSCM), developed and approved by the HECC. This model shifts the method for allocation from an enrollment-based model to a model focused on access and completion, as well as other state priorities. In 2018 Oregon State University adopted a new, Responsibility Centered Management (RCM), budget allocation model based on similar principles, intended to provide clear links between budget allocations and academic program delivery. Budget allocations to academic units are linked to measures such as student credit hours, degrees granted, and research activity, recognizing differences in the costs of programs by level and by discipline.

The tuition for all graduate master degrees is set and approved by the University's Board of Trustees. However, based on market value and enhanced special need for activities (e.g., professional internship, career advising, etc.), an individual professional master program is allowed to justify tuition increase above the set tuition of all master degrees. The College, upon approval of the University, has the ability to adjust this differential tuition rate for MPH students and receives all of the incremental tuition generated as an addition to their budget. The College does not have the ability to independently adjust tuition rates for any other program, undergraduate or graduate. Tuition rates for all College programs, other than the MPH, follow the Board approved rates. The Board's policy on the Tuition and Fee Process states that:

"Tuition and mandatory enrollment fees are established annually by the Board, generally at the Board's meeting in March or April prior to the applicable academic year. When setting tuition and fees, the Board considers a number of factors, including the desire to provide access to degree programs, create a diverse student body, maintain strong degree programs at every level, and develop and maintain the human and physical infrastructure necessary to support Oregon's educational outcome goals. The Board's commitment to maintaining the long-term quality of the university's programs for students and for the state requires a deliberate approach to managing costs, planning for inflationary increases in cost, and considering new strategic investments. The Board, based on its commitment and fiduciary duties, including managing anticipated inflationary costs increases, established the expectation that annual tuition rate increases will be between 2 and 5 percent. Changes outside this range will be considered when necessitated by external factors such as changes in state funding, costs of state-provided benefits, or reductions in program scope or costs."

### **Sponsored Research and Service Project Funds**

Federal, state, and local agencies, both public and private, competitively award and restrict funds for sponsored research and service projects. Such funds are not part of our College's day-to-day operating budget. The University negotiates a rate with the United States Department of Health and Human Services for the recovery of some of the indirect costs associated with many of these projects. These rates are currently 26% - 47% depending on the type of activity, and our College receives 26% of the amount recovered by the University as part of its Education and General Fund budget. This returned overhead is reimbursement for expenses the University has already incurred during the course of conducting the sponsored programs. These funds provide incentives for additional research and to improve research facilities through start-up funds for equipment, etc. The amount allocated to colleges is based on their actual research activity. The OSU Research Office manages the remainder of these funds and uses some of the balance to fund other University research efforts.

### **Statewide Public Services Funds**

As a land grant university, OSU receives Federal Smith-Lever appropriations to support its Cooperative Extension programs. In addition, the Oregon legislature appropriates funds to support statewide public service programs, including the OSU Extension Service. The OSU Extension Service, as recipient of these funds, allocates them to various colleges of OSU that operate Extension programs. Two Extension Programs, 4-H Youth Development and Family and Community Health, have been integrated into our College, and these 2 programs provide outreach, engagement, and services in all 36 counties of Oregon. To fulfill the extension mission of healthy youth and family in the communities of Oregon, the CPHHS receives approximately 8 million dollars annually to support Extension's Family and Community Health Programs and 4-H Youth Development Programs. In addition, the College also receives a small portion of the federal and state funds received by the Oregon Agricultural Experiment Station to support USDA mission directed, multi-state, collaborative research activities in Youth, Family and Community.

### **Gift Funds**

The OSU Foundation coordinates the University's fundraising and development activities. On December 31, 2014, Oregon State University concluded the public phase of its first comprehensive capital campaign. The Campaign for OSU raised \$1.14 billion. The College raised 34 million dollars of the Campaign's final total providing support for scholarships and fellowships; capital expenditures; programmatic support; and support for faculty. The silent phase of OSU's newest campaign endeavor officially began on July 1, 2017 with an anticipated 10-year goal of \$1.5 billion. The College is in the planning phase for this new University-wide campaign. Donors to OSU may designate that their funds be used for a unique purpose at the discretion of our College. Funds donated to non-endowed OSU Foundation accounts may be expended in their entirety. University policy limits expenses on endowed accounts to the interest earned on those funds. Recent fund raising and development achievements include: private funding to create Community Health Worker Training programs throughout the state of Oregon; support to create the OSU Center for Health Innovation; multiple postdoctoral fellowships in areas such as poverty measurement, dietary cancer research, and health care transformation; and the launch of a youth and family mental health fundraising initiative that includes faculty positions, scholarships and fellowships and programmatic funds. The College continues to receive annual funds for scholarships and fellowships. Gift funds are not annual fixed funding sources, but they enhance the College's ability to fulfill its mission and goals.

C1.1a. Tenured and tenure-track faculty are hired on 9-month academic year positions, which are fully guaranteed by E & G funds. Faculty are typically expected to contribute 45% or more of their academic year effort to research activities (teaching loads were recently reduced for tenure-line faculty in the College, resulting in a greater percentage of faculty effort allocated to research and scholarship). Those who have summer teaching assignments or grant funding available to pay their salaries may also work during the summer months. Some faculty secure sufficient grant funding to pay for their summer salary

and also pay for a portion of their academic year salary, offsetting the need to use College E & G funds. Currently, the majority of academic year research effort is funded with E & G funds.

C1.1b. The College has historically funded new faculty and staff positions either by generating new revenue to cover the added cost, or by requesting funds from the Provost’s Office. Until now, there have been few ways to generate significant new Education and General Fund revenue. The Extended Campus on-line teaching program has been the single largest source of new funds in recent years. With the adoption of a new University budget model, almost all new positions will now be funded from revenue generated from a variety of enrollment measures. The budget model is designed such that when enrollment increases, funding will also increase to support the increased teaching load. The majority of University funds are distributed through the budget model, leaving few resources available centrally for special requests; however, the Dean can request funding from the Provost at any time to support strategic initiatives or new faculty positions. The College provides a financial report to the Provost annually, which can also be used to highlight the need for additional resources.

C1.1c and d. The College’s general operating costs are funded by the University by allocating a portion of the E & G funds received from the state of Oregon and from student tuition revenue. Payroll costs consume over 90% of the College E & G budget, with the remaining funds available for services, supplies and travel expenses. Some of the annual inflationary costs are funded by the University but most are absorbed by the College or covered through new revenue generating activities. University-wide salary increases are funded by the University, while increases in the cost of benefits is often a responsibility of the College. There is no automatic funding mechanism built in to cover the increased cost of services and supplies. College support for student and faculty travel awards is offered as funding is available. New faculty are usually provided with start-up funds that can be used for professional development, equipment, research support, travel or other discretionary purposes. Student scholarships are supported by gift funds through the OSU Foundation. As research activity grows, E &G funds increase from both returned overhead and payroll expense that is offset by grants. These resources are used to fund operational costs at the discretion of College leadership.

C1.1e. Academic year tuition revenue is combined by the University with state of Oregon appropriations and then distributed to colleges and support units using a budget allocation model focused on academic outcomes. This new budget model, first implemented in FY18, is a hybrid with some elements of a Responsibility Centered Management (RCM) budget model and is designed to encourage collaborative decisions about revenue generation, investments in services and academic programs, and the development of cross-unit collaboration. Budget allocations are noted Education and General Funds. Fee revenue is collected for very specific purposes and allocated directly to units providing those services. Student tuition for summer session and for on-line courses is handled separately. Colleges receive E &G funds directly related to the number of student credit hours taught in each of these delivery methods.

C1.1f. How indirect costs associated with grants and contracts are returned to the College is addressed above under Sponsored Research and Service Project Fund.

**C1.2. A clearly formatted school budget statement in the format of template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.**

<b>Table C1.1. Sources of Funds and Expenditures by Major Category, 2014 to 2018.</b>					
	<b>FY14</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>
<b>Source of Funds</b>					
Education and General Funds (Initial Budget), including: Tuition and	17,160,537	17,819,580	18,483,042	19,973,639	20,440,194

<b>Table C1.1. Sources of Funds and Expenditures by Major Category, 2014 to 2018.</b>					
	<b>FY14</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>
Fees, State Appropriation, and ICR					
AES (applied research)	311,271	319,109	269,109	269,109	269,109
SWPS (extension service)	6,804,083	7,164,708	6,519,526	7,465,342	8,048,944
Designated Ops (Team OR/workshops/testing svcs)	2,699,678	2,727,777	2,835,513	2,827,152	2,752,484
Other (Auxiliaries)	134,950	116,895	119,200	139,000	146,500
Gifts (FS,M)	628,550	874,486	N/A	N/A	N/A
Grants and Contracts	14,986,094	13,500,147	N/A	N/A	N/A
Grants, Contracts, Gifts (Restricted)	N/A	N/A	17,858,781	20,492,209	20,048,646
Royalties	N/A	N/A	2,000	1,500	1,000
University Funds (other E & G budget adj)	5,827,949	5,614,784	5,349,085	4,819,616	5,516,812
<b>Total</b>	<b>48,553,112</b>	<b>48,137,486</b>	<b>51,436,256</b>	<b>55,987,567</b>	<b>57,223,689</b>
<b>Expenditures</b>					
Education and General Funds					
Faculty Salaries (unclassified)	7,899,811	8,487,348	9,286,065	9,781,402	10,360,869
Staff Salaries (classified)	476,655	497,505	489,765	523,225	512,735
Graduate Assistant and Student Worker Pay	1,746,434	1,876,423	1,939,079	,029,354	2,205,821
Benefits (OPE) (incl. grad tuition remission)	5,602,383	5,912,925	6,213,866	6,491,028	7,529,651
Other (operations, travel, capital outlay and transfers)	2,382,570	2,697,005	2,193,774	2,420,432	2,332,518
AES (applied research)	320,499	291,944	253,333	277,303	369,482
SWPS (extension service)	6,663,797	7,216,441	7,178,612	7,991,266	8,360,829
Designated Ops (Team OR//workshops/testing svcs)	3,273,615	3,041,717	2,450,300	2,960,824	2,743,300
Other (Auxiliaries)	118,126	127,397	135,120	157,576	141,772
Gifts (FS,M)	874,486	1,261,658	1,300,577	1,881,472	1,972,804
Grants and Contracts	14,545,707	17,858,781	20,492,209	20,048,646	19,893,197
<b>Total</b>	<b>43,904,083</b>	<b>49,269,144</b>	<b>51,932,700</b>	<b>54,562,528</b>	<b>56,422,977</b>
Notes: Not all categories listed above will be relevant to all schools/programs. Omit any blank or NA rows and use "other" rows to add categories as needed. Use footnotes or narrative to define categories as necessary. Data should be presented by calendar year, academic year or fiscal year as appropriate—define in header row and in accompanying narrative.					

**C1.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:**

- The College has adequate resources to fulfill its mission and goals.
- The College research enterprise is growing. In order to support this increase in research grants

- and contracts, a new post-award specialist was hired to work in the College Research Office.
- The College has established a successful development program with the OSU Foundation. We have developed 12 endowed faculty positions, more than 200 endowed scholarships and fellowships, built 1 new research building, and renovated many laboratories and offices during OSU's first Capital Campaign. More than \$30 M was raised for enhancing the mission and goals of the College. In addition, many industries, corporations, non-profit organizations, and governmental agencies provide opportunities for student internships, mentorship, guest lectures, or career opportunities. During the last fiscal year (2017-18), the College received a record \$7.95 million in gifts, pledges and private grants.

**Weaknesses:** Beginning in FY18 the University will allocate E&G funding based partially on enrollment data. This comes at a time when the College undergraduate enrollment is declining.

**Plan:**

- The College is engaged in a strategic planning process to help inform our path forward, including an enrollment plan to be even more intentional and strengthen our efforts to recruit and retain students.
- The College will continue to find alternative revenue sources and continue our success in donor development.
- The College will continue to build relationships with young alumni to form new network for our graduates to continue their support of the college.
- The College will broaden our pursuit of relationships with industry and foundations to further diversify our revenue stream.



## C2. Faculty Resources

**C2.1. A table demonstrating the adequacy of the school’s instructional faculty resources. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit.**

The College has an adequate number of faculty members to sustain its core functions of instruction and advising students as well as stability of resources. The current personnel resources (administration, faculty, and staff), space (offices and classrooms), and other resources (computer facilities, libraries, and field experience sites) are sufficient to accomplish the College’s vision, mission, goals, and values.

Our faculty members possess expertise in a wide range of disciplines that enhances our ability to accomplish the mission and goals of the College. For the purposes of this self-study, we categorized faculty into **primary instructional faculty (PIF)** according to the accreditation standards (see Table C2.1 and Table E1.1). The data in Tables C2.1 and E1.1 reflect the most current academic year at the time of the final self-study’s submission, 2018-19. The following definition was used for the categorization of PIF:

- classified as professorial-rank faculty (e.g., Assistant Professors, Associate Professors, Professors) and instructors;
- have 100% FTE appointment for the 9-month academic year in the CPHHS;
- have regular responsibility for instruction in the public health degree programs as a component of employment including teaching and/or mentoring of students; and
- attained training and/or expertise in the academic discipline/degree program(s) to which they contribute.

For the purposes of this self-study, we categorized faculty into **non-primary instructional faculty** according to the accreditation standards (see Table E1.2). The data in Table E1.2 reflect the most current academic year at the time of the final self-study’s submission, 2018-19. The following definition was used for the categorization of non-PIF:

- classified as professorial-rank faculty (e.g., Assistant Professors, Associate Professors, Professors) and instructors;
- have at a minimum a part-time appointment in the CPHHS;
- contribute to the public health degree programs as a component of employment including those who perform functions other than instructional (e.g., administrative and research); and
- attained training and/or expertise in the academic discipline/degree program(s) to which they contribute.

	Master			Doctoral	Bachelor	Additional Faculty <sup>+</sup>
Concentration	PIF 1*	PIF 2*	FACULTY 3 <sup>^</sup>	PIF 4*	PIF 5*	
Biostatistics MPH	Harold Bae 1.0	Adam Branscum 1.0	John Molitor 1.0			PIF: 1 Non-PIF: 0
Environmental and Occupational Health MPH	Perry Hystad 1.0	Molly Kile 1.0	Laurel Kincl 1.0	Anthony Veltri 1.0		PIF: 5 Non-PIF: 3

<b>Table C2.1. 2018-19 Instructional Faculty Resources By Concentration</b>						
	<b>Master</b>			<b>Doctoral</b>	<b>Bachelor</b>	<b>Additional Faculty<sup>+</sup></b>
<b>Concentration</b>	<b>PIF 1*</b>	<b>PIF 2*</b>	<b>FACULTY 3<sup>^</sup></b>	<b>PIF 4*</b>	<b>PIF 5*</b>	
PhD						
Epidemiology	Jeff Bethel	Ellen Smit	Viktor Bovbjerg	Marit Bovbjerg		PIF: 1 Non-PIF: 2
MPH	1.0	1.0	1.0	1.0		
PhD						
Global Health	Chunhuei	Sunil	Jonathan	Stephanie		PIF: 3 Non-PIF: 0
MPH	Chi	Khanna	Garcia	Grutzmacher		
PhD	1.0	1.0	1.0	1.0		
Health Management and Policy / Health Policy	Tao Li	Jeff Luck	Jangho Yoon	Carolyn Mendez-Luck	Larry Gilley	PIF: 3 Non-PIF: 4
BS	1.0	1.0	1.0	1.0	1.0	
MPH						
PhD						
Health Promotion and Health Behavior	Peggy Dolcini	Joe Catania	Kari-Lynn Sakuma	Cynthia Mojica	Jessica Gorman	PIF: 5 Non-PIF: 0
BS	1.0	1.0	1.0	1.0	1.0	
MPH						
PhD						
Public Health Practice	Sue Carozza	Veronica Irvin	Karen Volmar			PIF: 1 Non-PIF: 4
MPH	1.0	1.0	1.0			
<b>TOTALS:</b>	Named PIF	28				
	Total PIF	39				
	Non-PIF	13				

**Note:** Andy Chuinard coordinates the MPH internships for all concentrations and is counted as an additional faculty for 6 concentrations and as a PIF in Health Promotion and Health Behavior.

**Note:** Karen Elliott coordinates all undergraduate internship students in the public health programs and is counted as an additional faculty for 2 concentrations (Health Management and Policy and Environmental and Occupational Health) and as a PIF in Health Promotion and Health Behavior.

**C2.2. Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation.**

Quality teaching is essential and is at the heart of OSU's mission as a public land-grant and research university. It is imperative that all tenure and tenure-track faculty contribute to the teaching mission, with priority given to teaching the core courses within one's academic program.

The relative distribution of effort that a faculty member contributes to different functions is described in terms of full-time equivalents (FTE). Faculty are assigned FTE in up to 4 areas: 1) teaching, advising, and other assignments; 2) research and scholarship; 3) outreach and engagement; and 4) service. All PIFs are employed on a full-time basis that equates to a 1.0 FTE for the 9-month academic year. FTE for non-

PIFs is calculated as follows: teaching a standard 3-credit course (undergraduate or graduate) is considered .083 FTE per the 9-month academic year.

**C2.3. If applicable, provide a narrative explanation that supplements reviewers’ understanding of data in the templates.**

Detailed in Table C2.1 above is the distribution of faculty resources across the disciplinary units that comprise the College undergraduate and graduate public health degree programs. The combined total of PIFs is 39 exceeding the required minimum of 21 primary instructional faculty. Students’ access to a range of intellectual perspectives and breadth of thought in their chosen fields of study is, however, an important component of quality. To provide basic breadth and range and to assure quality, the College currently has at least 3 primary faculty members who are trained and experienced in the discipline for each concentration area that offers an MPH degree. For each concentration area that offers an MPH and doctoral degree, the College currently has at least 4 primary faculty members who are trained and experienced in the discipline. For each concentration area that offers a BS, MPH, and PhD, the College currently has at least 5 primary faculty members who are trained and experienced in the discipline. In all concentration areas, the numbers of faculty who are trained and experienced in the discipline and contribute to the degree program exceed the required minimum. Thus, the College ensures that all disciplines are adequately staffed to support the academic, research, and service programs offered.

Although 2 PIFs are listed as having a single FTE in the unit of accreditation (i.e., the College overall, see Table E1.1), they are listed more than once in the “Additional Faculty” column in Table C2.1. For example, the MPH internship coordinator, Andy Chuinard, supports all MPH students and is, therefore, counted as an additional faculty for 6 concentrations and as a PIF in the Health Promotion and Health Behavior concentration. Karen Elliott, supports undergraduate students in the BS degree in public health for both options, Health Promotion and Health Behavior and Health Management and Policy, and in the undergraduate minor in Environmental and Occupational Health. She is counted as an additional faculty for 2 concentrations (Health Management and Policy and Environmental and Occupational Health) and as a PIF in Health Promotion and Health Behavior. The summary chart at the bottom of Table C2.1 reflects the real headcounts for the PIFs and does not double count any individuals.

**C2.4. Data on the following for the most recent year in the format of Template C2.2.**

<b>Table C2.2. Faculty and Staff Advising*</b>			
<b>General advising and career counseling</b>			
<b>Degree level</b>	<b>Ratio</b>	<b>Minimum</b>	<b>Maximum</b>
<b>Bachelors**</b>	53/1	1	153
<b>Master’s</b>	3.26/1	1	7
<b>Doctoral</b>	2.7	2	6
<b>Advising in MPH integrative learning experience</b>			
<b>Average</b>		<b>Minimum</b>	<b>Maximum</b>
3.26		1	7
<b>Supervision/Advising of bachelor’s cumulative/experiential activity***</b>			
<b>Average</b>		<b>Minimum</b>	<b>Maximum</b>
48		48	48
<b>Mentoring/primary advising on dissertation</b>			
<b>Degree</b>	<b>Average</b>	<b>Minimum</b>	<b>Maximum</b>
<b>PhD</b>	2.7	2	6

\* Data provided are from Spring Term 2018 unless noted.

\*\* BS students are advised by 7 Academic Advisors in the Office of Student Success. They offer a range of services to help students make informed decisions about their academic coursework and potential majors and career

**Table C2.2. Faculty and Staff Advising\***

paths (see sections H1 and H2).

\*\*\* BS students are supervised/advised in the selection and facilitation of their internship activities by our designated full time Internship Coordinator. This faculty member has expertise and experience in public health. Because the numbers of students completing internships vary over the academic year, data provided are an average for the 3 terms for Academic Year 17-18 (see section D12).

Note: Our current ILE is an oral exam and these data represent advising for the MPH Oral Exam.

**C2.5. Quantitative data on students’ perception of class size and its relation to quality of learning and availability of faculty.**

Students’ perceptions of class size and its relation to quality of learning and the availability of faculty were collected using the Student Evaluation of Teaching (SET). The Oregon Administrative Rule (OAR) statute 580-021-0135 requires “appropriate student input” in the evaluation of OSU faculty members who teach. The current SET provides numeric data and is administered electronically at the end of each term. The following 2 questions were collected Fall 2017 and Spring 2018 in required courses taken by students in the public health degree programs to provide quantitative data: “availability of the instructor was...;” and “my ability to learn considering the class size was...” Students responded to questions using a 6-point scale ranging from very poor to excellent. Overall, the ratings were very positive for both undergraduate and graduate students, with graduate students’ ratings being slightly higher on both questions.

Undergraduate	Very Poor (1.0)	Poor	Fair	Good	Very Good	Excellent (6.0)	Unable To Rate (-1.0)	Mean	SD
<b>Undergraduate*</b>									
Availability of the instructor was	0%	1%	5%	18%	20%	48%	8%	5.15	1.03
My ability to learn considering the class size was	0%	1%	5%	19%	22%	50%	4%	5.18	1.00
<b>Graduate**</b>									
Availability of the instructor was	0%	1%	5%	15%	22%	50%	8%	5.25	0.98
My ability to learn considering the class size was	1%	1%	4%	18%	24%	50%	4%	5.22	0.98

\* Number of responses=11,651, \*\* Number of responses=4,910

**C2.6. Qualitative data on students’ perceptions of class size and availability of faculty.**

To gain a more comprehensive view of the learning environment, qualitative data were collected in the annual Spring 2018 Graduation Survey of graduates from the BS, MPH, and PhD academic programs in public health. Graduates responded to 2 open-ended questions:

- “Please share your perceptions and feedback on the size of your classes. Your comments might address concerns, challenges, and/or positive experiences.”
- “Please share your perceptions and feedback on the availability of faculty. Your comments might address concerns, challenges, and/or positive experiences.”

(Survey available at RFB5-3d. 2018\_CPHHS\_Graduation\_Survey and survey results located at RFC2-6a. Class Size and RFC2-6b. Faculty Availability)

**Qualitative feedback from 74 students representing the BS, MPH, and PhD academic programs in public health helped to shed light on the role of class size and student experiences in courses as well as students' perceptions on faculty availability.**

**Perceptions and feedback on the size of classes.** It is difficult to isolate the effect of class size, from other variables, on student learning and engagement. Class size needs to also be considered in light of teaching approach, as well as student engagement with the instructor, other students, and course materials. Most students expressed that the class sizes they experienced in their programs were about right for them.

Graduates detailed comments were mostly about how smaller classes positively affected their learning, interactions with faculty and with other students, rather than comments about larger classes. The proportion of positive to negative comments was 130/150.

*“more interaction time with the professors, more lively and involved discussions”*

*“appreciated the small -10 people classes for high levels of input and collaboration, as much as I enjoyed the 35 person classes that were more lecture style”*

Smaller class size, though, is really relative to the student experience. For some students, class sizes of 30-40 students were perceived as small, especially if they had previously taken a large lecture class, but for other students classes with substantially fewer students was considered small. Few students reported that class sizes were too big. For those who did, what they minded was the lack of the very things that foster conducive learning environments: interaction and engagement.

*“a few were too large to allow for critical thought and dialogue”*

*“First year classes were quite large and impersonal, but as I got further into the program the classes got smaller and more intimate and more enjoyable.”*

**Perceptions and feedback on the availability of faculty.** Students, in large measure, were very positive about their perceptions regarding faculty availability. The proportion of positive to negative comments was 122/139. Statements such as *“faculty members go the extra mile,”* and *“truly care about my learning,”* and *“always available during office hours”* are representative of feedback received. For others, though, their perceptions were not as positive. Students want their faculty and advisors to be more responsive in returning phone calls and text; and they would appreciate more flexibility in meeting with faculty beyond set office hours to accommodate students' busy schedules.

#### **C2.7. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in the area.**

**Strengths:** It is important that the College continue to listen to the voices of our students and try to effect change where possible.

**Weakness and Plans:** In general, students expressed positive perceptions regarding faculty availability; however, it is important that we address some students' concerns. The plan is to ask School Heads to discuss these findings with their faculty to determine if there needs to be a plan to set realistic expectations in each class about faculty availability (not always possible to instantly respond) and to remind students that meetings outside of office hours are possible via appointments.



### C3. Staff and Other Personnel Resources

#### C3.1. Table defining the number of the school's staff support for the year in which the site visit will take place by role or function.

In Table C3.1., we summarize the headcount and FTE for staff and other personnel resources working in the Dean's Office, School of Biological and Population Health Sciences, School of Social and Behavioral Health Sciences, and extension and public health practice (i.e., FCH, 4-H and Team Oregon). Administrative Staff (referred to at OSU as professional faculty) provide administrative services to the College, Schools, Research Centers, and extension and public health practice. OSU Classified Staff provide support services to the College, Schools, Research Centers, Extension and public health practice. Other personnel are Graduate Teaching Assistants who teach courses as instructors of record or assist faculty instructors with instructional duties.

	Administrative and Classified Staff	Other Personnel
Role/Function	Headcount/FTE	Headcount/FTE
Dean's Office	14/13.7	0
School of Biological and Population Health Sciences	3/3	10/3.49
School of Social and Behavioral Health Sciences	3/3	20/6.8
PHHS Extension (FCH, 4-H and Team Oregon)	35/25	0

#### C3.2. Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel, if applicable.

Not applicable.

#### C3.3. Provide narrative and/or data that support the assertion that the school's staff and other personnel support is sufficient or not sufficient.

The College is well staffed and organized to provide a full range of support services to the CPHHS community. The College staff and other personnel support are sufficient to meet the needs of the College, Schools, Research Centers, and Extension. In addition, as describe in Criterion E4.the College research staff are sufficient to support the growing needs for the College research activities.

#### C3.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The CPHHS has strategically built staff support and other personnel over the last 5 years to meet the needs of the strategic evolution and the growth in our College. In addition, faculty members hire research staff as needed to support their growing research portfolios. All staff members receive annual reviews to ensure that they are meeting their own personal and professional goals and that their work is aligned with the mission and goals of the College.

As depicted in the Enabling Goal of our Strategic Plan: *Create a supportive work climate, and a culture of health that promotes equity, inclusion, and social justice*, the College is dedicated to providing a supportive environment where all members of the College community are encouraged to pursue opportunities for profession and personal growth. Accordingly, as noted earlier, we will use comparative

(2018 to 2020) College Climate Survey, to better understand the concerns that support staff may have regarding various aspect of the work climate including inclusion, equity, belonging, community, job satisfaction, and process/administration/work environment. With these data, we can assess areas of strengths and areas that need improvement.

## C4. Physical Resources

### C4.1. Briefly describe, with data as applicable, faculty and staff office space, classrooms, shared student space, labs, if applicable.

Faculty, staff and students in the College of Public Health and Human Sciences utilize space across 7 buildings on the 420-acre main campus of Oregon State University in Corvallis, OR. The College has dedicated space allocated to teaching, research, administrative, and office functions (see Table C4.1 below). Oregon State University has 138 classrooms with space totaling 10,730 seats that are managed by the Office of the Registrar based upon classroom type (e.g., general, enhanced or computer-station or those used for interactive distance education classes) and course capacity with some preferences given to academic units housed within specific buildings. Our College has enhanced classroom-teaching spaces within nearly all of the buildings that house faculty and staff in the 2 schools of the College. Most faculty members in the School of Social and Behavioral Health Sciences are located on the newly renovated 4th floor of Waldo Hall. The faculty members in the School of Biological and Population Health Sciences are primarily located in Milam Hall, Langton Hall, and the Women’s Building. The Women’s Building also houses administrative offices for our Dean and Associate Deans, College Research Office, Assessment and Accreditation Director, Office of Academic and Faculty Affairs, and offices for our undergraduate centralized advising. Administrative offices for each School Head (School of Social and Behavioral Health Sciences and School of Biological and Population Health Sciences) are housed in Waldo Hall and Milam Hall, respectively. Individual faculty offices listed in Table C4.1 are occupied by faculty members with different appointment types, including tenure stream, professional, clinical and instructor. Graduate students in public health programs that are supported on research or teaching assistantships are provided offices that are grouped according to discipline among each of the buildings housing program faculty. State-of-the-art research space for faculty, which is sometimes shared space, as well as common space for student use, is distributed throughout the buildings used within our College.

In addition to classrooms in Waldo Hall and Milam Hall, OSU's Learning Innovation Center or LINC Building, serves as a primary classroom resource for courses offered in our College. LINC is home to the University Honors College (UHC) and the Integrated Learning Resource Center (ILRC), which co-locates the Center for Teaching and Learning and Academic Technology, including Classroom Technology Services, Media Services, and Technology Across the Curriculum (TAC), creating a dynamic teaching and learning support center for OSU faculty and students. LINC is housed in a new 4-story, 134,000 sq. ft. building features 15 new classrooms with 2,300 seats of formal teaching space and 640 seats of student-directed informal learning space. LINC introduces new styles of learning spaces that support collaboration and student participation, including Parliament and "In-the-Round" classroom designs.

<b>Building</b>	<b>Total Square Feet</b>	<b>Space Utilization</b>
Women’s Building	51,846	4 administrative offices 11 faculty offices 9 academic advisor offices 2 staff offices 2 labs 1 classroom 3 conferences rooms 1 mail room 1 shared space for students 2 kitchens
Milam Hall	28,667	25 faculty offices 1 administrative office

<b>Table C4.1. Space Utilization by Building and Purpose Dedicated to Academic Programs in Public Health</b>		
<b>Building</b>	<b>Total Square Feet</b>	<b>Space Utilization</b>
		5 classrooms 3 labs 1 kitchen 1 mail room 3 conference rooms
Waldo Hall	11,483	1 administrative office 16 faculty offices 3 staff offices 2 classrooms 1 shared student area 1 kitchen 1 mailroom 2 conferences rooms
Ballard Extension Hall	5,486	1 faculty office
Hallie E. Ford Building	8,179	1 administrative office 7 faculty offices 8 staff offices 6 staff/student worker cubicles spaces 1 student area that houses around 30 students. 2 kitchens 4 conference rooms
Bates Hall	7,501	3 faculty offices 1 kitchen 1 conference room
Langton Hall	70,303	2 administrative offices 10 faculty offices 2 staff offices 3 classrooms 1 lab 1 kitchen
Total	183,465	

Research programs, projects and laboratories in our College are described at <https://health.oregonstate.edu/research/programs-projects-and-labs>. Laboratories carrying out public health-related research that are housed in Waldo Hall in the School of Social and Behavioral Health Sciences include the Optimal Aging Laboratory, the F.L.O.W. (Families, Leisure, Occupations, and Well-being) Research Laboratory, and the SEARCH Research Laboratory. Laboratories housed in the Women’s Building from the School of Biological and Population Health Sciences include the Occupational Ergonomics and Biomechanics Laboratory and the Occupational Safety and Health Laboratory. Laboratories housed in Milam Hall from the School of Biological and Population Health Sciences include the Spatial Health Laboratory, the Environmental Exposure and Biomarker Laboratory and the Mercury Laboratory. These laboratories, as well as other research projects and programs, represent a broad swath of vibrant research activity by College faculty and graduate students.

OSU Libraries offers a variety of individual and collaborative study spaces carefully designed to meet student needs. These resources include rooms which may be reserved for study occasions of up to 3 hours or research rooms which can be available for a 90-day loan period to all faculty, and to doctoral students who are within 6 months of taking their qualifying exam or if they have completed it. Each 90-day research room is equipped with a table, chair, shelves and a corkboard. Wireless access is available in all rooms.

OSU Library patrons can use one of 100+ computers to search research databases and journals, access email and the web, and use productivity software. The Student Multimedia Services desk provides multimedia support, equipment loans, poster and thesis printing. Scanners, printers, and copiers are available throughout the building. In addition to books and course reserves, the Library's Circulation Desk has laptops, Kindles, lockers, iPads, headphones, monitor adaptors, calculators, phone chargers and whiteboard markers available to loan to students and faculty.

**C4.2. Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.**

Physical space available to faculty, staff and students in our College is sufficient to meet our missions in teaching, research, outreach and service. We are, however, at our upper limits with regard to office space for faculty, research associates and graduate students. We are also at the limits of available laboratory space should any new faculty members be hired. In at least 2 programs within our College, faculty members amicably share laboratory space. The College leadership team is aware of these challenges. A team of faculty carried out a visioning exercise 2 years ago and titled the summary of their work "Vision 2025". One of their requests resulting from this visioning process was the desire for a new building that could house all College faculty, staff, graduate students and research-related facilities. This aim remains aspirational but highly desirable and subject to successful fundraising at the appropriate time from like-minded donors.

**C4.3. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** The available classroom resources and shared space for students is appropriate and adequate. Moreover, library resources, including reserved workspace for graduate student research, is highly utilized and valuable.

**Weaknesses and plan:** Current space utilization presents significant challenges for future growth. Plans to expand available space for faculty and staff offices have been discussed and preliminary estimates for renovations in Milam Hall have been requested. These preliminary plans would result in the addition of as many as 4 new faculty offices and 1 shared workspace for faculty, research personnel and graduate students. In addition, 6 offices on the ground floor of Milam Hall currently used by another College may become available to our College. The availability of this space may provide for 4 new faculty offices and 2 offices for graduate students.



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## C5. Information and Technology Resources

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### C5.1. Briefly describe, with data if applicable, library resources and support available for students and faculty; student access to hardware and software; technical assistance available for students and faculty.

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#### Library Resources and Support

Faculty, staff and students have on-campus and remote access to the resources of the OSU Libraries (OSUL), <http://library.oregonstate.edu/>. OSUL houses over 2 million volumes, including almost 1,300,000 books, almost 620,000 journal volumes, over 100,000 microfilm, and over 500 DVDs. OSUL subscribes to approximately 39,000 current serials. As of 2011, the Libraries provided access to more than 360 databases and 68,975 unique electronic journal titles.

Through more than 200 indexing, abstracting and full-text databases and other electronic subscriptions, OSUL provides access to over 68,000 unique electronic journal titles, 700,000 electronic books, and 60,000 streaming videos. Access mechanisms for licensed subscription resources include IP address recognition on campus and proxy server authentication from off campus. Additionally, community members have in-person access to the majority of library resources. Students have access to the Valley Library 24 hours a day, 4 days a week, and for extensive hours during the remaining days each week of the academic terms.

OSUL provides freely available access to significant and unique archival and digital library collections including Oregon Explorer (<http://oregonexplorer.info>), Linus Pauling Online (<http://pauling.library.oregonstate.edu/>), the Oregon Multicultural and Queer Archives (<http://scarc.library.oregonstate.edu/oma-osqa.html>), and OSU's institutional repository, ScholarsArchive@OSU (<https://ir.library.oregonstate.edu/>).

OSUL is a selective Federal depository library and a State of Oregon depository library, providing documents in all formats including print, electronic (online and CD/DVD), and microform (<https://guides.library.oregonstate.edu/subject-guide/286-Government-Information>). Currently OSUL collects 80% of U.S. Government materials available through the Federal Depository Library program, and 100% of state documents. OSUL has been a depository library since 1907.

Professional librarians provide guidance in accessing and using library resources, related research tools and developing research strategies (<http://library.oregonstate.edu/staff/college-dept>). Support includes course-integrated instruction, one-on-one research assistance, research guides for undergraduate students (<https://guides.library.oregonstate.edu/subject-guide/1271-OSU-Libraries-How-To-Guide>), and research workshops developed for graduate students and faculty (<http://library.oregonstate.edu/graduate-students>). OSUL also provides web-based, point-of-need instruction including course resource guides, discipline-based research guides, and self-paced tutorials. Additional assistance is available in person, by email, text, instant messaging/chat, and telephone.

Document delivery services include a reciprocal materials borrowing arrangement among 37 university, college, and community college libraries in the region (the Orbis Cascade Alliance). Document delivery also includes Interlibrary Loan (<http://library.oregonstate.edu/ill>) desktop delivery services for materials not held by OSU Libraries and a scanning/desktop delivery service for OSU-held, print-only or microfilm/fiche-only materials.

Other services available in the Valley Library include study spaces, printers, scanners, copiers, the Undergraduate Research and Writing Studio, the Student Multimedia Studio, 3-D printers, and the Our

Little Village, a short-term drop-off childcare center for student parents studying in the library evenings and weekends.

### **Student and Faculty Access to Hardware and Software**

Computer services and computer labs are centralized at OSU. Faculty, staff, and students in our College benefit from numerous university-wide services including:

- High speed wired network to every building on campus including residential halls.
- Extensive wireless network coverage.
- Email, file storage, and web hosting for all students and OSU employees.
- Secure off campus access to OSU resources through VPN.
- Multimedia equipment checkout service for laptops, cameras, camcorders, and other media devices.
- Website hosting through OSU Web and Mobile Service using the Drupal CMS.
- Audio and videoconference bridging service.
- As part of Oregon State University's statewide role, audio, video and web conferencing and collaboration tools are provided to the Oregon University System institutions, all State agencies, and a growing list of community colleges, county government, healthcare networks and non-profit organizations. OSU has purchased a WebX site license, a web collaboration tool effectively giving all staff/faculty their own account to host conferences (screen sharing, audio/video conferencing, file sharing, IM chat, etc.) with the ability to bring in standards-based video conferencing (i.e., Polycom or Cisco room-based video system) endpoints into the WebEx session.
- Free and discounted licensed academic software to students, faculty, and staff for campus and home use.
- Access to site licensed and bulk licenses software, including numerous statistical packages, Microsoft OS and Office, and Arc GIS.
- The CPHHS-Stats server is a resource provided to CPHHS staff and faculty that allows a separate space for the storing, processing, and review of research data. The server is a virtual machine hosted in IT Infrastructure Services infrastructure. The server is accessed via a remote desktop session. The Operating System is Windows Server 2012 R2 with Virtual Hardware: 6 CPUs and 64 GB memory, 150 GB OS partition, 2 TB data partition. This storage can also be enhanced to store more data by attaching additional storage from Network Attached Storage. The software currently installed includes Microsoft Office 2016, Stata, SAS, Stat Transfer, Epidata, and Mplus. Some of this software is available to all users and some is restricted to those who are licensed for the specific software package. The server sits in a firewalled subnet, and only permitted inbound ports are approved for remote desktop and file sharing access. The server is a terminal server. Users must first be permitted to access the server and must originate from permitted IP address ranges, or be connected through Oregon State University's VPN client for off-campus access.
- In addition to the 2 GB of personal network file space provided to OSU employees, the College provided an additional 4 GBs of shared network file space that can be set up as restricted password-protected space limited to project staff.
- CPHHS contributes to the OSU campus-wide license for the Qualtrics survey system (<http://main.oregonstate.edu/qualtrics>) that is available to all faculty, staff and students for building and distributing surveys along with data analysis tools.

Access to specific software and other technology required for student and faculty **specific for instructional programs** is listed below. OSU provides an extensive array of tools and services for faculty and students including:

- Canvas Learning Management System.

- Approximately 200 general-purpose classrooms with dual-platform instructional computers, Smartboard interactive symposia and custom teaching podiums with extensive helpline support.
- Presentation systems in large lecture halls.
- One-on-one consultations with faculty, bi-monthly educational technology workshops, online faculty training and support for core campus instructional systems including Blackboard, presentation software, student response systems, and social media.
- Four general use computer labs and a virtual computer lab.
- The student media service large size printing e.g., research posters.

#### **Technical Assistance Available for Faculty and Student Workers**

- Community Network (CN) is the desktop support service provided by Information Services with a single point of contact, on-site support by appointment, computer and software support including computer setup, software installation, printer setup, recommendations and purchasing, computer security, configuration management and full disk encryption. Loaner computers are available for emergencies. Network account and email management services include accounts for staff, faculty, student workers, shared mailboxes, security groups, distribution lists, as well as room and resource calendars.
- OSU provides faculty and students with access to a wide variety of computer services/resources throughout the University, including: a central computer account enabling access to the Internet, electronic mail, secured server space that is backed-up in a secured location daily, and access to a central Unix computer system. Computer hardware and standard software packages are supported by the University's Community Network (CN). CN provides computer system security assessments, data backup systems, and secure storage options for restricted information (including password protected folders and data encryption) and a 24-hour hotline for immediate IT support. Shared file space is available to any unit that needs a network location to store and share files. The servers are backed up daily and backups are maintained for 6 months for restoration purposes.
- CN Service Desk hours of operation (walk up, phone, email) during the academic year are M-F 8a-7p and weekends 3-7pm; during breaks M-F 8a-5p.
- Helpdesk services, including quick-help response for common questions and in-depth consulting for complex issues, technical support for students presenting academic work, computer troubleshooting, and consulting are available.
- The College has a dedicated computer technician to help faculty with all computer-related needs.

#### **Technical Assistance Available for Students**

- Helpdesk services, including quick-help response for common questions and in-depth consulting for complex issues, technical support for students presenting academic work, computer troubleshooting, and consulting are available.

#### **C5.2. Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.**

Information and technology resources are very sufficient. OSU dedicates over 7 million dollars each year toward support for existing Information Technology (IT) services along with new innovative services targeted specifically at students.

In addition to the above, the College contracts with the Office of Information Services (IS) for the following customized services:

- Purchasing, configuration, management, and support for 300+ faculty and staff workstations.
- Secure, redundant file hosting with anywhere, anytime access for faculty and staff.

- 100% coverage for wired internet access and 95% wireless internet coverage of all PHHS buildings.
- IT enhanced room design, built for and supportive of administrative, instructional, research and video conferencing needs.
- Dedicated computer support for off-campus faculty in research and outreach activities.

**C5.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Not applicable as information and technology resources are very sufficient.

## D1. MPH and DrPH Foundational Public Health Knowledge

We do not offer a DrPH degree, so this section of the self-study addresses foundational public health knowledge for MPH students. All MPH students are required to take our integrated core course. We have developed the course for on-campus and online delivery. H 513, Integrated Approach to Public Health (12 quarter-credits) was designed for our students on campus, who are expected to take the course in the fall of their first year. Students enrolled in the online MPH option take HHS 513, Integrated Approach to Public Health I (6 quarter-credits) during fall term and HHS 514, Integrated Approach to Public Health II (6 quarter-credits) during winter term of their first year. We developed our integrated core course in response to the national initiative led by the Association of Schools and Programs of Public Health (ASPPH) and CEPH to transform public health degree programs to meet the needs of public health in the 21st century. The integrated core course comprises the common core of the MPH degree, with learning objectives that cover critical and interdisciplinary content in foundational areas of public health. An interdisciplinary team of instructors teaches the course and the content is delivered in a way that demonstrates both the application and the integration of the different public health disciplines.

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

As indicated in Table D1.1, the 12 defined introductory public health learning objectives are incorporated into our integrated core course, which all MPH students are required to take for credit in person (H 513) or online (HHS 513 and HHS 514 in combination).

<b>Content</b>	<b>Course number(s) and names(s) or other educational requirements</b>
1. Explain public health history, philosophy and values	H 513 <u>or</u> both HHS 513 and HHS 514*
2. Identify the core functions of public health and the 10 Essential Services**	H 513 <u>or</u> both HHS 513 and HHS 514*
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	H 513 <u>or</u> both HHS 513 and HHS 514*
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	H 513 <u>or</u> both HHS 513 and HHS 514*
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	H 513 <u>or</u> both HHS 513 and HHS 514*
6. Explain the critical importance of evidence in advancing public health knowledge***	H 513 <u>or</u> both HHS 513 and HHS 514*
7. Explain effects of environmental factors on a population's health	H 513 <u>or</u> both HHS 513 and HHS 514*
8. Explain biological and genetic factors that affect a population's health	H 513 <u>or</u> both HHS 513 and HHS 514*
9. Explain behavioral and psychological factors that affect a population's health	H 513 <u>or</u> both HHS 513 and HHS 514*
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	H 513 <u>or</u> both HHS 513 and HHS 514*
11. Explain how globalization affects global burdens of disease	H 513 <u>or</u> both HHS 513 and HHS 514*
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	H 513 <u>or</u> both HHS 513 and HHS 514*

<b>Table D1.1. Content coverage for MPH: All options (i.e., concentrations)</b>	
<b>Content</b>	<b>Course number(s) and names(s) or other educational requirements</b>
<p>*The name of H 513 is Integrated Approach to Public Health (12 quarter-credits). The names of the two online courses that are equivalent to H 513 are as follows: HHS 513, Integrated Approach to Public Health I (6 quarter-credits) and HHS 514, Integrated Approach to Public Health II (6 quarter-credits).</p> <p>** Students review the Core Functions of PH and the 10 Essential PH Services in Week 1 H 513 What is PH. Assignment: Identify PH Components</p> <p>*** Students complete 8 case studies in H 513; each case study incorporates evidence-based critical thinking.</p>	

**D1.2. Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.**

The syllabi for the integrated core course (H 513, HHS 513, HHS 514) are included in RFD1-2. Examples of assessments from the core courses are provided in the MPH - Foundational Competencies folder in RFD-Assessments assignments.

**D1.3. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** All MPH students are required to complete the integrated core course, either in-person or online, which ensures that they are grounded in foundational public health knowledge and that their exposure to this content is consistent.

**Weaknesses:** None.

**Plans:** We will continue to monitor the in-person and online versions of the integrated core course for achievement of introductory public health learning objectives and modify the courses, as needed.

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## **D2. MPH Foundational Competencies**

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### **D2.1. List the coursework and other learning experiences required for the school or program's MPH degrees, including the required curriculum for each concentration and combined degree option. Documentation must present a clear depiction of the requirements for each MPH degree.**

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The coursework and other learning experiences required for the MPH degree, including the required curriculum for each of our 7 MPH options (i.e., concentrations), are presented in each MPH option's handbook (see <https://health.oregonstate.edu/mph/handbooks> or RFD2-1).

We currently have a Doctor of Veterinary Medicine (DVM)/MPH in the Epidemiology dual-degree program in collaboration with the OSU College of Veterinary Medicine. Since 2014, we have had only 2 students in this program; we have another veterinary medicine student who has been admitted and should matriculate into the MPH program in Fall 2019. Students in dual degree programs at OSU must meet all degree requirements for both degrees, but are allowed to use a limited number of credits toward both degrees' requirements. Thus, the coursework and other requirements listed in the handbook for the MPH in Epidemiology are the same MPH requirements for students in DVM/MPH dual degree program. For this reason, in subsequent sections of criterion D, we do not separately report out requirements for the DVM/MPH dual degree program. The DVM/MPH program was designed to allow students to use 12 DVM credits toward the MPH: VMB 666, Veterinary Medicine and Public Health (3 credits); VMB 667, Veterinary Epidemiology (3 credits); and VMC 680 Preceptorship plus additional paper and presentation (6 credits total, in place of the H 510 MPH internship). The 2 courses (VMB 666 and VMB 667) counted towards elective coursework for the MPH in Epidemiology. All DVM/MPH students were required to take the traditional MPH core courses plus other required courses for the Epidemiology option. Given the recent changes to the MPH curriculum described in the following pages (e.g., new core curriculum, new applied practice experience), during the 2018/19 academic year the Epidemiology faculty have been working with the DVM faculty to determine what changes are needed to the DVM/MPH curriculum.

Specifically, the DVM/MPH students will need to take the new MPH integrated core course required of all MPH students (see D1 and D2), as well as complete the required courses and integrated learning experience (ILE) for the Epidemiology option of the MPH listed in Table D4.1.3 below; as stated above, students in the DVM/MPH program must meet the same MPH requirements as other MPH students in Epidemiology. The curriculum for the DVM has also changed, and the faculty are evaluating which DVM courses will count towards electives for the MPH.

All veterinary students in the dual DVM/MPH are required to take H 513 in the fall of the year they are completing MPH coursework; H 513 addresses all of the foundational MPH competencies, and all but 1 are assessed in that course (see Table D2.2). There are no epidemiology methods courses offered in the DVM curriculum that are equivalent to H 525 Epidemiological Methods I and H 526 Epidemiological Methods II, so all DVM students are required to take that sequence. The DVM courses that are accepted as part of the dual degree are electives.

### **D2.2. Provide a matrix, in the format of Template D2-2 that indicates the assessment activity for each of the foundational competencies. If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or program need only present a single matrix.**

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College faculty developed the integrated core courses (H 513, or HHS 513 and HHS 514 combined) in response to the national initiative led by ASPPH and CEPH to transform public health degree programs to meet the needs of public health in the 21st century. This multi-year effort resulted in the 12-credit

“super” course required for all incoming MPH students in their first term (or first 2 terms for our online MPH students). The overall goal of the course is to cover critical and interdisciplinary content in the foundational areas of public health. This course comprises the common core of the MPH degree, as defined in MPH foundational competencies, and it intentionally delivers that core knowledge in a way that demonstrates both the application and the integration of the different public health disciplines.

Table D2.2 presents a matrix that indicates the assessment activity for each of the MPH foundational competencies. Details about MPH - Foundational Competency assessments are provided in RFD-Assessments\_assignments. The curriculum for the MPH options (i.e., concentrations) builds on the integrated core curriculum.

<b>Table D2.2. Assessment of Foundational Competencies for MPH</b>		
<b>Competency</b>	<b>* Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
<b>Evidence-based Approaches to Public Health</b>		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	H 513 <u>or</u> both HHS 513 and HHS 514*	Group project: Public Health Data Sources and Descriptive Epidemiology. The assignment requires each group to research the descriptive epidemiology of a specific public health problem. They use the data they have identified from various public health sources to create tables and graphs for a descriptive poster.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	H 513 <u>or</u> both HHS 513 and HHS 514*	The data analytics component includes qualitative data instruction and assignments. Qualitative data analysis assignment #2 requires students to locate a qualitative study related to their group project topic and identify the data collection method and procedures used.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	H 513 <u>or</u> both HHS 513 and HHS 514*	The data analytics component of the course is primarily focused on learning the statistical computing package R and using R to analyze quantitative data. In weekly assignment 8, students learn to merge data sets in R and create new variables as a function of existing variables (i.e., creating BMI from weight and height) or creating categorical variables from a continuous variable (i.e., creating a age group variable from the raw age variable).
4. Interpret results of data analysis for public health research, policy or practice	H 513 <u>or</u> both HHS 513 and HHS 514*	Case study: Sugar Sweetened Beverages (SSBs) and Taxes. This case study explores the role of epidemiological evidence in determining public health policy. The Epi in Policy assignment requires students to critically consider the disparate results of 3 epidemiological studies of SSBs and obesity in children.
<b>Public Health and Health Care Systems</b>		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and	H 513 <u>or</u> both HHS 513 and HHS 514*	The Comparative Health Systems assignment asks students to explore and post information on a specific country's healthcare system - its structure, administration, financing and performance. Students then have an opportunity to compare and contrast approaches in discussing their preferred approach to universal health care coverage in the Health System Financing Discussion.

**Table D2.2. Assessment of Foundational Competencies for MPH**

Competency	* Course number(s) and names	Describe specific assessment opportunity
international settings		
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	H 513 <u>or</u> both HHS 513 and HHS 514*	Students are introduced to social determinants of health, including racism and other structural inequities, through case study discussions and more direct readings. In the Social and Behavioral Drivers of Health assignment students identify social and behavioral determinants of an infectious disease and how these influence decisions on prevention and interventions.
<b>Planning and Management to Promote Health</b>		
7. Assess population needs, assets and capacities that affect communities' health	H 513 <u>or</u> both HHS 513 and HHS 514*	Case study: Flint Michigan Water Crisis. This case study brings in all the public health disciplines to determine what actions could be taken based on the evidence available. The case study reflection assignment requires students to determine the roles and responsibilities of the different stakeholder/organizations and their recommendations for prevention.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	H 513 <u>or</u> both HHS 513 and HHS 514*	The Final Paper requires students to compose a concise final report of their group's public health problem. Students are required to address ethical concerns, including any relevant cultural barriers, that might impact their proposed intervention.
9. Design a population-based policy, program, project or intervention	H 513 <u>or</u> both HHS 513 and HHS 514*	Students make population-based policy and/or intervention recommendations based on prior assignments designed to help students identify the significance of their chosen public health problem, identify supporting epi data, and consider ethical implication of the policy and/or intervention. This culminates in an individual Final Paper in which students are assessed.
10. Explain basic principles and tools of budget and resource management	H 513 <u>or</u> both HHS 513 and HHS 514*	Student complete a quiz on basic accounting principles, types and uses of budgets and the role of the budgeting process in organizational decision making.
11. Select methods to evaluate public health programs	H 513 <u>or</u> both HHS 513 and HHS 514*	Students are introduced to program evaluation through didactic presentation and readings. Students are assessed through quiz items in the Week 9 quiz.
<b>Policy in Public Health</b>		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	H 513 <u>or</u> both HHS 513 and HHS 514*	Case Study: Sugar Sweetened Beverages (SSBs) and Taxes. In this case study students conduct a policy analysis exploring approaches to SSB regulation, including taxes. In their policy brief, they are required to assess the available evidence and discuss the ethical considerations involved.
13. Propose strategies to identify	H 513 <u>or</u> both HHS 513 and HHS 514*	Stakeholder Analysis (Main Project): Students conduct a stakeholder analysis utilizing the WHO toolkit for their group

**Table D2.2. Assessment of Foundational Competencies for MPH**

<b>Competency</b>	<b>* Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
stakeholders and build coalitions and partnerships for influencing public health outcomes		project public health issue. The main stakeholder analysis is a group assignment. Each student is then individually assessed on their application of that stakeholder analysis in their final individual paper.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	H 513 <u>or</u> both HHS 513 and HHS 514*	<p>Case Study: Sugar Sweetened Beverages (SSBs). The policy brief associated with this case requires students to propose and advocate for a particular regulatory approach to reducing SSB consumption.</p> <p>Final paper: Additionally, in their final papers, students need to individually propose a policy or programmatic solution to their chosen public health problem.</p>
15. Evaluate policies for their impact on public health and health equity	H 513 <u>or</u> both HHS 513 and HHS 514*	Case Study: Sugar Sweetened Beverages (SSBs) and Taxes. In this case study students conduct a policy analysis exploring approaches to SSB regulation, including an assessment of evidence relating to the effectiveness of SSB regulation policy options.
<b>Leadership</b>		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	H 513 <u>or</u> both HHS 513 and HHS 514*	Students begin the term exploring the Flint Michigan water crisis. We return to the Flint experience at the end of the term and students reflect on the leadership breakdowns involved in crisis, reviewing the recommendations of The Flint Water Advisory Task Force Report and, in a graded discussion, suggesting leadership training to avoid similar breakdowns in the future.
17. Apply negotiation and mediation skills to address organizational or community challenges	H 513 <u>or</u> both HHS 513 and HHS 514*	The course case studies emphasize the integration of public health disciplines as well as human services, education, and health systems, etc. In the Asthma Case Study, student develop a social impact bond proposal that identifies an array of organizations as members of a coalition to address asthma emergency department visits. Later in the term, students reflect more on their proposed coalition in the Coalition Building Discussion Board by identifying barriers to collaboration and specific tactics to support coalition functioning (based on course materials including a panel of public health leaders reflections on lessons learned in coalition building efforts).
<b>Communication</b>		
18. Select communication strategies for different audiences and sectors	H 513 <u>or</u> both HHS 513 and HHS 514*	Students identify stakeholders for their selected public health issue and propose communication strategies in the Public Health communication assignment.
19. Communicate audience-appropriate public health content, both in writing and	H 513 <u>or</u> both HHS 513 and HHS 514*	Students are required to make various presentations for the course case studies targeted to different potential stakeholders. They summarize their communication strategies in the written case study reflection assignments. In the tobacco case study assignment, students create an advertisement targeting youth and young adults.

<b>Table D2.2. Assessment of Foundational Competencies for MPH</b>		
<b>Competency</b>	<b>* Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
through oral presentation		
20. Describe the importance of cultural competence in communicating public health content	H 513 <u>or</u> both HHS 513 and HHS 514*	Students are required to consider ethical and cultural aspects related to public health communication in the case studies as well as for their selected public health issue in their Final Report. In the Zika case study written reflection assignment, students identify ethical and cultural issues in the 2 scenarios presented for Zika control.
<b>Interprofessional Practice</b>		
21. Perform effectively on interprofessional teams	H 510 Internship (Applied Practice Experience [APE])	Students are introduced to the topic of interprofessional teams in the core course(s) (i.e., H 513 <u>or</u> both HHS 513 and HHS 514). For all MPH students, competency #21 must be addressed and assessed in the MPH internship. Starting with AY 2018/19, we are requiring that all MPH students work on interprofessional teams in their internships in some way. Practices and policies have been developed to ensure that all internships involve interprofessional teams and that all preceptors are sufficiently trained to allow them to be skilled assessors of this competency. A MPH Internship Preceptor Handbook is under development along with a new Preceptor Application and Learning Contract. Also see D5 and the 2018/19 MPH internship handbook (see <a href="https://health.oregonstate.edu/mph/handbooks/internship">https://health.oregonstate.edu/mph/handbooks/internship</a> or RFD2-1) for additional information about MPH internships.
<b>Systems Thinking</b>		
22. Apply systems thinking tools to a public health issue	H 513 <u>or</u> both HHS 513 and HHS 514*	Students complete 2 assignments related to systems thinking in public health: 1) Inter-Relationship Digraph and 2) Causal Loop Diagram. They apply these tools to their selected public health issue.
*The name of H 513 is Integrated Approach to Public Health (12 quarter-credits). The names of the 2 online courses that are equivalent to H 513 are named as follows: HHS 513, Integrated Approach to Public Health I (6 quarter-credits) and HHS 514, Integrated Approach to Public Health II (6 quarter-credits).		
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

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

As noted in D2.1, the coursework and other learning experiences required for the MPH degree, including the required curriculum for each of our 7 MPH options (i.e., concentrations), are presented in each MPH option's handbook (see <https://health.oregonstate.edu/mph/handbooks> or RFD2-1). The syllabi for all required coursework are included in RFD1-2. The applied practice experience (APE), which is a 6-credit internship course (H 510), is described in section D5 below and in the 2018/19 MPH internship handbook (see <https://health.oregonstate.edu/mph/handbooks/internship> or RFD2-1); the syllabus for H 510 is also included in RFD1-2. The integrated learning experience (ILE) for each MPH option is described in D7.

**D2.4. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** We have developed a fully integrated approach to covering the MPH foundational

competencies, which is co-taught by faculty representing multiple public health disciplines. In the first term of their MPH program, students are getting immediate exposure to the foundational competencies and disciplinary integration.

**Weaknesses:** AY 2018/19 is the second year in which we taught the integrated core course, and the instruction team will continue to revise and modify the course content. Targets for revisions include: more directly linking the data analytics (quantitative and qualitative analysis and interpretation) to the case studies; increasing content and assessment around negotiation and mediation skills; and increasing opportunities to introduce and assess the roles of interprofessional teams within the case studies.

**Plans:** Noted revisions will be included in the course offering in AY 2019/20. Going forward, we plan to evaluate and modify the integrated core course as needed to continue to incorporate current public health issues and to more tightly align the data analytics component with the course topics.

With regards to competency #21, *Perform effectively on interprofessional teams*, we have the following plans:

1. To ensure practices or policies are in place so that all MPH students select an internship site that involves regular, substantive, ongoing collaboration with professionals from a non-public health profession:
  - a. MPH Internship Coordinator will draft a new MPH Internship Preceptor Handbook to be sent to all new and existing MPH internship preceptors starting Summer 2019. This handbook will clearly define and articulate that student internships must feature regular, substantive, ongoing collaboration with professionals from non-public health professions (to include list of examples). In addition, the Coordinator will draft an Interprofessional Teams Assessment for each site in order to determine appropriateness of internship site.
  - b. MPH Internship Coordinator will update the fall internship orientation (a 1-hour presentation and Q&A offered to first year MPH students during their first fall term). Revisions will cover foundational competency #21 and how internships should be structured to fulfill #21 in terms of the internship project and preceptor experience.
  - c. MPH Internship Coordinator will revise and update the Application and Learning Contract (part of the H 510 Packet, which precedes and defines the internship) to include a section for preceptor response to the question: “How will you provide opportunity for interprofessional exposure as part of this MPH internship?”
2. To ensure that all preceptors are sufficiently trained in the specific expectations surrounding interprofessional collaboration to allow them to serve as skilled assessors for this competency includes:
  - a. The new MPH Internship Preceptor Handbook noted above will clearly define ideal preceptor background, experience and skills with regards to assessment of foundational competency #21.
  - b. MPH Internship Coordinator will add a section on assessment to the MPH Internship Handbook (for MPH students) and to the Preceptor Handbook in order to define consistency in measurement and assessment of foundational competency #21.
  - c. The updated Application and Learning Contract, noted above, will also include a section for preceptor response to the question: “Do you have experience working with professionals, departments internal to your organization, and/or agencies that are outside of public health?”

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**D3. DrPH Foundational Competencies**

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Not applicable.

## D4. MPH and DrPH Concentration Competencies

We do not offer a DrPH degree, so this section of the self-study addresses concentration competencies for MPH students. Each of our 7 MPH options (i.e., concentrations) defines at least 5 distinct competencies in addition to those listed in D2, as presented below.

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

Tables D4.1.1 through D4.1.7 present matrices that indicate the assessment activity for each option-specific competency for each of the MPH options (i.e., concentrations). Details about assignments/assessments for each MPH option are provided in RFD-Assessments\_assignments.

<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
1. Describe the roles biostatistics serves in the discipline of public health.	H 524 Introduction to Biostatistics	H 524: 1. Problem set 1; question 1 poses this to the students verbatim.
2. Describe basic concepts of probability, random variation and commonly used statistical probability distributions.	H 524 Introduction to Biostatistics,  ST 521 Introduction to Mathematical Statistics  H 513 Integrated Approach to Public Health	H 524: 1. Problem sets 1 and 2 assess topics in probability, discrete distributions, and continuous distributions 2. Computing lab assignments 3 and 4. Normal, t, and binomial distributions for calculating and interpreting probabilities and p-values  ST 521: A calculus-based mathematical statistics course that covers probability, random variables, expectation, discrete and continuous distributions, multivariate distributions  H 513: The final project questions 4, 6, and 7 assess random variation and variability primarily through visualizations including boxplots and scatter plots. Example questions are:  With a graph of your choice, display the distribution of glycosylated hemoglobin stratified by body frame size. What do you notice? Summarize your findings in less than 3 sentences.  Assess the relationship between diabetic and htn. Does the relationship between diabetic and htn change by gender? Summarize your findings in less than 4 sentences and provide evidence to support your findings.  Determine which of the following variables—total cholesterol, stabilized glucose, and high density

Table D4.1.1. Assessment of Option (i.e., Concentration) Competencies for MPH in Biostatistics		
Competency	Course number(s) and names	Describe specific assessment opportunity
		lipoprotein—has the strongest association with glycosylated hemoglobin levels. Provide evidence from your analysis to support your findings.
3. Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.	H 582 Analysis of Correlated Health Data	<p>H 582: Project 2 has students study and summarize the nonparametric regression method of LOWESS. In addition, students implement LOWESS and semiparametric regression using splines. A specific implementation is:</p> <p>Fit a LOWESS curve to the subset of data from the high salary states using <math>y</math>=SAT score and <math>x</math>=percent of students taking the exam. Repeat using smoothing splines. Is the trend linear or nonlinear?</p> <p>Repeat the analyses in part (a) using the subset of data from low salary states. Is there a nonlinear trend?</p> <p>Fit a semiparametric regression model to the SAT data. Treat the binary variable <i>HighSalary</i> as the primary predictor and use splines to implement a semiparametric adjustment for the percent of students taking the exam. Does this analysis support a linear or a nonlinear association between SAT score and percent? Interpret your findings.</p>
4. Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.	H 524 Introduction to Biostatistics	H 524: Weekly problem sets, computing lab assignments and the final examination, all of which involve public health data that are continuous, discrete, categorical, or combinations of these
5. Apply descriptive and graphical techniques commonly used to summarize public health data.	H 582 Analysis of Correlated Health Data	H 582: All projects begin with students performing an exploratory data analysis. Example text of part (a) of each project is “We always start a data analysis by performing a detailed exploratory data analysis by obtaining important numerical and graphical summaries of the data. Present and interpret the results from an exploratory data analysis.”

<b>Table D4.1.1. Assessment of Option (i.e., Concentration) Competencies for MPH in Biostatistics</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
6. Apply common statistical methods for inference.	<p>H 524 Introduction to Biostatistics</p> <p>H 580 Linear Regression and Analysis of Time to Event Data</p> <p>H 581 Generalized Linear Models and Categorical Data Analysis</p> <p>H 582 Analysis of Correlated Health Data</p>	<p>H 524:</p> <ol style="list-style-type: none"> <li>1. Problem set 6. One-way ANOVA</li> <li>2. Problem set 8, question 3. Mantel-Haenszel procedure</li> <li>3. Problem set 9. Pearson and Spearman correlation, and simple linear regression</li> </ol> <p>H 580:</p> <ol style="list-style-type: none"> <li>1. Problem sets 1-6 and Final Project. Multiple linear regression</li> <li>2. Homework problem set 7 and computing lab assignment 10. Survival analysis with continuous right censored data</li> </ol> <p>H 581:</p> <ol style="list-style-type: none"> <li>1. Problem sets 4 and 5; midterm and final project. Logistic regression</li> <li>2. Problem set 6 and final project: Poisson regression</li> </ol> <p>H 582:</p> <ol style="list-style-type: none"> <li>1. Problem sets 1-3. Linear regression for independent or correlated continuous data</li> <li>2. Problem set 4. Logistic and Poisson regression and GEE procedures for independent and correlated binomial and count data</li> </ol>
7. Apply descriptive and basic inferential methodologies according to the type of study design for answering a particular research question.	<p>H 524 Introduction to Biostatistics</p> <p>H 525 Epidemiological Methods</p>	<p>H 524:</p> <ol style="list-style-type: none"> <li>1. Problem set 7, question 1. Estimate and draw inference using data from a clinical trial design</li> <li>2. Problem set 8, question 2. Analysis of data from a matched pairs cohort design</li> <li>3. Problem set 8, question 3. Mantel-Haenszel procedure for estimating an adjusted odds ratio from a cohort study design</li> <li>4. Problem set 9. Correlation and simple linear regression from a cross-sectional design</li> </ol> <p>H 525:</p> <ol style="list-style-type: none"> <li>1. In-class exercise, problem set, and one exam. Calculate and draw inference using epidemiologic methods, such as odds ratio and relative risk, for cross-sectional, cohort, and case-control studies.</li> </ol>
8. Interpret results of statistical analyses found in public health studies.	H 582 Analysis of Correlated Health Data	<p>H 582:</p> <p>Read the CONSORT statement on reporting of results from clinical trials. Assess whether a published clinical trial addressed each CONSORT statement. The verbatim project is as follows:</p> <p>Read the article published in the Journal of the American Medical Association that reported on a large-scale clinical trial of the efficacy of multivitamins to prevent cancer in men. The study received worldwide coverage. Go through the CONSORT checklist (<a href="http://www.consort-">http://www.consort-</a></p>

<b>Table D4.1.1. Assessment of Option (i.e., Concentration) Competencies for MPH in Biostatistics</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
		statement.org/) and note if the authors followed each guideline. Turn in your completed checklist form; put any notes on it that you deem relevant. Provide a one paragraph summary of the statistical methods used. Would you have done any part of the statistical analysis differently? Briefly explain.
9. Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.	H 510 (APE) Internship  H 582 Analysis of Correlated Health Data	<p>H 510: Final written report and oral presentation on a biostatistics internship. The report and presentation require a demonstration that all biostatistics concentration competencies have been met.</p> <p>H 582: Final project. A professional data analysis and paper in biostatistics. Example instructions are as follows:</p> <p>The final project is 35% of the grade for this class. You are not allowed to consult with anyone other than the course instructor. For the project, you will address a substantive research question using a real data set and implementing tools we have studied for the statistical analysis of correlated health data. You are expected to proceed according to the following guidelines. However, as with all real projects, you may find it necessary to include other results as well.</p> <p>Details about the study, data, and research questions appear here and vary across course offerings.</p> <p>Report your results in a paper format and as a formal oral presentation using professional quality slides (e.g., created with PowerPoint or LaTeX). Details about both are below. Be certain that you understand every aspect of your presentation (down to every bullet point on every slide) and that no errors are contained in it. This exercise is meant to simulate your future internship/dissertation defense and to prepare you for speaking at professional meetings. Your grade for this component of the project will depend on quality and correctness of work, quality of presentation, ability to adhere to the allotted time constraint, and manner and correctness of addressing any questions from the audience.</p> <p>Divide your paper into the sections contained in a standard scientific paper format: abstract/summary, introduction and problem to be addressed, a short background and a short literature review, materials and methods, results, conclusions, and (if needed) references. In the materials and methods section, make it clear that you fully understand the analysis methods incorporated in your data analysis. The page maximum is 6 double-spaced pages,</p>

<b>Table D4.1.1. Assessment of Option (i.e., Concentration) Competencies for MPH in Biostatistics</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
		excluding a title page (if you wish to include one) and an Appendix for computer code.
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

<b>Table D4.1.2. Assessment of Option (i.e., Concentration) Competencies for MPH in Environmental and Occupational Health (EOH)</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
1. Identify and assess the major environmental and occupational health & safety hazards that impact workers and the general population.	H 512 Introduction to Environmental and Occupational Health Sciences	H 512: EOH case-studies and written assignments describing the recognition, evaluation and control of specific hazards.
	H 548 Public Health Toxicology	H 548: Written assignments synthesizing the current state of knowledge on toxicology of common EOH exposures.
	H 546 Exposure Science II	H 546: Technical reports describing the background, methods, results and recommendations of air quality sampling in local community and agents in local workplace.
	H 514 Environment, Safety and Health Seminar	H 514: Seminar series includes practitioners and researchers in EOH providing real-world examples, students provide weekly reflections of learning objectives set for each lecture.
2. Communicate appropriate strategies for preventing and controlling environmental and occupational health & safety hazards.	H 543 Exposure Science I	H 543: Exposure science case-studies resulting in technical reports (background, methods, results and recommendations) from community sampling for agents in different media (air, soil, water).
	H 583 Environmental and Occupational Health and Safety Management	H 583: Literature review and written assignment of existing management systems elements specifically focused on guidelines for controlling exposures to hazards.
	H 510 (APE) Internship, ILE	H 510: EOH internship experience and project, written technical report and final oral exam.
3. Conduct environmental and occupational health & safety applied research.	H 524 Introduction to Biostatistics	H 524: Weekly problem sets, computing lab assignments and the final examination, all of which involve public health data that are continuous, discrete, categorical, or combinations of these.
	H 543 Exposure Science I	H 543: Exposure science case-studies resulting in technical reports (background, methods, results and recommendations) from community sampling for agents in different media (air, soil, water).

<b>Table D4.1.2. Assessment of Option (i.e., Concentration) Competencies for MPH in Environmental and Occupational Health (EOH)</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
	H 510 (APE) Internship, ILE	H 510: EOH internship experience and project, written technical report and final oral exam.
4. Analyze the relationships between business, policy, regulatory and social factors that influence environmental and occupational health practices.	H 512 Introduction to Environmental and Occupational Health Sciences  H 513 Integrated Approach to Public Health  H 583 Environmental and Occupational Health and Safety Management	H 512: EOH case-studies and written assignments describing the recognition, evaluation and control of specific hazards.  H 513: EOH integrated topics in readings, written assignments and final project.  H 583: Literature review and written assignments focused on assessment, strategy formulation, organizational structure and financing arrangements.
5. Apply environmental and occupational health & safety knowledge and skills in practical settings.	H 510 (APE) Internship  H 546 Exposure Science II	H 510: EOH internship experience and project, written technical report and final oral exam.  H 546: Technical reports describing the background, methods, results and recommendations of air quality sampling in local community and agents in local workplace.
6. Adhere to established environmental and occupational health & safety professional practices and ethical standards.	H 510 (APE) Internship  H 514 Environment, Safety and Health Seminar	H 510: EOH internship experience and project, written technical report and final oral exam.  H 514: Seminar series includes practitioners and researchers in EOH providing real-world examples, students provide weekly reflections of learning objectives set for each lecture.
<b>Note: Assignment/assessment details are in RFD-Assessments assignments</b>		

<b>Table D4.1.3. Assessment of Option (i.e., Concentration) Competencies for MPH in Epidemiology</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
1. Recognize public health problems pertinent to the population and identify key related sources of data.	H 525 Epidemiological Methods I ILE	Assignment 2 and 3, and exam (midterm): items 4, 7, 11, and 25 (blue) as relevant to this competency. Requirement to put findings in context of community health status.
2. Explain, calculate and apply the basic terms, measures, and methods used in epidemiology. *	H 525 Epidemiological Methods I  H 526 Epidemiological Methods II ILE	Assignments 1, 2, 3 and exam (midterm): all items.  Assignments Requirement to summarize descriptive statistics for community health status.
3. Apply principles of good ethical/legal practice and cultural competency as they relate to study design and data collection.	H 525 Epidemiological Methods I ILE	Exam (Final): Question 34 highlighted in yellow Explicitly address ethical considerations in data use, application of findings.

<b>Table D4.1.3. Assessment of Option (i.e., Concentration) Competencies for MPH in Epidemiology</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
4. Draw appropriate inferences from epidemiological data including identifying strengths and limitations of reports.	H 525 Epidemiological Methods I  H 526 Epidemiological Methods II ILE	Assignment 4 and the exam (final): Questions 11-15, 18-19, 21-22, and 30-33 (highlighted in green).  Assignments Requirement to summarize findings and limitations.
5. Apply epidemiologic skills in the formulation or application of public health programs or policies.	ILE	Specific requirement to put findings in practice and policy context.
6. Assist in communicating findings and developing recommended evidence-based interventions and control measures in response to epidemiologic findings.	ILE	Entire ILE is formulated as a report designed to be presented to county officials and other stakeholders.
*This competency wording has changed slightly and will be reflected in the Fall 2019 handbook		
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

<b>Table D4.1.4. Assessment of Option (i.e., Concentration) Competencies for MPH in Global Health</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
1. Design health development programs that are responsive to social, political, cultural, economic, and environmental factors to promote global health equity.	H 511 Community, Culture, and Global Health  H 519 Displacement, Migration and Global Health  H 529 International Health	The H 511 <u>Portfolio on Global Health Challenge</u> assignment will assess students' ability to identify and apply possible sustainable solutions to global health problems. These solutions include designing health development programs that are informed by social, political, cultural, economic, and environmental factors to promote global health equity.  The H 519 <u>Policy Brief</u> assignment assesses students' ability to work collaboratively in a team and to develop communication and leadership skills. The assignment assesses their ability to identify policy/programmatic solutions, key stakeholders and opponents to policy options, and to weigh these solutions and their outcomes (considering social, political, cultural, economic, and environmental factors) for the human rights and well-being of migrant and displaced populations.  In H 529 the <u>Case Analysis</u> students were given a case study on a hypothetical country's health development program. After reading this case, students are asked to answer several questions regarding this case on the health development of this country. To answer these questions adequately, students will need to apply the theoretical frameworks, analytical skills and knowledge they learned from this course. This is a take-home assignment, and students have one week to complete

<b>Table D4.1.4. Assessment of Option (i.e., Concentration) Competencies for MPH in Global Health</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
		it.
2. Apply innovative strategies and skills to build multi-stakeholder coalitions and partnerships for advancing participatory and sustainable global health solutions *	H 511 Community, Culture, and Global Health  H 510 (APE) Internship	The H 511 <u>Portfolio on Global Health Challenge</u> assignment will assess students' ability to identify and apply possible sustainable solutions to global health problems. Students will be asked to identify the implications for global health leadership at local/global organizations involved with addressing this problem.
3. Use methods that promote sustainable development and local accountability	H 516 Research Methods in Global Health	The H 516 <u>Research Brief</u> will assess students' abilities to write appropriate research questions for mixed methods design, their abilities to practice/use interview techniques, and to consult community stakeholders in research design to ensure that it is appropriate to local community standards and capacity.
4. Analyze the roles, relationships and resources of the entities influencing global health	H 511 Community, culture, and Global Health  H 519 Displacement, Migration, And Global Health  H 529 International Health	The H 511 <u>Portfolio on Global Health Challenge</u> assignment will assess students' ability to identify and apply possible sustainable solutions to global health problems. Students will be assessed in their ability to identify and analyze the specific human capacity, skills, and resources necessary to address the global health challenge they select to explore in this project.  The H 519 <u>Policy Brief</u> assignment assesses students' ability to work collaboratively in a team and to develop communication and leadership skills. The assignment assesses their ability to identify policy/programmatic solutions, key stakeholders and opponents to policy options, and to weigh these solutions and their outcomes (considering social, political, cultural, economic, and environmental factors) for the human rights and well-being of migrant and displaced populations.  In H 529 the <u>Case Analysis</u> students were given a case study on a hypothetical country's health development program. After reading this case, students are asked to answer several questions regarding this case on the health development of this country. To answer these questions adequately, students will need to apply the theoretical frameworks, analytical skills and knowledge they learned from this course. This is a take-home assignment, and students have one week to complete it.
5. Cultivate partnerships and collaborative strategies to work in, and adapt to, wide-ranging global contexts for health development in accordance to universally and locally acceptable ethical standards.	H 516 Research Methods in Global Health  H 510 (APE) Internship	In H 516, students will complete the CITI training for Social/Behavioral Research Investigators and Key Personnel and submit their certificate of successful completion to the instructor. This training assesses their understanding of universal ethical standards for conducting research in public health.

<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
		The H 516 <u>Research Brief</u> will assess students' abilities to write appropriate research questions for mixed methods design, their abilities to practice/use interview techniques, and to consult community stakeholders in research design to ensure that it is appropriate to local community standards and capacity. Students will be assessed on their ability to incorporate stakeholder feedback in their proposed research design.
*This competency wording has changed slightly and will be reflected in the Fall 2019 handbook		
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
1. Conceptualize, analyze and resolve problems related to health services delivery and finance.	H 530 Health Policy Analysis	The Final Paper assignment for H 530 is a policy analysis that requires students to identify a public health problem, analyze policy-based solutions and provide a policy recommendation.
	H 533 Health System Organization	Midterm and final exam questions require students to apply knowledge and/or analyze health system issues and provide recommendations to improve delivery, financing or performance.
	H 536 Organizational Theory and Behavior	The Mastery Assignments #1 & 3 in H 536 are designed to help students learn how to use real industry scenarios and evidence-based data to apply innovative and strategic problem solving skills. They complete root cause and SWOT analysis techniques to case studies and real life multi-stake industry partner scenarios.
	H 556 Strategic Management of Healthcare Organization	Case studies and group paper: Case study analyses require students to analyze strategic aspects of health care delivery and financing for real health care organizations. The group paper is a business plan for a new for-profit, not-for-profit, or government, organization or program, including analyses of products/services, target markets, pricing, and budgets.
	H 558 Healthcare Reimbursement	Each student is required to submit an essay to respond to one article of the student's selection from the Instructor's assigned reading lists.
2. Identify and apply economic, financial, legal, organizational, political and ethical theories and frameworks.	H 530 Health Policy Analysis	The Final Paper assignments for H 530 is a policy analysis that requires students to analyze policy based solutions from a variety of perspectives and provide a policy recommendation.

<b>Table D4.1.5. Assessment of Option (i.e., Concentration) Competencies for MPH in Health Management and Policy</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
	H 533 Health System Organization	The Health system final paper asks students to explore a health system issue in some depth - applying the concepts from the course, including financial, organizational, and ethical. This is the introductory course and exposes students to these frameworks, which are addressed in detail in subsequent coursework.
	H 556 Strategic Management of Healthcare Organization	Case studies and group paper: Case study analyses require students to analyze strategic aspects of health care delivery and financing for real health care organizations. The group paper is a business plan for a new for-profit, not-for-profit, or government, organization or program, including analyses of products/services, target markets, pricing, and budgets.
	H 536 Organizational Theory and Behavior	The Mastery Assignments #1 & 3 in H 536 are designed to help students learn how to use real industry scenarios and evidence-based data to apply innovative and strategic problem solving skills. As they complete their root cause and SWOT analysis techniques to case studies and real life multi-stake industry partner scenarios, they apply knowledge of ethical, economic, financial and quality improvement theory to propose solutions that manage resources and jump start health improvement projects that have an impact on Public Health initiatives
	H 532 Healthcare Economics	Each group of students (2-3 students/group) is required to develop / review, write, and submit an essay on a case study of the students' selection in the field of health economics.
	H 534 Healthcare Law and Regulation	All assignments in H 534 require students to explore legal issues related to public health and the healthcare system. The Legal Brief assignment in particular is research based public brief that requires students to examine a particular public health/health system issue - including legal components and to advocate for a policy resolution.
3. Employ appropriate qualitative and quantitative techniques to manage workforce, fiscal, technological, data, physical, and other resources.	H 557 Financial Management of Healthcare Organizations	Final paper - Each student is required to submit an essay to implement a case study or to respond to one article of the student's selection in the field of health care.
	H 532 Healthcare Economics	Each group of students (2-3 students/group) is required to develop / review, write, and submit an essay on a case study of the students' selection in the field of health economics.
4. Establish and manage systems and processes to assess organizational performance for continuous improvement of quality, safety, effectiveness, and efficiency.	H 557 Financial Management of Healthcare Organizations	Each student is required to submit an essay to implement a case study or to respond to one article in the field of financial management in health care organizations.

<b>Table D4.1.5. Assessment of Option (i.e., Concentration) Competencies for MPH in Health Management and Policy</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
	H 532 Healthcare Economics	Final paper and Presentation - Each group of students (2-3 students/group) is required to develop / review, write, and submit an essay on a case study of the students' selection in the field of health economics. The topic of the selected case study must be related to economic issue in health care and medicine, but can be of any size and volume, across anytime frame (e.g., single year, multiple years, retrospective, prospective), and at any level (e.g., nation, state, local community), where the students have interest.
	H 536 Organizational Theory and Behavior	The Mastery Assignments #1 & 3 in H 536 students complete root cause and SWOT analysis that use real industry scenarios that deal with ethical, cultural, and socio-demographic issues, using evidence-based data to apply innovative and strategic problem solving skills. Students apply solutions that manage resources and jump start health improvement projects that have an impact on Public Health initiatives."
5. Act ethically and professionally, and be responsive to community variations in cultures and socio-demographics.	PHL 554 Biomedical Ethics	<p>Paper, journal Position Paper. The assignment requires you to take a position and make an argument to defend your position on an issue in biomedical ethics. Your audience for this assignment is a "professional" audience who are generally familiar with the biomedical ethics field.</p> <p>Shared with students: <i>Students also have a "citizenship" grade 20% of your grade is allocated to your "citizenship" in the classroom (10% for attendance; 10% for participating, and completion and submission of in-class activities). You cannot achieve these points simply by "showing up" nor by being a "talking head." Rather, any good student-citizen contributes to the greater learning of everyone (including me).</i></p>
	H 534 Healthcare Law and Regulation	The legal brief assignment asks students to present an unbiased summary of the supporting and opposing positions around a policy issue. Those positions should include ethical considerations as well as financial and political considerations.
	H 536 Organizational Theory and Behavior	In the Mastery Assignments #1 & 3 in H 536 students complete root cause and SWOT analysis that use real industry scenarios that deal with ethical, cultural, and socio-demographic issues, using evidence-based data to apply innovative and strategic problem solving skills.
	H 556 Strategic Management of Healthcare Organization	Case studies and group paper

<b>Table D4.1.5. Assessment of Option (i.e., Concentration) Competencies for MPH in Health Management and Policy</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
6. Lead in all levels of public and private health service organizations.	H 536 Organizational Theory and Behavior	Homework assignments, exams, and in class work. The Mastery Assignments #1 & 3 in H 536 are designed to help students learn how to use real industry scenarios and evidence-based data to apply innovative and strategic problem solving skills. As they complete root cause and SWOT analysis techniques to case studies and real life multi-stake industry partner scenarios, they will be able to apply solutions that manage resources and jump start health improvement projects that have an impact on Public Health initiatives
	H 556 Strategic Management of Healthcare Organization	Case studies and group paper
	H 510 Internship	Internship evaluation
7. Effectively communicate, solve problems and make decisions related to health policy and management in the public and private sectors.	H 530 Health Policy Analysis	The H 530 final paper asks students to complete a written policy analysis. The paper is assessed both on the quality of the analysis as well as the quality of the writing
	H 533 Health System Organization	The health system research paper asks students to explore a specific health policy problem in depth and to provide a recommendation. The assignment is assessed for comprehensiveness (appropriate for the introductory course in the major) and effective written communication.
	H 536 Organizational Theory and Behavior	Student complete a written root cause and SWOT relating case studies and real life multi-stake industry partner scenarios.
	H 534 Healthcare Law and Regulation	The Legal Brief assignment in particular is research based public brief that requires students to examine a particular public health/health system problem - including legal components and to advocate for a policy resolution. The assignment is assessed both for thoroughness of analysis and for effective persuasive communication/writing.
8. Integrate theory and practice to plan, implement, and evaluate strategies and policies in health services programs, systems and organizations.	H 556 Strategic Management of Healthcare Organization	For their final project, students complete a business plan for a real organization, e.g., one that is starting a new business unit or program, or for new concept of an organization that the team could start. Student develop a written plan and also present their plan.
	H 510 Internship	Internship report, internship project work
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

<b>Table D4.1.6. Assessment of Option (i.e., Concentration) Competencies for MPH in Health Promotion and Health Behavior</b>		
<b>Competency</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
1. Apply theory in the development, implementation and evaluation of health promotion interventions, programs, and/or policies.	H 575 Evaluation of Health Promotion and Education Programs  H 576 Program Planning/Proposal Writing in Health/Human Services  H 571 Principles of Health Behavior	H 575: Students prepare an evaluation plan for a real-world program (See H 575 Evaluation Plan).  H 576: Students receive instruction on program plans in readings and lectures throughout the term; Assessed through Program Plan (see H 576 Program Plan Guide).  H 571: Students receive instruction on key social and behavioral theories used in health promotion, and planning models used to integrate theories in the development and evaluation of health promotion interventions/programs.  These are evaluated through a group oral presentation, student-led discussion, and final term paper (See H 571 syllabus).
2. Create an implementation plan for new programs or adapted evidence-based programs.	This is an enhancement of D2.9.; Covered in H 576 Program Planning/Proposal Writing in Health/Human Services  H 549 Mass Media and Health;  H 571 Principles of Health Behavior, introduced	H 576: Students receive instruction on program plans in readings and lectures throughout the term; Assessed through Program Plan (see H 576 Program Plan Guide).  H 549: Students design health messaging and develop communication plans utilizing multiple channels to reach audiences at different levels. This is assessed through several assignments culminating in their Media Project (See H 549 Assignments).
3. Solicit and integrate input from stakeholders, community, and organizations.	Enhancement of D2.13 and D2.14  Covered in H 575 Evaluation of Health Promotion and Education Programs, Introduced in H 576 Program Planning/Proposal Writing in Health/Human Services	H 575: Students prepare an evaluation plan for a real-world program with input from the actual stakeholder implementing program (See H 575 Evaluation Plan).
4. Design and deliver health communication messages.	H 575 Evaluation of Health Promotion and Education Programs  H 549 Mass Media and Health  Introduced in H 576 Program Planning/Proposal Writing in	H 575: Create assessment tools as part of evaluation plan for a real-world program (See H 575 Evaluation Plan).  H 549: Students design health messaging and develop communication plans utilizing multiple channels to reach audiences at different levels. This is assessed through several assignments culminating in their

**Table D4.1.6. Assessment of Option (i.e., Concentration) Competencies for MPH in Health Promotion and Health Behavior**

Competency	Course number(s) and names	Describe specific assessment opportunity
	Health/Human Services	Media project (See H 549 Assignments)
5. Evaluate and interpret results from program evaluations and other research.	Enhancement of D2.11  Covered in H 575 Evaluation of Health Promotion and Education Programs  H 576 Program Planning/Proposal Writing in Health/Human Services  H 515 Research Methods in Social and Behavioral Health Sciences	H 575: Students prepare an evaluation plan for a real-world program (See H 575 Evaluation Plan).  H 576: Students receive instruction on program plans in readings and lectures throughout the term; Assessed through Program Plan (see H 576 Program Plan Guide Program Plan).  H 515: Critiques of research studies (See H515 syllabus).
6. Define public health problems, select research procedures and outline methods of analyses.	Covered under intervention and evaluation competencies  Also covered in H 515 Research Methods in Social and Behavioral Health Sciences  H 575 Evaluation of Health Promotion and Education Programs  H 576 Program Planning/Proposal Writing in Health/Human Services	H 515: Critiques of research studies (See H 515 syllabus; H 576: Students receive instruction on program plans in readings and lectures throughout the term  Assessed through Program Plan (see H 576 Program Plan Guide; H 575: Students prepare an evaluation plan for a real-world program (See H 575 Evaluation Plan).
7. Incorporate cultural values in the planning, adaptation, implementation, and/or evaluation processes for use in diverse settings.	Covered in H 575 Evaluation of Health Promotion and Education Programs, H 576 Program Planning/Proposal Writing in Health/Human Services, H 510 (APE) Internship	H 576: Students address cultural issues in programs plans, particularly in the selection and adaptation of programs (See H 576 Program Plan Guide); H 575: Feedback from community members; H 510: Internship evaluation.

**Note: Assignment/assessment details are in RFD-Assessments\_ assignments**

**Table D4.1.7. Assessment of Option (i.e., Concentration) Competencies for MPH in Public Health Practice (online option)**

Competency	Course number(s) and names	Describe specific assessment opportunity
1. Synthesize information from a wide range of sources to inform public health action.	H 524 Introduction to Biostatistics  HHS 584*Surveillance and Field Epidemiology for Public Health  HHS 578* Evidence-Based	H 524: Students synthesize information from 8 matched case control studies conducted in China. A meta-analysis is performed to investigate for homogeneity of odds ratios and to quantify the association between smoking and lung cancer. HHS 578: Ad about an evidence-based program to match a stakeholder and community needs. Exams contain questions on how to select and evaluate

	Public Health I	evidenced-based public health interventions.
2. Collaborate with stakeholders to prioritize needs and engage in problem solving to advance public health goals.	HHS 579* Evidence-Based Public Health II  H 575* Evaluation of Health Promotion and Education Programs	HHS 579: Write a grant proposal to fit specific stakeholder needs.  H 575: Assignment includes: write questions for stakeholder meeting; discussions with identified stakeholder about their wants for a program plan; and constructing assessments and methods to address their needs.
3. Effectively and efficiently manage resources to achieve maximum impacts for public health initiatives.	HHS 579* Evidence-Based Public Health II  H 575* Evaluation of Health Promotion and Education Programs  H 536 Healthcare Organization Leadership Theory and Behavior	HHS 579: Identify potential grant sources relevant to your stakeholder's needs.  H 575: Determine the methods sources and potential budget for an evaluation plan.  H 536: The Mastery Assignment # 1 is designed to help students learn root cause and SWOT analysis techniques that they will be able to use in applying solutions that manage resources and jump start health improvement projects that have an impact on Public Health initiatives.
4. Leverage knowledge of public and private systems and processes to influence health at local, state, national and international levels.	HHS 590*Public Health Law  H 530 Health Policy Analysis and Politics	HHS 590: Public health policy brief requests students to develop and advocate for a legal policy-based solution to a public health problem.  H 530: Final Paper public health policy brief assignment requires students to develop and advocate for a legal policy-based solution to a public health problem.
5. Apply innovative strategies and skills to build multi stakeholder coalitions and partnerships for advancing participatory, sustainable, and evidence-based public health solutions.**	H 536 Healthcare Organization Leadership Theory and Behavior  HHS 537* Evidence Based Leadership in Public Health  H 510 (APE) Internship	H 536: The Mastery Assignment # 3 in H 536 is designed to help students learn how to use real industry scenarios and evidence-based data to apply innovative and strategic problem solving skills. As they complete root cause and SWOT analysis techniques to case studies and real life multi-stake industry partner scenarios, they will be able to apply solutions that manage resources and jump start health improvement projects that have an impact on Public Health initiatives.  H 510: Internship Summary Report - Students prepare a minimum 10 page, professionally written Internship Summary Report (see Appendix) that documents the details of the experience, indicates the utility of the experience for the student, and offers personal reflections on: Achievement of the student's learning objectives articulated on the learning contract; Opportunities for integration of curricular content in practice; Future career directions based on the experience and related learning; and Achievement of the Option Learning Competencies. Internship Evaluation Report - Students are also

		required to complete the Internship Evaluation Report (see Appendix). Both the student's Internship Summary Report and Internship Evaluation Report are submitted to the Internship Coordinator in partial satisfaction of H 510 requirements.
*Note: HHS 584 is scheduled to be developed in summer 2019, and we do not have any assessments to include. HHS 578, HHS 579, H 575, HHS 590, HHS 537 are currently under development so we have assessment descriptions for each, but not the actual assignment instructions.		
**This competency wording has changed slightly and will be reflected in the Fall 2019 handbook.		
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

**D4.2. For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school or program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4.1 for the plan of study.**

Not applicable.

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

The syllabi for the courses listed in Tables D4.1.1 through D4.1.7 are included in RFD1-2. The applied practice experience (APE), which is a 6-credit internship course (H 510), is described in section D5 below and in the 2018/19 MPH internship handbook (see <https://health.oregonstate.edu/mph/handbooks/internship> or RFD2-1); the syllabus for H 510 is also included in RFD1-2. The integrated learning experience (ILE) for each MPH option is described in D7-3.

**D4.4. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** The Health Management and Policy (HMP) program is currently providing an updated curriculum that builds on faculty strengths to provide a more substantial methods background to prepare students for policy analysis roles while still offering a solid background in managerial competencies. The Health Promotion and Health Behavior (HPHB) option has integrated evidenced-based public health principles and practices into our curriculum to ensure that graduates are well informed concerning evidence-based approaches, including how to identify, select, adapt, implement and evaluate evidence-based programs. We are also teaching evaluation models from dissemination and implementation science (e.g., RE-AIM). The option's required mass media and health course has a strong emphasis on understanding and using new media, and the course is continually updated to ensure familiarity with the new methods.

**Weaknesses:** The HMP program has identified a weakness in quality improvement methodology training for students. Although principles of quality improvement are introduced in coursework, students do not currently have substantial hands-on experience in required coursework (most HMP students do take H 575, a program evaluation course; however, the course is not required). The HPHB program recognizes our inability to offer elective courses in substantive areas of interest to students (e.g., substance use and abuse, sexual health, chronic disease) as a weakness.

**Plans:** The HMP program is actively recruiting additional faculty with expertise in quality improvement methodologies to explore additional coursework for students. Until a standalone course can be offered,

program faculty are working with industry partners to incorporate a quality improvement-related consulting project in H 556, Strategic Management of Healthcare Organizations. The HPHB program continues to identify courses outside HPHB, offer independent experiences to build strengths, and seek support for additional faculty.

## D5. MPH Applied Practice Experiences

All MPH students complete the applied practice experience through an internship. The 6-credit internship course, H 510, is offered every term including summer. Although most students complete the 6-credit internship in 1 quarter, some students complete the requirement over 2 consecutive quarters. The internship requirements include 200 contact hours.

MPH internships may involve governmental, non-governmental, non-profit, industrial and for-profit settings or appropriate university-affiliated settings. University-affiliated settings must be primarily focused on community engagement, typically with external partners. The Extension programs in our College provide opportunities for MPH students to complete their internships in counties throughout the state of Oregon; in these instances, the primary internship preceptor must be located in the community. MPH students are also allowed to complete their internships in OSU's Student Health Services or other units on campus that focus on health promotion or wellness when appropriate.

The College has a full-time MPH Internship Coordinator who works with students, faculty, and external partners to identify potential internship sites and experiences both internationally and within the US. The MPH Internship Coordinator's duties include helping to create synergistic and creative approaches to working with community partners, developing and maintaining positive relationships with potential and established internship preceptors and sites, and evaluating the continuing appropriateness of internship sites. In collaboration with faculty and students, the MPH Internship Coordinator identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved, and he works with external partners to help ensure that the internships are mutually beneficial to both the site and the student.

The 2018/19 MPH internship handbook (see <https://health.oregonstate.edu/mph/handbooks/internship> or RFD2-1) includes the new requirements for competency assessment and the description of the new portfolio approach, which are addressed further below. Students who entered the MPH program in Fall 2018 (or later) must meet these new requirements. The 2018/19 date of the MPH internship handbook refers to the academic year in which students matriculated into our MPH program. Because the cohort of students entering the MPH students in Fall 2018 have not yet completed their internships, we do not have examples of student products that were completed to meet these new requirements.

### D5.1. Present evidence that the school or program identifies competencies attained in applied practice experiences for each MPH student in the format of Template D5-1.

Beginning with the cohort of students entering the MPH program in Fall 2018, all MPH students are required to identify at least 5 competencies, of which at least 3 must be foundational competencies, that will be attained and assessed in their MPH internship through a portfolio approach; portfolios must include at least 2 products. All MPH students must include foundational competency #21 (i.e., perform effectively on interprofessional teams) as one of the competencies. They will identify other competencies in consultation with the MPH Internship Coordinator and their internship preceptor. This policy is in the 2018/19 MPH internship handbook: (see <https://health.oregonstate.edu/mph/handbooks/internship> or RFD2-1). Students will identify the competencies in the format of Table D5.1 below. We do not have any sample matrices to share in the electronic resources file because this policy is new, and no students have had the opportunity to complete their internships under this policy.

Table D5.1. Practice-based products that demonstrate MPH competency achievement: All Options*	
Specific assignment(s) that demonstrate application or practice**	Competency as defined in Criteria D2 and D4*
Internship Portfolio - specific product to be determined	1. Perform effectively on interprofessional teams

<b>Table D5.1. Practice-based products that demonstrate MPH competency achievement: All Options*</b>	
<b>Specific assignment(s) that demonstrate application or practice**</b>	<b>Competency as defined in Criteria D2 and D4*</b>
Internship Portfolio - specific product to be determined	2. Foundational competency to be selected
Internship Portfolio - specific product to be determined	3. Foundational competency to be selected
Internship Portfolio - specific product to be determined	4. Competency to be selected
Internship Portfolio - specific product to be determined	5. Competency to be selected
* Each student must demonstrate attainment of at least 5 competencies, of which at least three must be foundational competencies (as defined in Criterion D2). All MPH students must demonstrate attainment of foundational competency #21 (perform effectively on interprofessional teams).	
** Each student must identify specific product (e.g., written assignment, project, video, presentation, etc.) that will demonstrate and allow assessment of each specific competency.	

**D5.2. Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.**

The syllabus for the internship course, H 510, and the MPH internship handbook for the 2018/19 academic year are included in RFD5-2. Information about internships is also included in the general MPH handbook and the MPH option-specific handbooks, which are available at <https://health.oregonstate.edu/mph/handbooks> and in RFD2-1.

**D5.3. Provide samples of practice-related materials for individual students from each concentration or generalist degree.**

Because of the timing of the revisions to our MPH internships in order to meet the requirements of the criteria for the applied practice experience, we do not have any samples of practice-related materials for individual students. Beginning with the 2018/19 cohort of entering MPH students, all MPH students will meet the new requirements for the applied practice experience. As indicated above, because the cohort of MPH students who entered the program in Fall 2018 have not yet completed their internships, we do not have samples of student products that were completed to meet these new requirements.

**D5.4. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** All MPH students will demonstrate competency attainment through applied practice experiences, specifically the MPH internship. We have developed and implemented new MPH internship policies in alignment with Criteria D5.

**Weaknesses:** We have not yet had any MPH students who have completed their internships under the new policies, and thus we have not yet had the opportunity to identify challenges, receive feedback, improve processes, etc. Some policies and practices related to competency #21 are still in development and may need revision after feedback from faculty, students, and preceptors. In addition, we do not yet have samples of matrices or products.

**Plans:** Beginning with the 2018/19 cohort of entering MPH students, all MPH students will meet the new requirements for the applied practice experience through their MPH internships.

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**D6. DrPH Applied Practice Experience**

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Not applicable

## D7. MPH Integrative Learning Experience

At present, all MPH students must complete a final oral examination as part of the degree requirements set by the OSU Graduate School for all master's programs (OSU Graduate School requirements are located at <http://gradschool.oregonstate.edu/progress/exams-and-meetings>). Each MPH option (i.e., concentration) has different requirements for their final oral exam; some MPH options require a written product as part of the oral exam, and other options do not. In response to the CEPH criteria for the MPH Integrative Learning Experience (ILE), the faculty have developed an ILE for each MPH option. The plans for the ILE are described in the sections below. The faculty have sought approval from the OSU Graduate Council to use the ILE as an alternative summative assessment in lieu of the final oral exam requirement (<https://gradschool.oregonstate.edu/faculty/graduate-program-policies/policy-updates>), and a decision by the Graduate Council should be made by the end of the 2018/19 academic year. Our plan is that, beginning with the cohort of MPH students who start the program in Fall 2019, all MPH students will be required to complete their option's ILE requirements, and that the ILE will meet the OSU Graduate School requirements for an alternative summative assessment. In the meantime, some options have been able to incorporate the ILE into the current (i.e., AY 2018-2019) final oral exam requirement (<https://health.oregonstate.edu/mp/handbooks>).

### D7.1. List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. Explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

Tables D7.1.1 through D7.1.7 present the proposed ILE for each MPH option and briefly explains how each MPH option will ensure that the experience demonstrates synthesis of competencies. A more detailed description of the ILEs, including competency assessment rubrics, is provided in RFD7-3.

As described in RFD7-3, all ILEs include at least 1 high-quality written product that is appropriate for the student's educational and professional objectives. The ILE for some MPH options includes 1 written product (e.g., a technical report, a program plan, a grant proposal). For example, students in the Health Promotion and Health Behavior option must prepare a program plan or a grant proposal; these documents are created in required courses (integration of competencies occurs in the courses and the final products reflect this integration), and students may revise the documents produced in the courses based on feedback before they submit them for the ILE. Other MPH options require the students to develop a professional portfolio comprised of multiple components including, but not limited to, at least 1 high-quality written product such as a research or policy brief or an evaluation report. For students completing portfolios, the components that are considered written products are identified in the ILE description (see RFD7-3).

All ILEs are evaluated by faculty committees. Committee composition requirements, grading processes, and competency assessment rubrics are included in the detailed ILE descriptions provided in RFD7-3.

<b>Table D7.1.1. MPH Integrative Learning Experience for Biostatistics Option</b>	
<b>Integrative learning experience</b>	<b>How competencies are synthesized</b>
Technical Report	A technical report of the internship must demonstrate the successful integration and synthesis of selected foundational and Biostatistics competencies and the body of knowledge gained in the degree program. The technical report will be evaluated by a faculty committee.
Internship Presentation and Oral Exam	Students will give a 30-minute oral presentation of their internship project and the content presented in their technical report. The presentation and oral exam will demonstrate how foundational and Biostatistics competencies were met and how they were integrated in the

<b>Table D7.1.1. MPH Integrative Learning Experience for Biostatistics Option</b>	
<b>Integrative learning experience</b>	<b>How competencies are synthesized</b>
	students' internship project. The exam committee will be comprised of the faculty committee who evaluated the technical report.

<b>Table D7.1.2. MPH Integrative Learning Experience for Environmental and Occupational Health Option</b>	
<b>Integrative learning experience</b>	<b>How competencies are synthesized</b>
Technical Report	Students will complete a technical report that will require integration and synthesis of the body of knowledge they have gained through the degree program with their internship project. The report includes 1) the internship project and 2) an appendix that summarizes how the internship and all coursework met foundational and EOH competencies. This final written document will be evaluated by the students' committee.
Internship Presentation and Oral Exam	Students will give a 30-45 minute oral presentation of their internship experience, project undertaken during their internship and the content presented in their technical report. The presentation and oral exam will demonstrate how EOH competencies were met and integration of these competencies in the students' internship projects. The exam committee will be comprised of the faculty committee who evaluated the technical report.

<b>Table D7.1.3. MPH Integrative Learning Experience for Epidemiology Option</b>	
<b>Integrative learning experience</b>	<b>How competencies are synthesized</b>
Report	The Epidemiology ILE consists of a take-home exercise. It is an opportunity to integrate educational experiences and draw from coursework and the internship to respond to substantive, methodological, and theory-based questions. The ILE tests the Epidemiology option competencies and provides the student an opportunity to assess their mastery of the competencies. This exercise will approximate a reporting requirement that entry-level epidemiologists are likely to encounter in applied public health settings such as county, regional or state health departments or non-profit organizations involved in public health activities. Students prepare a report that provides epidemiologically relevant information for their chosen topic. The report will be evaluated by a faculty committee.

<b>Table D7.1.4. MPH Integrative Learning Experience for Global Health Option</b>	
<b>Integrative learning experience</b>	<b>How competencies are synthesized</b>
Final Portfolio	Global Health students are required to develop a professional portfolio appropriate to their career goals and demonstrating mastery of the program competencies. The portfolio serves to synthesize and integrate knowledge acquired in coursework and internship as part of the MPH – Global Health option. The portfolio contains multiple components, including but not limited to 3-5 pieces of high-quality creative work; at least 1 piece of creative work must be a high-quality, written product. Examples of high-quality creative works include: policy brief, research brief, data visualization product, program brief, country/population profile report, opinion-editorial, evaluation report, fact sheet, social media campaign, networking reflection, professional blog entry. The portfolio is assessed by a faculty committee.

<b>Table D7.1.5. MPH Integrative Learning Experience for Health Management and Policy Option</b>	
<b>Integrative learning experience</b>	<b>How competencies are synthesized</b>
Final Portfolio	Health Management and Policy option students are required to develop a professional portfolio appropriate to their career goals and demonstrating mastery of the program competencies. The portfolio contains multiple components, including but not limited to an internship major product and 3 additional pieces of creative work such as a policy brief, research paper and data analysis, health system paper/fact sheet, business plan, case analysis, and healthcare legal brief. The portfolio is assessed by a faculty committee.

<b>Table D7.1.6. MPH Integrative Learning Experience for Health Promotion and Health Behavior Option</b>	
<b>Integrative learning experience</b>	<b>How competencies are synthesized</b>
ILE Report	Students will complete an ILE report that will require integration and synthesis of the body of knowledge they have gained through the degree program. The ILE report must be either a program plan or a grant proposal. Health Promotion and Health Behavior (HPHB) students will be required to take a program planning course and a grant writing course (curriculum proposals to create the grant-writing course and add it to option course requirements are currently being considered through the OSU curriculum process); integration of competencies occurs in both courses and the final products reflect this integration. The ILE report is assessed by a faculty committee.

<b>Table D7.1.7. MPH Integrative Learning Experience for Public Health Practice (online) Option</b>	
<b>Integrative learning experience</b>	<b>How competencies are synthesized</b>
Final Portfolio	Public Health Practice students are required to develop a professional portfolio appropriate to their career goals and demonstrating mastery of the program competencies. The portfolio contains multiple components, including but not limited to 3-5 pieces of high-quality creative work; at least 1 piece of creative work must be a high-quality, written product. Examples of high-quality creative works include: policy brief, research brief, data visualization product, program brief, country/population profile report, opinion-editorial, evaluation report, fact sheet, social media campaign, YouTube link, networking reflection, professional blog entry. The portfolio is assessed by a faculty committee.

**D7.2. Briefly summarize the process, expectations and assessment for each integrative learning experience.**

A description of the proposed ILEs, including the process, expectations, and assessment is provided in RFD7-3. Beginning with the handbooks for the 2019/20 entering cohort, for each MPH option, the ILE process, expectations, and assessment will be described in the option-specific MPH handbooks.

**D7.3. Provide documentation, including syllabi and/or handbooks that communicates integrative learning experience policies and procedures to students.**

The ILE for each MPH option is described in RFD7-3. The ILEs will also be described in the option-specific MPH handbooks, beginning with the handbooks for the 2019/20 entering cohort. The descriptions to be included in the MPH option handbooks will be the same or very similar to the descriptions provided in RFD7-3.

**D7.4. Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.**

Because the plans for the ILEs have only recently been developed, some of the supporting materials are still in development. The description of the proposed ILEs in RFD7-3 includes information about methods to assess the ILE with regard to students' demonstration of the selected competencies. All but 2 of the MPH options (the Epidemiology option and Health Management and Policy option) have created competency assessment rubrics for their ILEs. Once the faculty receive feedback from the OSU Graduate Council on their application to use the ILE as an alternative assessment in lieu of the final oral exam requirement (see D7 above), they will finalize rubrics and specific guidelines for assessment to meet both CEPH and OSU requirements. Rubrics and guidelines for all MPH options will be available by the end of June 2019.

**D7.5. Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.**

Because of the timing of the revisions to our MPH degree in order to meet the requirements of the criteria for the ILE, we do not have any completed, graded samples of deliverables associated with each ILE from different MPH options (i.e., concentrations). Beginning with the 2019/20 cohort of entering MPH students, all MPH students will meet the new requirements for the ILE.

**D7.6. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** We have developed new requirements such that all MPH students, beginning with the 2019/20 entering cohort, will complete an ILE according to policies and procedures specific to their MPH option.

**Weaknesses:** Because the ILE requirement is new, faculty have not yet finalized rubrics and detailed guidelines for assessing the ILE for all MPH options, so additional work is needed before we are ready for our first cohort of students to complete these new requirements. In addition, we are seeking approval to use the ILE as an alternative summative assessment, replacing the final oral examination that is currently required by the OSU Graduate School. Thus, we have not yet had any MPH students who have completed an ILE, and thus we have not yet had the opportunity to identify challenges, obtain feedback, improve processes, etc. In addition, we do not yet have samples of ILE deliverables.

**Plans:** Faculty will finalize rubrics/detailed guidelines for assessment by the end of June 2019, so that we are prepared to fully implement the new ILE requirement beginning with the 2019/20 entering MPH cohort (if the alternative summative assessment is approved by OSU Graduate Council, students in the 2018/19 entering cohort will have the option of completing the ILE instead of the final oral exam that is currently required by OSU's Graduate School). In the unlikely event that the OSU Graduate Council does not approve our use of the ILE as an alternative to the MPH final oral exam, we will need to make some revisions to our current plans such that students will complete an ILE plus the Graduate School required oral exam. We will monitor implementation and outcomes of the ILE and modify requirements and procedures, as needed.

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**D8. DrPH Integrative Learning Experience**

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Not applicable

## **D9. Public Health Bachelor's Degree General Curriculum**

### **D9.1. List the coursework required for the school or program's public health bachelor's degree.**

The Bachelor of Science (BS) in Public Health has 2 transcript-visible options: Health Management and Policy (HMP) and Health Promotion and Health Behavior (HPHB). The required public health core curriculum for both options consists of 26-27 quarter-credits of public health courses. The required coursework for the HPHB option consists of an additional 21 quarter-credits of HPHB courses, plus 19 credits of required supporting courses from other disciplines (e.g., biology, sociology). The required coursework for the HMP option consists of an additional 32 quarter-credits of HMP courses, plus 43 credits of required supporting courses from other disciplines; this option is certified by the Association of University Programs in Health Administration (AUPHA), and the higher number of credits reflects AUPHA's specific curriculum requirements. In addition to public health core and option courses, students must complete 51 credits of baccalaureate core courses.

The specific coursework required for each BS in Public Health option is available on the College website, in the form of advising sheets that our undergraduate advisors use in working with our undergraduate students:

Health Management and Policy Option advising sheet: <https://health.oregonstate.edu/hmp/option-sheet>

Health Promotion and Health Behavior Option advising sheet:  
<https://health.oregonstate.edu/hphb/option-sheet>

The required course work for the major and each option is also available in the OSU catalog (see also D9.2 below).

### **D9.2. Provide official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include copies of any documents that are not available online.**

Academic regulations can be found in the OSU catalog here: <https://catalog.oregonstate.edu/regulations/>

Of particular relevance is AR 25. Institutional Requirements for Baccalaureate Degrees (see link to AR 25 at <https://catalog.oregonstate.edu/regulations/>). In addition to details about other requirements, AR 25 indicates that a minimum of 180 earned credits are required for the baccalaureate degree (length of program is also addressed in D16).

The required course work for the undergraduate major in public health, and the HMP and HPHB options, is also available on the OSU catalog:

Public Health Undergraduate Major

<https://catalog.oregonstate.edu/college-departments/public-health-human-sciences/school-social-behavioral-health-sciences/public-health-bs-hbs/#requirementstext>

Health Management and Policy Option

<https://catalog.oregonstate.edu/college-departments/public-health-human-sciences/school-social-behavioral-health-sciences/public-health-bs-hbs/health-management-policy-option/#requirementstext>

**D9.3. Provide a matrix, in the format of Template D9-1 that indicates the courses/experience that ensure that students are introduced to each of the domains indicated. Template D9-1 requires the school or program to identify the experiences that introduce each domain.**

<b>Table D9.1.</b>	
<b>Domains</b>	<b>Courses and other learning experiences through which students are introduced to the domains specified</b>
<b>Science:</b> Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease	Public Health students are first required to complete 12-14 credits of physical or biological science to meet the University's baccalaureate core program. HMP option students must complete MB 230 Microbiology. HPHB option students must take BI 101 or 102, or 103, General Biology, as well as NUTR 225, General Human Nutrition. All Public Health students are also required to complete H 320, Intro to Human Disease.
<b>Social and Behavioral Sciences:</b> Introduction to the foundations of social and behavioral sciences	Public Health students are required to complete 3 credits of Difference, Power, Discrimination and 3 credits of cultural diversity coursework and 3 credits of social processes to meet the University's baccalaureate core program. Public Health students are also required to complete H 225, Social and Individual Health Determinants. HMP students also are further required to complete ECON 201, Introduction to Micro Economics and ECON 202, Introduction to Macro Economics. HPHB students are also required to take ES 101 Ethnic Studies, PSY 201 General Psychology, and SOC 204 Introduction to Sociology.
<b>Math/Quantitative Reasoning:</b> Introduction to basic statistics	Public Health students are first required to complete 3 credits of mathematics to meet the University's baccalaureate core program. Once in the public health major, students must complete H 220, Introduction to Health Data Analysis and H 425, Foundations of Epidemiology.
<b>Humanities/Fine Arts:</b> Introduction to the humanities/fine arts	Public Health students are first required to complete 3 credits of literature and fine arts and 3 credits Western Culture to meet the University's baccalaureate core program. Once in the public health major, HMP students are also required to complete PHL 444, Bioethics.

**D9.4. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** The baccalaureate core curriculum represents what the OSU faculty believe is the foundation for students' further understanding of the modern world. Informed by natural and social sciences, arts, and humanities, the baccalaureate core requires students to think critically and creatively, and to synthesize ideas and information when evaluating major societal issues. Importantly, the baccalaureate core promotes understanding of interrelationships among disciplines in order to increase students' capacities as ethical citizens of an ever-changing world. Public Health students build on their baccalaureate core training with in-discipline courses that emphasize the application of liberal arts skill sets in the public health sciences.

**Weaknesses:** Most baccalaureate core courses are taught outside of the College and public health faculty are not involved in curriculum or quality oversight of courses offered by other colleges.

**Plans:** College faculty are considering adding public health courses to the baccalaureate core (e.g.,

revising an existing course to meet additional baccalaureate core requirements). Additional public health courses that are part of the baccalaureate core would be appealing to students in public health and other majors.

## D10. Public Health Bachelor's Degree Foundational Domains

**D10.1 Provide a matrix, in the format of Template D10-1 that indicates the courses/experience that ensure that students are exposed to each of the domains indicated. Template D10-1 requires the school or program to identify the learning experiences that introduce and reinforce each domain.**

Table D10.1a presents courses/experiences required for all BS in Public Health students that ensure the students are exposed to each of the foundational domains. Table D10-1b presents additional courses taken by students in each option of the BS (i.e., HMP and HPHB), which also introduce or cover the foundational domains.

<b>Table D10.1a. Experience(s) that ensure that students are exposed to each of the domains indicated in Criterion D10 – Courses Required for all BS in Public Health Students*</b>								
<b>Public Health Domains</b>	<i>H 100 Intro to PH</i>	<i>H 210 Intro US Hlth Syst</i>	<i>H 225 Soc and Indiv Hlth Deter</i>	<i>H 319 Intro To Hlth Policy</i>	<i>H 320 Intro To Human Dis</i>	<i>H 344 Found of Envir Hlth</i>	<i>H 410 Intern- ship</i>	<i>H425 Found of Epid</i>
<b>Overview of Public Health:</b> Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society								
Public Health History	I	C		C	C	C		C
Public Health Philosophy	I		C	C	C			
Core PH Values	I		C	I				
Core PH Concepts	I		C	I	I			C
Global Functions of Public Health	I				C			
Societal Functions of Public Health	C		I		C			
<b>Role and Importance of Data in Public Health:</b> Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice								
Basic Concepts of Data Collection	I		I		C			C
Basic Methods of Data Collection	I							C
Basic Tools of Data Collection	I							C
Data Usage	I				C			C
Data Analysis	I							C
Evidence-based Approaches	I							C
<b>Identifying and Addressing Population Health Challenges:</b> Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations								
Population Health Concepts	C		C		C			C
Introduction to Processes and Approaches to Identify Needs and Concerns of Populations	C		I		I	I		I
Introduction to Approaches and Interventions to Address Needs and Concerns of Populations	C	I	I		C			
<b>Human Health:</b> Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course								

<b>Table D10.1a. Experience(s) that ensure that students are exposed to each of the domains indicated in Criterion D10 – Courses Required for all BS in Public Health Students*</b>								
<b>Public Health Domains</b>	<i>H 100 Intro to PH</i>	<i>H 210 Intro US Hlth Syst</i>	<i>H 225 Soc and Indiv Hlth Deter</i>	<i>H 319 Intro To Hlth Policy</i>	<i>H 320 Intro To Human Dis</i>	<i>H 344 Found of Envir Hlth</i>	<i>H 410 Intern- ship</i>	<i>H425 Found of Epid</i>
Science of Human Health and Disease					C			
Health Promotion	I	I	C		C			
Health Protection	I		I		C			
<b>Determinants of Health:</b> Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities								
Socio-economic Impacts on Human Health and Health Disparities	I	C	C		I			
Behavioral Factors Impacts on Human Health and Health Disparities	I	I	C		C	I		
Biological Factors Impacts on Human Health and Health Disparities	I	I	I		C	I		
Environmental Factors Impacts on Human Health and Health Disparities	I	I	C		C	C		
<b>Project Implementation:</b> Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation								
Introduction to Planning Concepts and Features	I							C
Introduction to Assessment Concepts and Features	I		I		I			C
Introduction to Evaluation Concepts and Features	I		I					C
<b>Overview of the Health System:</b> Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries								
Characteristics and Structures of the U.S. Health System	I	C	I					
Comparative Health Systems	I	C	I					
<b>Health Policy, Law, Ethics, and Economics:</b> Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government								
Legal dimensions of Health Care and Public Health Policy			I		C	I		
Ethical dimensions of Health Care and Public Health Policy	C		I	C		I		I
Economical Dimensions of Health Care and Public Health Policy	I		I	C	I			
Regulatory Dimensions of Health Care and Public Health Policy	I	C	I	C	I	I		
Governmental Agency Roles	I	C	I	C	C			C

Table D10.1a. Experience(s) that ensure that students are exposed to each of the domains indicated in Criterion D10 – Courses Required for all BS in Public Health Students*								
Public Health Domains	<i>H 100 Intro to PH</i>	<i>H 210 Intro US Hlth Syst</i>	<i>H 225 Soc and Indiv Hlth Deter</i>	<i>H 319 Intro To Hlth Policy</i>	<i>H 320 Intro To Human Dis</i>	<i>H 344 Found of Envir Hlth</i>	<i>H 410 Intern- ship</i>	<i>H425 Found of Epid</i>
in Health Care and Public Health Policy								
<b>Health Communications:</b> Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology								
Technical Writing					C			I
Professional Writing			C	I	C			I
Use of Mass Media	I			I				I
Use of Electronic Technology	I				I		C	

\*Key: I=introduced, C=covered

Table D10.1b. Experience(s) that ensure that students are exposed to each of the domains indicated in Criterion D10 – Courses in HMP and HPHB options of BS in Public Health							
	Health Management and Policy Course Name and Number						Health Promotion and Health Behavior Course Name and Number
Public Health Domains	<i>H 250 Intro to Hlth Care Mngmt</i>	<i>H 434 Hlth Care Law and Regul</i>	<i>H 436 Adv Topics in Hlth Care Mngmt</i>	<i>H 457 Fin Mngmt of Hlth Care Org</i>	<i>H 432 Econ Issues in Hlth and Med Care</i>	<i>H 476 Plann and Eval Hlth Prom Progr</i>	<i>H 310 Hlth Field Exper</i>
<b>Overview of Public Health:</b> Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society							
Public Health History	I						
Public Health Philosophy							I
Core PH Values	I					C	
Core PH Concepts	I					C	C
Global Functions of Public Health							
Societal Functions of Public Health						I	C
<b>Role and Importance of Data in Public Health:</b> Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice							
Basic Concepts of Data Collection						C	
Basic Methods of Data Collection						C	
Basic Tools of Data Collection	I		I			C	
Data Usage	I		I			C	
Data Analysis	I		I				
Evidence-based Approaches	I		I			C	
<b>Identifying and Addressing Population Health Challenges:</b> Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations							
Population Health Concepts	I					C	C

<b>Table D10.1b. Experience(s) that ensure that students are exposed to each of the domains indicated in Criterion D10 – Courses in HMP and HPHB options of BS in Public Health</b>							
	<b>Health Management and Policy</b>					<b>Health Promotion and Health Behavior</b>	
	<b>Course Name and Number</b>					<b>Course Name and Number</b>	
<b>Public Health Domains</b>	<i>H 250 Intro to Hlth Care Mngmt</i>	<i>H 434 Hlth Care Law and Regul</i>	<i>H 436 Adv Topics in Hlth Care Mngmt</i>	<i>H 457 Fin Mngmt of Hlth Care Org</i>	<i>H 432 Econ Issues in Hlth and Med Care</i>	<i>H 476 Plann and Eval Hlth Prom Progr</i>	<i>H 310 Hlth Field Exper</i>
Introduction to Processes and Approaches to Identify Needs and Concerns of Populations	I					C	I
Introduction to Approaches and Interventions to Address Needs and Concerns of Populations	I					C	I
<b>Human Health:</b> Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course							
Science of Human Health and Disease						I	
Health Promotion						C	C
Health Protection							I
<b>Determinants of Health:</b> Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities							
Socio-economic Impacts on Human Health and Health Disparities						C	I
Behavioral Factors Impacts on Human Health and Health Disparities						C	I
Biological Factors Impacts on Human Health and Health Disparities							I
Environmental Factors Impacts on Human Health and Health Disparities							I
<b>Project Implementation:</b> Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation						<i>BA 351 Managing Organiz</i>	
Introduction to Planning Concepts and Features	I		C	I	C	C	
Introduction to Assessment Concepts and Features	I		I	C	C	C	
Introduction to Evaluation Concepts and Features	I		I	C	C	C	
<b>Overview of the Health System:</b> Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries							
Characteristics and Structures of the U.S. Health System	I						I

Table D10.1b. Experience(s) that ensure that students are exposed to each of the domains indicated in Criterion D10 – Courses in HMP and HPHB options of BS in Public Health							
	Health Management and Policy Course Name and Number					Health Promotion and Health Behavior Course Name and Number	
<b>Public Health Domains</b>	<i>H 250 Intro to Hlth Care Mngmt</i>	<i>H 434 Hlth Care Law and Regul</i>	<i>H 436 Adv Topics in Hlth Care Mngmt</i>	<i>H 457 Fin Mngmt of Hlth Care Org</i>	<i>H 432 Econ Issues in Hlth and Med Care</i>	<i>H 476 Plann and Eval Hlth Prom Progr</i>	<i>H 310 Hlth Field Exper</i>
Comparative Health Systems	I						
<b>Health Policy, Law, Ethics, and Economics:</b> Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government							
Legal Dimensions of Health Care and Public Health Policy		C		I			
Ethical Dimensions of Health Care and Public Health Policy		I		I		I	I
Economical Dimensions of Health Care and Public Health Policy				I	C		
Regulatory Dimensions of Health Care and Public Health Policy		C		I			
Governmental Agency Roles in Health Care and Public Health Policy		C		I		I	I
<b>Health Communications:</b> Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology							
Technical Writing	I	C	I	I	C	C	
Professional Writing	I	C		I		C	
Use of Mass Media	I				C	I	C
Use of Electronic Technology	I			I	C		C
<b>* Key: I=introduced, C=covered</b>							

**D10.2. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** HMP and HPHB students receive a comprehensive coverage of core competencies through the public health core curriculum. Importantly, that content is covered in a variety of courses offered by HMP and HPHB faculty and faculty from other core public health disciplines – offering students diverse perspectives on public health work. Additionally, the program structure requires that all students complete the public health core before selecting an option. This ensures that students have a solid grounding in the disciplines to inform their choice of concentration.

**Weaknesses:** Once students enter the HMP program, they have more limited exposure to the use of mass media and electronic technology. Additionally, they have fewer opportunities to develop culturally sensitive communications for community members. Additionally, HMP students have traditionally

received instruction in program planning, assessment and evaluation only in the context of business management coursework taught by the College of Business. We offer only a limited number of upper-division HPHB courses. For example, we have a very limited number of courses addressing some topical public health issues (e.g., sexual health, vaccines) or courses addressing skills that bachelor-level students may benefit from (e.g., interviewing, focus group facilitation, study design).

**Plans:** The HMP program will incorporate a mass media/electronic communications component in the H 319 policy brief assignment. Additionally, a planned HMP undergraduate capstone will provide students with additional experience in process improvement/evaluation to supplement planning and assessment content from College of Business coursework. We will work to offer more substantive courses over time. For example, this coming year we will offer a course on drugs and human society. Additionally, we will continue to collaborate with other related disciplines to enhance the breadth of courses open to HPHB students (e.g., sociology, psychology, business).

## D11. Public Health Bachelor's Degree Foundational Competencies

**D11.1. Provide a matrix, in the format of Template D11-1, that indicates the experience(s) that ensure that students demonstrate competencies in each of the domains indicated. Template D11-1 requires the school or program to identify the experiences that introduce and reinforce each domain.**

Tables D11.1.1 presents the required information for the Health Management and Policy option of the BS in Public Health. D11.1.2 presents the required information for the Health Promotion and Health Behavior option of the BS in Public Health. Details about assignments/assessments for each BS in Public Health Option are provided in RFD-Assessments\_assignments.

<b>Table D11.1.1. Experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion D11 – BS in Public Health, Health Management and Policy Option</b>		
<b>Competencies</b>	<b>Course number(s) and name(s) other educational requirements</b>	<b>Specific assessment opportunity</b>
<b>Public Health Communication:</b> Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences		
Oral communication	H 250 Intro Healthcare Management	Students have oral discussions on their Real World Example and Discussion assignments in class. They have dialogue between all group members in their Assessment 2 and Group paper, and do an oral presentation in the group presentation assignment. They also have an oral interview with a healthcare professional as part of their Group paper assignment.
	H 436 Advanced Topics in Healthcare Leadership	Students have oral dialogue between all group members in their final project and presentation assignment. They also do an oral interview with a healthcare professional in their Individual paper assignment and give an oral presentation for their group presentation assignment.
Written communication	H 434 Healthcare Law and Regulation	H434 is a Writing Intensive Course. Students submit introduction, draft, final and polished (further edited) versions of a Health Policy Issue Brief
	H 250 Intro Healthcare Management	Real World Example, Discussion, and Group Paper assignments include papers on current events, and varied topics in the healthcare industry. Some are short written assignments and the group paper is a multiple page assignment.
	H 436 Advanced Topics in Healthcare Leadership	Assignments 1-4, Presentation and Individual Paper include papers on current events, and varied topics in the healthcare industry. Some are short written assignments and the individual paper is a multiple page assignment
	H 210: Introduction to the U.S. Healthcare System	Final Paper. Students prepare a 2-3 page written analysis of a health policy documentary. (Escape Fire, the fight to save US healthcare). Grading includes points for written communication skills.
Communicate with diverse audiences	H 250 Intro Healthcare Management	Real World Example, Discussion, Group Paper, and Assessment to speak to their peers, their instructor, and to healthcare professionals.

<b>Table D11.1.1. Experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion D11 – BS in Public Health, Health Management and Policy Option</b>		
<b>Competencies</b>	<b>Course number(s) and name(s) other educational requirements</b>	<b>Specific assessment opportunity</b>
	H 436 Advanced Topics in Healthcare Leadership	Individual Paper requires students to complete Communication assignments with diverse audiences. Students are required to speak to their peers, their instructor, and to healthcare professionals.
	H 434 Healthcare Law and Regulation	Health Policy Issue Brief. The Policy brief assignment requires students to prepare a brief specifically for a policy audience - in this case a junior state legislator.
<b>Information Literacy:</b> Students should be able to locate, use, evaluate, and synthesize information		
Locate information	H 434 Healthcare Law and Regulation	Health policy issue brief. The Policy brief assignment requires students to conduct research in media, government, academic and legal environments to construct a research based policy brief.
	H 250 Intro Healthcare Management	Students are required to locate information in order to complete the Real World Example, Discussion, Group Paper, and Assessment 2 assignments.
	H 436 Advanced Topics in Healthcare Leadership	Students are required to locate information from a variety of sources, including academic, professional interviews, etc. in order to complete the Assignments 1-4, Mid-term, Final, Presentation and Individual Paper assignments.
Use information	H 434 Healthcare Law and Regulation	Health policy issue brief. The policy brief assignment requires students to apply information they have acquired in their research to analyze a specific public health policy topic and to advocate for a specific policy approach.
	H 250 Intro Healthcare Management	Students are required to use information gathered from academic courses, etc. in order to complete the Real World Example, Discussion, Group Paper, and Assessment 2 assignments.
	H 436 Advanced Topics in Healthcare Leadership	Students are required to use information gathered from research and interviews with professionals in order to complete the Assignments 1-4, Mid-term, Final, Presentation and Individual Paper assignments.
Evaluate information	H 434 Healthcare Law and Regulation	Health policy issue brief. The policy brief assignment requires students to analyze a public health policy topic. That analysis should include an assessment of the validity of information they have gathered from their research, including peer reviewed journals, reports, and stakeholder positions.
	H 250 Intro Healthcare Management	Students are required to evaluate information gathered from academic research in order to complete the Real World Example, Discussion, Group Paper, and Assessment 2 assignments.
	H 436 Advanced Topics in Healthcare Leadership	Students are required to evaluate information gathered from academic research and interviews with professionals in order to complete the Assignments 1-4, Mid-term, Final, Presentation and Individual Paper assignments.

<b>Table D11.1.1. Experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion D11 – BS in Public Health, Health Management and Policy Option</b>		
<b>Competencies</b>	<b>Course number(s) and name(s) other educational requirements</b>	<b>Specific assessment opportunity</b>
	H 210 Introduction to the U.S. Healthcare System	Final Paper. The final paper - documentary analysis explicitly asks students to evaluate the claims included in the documentary.
Synthesize information	H 434 Healthcare Law and Regulation	Health policy issue brief. The policy brief assignment requires students to apply their understanding of the healthcare system - structures, financing, law ethics - to a specific policy.
	H 210 Introduction to the U.S. Healthcare System	The final paper documentary analysis asks students to synthesize information gained on the organization, financing, and performance of the US healthcare system to analyze the documentary's critique of the US system.
	H 250 Intro Healthcare Management	Students are required to synthesize information in order to complete the Real World Example, Discussion, Group Paper, and Assessment 2 assignments.
	H 436 Advanced Topics in Healthcare Leadership	Students are required to synthesize information in order to complete the Assignments 1-4, Mid-term, Final, Presentation and Individual Paper assignments.
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

<b>Table D11.1.2. Experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion D11 – BS in Public Health, Health Promotion and Health Behavior Option</b>		
<b>Competencies</b>	<b>Course number(s) and name(s) other educational requirements</b>	<b>Specific assessment opportunity</b>
<b>Public Health Communication:</b> Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences		
Oral communication	H 310 Health Field Experiences and H 410 Internship	Evaluation of student on presenting the educational materials to the community site and stakeholders from the student's preceptor on an internship/practicum form submitted to Instructor.
Written communication	H 310 Health Field Experiences and H 410 Internship	Developing documents that could include brochure, poster, program plans and presenting them to the community site and discussing them to stakeholders. Submission of documents that could include brochure, program plan, poster, etc. to Canvas. Evaluation from community site, student's preceptor, on written documents on internship/practicum form.
	H 320 Introduction to Human Disease	Creation of multiple forms of written products communicating health information with scholarly sources. (See H 320 DiseaseFact Sheet; H 320 Final Project)
	H 476 Planning and Evaluating Health Promotion Programs	Creation of a program and evaluation plan based on evidence and tailored to specific audiences.(See 476 Assignment Program Plan).
	H 210 Introduction to the U.S. Healthcare System	Final Paper

**Table D11.1.2. Experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion D11 – BS in Public Health, Health Promotion and Health Behavior Option**

Competencies	Course number(s) and name(s) other educational requirements	Specific assessment opportunity
Communicate with diverse audiences	H 310 Health Field Experiences and H 410 Internship	Evaluation of performance at community public health site by preceptor, which involves interaction and collaboration with diverse populations on internship/practicum form.
	H 320 Introduction to Human Disease	Creation of a digital poster for a lay reader, a one-page fact sheet for a decision-maker, and scholarly poster for health professionals. (See H 320 Digital Poster).
	H 476 Planning and Evaluating Health Promotion Programs	Creation of a program plan, including implementation and evaluation, based on evidence and tailored to specific audiences. (See H 476 Assignment Program Plan).
Communicate through variety of media	H 310 Health Field Experiences and H 410 Internship	Depending on community site, student may be involved in creating health messages through social media including Facebook and Twitter, and evaluated by preceptor on internship/practicum form.
	H 320 Introduction to Human Disease	Creation of a digital poster, one-page fact sheet, and scholarly poster. (See H 320 Digital Poster, H 320 Disease Fact Sheet; H 320 Scholarly Poster).
<b>Information Literacy:</b> Students should be able to locate, use, evaluate, and synthesize information		
Locate information	H 310 Health Field Experiences and H 410 Internship	The documents (poster, program plan, brochure, etc.) submitted to Canvas for a grade and the evaluation by their community site preceptor on internship/practicum form.
	H 225 Social and Individual Health Determinants, H 320 Introduction to Human Disease, H 476 Planning and Evaluating Health Promotion Programs	In H 225, H 320, and H 476, students must find health information for a variety of topics and purposes. In H 225, search for current prevalence data on major causes of morbidity/mortality and are taught how to search and evaluate reputable data sources for the major paper assignments (see Assignment #1: Lib Resources and Assignment #3: Data Sources for H 225). In H 320, students use library resources to research prevalence, incidence, morbidity, and mortality data on various health problems. In H 476, students use library resources and dissemination sites to locate evidence-based programs. (See H 476 Assignment Program Plan).
	H 210 Introduction to the U.S. Healthcare System	Final Paper
Use information	H 310 Health Field Experiences and H 410 Internship	The documents (poster, program plan, brochure, etc.) submitted to Canvas for a grade and the evaluation by their community site preceptor on internship/practicum form.
	H 210 Introduction to the U.S. Healthcare System	Homework assignments
	H 225 Social and Individual Health Determinants H 320 Introduction to Human Disease	In H 225, H 320, and H 476, students use credible health information to describe a health problem in a variety of forms and to propose solutions. In H 225, students search and use information to support topical presentations and their final group paper (see class

**Table D11.1.2. Experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion D11 – BS in Public Health, Health Promotion and Health Behavior Option**

Competencies	Course number(s) and name(s) other educational requirements	Specific assessment opportunity
	H 476 Planning and Evaluating Health Promotion Programs	activity: Epi Examples, Assignment #2: Research Critique and group project for H 225). In H 320, students research health information to describe a health problem and identify solutions in the form of a digital poster, disease factsheet, and scholarly poster (See H 320 Digital Poster, H 320 Disease Fact Sheet, H 320 Scholarly Poster). In H 476 students rely on evidence-based information for their program plans. (See RF Assignment Program Plan).
Evaluate information	H 310 Health Field Experiences and H 410 Internship	The documents (poster, program plan, brochure, etc.) submitted to Canvas for a grade and the evaluation by their community site preceptor on internship/practicum form.
	H 210 Introduction to the U.S. Healthcare System	Final Paper
	H 225 Social and Individual Health Determinants  H 320 Introduction to Human Disease  H 476 Planning and Evaluating Health Promotion Programs	In H 225, H 320, and H 476, students assess the credibility and appropriateness of the health information. In H 225, students critique a mass media article for bias. In H 320 students evaluate information to develop a disease fact sheet (See H 320 Disease Fact Sheet). In H 476, students analyze evidence-based interventions (See H 476 Assignment Program Plan).
Synthesize information	H 310 Health Field Experiences and H 410 Internship	The documents (poster, program plan, brochure, etc.) submitted to Canvas for a grade and the evaluation by their community site preceptor on internship/practicum form.
	H 210 Introduction to the U.S. Healthcare System	Final Paper
	H 225 Social and Individual Health Determinants  H 320 Introduction to Human Disease  H 476 Planning and Evaluating Health Promotion Programs	In H 225, H 320, and H 476, students synthesize health information from multiple sources to develop written products for a variety of purposes. In H 225, students search and use information to support topical presentations and their final group paper (see group project for H 225). In H 320, students synthesize health information to develop a final group project (See H 320 Final Project). In H 476, students synthesize data to provide a rationale for a program plan (See H 476 Assignment Program Plan).
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

**D11.2. If applicable, include examples of student work indicated in Template D11-1.**

Examples of student work are provided in RFD11-2.

**D11.3. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** Students in the HMP option and HPHB options have multiple opportunities to produce written work and present information orally in courses. For HMP students, written assignments are discipline appropriate and include policy briefs, business memos and plans as well as research papers. For HPHB students, written assignments are discipline appropriate and culminate in our capstone course (H 476) with a detailed program plan.

**Weaknesses:** Students in the HMP option produce communications for faculty, policy makers (healthcare policy brief), and business managers (memo, cover letters); however, students could also benefit from producing culturally appropriate peer or community-oriented materials and availing themselves of different electronic communications platforms. Students in the HPHB option produce communications for faculty, but have fewer opportunities to communicate with policy makers, the community, and the public. They would also benefit from further exposure and practice to electronic formats for communication. Finally, HPHB students would benefit from further training in locating, using, evaluating, and synthesizing public health information.

**Plans:** The program will incorporate a mass media/electronic peer communications component in the H 319 policy brief assignment. A social/electronic media project/assignment will be built into one of our required courses (e.g., H 225, H 320). We will develop a new course, H 376 (Strategies for Evidence-based Health Promotion), which will provide scaffolding for the capstone HPHB course (H 476), including further training on locating, using, evaluating and synthesizing public health information.

## D12. Public Health Bachelor’s Degree Cumulative and Experiential Activities

All BS in Public Health students must complete a 360 hour, 12-quarter credit internship experiences in a public health setting (<https://health.oregonstate.edu/internships/h410>). In addition, each option of the BS in Public Health (i.e., HMP and HPHB) requires other cumulative and experiential activities.

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

Table D12.1. identifies the cumulative and experiential activities for students in the BS in Public Health.

<b>Table D12.1.</b>	
<b>Cumulative and Experiential Activity</b> (internships, research papers, service-learning projects, etc.)	<b>Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.</b>
H 434: Health Care Law and Regulation In this course students complete a Policy Issue Brief (HMP only)	Students must identify and describe a policy issue using available epidemiologic evidence. They must evaluate and synthesize available information on possible approaches and apply policy, public health, and systems knowledge to develop a recommended policy approach to addressing the issue.
H 310: Health Field Experiences (known as the Health Promotion and Health Behavior Practicum) (HPHB only)	The practicum allows students to identify a public health site and complete at least 45 hours at the site. They complete a reflection paper to connect public health concepts to their practicum experiences and critically analyze the concepts as they relate to their practicum site. The specific content varies based on each practicum site. Students can choose practicum sites locally, statewide and nationally.
H 407: Pre-Internship Seminar	The Pre-Internship Seminar allows students to reflect on their past coursework to identify possible internship sites. They have activities to relate their academic experiences to their professional goals including completion of a SMART goals activity. Students can also participate in job shadows to better understand the academic knowledge and how it is applied in community settings. They also complete resume drafts, cover letters and interviews in class to integrate their academic experiences as they apply to their internship and career pursuits.
H 410: Internship	All H 410 students complete a portfolio at the end of their internship experience. The portfolio includes 4 required sections. The first section requires the student to insert their updated resume. The resume requires a section for their internship. The second section of the portfolio is where they provide an analysis/reflection of their internship experience. In this section, students are required to describe in detail their full internship experience, including positives, challenges and lessons learned. They also need to discuss 2 examples of how they applied their coursework to their internship. Students also need to include how their internship relates to their career/professional goals and how it will benefit them with their plans after graduation. Lastly, for the internship reflection, students also need to include detailed descriptions of at least 2 projects they completed and a description of the skills they obtained. They also need to upload an example of one of these projects for their 3rd section of the portfolio. For the final required section of the portfolio, students need to provide an analysis of 2 of their strengths from the Clifton Strengths assessment they completed in H 407. In this section, they are required to describe each strength and how they developed and enhanced that strength in their internship using specific internship

<b>Table D12.1.</b>	
<b>Cumulative and Experiential Activity</b> (internships, research papers, service-learning projects, etc.)	<b>Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.</b>
	examples. Students also complete a final form with their preceptor, reflecting together on their internship, and SMART goals that they set at the beginning of the term.

**D12.2. Include examples of student work that relate to the cumulative and experiential activities.**

Examples of student work are provided in RFD11-2.

**D12.3. Briefly describe the means through which the school or program implements the cumulative experience and field exposure requirements.**

A faculty member with a PhD in Public Health serves as the Undergraduate Internship Coordinator for the Public Health students. The process begins with a required 2 credit pre-internship course (H 407) taught by the Internship Coordinator where students are given information on available internship sites, prepare their resume, cover letter, review best practices for interviewing, and set personal goals. When the student is searching for an internship, the Internship Coordinator meets personally with students and provides suggestions and a list of potential internship sites based on the individual student's interests. The Internship Coordinator also evaluates both the technical background of the student and the work to be done as an intern. All students are on a listserv that is managed by the Internship Coordinator, who sends out a weekly newsletter with internship announcements and important information and deadlines on upcoming internships. The Undergraduate Internship Coordinator supervises the internship throughout the designated term and maintains regular communication with the students and site preceptors. In addition, the Undergraduate Internship Coordinator reviews all paperwork the student submits throughout the internship process, including a work plan with learning competencies, midway progress report, final evaluations, journals and the final portfolio to help ensure a positive experience. The Undergraduate Internship Coordinator awards the final grade (Pass/No Pass) for the work based on the internship paperwork and final portfolio submitted by the intern.

**D12.4. Include handbooks, websites, forms and other documentation relating to the cumulative experience and field exposure.**

The internship is communicated to the students through these mechanisms.

- Details about the internship are provided to the students on the pre-internship website and the internship website:  
<https://health.oregonstate.edu/internships/h410/preceptors>  
<https://health.oregonstate.edu/internships/h407>
- The requirements of the internship, including all assignments during the internship, hours, credits and projects, are also detailed in the pre-internship class when the student is enrolled in the class (see syllabus in RFD1-2).

**D12.5. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** Students in the public health undergraduate degree complete a substantial and well-managed internship program. All students are well prepared for the experience by a 3-credit pre-internship class, which supports students in resume writing, networking, interview skills, and professionalism. The full-time faculty coordinator of the internship program conducts an annual quality assessment survey of preceptors to inform selection of internship sites as well as program curriculum.

**Weaknesses:** During the self-study year, the public health undergraduate programs determined that experiential opportunities were uneven across the options and that those experiences were generally only available to students in the last year of the program. Programs determined that students would benefit from earlier and more regular exposure to experiential activities in addition to the internship experience.

**Plans:** The College has developed the Required Experiential Arcs of Learning (REAL) program. This new experiential learning structure will require both HMP and Health Promotion students to engage in experiential learning opportunities, and students will be encouraged to complete this requirement within their first or second year in the program. Students will complete a minimum of 3 credits over 2-3 years from a selection of experiential opportunities most relevant to their career goals. Those experiences can include career readiness, mentoring /shadowing programs, leadership development, research experiences, etc.

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

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

<b>Table D13.1.</b>	
<b>Concept</b>	<b>Manner in which the curriculum and co-curricular experiences expose students to the concepts</b>
Advocacy for protection and promotion of the public's health at all levels of society	All BS in Public Health students: H 410 Internship - students in specific sites learn about advocacy for protection and promotion of the public's health through internship specific activities including community outreach education on public health issues and services for vulnerable populations including healthcare for homeless populations, breast cancer screening programs for low income women and oral health for children without insurance.
	HPHB Option: H 310 Health Field Experiences - students choose a practicum site in public health. These community sites often expose students to advocacy for protection and promotion of the public's health including homeless shelters, women's shelters, soup kitchens and non-profit health organizations.
Community dynamics	All BS in Public Health students: H 410 Internship - students in their specific internship sites and community learn about the communication, partnerships, collaboration, resources and dynamics, regarding the specific issue such as water quality, healthcare access, food insecurity, obesity, etc.
	HPHB Option: H 310 Health Field Experiences - students choose a practicum site in public health. These community sites often expose students to community dynamics in terms of collaboration around public health issues and resources available of populations around the issue. It can include community partners and dynamics with achieving and working towards better public health outcomes related to the specific issue.
	HMP Option: H 250 Introduction to Healthcare Management - students are exposed to community dynamics when they interact with healthcare providers in the community when they complete the interview portion of their group paper assignment.  H 436 - students work with healthcare providers in the community when they complete their Improvement Project.
Critical thinking and creativity	H 310 Health Field Experiences - students create a health communication project on a health issue with a specific population related to their practicum site. This can include creating a brochure, poster, etc.  H 410 Internship - students develop a portfolio to showcase their internship.  H 319 Introduction to Health Policy - students are required to complete critical thinking activities when they are preparing for and when working on their Policy Brief.  H 436 Advanced Topics in Health Care Management - students are required to complete critical thinking
	HMP Option: H 434 Health Care Law and Regulation - students develop and advocate for a policy solution to a public health problem.  H 436 Advanced Topics in Health Care Management - students are required to complete critical thinking activities when they are working on their Improvement Project.
Cultural contexts in which public health	All public health students: H 407 Seminar - guest speakers come into class representing different internship sites, and discuss their specific organization and the cultural contexts that they work in. This can include Susan G Komen with outreach to Latino women in Portland, Health Youth Program with providing culturally appropriate nutrition to youth in Corvallis

<b>Table D13.1.</b>	
<b>Concept</b>	<b>Manner in which the curriculum and co-curricular experiences expose students to the concepts</b>
professionals work	<p>from diverse backgrounds and Representative Rayfield's Office with advocating for health policy and the impacts regarding diverse populations.</p> <p>H 410 Internship - students spend approximately 360 hours at an internship site and observe the cultural contexts in which those specific public health professionals work. Internship sites are diverse and can include health departments, clinics, hospitals, nonprofit organizations and international internship sites.</p>
	<p>HPHB Option: H 310 Health Field Experiences - students observe their practicum site and the cultural context in which those specific public health professionals work. Practicum sites are diverse and can include local health departments, soup kitchens, homeless shelters, nonprofit health organizations.</p>
	<p>HMP Option: H 436 Advanced Topics in Health Care Management - students study cultural contexts in which public health professionals work and use this knowledge when they complete their Improvement Project.</p>
Ethical decision making as related to self and society	<p>All public health students: H 407 Seminar - Internship case studies are discussed in class and students participate in discussing how to approach situations in their internship in an ethical manner.</p> <p>H 410 Internship: students spend approximately 360 hours in a specific internship site and practice ethical decision making through their internship experience. This can include clinics, hospitals, and HIPAA.</p>
	<p>HMP Option: H 436 Advanced Topics in Health Care Management - students study ethical decision making and apply this knowledge when they complete their Improvement Project</p>
Independent work and a personal work ethic	<p>H 310 Health Field Experiences - students choose a practicum site in the area of public health. They are required to follow through with their commitment, showing up on time and completing their professional obligations to the site and the coursework on Canvas.</p> <p>H 410 Internship - students spend 360 hours in the internship site, and must follow through with the expectations of the internship including the weekly hours at the site, completing internship projects on site and completing the course requirements on Canvas.</p>
Networking	<p>All public health students: H 407 Seminar - guest speakers come into class and students can interact with them and learn about how to network through other opportunities including job shadowing, attending career fairs, etc.</p> <p>H 410 Internship - students are able to network in their internship sites and interact with professionals to get to know professionals in public health and learn about professional opportunities.</p>
	<p>HPHB Option: H 310 Health Field Experiences - students interact with professionals in their practicum site and are able to learn about other professional opportunities and can network with professionals.</p>
	<p>HMP Option: H 250 Introduction to Health Care Management - students exercise their networking skills when they interact with healthcare providers in the community when they complete the interview portion of their paper assignment.</p> <p>H 436 Advanced Topics in Health Care Management - students exercise their networking skills when they interact with healthcare providers in the community when they complete their Improvement Project.</p>
Organizational dynamics	<p>All public health students: H 410 Internship - students learn about the organizational dynamics of their internship site, how it is structured, funded and the organizational chart. Students often are able to observe committee and staff meetings to further understand these dynamics.</p>
	<p>HPHB Option: H 310 Health Field Experiences - students choose a practicum site in public health. These community sites often expose students to dynamics within the organization and</p>

<b>Table D13.1.</b>	
<b>Concept</b>	<b>Manner in which the curriculum and co-curricular experiences expose students to the concepts</b>
	how the site functions.
	HMP Option: H 250 Introduction to Health Care Management and H 436 Advanced Topics in Health Care Management - students are exposed to organizational dynamics in class and when they interact with healthcare providers in the community when they complete the interview portion of their writing assignment.
Professionalism	All public health students: H 407 Seminar - students learn about professional conduct, dress codes in internship sites, and how to professionally address internship related situations. H 410 Internship: students learn to conduct themselves in a professional manner in their specific sites. This can include professional communication, attire, and overall conduct in professional settings including hospitals, clinics, government agencies and nonprofit organizations.
	HPHB Option: H 310 Health Field Experiences - students in their practicum sites must follow the professional policies and expectations in that particular site including confidentiality, professional conduct with those at the practicum site and appropriate attire.
	HMP Option: H 250 Introduction to Health Care Management and H 436 Advanced Topics in Health Care Management - students are required to practice professionalism when they interact with healthcare providers in the community when they complete the interview portion of their writing assignment.
Research methods	All public health students: H 410 Internship - depending on the specific site, students can be exposed to research methods in their internship site including government agencies, hospitals and nonprofit health organizations that have grants and are conducting different types of research.
Systems thinking	All public health students: H 410 Internship - depending on the specific sites, students can be exposed to systems thinking at the local, state, national and international level as it applies to public health organizations and healthcare.
	HPHB Option: H 310 Health Field Experiences - depending on the specific sites, students can be exposed to systems thinking at the local, state, national and international level as it applies to public health organizations and healthcare.
	HMP Option: H 436 Advanced Topics in Health Care Management - students are required to consider and apply systems thinking when they complete their Improvement Project.
Teamwork and leadership	All public health students: H 407 Seminar - students learn about professional conduct, dress codes in internship sites, and how to professionally address internship related situations. H 410 Internship: students learn to conduct themselves in a professional manner in their specific sites. This can include professional communication, attire, and overall conduct in professional settings including hospitals, clinics, government agencies and nonprofit organizations.
	HPHB Option: H 310 Health Field Experiences - students in their practicum sites must follow the professional policies and expectations in that particular site including confidentiality, professional conduct with those at the practicum site and appropriate attire.
	HMP Option: H 250 Introduction to Health Care Management and H 436 Advanced Topics in Health Care Management - students are required to use teamwork and leadership principles when they complete their improvement project outline and when they complete their writing assignment.

**D13.2. Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course.**

Syllabi for the courses listed in Table D13.1 are available in RFD1-2.

**D13.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** The public health undergraduate programs provide multiple exposures to each of the concept areas that are appropriate to each of the public health options.

**Weaknesses:** Coverage of each concept varies by program and is not always perfectly sequenced to help students develop related skills.

**Plans:** The Public Health undergraduate programs (HMP and HPHB) are currently evaluating the undergraduate option structure and curriculum to identify desired modification with plans to develop program revision proposals in the 2019-20 academic year. Included in that evaluation are coordination around requirements for policy, program planning/evaluation, and mass media as well as the potential for new or combined options. The undergraduate HMP major is also currently undergoing review for re-certification through the Association of University Programs in Health Administration (AUPHA) and the planning groups would like to incorporate any feedback from that review in changes as well.

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**D14. MPH Program Length**

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**D14.1. Provide information about the minimum credit-hour requirements for all MPH degree options.**

All MPH degree options require more than the minimum 56 quarter-credits. The required number of credits ranges from 59-62 quarter credits. The specific credit requirements are as follows: Biostatistics (59), Environmental and Occupational Health (62), Epidemiology (60), Global Health (60), Health Management and Policy (61), Health Promotion and Health Behavior (59), and Public Health Practice (60).

**D14.2. Define a credit with regard to classroom/contact hours.**

OSU is on the quarter system and each quarter includes 10 weeks of class plus finals week. Academic credit is a measure of the total time commitment required of a typical student in a particular course. The OSU catalog (<http://catalog.oregonstate.edu/>) states that 1-quarter credit is generally given for 3 hours per week of work in and out of class. For example, each hour of class lecture is generally expected to require 2 hours of work out of class. One credit is typically given for a lecture course that met for a 50-minute period each week over a 10-week period (i.e., 10 contact hours between faculty and students). One credit is typically given for a laboratory course that met for 2-3 hours per week for an entire term. Equivalent credits are given for recitations, discussions, and other types of courses.

**D14.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** The MPH degree exceeds the 56 quarter-credit minimum requirement.

**Weaknesses:** None.

**Plans:** We intend to maintain the MPH degree credit requirements such that all options will require at least 56 quarter-credits.

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**D15. DrPH Program Length**

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Not applicable

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**D16. Bachelor's Degree Program Length**

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**D16.1. Provide information about the minimum credit-hour requirements for all public health bachelor's degree options.**

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All OSU bachelor's degrees require a minimum of 180 quarter-credits. The Bachelor of Science (BS) in Public Health has 2 transcript-visible options: Health Promotion and Health Behavior (HPHB) and Health Management and Policy (HMP). The required public health core curriculum for both options consists of 26-27 quarter-credits of public health courses. The required coursework for the HPHB option consists of an additional 21 quarter-credits of HPHB courses, plus 19 credits of required supporting courses from other disciplines (e.g., biology, sociology). The required coursework for the HMP option consists of an additional 32 quarter-credits of HMP courses, plus 43 credits of required supporting courses from other disciplines; this option is certified by the Association of University Programs in Health Administration (AUPHA), and the higher number of credits reflects AUPHA's specific curriculum requirements. In addition to public health core and option courses, students complete 51 credits of baccalaureate core courses.

**D16.2. Define a credit with regard to classroom/contact hours.**

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As described in D14.2, OSU is on the quarter system and each quarter includes 10 weeks of class plus finals week. Academic credit is a measure of the total time commitment required of a typical student in a particular course. The OSU catalog (<http://catalog.oregonstate.edu/>) states that 1 quarter credit is generally given for 3 hours per week of work in and out of class. For example, each hour of class lecture is generally expected to require 2 hours of work out of class. One credit is typically given for a lecture course that met for a 50-minute period each week over a 10-week period (i.e., 10 contact hours between faculty and students). One credit is typically given for a laboratory course that met for 2-3 hours per week for an entire term. Equivalent credits are given for recitations, discussions, and other types of courses.

**D16.3. Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges.**

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As described in OSU's Academic Regulation (AR) 2, OSU accepts for credit toward a baccalaureate degree all college transfer work completed at an Oregon or other regionally accredited community college up to 124 lower-division quarter-credits. Students are encouraged to work with their academic unit to ensure that transfer credits meet requirements for the degree. OSU also accepts upon admission to OSU a maximum of 12 quarter-credits of professional-technical coursework applicable in an associate's degree or certificate program at a regionally accredited institution as general elective credit and as part of the 124 quarter-credit total. Lower-division OSU credit may also be awarded for specific professional-technical community college courses when those courses are validated by articulation agreement with the appropriate OSU department. This may be above the 12 quarter-credits of general electives allowed. These credits will only be awarded upon the recommendation of the appropriate department/college and approval by the OSU Curriculum Council, and they will count as part of the 124 quarter credits. OSU's AR 3 allows students to request validation of work done in an unaccredited institution of collegiate rank after 3 terms of work at OSU satisfactory to the Undergraduate Admissions Committee. These petitions are considered separately and based on information available.

**D16.4. If applicable, provide articulation agreements with community colleges that address acceptance of coursework.**

Although OSU does not have articulation agreements with community colleges for the BS in Public Health specifically, it does have public health course articulations with community colleges indicating course equivalencies. In particular, Central Oregon Community College and Linn-Benton Community College have equivalent courses that articulate to courses in public health core.

**D16.5. Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor's degree programs in the home institution.**

The BS in Kinesiology is another undergraduate major in our College. The required coursework for the major includes the Kinesiology core (25 credits), required supporting courses (15 credits), and additional Kinesiology courses beyond the core (minimum of 24 credits), and baccalaureate core requirements (48 credits). Students in the Kinesiology major can select to also complete an option in Pre-Therapy and Allied Health with 19 credits of required courses, as well as courses in 1 of 6 tracks (e.g., pre-nursing, pre-medicine), which have varying credit requirements.

Outside of our College, the BS and BA in Anthropology require an Anthropology core (24 credits), requirements for 1 of 4 Anthropology options (27-33 credits), and Anthropology electives, totaling 60 quarter-credits for the major. The BA and BS in Psychology includes 65 quarter-credits of major requirements consisting of the major's core courses (29 credits) and other required courses (36 credits).

**D16.6. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** The BS in Public Health requires completion of a total number of credit units commensurate with other similar degree programs in the University. OSU has publicly available policies and procedures for review of coursework taken at other institutions, including community colleges.

**Weaknesses:** None.

**Plans:** We intend to maintain the BS in Public Health credit requirements such that they are commensurate with other degree programs.

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**D17. Academic Public Health Master's Degrees**

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Not applicable

## D18. Academic Public Health Doctoral Degrees

The PhD in Public Health includes 5 concentrations: Environmental and Occupational Health, Epidemiology, Global Health, Health Policy, and Health Promotion and Health Behavior. The curriculum for each concentration is based on defined competencies; engages students in research appropriate for the PhD in Public Health; and produces an appropriately advanced research project at or near the end of the program of study. Each concentration includes doctoral-level, advanced coursework and other experiences that distinguish the program of study from a master's degree in the same field. A master's degree is required (does not need to be an MPH, can be from another institution and another discipline) for admission to the PhD in Public Health degree program.

**D18.1. List the curricular requirements for each non-DrPH public health doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's, students or b) would not typically be associated with completion of a master's degree in the same area of study.**

The requirements for the PhD in Public Health are described in detail in the handbook (<https://health.oregonstate.edu/phd/handbooks/public-health> or RFD18-1). The degree requires 109 quarter-credits. The curriculum requirements for each concentration of the degree vary, but all of the concentrations' curriculum requirements can be summarized as follows:

- Courses in Foundational Public Health Knowledge (12 credits)
- Courses in Methodology and Statistics (18-24 credits)
- Course in Proposal/Grant Writing (4 credits)
- Courses in Major/Concentration Area (17-35 credits)
- Dissertation (minimum of 36 credits)
- Doctoral Seminar (3 credits)
- Remaining credits (2-19 credits)

The PhD in Public Health handbook includes the specific curriculum requirements for each concentration (<https://health.oregonstate.edu/phd/handbooks/public-health> or RFD18-1). The foundational public health knowledge courses are master's level courses (see D18.2 for details). The methods and statistics courses are presented in D18.4 (with shading to indicate courses designed expressly for doctoral, rather than master's, students or that would not typically be associated with completion of a master's degree in the same area of study). For these reasons, below we have presented the remaining curriculum requirements (excluding the final research project [i.e., dissertation]) for each concentration, indicating with shading those designed for and/or typically associated with completion of a doctoral degree (but not a master's degree).

### D18.1a. Environmental and Occupational Health

**Course in Proposal/Grant Writing (4 credits):** H 699 SS Doctoral Grant Writing Seminar (1-16)

**Courses in Major/Concentration Area (minimum of 17 credits):** No more than 3 credits may be taken as independent study hours (blanket-numbered courses, e.g. 601, 605) as part of this requirement. A maximum of 6 credits may be transferred into the major/concentration area. Students pursuing the Ph.D. with a concentration in Environmental and Occupational Health **must** take the following courses as part of the 17-credit concentration area requirement:

H 682 Environmental and Occupational Health and Safety: Moving from Research to Practice (3)

H 683 Advanced Research Methods in Environmental and Occupational Health (3)

**Doctoral Seminar (3 credits):** H 612 (1)

**Remaining credits may be taken in dissertation/research credits, major or minor concentration courses, and/or methodology or statistical courses (19 credits).** Students should select courses in consultation with their major professor.

### **D18.1b. Epidemiology**

**Course in Proposal/Grant Writing (4 credits):** H 699 SS Doctoral Grant Writing Seminar (1-16)

**Courses in Major/Concentration Area (29 credits):** No more than 3 credits may be taken as independent study hours (blanket-numbered courses, e.g., 601, 605) as part of this requirement. A maximum of 6 credits may be transferred into the major/concentration area. Students pursuing the Ph.D. with a concentration in Epidemiology **must** take the following courses as part of the concentration area requirement:

H 651 Advanced Epidemiological Methods (4)

H 652 Causal Inference (3)

H 699 Special Topics in Epidemiology (3)

Epidemiology content courses (choose at least 2 from the following list; additional courses may be considered with Major Professor/committee approval):

H 537 Injury Epidemiology (3)

H 544 Environmental and Occupational Epidemiology (3)

H 551 Applied Epidemiologic Analysis of Secondary Data (3)

H 552 Disaster Epidemiology (3)

H 554 Epidemiology of Aging (3)

H 555 Cancer Epidemiology (3)

H 560 Public Health Surveillance (3)

H 562 Infectious Disease Epidemiology (3)

H 563 Physical Activity Epidemiology (3)

H 578 Introduction to Molecular Epidemiology I (3)

H 592 Spatial Epidemiology (3)

H 593 Reproductive Epidemiology (3)

H 596 Healthcare Epidemiology (3)

H 650 Reporting Results: Writing for Epidemiology (3)

H 662 Advanced Infectious Disease Epidemiology (3)

**Research Ethics (2 credits):** GRAD 520 (2)

**Doctoral Seminar (3 credits):** H 612 (1)

### **D18.1c. Global Health**

**Course in Proposal/Grant Writing (4 credits):** H 699 SS Doctoral Grant Writing Seminar (1-16)

**Courses in Major/Concentration Area (35 credits):** Students pursuing the Ph.D. with a concentration in Global Health are required to take the following courses as part of the 35-credit concentration area requirement:

Required (12 credits)

H 529 International Health or equivalent (3)

H 620 Advanced Topics in Global Health Intervention and Practice (3)

H 622 Advanced Global Health Systems, Policy, and Politics (3)

H 626 Global Health System Finance and Strengthening (3)

Electives for your research focus area (a minimum of 23 credits)

Below is a list of recommended electives. Students should consult with their major professor to choose graduate courses that are appropriate for their area of research.

H 511 Community, Culture, and Global Health (3)

H 519 Displacement, Migration, and Global Health (3)

H 532 Economic Issues in Health and Medical Care (3)

H 547 GIS and Public Health (3)

H 549 Mass media and Health (3)

H 550 Social Epidemiology (3)

H 551 Applied Epidemiological Analysis of Secondary Data (3)

H 552 Disaster epidemiology (3)

H 553 Applied Epidemiologic Methods (3)

H 560 Public Health Surveillance (3)

H 562 Infectious Disease Epidemiology (3)

H 565 Public Health and Women: Social and Policy Issues (3)

H 575 Evaluation of Health Promotion and Education Programs (3)

H 599 Health Leadership and Innovation (3)

H 610 Internship (6)

H 643 Sustainable Development and Environmental Health (3)

AEC 640 Sustainable Development (3)

ANTH 582 Anthropology of International Development (4)

ANTH 583 Advanced Medical Anthropology (4)

SOC 566 International Development: Gender Issues (4)

HDFS 534 Social Program and Policy Evaluation (4)

HDFS 538 Qualitative Research Methods I (4)

HDFS 539 Qualitative Research Methods II (4)

PPOL 521 Understanding Social Research (4)

PPOL 522 Conducting Social Research (4)

PPOL 523 Qualitative Research methods (4)

PPOL 524 Applied Research Methods (4)

PPOL 621 Advanced Quantitative Methods (4)

PPOL 622 Advanced Policy Analysis (4)

PPOL 628 Advanced Qualitative Methods (4)

**Doctoral Seminar (3 credits):** H 612 (1)

#### **D18.1d. Health Policy**

**Course in Proposal/Grant Writing (4 credits):** H 699 SS Doctoral Grant Writing Seminar (1-16)

**Courses in Major/Concentration Area (27 credits):** No more than 3 credits may be taken as independent study hours (blanket-numbered courses, e.g. H 601, 605) as part of this requirement. A maximum of 6 credits may be transferred into the major/concentration area. Students pursuing the Ph.D. concentration in Health Policy **must** take the following courses as part of the 27-credit concentration area requirement.

H 638 Public and Private Health Insurance (3)

H 530 Health Policy Analysis (3)

Electives chosen in consultation with major professor (26)

**Research Manuscript of Publishable Quality (4 credits):** H 614 (4)

**Doctoral Seminar (3 credits):** H 612 (1)

### D18.1e. Health Promotion and Health Behavior

**Course in Proposal/Grant Writing (4 credits):** H 699 SS Doctoral Grant Writing Seminar (1-16)

**Courses in Major/Concentration Area (18 credits):** Students pursuing the Ph.D. concentration in Health Promotion and Health Behavior should take 4 of the following 6 courses in addition to their other requirements. In consultation with their major professor, students may take other 600 level courses to meet this requirement. If possible, and when available, students should take all 6 courses.

H 615 Advanced Evaluation and Research Design (3 credits) \*

H 671 Advanced Theories of Health Behavior (3 credits)

H 672 Advanced Qualitative Methods in Health Behavior (3 credits) \*

H 673 Measurement in Health Behavior Concepts (4 credits) \*

H 675 Development of Health Behavior Interventions (3 credits)

H 676 Advanced Topics in Health Promotion and Health Behavior (3 credits)

In addition to the above, students in Health Promotion and Health Behavior may also take H 601 Research and Scholarship, or H 605 Reading and Conference with Health Promotion and Health Behavior faculty. No more than 3 credits may be taken as independent study hours to fulfill the major/concentration area requirement. [Note: Students can take up to 15 blanket courses in their degree program (not including dissertation hours)].

A maximum of 6 credits may be transferred into the major/concentration area with committee approval.

*\*Note: H 615, H 672 and H 673 can be used to meet either the requirements for courses in Methodology and Statistics or the requirement for courses in the major/concentration area. That is, a course can only be used to fulfill one of these requirements.*

**Research Practicum (14-18 credits):** The research practicum, a 3-course series, is designed to develop students' competencies in conducting HPHB research. The practicum will involve the design and execution of a research project based on a secondary data source and the development of a manuscript. The series is required for students during their second year in the doctoral program. The research practicum will prepare students for the written comprehensive exam to be completed either in the spring of their second year or fall of their 3rd year. Exceptions to the timetable will be made for extenuating circumstances.

H 699 Research Planning for Health Promotion and Health Behavior (course name TBD) (4)

H 699 Independent Research Project (course name TBD) (6-10)  
H 699 Research Manuscript (course name TBD) (4)

**Electives (0-4 credits)**

**Doctoral Seminar (3 credits):** H 612 (1)

**D18.2. Provide a matrix, in the format of Template D18-1, that indicates the required assessment opportunities for each of the defined introductory public health learning objectives (1-12). Typically, the school or program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.**

The required learning experiences that provide exposure to each of the required learning objectives are presented in Table D18.1. These requirements and experiences are identical for all concentrations of the PhD in public health degree. As noted in the table, PhD in public health students who do not have an MPH are required to take H 523, Foundations of Public Health (4 credits), or they can take our MPH integrated core course (i.e., H 513 or both HHS 513 and HHS 514) (see D1.1). These requirements also contribute to (or meet) the degree requirement for all PhD students in public health to take 12 quarter-credits of courses in foundational public health knowledge, as indicated in the PhD in Public Health handbook (see <https://health.oregonstate.edu/phd/handbooks/public-health> or RFD18-1). For PhD students with an MPH who are exempt from H 523 Foundations of Public Health, the University verifies that the student has a public health degree and that the MPH is from an accredited institution. Moving forward, the CPHHHS Director of Graduate Student Recruitment and Admissions will verify that the MPH is from a CEPH accredited school. The Details about required assessment opportunities for the introductory public health learning objectives are provided in RFD-Assessments\_assignments.

<b>Table D18.1. Content Coverage for academic doctoral degree in a public health field</b>		
<b>Content</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
1. Explain public health history, philosophy and values	H 523 Foundations of Public Health* or equivalent in MPH	Week 1 course lecture and readings, short videos and class discussion of readings.  Assessment Opportunity 1: Discussion Board post regarding the CDC's greatest Public Health Achievements in the 20 <sup>th</sup> century.  Assessment Opportunity 2: Quiz #1 - History and structure of public health.
2. Identify the core functions of public health and the 10 Essential Services	H 523 Foundations of Public Health* or equivalent in MPH	Week 1 course lecture and readings; Described throughout course lectures in other public health core disciplines.  Assessment Opportunity: Quiz 1- History and structure of public health.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	H 523 Foundations of Public Health* or equivalent in MPH	Week 8 Epidemiology in Practice course reading and lecture Students learn how to calculate odds ratios and relative risk in epidemiological studies with in-class activities.  In Week 5's health promotion course lecture, the importance of using focus groups, needs assessment, and interviews to understand populations prior to implementing health promotion intervention and policies is covered. Course

<b>Table D18.1. Content Coverage for academic doctoral degree in a public health field</b>		
<b>Content</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
		covers the importance of community engagement in the design, implementation, and evaluation of programming and policy development.  Assessment Opportunity: CDC EPI outbreak assignment.
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	H 523 Foundations of Public Health* or equivalent in MPH	Students describe the current rates of Healthy People 2020 health topics including rates of chronic disease, behaviors, and other health outcomes in the US and Oregon. Week 5 covers trends in chronic disease and risk factors in lecture and course readings.; Final paper- students include prevalence and incidence of health promotion and environmental issues.  In –class discussion of article on burden of disease  Assessment Opportunity: Discussion board post on the complexity of obesity and physical activity and how to view it from a systems-oriented multi—level framework.
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	H 523 Foundations of Public Health* or equivalent in MPH	Week 4-6 covers health promotion and behavior in course lecture and reading; Discussion Boards #1-2 students discuss prevention strategies based on Healthy People 2020 topic areas; Final paper- Students describe prevention for health promotion issues in their selected country; Guest lecture on smoking cessation from Linn County Health Department. Video on health systems around the world.  Assessment Opportunity: Final paper, health profile poster presentation.
6. Explain the critical importance of evidence in advancing public health knowledge	H 523 Foundations of Public Health* or equivalent in MPH	Quiz #1 --Week 1 "What is public health" course readings and lecture; Quiz #4 - Week 7 and 8 Epidemiology in practice course readings and lecture.  Assessment Opportunity: Quiz # 1 and Quiz #4
7. Explain effects of environmental factors on a population’s health	H 523 Foundations of Public Health* or equivalent in MPH	Environmental Health course readings and lectures; Environmental health in-class activities exploring air pollution, toxins, climate change, water pollution, etc.  Assessment Opportunity: Quiz #2 Assessment opportunity #2: SMOG City work sheet – group activity.
8. Explain biological and genetic factors that affect a population’s health	H 523 Foundations of Public Health* or equivalent in MPH	Health promotion and behavior lectures in weeks 3-5; Discussion leader presentations on Healthy People 2020 topic areas.  Assessment Opportunity: Graded Discussion Board –burdens of disease and vulnerable populations.
9. Explain behavioral and psychological factors that affect a population’s health	H 523 Foundations of Public Health* or equivalent in MPH	Health promotion and behavior lectures in weeks 3-5; Discussion leader presentations on Healthy People 2020 topic areas. Guest lectures from staff at the county health department also address this content.

<b>Table D18.1. Content Coverage for academic doctoral degree in a public health field</b>		
<b>Content</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
		Assessment Opportunity: Ungraded quiz on attitudes regarding mental health and a discussion regarding the class findings from quiz.
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	H 523 Foundations of Public Health* or equivalent in MPH	Discussion Board #3 has students discuss social determinants of health and health disparities. Week 4 Health promotion readings, lectures, and in-class activities further emphasize health disparities and social determinants of health. Guest lectures from staff at the county health department also address this content.  Assessment Opportunity: Graded Discussion board on health promotion for vulnerable populations. In-class group work with scenarios regarding economic determinants of health and how they contribute to inequities.
11. Explain how globalization affects global burdens of disease	H 523 Foundations of Public Health* or equivalent in MPH	Poster Presentation and Final paper addresses international perspectives on health; Week 5 readings and lecture further discuss the influence of globalization on the burden of non-communicable disease.  Assessment Opportunity: Poster presentation and final paper focused on the core public health disciplines discussed in class (i.e., Public Health infrastructure, environmental health, health promotion, health policy and managements, and epidemiology).
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	H 523 Foundations of Public Health* or equivalent in MPH	Week 2 environmental health readings, lecture, and guest lecture from a geologist address the connections between human health, animal health, and the ecosystem.  Assessment Opportunity: Quiz #2
*As an alternative to H 523 (4 credits), PhD students in public health can take the MPH integrated core (12 credits); content coverage for the integrated core courses is presented in Table D1.1.		

**D18.3. Provide a matrix, in the format of Template D18-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration.**

The PhD in public health has the following 4 competencies: 1) Demonstrate understanding of and ability to apply theories and conceptual frameworks/models in the field of public health; 2) Demonstrate and appropriately apply a range of research and statistical methods to improve understanding of specific public health problems; 3) Assess public health problems in terms of their multi-disciplinary nature including but not limited to cultural, social, environmental, behavioral, and economic factors related to prevention and control; and 4) Demonstrate professional skills that uphold standards of professional integrity and that allow for effective synthesis, communication, instruction, and collaboration. Each of the 5 concentrations of the PhD in public health has its own competencies, which link to and/or build upon these competencies. Mapping of the 4 PhD overall competencies to each option competencies is included in this table.

<b>PhD overall competency</b>	<b>EOH</b>	<b>EPI</b>	<b>GH</b>	<b>HP</b>	<b>HPHB</b>
Demonstrate understanding of and ability to apply theories and conceptual frameworks/models in the field of public health.	1. Demonstrate understanding of and ability to apply theories and conceptual models in the field of environmental and occupational safety and health	1. Demonstrate comprehensive knowledge of basic and advanced concepts of epidemiology	1. Demonstrate understanding of and ability to apply critical theories and conceptual models of health equity and social justice in the field of global health	1. Demonstrate knowledge of the development and implementation of health policy	2. Design and conduct theoretically driven research to understand the determinants of health and health-related behaviors; develop effective social, behavioral, and structural interventions; and disseminate and implement effective programs.
Demonstrate and appropriately apply a range of research and statistical methods to improve understanding of specific public health problems.	2. Design and conduct research to better understand the effects of environmental and occupational health and safety hazards on human health and the environment, requiring design of a study, data collection, appropriate use of statistical methods, interpretation of results, and publication of findings	2. Exhibit proficiency in advanced data analysis techniques	3. Design and conduct collaborative research to examine the effectiveness of interventions and systems in global health and translate findings into global health practice and systems capacity strengthening	3. Design and conduct research from the initial conception of an idea to study design, data collection, application of appropriate analytic methods, interpretation of results, publication of findings, and translation into program and policies	5. Demonstrate the capability to design and execute rigorous community-engaged social and behavioral research to address contemporary public health issues and to reduce health disparities.  3. Critically evaluate, select, and apply social and behavioral science research methods to conduct basic, intervention, and dissemination and implementation science research.
Assess public health problems in terms of their multi-disciplinary nature including but not limited to cultural, social, environmental,	3. Conceptualize environmental and occupational health and safety hazards in terms of their	3. Demonstrate ability to critically evaluate results of epidemiologic studies	2. Conceptualize global health challenges in terms of their multi-disciplinary nature and ethical and	2. Demonstrate knowledge of the issues, research literature, conceptual frameworks, and research	1. Conceptualize and critically evaluate public health problems at multiple levels and within diverse cultural, social,

<b>PhD overall competency</b>	<b>EOH</b>	<b>EPI</b>	<b>GH</b>	<b>HP</b>	<b>HPHB</b>
behavioral, and economic factors related to prevention and control.	multi-disciplinary nature and ethical and ideological underpinnings, to include cultural, social, economic, environmental, behavioral, and legal factors		ideological underpinnings, to include cultural, social, economic, environmental, behavioral, and political systems	tools in a specific area of public health policy	behavioral, economic, environmental, policy, and other contexts
Demonstrate professional skills that uphold standards of professional integrity and that allow for effective synthesis, communication, instruction, and collaboration.	4. Apply professional skills which uphold standards of professional integrity and that allow for effective synthesis and communication of research questions and results, including working with and reviewing the work of others in a respectful and collegial manner	4. Show competence in scientific and grant writing	4. Demonstrate the skills necessary to contribute to a community of scholars and stakeholders who are collegial and respectful and uphold ethical standards in collaborations and partnerships with each other and the community at large	5. Demonstrate the skills necessary to contribute to the establishment and maintenance of a community of scholars who are collegial and respectful and who uphold standards of professional integrity in interactions with each other the community at large	6. Demonstrate the skills necessary to contribute to the establishment and maintenance of a community of scholars who are collegial, respectful, and uphold the standards of professional integrity.
				4. Communicate scientific findings through written and oral methods to technical and lay audiences	4. Apply dissemination and implementation science principles to communicate and promote the translation of public health findings to practice.

Tables D18.2.1 and through D18.2.5 lists the competencies for each concentration of the PhD in public health. The tables also include at least one assessment activity for each competency. Details regarding assessment of each PhD - Option are provided in RFD-Assessments\_assignments.

<b>Table D18.2.1. Assessment of Competencies for Doctoral Degree in in Public Health - Environmental and Occupational Health concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Specific assessment opportunity</b>
1. Demonstrate understanding of and ability to apply theories and conceptual models in the field of environmental and occupational safety and health	H 681 Advanced Topics in Environmental and Occupational Health	Conduct literature reviews to identify research needs in an area of environmental and occupation health research.
	H 682 Environmental and Occupational Health and Safety: Moving from Research to Practice	Case-studies and weekly assignments examining research to practice
2. Design and conduct research to better understand the effects of environmental and occupational health and safety hazards on human health and the environment, requiring design of a study, data collection, appropriate use of statistical methods, interpretation of results, and publication of findings	H 683 Advanced Research Methods in Environmental and Occupational Health	Develop a study proposal to investigate a research question in the area of environmental and occupational health.
	H 699 Special Studies: Doctoral Grant Writing	Write a F31, R03 or R21 grant related to your research interests in environmental or occupational health.
	H 603 Thesis (Dissertation Research)	Conduct independent research on an environmental or occupational health topic.
3. Conceptualize environmental and occupational health and safety hazards in terms of their multi-disciplinary nature and ethical and ideological underpinnings, to include cultural, social, economic, environmental, behavioral, and legal factors	H 681 Advanced Topics in Environmental and Occupational Health and Safety	Conduct systematic literature review to identify research needs in an area of environmental and occupation health research.
	H 682 Environmental and Occupational Health and Safety: Moving from Research to Practice	Case-studies and weekly assignments examining research to practice
4. Apply professional skills which uphold standards of professional integrity and that allow for effective synthesis and communication of research questions and results, including working with and reviewing the work of others in a respectful and collegial manner	H 603 Thesis (Dissertation Research)	Dissertation  Written EOH comprehensive exam  Dissertation proposal  Peer-reviewed manuscripts
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

<b>Table D18.2.2. Assessment of Competencies for Doctoral Degree in in Public Health – Epidemiology concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Specific assessment opportunity</b>
1. Demonstrate comprehensive knowledge of basic and advanced concepts of epidemiology	H 651 Advanced Epidemiological Methods	H 651: Homework 1-3 and 6-8, Lab 1
	H 652 Causal Inference in Epidemiology	H 652: Reading questions week 3,4,5,9  Written comprehensive exam
	H 651 Advanced Epidemiological Methods	H 651: Homework 5 and 8, Lab 2
2. Exhibit proficiency in advanced data analysis techniques	H 651 Advanced Epidemiological Methods	H 651: Homework 5 and 8, Lab 2
	H 652 Causal Inference in Epidemiology	H 652: Reading questions week 1,3-9; Lab 1,3; open source final exam

<b>Table D18.2.2. Assessment of Competencies for Doctoral Degree in in Public Health – Epidemiology concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Specific assessment opportunity</b>
		Written comprehensive exam
3. Demonstrate ability to critically evaluate results of epidemiologic studies	H 651 Advanced Epidemiological Methods  H 652 Causal Inference in Epidemiology	H 651: Homework 3, 6, 7  H 652: Reading questions 5,6,8,9  Preliminary oral exam
4. Show competence in scientific and grant writing	H 651 Advanced Epidemiological Methods  H 652 Causal Inference in Epidemiology	H 651: Homework—written responses  H 652: open source final exam  Written comprehensive exam
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

<b>Table D18.2.3. Assessment of Competencies for Doctoral Degree in in Public Health - Global Health concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Specific assessment opportunity</b>
1. Demonstrate understanding of and ability to apply critical theories and conceptual models of health equity and social justice in the field of global health	H 622 Global Health Systems, Policy and Politics	Assignment: In the <u>Institutional Case Study</u> assignment, students describe the work of an international non-governmental organization (INGO) (mission, vision, financial structure) and apply the human rights framework to evaluate the organization’s health-related work. This assignment assesses students’ knowledge about health equity as defined by human rights theories and asks them to apply this knowledge to a specific INGO case.
	H 626 Global Health System Finance and Strengthening	Assignment: <u>Health System Scheme Project</u> assesses students’ ability to integrate and apply the course contents to critically analyze a real system of national health system finance or a structure of global health finance. Students need to successfully analyze (1) the nature, philosophical foundation, and the objective of this system; (2) the distributive justice criteria your group chooses for this analysis; (3) the function and purpose of the health system or global health initiative; (4) the financing structure and mechanism of this system; (5) the governance of this system; and (6) a general evaluation of this system, its strength and weakness, especially focus on equity, efficiency, governance and sustainability based on your distributive justice criteria.
2. Conceptualize global health challenges in terms of their multi-disciplinary nature and ethical and ideological underpinnings, to include cultural, social, economic, environmental, behavioral, and political systems	H 622 Global Health Systems, Policy and Politics	Assignment: In the <u>Institutional Case Study</u> assignment, students describe the work of an international non-governmental organization (INGO) (mission, vision, financial structure) and apply the human rights framework to evaluate the organization’s health-related work. This assignment assesses students’ knowledge about health equity as defined by human rights theories and asks them to apply this knowledge to a specific

**Table D18.2.3. Assessment of Competencies for Doctoral Degree in in Public Health - Global Health concentration**

Competency	Course number(s) and name(s)	Specific assessment opportunity
		INGO case. Assignment: <u>Health System Scheme Project</u> assesses students' ability to integrate and apply the course contents to critically analyze a real system of national health system finance or a structure of global health finance. Students need to successfully analyze (1) the nature, philosophical foundation, and the objective of this system; (2) the distributive justice criteria your group chooses for this analysis; (3) the function and purpose of the health system or global health initiative; (4) the financing structure and mechanism of this system; (5) the governance of this system; and (6) a general evaluation of this system, its strength and weakness, especially focus on equity, efficiency, governance and sustainability based on your distributive justice criteria.
3. Design and conduct collaborative research to examine the effectiveness of interventions and systems in global health and translate findings into global health practice and systems capacity strengthening	H 516 Research Methods in Global Health	Assignment: The H 516 <u>Research Brief</u> will assess students' abilities to write appropriate research questions for mixed methods design, their abilities to practice/use interview techniques, and to consult community stakeholders in research design to ensure that it is appropriate to local community standards and capacity. Students will be assessed on their ability to incorporate stakeholder feedback in their proposed research design.
	H 620 Advanced Topics in Global Health Intervention and Practice	Assignment: In H 620 students' abilities to design and conduct collaborative research are assessed based on a <u>Grant Proposal Assignment</u> , which requires them to select a funding announcement relevant to their global health research and programmatic interests, describe a needs assessment, design a logic model, and develop their approach. Assessment is conducted by instructor and through peer review.
4. Demonstrate the skills necessary to contribute to a community of scholars and stakeholders who are collegial and respectful and uphold ethical standards in collaborations and partnerships with each other and the community at large	H 516 Research Methods in Global Health	Assignment: In H 516, students will complete the <u>CITI training</u> for Social/Behavioral Research Investigators and Key Personnel and submit their certificate of successful completion to the instructor. This training assesses their understanding of universal ethical standards for conducting research in public health.
	H 599 Special Studies: Health Leadership and Innovation	Assignment: In H 599, students are evaluated during their culminating <u>leadership presentation</u> , which synthesizes and applies knowledge about: 1) organizational dynamics and collaboration, 2) individual attributes and fit, 3) vision & mission dynamics 4) organizational development, funding, and grant-seeking to reach goals, 5) identify outcomes and expected return on investment.
	H 620 Advanced Topics in Global Health Intervention and Practice	Assignment: In H 620, students' abilities to design and conduct collaborative research are assessed based on a <u>Grant Proposal</u> Assignment, which requires them to select a funding announcement relevant to their global health research and programmatic interests, describe a

**Table D18.2.3. Assessment of Competencies for Doctoral Degree in in Public Health - Global Health concentration**

Competency	Course number(s) and name(s)	Specific assessment opportunity
		needs assessment, design a logic model, and develop their approach. Assessment is conducted by instructor and through peer review.

**Note: Assignment/assessment details are in RFD-Assessments\_assignments**

**Table 18.2.4. Assessment of Competencies for Doctoral Degree in Public Health - Health Policy concentration**

Competency	Course number(s) and name(s)	Specific assessment opportunity
1. Demonstrate knowledge of the development and implementation of health policy	H 530 Health Policy Analysis and Politics:	H 530 Health Policy Analysis - Exams ask students to demonstrate understanding of the policy process by describing aspects of the policy process and by applying knowledge of the process by assessing the policy development around specific healthcare topics. Exam question topics vary from year to year.
2. Demonstrate knowledge of the issues, research literature, conceptual frameworks, and research tools in a specific area of public health policy	H 638 Public and Private Health Insurance	H 638 Public and Private Health Insurance - H 638: ACA or Country analysis group presentation addresses the insurance-related policy or research implications of the ACA or a description of the health insurance system of a country chosen in collaboration with instructors; PhD students also submit a 5-page paper addressing the research aspects of their group's topic. Final paper examines existing research literature about a topic, specifies an unanswered research question in that topic area, and briefly outlines data sources that might be used to answer that question.
	H 530 Health Policy Analysis and Politics	H 530 Health Policy Analysis - The H 530 final paper requires students to conduct a policy analysis relating a particular health system or public health issue;
	H 533 Health Systems Organization	H 533 Health Systems Organization - Exams and Final Paper. H 533 exams require students to analyze particular issues related to the healthcare system and to evaluate proposed solutions. Additionally, the Final paper requires students to explore a health systems issue in depth - developing both a research paper about the issue and a 1 page informative "learning aid" (fact sheet) to inform classmates.
	H 630 Quantitative Health Policy Research Methods I	H 630 Quantitative Health Policy Research Methods I - H 630 Journal assignment: Each student outlines the research themes, article types, and author instructions of a major health policy journal, sharing their insights in written assignment and reviewing highlights of it during class discussion.
	H 632 Applied Health Economics	H 632: Empirical paper. Each students elaborate fully on the health policy topic that she or he has chosen in H 659, further evaluate relevant literature, and refine a



<b>Table 18.2.4. Assessment of Competencies for Doctoral Degree in Public Health - Health Policy concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Specific assessment opportunity</b>
	H 699 Special Studies: Doctoral Grant Writing	H 699: Finally, students develop a final draft of grant proposal for future research.
4. Communicate scientific findings through written and oral methods to technical and lay audiences	H 632 Applied Health Economics  H 659 Quantitative Health Policy Research Methods II	In addition to the written manuscripts above, several course require presentation of findings. H 632: Empirical paper. Each students elaborate fully on the health policy topic that she or he has chosen in H 659, further evaluate relevant literature, and refine a conceptual framework that would lead to an empirical framework.  H 659: Research drafts, empirical paper. Each students pick a current health policy topic of her/his choice, evaluate and summarize relevant research literature, and develop a conceptual framework that would lead to an empirical framework.
5. Demonstrate the skills necessary to contribute to the establishment and maintenance of a community of scholars who are collegial and respectful and who uphold standards of professional integrity in interactions with each other the community at large	H 612 Doctoral Seminar in Public Health  H 603 Thesis (Dissertation Research)  CITI Training in human subjects research	H 612 Multiple interactive exercises and written assignments allow students to clarify their own research interests and practice interactions with peers, faculty, and researchers outside OSU.  Dissertation proposal and defense  CITI Training in human subjects research
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

<b>Table D18.2.5. Assessment of Competencies for Doctoral Degrees in in Public Health - Health Promotion and Health Behavior concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Specific assessment opportunity</b>
1. Conceptualize and critically evaluate public health problems at multiple levels and within diverse cultural, social, behavioral, economic, environmental, policy, and other contexts	H 676 Advanced Topics in HPHB course  H 615 Advanced Evaluation and Research Design  Dissertation	H 676: Several advanced topics courses are offered. Regardless of specific topics, competency 1 is assessed. For example, H676 Influential Behavioral Interventions: Students critique the methods, fidelity and importance of interventions to the field through a series of oral debates and written critical appraisals (See H 676 syllabus).  H615: Didactic material and course readings; Assessed through final Paper. The final paper requires conceptualizing a problem at multiple levels in order to propose a quasi-experimental study design to evaluate a proposed behavioral intervention.  Dissertation

<b>Table D18.2.5. Assessment of Competencies for Doctoral Degrees in in Public Health - Health Promotion and Health Behavior concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Specific assessment opportunity</b>
2. Design and conduct theoretically driven research to understand the determinants of health and health-related behaviors; develop effective social, behavioral, and structural interventions; and disseminate and implement effective programs.	<p>H 675 Development of Health Behavior Interventions</p> <p>H 699 Research practicum courses**</p> <p>H 699 Special Studies: Doctoral Grant Writing</p> <p>H 603 Thesis (Dissertation Research)</p>	<p>H 675: Course includes didactic material, readings, and discussion throughout the term; Assessment through PSA project and Intervention Development Project (See H675 Project 1, H675 Project 2).</p> <p>H 699: Year-long sequence provides didactic, reading, and experiential practice that is applied to a research project; Fall term product is Specific Aims (see H699 Research Practicum Syllabus and CourseSummary.2019 Catania); Spring term product is a manuscript draft (This new course is under development.)</p> <p>Assessed through final draft of grant proposal</p> <p>Dissertation</p>
3. Critically evaluate, select, and apply social and behavioral science research methods to conduct basic, intervention, and dissemination and implementation science research.	<p>H 699 Research practicum courses**</p> <p>H 673 Measurement in Health Behavior Concepts</p> <p>H 672 Advanced Qualitative Methods in Health Behavior</p> <p>H 615 Advanced Evaluation and Research Design</p>	<p>H 699: Year-long sequence provides didactic, reading, and experiential practice that is applied to a research project; Fall term product is Specific Aims (see H699 Research Practicum Syllabus and CourseSummary.2019 Catania); Spring term product is a manuscript draft (This new course is under development.)</p> <p>H 673: Students receive didactic material, readings, and experiential practice in this course; Assessed through course scale development assignment (see H673 Class Project Overview and H673 Scale Development Project Instructions).</p> <p>H672: Students receive didactic material, readings, and experiential practice in this course; Assessed through hands-on projects that emphasize qualitative data management and several analytic approaches (see H672 Overview Qualitative Methods in Public Health Assignments, and Projects and H672 Qual Project Instructions).</p> <p>H615: Students receive didactic material and readings throughout the term; Assessed through course Assignments: 1) complete a Critical Analysis paper of a published quasi-experimental study, 2) lead a class discussion of an assigned study design to demonstrate critical thinking about the design, 3) Complete a final paper describing the methods for a quasi-experimental intervention study, and 4) Discuss their proposed</p>

<b>Table D18.2.5. Assessment of Competencies for Doctoral Degrees in in Public Health - Health Promotion and Health Behavior concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Specific assessment opportunity</b>
	H 671 Project in Advanced Theories of Health Behavior  H 603 Thesis (Dissertation Research)	design in an oral presentation, including the justification, strengths and limitations of the study design (See H615 Syllabus).  H 671: Students receive instruction on theories in readings and lectures throughout the term; Assessed through papers (see H671 Syllabus for instructions in RFD!-1 Syllabi).  Dissertation
4. Apply dissemination and implementation science principles to communicate and promote the translation of public health findings to practice.*	H 676 Advanced Topics in HPHB course  H 675 Development of Health Behavior Interventions	H676: Dissemination and Implementation Research and Practice: Course includes didactic material, readings, and discussion throughout the term.; Assessment through final projects (see H676 Dolcini syllabus)  H675: Course includes didactic material, readings, and discussion throughout the term; Assessment through PSA project and Intervention Development Project (See H675 Dolcini Project 1, H675 Dolcini Project 2)
5. Demonstrate the capability to design and execute rigorous community-engaged social and behavioral research to address contemporary public health issues and to reduce health disparities.	H 699 Research practicum courses**  H 675 Development of Health Behavior Interventions  H 603 Thesis (Dissertation Research)	H 699: Year-long sequence provides didactic, reading, and experiential practice that is applied to a research project; Fall term product is Specific Aims (see H699 Research Practicum Syllabus and CourseSummary.2019 Catania); Spring term product is a manuscript draft (This new course is under development.)  H 675: Course includes didactic material, readings, and discussion throughout the term; Assessment through PSA project and Intervention Development Project (See H675 Dolcini Project 1, H675 Dolcini Project 2)  Dissertation
6. Demonstrate the skills necessary to contribute to the establishment and maintenance of a community of scholars who are collegial, respectful, and uphold the standards of professional integrity.	CITI training  H 612: Doctoral Seminar in Public Health	CITI training  Course Discussion

Table D18.2.5. Assessment of Competencies for Doctoral Degrees in in Public Health - Health Promotion and Health Behavior concentration		
Competency	Course number(s) and name(s)	Specific assessment opportunity
<p>* This is a new competency that aligns with the college strategic plan goals. We currently have 3 courses that address this competency (H 676: Advanced Topics in HPHB: Dissemination and Implementation Research and Practice; H 676: Advanced Topics in HPHB: Program Sustainability; and H 675: Advanced Topics in HPHB: Development of Health Behavior Interventions). In the future, we will either require a course that covers this competency or we will integrate relevant material into other required courses.</p> <p>**Research Practicum. The year-long research practicum is a new requirement that was instituted for the 2018-19 entering cohort of HPHB doctoral students. Our first cohort of students is currently in the 3rd term of this sequence. We expect to adjust the requirement specifics and/or course specifics as we gain more experience and obtain feedback from faculty and students.</p> <p>Note 1: Multiple courses address each of the HPHB concentration competencies. Not every student takes all the courses listed, but students take at least one course to address each competency.</p>		
<p><b>Note 2: Assignment/assessment details are in RFD-Assessments_assignments</b></p>		

**D18.4. Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.**

Each of the 5 concentrations in the PhD in Public Health has different methods coursework requirements, which ranges from 18 to 24 quarter-credits. For all of the concentrations, both H 515 Research Methods in Social and Behavioral Health Sciences and H 524 Introduction to Biostatistics serve as pre-requisites but do not count toward the 18-24 quarter-credit methods coursework requirements. Courses must be substantively different from one another and represent expanded statistical/methodological techniques rather than repetitious courses from different departments/units. Students consult with their major professor and committee members to determine the appropriate courses and sequence of courses for their program. A list of methods coursework requirements for each concentration is provided below. In addition, all PhD students complete a written comprehensive exam.

These requirements are described in the PhD in Public Health Handbook for AY 2018-2019 (see <https://health.oregonstate.edu/phd/handbooks/public-health> or RFD18-1). As mentioned above, in response to D18.1, we noted with shading courses designed expressly for doctoral, rather than masters, students or that would not typically be associated with completion of a master’s degree in the same area of study. Using OSU’s formula, 3 semester-credits are equivalent to 4.5 quarter-credits (see D19.2 below for additional information). As indicated below, for each PhD concentration, the methods coursework exceeds that typically associated with a 3 semester-credit course.

**D18.4a. Environmental and Occupational Health (EOH)**

**Requires a minimum of 18 credits from courses in methodology and statistics.** A list of suggested courses for Environmental and Occupational Health students is shown here; however, alternative courses may be taken with approval of the student’s committee. **A minimum of 2 courses must be of a statistical nature. A minimum of 2 courses in advanced research methods is required.**

- H 526 Epidemiologic Methods (3)
- H 547 GIS and Public Health (4)
- H 551 Applied Epidemiological Analysis of Secondary Data (3)
- H 560 Public Health Surveillance (3)

H 566 Data Mining in Public Health (3)  
 H 570 Workflow of Data Analysis (3)  
 H 573 Introduction to Multilevel/Hierarchical Models (3)  
 H 578 Introduction to Molecular Epidemiology I (3)  
 H 580 Linear Regression and Analysis of Time to Event Data (4)  
 H 581 Generalized Linear Models and Categorical Data Analysis (4)  
 H 582 Analysis of Correlated Health Data (3)  
 H 584 Analysis of Intervention Studies and Clinical Trials (3)  
 H 586 Bayesian Biostatistics in Public Health (3)  
 H 587 Time to Event Analysis of Health Data (3)  
 H 592 Spatial Epidemiology (3)  
 H 651 Advanced Epidemiologic Methods (3)  
 H 652 Causal Inference in Epidemiology (3)  
 HDFS 538 Qualitative Research Methods I (4)  
 HDFS 630 Quantitative Methods: SEM (3)  
 ST 531 Sampling Methods (3)  
 ST 539 Survey Methods (3)  
 ST 541 Probability, Computing, and Simulation in Statistics (4)

In addition, EOH students are required to take the following courses that address methods topics as part of their major/concentration area credit requirements:

H 682 Environmental and Occupational Health and Safety: Moving from Research to Practice (3)  
 H 683 Advanced Research Methods in Environmental and Occupational Health (3)

#### **D18.4b. Epidemiology**

**Requires a minimum of 24 credits from courses in methodology and statistics.** A list of approved courses is shown here, however, alternative courses may be taken with approval of the student's committee. **A minimum of 2 courses must be of a statistical nature. A minimum of 2 courses in advanced research methods are required.**

H 525 Principles of Epidemiology (3)  
 H 526 Epidemiological Methods (3)  
 H 551 Applied Epidemiologic Analysis of Secondary Data (3)  
 H 566 Data Mining in Public Health (3)  
 H 573 Intro to Multilevel/Hierarchical Models (3)  
 H 582 Analysis of Correlated Health Data (3)  
 H 584 Analysis of Intervention Studies and Clinical Trials (3)  
 H 586 Bayesian Biostatistics in Public Health (3)  
 H 587 Time to Event Analysis of Health Data (3)

In addition, Epidemiology students are required to take the following courses that address methods topics as part of their major/concentration area credit requirements:

H 651 Advanced Epidemiological Methods (4)  
 H 652 Causal Inference (3)

#### **D18.4c. Global Health**

**Requires a minimum of 18 credits from courses in methodology and statistics.** A mixed methods approach that includes both qualitative and quantitative is required. Students pursuing a Ph.D. in the Global Health concentration are required to take the following courses:

H 516 Research Methods in Global Health (3)

H 580 Linear Regression and Analysis of Time to Event Data (3)  
H 630 Quantitative Health Policy Research Methods I (4)  
H 672 Advanced Qualitative Methods in Health Behavior (3)

In addition, students can select any courses from the following list as part of the 18-credit requirement:

H 526 Epidemiological Methods (3)  
H 564 Computing Tools and Health Data Analysis (3)  
H 566 Data Mining in Public Health (3)  
H 573 Introduction to Multilevel-Hierarchical Models (3)  
H 581 Generalized Linear Models and Categorical Data Analysis (4)  
H 582 Analysis of Correlated Health Data (3)  
H 586 Bayesian Biostatistics in Public Health (3)  
H 592 Spatial Epidemiology (3)  
H 593 Reproductive Epidemiology (3)  
H 596 Healthcare epidemiology (3)  
H 615 Advanced Evaluation and Research Design (3)  
H 632 Applied Health Economics (4)  
H 635 Cost-Effectiveness Analysis in Health and Medical Care (4)  
H 639 Community-Based Participatory Research (4)  
H 651 Advanced Epidemiological Methods (4)  
H 652 Causal Inferences in Epidemiology (3)  
H 659 Quantitative Health Policy Research Methods (4)  
ANTH 553 Community Health Field School (3-12)

#### 18.4d. Health Policy

**Requires a minimum of 23 credits from courses in methodology and statistics.** Courses in advanced research methods are required. Students pursuing the Ph.D. concentration in Health Policy must take the following courses as part of the 23 credit methods and statistics requirement:

##### Introductory Regression Analysis

H 580 Linear Regression and Analysis of Time to Event Data (4)  
or AEC 525 Applied Econometrics (4)  
or ECON 524 Introduction to Econometrics (4)

##### Health Policy Research Methods

H 630 Quantitative Health Policy Research Methods I [Students will use the statistical software, Stata®. Stata® is the most common statistical software used by health policy researchers.] (4)  
H 632 Applied Health Economics [prereq: H 532] (4)  
H 635 Cost Effectiveness Analysis in Health and Medical Care (3)  
H 659 Quantitative Health Policy Research Methods II [Students must have a working knowledge of Stata® statistical software prior to taking H 659] (4)

We urge students to consider taking additional methods courses (beyond the 23 credits). The following is a list of courses (not inclusive) offered at OSU that will broaden student's statistical knowledge base:

AEC 525 Applied Econometrics (4)  
AEC 546 Introduction to Applied Econometrics (4)  
ECON 524 Introduction to Econometrics (4)  
H 526 Epidemiologic Methods (3)

H 560 Public Health Surveillance (3)  
H 566 Data Mining in Public Health (3)  
H 570 Workflow of Data Analysis (3)  
H 573 Introduction to Multilevel/Hierarchical Models (3)  
H 581 Generalized Linear Models and Categorical Data Analysis (4)  
H 582 Analysis of Correlated Health Data (3)  
H 587 Time to Event Analysis of Health Data (3)  
H 592 Spatial Biostatistics and Epidemiology (3)  
H 699 ST/Advanced Epidemiologic Methods (1-16)  
PPOL 621 Advanced Quantitative Methods [Prereq: ECON 524] (4)  
PPOL 622 Advanced Policy Analysis [Prereq: (ECON 524 and PPOL 522) or PPOL 621 or (AEC 523 and 525)] (4)  
ST 531 Sampling Methods (3)  
ST 539 Survey Methods (3)  
ST 541 Probability, Computing, and Simulation in Statistics (3)  
ST 552 Statistical Methods (4)

In addition, Health Policy students are required to take a course, H 614, in which they produce a research manuscript of publishable quality.

#### **18.4e. Health Promotion and Health Behavior (HPHB)**

**Requires a minimum of 18 credits from courses in methodology and statistics.** A minimum of 2 courses must be of a statistical nature. Courses in advanced research methods are required. A mixed methods approach that includes both quantitative and qualitative courses is highly recommended, although students may choose to emphasize one or the other. Students should consult with their major professor (see section H.1.1.) and committee members to determine the appropriate courses and sequence of courses for their program. Depending on the emphasis, a student may take a greater number of quantitative or qualitative courses.

In addition, HPHB students are required to take 18 credits in their concentration area, selecting a minimum of 4 courses from a list of 6 courses; 3 of the courses on the list (see D18.1) are methods courses. Moreover, they are required to take 14-18 research practicum credits (8 of these credits are for 2 required courses in research planning and manuscript preparation).

#### **D18.5. Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.**

Policies and procedures related to production and assessment of the dissertation are described in the PhD in Public Health Handbook, which can be found at <https://health.oregonstate.edu/phd/handbooks/public-health> and in RFD18-1. In brief, requirements include 1) preparation of a written dissertation proposal, 2) a preliminary oral exam during which students present their dissertation proposal and respond to questions about the proposal and coursework, 3) preparation of a written dissertation, and 4) a final oral exam (dissertation defense). Each student's doctoral committee assesses the student's dissertation proposal and presentation, the written dissertation, and the student's demonstration of competencies during the preliminary and oral exam. The procedures and policies are consistent with OSU Graduate School policies and guidelines.

**D18.6. Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program.**

The PhD in Public Health Handbook can be found at <https://health.oregonstate.edu/phd/handbooks/public-health> and in RFD18-1.

**D18.7. Include completed, graded samples of deliverables associated with the advanced research project. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.**

During AY 2015/16, AY 2016/17, and AY 2017/18, 22 dissertations were produced by doctoral students obtaining the PhD in Public Health degree. Seven samples of dissertations for the PhD in Public Health are available in RFD18-7. Because the Global Health concentration of the doctoral program is relatively new, no students have completed their dissertations at this time. The samples come from the other 4 concentrations of the degree: Epidemiology, Environmental and Occupational Health, Health Policy, and Health Promotion and Health Behavior.

**D18.8. Briefly explain how the school or program ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course.**

As noted above, if PhD students do not have an MPH that included coursework providing a broad introduction to public health, then they must take a 4 quarter-credit course, H 523, Foundations of Public Health, as part of their doctoral program requirements. (Alternatively, they could take the 12-credit integrated core for MPH students.) H 523 is generally equivalent to the instruction and assessment typically associated with a 3 semester-credit course (see D19.2 below for additional information).

**D18.9. Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.**

The requested syllabi are available in RFD1-2.

**D18.10. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** We have a strong doctoral program in which every concentration offers its own set of courses, enabling students to gain a wide range of skills relevant to their discipline. The significant growth in faculty in our College has enabled us to expand the coursework. Further, with some exceptions, our doctoral courses are distinct from the master's level courses. We continually assess the relevance of our courses and modify or replace them as needed. For example, the HMP Program recently revised the curriculum for the Health Policy doctoral concentration to strengthen methods training for their doctoral students.

**Weaknesses:** We have recently changed the doctoral requirements and instituted a written comprehensive exam. The written comprehensive exam replaced a research project and manuscript requirement (separate from the dissertation), and this change was made following a systematic evaluation of faculty and students that provided critical data on the research project/manuscript experiences. Because the written exam requirement is new, we do not yet have data that will allow us to evaluate it. Moreover, through these changes we hope to increase PhD graduation rates (see B2.4.).

**Plans:** The new Health Policy methods sequence was fully implemented this academic year and faculty in the program will be assessing the effectiveness of the sequence and its coordination with other methods courses over the summer. We will evaluate the written comprehensive exam experience as students complete this new requirement, and we will adjust the requirements accordingly.

## D19. All Remaining Degrees

### D19.1. Provide a matrix in the format of Template D19-1 that indicates the required assessment opportunities for each of the defined introductory public health learning objectives (1-12).

Table D19.1.1 presents the required assessment opportunities for each of the defined introductory public health learning objectives for undergraduate students in the College who are not public health majors. Similarly, D19.1.2 presents the required assessment opportunities for each of the defined introductory public health learning objectives for graduate students in the College who are not public health majors. Details about NonPublic Health assignments/assessments are provided in RFD-Assessments\_assignments.

Since Fall 2012, all undergraduate students in the College, including those who are not public health majors, are required to take a 4 quarter-credit course, H 100 Introduction to Public Health. Since Fall 2012, graduate students who are not public health majors are required to take a 4 quarter-credit course, H 523 Foundations of Public Health.

<b>Content</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity component</b>
1. Explain public health history, philosophy and values	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam <sup>1</sup>
2. Identify the core functions of public health and the 10 Essential Services	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam, epidemiology assignment
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam, one-pager <sup>2</sup>
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam, one pager
6. Explain the critical importance of evidence in advancing public health knowledge	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam, epidemiology assignment
7. Explain effects of environmental factors on a population's health	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam
8. Explain biological and genetic factors that affect a population's health	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam
9. Explain behavioral and psychological factors that affect a population's health	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam
11. Explain how globalization affects global burdens of disease	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	H 100 Intro to Public Health	Online quizzes, mid-term exam, final exam

<sup>1</sup> See tables mapping quiz and exam items onto content areas.

<b>Table D19.1. Content Coverage for all undergraduate degrees other than public health degrees (i.e., other than the BS in Public Health)</b>		
<b>Content</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity component</b>
<sup>2</sup> Because the topic and direction for the “one-pager” are open, students must address “causes and trends” and the “science of prevention” but also will typically address determinants of health, ethics, essential functions, etc, when appropriate for the topic.		
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

As part of a larger undergraduate program development effort, H 100, Introduction to Public Health, is scheduled for a course “refresh” during Summer and Fall of 2019, with refreshed versions of both the in-person and online courses implemented in winter term 2020. The CEPH accreditation process has provided an unanticipated but timely opportunity to assure that H 100 not only fulfills the needs of the college, but simultaneously is responsive to the CEPH content areas. As a start, we have mapped our existing topics, learning objectives, and assessment material onto the CEPH categories. As we go through the “refresh” process, all new and revised material will be mapped onto the CEPH categories to assure comprehensive coverage. For instance, the current H 100 addresses the “globalization” content area, but only in passing. The refresh process will allow us to make that an explicit area of emphasis. We had already planned to re-focus the course through the lenses of equity and sustainability, so many of the already-planned revisions will be completely consistent with CEPH content areas.

<b>Table D19.1.2. Content Coverage for all graduate degrees other than public health degrees (i.e., other than the MPH and PhD in Public Health)</b>		
<b>Content</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
1. Explain public health history, philosophy and values	H 523 Foundations of Public Health	<p>Week 1 course lecture and readings, short videos and class discussion of readings</p> <p>Assessment Opportunity 1: Discussion Board post regarding the CDC’s greatest Public Health Achievements in the 20<sup>th</sup> century.</p> <p>Assessment Opportunity 2: Quiz #1 - History and structure of public health</p>
2. Identify the core functions of public health and the 10 Essential Services	H 523 Foundations of Public Health	<p>Week 1 course lecture and readings; Described throughout course lectures in other public health core disciplines</p> <p>Assessment Opportunity: Quiz 1- History and structure of public health</p>
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health	H 523 Foundations of Public Health	<p>Week 8 Epidemiology in Practice course reading and lecture. Students learn how to calculate odds ratios and relative risk in epidemiological studies with in-class activities.</p> <p>In Week 5's health promotion course lecture, the importance of using focus groups, needs assessment, and interviews to understand populations prior to implementing health promotion intervention and policies is covered. Course covers the importance of community engagement in the design, implementation, and evaluation of programming and policy development.</p> <p>Assessment Opportunity: CDC EPI outbreak assignment.</p>

**Table D19.1.2. Content Coverage for all graduate degrees other than public health degrees (i.e., other than the MPH and PhD in Public Health)**

Content	Course number(s) and names	Describe specific assessment opportunity
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	H 523 Foundations of Public Health	<p>Students describe the current rates of Healthy People 2020 health topics including rates of chronic disease, behaviors, and other health outcomes in the US and Oregon. Week 5 covers trends in chronic disease and risk factors in lecture and course readings.</p> <p>Final paper- students include prevalence and incidence of health promotion and environmental issues In –class discussion of article on burden of disease.</p> <p>Assessment Opportunity: Discussion board post on the complexity of obesity and physical activity and how to view it from a systems-oriented multi—level framework.</p>
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	H 523 Foundations of Public Health	<p>Week 4-6 covers health promotion and behavior in course lecture and reading; Discussion Boards #1-2 students discuss prevention strategies based on Healthy People 2020 topic areas</p> <p>Final paper- Students describe prevention for health promotion issues in their selected country; Guest lecture on smoking cessation from Linn County Health Department. Video on health systems around the world</p> <p>Assessment Opportunity: Final paper, health profile poster presentation</p>
6. Explain the critical importance of evidence in advancing public health knowledge	H 523 Foundations of Public Health	<p>Quiz #1 --Week 1 "What is public health" course readings and lecture; Quiz #4 - Week 7 and 8 Epidemiology in practice course readings and lecture</p> <p>Assessment Opportunity: Quiz # 1 and Quiz #4</p>
7. Explain effects of environmental factors on a population’s health	H 523 Foundations of Public Health	<p>Environmental Health course readings and lectures; Environmental health in-class activities exploring air pollution, toxins, climate change, water pollution, etc.</p> <p>Assessment Opportunity: Quiz #2 Assessment opportunity #2: SMOG City work sheet – group activity</p>
8. Explain biological and genetic factors that affect a population’s health	H 523 Foundations of Public Health	<p>Health promotion and behavior lectures in weeks 3-5; Discussion leader presentations on Healthy People 2020 topic areas.</p> <p>Assessment Opportunity: Graded Discussion Board –burdens of disease and vulnerable populations</p>
9. Explain behavioral and psychological factors that affect a population’s health	H 523 Foundations of Public Health	<p>Health promotion and behavior lectures in weeks 3-5.</p> <p>Discussion leader presentations on Healthy People 2020 topic areas. Guest lectures from staff at the county health department also address this content.</p> <p>Assessment Opportunity: Ungraded quiz on attitudes</p>

<b>Table D19.1.2. Content Coverage for all graduate degrees other than public health degrees (i.e., other than the MPH and PhD in Public Health)</b>		
<b>Content</b>	<b>Course number(s) and names</b>	<b>Describe specific assessment opportunity</b>
		regarding mental health and a discussion regarding the class findings from quiz.
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	H 523 Foundations of Public Health	Discussion Board #3 has students discuss social determinants of health and health disparities. Week 4 Health promotion readings, lectures, and in-class activities further emphasize health disparities and social determinants of health. Guest lectures from staff at the county health department also address this content.  Assessment Opportunity: Graded Discussion board on health promotion for vulnerable populations. In-class group work with scenarios regarding economic determinants of health and how they contribute to inequities.
11. Explain how globalization affects global burdens of disease	H 523 Foundations of Public Health	Poster Presentation and Final paper addresses international perspectives on health.  Week 5 readings and lecture further discuss the influence of globalization on the burden of non-communicable disease.  Assessment Opportunity: Poster presentation and final paper focused on the core public health disciplines discussed in class (i.e., Public Health infrastructure, environmental health, health promotion, health policy and managements, and epidemiology)
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	H 523 Foundations of Public Health	Week 2 environmental health readings, lecture, and guest lecture from a geologist address the connections between human health, animal health, and the ecosystem.  Assessment Opportunity: Quiz #2
<b>Note: Assignment/assessment details are in RFD-Assessments_assignments</b>		

**D19.2. Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course.**

Since Fall 2012, all undergraduate students in the College, including those who are not public health majors, are required to take a 4 quarter-credit course, H 100 Introduction to Public Health. Since Fall 2012, graduate students who are not public health majors are required to take a 4 quarter-credit course, H 523 Foundations of Public Health. Using OSU's formula, 3 semester-credits are equivalent to 4.5 quarter-credits. OSU offers courses for whole number credits only (i.e., no "half" or .5 credits). Using CEPH's standard of 42 semester-credits being equivalent to 56 quarter-credits, 3 semester-credits is equivalent to 4 quarter-credits. Thus, these 2 required courses (H 100 and H 523) are both generally equivalent to the instruction and assessment typically associated with a 3 semester-credit course.

**D19.3. Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.**

The syllabi for H 100 and H 523 are available in RFD1-2.

**D19.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** Both undergraduate and graduate students enrolled in the College's degree programs that are not addressed in Criteria D2, D3, D9, D13 or D14 complete coursework that provides a broad introduction to public health. The specific courses, H 100 and H 523, were developed and initially offered in 2012. We assess whether students in the College acquire the introductory public health learning objectives. Revisions to the course are made, as needed, by faculty trained in public health.

**Weaknesses:** None.

**Plans:** We will continue to monitor the courses for achievement of introductory public health learning objectives and modify the courses, as needed.

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## **D20. Distance Education**

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### **D20.1. Identify all public health distance education degree programs and/or concentrations.**

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The MPH in Public Health Practice (PHP) option (i.e., concentration) is delivered fully online, starting in AY 2018-2019 (<https://health.oregonstate.edu/mph/online>). The mapping for D2 is the same for online PHP students because the combination of HHS 513 plus HHS 514 is H 513 delivered online (i.e., H 513 = HHS 513 + HHS 514); because H 513 is 12 credits, we split the course into 2 online courses of 6 credits each to allow flexibility for part time students. H 513 covers the Foundational Competencies for the MPH (see Table D2.2).

### **D20.2. Describe the public health distance education programs.**

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- a) The online MPH in PHP is offered in a cohort model, with enrollment starting in fall term only. Students have the option to complete the degree in 2 years (full time) or 3 years (part time).
- b) An online option for graduate public health training had been a consistent request by prospective students, resulting in a list of over 600 individuals requesting to be notified should an online MPH be developed by OSU. CPHHS strategic planning included goals around expanding opportunities for non-traditional students, and College leadership identified the development of an online MPH as one option for building this capacity.
- c) The online MPH is supported by the MPH Administrative Director who plans, implements, manages, and provides leadership for all administrative aspects of the online MPH. This includes assisting MPH graduate students with administrative concerns related to their academic program of study through the provision of group and individual advising, and directing them to appropriate information and/or contacts within the College or Graduate School. The MPH Administrative Director holds regular group advisory sessions for MPH graduate students to ensure smooth progression through the MPH program and timely graduation, and intervenes with MPH students who are struggling academically to provide supports and inform key personnel, including the advisor, School Head, and the Associate Dean for Academic and Faculty Affairs.

OSU Ecampus, which delivers the curriculum for the online MPH, is recognized as one of the best providers of online education in the US. It has been ranked “top 10 in the nation” for the 4th straight year by U.S. News and World Report (see <https://ecampus.oregonstate.edu/about/top-ranked.htm>). OSU Ecampus began delivering degree programs and courses online in 2002 and currently has 50 bachelor’s and graduate programs available at a distance. Ecampus provides training and technical support for faculty teaching in the online environment and has robust support services for distance students, including dedicated student services staff to assist and act as a liaison to campus services and academic advisors.

- d) The academic rigor of this option of the MPH is monitored in the same ways that the academic rigor of our other programs is monitored. More specifically, 1) the program faculty are responsible for the curriculum and ensuring it meets academic standards; 2) the program faculty are responsible for initiating proposals to modify curriculum requirements; 3) proposals to revise the curriculum undergo the same review and approval process within our College and in the University; 4) School Heads monitor the student evaluations of teaching (eSET) data for the instructors of the courses in the option; 5) these courses will be included in periodic peer reviews of teaching; and 6) this option and its courses are included in our College and University assessment activities. General admission and degree requirements (e.g., total number of credits,

completion of an internship) for this option of the MPH are equivalent (or comparable) to those for the other MPH options. In sum, we monitor the academic rigor of this program in the same manner that we do all of our programs. We do not, however, specifically compare the online MPH curriculum to the on-campus MPH curriculum.

- e) As noted above, this option and its courses are included in our College and University assessment activities. Thus, we evaluate the educational outcomes using the rigor. Specifically, each term faculty who taught a course with assigned MPH core competencies review the competency(ies) assigned to their course(s). They then specify the assessment instrument and assignments/learning activities used to measure each competency; and their definitions for performance expectations at each competency level: “exceeded,” “met,” and “below.” Faculty report the type of assessment instrument(s) used to measure the competencies, and the outcomes for the class as a whole rather than for individual students and submit the number of students and the percentage of the class who “exceeded,” “met” and were “below” for each competency. They also report action items based on findings. This full-cycle of assessment practice and reporting ensures that individual courses remain aligned to competencies (avoids drift), ensures that assessment methods are also aligned to competencies, and connects assessment reporting to actionable items relevant to teaching and learning, as applicable.

**D20.3. Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.**

OSU Extended Campus, a unit of the University, uses the same systems and mechanisms employed by the main campus to assure student identity at enrollment. Ecampus online courses are administered through the Canvas enterprise-wide Learning Management System. For students to gain access to Ecampus courses, they must register for and use their OSU Network Identification (ONID) account for authentication into the Canvas-based course. Students are informed of ONID account access and uses as part of the online New Student Orientation, completion of which is required of all newly admitted students. Students also receive a “Getting Started” email informing them of course access and administrative policies and processes, including changes thereof. This same information is easily available on the Ecampus website. As with OSU as a whole, Ecampus instruction as well as any administrative transactions involving student information or communications, abides by the same Family Educational Rights and Privacy Act of 1974 (FERPA) regulations and protections in force at OSU. Staff and faculty are required to successfully complete FERPA training.

In addition, should an Ecampus course require proctoring of examinations, the test taker is required to produce both their University identification card and a second piece of picture identification, such as a driver’s license, to validate their identity and before sitting for the exam. If the exam is online, the student must login to Canvas using their ONID account to gain access to the test. Proctors are either 1) employees of the University, for those examinations that are administered on-campus; or 2) if off-campus, thoroughly vetted through an Ecampus-managed approval process and provided with clear instructions regarding their expected responsibilities as a proctor and the nature of the testing environment. Proctors are also informed of FERPA regulations in terms of student privacy.

Although Ecampus’ current measures to ensure student identity verification for online courses are designed to meet U.S. federal rules and regulations, Ecampus continues to investigate more robust solutions to help enhance online course security and identity verification, and they will implement those upgrades as they become available and are deemed appropriate. Lastly, OSU implemented a dual factor authentication process to provide additional security to ONID accounts. At this point, no other Ecampus

measures are used that were not listed in this section already.

**D20.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** The development of this online option of the MPH was a multi-year process, led by one of our tenured associate professors with a team of faculty in response to documented need and demand. The College supports and oversees the program as it does all of its academic programs. Resources such as the option's faculty, the MPH Administrative Director, the MPH Internship Coordinator, and OSU Ecampus provide a high level of support and expertise to the program and to the distance students.

**Weaknesses:** Because this online program is new, we have not had the opportunity to identify post-implementation challenges, areas needing improvement, etc.

**Plans:** We will monitor all aspects of the program from application/admission through degree completion and make improvements where needed.

## E1. Faculty Alignment with Degrees Offered

**E1.1. Provide a table showing the school’s primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH.**

Table E1.1. Primary Instructional Faculty Alignment with Degrees Offered AY 2018-19						
Name	Title/ Academic Rank	Tenure Status or Classifica- tion	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Current instructional area(s)
Bae, Harold	Assistant Professor	Tenure Track	PhD	Boston University	Biostatistics	Biostatistics
			MS	The Dartmouth Institute	Health Services Research	
			BA	Dartmouth College	Mathematics	
Bethel, Jeff	Associate Professor	Tenured	PhD	University of California, Davis	Epidemiology	Epidemiology
			BS	University of California, Davis	Biochemistry	
Bovbjerg, Marit	Assistant Professor	Tenure Track	PhD	University of North Carolina at Chapel Hill	Epidemiology	Epidemiology
			MS	University of Virginia, Charlottesville	Health Evaluation Sciences	
			BA	University of Virginia, Charlottesville	Chemistry, Music	
Bovbjerg, Viktor	Professor	Tenured	PhD	University of Washington School of Public Health and Community Medicine	Epidemiology	Epidemiology
			MPH	University of Washington School of Public Health and Community Medicine	Epidemiology	
			BS	Iowa State University	Psychology	
Branscum, Adam	Professor	Tenured	PhD	University of California, Davis	Statistics	Biostatistics

**Table E1.1. Primary Instructional Faculty Alignment with Degrees Offered AY 2018-19**

Name	Title/ Academic Rank	Tenure Status or Classifica- tion	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Current instructional area(s)
			MS	University of California, Davis	Epidemiology	
			MS	California State University	Statistics	
			BS	California State University	Mathematics	
Bray, Tammy	Dean Emeritus	Tenured	PhD	Washington State University	Nutrition and Biochemistry	Global Health
			MS	Washington State University	Nutrition	
			BS	Fu-Jen University	Food and Nutrition	
Carozza, Sue	Associate Professor	Tenured	PhD	University of North Carolina at Chapel Hill	Epidemiology	Public Health Practice
			MSPH	University of North Carolina at Chapel Hill	Epidemiology	
			BS	Texas A & M University	Wildlife and Fisheries Sciences	
Catania, Joe	Professor	Tenured	PhD	University of California, San Francisco	Adult Development and Aging	Health Promotion and Health Behavior
			MA	University of Chicago	Psychology of Aging	
			BA	University of Wisconsin–Madison	Psychology	
Ceraso, Marion	Associate Professor of Practice	Non-Tenure Track	MA	University of Wisconsin-Madison	Journalism and Mass Communication	Global Health
			MHS	Johns Hopkins University	Health Policy	
			Certificate	University of Minnesota	International Development	
			BA	Rutgers University	Political Science	
Chi, Chunhuei	Professor	Tenured	ScD	Harvard School of Public Health	Program Evaluation	Global Health
			MPH	University of Texas School of Public	International Health	

**Table E1.1. Primary Instructional Faculty Alignment with Degrees Offered AY 2018-19**

Name	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Current instructional area(s)
				Health at Houston		
			BS	China Medical University	Public Health	
Chuinard, Andy	Instructor	Non-Tenure Track	MPH	Oregon State University	Health Promotion and Health Behavior	Health Promotion and Health Behavior
			BS	Oregon State University	Public Health	
Dolcini, Peggy	Professor	Tenured	PhD	University of California, San Francisco	Psychology	Health Promotion and Health Behavior
			MS	San Diego State University	Clinical Psychology	
			BS	University of California, Irvine	Psychology	
Dowhower, Dan	Instructor	Non-Tenure Track	PhD	Oregon State University	Health Promotion and Health Behavior	Health Promotion and Health Behavior
			MPH	Oregon State University	Health Promotion and Health Behavior	
			MS	Illinois Institute of Technology	Psychology	
			BS	University of Wisconsin	Psychology	
Elliott, Karen	Senior Instructor	Non-Tenure Track	PhD	Oregon State University	Health Promotion and Health Education	Health Promotion and Health Behavior
			MS	University of Montana	Health Promotion and Health Education	
			BA	Carroll College	Biology	
Garcia, Jonathan	Assistant Professor	Tenure Track	PhD	Columbia University	Public Health Sociomedical Science	Global Health
			BA	Yale University	Political Science	
Gilley, Larry	Instructor	Non-Tenure Track	MBA	Utah State University	Business Administration, Management and Operations	Health Management and Policy
			BS	Northeastern State University	Health/Health Care Administration/Management	

**Table E1.1. Primary Instructional Faculty Alignment with Degrees Offered AY 2018-19**

Name	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Current instructional area(s)
Gorman, Jessica	Assistant Professor	Tenure Track	PhD	University of California, San Diego - Joint Doctoral Program with San Diego State University	Public Health - Health Behavior	Health Promotion and Health Behavior
			MPH	University of North Carolina at Chapel Hill	Health Behavior and Health Education	
			BA	University of California, San Diego	Sociology, Public Health	
Grutzmacher, Stephanie	Assistant Professor	Tenure Track	PhD	University of Maryland, College Park	Family Studies	Global Health
			MS	University of Maryland, College Park	Family Studies	
			BS	Syracuse University	Psychology	
			BS	Syracuse University	Communications and Rhetoric	
Harvey, Marie	Professor	Tenured	DrPH	University of California, Los Angeles	Population and Family Health	Health Management and Policy
			MPH	University of California, Los Angeles	Population and Family Health	
			BA	University of Puget Sound	European History	
Hystad, Perry	Assistant Professor	Tenure Track	PhD	University of British Columbia, Vancouver	Epidemiology	Environmental and Occupational Health
			MSc	University of Victoria, Victoria	Health Geography	
			BSc	University of Victoria, Victoria	Geography	
Irvin, Veronica	Assistant Professor	Tenure Track	PhD	University of California San Diego and San Diego State University, San Diego	Public Health, Health Behavior	Public Health Practice
			MPH	San Diego State	Epidemiology	

**Table E1.1. Primary Instructional Faculty Alignment with Degrees Offered AY 2018-19**

Name	Title/ Academic Rank	Tenure Status or Classifica- tion	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Current instructional area(s)
				University, San Diego		
			BA	University of San Diego, San Diego	Chemistry/French	
Khanna, Sunil	Professor	Tenured	PhD	Syracuse University	Cultural/Medical Anthropology	Global Health
			PhD	University of Delhi, India	Biological Anthropology and Human Genetics	
			MSc	University of Delhi, India	Biological Anthropology and Human Genetics	
			BSc	University of Delhi, India	Botany (Zoology and Chemistry)	
Kile, Molly	Associate Professor	Tenured	ScD	Harvard School of Public Health	Public Health	Environmental and Occupational Health
			MS	Harvard School of Public Health	Public Health	
			BS	University of California, Santa Cruz	Marine Science	
Kim, Jeong Ho (Jay)	Assistant Professor	Tenure Track	PhD	University of Washington, Seattle	Ergonomics, Biomechanics	Environmental and Occupational Health
			MS	University of Wisconsin, Madison	Industrial Engineering	
			<u>BS</u>	Dankook University, South Korea	Industrial Engineering	
Kincl, Laurel	Associate Professor	Tenured	PhD	University of Cincinnati	Occupational Safety and Ergonomics	Environmental and Occupational Health
			MS	University of Cincinnati	Industrial Hygiene	
			BS	Texas A & M University	Bioengineering	
Li, Tao	Assistant Professor	Tenure Track	PhD	University of Nebraska Medical Center, Omaha	Health Services Research and Administration	Health Management and Policy
			MD	Shanghai Jiao Tong University, Shanghai	Surgery	

**Table E1.1. Primary Instructional Faculty Alignment with Degrees Offered AY 2018-19**

Name	Title/ Academic Rank	Tenure Status or Classifica- tion	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Current instructional area(s)
			BENG	Shanghai Jiao Tong University, Shanghai	International Shipping (Logistics)	
Luck, Jeff	Associate Professor	Tenured	PhD	Pardee RAND Graduate School of Policy Studies	Public Policy Analysis	Health Management and Policy
			MBA	Anderson Graduate School of Management	Finance	
			BS	Rice University	Materials Science	
Mendez- Luck, Carolyn	Associate Professor	Tenured	PhD	University of California, Los Angeles	Public Health	Health Management and Policy
			MPH	University of California, Los Angeles	Community Health Sciences	
			BS	University of Southern California	Biology	
Mojica, Cynthia	Assistant Professor	Tenure Track	PhD	Fielding School of Public Health, University of California, Los Angeles	Health Services (now Health Policy and Management)	Health Promotion and Health Behavior
			MPH	Fielding School of Public Health, University of California, Los Angeles	Community Health Sciences, Population and Family Health	
			BAS	University of California, Davis	Biological Sciences and Psychology	
Molitor, John	Associate Professor	Tenured	PhD	University of Missouri	Statistics	Biostatistics
			MS	Southern Illinois University	Mathematics	
			BA	Christian Brothers University	Mathematics	
Rothenberg, Sarah	Assistant Professor	Tenure Track	DEnv	University of California, Los Angeles	Environmental Science and Engineering	Environmental and

**Table E1.1. Primary Instructional Faculty Alignment with Degrees Offered AY 2018-19**

Name	Title/ Academic Rank	Tenure Status or Classifica- tion	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Current instructional area(s)
			MS	University of California, Los Angeles	Statistics	Occupational Health
			BS	University of California, Los Angeles	Applied Mathematics	
Sakuma, Kari-Lynn	Assistant Professor	Tenure Track	PhD	University of Southern California, Los Angeles	Preventive Medicine	Health Promotion and Health Behavior
			MPH	University of Southern California, Los Angeles	Epi/Biostatistics	
			BA	University of Southern California, Los Angeles	Sociology	
Smit, Ellen	Professor	Tenured	PhD	Johns Hopkins University	Epidemiology	Epidemiology
			MS	Loma Linda University	Nutrition	
			BS	Loma Linda University	Clinical Nutrition	
Snyder, Aimee	Instructor	Non-Tenure Track	DrPH	University of Arizona, Tucson	Maternal and Child Health, Journalism	Health Promotion and Health Behavior
			MPH	University of Arizona, Tucson	Health Behavior/Health Promotion	
			BA	University of Arizona, Tucson	Elementary Education	
Su, Shelly	Senior Instructor	Non-Tenure Track	PhD	Oregon State University	Biochemical Toxicology	Environmental and Occupational Health
			BS	Oregon State University	Biochemistry/Biophysics	
Thorburn, Sheryl	Professor	Tenured	PhD	University of North Carolina at Chapel Hill	Health Behavior and Health Education	Health Promotion and Health Behavior
			MPH	University of California, Berkeley	Behavioral Sciences	
			MA	University of California, San Diego	Sociology	
			BA	Oregon State University	Sociology	
Veltri, Anthony	Associate Professor	Tenured	EdD	West Virginia University	Educational Psychology	Environmental and

<b>Table E1.1. Primary Instructional Faculty Alignment with Degrees Offered AY 2018-19</b>						
<b>Name</b>	<b>Title/ Academic Rank</b>	<b>Tenure Status or Classifica- tion</b>	<b>Graduate Degrees Earned</b>	<b>Institution(s) from which degree(s) were earned</b>	<b>Discipline in which degrees were earned</b>	<b>Current instructional area(s)</b>
			MS	West Virginia University	Safety and Environmental Management	Occupational Health
			BS	Salem College	Education	
			BS	Salem College	Psychology	
Volmar, Karen	Clinical Associate Professor	Non-Tenure Track	JD	Boston University	Law	Public Health Practice
			MPH	Boston University	Health Law Option	
			BA	Hamilton College	Comparative Literature German	
Yoon, Jangho	Associate Professor	Tenured	PhD	University of North Carolina at Chapel Hill	Health Policy and Administration	Health Management and Policy
			MSPH	University of North Carolina at Chapel Hill	Health Policy and Administration	
			BHA	Yonsei University	Health Administration	

**E1.2. Provide summary data on the qualifications of any other faculty with significant involvement in the school's public health instruction in the format of Template E1.2.**

<b>Table E1.2. Non-PIFs Faculty Alignment with Degrees Offered AY 2018-19</b>						
<b>Name</b>	<b>Title/ Academic Rank</b>	<b>Tenure Status or Classifica- tion</b>	<b>Graduate Degrees Earned</b>	<b>Institution(s) from which degree(s) were earned</b>	<b>Discipline in which degrees were earned</b>	<b>Current instructional area(s)</b>
Batty, David	Visiting Professor	Non-Tenure Track (tenured at University College London)	DSc	University of Edinburgh	Epidemiology (Cognition and Health)	Epidemiology
			MSc (distinction)	London School of Hygiene and Tropical Medicine, University of London	Epidemiology	
			PhD	University of Bristol	Epidemiology (Physical Activity and Health)	
			MSc	University of Bristol	Exercise and Health Sciences (distinction)	
			BA (Hons.)	University of Northumbria, Newcastle-Upon-Tyne	Exercise Science (first class)	

**Table E1.2. Non-PIFs Faculty Alignment with Degrees Offered AY 2018-19**

<b>Name</b>	<b>Title/ Academic Rank</b>	<b>Tenure Status or Classifica- tion</b>	<b>Graduate Degrees Earned</b>	<b>Institution(s) from which degree(s) were earned</b>	<b>Discipline in which degrees were earned</b>	<b>Current instructional area(s)</b>
Bernell, Stephanie	Associate Professor; Associate Dean Graduate School	Tenured	PhD	Johns Hopkins University	Health Economics	Health Management and Policy
			MA	American University, Washington, DC	Economics	
			BA	American University, Washington, DC	Economic Theory	
Bonetto, Mike	Instructor	Non- Tenure Track	PhD	Oregon State University	Public Health Policy	Public Health Practice
			MPH	Oregon State University	Public Health Policy	
			BA	Occidental College	Kinesiology/ Exercise Science	
Cusack, Leanne	Instructor	Non- Tenure Track	PhD	Oregon State University	Environmental Health Epidemiology	Environmental and Occupational Health
			MPH	Oregon State University	Environmental Health	
			BS	University of Waterloo, Ontario, Canada	Honors Environmental Science	
Darling, Fritz	Instructor	Non- Tenure Track	MPH	Oregon State University	Health Management & Policy	Health Management and Policy
			MBA	University of Phoenix		
			BA	Brown University	Political Science	
Harper, Barbara	Associate Professor Senior Research	Non- Tenure Track	PhD	University of Texas, Austin	Zoology/ Genetics	Environmental and Occupational Health
			BA	Occidental College, Los Angeles	Kinesiology/ Exercise Science	
Hynes, Denise	Professor and Director, Health Data and Informa- tics (HDI) Center for Genome Research	Tenured	PhD	University of North Carolina, School of Public Health, Chapel Hill	Health Policy and Administration; concentration in Economics	Health Management and Policy
			MPH	The Johns Hopkins University	Health Policy	

<b>Table E1.2. Non-PIFs Faculty Alignment with Degrees Offered AY 2018-19</b>						
<b>Name</b>	<b>Title/ Academic Rank</b>	<b>Tenure Status or Classifica- tion</b>	<b>Graduate Degrees Earned</b>	<b>Institution(s) from which degree(s) were earned</b>	<b>Discipline in which degrees were earned</b>	<b>Current instructional area(s)</b>
	and Biocom- puting (CGRB)		BSN	Loyola University of Chicago	Nursing	
Nieto, Javier	Dean and Professor	Tenured	PhD	The Johns Hopkins University	Epidemiology	Epidemiology
			MHS	The Johns Hopkins University	Epidemiology	
			MPH	Institute for Health Development of Havana, Cuba	Public Health	
			Diploma	University of Barcelona, Spain	Biostatistics	
			MD	University of Valencia, Spain	Medicine	
Kaiser, Paulina	Instructor	Non- Tenure Track	PhD	University of Michigan	Epidemiologic Science	Public Health Practice
			MPH	University of Michigan	Epidemiology	
			BA	Northwestern University	Anthropology	
Phibbs, Sandi	Instructor	Non- Tenure Track	PhD	Oregon State University	Health Promotion and Health Behavior	Public Health Practice
			MPH	University of North Texas Health Science Center	Community Health	
			BA	University of North Texas	History	
Rohlman, Diana	Assistant Professor Senior Research	Non- Tenure Track	PhD	Oregon State University	Environmental and Molecular Toxicology	Environmental and Occupational Health
			BS	Marietta College, Ohio	Biology	
Scoville, Tamara	Instructor	Non- Tenure Track	JD	Catholic University School of Law	Law	Health Management and Policy
			BA	Gettysburg College	Political Science	
Webster,	Instructor	Non-	MPH	Oregon State	Health Promotion	Public Health

<b>Table E1.2. Non-PIFs Faculty Alignment with Degrees Offered AY 2018-19</b>						
<b>Name</b>	<b>Title/ Academic Rank</b>	<b>Tenure Status or Classifica- tion</b>	<b>Graduate Degrees Earned</b>	<b>Institution(s) from which degree(s) were earned</b>	<b>Discipline in which degrees were earned</b>	<b>Current instructional area(s)</b>
Jennifer		Tenure Track		University		Practice
			MA	University of Oregon	International Studies	
			BA	St. Lawrence University	Anthropology, Creative Writing	

**E1.3. Include CVs for all individuals listed in the templates above.**

Resource folders contain CVs for Table E1.1. Primary Instructional Faculty Alignment with Degrees Offered AY 2018-19 (RFE1-3a) and Table E1.2. Non-PIFs Faculty Alignment with Degrees Offered AY 2018-19 (RFE1-3b).

**E1.4. If applicable, provide a narrative explanation that supplements reviewers’ understanding of the data in the templates.**

The definitions used for the categorization of faculty as PIFs and Non-PIFs for Tables E1.1 and E1.2 are described in section C2.1. We consulted with CEPH staff seeking clarification for these classifications. Staff responded: *“For Template E1-2, count all of your non-PIF, including those who research or perform administrative functions with no instructional roles. The template title is misleading and we plan to add a clarification for the future. The Council wants to ensure that your school has 1) enough faculty and 2) instructional faculty are teaching in areas that are appropriate based on their education and experience. It is helpful for reviewers to see the full faculty complement, including the various non-PIFs that you may have.”*

**E1.5. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in the area.**

Our faculty complement is a strength: we do not double count any PIFs.

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## **E2. Integration of Faculty with Practice Experience**

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### **E2.1. Description of the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside that which is typically associated with an academic career should also be identified.**

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The College employs several methods in order to incorporate current and relevant public health perspectives from the field and from public health practitioners. These include but are not limited to:

- Recurring guest lectures and presentations from experienced public health field professionals
- Bi-weekly weekly seminar presentations on a wide variety of topics by public health field experts
- Purposeful integration of public health practice perspectives into core and elective courses
- College faculty (instructor through full professor) with collective decades of public health field experience outside of academia

#### **Guest Lectures**

- H 558 (Reimbursement Mechanisms) – Dr. Marina Farah is the founder of Farrah MD Consulting. She has significant experience working with CMS in health policy and regulations, and had experience designing and implementing innovative solutions and managing performance across 200 hospitals nationwide.
- H 514 (Environmental Safety and Health Seminar) – This year-long, weekly seminar features ongoing projects, research and EOH practitioner presentations. Examples of recent presentations include:
  - Aaron Crawford, Safety Office, Good Samaritan Regional Medical Center “Safety and Emergency Management in Health Care”
  - Bryn Thomas, Oregon Department of Environmental Quality “Cleanup of Abandoned Mine lands and Working in the Environmental Cleanup Industry”
  - Dr. Jana Compton, National Health and Environmental Effects Research Laboratory (NHEERL) “Just enough of a good thing: Balancing nitrogen use with ecosystem services and public health”
  - Bill Emminger, Benton County Environmental Health Department “Well Water Safety in Oregon”
- H 516 (Research Methods in Global Health) – MPH students are charged with interviewing a key stakeholder (community leader), in order to practice in-depth interviewing, and to gain knowledge from the stakeholder’s experience from their public health practice.

#### **Weekly Seminar Presentations**

The *CPHHS Research Seminar* is a weekly seminar series held on the OSU campus during the academic year. Seminars are listed at <https://health.oregonstate.edu/seminars>; samples of guest seminars include:

- *Implementation Science: Evaluating the Impact of Diet and Physical Activity Interventions in Cancer Survivorship* – Cynthia Thomson, Ph.D., RD, Professor, Health Promotion Sciences and Director, University of Arizona Canyon Ranch Center for Prevention & Health Promotion, Mel & Enid Zuckerman College of Public Health; Member; Arizona Cancer Center
- *Health in the Arab World: The Social, the Political, and Identity* – Iman Nuwayhid, MD, DrPH, Professor and Dean, Faculty of Health Sciences, American University of Beirut
- *The Intergenerational Transmission of Health Disparities* – Lynne Messer, MPH, PhD, Associate Professor and Program Director for MPH in Health Promotion, OHSU-PSU School of Public Health, Portland, Oregon

### **Integration of Public Health Practice and Perspectives**

Several courses across our College's curriculum feature integration of public health practice and perspectives. Some examples include:

- Guest lectures in H 560 (Public Health Surveillance) annually from Oregon Health Authority and Multnomah County Public Health (Portland, Oregon)
- H 513 (Integrated Approach to Public Health) includes several panels (e.g., Challenges and Opportunities in 21st Century Public Health) and guest lectures that include current public health practitioners
- H 575 (Evaluation of Health Promotion and Education Programs) develops skills in a variety of approaches to evaluation through designing an evaluation framework and methodology for a real-world program in partnership with key program stakeholders

### **College Faculty**

Examples of faculty with significant practice experience outside that which is typically associated with an academic career are also identified:

- Jeff Bethel, PhD. – Epidemiologist for the Centers for Disease Control and Prevention, National Center for Preparedness, Detection and Control of Infectious Disease, Division of Global Migration and Quarantine.
- Barbara Harper, PhD. – Toxicologist/Risk Assessor, Confederated Tribes of the Umatilla Indian Reservation, Department of Science and Engineering; Division Leader (Hanford)
- Denise Hynes, Research Scientist, RN, PhD. – (GS15/8), Center to Improve Veteran Involvement in Care (CIVIC), US Department of Veterans Affairs (VA), Health Services Research and Development Service, VA Portland Healthcare System, Portland, OR
- Ellen Smit, PhD – Coordinator, Surveillance Systems (Nutritionist IV), Division of Cardiovascular Health and Nutrition, Maryland Department of Health and Mental Hygiene, Baltimore, MD. Developed the state's cardiovascular grant reporting system into a computerized version, and performed data management and statistical analysis. The system dealt with tracking cardiovascular disease risk factors and county health education programs, and program evaluation. Set up a statewide training program on basic Epi-Info and the reporting system.
- Sue Carozza, PhD – Cancer Epidemiologist for the state of Texas where she managed the epidemiology program within the Texas Cancer Registry.
- Karen Volmar, JD, MPH – Manager of Employee Benefits Programs at Penn State University for 3 years after working legal roles at both a national PPO company and a psychiatric services network.

### **E2.2. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in the area.**

This is an area of strength, as our public health faculty integrates perspectives from the field of practice. Given this, there are no plans for improvement.

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### **E3. Faculty Instructional Effectiveness**

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#### **E3.1. Describe the means through which the school ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.**

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Faculty members receive salary support for teaching and advising as well as service activities that include participation in the faculty-led committees that play important roles in evaluation of faculty performance, including teaching and advising. E & G operational funds for the Corvallis campus support the University's major academic missions by investing in faculty salaries, classrooms, laboratories, the OSU libraries, and includes OSU Ecampus, the Center for Teaching and Learning (CTL; see below). Faculty instructional effectiveness is evaluated through engagement of students, peers and (in the case of faculty promotion cases) external reviewers using policies enacted through collaboration of faculty committees and college administrators. In addition to faculty salary support for teaching and service, University-supported resources for instructional support exist at the University, College and School levels as described in section E3.3 below. This includes professional development funds where faculty are supported within their school to travel to conferences as one mechanism to ensure faculty maintain currency.

#### **E3.2. Describe the school's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.**

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The process of evaluation for faculty is transparent due to clear expectations set forth by the College in the Faculty Workload Document (RFE4-1a. Faculty Workload). This document provides general expectations in the areas of teaching and advising, scholarship, and service and outreach. This "living" document was developed in a collaborative effort between the College administration and faculty and was most recently updated during the 2017 Spring term. The Faculty Workload document is used in conjunction with each individual's position description or annual plan of work to establish expectations and a basis for annual evaluations. The individual position description is the most significant benchmark for evaluation of faculty in the promotion and tenure process. Each member of the faculty has an annually developed and tailored description of what is expected of them for the year (see sample Plan of Work RFE3-2).

The College policy for review of faculty is in accordance with the University guidelines for periodic review, as described in the Faculty Handbook: <https://academicaffairs.oregonstate.edu/faculty-handbook/faculty-records-confidentiality-and-periodic-review>. All tenured/tenure track faculty and full-time instructors in the program are evaluated by the School Heads using the reports generated in Digital Measures (DM). The report generated in DM entitled "*Annual Summary of Academic and Professional Activities*" is used for the Periodic Review of Faculty (referred to informally as the "PROF" document) required by the OSU Faculty Handbook and related College policies. This documentation includes the faculty member's activity for the year as well as their goals for the next evaluation period. The required frequency of review for faculty with an FTE of 0.5 or more depends on the type of appointment. Based on the required frequency and the timing of the fixed-term faculty annual renewal/non-renewal process, we have set the following review schedule and timeline for periodic reviews of faculty. The process and schedule for review is at <https://health.oregonstate.edu/policies/periodic-reviews-of-faculty>.

Faculty members are evaluated in each area of responsibility delineated in their position description (teaching and advising, research, service and, if applicable, outreach and administration) and rated in each domain according to 4 levels of performance: Extraordinary, Strong and Positive, Satisfactory, or Unsatisfactory. The review process varies slightly between the 2 Schools in the College. In the School of

Biological and Population Health Sciences, the PROF is reviewed independently by the School Head and a Personnel Committee of faculty. The Personnel Committee provides their evaluations to the School Head who incorporates appropriate input from these faculty peers into the annual evaluation letter. In the School of Social and Behavioral Health Sciences, evaluation of the PROF is completed solely by the School Head.

The Oregon Administrative Rule (OAR) statute 580-021-0135 requires “appropriate student input” in the evaluation of OSU faculty members who teach. Faculty and students participate in this process through use of the Electronic Student Evaluation of Teaching (eSET) system. This system offers students and instructors the opportunity to work together to improve the quality of teaching at Oregon State University. Through eSET, instructors are able to ask students for input on their teaching methods in a personalized fashion that goes beyond the set of Standard University Questions. Students provide feedback on their learning experience to their instructors in a convenient and confidential manner. Typically, student responses are anonymous, although student responses to open-ended prompts that are signed by a student can be viewed by administrators and included in a faculty’s personnel file. The eSET system provides numeric data and is administered electronically at the end of each term. This rating system is characterized using a 7-item scale (excellent, very good, good, fair, poor, very poor and unable to rate) for each of 11 Standard University Questions. The evaluation helps instructors identify the areas of their teaching where they excel and areas for improvement. Each faculty member and their School Heads receive a copy of eSET scores for each course taught. The eSET scores are reported by faculty in their PROF and are considered in the overall performance evaluation.

Examples of eSET questions, in addition to a narrative section for written comments, from the evaluation form are:

- “The course as a whole was...”
- “The instructor’s contribution to the course was...”
- “The clarity of course objectives or outcomes was...”
- “The clarity of student responsibilities and requirements was...”
- “The course organization was...”
- “The availability of extra help when needed was...”

In addition to this important feedback on faculty teaching from students, faculty undergo a peer review of their teaching on a regular basis (e.g., every year for new faculty, every few years for senior faculty). This peer review process results in a letter of review shared with the faculty member and the School Head by faculty peer reviewers. All peer review letters are incorporated into each faculty member’s PROF and in the dossier for promotion and tenure processes. These letters provide important insights into faculty classroom performance and are used by the School Head to monitor routinely classroom performance. Each School develops a schedule for faculty peer reviews and assigns faculty members, usually in groups of 2, to conduct the reviews. Students have an additional opportunity to provide evaluations of faculty performance in teaching and mentoring in the promotion and tenure (P & T) process. For each P & T dossier, the School Head solicits confidential letters of teaching reviews from students who have had the faculty member as the instructor in a class and/or as a mentor. The School Head then appoints a student committee, typically composed of graduate students, to provide a balanced summary of the student input in a letter that focuses on teaching effectiveness and mentoring, which is included in the dossier.

**E3.3. Describe available university and programmatic support for continuous improvement in faculty’s instructional roles. Provide three to five examples of school or program involvement in or use of these resources.**

Ample resources are available at the University, College and School levels to support the continuous improvement in instruction by our faculty.

**University-Level Support for Faculty Instructional Effectiveness**

**OSU Faculty Affairs (OSU FA)** makes available several targeted faculty development awards, such as the LL Stewart Faculty Development Fund, Faculty Scholar Fund, and the Professional Faculty/Instructor Development funds that support faculty. Professional Faculty/Instructor development funds are given to members of the faculty of Oregon State University for the purpose of permitting and enabling recipients of such funds to keep current in their professional fields and improve upon their abilities to serve OSU students and constituents.

Specific information and examples of faculty utilization of these resources available through OSU FA are listed below:

**Ecampus Support.** Ecampus provides resources and support for developing new online courses, refreshing online courses, training for online course development, etc.  
<https://ecampus.oregonstate.edu/faculty/>

**Center for Teaching and Learning (CTL)** provides a forum for teaching and learning excellence through discussions and hands-on, interactive activities. CTL professionals implement current research and best practices for effective professional development. CTL resources facilitate faculty development in the areas of service learning; global learning; hybrid course development; writing intensive curriculum; difference, power and discrimination programing; co-curricular learning; university-wide teaching excellence; and baccalaureate core implementation.

Example 1: Dr. Marit Bovbjerg, assistant professor in the Epidemiology Program, used training funded by the CTL to develop a hybrid version of the course titled “Foundations of Public Health.” In addition, she used funding from the Open Oregon State (OOS) to develop an online textbook to serve this course. OOS aims to take advantage of Oregon State’s national reputation in the field of online learning to establish a competitive open education resource (OER) program that focuses on open textbooks and reusable digital components.

**The Difference, Power, and Discrimination (DPD) Academy** program staff works with faculty across all fields and disciplines at OSU to develop inclusive curricula that address institutionalized systems of power, privilege, and inequity in the United States. One of the types of supports they offer is the DPD Academy. The DPD Academy is designed to facilitate focused and productive engagement with contemporary, multidisciplinary scholarship on difference, power, and discrimination; critical pedagogies; and curriculum transformation. As part of the DPD Academy, participants work on revising and/or developing one or more courses, to meet OSU’s DPD course criteria. The DPD Academy consists of 60 hours of programming including a summer institute and 3 to 5 follow-up sessions held throughout the academic year.

Example 2: Over 40% of faculty in the College have attended the DPD Academy since 2013.

**The Leadership Academy** has been designed to foster the next generation of academic leaders at Oregon

State University and further the development of our current unit administrators. Examples of topics discussed over the course of the program include best hiring practices, supporting and promoting faculty, strategic thinking, leadership styles, and budgeting, to name a few.

Example 3: One School Head has attended the Leadership Academy since 2013. This experience led to a partnership with an administrator in the College of Liberal Arts to develop a successful invited prospectus for OSU's Marine Studies Initiative that engaged faculty members from 5 OSU colleges.

**OSUFA sponsors faculty members who desire membership in the National Center for Faculty Development and Diversity (NCFDD; <http://www.facultydiversity.org>).** NCFDD resources are broadly applicable across academic disciplines and include a range of topics such as time management, overcoming academic perfectionism, how to develop a daily writing plan, how to write grant proposals, and more. These resources offer concrete guidance that could increase faculty productivity and sense of well-being.

### **College-Level Support for Faculty Instructional Effectiveness**

Faculty development initiatives are available through the Dean's office and the office of the Associate Dean for Academic and Faculty Affairs. In the recent past, the College administration has had a strong focus on leadership development of faculty; approximately 20 faculty have benefited from this program since the inception of this program. This program has been led by a leadership consultant and business executive. Research support for faculty by the Dean's Office, described in other areas of this report, is subject to continual review and investment.

### **School-Level Support for Faculty Instructional Effectiveness**

Several activities and programs are provided within the 2 Schools to assist with faculty development, including faculty start-up support, faculty mentoring, and faculty travel support, and activities include such events as School or discipline-specific seminars and brown bag meetings to discuss curriculum and other topics. Some of these resources are described in detail below.

**Faculty mentoring.** Until recently, mentoring of faculty has been largely informal and organized at the school level by the School Head. The purpose of this informal program was to enhance the professional advancement of faculty, especially new hires, by providing mentoring in a range of areas, including but not limited to, expectations for P & T, writing grant applications, teaching, professional service opportunities, and adjusting to OSU. This process consists of the School Head asking each new faculty member for names of more senior faculty at OSU who might serve as their mentors and/or suggesting mentors to the new faculty member based on mentoring needs. The potential mentors are confirmed and then provided with a copy of the OSU's "Mentoring for Success: A Toolkit for Faculty Mentors and Mentees." The mentor(s) and mentee are allowed to determine the best approach for developing the relationship and accomplishing the goals of the program.

Starting in the 2018-2019 academic year, CPHHS is piloting a new, more formal mentoring program. At the Dean's request, an *ad hoc* mentoring committee comprised of faculty developed a new faculty mentoring policy and program for the College. More details are provided at <https://health.oregonstate.edu/policies/mentoring> and <https://health.oregonstate.edu/policies/mentoring-plan>.

Briefly, each newly hired junior (e.g., assistant professor) or mid-career (e.g., associate professor) is assigned a "mentoring committee" consisting of 2-3 individuals, with potentially 1 mentor from outside

the College. The committee is expected to meet with the faculty mentee at least once or twice (depends on position) during the first year and at least once per year in subsequent years. (This program is not only for tenure-line faculty, but also for faculty in instructor, research, clinical, and practice tracks.) Each mentoring committee is appointed jointly by the Associate Dean for Academic and Faculty Affairs and School Head/Extension Program Leader, in consultation with mentee and prospective mentors. As recommended by the *ad hoc* committee, we are piloting the program with newly hired faculty. Other faculty have the option to participate in this new program or continue with the previous mentoring approach.

**New faculty start-up support and faculty travel fund.** Three types of support have typically been provided to new faculty: start-up funding, graduate research assistantships, and a reduced teaching load during the first 2-3 years at OSU. In addition, faculty who do not have start-up funding or grant support for travel to professional meetings can apply to the Faculty Travel Fund in each School. Faculty start-up funding varies widely by discipline and ranges from ~\$25K to over \$200K, largely based on differences in equipment needs. Faculty have broad discretion to spend their startup funds in support of research, teaching, and other scholarly endeavors. For a typical tenure-track assistant professor, release time from teaching is equivalent to half the normal teaching load. For example, based on a full load of 12 credits (i.e., 3-4 courses) per academic year, new faculty members typically teach 1-3 courses per year during the first 2-3 years.

E & G funds provide support for each School's Faculty Travel Fund, which supports faculty travel to present outcomes of scholarly research at professional meetings and conferences or professional development activities. In some cases, travel support may be derived through donor funds to the OSU Foundation if this support is aligned with donor goals. One example of how this faculty travel fund was employed this past year includes the support of Professor Ellen Smit in the Epidemiology Program to present 4 co-authored posters at the Society for Epidemiological Research (SER) meeting in Seattle, WA from June 20-23, 2017. She also served as mentor and host to 4 graduate students who attended this meeting. These meetings and conferences provide excellent opportunities for dissemination of scholarly work, networking and professional development.

Other support mechanisms are available for all types of faculty appointments. For example, all part-time instructors are provided an ONID email account, access to the Canvas educational portal, and access to library resources. Additionally, the Schools provide office space and a computer for part-time faculty who work from the Corvallis campus.

**Systems supporting faculty instruction and development.** Faculty teaching is supported through Canvas, the University's Learning Management System (LMS), a web-based platform for course material, assignments, grades, communication, and all activities related to teaching and learning. Canvas is used for all modalities of courses taught at Oregon State University, including traditional face-to-face, hybrid, Ecampus online, Extension and continuing education courses. Faculty resources are available at <https://guides.instructure.com/m/4152>.

Documentation of faculty development is accomplished within our Schools through use of a software product called Digital Measures (DM). DM facilitates faculty reporting for annual reviews. In DM, faculty can track their scheduled teaching, Electronic Student Evaluation of Teaching (or eSET) scores, scholarship and service. Both eSET and peer evaluations of teaching provide important feedback to instructors so that they can improve their teaching effectiveness.

**Graduate teaching assistants.** Based on class size (i.e., number of students), level (i.e., undergraduate versus graduate), and content (e.g., biostatistics lab), graduate teaching assistants are assigned to courses to assist instructors with various instructional activities (e.g., labs, lectures, group discussions, class

activities, grading, office hours). Graduate teaching assistants are a significant resource for instructional faculty, providing support in some instructional and assessment activities, thereby providing faculty with more time to update content, develop new course materials and activities, use a wider range of teaching methods, etc.

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**E3.4. Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.**

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For primary and non-primary instructional faculty, the use of all measures of instructional effectiveness (e.g., PROF reports, peer review of teaching letters and student feedback on teaching effectiveness, including eSET scores) are incorporated into decisions about faculty advancement. Measures of instructional effectiveness are also included in promotion and tenure dossiers and reviewed by external reviewers, P & T committees, and administrators in the review of candidates for promotion and/or tenure. Thus, broad sources of data on instructional effectiveness (i.e., students, peers, external reviewers and administrators participating in faculty review) are used in decisions regarding faculty advancement.

Although effective contributions to teaching and advising are a primary factor in advancement decisions, the weight of this criterion in decisions about faculty advancement is commensurate with the percent of FTE allocated to instruction. As described in section A1.2.e, School Heads work to maximize the effectiveness of their faculty to meet the School and College goals related to teaching, scholarship, and service. They do so by individualizing faculty assignments to meet the different responsibilities needed to fulfill the mission and goals of the unit, recognizing the talents, interests, and expertise of the faculty. Regardless for the FTE allocated to teaching, satisfactory performance in teaching is a criterion for faculty advancement.

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**E3.5. Select at least three indicators, with one from each of the listed categories that are meaningful to the school or program and relate to instructional quality. Describe the school's approach and progress over the last three years for each of the chosen indicators.**

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To illustrate how our College meets this competency, we have selected 3 indicators taken from each of the 3 listed categories: 1 from “faculty currency,” 1 from “faculty instructional technique” and 1 from “school-level outcomes.”

*Faculty currency* is assessed through annual reviews by the School Heads of each faculty member’s teaching in assigned areas of instruction. These reviews provide an in-depth opportunity to review and discuss eSET scores and feedback, faculty peer reviews of teaching, and teaching philosophies and strategies. Collaborative discussion of these assessments can lead to a decision to seek professional development opportunities and on-campus resources to enhance success in identified areas recommended for improvement. For example, faculty experiencing consistently low eSET scores may be referred to professionals at the OSU Center for Teaching and Learning for objective assessment of faculty teaching for potential inputs such as training or coaching. The Center also offers weekly seminars focused on improving targeted skills. Over the past 3 years, our Annual Summary of Professional Activities (PROF) report forms, available to faculty via Digital Measures at OSU, have been modified to include improved self-assessment questions related to teaching goals and pedagogical innovations. These questions are paired with other questions related to articulation of specific barriers to progress as well as specific supports that have assisted the faculty member during the year under review. These questions provide useful feedback for School Heads to optimally support and increase success in teaching and advising. Notably, our Annual Summary of Professional Activities (PROF) report has also been modified to include self-assessment questions regarding faculty efforts to promote equity and inclusion. This self-assessment question addresses faculty efforts across a range of responsibilities related to teaching and advising.

**Faculty instructional technique** is assessed each year through the assignment of at least 2 faculty peers to observe 1 or more of the faculty member's courses and provide a detailed letter of review. The College has approved a set of guidelines for the conduct of these reviews. For example, reviewers are provided a set of questions to consider in making observations and evaluating course organization, requirements, grading, and materials. All letters are to include a description of strengths and areas of improvement. Faculty peer reviews of teaching are subject to discussion with the faculty member in the annual review with School Heads. In the past 3 years, we have instituted the practice of selecting faculty peer reviewers from different disciplines across each School to carry out this review process. (Formerly, faculty peer reviewers were primarily selected from within the discipline of the faculty member under review.)

A **school-level outcome** related to instructional quality is the development and teaching of the integrated core course, H 513 Integrated Approach to Public Health. This multi-year effort resulted in the 12-credit "super" course required for all incoming MPH students in their first term (or first 2 terms for our online MPH students). The overall goal of the course is to cover critical and interdisciplinary content in the foundational areas of public health. This course comprises the common core of the MPH degree, as defined in MPH foundational competencies, and it intentionally delivers that core knowledge in a way that demonstrates both the application and the integration of the different public health disciplines. The course is team-taught by 5 faculty members from the biostatistics, environmental and occupational health, epidemiology, health management and policy, and health promotion and health behavior programs – further underscoring its integrative and collaborative nature.

### **E3.6. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

The narrative above clearly demonstrate that this criterion has been met. One identified weakness, the lack of a formal process for faculty mentoring, has been addressed through the new formal faculty mentoring that has been implemented starting in the Fall of 2018 (See faculty mentoring in E3.3.).

#### **Strengths:**

- The College benefits from the University's clearly documented and transparent annual review and promotion and tenure processes.
- The processes used by the Schools to annually evaluate faculty has been developed and supported by the faculty review committees and administration.
- Processes employed in evaluating faculty teaching effectiveness is based on input from both students, peers and external reviewers.
- The College has a faculty-approved document called Faculty Plan of Work (see sample Plan of Work RFE3-2), which clearly stated the criteria that guide the faculty and administrators to promote faculty success.
- The University invests in efforts to promote work-life balance through many University services that enhance the quality of the work environment.
- In addition to professional development in teaching and research capability, the College promotes leadership development for faculty as well as for graduate and undergraduate students.

**Weaknesses:** None

**Plan:** We are piloting a new mentoring program starting the current academic year, which will provide us with the opportunity to observe strengths, weaknesses, and challenges and to adjust accordingly. The College will continue to identify and provide programs, services, technical assistance and other support to faculty in all types of appointments for professional development and advancement.

More details are provided at <https://health.oregonstate.edu/sites/health.oregonstate.edu/files/faculty->

[staff/pdf/cphhs-mentoring-policy-06-13-2017.pdf](#) and  
<https://health.oregonstate.edu/sites/health.oregonstate.edu/files/faculty-staff/pdf/cphhs-mentoring-plan-sept-2018.pdf>.

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## **E4. Faculty Scholarship**

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### **E4.1. Describe the school's definition of and expectations regarding faculty research and scholarly activity.**

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As described in the Faculty Workload Document (RFE4-1a. Faculty Workload) all tenured and tenure-track faculty members are expected to conduct rigorous, high-quality research and scholarship. According to University Promotion and Tenure Guidelines, at least .15 FTE must be allocated to scholarship (RFE4-1b). In the CPHHS, the standard resident tenured and tenure-track faculty position has .45 FTE allocated to research and scholarship. Tenured and tenure-track faculty members are expected to seek, obtain, and manage external funding for research.

Faculty can increase their research FTE by buying out teaching responsibilities with external funding. The basic formula for reducing their teaching assignment with external funds is as follows: 8.3% of faculty salary and OPE secured through external sources reduces the annual teaching load by one 3-credit course and 11% of faculty salary and OPE reduces the teaching load by one 4-credit course. In general, tenured and tenure-track resident faculty are not allowed to reduce their teaching assignments below a minimum of 2 courses per academic year.

The Faculty Workload Document also outlines research and scholarship expectations for tenured and tenure-track faculty members with a scholarship assignment:

- Consistently publish journal articles reflecting rigorous research activity
- Have a significant authorship role on a minimum of 2 peer-reviewed articles a year
- Publish in journals that have a measurable and moderate-to-high impact
- Publish with graduate students
- Seek, obtain, and manage external funding for research

Specific expectations for individual faculty members are negotiated between the School Head and the faculty member and will be outlined in the faculty member's annual plan of work.

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### **E4.2. Describe available university and school support for research and scholarly activities.**

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#### **University Support**

Oregon State University is one of only 2 land, sea, space and sun grant institutions in the U.S., and is the only university in Oregon to have earned both Carnegie Classifications for Highest Research Activity and Community Engagement. OSU is the state's largest comprehensive public university, preeminent for both scholarly achievement and the direct impact of applied development, fulfilling the land-grant mission to serve the public good. OSU researchers collaborate to advance the science of sustainable earth ecosystems; improve human health and wellness; and promote economic growth and social progress. <http://oregonstate.edu/research/>. More about the OSU Research Agenda can be found at <http://research.oregonstate.edu/research-agenda>.

The University's research policies, procedures, practices and supports are overseen by the Vice President for Research within the Research Office (<http://oregonstate.edu/research/>). The Research Office is committed to supporting all aspects of our institution's world-class research enterprises and the 5 Year Strategic Plan defines the outcomes and actions that the Research Office follows in this pursuit. For more information, see the Research Office's Faculty Handbook at <http://academicaffairs.oregonstate.edu/faculty-handbook/research-programs-and-services>).

The Research Office provides support to locate, secure and manage external funding, comply with regulations, partner with industry, promote research integrity, develop research collaborations across the University, and raise the profile of OSU. A number of offices within the Research Office support and guide research administration including, but not limited to, the following:

**Office for Sponsored Research and Award Administration (OSRAA)** is a centralized unit within the Research Office that provides efficient general administration, outreach and education; proposal review and approval; award acceptance and set-up; management of awards; sponsor invoicing and cash management; sponsor reporting; and award closeout (see organizational chart <https://health.oregonstate.edu/osraa-org-chart>). The roles and responsibilities of the Research Office are indicated at <http://research.oregonstate.edu/osraa/osraa-organization/roles-and-responsibilities#GA>. OSRAA provides seamless support and leadership in lifecycle research administration to those engaged in research at OSU. The Office has central responsibility for proposal submission for sponsored research, scholarship, instructional and other activities, and research compliance as it relates to sponsored activities. (More information about OSRAA is provided on its website (<https://research.oregonstate.edu/osraa>)). OSU utilizes a web-based proposal routing and approval/submission system (Cayuse), implemented since 2011. Specific instructions that outline the administration of awards are provided at <https://fa.oregonstate.edu/gcg-manual>.

OSRAA continues to look for ways to reduce administrative burden on principal investigators and to improve and streamline business processes. The Office has created a pilot “fast-track” set-up of certain prime awards from NSF or NIH that meet specific low-risk criteria. One index will be provided for the award prior to setting up a budget and the PI can begin project work/spending once the index is established. In addition, the Research Office will guarantee to cover any pending expenses incurred prior to the complete set-up of a fast-tracked award.

**Office for Research, Commercialization and Industry** connects business with faculty expertise, student talent, and facilities to research solutions, bring ideas to market, and launch companies focusing on the protection and transfer of intellectual property. Information is located at <http://advantage.oregonstate.edu/>.

**Office of Research Integrity** ensures compliance with ethical and legal responsibilities in research involving live vertebrate animals, biosafety, chemical safety, scientific diving and boating, radiation safety, human subjects, and financial conflicts of interest. The Office of Research Integrity includes several offices and committees and works closely with the related compliance committees, all listed below.

- Conflict of Interest <http://research.oregonstate.edu/coi>
- Export Control and International Compliance <http://research.oregonstate.edu/export>
- Human Research Protection Program and Institutional Review Board (IRB) <http://research.oregonstate.edu/irb>. Over the last decade, faculty members in the College have served as members of the University’s IRB.
- Institutional Animal Care and Use Committee (IACUC) <http://research.oregonstate.edu/iacuc>
- Responsible Conduct of Research <http://research.oregonstate.edu/ori/responsible-conduct-research>
- Scientific Boating <http://research.oregonstate.edu/boating> and Diving <http://research.oregonstate.edu/diving> and Unmanned Systems Initiative <http://research.oregonstate.edu/unmanned-systems-initiative>

**Incentive Programs** provide internal funding for research seeding, emergencies, time releases, equipment, and student involvement in research (<http://research.oregonstate.edu/incentive>). Opportunities

vary but generally include: Small Grants Program (SG); Large Program Development (LPG); Research Equipment Reserve Fund; and Undergraduate Research, Innovation, Scholarship and Creativity (URISC) programs. During FY17, the Research Office awarded \$310,074 to 24 OSU faculty through the SG and Large Program LPG incentive grants.

**Office for Research Development** maintains and disseminates funding opportunities; manages internal competitions, deadlines and submission guidelines for limited submission opportunities provided by federal and foundation sponsors; provides current ‘resources for researchers,’ such as links to access funding opportunities per the Foundation Directory Online database, GrantForward, and the Office of OSU Foundation Relations.

**Resources for Undergraduate Research** include the URISC program managed by the Research Office <http://research.oregonstate.edu/resources-undergraduate-research>. In addition, the Undergraduate Research, Scholarship and the Arts (URSA) program, housed within the Office of Academic Programs and Learning Innovation, provides additional University-wide resources for undergraduate research. This include peer student research ambassadors, faculty research mentors (URSA-ENGAGE), presentation opportunities, transcript notation, and the annual Celebrating Undergraduate Excellence event that presents academic and creative work in a formal setting as a mark of accomplishment. See <http://apli.oregonstate.edu/research>.

**The Health Sciences Business Center (HSBC)** provides services related to human resources, finance, and payroll for all research awards in the College, as well as the Colleges of Pharmacy and Veterinary Medicine.

### **College Support**

As discussed earlier, in Section E3.3, the informal mentoring process is being replaced with a formalized mentoring program for faculty; implementation of this new program for all faculty is expected in academic year 2018-2019.

The College promotes a culture of research by supporting new faculty upon their arrival. Start-up packages include resources faculty need for initial research support. New faculty members participate in an orientation, which includes an informative session on research in the College and the University. School Heads give new tenure-track faculty members reduced teaching loads during their first 2-3 years.

The Office of Research directed by the Associate Dean for Research (ADR), oversees the operation, policies, and supports related to research for faculty and students. This Office provides staff support for both pre- and post-award sponsored activities and providing “cradle-to-grave” contract/grant and financial management to faculty and principal investigators. Support includes assistance in identifying research funding opportunities, writing and submitting grant proposals, managing sponsored awards and contracts, and submitting annual reporting forms. The Research Program Coordinator assists the ADR and supports faculty research development. The Grants/Contracts Coordinator provides pre-award support for faculty, as well as postdocs and graduate students. The Director of Post-Award Research serves as the primary information and operations resource for PIs in monitoring the administrative and financial performance of active grants and contracts.

The Office of Research also provides support for research and scholarly activities to maximize the research potential of faculty and cultivate transdisciplinary research to address complex public health problems:

- Weekly funding opportunity announcements for all faculty as well as targeted funding announcements to specific faculty per their request.
- Identification and referral of faculty interested in submitting a letter of intent or full proposal to a

foundation or nonprofit sponsor to OSU Foundation staff, who assist faculty with writing, editing, and contacting potential sponsors.

- Proposal preparation overview and guidelines, templates and resources for College researchers on Office of Research website, with links to resources <http://health.oregonstate.edu/research/support>.
- Grant writing seminars and workshops.
- Ignite Research Colloquia, informal venues designed to facilitate interdisciplinary research collaborations, where speakers present for 2 minutes on their research expertise and solicit collaborators among other faculty in the CPHHS and between colleges.
- Seed funds for pilot studies that promote interdisciplinary research.
- Funds and staff support for the Undergraduate Research Program, the OSU URSA-Engage faculty-mentored research program for undergraduate students, and the LIFE scholars program is facilitated through the Center for Healthy Aging Research (CHAR).
- College-wide research seminar series held every Friday during the academic year <https://health.oregonstate.edu/seminars>.
- A forum for doctoral students to identify research-funding opportunities.
- The annual Graduate Student Research Poster Session held annually with 45-50 graduate students presenting their work, practicing presentation skills, and networking with colleagues and faculty.

Because research efforts in the College span multiple disciplines and seek to solve complex public health problems, the College's 4 Research Centers foster transdisciplinary research collaborations, encourage graduate and undergraduate student involvement in research, and translate research to practice. The Centers serve as catalysts for collaborative research activity that will contribute to the College's prominence in advancing science and serving the needs of the public. The 4 Centers include:

- The **Center for Global Health** is a community of learning and service that brings together faculty, students, and staff at OSU with alumni and partners around the world to generate knowledge that promotes equitable and sustainable health development solutions globally.
- The **Center for Healthy Aging Research** is committed to expanding, translating and disseminating the science of aging to unleash the potential of older adults. Researchers take a multidisciplinary approach to address aging at all levels – from the genes we inherit to the food we eat, from our level of physical activity to the quality of our relationships.
- The **Hallie E. Ford Center for Healthy Children and Families** promotes the development and well-being of children, youth and families by generating, translating and sharing research-based knowledge. The Center advocates for a holistic, interdisciplinary approach to research, training, and outreach that has far-reaching impacts for Oregon and beyond.
- The **Moore Family Center for Whole Grain Foods, Nutrition and Preventive Health** is dedicated to helping individuals and communities live healthier through healthy foods and good nutrition. The Moore Family Center's goal is to take a multidisciplinary approach to understand the role of all foods, including whole grains, in health promotion and disease prevention. The Center builds upon synergies among research, education and outreach/practice to bridge the science of whole foods and nutrition to its practical application in the community.

#### **E4.3. Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.**

Dr. Jeff Bethel teaches a new course, H597 – Epidemiologic Methods in Foodborne Disease Outbreak Investigations – in which OSU students are linked with MPH courses at the University of Minnesota, School of Public Health and the Colorado School of Public Health via Zoom for 7 weeks. During these 7 weeks, experts in foodborne outbreak investigations from throughout the country gave short lectures on various aspects of investigations. The use of Zoom allowed the students and the instructors to interact with experts throughout the US as well as students at 2 other universities. For the culminating experience

of the course, students identified a multi-state foodborne outbreak to evaluate and presented findings in the form of a paper and an oral presentation. This work dovetails with Jeff's collaboration with the Center for Foodborne Outbreak Management, Epidemiology, and Surveillance (FOMES). FOMES is a CDC-funded Integrated Food Safety Center of Excellence. During the first 2 years of funding (2015-16 and 2-16-17), the funding was limited to a small amount of Dr. Bethel's time and students administering interviews to cases of select foodborne diseases to identify relevant exposures. This past year, the funding was dramatically increased to include student interviewers, paid MPH interns at the Center in Portland, a Coordinator position at OSU, and an expanded role for Dr. Bethel to develop a wide range of resources for the Center to distribute.

Dr. John Molitor, Associate Professor of Biostatistics, leverages his research experiences working in the software industry to effectively teach cutting-edge computational data science in his course "Intermediate R with Applications." The course introduces students to use of the R programming language used in managing and analyzing data relevant to public health research.

HPHB faculty have developed a year-long research practicum sequence for doctoral students. This 3-course series is designed to develop students' competencies in conducting research. The practicum involves the design and execution of a research project based on a secondary data source and the development of a manuscript. Currently, Dr. Catania teaches the fall course, Research Planning in Health Promotion and Health Behavior. During winter term students conduct analyses under the direct supervision of their advisor through independent research project units, and Dr. Irvin teaches the spring course on manuscript writing. Throughout the year students work closely with their advisor on the project. Like other faculty in the College, HPHB faculty frequently engage undergraduate, MPH and/or doctoral students in their research studies. Students have both led and collaborated on conference presentations and manuscripts, as well as completed undergraduate honors theses, graduate research projects and dissertations.

Supported by the Robert & Sara Rothschild Endowment Fund, Dr. Sunil Khanna (Robert & Sara Rothschild Endowed Chair in Global Health) has developed the Botswana Global Health Internship Program. This unique summer program builds on Dr. Khanna community-based research on understanding the complex relationship between culture and health. It offers both undergraduate and graduate students "hands on" global learning, cross-cultural training, and community-based work opportunities. Student interns work as part of a team on diverse projects related to understanding community members' perspectives on health and health care (health needs, social and cultural determinants of health, informal health care, availability and utilization of state-supported health care services, etc.); local infrastructure and environmental issues, (e.g. housing, roads, water and sanitation, means of subsistence, access to technology, education and health services, etc.); best ways to strengthen local capacity by directly working with youth and other key stakeholders in the community; and developing culturally sensitive, locally appropriate, and technologically innovative programming to meet the community needs. Student interns enroll in a pre-departure course on qualitative and community based participatory research to learn more about social and cultural life in Botswana, and data collection methods (systematic non-participatory observation, participant observation, one-on-one interviews, and focus group discussions) that will be used during the field part of the program. At the end of the program, students work in groups to write a final report that is shared with the community and the Ministry of Health and Wellness in Botswana. Students also develop and present conference posters and papers based on their experience in the program.

Dr. Jonathan Garcia in H 516 Research Methods in Global Health integrated guest lectures from research collaborators and assigned community stakeholder interviews to teach the process of developing research questions, data collection tools, conducting interviews, developing a codebook, and analyzing data. For instance, Nili Yosha, the executive director from Outside the Frame, an NGO located in Portland, OR,

collaborating with Dr. Garcia on 3-year project funded by the Robert Wood Johnson Foundation, visited H 516 with 12 peer mentors to describe their experiences as homeless youth being trained as directors and filmmakers. The peer mentors and students in H 516 had an in-depth conversation about community-based research, social vulnerability, intersubjectivity, and developing mutual understanding. Dr. Garcia will be working with Outside the Frame to develop a video-based toolkit to train Latino youth in OSU 4-H extension how to be allies for their LGBTQ peers. This is an example of integrating teaching, research, and service to the profession and community.

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**E4.4. Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.**

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An EOH doctoral student, Barrett Welch, benefited from the opportunity to be involved in a project funded by NIEHS, “Developmental Exposure to Arsenic and Immune Function in Children.” Dr. Molly Kile, PI on the project, involved Barrett in all aspects of the study including the design, implementation, and data analyses. Barrett traveled to Bangladesh to meet the field teams and observed subjects’ recruitment and data collection. He is working in the PI’s lab to learn how to do trace metal analysis and serum antibody Elisa tests. He received a travel grant to present his work at the Southeast Asia Regional Conference on “Groundwater Arsenic: Multi-disciplinary Approaches to Protecting the Health of the Public,” which will be held in November 2018 in Vietnam. He will also be using this data for his dissertation research. He successfully submitted an application and received funding from the NIH OSLER T1L training grant (Oregon Students Learn and Experience Research program) that is administered through the Oregon Clinical and Translational Research Institute (OCTRI).

A current doctoral student in HPHB, Maddison Greaves, is a valuable research assistant on an NIH/FDA funded project led by Dr. Kari-Lyn Sakuma, Assistant Professor in HPHB, that examines how new and emerging tobacco product use and perceptions among Black youth and young adults might contribute to increased risk. She has led multiple analyses that resulted in community reports for stakeholders, several international and local conference presentations (e.g., the Society for Behavioral Medicine and the American Public Health Association), and 2 manuscripts in preparation. She has also developed her own research projects and presented on food insecurity, family-based dietary behavior change programs, and school-based nutrition interventions at national and local professional conferences.

Greg Heinonen, an undergraduate student in public health, is the recipient of the OSU Waldo-Cummings Outstanding Student Award for 2017. Recipients are chosen for this award based on academic excellence and superior extracurricular achievements during their college careers. The award is among the most prestigious honors bestowed by OSU. Heinonen began as a volunteer with OSU’s Individualized Movement and Physical Activity Program for Children Today (IMPACT) his first year at OSU and has continued volunteering with IMPACT for 6 terms. He also selected to participate in the CPHHS Undergraduate Research Awards Program (URAP) on 2 faculty-mentored research projects. He received a travel award from the College that allowed him to present research results of his faculty-mentored project at the 2017 Stanford Research Conference. In addition, he is a member of the Benton County Public Health Planning and Advisory Committee, works locally as a certified nursing assistant (CNA), and plans to complete an internship at Oregon Health and Science University’s School of Occupational Health Sciences.

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**E4.5. Describe the role of research and scholarly activity in decisions about faculty advancement.**

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All tenured and tenure-track faculty members are expected to conduct rigorous, high-quality research and scholarship. According to University guidelines, at least .15 FTE must be allocated to scholarship. The specific research and scholarship expectations for tenured and tenure-track faculty members with a

scholarship assignment are discussed in Section E4.1. Instructors are not required to conduct research or engage in scholarship. Although effective contribution to research is an essential criterion for faculty with research assignments to advance, the weight of this criterion in decisions about advancement is commensurate with the percent of FTE allocated to research and scholarship. As described in section A1.2.e., School Heads work to maximize the effectiveness of their faculty to meet the School and College goals related to teaching, research, and service. They do so by individualizing faculty assignments to meet the different responsibilities needed to fulfill the mission and goals of the unit, recognizing the talents, interests, and expertise of the faculty. Faculty with responsibilities in research can be promoted and/or tenured only with clear documentation of achievement in research/scholarship.

**E4.6. Select at least three of the following measures that are meaningful to the school and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1.**

Measures in Table E4.6 demonstrate success in research and scholarly activities for faculty in the public health degree programs. As described in E4.1, all tenured and tenure-track faculty members are expected to conduct rigorous, high-quality research and scholarship. PIFs who are instructors are not required to conduct research or engage in scholarship.

<b>Outcome Measure</b>	<b>Target</b>	<b>Year 1 2015-16</b>	<b>Year 2 2016-17</b>	<b>Year 3 2017-18</b>
Percent of <b>total tenure &amp; tenure track faculty</b> associated with the public health degree programs participating in research activities	100% of all tenured, tenured track faculty	100%	100%	100%
<b>*Total Research Funding</b> (total faculty associated with the public health degree programs)	5% increase/year	\$2,769,990	\$2,740,512	\$2,702,453
<b>Number of grant submissions</b> (total faculty associated with the public health degree programs)	5% increase/year	48	61	67

\*Sponsored grants and contracts dollars received during the Fiscal Year per OSU Office for Sponsored Research and Award Administration (OSRAA).

Of the 3 outcome measures described above, we met the targets of 2. The percent of tenure & tenure track faculty participating in research activities was 100% for all three years. In addition, the number of grant submissions increased by substantially more than 5% each year (26% from year 1 to year 2 and 9% from year 2 to year 3). The total research funding received by faculty associated with the public health degree programs did not increase 5% a year and, therefore, did not meet this target. Notably, however, during FY 18 the College overall did increase the total external research funding received. Faculty associated with all academic programs in the CPHHS brought in \$20,334,912 in sponsored awards, grants, and contracts, which was an increase of 34% from FY 17 and the largest amount ever for the College (9% higher than the previous record achieved in FY 16). We have implemented initiatives and activities to assist our faculty who are associated with the public health degree programs to be successful in securing more external funding and thereby meet the goal of increase research funding by 5% a year. In addition to the research infrastructure and supports that are highlighted in E.4.2, we are currently implementing the following three initiatives:

- **Building Collaborative Research Teams Initiative.** The goal of the Building Collaborative Research Teams Initiative is to establish and support self-identified, collaborative,

multidisciplinary working groups. Assistance is being provided to the teams in tackling complex, multi-faceted research problems, building team science among researchers, increasing capacity in targeted areas, and successfully submitting research applications including center/program proposals. These established teams were encouraged to participate in the large proposal grant writing/team building workshop held at OSU on March 15, 2019.

- **Baking New Research Ideas Forum.** The goal of the Baking New Research Ideas Forum is to maximize the success of CPHHS researchers by providing them with constructive feedback from other researchers as they transform good ideas into innovative research questions, design appropriate research strategies, and develop competitive grant applications. At each bi-monthly session, a member of the CPHHS community provides a short presentation and seeks feedback on an idea in development. The audience consists of interested partners who ask questions, brainstorm ideas, and provide helpful feedback. Community partners and additional faculty across OSU research community are also invited as appropriate to provide comprehensive and interdisciplinary input.
- **Ignite Research Colloquium.** During the current fiscal year (2018-19) 2 CPHHS Ignite Research Colloquiums were or will be held. The first one ***Building Community-Based Research Opportunities*** was held December 5, 2018 and OSU Extension and on-campus faculty in CPHHS participated. The second - ***Chronic Diseases: Prevention, Detection, Management, and Treatment*** to be held May 9, 2019 and will feature faculty within the Division of Health Sciences, consisting of the Linus Pauling Institute, College of Pharmacy, College of Veterinary Medicine and CPHHS. Each faculty member has 2 minutes to speak about his/her research passions and expertise to spark interdisciplinary conversations. The concise, rapid-fire presentations are designed to “ignite” the audience about research ideas, stimulate thought, and promote collaborations.

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**E4.7. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

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Not applicable.

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## **E5. Faculty Extramural Service**

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### **E5.1. Describe the school or program's definition and expectation regarding faculty extramural service**

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The expectation of faculty extramural service is consistent with the role of our faculty in meeting our mission as Oregon's sole land grant university. At OSU, faculty extramural service is generally defined as *professional service*, whereas participation in internal university committees is defined as *institutional service*. The University and the College recognize and define professional service as a broad array of services performed by faculty members that draws on their professional expertise and contributes to their fields and to external communities, whether local, state, national, or international. Faculty members' professional service reflects activities that are explicitly undertaken for the benefit of the greater society, *over and above* what is accomplished through instruction and research. This is consistent with CEPH's definition of faculty extramural service. This guidance sets forth the expectation that faculty engage the community through sharing professional knowledge and skills through collaboration, consultation, volunteering and other means of assistance. In our College, the extramural service of faculty members is meant to enhance public health broadly, and is evidenced by activities such as membership in community advisory committees and boards; board membership or leadership positions in professional societies; the provision of technical and other kinds of support to local public health departments, social service agencies, schools, and neighborhoods; analytic work for or testimony in legislative and judicial bodies or governmental agencies; guidance related to program announcements and requests of applications and the review of grant applications. Importantly, extramural service is neither remunerated nor motivated by financial concerns.

As described in E5.6 below, the University criteria for promotion includes service. The College stipulates faculty expectations for service in the "Guidelines for Faculty Assignments" (see RFE4-1a. Faculty Workload). This workload document states "All tenured and tenure-track faculty members are expected to provide an appropriate balance of institutional (School, College, University) and professional service. The recommended 'standard' resident faculty position within the College of Public Health and Human Sciences will include a .10 FTE for service." Levels of service are specified in both (1) position descriptions and (2) annual plans of work, and they are expected of tenured and tenure-track faculty and fixed-term full-time instructors alike. Tenured and tenure-track faculty are expected to perform both professional and institutional service with an appropriate balance between the 2. Fixed-term, full-time instructors (non-tenure track) are also expected to engage in service, but the expectations about types of service are more flexible.

Although not the focus of this criteria, it is noteworthy that outreach and engagement is a primary mission of the OSU Extension Services, which include the 2 major Extension programs housed in our College – Family and Community Health; and 4-H Youth Development – as well as other important outreach programs, such as Team Oregon, our state's motorcycle safety program. In fact, our College is the only CEPH-accredited degree granting institution that integrates the statewide Extension Service. These programs allow for community engagement and community-focused programming, research, and service. They reflect our deep and shared commitment to serving the people of Oregon and our culture of responsibility for improving the health and well-being of our state's residents. OSU has been recognized by the Carnegie Foundation with the receipt of the prestigious designation for Community Engagement for the University's abiding collaborations with the communities we serve.

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### **E5.2. Describe available university and school or program support for extramural service activities.**

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The University and our College actively promotes a culture of extramural service. We see these

commitments as a central means for demonstrating our core values and to fostering the ‘enabling’ goal of our strategic plan: to promote equity, inclusion, and social justice in all that we do and through all of our partnerships.

This service is rewarded and incentivized. This is reflected in the fact that the standard load of 10% effort (and therefore salary) of each faculty member is explicitly devoted to these activities. These activities are also central to annual evaluations, pay raises, and successful promotion and tenure. Illustrative examples of faculty service activities are described in E5.4. College policies and practices related to service are consistent with University expectations and are communicated to faculty. These include:

- The promotion and tenure process includes policies and practices that underscore a range of service activities, including service to the University, profession and the community (see A1.2.e.).
- Our College guidelines for faculty assignments ensure that each and every faculty member make significant contributions in the area of service (see A1.2.e. and A1.2.f.). The “standard” faculty position includes .10 FTE for service; in addition, on-campus, non-Extension faculty may have up to .20 FTE allocated to outreach and engagement for time-limited periods.
- All faculty position descriptions and all annual plans of work include explicit service responsibilities that are consistent with College and University expectations; a clearly designated percentage of FTE for service is included in these documents (see A1.2.e. and A1.2.f.).

### **E5.3. Describe and provide 3 to 5 examples of faculty extramural service and how faculty integrate service experiences into their instruction of students.**

As noted in E5.1, faculty in our College participate in a broad array of professional service activities including the specific examples described in the criteria (e.g., consulting with organizations on issues relevant to public health, providing testimony and technical support, serving as officers of professional associations, reviewing grant applications, and serving as members of community advisory boards and other groups). This section describes and provides 3 examples of faculty extramural service that illustrate how faculty integrate service experiences into their instruction of students.

Dr. Jeff Luck of the Health Management and Policy program serves on the State of Oregon's Public Health Advisory Board (PHAB) that advises the Oregon Health Authority (OHA). The PHAB advises the OHA on policy matters related to public health programs, provides a review of statewide public health issues, and participates in public health policy development. Two specific committees on which Dr. Luck serves the PHAB include the Metrics & Scoring Committee, which develops pay for performance measures for Coordinated Care Organizations, and the Hospital Performance Metrics Advisory Committee, which develops pay for performance measures for Oregon hospitals. Work on these 2 committees has informed the pioneering accountability metrics for the public health system to improve health outcomes in Oregon called the Public Health Accountability Metrics Baseline Report. These metrics emphasize Oregon’s population health priorities, help identify when goals are not being met, and identify where public health can work with other sectors to achieve shared goals. The 2018 baseline report provides an in-depth look at how Oregon's public health system is doing on meeting these goals. Work on these committees has allowed Dr. Luck to incorporate appropriate examples from population health data into case studies in his courses in the Health Management and Policy graduate program. These case studies include examples from his research that include performance-related measures of health care delivery systems and public health agencies, metrics focused on improving the quality of care as well as new health information systems in health care organizations.

Dr. Molly Kile of the Environmental and Occupational Health program was appointed by Governor Kate Brown in 2017 to serve the State of Oregon as an Environmental Quality Commissioner to oversee the Department of Environmental Quality. The Oregon Environmental Quality Commission is a 5-member panel appointed by the governor of Oregon for 4-year terms to serve as the Oregon Department of Environmental Quality's policy and rulemaking board. Dr. Kile uses her experience on this commission to inform her research and teaching activities in environmental, molecular epidemiology and global health. Dr. Kile is an expert in measuring human exposure to chemicals in the environment and how these exposures influence maternal and child health. Dr. Kile uses her experience to inform students in her courses of how scientific data are translated into environmental policies that affect the health of Oregonians.

Dr. Chunhui Chi, Director of the Center for Global Health, is an expert in national health care systems and health care services and system finance. His participation in many professional service roles benefit graduate students in our College. Dr. Chi serves as health advisor to health care organizations in U.S. and Taiwan to encourage single payor health care systems. Service to the Physicians for National Health Care (U.S. Oregon chapter) and the National Health Insurance Administration in Taiwan are 2 examples of many activities Dr. Chi engages in nationally and internationally to advocate for universal access to health care. He incorporates these experiences into his teaching and translates them into engagement of undergraduate and graduate students in local health care advocacy efforts, including leading town hall meetings to discuss current health care legislative proposals and workshops on this topic through his advisory role with Mid-Valley Healthcare Advocate, a local advocacy group.

#### **E5.4. Describe and provide 3 to 5 examples of student opportunities for involvement in faculty extramural service.**

This section describes and provides 3 examples of how faculty extramural service has created innovative and impactful student learning opportunities. These examples represent the diversity of settings we strive to provide for experiential learning through faculty extramural service.

Dr. Jeff Bethel of the Epidemiology program is funded by the Center for Foodborne Outbreak Management, Epidemiology, and Surveillance (FOMES). FOMES is a CDC-funded Integrated Food Safety Center of Excellence to provide food safety surveillance services in the Northwest. During the first 2 years of funding (2015-16 and 2016-17), he used funding to work with his students administering interviews to cases of select foodborne diseases in Oregon to identify relevant exposures in communities. During the period of this review, CDC funding was dramatically increased to include student interviewers, paid MPH interns at the Center (located in Portland), a coordinator position at OSU that Dr. Bethel supervises, and an expanded opportunity to develop a wide range of resources for the Center to distribute to the public.

Dr. Molly Kile of the Environmental and Occupational Health (EOH) program organized the 3rd Tribal Environmental Health Summit (June, 2018) to engage Native American students, researchers, and communities with university-based researchers and government stakeholders. EOH graduate students served as partners in planning and implementation of this meeting whose goal was to sustain long-term partnerships and projects with Native American communities. The graduate students were able to assist by showcasing their latest research on Tribal environmental health science, renew and solidify personal and professional networks, explore a variety of relevant career paths. This summit attracted over 130 people representing a variety of tribes, universities, and government agencies. Highlights of the meeting included the student poster reception in which 28 students participated, the rich discussions with tribal members and agency employees, and the potential for future collaborations.

Dr. Diana Rohlman, also an EOH faculty member, works with the Swinomish Indian Tribal Community, a federally recognized tribe in Western Washington. This work centers on recognizing the differences and similarities between traditional ecological knowledge and conventional science. Students working with Dr. Rohlman are required to read a list of required materials that are specific to how to work with Indigenous communities, and how to appropriately share data. This work with Indigenous communities informs the role that scientific ethics play in research, specifically the concept of environmental justice. Dr. Rohlman has designed an undergraduate class to discuss scientific ethics within the framework of cultural relativity. To aid discussion on these difficult topics, she uses Star Trek episodes that explore concepts such as informed consent, experimentation on marginalized populations, and use of unethically collected data. These episodes are then tied to real-life situations to better understand the importance of ethical research.

Dr. Marie Harvey, Associate Dean for Research and Distinguished Professor of Public Health, has served on Oregon Public Health Association's (OPHA) Board of Directors over the past 3 years. In that capacity, she serves as Chair of OPHA's Program Committee, which is charged with planning OPHA's Annual Conference and Meeting. This conference is the premier event for Oregon's public health professionals, showcasing the latest in public health research and trends, focused learning sessions, thought-provoking speakers, and plenty of networking opportunities. The conference is held on OSU's campus and is, therefore, very assessable to students in our College. Dr. Harvey's service role as Chair provides CPHHS students with opportunities to serve as volunteers and interns in the planning of the conference, as well as assisting with the conference itself. Many CPPHS graduate students participate in the conference's student poster session, a number of whom have won the OPHA "Outstanding Poster Award."

**E5.5. Select at least three of the following indicators that are meaningful to the school or program and relate to service. Describe the school or program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.**

As described in section E5.1 all tenured and tenure-track faculty members are required to provide an appropriate balance of institutional (School, College, University) and professional service. The recommended "standard" resident faculty position within the College of Public Health and Human Sciences will include a .10 FTE for service." Therefore, as noted in Table E5.5, 100% of the tenure & tenure track faculty associated with the public health degree programs participated in external service activities during the last 3 years.

Similarly, as described below in section E5.6, faculty service is an essential part of the promotion and tenure process and is an expectation for promotion for all ranks, as documented in the Faculty Handbook: Promotion and Tenure Guidelines (<http://oregonstate.edu/admin/aa/faculty-handbook-contents>). Accordingly, 100% of the tenure and tenure track faculty associated with the public health degree programs were promoted on the basis of satisfactory performance in service during the last 3 years.

As a land-grant university, Oregon State University has as part of its mission the conduct of locally/regionally meaningful education, research, and community outreach and engagement. OSU's deep collaboration with the communities it serves has earned it the Community Engagement designation by the Carnegie Foundation for the Advancement of Teaching. Achieving the land-grant mission requires that some faculty be excellent educators and practitioners who can also effectively translate research to application in or with communities. Guidelines for Professor of Practice Appointments and Promotion

were approved by the OSU Faculty Senate in April 2013. Faculty members with significant responsibility for non-traditional education or community outcomes are defined as professors of practice, and position titles include Assistant Professor of Practice, Associate Professor of Practice, and Professor of Practice. The practice-track classification is used for faculty members whose primary work assignments are in professionally related community education and service, although scholarship and university service are also expected. The majority of individuals in our College with the practice-track classification are faculty with Extension assignments. Over the last 3 years, the CPHHS has appointed 18 Professors of Practice.

<b>Table E5.5. Service Indicators</b>			
<b>Indicator</b>	<b>Year 1 2015-16</b>	<b>Year 2 2016-17</b>	<b>Year 3 2017-18</b>
Percent of total tenure & tenure track faculty associated with the public health degree programs participating in external service activities	100%	100%	100%
Percent of total tenure & tenure track faculty associated with the public health degree programs promoted on the basis of service	100%	100%	100%
Faculty appointed on a professional practice track	2	12	4

**E5.6. Describe the role of service in decisions about faculty advancement.**

The OSU Faculty Handbook (<http://oregonstate.edu/admin/aa/faculty-handbook-contents>) and the CPHHS document titled “Guidelines for Faculty Assignments” (<http://oregonstate.edu/admin/aa/faculty-handbook-promotion-and-tenure-guidelines>) each clearly stipulate the significant role of service as the responsibility of all faculty. Each component of faculty evaluations, including annual reviews and promotion and tenure processes, hold faculty accountable for this responsibility. Commensurate with these expectations are the rewards faculty receive for these contributions, consistent with specific expectations for these contributions in their position descriptions. Beyond the expectations set forth in the annual plans of work, faculty may participate in community service and other extramural activities... as long as such service does not unreasonably interfere with their institutional responsibilities.

Faculty service is an essential part of the promotion and tenure process and is an expectation for promotion for all ranks, as documented in the Faculty Handbook: Promotion and Tenure Guidelines (<http://oregonstate.edu/admin/aa/faculty-handbook-contents>). Candidates for promotion and tenure are evaluated for performance of assigned duties and for scholarship derived from that activity. According to the guidelines for promotion and tenure, the institution is “committed to educating, both on and off campus, the citizens of Oregon, the nation, and the international community, and to expanding and applying knowledge. The responsibilities of individual faculty in relation to these fundamental commitments vary and are specified in his or her individualized position description. The guidelines for service specify “Faculty service is essential to the University's success in serving its central missions, and is a responsibility of all faculty. Faculty will be held accountable for that responsibility, and rewarded for their contribution according to specific expectations laid out in their position descriptions.”

As noted earlier, faculty service is defined to include professional service to professional organizations and to the broader community. For promotion from Assistant to Associate Professor, 1 of the 3 criteria includes demonstrated effectiveness in service, and another is “appropriate balance of institutional and professional service.” For promotion to the rank of Professor, 1 of the 3 criteria includes distinction in service, and another criterion is “exemplary institutional and professional service, and an appropriate balance between the 2.” Instructions provided to all external and internal reviewers emphasize the individual position description as the standard to which the dossier is to be compared. Consequently, the emphasis placed on performance in service reflects the effort (FTE) devoted to these activities.

Judgments as to whether or not to grant promotion or tenure are made in light of the position description.

Transparency in reporting all scholarly efforts by faculty is ensured, in part, through a standard documentation tool called Digital Measures (DM). All tenured/tenure track faculty and full-time instructors in the program are evaluated by the School Heads using the reports generated using DM. The report generated from DM is titled “Annual Summary of Academic and Professional Activities” and is used for the Periodic Review of Faculty (referred to informally as the “PROF” document) required by the OSU Faculty Handbook and related College policies.

Faculty members are evaluated during annual reviews in each area of responsibility delineated in their position description (teaching and advising, research, service and, if applicable, outreach and administration) and rated in each domain according to 4 levels of performance: Extraordinary, Strong and Positive, Satisfactory, or Unsatisfactory. Service is 1 of 3 core areas (along with research/scholarship and teaching/advising) on which faculty are reviewed for promotion and tenure, so the service activities of faculty are thoroughly tracked and evaluated.

#### **E5.7. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Given that service is a required component of each faculty member’s appointment, extramural service by faculty at OSU is successfully rendered in many contexts. This narrative supports the consistency with which the University and College set high expectations for service that advances public health in communities.

**Strengths:** We have policies and procedures at the University and College level that encourage, evaluate, and reward extramural service as an integral part of all faculty plans of work and promotion processes.

**Weaknesses:** While faculty salary coverage exists for service roles and clear guidance service expectations is provided, we could highlight a dearth of community-based resources for faculty community engagement and few available resources to encourage/ incentivize faculty development in community-based or other service opportunities.

**Plans:**

1. We will continue to encourage extramural service to the profession, the community and public in faculty position descriptions and evaluate this service consistent with University and College guidance.
2. We will continue to enhance the recognition of the extramural service contributions of faculty in periodic reviews of faculty and nominations for faculty awards.
3. We will continue to progress with the integration of Extension and campus faculty to become more effective in extramural service delivery to communities and families by documenting this integrative work for promotion and recognition.
4. We plan to enhance utilization of our Community Advisory Council to gather stakeholder input into service activities.



## F1. Community Involvement in School or Program Evaluation and Assessment

### F1.1. Describe any formal structures for constituent input (e.g., community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.

**Community Advisory Council.** The CPHHS regularly and formally engages with community stakeholders through its Community Advisory Council (CAC). The Council is deliberately constituted to include voices representing State and County Governments, Diversity, Global Health, University, Business/Industry and Non-profit Government Organizations (NGOs). See Table F1.1 for names, titles, affiliations and terms of CAC members.

<b>Name</b>	<b>Title and Affiliation</b>	<b>Term</b>
Ken Provencher (Chair)	President and Chief Executive Officer of PacificSource Health Plans	2016- present
Thomas Aschenbrener	Retired, President/CEO of Northwest Health Foundation and Impact Philanthropy for Progressive Thinkers	2014- present
Mitchell Brinks	President, Open Eyes International	2016- present
Nate Dawson	Program Administrator, Pediatric Cardiac Surgery, Department of Pediatrics	2016- present
Sarah Foster	Program Manager, Oregon Healthiest State, Oregon Business Council	2017- present
Katrina Hedberg	State Epidemiologist and State Health Officer, Oregon Public Health Division	2016- present
Candice Jimenez	Research Coordinator, N.W. Portland Area Indian Health Board	2017- present
Kelley Kaiser	CEO, Samaritan Health Plans, Inc. and Vice President of Samaritan Health Services	2016- present
Phyllis Lee	Retired, Administrator and Faculty Member OSU; Administrator: Director of Multicultural Affairs	2016- present
Linda Modrell	Retired, Benton County Commissioner	2016- present
Larry Rodgers	Dean, College of Liberal Arts	2016- present
Sara Rothschild	Advocate, Global Health, Community and Mental/Behavior Health Advocate	2016- present
Sheree Smith	Public Health Director, Morrow County	2017- present
Lori Sobelson	Director of Corporate Outreach, Bob's Red Mill	2015- present
Troy Soenen	Director of Community Health Development, Greater Oregon Behavioral Health Inc.	2015- present

The CAC has determined its own purpose statement, membership criteria, and portfolio of key information for rapid updates of College developments. It is currently chaired by an industry representative, has direct access to the CPHHS Dean, and is staffed by senior administration faculty (Allison Myers, Director, Center for Health Innovation) from the Dean's office. The Council meets quarterly with a work plan drafted annually. The CAC's overall purpose is to:

- support the College leadership in establishing vision and strategic directions;

- bring the perspectives of industry, government, and communities to the College’s planning, implementation, and evaluation of its teaching, research, outreach, and service activities;
- have members serve as ambassadors of the CPHHS; and
- support the continuing accreditation of the College.

**County Public Health Departments.** In 2016/17, the CPHHS began establishing closer and more formalized relationships with county public health departments. In collaboration with the Oregon Coalition of Local Health Officers (CLHO), we have extended courtesy faculty appointments to county public health officers. To date, 15 of the 36 county officers have applied for faculty appointments. We are also developing a limited number of more intensively engaged Academic Health Department (AHD) partnerships. Through these planning efforts and in the form of a Partnership Charter, we map out areas of shared interests and review mutually desirable outcomes. Internships and deeper faculty engagement with county staff are regular elements of these AHD partnerships.

**Extension Citizen Advisory Networks (ECAN).** Many of the University’s 36 county Extension offices across the state have established ECAN modeled after the state’s ECAN membership. Their purpose is to provide a network of geographically diverse, multi-dimensional volunteers who are willing to advocate and coordinate local advocacy as well as provide and coordinate local advice and counsel. Membership is designed to represent different geographic parts of the county/state, different Extension program areas, and county commissioners.

**F1.2. Describe how the school or program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.**

**Community Advisory Council (CAC).** A 4-hour work meeting was devoted exclusively to curriculum review at all levels of the College. On a regular basis, CAC members meet and discuss issues that pertain to student success.

**County Public Health Departments.** The meetings with our Academic Health Department (AHD) partnerships with Clackamas, and the regional AHD with Benton, Lane, Linn and Lincoln counties include discussion on curricula and internships that prepare the next generation of public health professionals for the workplace. In response to these discussions, a pilot was conducted Fall 2018 of an Applied Epidemiology Internship program with Benton County that builds stronger relationships between field supervisors and academic mentors.

**Extension Citizen Advisory Networks (ECAN).** Local ECAN advisory groups are asked annually to provide assessment on the direction of curricular programming to address current practice and future directions.

**F1.3. Describe how the program’s external partners contribute to the ongoing operations of the school or program. Include community engagement in the following: a) Development of the vision, mission, values, goals and objectives, b) Development of the self-study document, c) Assessment of changing practice and research needs, and d) Assessment of program graduates to perform competencies in an employment setting.**

The Community Advisory Council (CAC) was highly engaged with the strategic planning for the CPHHS, contributing to development of vision, mission, values, goals, and objectives. There was an opportunity for the CAC to provide input after reviewing a pre-publication copy of the revised vision, mission, and values. The CAC contributed to the development of the goals and objectives that are the

crux of the CPHHS Strategic Plan by reviewing, discussing, and providing feedback on multiple occasions throughout the strategic planning process. Specifically, the CAC had dedicated time to the plan in 2 of its quarterly meetings (2/17; 5/17) as well as a 4-hour meeting dedicated solely to the plan in July 2017, and received regular updates (10/17; 2/18; 4/18). Strategic planning for the College was facilitated by the Napa Group, a consulting firm in California. Planning for this year-long process was initiated during the first 6 months of Dean Nieto's arrival at the CPHHS, and closely involved the CAC as well as a Stakeholder Group developed for this purpose. Two members of the CAC served as liaisons to the Stakeholder Group. Other members of the Stakeholder Group included external organizations (global health, health care industry with strong interests in population health), state and county public health representatives, senior university leadership and foundation members, senior leadership from other colleges and research centers, and PHHS faculty and staff at varying levels of seniority. The CAC also had the opportunity to contribute to the development of the self-study document. A copy of the draft report was sent to each member of the CAC for review. In addition, each member of the CAC received an invitation to provide any comments or suggested revisions to the draft report when the content was being finalized.

The assessment of changing practice and research needs has been a fundamental part of the conversations with our Academic Health Department (AHD) partnerships. The College formed its first AHD partnership with a single county public health department (CPHD), and its second AHD partnership with a group of 4 CPHDs. In both cases, the original plans called for quarterly meetings, however, these have been suspended while each AHD works on its Oregon Public Health Modernization grant project. The AHD with the Clackamas County Public Health department has outlined how this partnership and ongoing work together can influence changing practice and research needs. It has the potential to also assess competencies program graduates need in an employment setting. Furthermore, in a 2018 survey completed by employers of our graduates we specifically asked respondents their assessment of the changing practice and research needs in public health. This is the first year the employer survey was conducted. Plans are to conduct this survey again in 2 years (summer 2020). Of the 22 employers still in their positions, as noted by a valid email, we had 5 (22%) respond to our survey. Employers responded to the question: What is your assessment of the changing practice and research needs in public health? Some of the responses were:

- *Understanding that the vast majority of data regarding performance in health care delivery are descriptive statistics, knowing how to plan and execute extract/transform/load processes to convert big data into useful data sets for descriptive analysis and (HEDIS) metric calculations*
- *Most faculty appear to have little or no understanding/experience with the actual work that graduates will be assigned to do when hired by a public health department (the actual work that a department is required to do). Improve understanding of where PH funding comes from or is used for*
- *Improved understanding of where program service mandates come from and are applied*
- *Improved understanding of foundational programs/mandates that every PH department must deal with regardless of whether local, tribal, state or federal such as accreditation, Modernization (21st century PH/PH 3.0), PH emergency preparedness*

The employer survey also provided an assessment of program graduates to perform competencies in an employment setting. Employers were asked: What are the greatest strengths of our public health graduates? In general, employers were very positive about the competencies of our public health graduates:

- *Critical thinking, presentation of data, public speaking skills, organizational management*
- *Poise. Presentation. Knowledge. Courtesy*

- *Good working knowledge of social determinants*
- *Good working knowledge of evidence-informed practice principles*
- *Good working knowledge of PH ethical principles*
- *Good working knowledge of PH data collection and analysis*
- *Good working knowledge of program evaluation*

Employers were asked: What are areas of weakness or challenge for our public health graduates?

The 2 key areas where students are challenged are in knowledge of data tools and communicating public health information to the general public.

- *Inexperience with basic data tools in the Microsoft Suite: Access, Excel, Excel PowerPivot and Power Query, SQL and SQL developer.*
- *Unfamiliarity/lack of experience in communicating PH information to the lay-community. They are experts in writing/presenting/communicating for peer-reviewed publication, but have inadequate knowledge/training/experience in communicating effectively in language and terms that are understandable and compelling for the general public who are the ONLY people that health departments communicate with. (A vaccine-hesitant mother with an accounting job, or a county commissioner who operates a car dealership, or a convenience store owner who gets most of their revenue from tobacco and alcohol).*
- *Knowledge of the structure and operation of the Oregon PH system since HB 3100 (2015).*
- *Knowledge of National Public Health Accreditation*
- *Knowledge of Public Health Emergency Preparedness and the National Incident Command System*

In addition, we have assessed alumni about their preparedness in applying public health competences. Specifically, alumni responded to the prompt: To what degree do you feel capable applying these public health competences? Overall ratings were quite high with 2 exceptions (see Table B4). At least 80% of alumni reported they were able to apply the public health competencies. However, MPH alumni reported that they were least prepared to integrate understanding of the interrelationships among the organization, delivery, and financing of health-related services; and to select and employ appropriate methods of design, analysis, and synthesis to address population-based health problems. Moving forward under the new Director of Assessment and Accreditation, revision of survey questions to address employment preparedness is a priority.

**F1.4. Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in F1.3.**

Documentation is provided in resource file RFF1-4 of external contributions in at least two of the areas noted in F1.3. Specifically, CAC May 2018 minutes that speak to the involvement of external partners in the strategic planning of the College, the 2017 Report and Summary of Engagement Activities prepared by the Napa Group that outlines the involvement of stakeholders such as the CAC in developing the CPHHS Strategic Plan, and the May 2017 Partnership Charter between the CPHHS and Clackamas County Public Health Department.

**F1.5. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** The College has established formal structures for the input of external constituents, bringing voice to community stakeholders. These stakeholders have been engaged in strategic planning and program direction. The Academic Health Department agreements are providing immediate collaborations with practicing public health professionals. The network of courtesy faculty appointments around the state is expanding our portfolio for guest lectures, internships sites, and community engaged research.

**Weaknesses:** The engagement of external constituents in review of public health curricula and their relevance to current practice and future directions has not been done on a regular interval or in a formal manner.

**Plans:** Establish a routine for regular assessment of the content and value of public health curricula and their relevance to current practice and future directions.

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## **F2. Student Involvement in Community and Professional Service**

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### **F2.1. Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.**

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Both undergraduate and graduate students are introduced to service, community engagement, and professional development opportunities in discussions with academic advisors, required coursework, in relationships with faculty, and in elective opportunities outside of the classroom (such as student clubs). Academic advisors meet with undergraduate students regularly and inquire into their engagement with co-curricular activities. During these meetings, advisors share resources for becoming involved, showing undergraduate students how to navigate to the College's website that displays student clubs and organizations. Additionally, advisors may direct undergraduate students to OSU's civic engagement database that lists opportunities for students to engage in education, direct service, and advocacy in the greater Corvallis community. Advisors also encourage undergraduate students to pursue education abroad activities by discussing coursework that could be completed while abroad as well as directing them to meet with OSU Global Opportunities Ambassadors to further explore their options. Major advisors of graduate students alert their advisees to relevant opportunities for service, community engagement, and professional development, and often structure professional development experiences for their students such as mock interviews to better prepare advisees who are applying for employment positions.

In addition, the Office of Student Success has hired a Director of Student Engagement who is responsible for student-oriented programs offered to both undergraduate and graduate students in the College. One specific program, CATALYST, includes a mentorship program that matches students with professionals in the field and provides opportunities for professional development. The Director also advertises opportunities offered to students in the College and across campus such as LeaderShape, which is an all-expenses paid retreat at the Oregon coast that focuses on inclusive and equitable leadership, envisioning the change students would like to see in the world, and starting to create an action plan for how to make that change occur.

Coursework in community engagement is required for both undergraduates and graduates in our public health disciplines. In our Public Health undergraduate programs, students complete a 360-hour internship in a public health setting such as a government agency, nonprofit community organization, clinic, or hospital. Students enroll in a pre-internship course (H 407) to prepare professionally for identifying and completing their internships and to practice skills such as verbal and written communication.

At the MPH level, students complete a 200-hour professional internship (H 510) where knowledge from coursework is applied in a real-world setting. Our MPH is an applied degree and therefore the required courses provide students with the education, skills, and connections to the community needed to find and complete their internships. In addition, several required public health graduate courses involve a component of service learning or community engagement to meet the course learning objectives.

At the doctoral level, many students enroll in the above-mentioned MPH courses that provide experiential learning and professional development opportunities. Our College requires a seminar exclusively for doctoral students in public health disciplines (H 612) that provides them with professional development skills including time management, ethical conduct, conflict resolution, understanding the grant and publication process, and getting the most out of a conference.

Mentorship from faculty in public health disciplines provides additional informal exposure to community and professional service for all students. Faculty engage students in presenting research at professional

conferences and/or to policy makers, providing guidance on the publication process, and actively involving students in community-based research.

Optional experiential learning includes participation in clubs, organizations, and study abroad opportunities. The College supports student-led clubs and faculty-led student chapters of national organizations. Clubs and organizations can be profession specific (see clubs referenced in section A3.1. Student participation in policy and decision making). These clubs and organizations allow for interaction with students and faculty across disciplines; mentorship between undergraduate and graduate students; outreach to local and state communities; development of job skills; and networking within the profession for career advice, internships, and job prospects. There are several faculty-led opportunities for experiential learning abroad in locations such as Botswana, Dominican Republic, England, Ethiopia, India, London, and Taiwan. Students learn about these opportunities through discussions with academic advisors, printed materials (e.g., brochures at the Office of Student Success, flyers posted on community boards, digital signage), emails sent to student listservs, informational sessions, and in-class presentations.

**F2.2. Provide examples of professional and community service opportunities in which public health students have participated in the last three years.**

Students in public health disciplines at undergraduate and graduate levels conduct site visits as part of their coursework at locations such as the Good Samaritan Health System and the Oregon Health Authority. One example of students involved in community-based research includes working closely with the OSU Extension Service and community researchers on a marine worker safety project.

Examples are listed below for professional development and community service opportunities in various options within our MPH degree.

**Biostatistics.** A statistical consulting experiential learning practicum is offered through the Statistics Department at OSU and is completed by most MPH students in Biostatistics.

**Environmental and Occupational Health.** Students enrolled in Exposure Science II (H 546) partner with the community to measure either air samples, ground and surface water microbes, noise levels, or whole-body vibrations. Students in H 540 Water and Human Health take field trips to wastewater treatment plants and water treatment plants each spring. Field trips arranged for students in this major include the Boeing 777 plant in Everett, Washington where students observe the management strategy and structure of the ESH function, including ESH technical and ergonomics practices on the shop floor. Students visit the Oregon Occupational Safety and Health Administration Industrial Hygiene Lab to learn more about the instrumentation for analyzing samples and meet the chemists and industrial hygienists. Students also visit ATI Specialty Alloys & Components in Albany where they meet with industrial hygienists who demonstrate industrial hygiene sampling equipment used in environment, safety and health programs.

**Epidemiology.** Disaster Epidemiology (H 552) includes a course project in which students identify a random sample of Corvallis households, administer a door-to-door survey assessing household preparedness, and analyze as well as write a report. In H 563 Physical Activity Epidemiology, students measure the walkability of a sidewalk, and do a direct observation where they go in teams to the turf fields by Dixon Recreation Center at OSU and record what people are doing every 30 seconds.

**Global Health.** Students in Research Methods in Global Health (H 516) explore issues of health equity while practicing interviewing and analysis techniques during their interviews with community stakeholders.

**Health Management and Policy.** Students conduct a marketing analysis and develop a marketing plan for a community partner as part of Strategic Management of Healthcare Organizations (H 556). The H 559 Contracts and Negotiations course requires MPH students to interact with industry/policy leaders through site visits and interviews. Site visits include Lebanon Veterans Administration Facility, Good Samaritan Health System, Lebanon Hospital, Oregon Health Authority, and the Oregon State Legislature. In H 685 Race, Class, Culture, and Aging, students have the opportunity to interview racial/ethnic minority adults age 60 and older about their experiences growing older and experiences of discrimination and prejudice throughout their lives.

**Health Promotion and Health Behavior.** Students enrolled in Evaluation of Health Promotion and Education Programs (H 575) meet with a community stakeholder throughout the term and develop an evaluation plan for an existing community or government program to match the needs of their population and funder. In H 572 Community Organization for Health Promotion and Education, students engage in service learning by observing coalition meetings and participating in large community events. Students must attend 1 publicly-open coalition meeting and prepare a report, and participate and assist with one community event as part of a student team. Examples of community events include Linn County Community Health Summit, and Heart to Heart fair that is a homeless services outreach event.

Across multiple disciplines, undergraduate and graduate students engage in community outreach events including the following examples.

**CupidCrew.** CPHHS faculty and about 30 students, many studying public health, visited the Oregon Veterans Home on Valentine's Day 2019 and gave away roses and talked with veterans. This collaborative visit, part of the nationwide [CupidCrew](#) event that included more than 300 cities, was also supported by Vital Life Foundation, Marquis Companies, Wish of a Lifetime and OSU's Center for Civic Engagement. A video of the event can be found at <https://youtu.be/YhCtwVf-KIE>

**Youth Voices in Action.** Undergraduate and graduate students in public health participate during spring break in the Oregon 4-H Outreach Leadership Institute – Youth Voices in Action Conference for 8th-12th graders from underserved communities. The conference focuses on providing youth with real-world opportunities to develop their leadership and critical thinking skills, as well as learn about civic engagement. In addition, youth are put into groups, referred to as Action Teams, to work together to solve a challenge given to them by various state agencies and organizations. Representatives from PHHS (typically a team of 4-5 faculty and students) create a different challenge each year and attend the last day of the conference in Salem to hear presentations from the Action Teams and ask follow-up questions, share details about life as a college student in PHHS, and interact with the conference participants over lunch.

**Get Outdoors Day.** Undergraduate and graduate students in public health (about 20 per year) volunteer at our county's Get Outdoors Day (GO Day). GO Day is sponsored by OSU College of Forestry, Benton & Linn County Extension and the Benton County Health Department. The emphasis is on natural sciences, resource management, outdoor recreation/activities, and nutrition. Public health students organize one of the booths at the event to deliver activities including ideas on how to exercise in the environment without equipment, and ideas on using the natural environment (for instance, leaf coloring, yoga in the park, obstacle courses). Graduate students also volunteer to assist with evaluation in terms of creating interactive boards for data collection, adapting and translating surveys, and actually conducting surveys with participants.

**OPHA Advocacy Day.** Students in the undergraduate public health club participated in the Oregon Public Health Association’s Advocacy Day at the Oregon State Capital. Students met with professionals and legislators to discuss policies related to public health such as public health modernization, translation requirements on prescription labels, and gun safety measures. Please read more at <http://synergies.oregonstate.edu/2019/future-policy-change-makers/>

Students also gain valuable professional development and community service opportunities through their association with societies and organizations such as those described below.

**OSU’s American Society for Safety Engineers (ASSE) Student Chapter.** This society provides students an opportunity to learn more about their chosen areas of study, and promotes interaction between students and safety professionals including attending the ASSE Columbia-Willamette Chapter.

**Oregon Society for Healthcare Engineering (OSHE).** The OSHE is a statewide association of professionals from hospitals, health facilities, and systems engineering, as well as other related disciplines. Healthcare engineering is defined as both the art and science of efficiently planning, managing and maintaining the physical environment, equipment and systems necessary to provide health care. OSU students participate in the annual meeting and network with attendees.

**American College of Health Care Administrators** is the membership organization providing professional leadership and development opportunities for post-acute and aging services health care leaders. Students participate in their annual fundraising events and join networking events with their members.

### **F2.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** A range of formal and informal opportunities is available for undergraduate and graduate students. MPH options require a community or professional service component in their coursework to provide tailored option-specific experiential learning. A new position was created for Director of Student Engagement.

**Weaknesses:** Not as many students involved in global opportunities. Not as many students involved with clubs and organizations.

**Plans:** Engage more students in global opportunities with strategies such as offering a greater number of experiences and more versatility in the coursework requirements that could be met with the experiences. Increase student involvement with clubs and organizations with strategies such as reaching out to graduate students and integrating activities for undergraduate and graduate students.

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### **F3. Assessment of the Community's Professional Development Needs**

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#### **F3.1. Describe the school or program's professional community of interest and the rationale for this choice.**

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We define our professional community of interest as the state of Oregon. Our rationale for this choice involves OSU's designation as Oregon's land grant university, and related mission to provide Extension services in every county of the state. Two of OSU's Extension programs (Family and Community Health and Youth Development 4-H) are part of our College. Faculty in these Extension programs collaborate with colleagues in other CPHHS programs to translate and adapt research findings to supports the health and development of communities, families, and youth.

#### **F3.2. Describe how the school or program periodically assesses the professional development needs of its priority community, and provide summary results of these assessments. Describe how often assessment occurs.**

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The College periodically assesses the professional development needs of individuals currently serving public health functions in Oregon through a variety of means, including reviewing documents from a national, regional, and state perspective.

For a national perspective, we reviewed documents and considered recommendations from several sources, including the following: The Public Health Workforce Summit - Modernizing the Workforce for the Public's Health: Shifting the Balance (2013); The National Public Health Workforce Strategic Roadmap (2013); and The Public Health Workforce Interests and Needs Survey (2014). All 3 of these sources made recommendations related to expanding/improving career pathways for public health or recruiting professionals into the field. Copies of these documents are provided in the electronic resource file RFF3-2a.

At the regional level, the Northwest Center for Public Health Practice (NWCPHP), our state's Health Resources and Services Administration (HRSA)-funded Regional Public Health Training Center, conducts a workforce development needs assessment of the public health practice community every 3 years. They produce a report of their findings for the 6-state (Alaska, Idaho, Montana, Oregon, Washington, and Wyoming) region, and share with us the Oregon-specific information as well. Both the 2013 and 2016 reports informed our work during this self-study's reporting period. Full documentation of the findings from these reports is provided in the electronic resource file RFF3-2b.

Following the publication of NWCPHP's 2013 report, the College participated in the Oregon Public Health Workforce Development Work Group. Its members reviewed the 2013 report specific to Oregon, identified existing training opportunities in Oregon, and created the following ranked list of training needs for Oregon: analytic assessment (tied for 1<sup>st</sup>), cultural competency (tied for 1<sup>st</sup>), leadership (3<sup>rd</sup>), communication (4<sup>th</sup>), and systems thinking (5<sup>th</sup>). For those moving into managerial roles, they also identified financial planning and management as training needs.

The following bullets outline the key findings of NWCPHP's 2016 report.

- For Oregon, across all 3 tiers of employees, 2 opportunities for training were identified: leadership and systems thinking, and program planning. Region-wide, 4 opportunities for training were identified: leadership and systems thinking, policy development, analytics and assessment, and program planning.
- For Oregon, across all 3 tiers of employees, 4 cross-cutting skill-building needs were identified: grant writing, conflict management, negotiation skills, and stress management. Region-wide, 3

such needs were identified: negotiation skills, conflict management, and stress management.

- Region-wide, competencies in which respondents were least confident differed among tiers as follows: developing logic models (front-line staff), succession planning (program managers), and conducting health-impact assessments and environmental policy (senior leaders).

At the state level, for our Community Health Worker (CHW) Training Program, we collaborated with Eastern Oregon Coordinated Care Organization (EOCCO), an Accountable Care Organization covering 12 rural and frontier counties, to conduct the first of 2 planned online surveys of CHW employers. The purpose of the first survey was to inform the development of our online continuing education courses. The results of this survey revealed employers' top CHW workforce development needs that were ranked as follows: chronic disease management (1st), poverty/health disparities (2nd), leadership (3rd), and mental/behavioral health (4th). Full documentation of the findings from this survey is provided in the electronic resource file RFF3-2c. The purpose of the second survey will be to inform the development of our CHW Leadership Certificate training.

### **F3.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** We meet this criterion in that we periodically assess the professional development needs of individuals currently serving public health functions in our self-defined priority community of Oregon. We consider it a strength that we do so using a variety of means and at multiple levels. Key to our success in this area is our strong, collaborative relationships with external partners that we continue to develop and expand.

**Weaknesses:** A weakness is the lack of a system for sharing information about the professional development needs of individuals and organizations more broadly and routinely in the College.

**Plans:** We plan to develop and implement a system for sharing information about the professional development needs of individuals and organizations more broadly and routinely in the College. We estimate that the system for sharing information about the professional development needs more broadly and routinely will be developed by December 31, 2019. The College recently completed development of our 2019-2023 Strategic Plan and the Implementation Plan that corresponds to it. The latter includes the development of a "liaison" position for each program in the college. The function of the program liaison will be to develop and maintain relationships with multiple, varied, and key external partners to, among other things, learn from their perspective about the current and projected future professional development needs of the workforce that we are preparing our students to join. The College is in the process of creating an accountability matrix for monitoring the activities of the Implementation Plan and it will include timeframes for completing assigned work. We anticipate the accountability matrix will be finalized by June 30, 2019.

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**F4. Delivery of Professional Development Opportunities for the Workforce**

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**F4.1. Describe the school or program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.**

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Our College offers a wide range of professional development opportunities for the public health professional. Historically, our process for developing and implementing these has varied, depending on the creator(s) of the opportunity: individual, program, school, research center, or degree program. This decentralized approach in which these entities have autonomy to produce professional development opportunities will continue. Additionally, in 2016 we hired a Manager of Workforce Development whose duties include maintaining a portfolio of the College's professional development offerings, obtaining/reviewing assessments of professional development needs, and building relationships with external partners around addressing those needs. Several examples of building relationships are included.

- Serving on the Northwest Center for Public Health Practice's regional network steering committee.
- Facilitating public health workforce development meetings involving representatives from 4 of our Oregon-based partner organizations including Oregon Health Authority, Coalition of Local Health Officials, Northwest Portland Area Indian Health Board, and Oregon Health and Science University/Portland State University School of Public Health.
- Developing Academic Health Department partnerships with county public health agencies to address an array of activities that include workforce development.
- Collaborating with Clackamas Community College to create a public health career pathway for students to help expand the public health workforce pipeline.
- Serving on Eastern Oregon Coordinated Care Organization (EOCCO)'s Community Health Worker Learning Collaborative faculty panel.

To ensure activities align with needs identified in Criterion F3, we convened a steering committee in 2016 to review key findings of needs assessments and determine priority actions.

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**F4.2. Provide two or three examples of education/training activities offered by the school in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e. individuals who are not faculty or students at the institution that houses the school or program).**

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What follows are two examples of the education/training activities that the CPHHS offered in response to community-identified needs.

**Graduate Certificate in Public Health**

In response to a request from public health leaders in Oregon, the CPHHS created a Graduate Certificate in Public Health (GCPH) Program that began September 2012. This online program currently consists of 20 graduate course credits designed for those seeking professional development/continuing education within the field of public health. The curriculum focuses on the 5 key domains of public health, as delivered through the traditional MPH core courses: biostatistics, environmental and occupational health, epidemiology, health management and policy, and health promotion and health behavior. Additionally, GCPH students selected 1 of 2 elective courses in 1) health policy analysis or 2) healthcare organizational theory and behavior. The GCPH curriculum was designed to align with the MPH core curriculum, providing GCPH graduates with the opportunity to use their credits toward an MPH (if they were admitted to our or another MPH program). This curriculum also addresses several of the public health workforce development needs identified in Criterion F3, including systems thinking, analytic assessment,

and policy development.

We recently updated the GCPH curriculum to (1) align with the new integrated core curriculum of the MPH, (2) provide more options for elective courses so that GCPH participants can select the courses that best match their interests and professional needs, and (3) reduce the minimum number of required credits to 18. The new GCPH curriculum, presented in RFF4-2, also aligns with needs in Criterion F3. We have not sought formal feedback from GCPH students or external stakeholders about the curriculum. In revising the curriculum, however, we considered informal feedback from GCPH students and applicants. First, we regularly hear from many GCPH prospective students and applicants that they want to obtain an MPH and wish to use the GCPH as a step towards that professional goal. Second, as the new integrated MPH core curriculum was rolled out, we heard concerns and questions from some GCPH students (including a subset that subsequently matriculated to the MPH) regarding how the GCPH courses would be counted in the new MPH curriculum. After the new integrated MPH core curriculum was implemented, and before the GCPH curriculum was revised, only 2 or 3 GCPH courses would be applicable to the MPH curriculum, depending on the MPH option. Third, we allowed for a transition period after the new MPH core curriculum was implemented during which GCPH students could use their GCPH coursework toward the MPH, if admitted to the MPH program; we heard frustration that this transition was of limited duration because some GCPH students/graduates were not yet ready to apply to the MPH program. Finally, while some GCPH students complete the certificate over a long period of time, one class at a time, other GCPH students are eager to complete the certificate over a shorter period of time and wish that more courses are offered per term and with greater frequency. For these reasons, we revised the GCPH curriculum to require the new integrated MPH core courses (offered online in two 6-credit courses, HHS 513 and HHS 514; 12 quarter-credits total), replacing the former, traditional MPH core courses (17 quarter-credits total) that were previously required for the MPH. This revision will serve those professionals who wish to continue into an MPH program and want to transfer GCPH credits to be used toward an MPH. By providing more options for elective credits in the GCPH, we have given students greater flexibility in completing the certificate requirements. Reducing the total number of credits from 20 to 18, which meets the university's minimum credit requirements for a certificate, also has the potential to give students more flexibility, in addition to potentially increasing the attractiveness of the GCPH for working professionals. These changes to the GCPH curriculum have been fully approved by the University and are effective Summer 2019.

Students can take up to 7 years to complete the certificate. The number of participants enrolled during academic year 2015/16 was 39, the number in academic year 2016/17 was 33, and the number in academic year 2017/18 was 28. We cannot estimate the number of GCPH students who were external participants for the following reasons. First, recent changes in the Graduate School data system do not allow us to review GCPH students' applications to determine if they were faculty or students at the time they applied to the program. Second, GCPH participants may enter other academic programs or initiate employment at OSU after starting the GCPH. Particularly given that they can complete the certificate over 7 years, the academic and employment status of GCPH students may change throughout the time they complete the certificate. Going forward, we will be able to report the number of GCPH students who were external participants at the time they applied to the GCPH program. The GCPH program contributes to a career pathway for public health that relates to a key national workforce development need identified in Criterion F3.

### **Community Health Worker Training Program**

In response to a request from the Eastern Oregon Coordinated Care Organization, the CPHHS created a Community Health Worker (CHW) Training Program, offering 3 types of training.

- Our CHW Entry-Level Course provides 85 hours of online-and-onsite training. The Oregon Health Authority (OHA) has approved this course, allowing students who complete and pass it to apply to OHA to become Certified CHWs in Oregon. The curriculum addresses several of the

public health workforce development needs identified in Criterion F3, including cultural competency, communication, conflict management and stress management. Since April 2016, the number of external participants served is 87.

- Our CHW Continuing-Education Courses are offered online. The content of each course addresses workforce development needs identified in Criterion F3, as reflected in the course titles: Management of Chronic Health Conditions, Poverty and Related Social Determinants of Health, and Mental and Behavioral Health. Since Fall 2017, the number of external participants served is 18 (9 completed and 9 enrolled as of Spring 2018).
- Our CHW Leadership Certificate Program is currently in development with an anticipated start date of Fall 2019. It will address several of the workforce development needs identified in Criterion 3, with particular emphasis on leadership development.

The CHW Training Program contributes to a career pathway for public health that relates to a key national workforce development need identified in Criterion 3.

#### **F4.3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** We meet this criterion in that we advance public health by addressing professional development needs of the current public health workforce based on assessment activities described in Criterion F3. Particular strengths in this area include the expertise of our faculty who design and deliver professional development programming, as well as the collaborative relationships with external partners.

**Weaknesses:** We lack explicit guidelines for deciding which workforce development activities to pursue. We are not able to report the number of external participants in the GCPH program.

**Plans:** We plan to develop and follow a more formal process for considering the professional development needs of individuals and organizations, and deciding how best to participate in responding to those needs. We estimate that the system for developing and following a more formal process for considering professional development needs and how best to participate in responding to those needs will be developed by June 30, 2020. As noted above, going forward, we will collect and be able to report the number of GCPH students who were external participants at the time they applied to the GCPH program. We have revised the curriculum to provide GCPH participants with foundational competencies in public health while also increasing their opportunity to select elective courses that best meet their professional needs.

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## **G1. Diversity and Cultural Competence**

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In 2012, the CPHHS initiated a Diversity Enhancement Plan that outlines systematic efforts to incorporate diversity and cultural competency in our research, teaching, and outreach endeavors. The College Equity, Inclusion, and Diversity Committee, comprised of students, faculty, and staff, provides oversight for the implementation of that plan and is responsible for evaluating the impacts of our efforts and revising the plan as needed. The CPHHS Director of Equity, Inclusion, and Diversity (EID) Initiatives (.25 FTE) provides leadership to these efforts and serves as a permanent member of the Dean's Cabinet. The plan seeks to advance diversity and cultural competence through practices aimed at:

- Increasing supports and reducing barriers for recruitment, retention, and success of diverse student, staff, and faculty;
- Ensuring a college climate that is equitable, inclusive, diverse, and socially just;
- Providing learning environments and experiences that prepare students with broad skills and cultural competencies needed for successful work with diverse populations; and
- Providing faculty and staff with professional development and cultural competencies needed for successful engagement with diverse groups and communities.

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### **G1.1. List the school's self-identified priority underrepresented populations; explain why these groups are of particular interest and importance to the school or program; and describe the process used to define the priority populations(s).**

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In identifying under-represented priority populations our college affirms the intersectionality of social categories such as race, class, gender, sexuality, abilities, nationality, and rurality in the creation and persistence of systems of domination, oppression, and discrimination. That said, our ability to systematically understand representation, retention, and graduation/advancement are limited by the available institutional data. Within this framework, we define our priority under-represented populations as students, faculty, and staff who identify as:

- Hispanic/Latino, Black/African American, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native;
- Low-income (Pell-eligible) and/or first-generation college students/graduates; or
- Those whose sexual orientation, gender identity, nationality, and/or ability status fall outside the dominant population.

These populations have historically been underrepresented at OSU and in our college. Further, these populations bear an undue burden of negative health outcomes within our state and the nation. We hold their contributions in public health and human sciences as essential to our mission of advancing knowledge, policies, and practices to improve population health in communities across Oregon and beyond.

The selection of these populations was based on our systematic analysis of institutional data on representation, retention, and graduation/advancement rates and survey data collected specific to our college climate. This analysis, completed by members of the EID Committee, identified these populations as a) under-represented in our college as compared to the population of Oregon, b) populations for whom retention and graduation/advancement rates evidence a gap as compared to the wider OSU populations, and c) populations who largely evidence experiences with equity, inclusion, diversity within our college that are significantly more negative than those reported by members of our college more generally.

**G1.2. List the school or program’s specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in G1.1.**

The College holds 3 goals for increasing representation and supporting persistence and ongoing success for our priority populations. These goals align with OSU’s Strategic Plan and its Affirmative Action Plan and include:

- Goal 1: Achieve student, staff, and faculty representation among priority populations at rates that mirror the ethnic and racial demographics of our state;
- Goal 2: Achieve student persistence and ongoing success through retention and graduation for all priority populations at rates comparable to OSU as a whole; and
- Goal 3: Achieve faculty and staff retention and advancement for all priority populations at rates that exceed those of OSU more broadly.

**G1.3. List the actions and strategies identified to advance the goals defined in G1.2., and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.**

The College has specific actions identified to advance each of the goals defined in G1.2. Alignment with existing efforts as well as emerging opportunities within the College and OSU define some actions and strategies. Where possible, actions and strategies were informed by data specific to our college and by the literature on best practices in recruiting, retaining, and sustaining diverse students, faculty, and staff in higher education.

**Actions/Strategies to Advance Goal 1**

**Strategic hiring of diversity faculty.** In 2014, the CPHHS Administrative Team, with input from the EID Committee, developed a proposal for new faculty hires under an OSU Provost Hiring Initiative focused on Student Success Through the Lens of Equity, Inclusion, and Diversity. Four new hires resulted, joining the faculty in 2015. These faculty added diversity (including 2 Latino/a and 1 first generation faculty) who have enhanced our college capacity in the specific areas of Latino/a health, global health, community engagement, and vulnerable families.

**Increased engagement in existing precollege, pipeline, and scholarship programs.** Beginning in 2016, the College has increased engagement with existing OSU pre-college and pipeline programs including 4-H Oregon Outreach Leadership Institute (pre-college and career preparation programs held 4 times a year) and Juntos Day (an annual Latino/a-specific recruitment event). In 2017, a proposal to the USDA Higher Education Challenges Grant program was submitted from the College for funding to formalize faculty, staff, and student engagement in these pipeline programs. At the graduate level, we have initiated efforts to take advantage of scholarship initiatives like The Sally Casanova Pre-Doctoral Program that allows scholars from the California State University system to explore and prepare to succeed in doctoral programs. During Summer 2016, CPHHS faculty mentored 2 first-generation Latino pre-doctoral students through an 8-week research experience. As a result, 1 student started the Public Health doctoral program in our college during Fall of 2017.

**Search advocate in all new hires.** Beginning in 2015, the College implemented a policy requiring a Search Advocate in all new hires. OSU’s Search Advocate program (a nationally recognized model) trains faculty and staff in practices designed to increase equity throughout the hiring process. Within our college, 78 faculty and staff have completed the Search Advocate training bringing those skills into the

hiring process.

**Engagement in statewide efforts.** Members of the EID Committee are actively engaged in statewide efforts convened in 2017 by the non-profit Campus Compact around the recruitment and retention of faculty of color. Lessons learned through engagement in this collaborative effort should directly benefit the College's capacity to recruit and retain diverse faculty.

### **Actions/Strategies to Advance Goal 2**

**Professional development.** Results from our online 2016 Climate Survey conducted with CPHHS students highlighted professional development for faculty and staff as a core need. In response, and in collaboration with OSU's Social Justice Education Initiative, we implemented CPHHS-specific training sessions on creating equitable and inclusive teaching and learning environments. To date, more than 60 instructional faculty in the CPHHS have completed the 2-session training.

**Expanded and inclusive access to transformative learning experiences.** Following best practices in higher education literature on student success and through leadership from the CPHHS Office of Student Success, intentional efforts to expand access to opportunities shown to have a high impact on retention and graduation rates have been implemented. Included are global educational opportunities, faculty-led student research, cultural exchanges, engagement in student clubs and organizations, leadership roles, and experiential and service learning. Scholarships that prioritize Pell-eligible and first-generation students were initiated in the College to ensure pathways for engaging diverse students in these experiences. With insights from the EID committee, recruitment and selection efforts for student leadership positions within the College have been redesigned to be more culturally appropriate and to encourage increased access among diverse students. New efforts such as the periodic social gathering within the College of Latinos in public health and campus events attended by CPHHS faculty for first-generation students provide a venue for student-faculty interaction specific to sustaining our priority populations in the public health disciplines.

### **Actions/Strategies to Advance Goal 3**

**Recognizing a commitment to equity, inclusion, and diversity in annual reviews.** In 2017, the College adopted a policy requiring that all faculty and staff provide evidence of a commitment to equity, inclusion, and diversity in the annual review process. In support of this change, both schools developed metrics for evaluating a commitment to equity, inclusion, and diversity in teaching, research, service, and/or administration. These metrics were informed by OSU's ADVANCE program but tailored to the public health and human sciences disciplines. Examples include incorporating a diversity of perspectives in course content with particular attention to centering the concerns of marginalized individuals/populations in teaching, conducting research that addresses issues of diversity/social justice, and serving on university or college committees that have a diversity/social justice focus.

**Providing all faculty and staff with resources and supports.** OSU's ADVANCE program provides a campus-wide membership to the National Center for Faculty Development and Diversity, a non-profit organization that develops and disseminates evidence-based programming to support retention and advancement among diverse faculty. As noted in section E3.3, faculty mentoring committees recently launched in the College will provide collaborative support for faculty through transitions into OSU and toward higher ranks. Moreover, the College encourages and supports the participation of staff in professional development opportunities offered on and off campus such as those offered by OSU's Office of Human Resources (<https://hr.oregonstate.edu/training>).

**Prioritizing a supportive and inclusive climate.** Our CPHHS Strategic Plan identifies the enabling goal

to “Create a supportive work climate and a culture of health that promote equity, inclusion, and social justice.” Improved faculty and staff satisfaction and success is approached through mentoring, professional development, and social activities that occur at the college and school levels.

#### **G1.4. List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them.**

The College has a range of actions and strategies that create and maintain a culturally competent environment. These include curricular approaches, exposure to diverse agencies and individuals, as well as faculty and student scholarship. As with the actions and strategies described in G1.3, those described below were developed in response to data specific to our college and by the literature on best practices in creating and maintaining a culturally competent environment in higher education.

#### **Curricular Approaches**

**Program competencies.** Faculty in MPH options in Epidemiology, Health Promotion Health Behavior, Health Management and Policy, and Global Health developed additional program-specific competencies related to cultural competence. Student achievement of program competencies is regularly assessed and results drive curricular decisions intended to improve student acquisition of skills and concepts.

**Course requirements.** All undergraduates at OSU are required to complete coursework with a designated focus on Difference, Power, and Discrimination (DPD courses). Most students in our college complete this requirement by taking “Families and Poverty” in our Human Development and Family Sciences program. No equivalent DPD requirement currently exists for graduate students, although students have indicated a need for this kind of course content on our 2016 Climate Survey. One of the required courses for the BS in Public Health degree is H 225 Social and Individual Health Determinants, which has a strong emphasis on understanding how factors such as racism and income inequality impact health. Many graduate students take courses that address cultural and social influences on health.

**Professional development.** College-specific professional development opportunities described above in G1.3. were developed in response to findings from our 2016 Student Climate Survey. Offered through OSU’s Social Justice Education Initiative, these trainings support the integration of cultural competence throughout our curricula.

#### **Student Exposure to Diverse Agencies and Individuals**

**Internships and practicum.** All BS in Public Health and MPH options require an internship experience. These experiences place students in the field where they work with professionals in their chosen area to address relevant public health issues.

**Global education and international exchange programs.** New faculty hires in Global Health have been instrumental in developing additional public health-specific international experiences in London, India, and Botswana.

**Experiential and service-learning opportunities.** Additional opportunities for students to engage with agencies and individuals who are representative of the diversity of public health in Oregon are integrated into a range of CPHHS courses that include experiential and service-learning components developed by faculty.

**CPHHS research seminar.** These weekly seminars bring a range of public health scholars as speakers.

All students in the College are welcome to attend, and graduate students are specifically encouraged by their mentors to attend. Frequently, graduate-student-specific small group sessions with visiting scholars offer more intimate opportunities for engagement.

### **Faculty and Student Scholarship**

**Research foci.** Many faculty in our college have research programs focused on health disparities, poverty, inequality, and diverse populations. Further, a number of faculty center their research and scholarship around models of community engagement with vulnerable and/or under-represented populations. The CPHHS has a history of encouraging undergraduate participation in scholarship and community engagement activities that has been funded through the CPHHS Undergraduate Research Apprenticeship Program (URAP) and the OSU Undergraduate Research, Innovation, Scholarship, and Creativity (URISC) program. Graduate students are actively engaged with faculty scholarship and community-engaged work through assistantships and program-related research experiences.

#### **G1.5. Provide quantitative and qualitative data that document the school or program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority populations(s).**

**Student representation.** Over recent years, the College's student population has grown increasingly diverse. In 2012, when our Diversity Enhancement Plan was adopted, 22.1% of our student population identified as U.S. minority. By 2017, close to 1 in 3 students (29.3%) in the College identified as a U.S. minority, making our College one of the most diverse student populations at OSU. Trends with undergraduate students include an increase from 11% in Fall 2012 to 15% in Fall 2017 of students who self-identify with an underrepresented minority group. Specifically, there have been increases in Hispanic (254 in Fall 2012 to 331 in Fall 2017) and Multiracial (146 in Fall 2012 to 193 in Fall 2017) representation. Among students enrolled in our graduate programs, we have seen steady increases with students who identify as Hispanic (from 14 in Fall 2012 to 31 in Fall 2017), Asian (from 11 in Fall 2012 to 20 in Fall 2017), and Multiracial (12 in Fall 2012 to 20 in Fall 2017). In addition, in Fall 2017 26.5% of our undergraduate and 41% of our graduate students self-identified as first-generation students. Finally, the number of international students has been increasing and accounts for 14% of our graduate students yet only 2% of our undergraduate student population. We are not able to track representation among students by sexual orientation, gender identity, nationality, and/or ability status. One approach we have taken to increase representation of students from diverse backgrounds is our participation in the University Graduate Laurels Block Grant program. A focus of our proposals to this program has been the recruitment of MPH students who contribute to enhancing the diversity of the MPH program and our College more generally, and we have been successful in using the Laurels Block Grant to recruit priority students (e.g., economically disadvantaged and/or from underrepresented minority groups).

**Faculty and staff representation.** The Institutional Research Common Data Set 2017-2018 revealed the following findings with regard to instructional faculty representation at OSU and in the CPHHS. In Fall 2017 of the 1697 full- and part-time faculty at OSU, 16.5% self-identified as U.S. Minority, 71.7% as White, 5.7% as International, and 6.1% were unspecified. In the College of the 162 full- and part-time faculty, 12.4% self-identified as U.S. Minority, 80.2% as White, 1.2% as International, and 6.2% were unspecified. In both reporting instances, the percentage of faculty who chose not to identify was around 6%, which accounts for representation rates lower than we know firsthand based on our hiring and retention efforts.

Minority faculty includes faculty who designate themselves as Black, non-Hispanic; American Indian or Alaska Native; Asian, Native Hawaiian or other Pacific Islander; or Hispanic. Within our College, since

2012, only 2 tenure-track hires (both Hispanic) are documented for our priority populations (see section G1.1. for details on the College's self-identified priority underrepresented populations). No African American, American Indian/Alaskan Native, or Native Hawaiian/Pacific Islander tenure-track faculty hires are documented since 2012. That said, we have offered faculty tenure-track jobs to candidates from underrepresented groups since 2012, including those who identified as African American and American Indian, but those negotiations did not lead to successful hires. Similar data on hires are not available for staff. Further, we are not able to track representation among faculty or staff by sexual orientation, gender identity, nationality, and/or ability status with existing institutional data.

**Student retention and advancement.** First-year student retention rates have increased in the CPHHS from Fall 2012 (80.0%) to Fall 2016 (87.9%). This upward trend with first-year retention rates is also evident in the College with Pell-eligible students (79.4% in Fall 2012 to 82.6% in Fall 2016) and students who self-identify with underrepresented minority groups (78.3% in Fall 2012 to 84.3% in Fall 2016). That said, it is evident looking at these percentages that there is a discrepancy in the first-year retention rate between the entire college student cohort and Pell-eligible students as well as students who self-identify with underrepresented minority groups that favors the entire college student cohort. Moreover, an examination of the most recent 6-year graduation rates available at the time of this reporting reveal higher rates for the entire CPHHS student cohort (66.3% in Fall 2011) than Pell-eligible students in the College (60.8% in Fall 2011) and students who self-identify with underrepresented minority groups in the College (57.9% in Fall 2011). The College first-year retention and 6-year graduation rates are higher, however, than the entire campus. For OSU in 2016, the first-year retention rate for all students was 84.8% (compared to 87.9% in the CPHHS), 78.5% for Pell-eligible students (compared to 82.6% for the CPHHS), and 77.6% for students who self-identify with underrepresented minority groups (compared to 84.3% in the CPHHS). For OSU in 2011, the 6-year graduation rate for all students was 65.3% (compared to 66.3% in the CPHHS), 59.0% for Pell-eligible students (compared to 60.8% in the CPHHS), and 57.2% for students who self-identify with a minority group (compared to 57.9% in the CPHHS).

For students seeking an MPH, degrees granted in our College have increased significantly among some of our priority populations. In 2012-2013, for example, no degrees were awarded to the 7 students in the program identifying as Hispanic. The number of students identifying as Hispanic increased in subsequent years, and by 2016-17 about 1 in 4 MPH degrees (10 out of 39 graduates) were awarded to students identifying as Hispanic. For students identified as Native Hawaiian/Pacific Islander, Black/African American, and American Indian/Native Alaskan, MPH degrees awarded remain minimal (0, 1, or 2 degrees per year). Also in 2016-17, 17 graduates identified as first-generation students compared to 22 graduates who did not identify as first-generation students.

**Faculty and staff retention and advancement.** Given the limitations in available institutional data and the small numbers of hires documented, we are not able to track faculty and staff retention and advancement for our priority populations.

**Student perceptions of the College climate.** Findings from a Climate Survey administered to CPHHS students in Winter 2016 provide some insight into the successes and challenges the College faces in supporting priority populations. The results are discussed in detail in G1.6. This survey is being conducted again Spring 2019, so the College will have comparative data.

**Faculty and staff perceptions of the College climate.** In assessing climate, the College will use survey data provided by the Office of Institutional Diversity from their spring/summer 2018 study (RFB5-3e). Results of this survey have been reviewed by the College EID Committee with future plans to compare 2018 data to 2020 survey results to determine actions needed beyond current efforts in the College. Faculty and staff perceptions regarding diversity and cultural competence are discussed in detail in G1.6.

## **G1.6. Provide student and faculty (and staff, if applicable) perceptions of the school or program's climate regarding diversity and cultural competence.**

As noted in G1.5, both qualitative and quantitative data were collected to assess students' perceptions of the College climate, and faculty/staff perceptions of the College and University climate. Presented are the highlights of these findings that address diversity and cultural competence.

**Student climate study.** As noted in the previous section (Student perceptions of the College climate), respondents included 827 undergraduate and graduate students, representing 24.6% of the students who were invited to participate in the survey. The students who completed the survey were predominately undergraduates (80.5%), heterosexual (88%), and did not identify as having a disability (84%). In addition, respondents represented Ecampus (8.7%), female/women (77.4%), male/men (18.5%), other/trans/questioning/nonconforming gender (6.1%), and U.S. minority (28.3%) students. The majority of students indicated that the general climate within the CPHHS is inclusive (64.7%) or somewhat inclusive (26.7%). Fewer than 2% of respondents perceived the CPHHS climate as exclusionary. However, a lower percentage of students in our priority populations identified the general climate as inclusive. The general climate was perceived as inclusive by 57.3% of U.S. minority students compared to 69.1% of non-U.S. minority students. Among students identifying as other gender, 40.6% rated the general climate as inclusive as compared to 64.7% of males and 66.1% of females. These differences are statistically meaningful. Perhaps most significant, however, was that among graduate students, close to 1 in 10 students (9.8%) saw the College climate as somewhat exclusionary. Another 4.4% of graduate students saw the College as exclusionary, a percentage well above that reported by undergraduate respondents (.75%). Unfortunately, small cell sizes prevented us from disaggregating these results by priority populations.

The climate survey also asked students to rate (0, strongly disagree to 5, strongly agree) their agreement with the statement, "When I graduate from the CPHHS I will feel prepared to work with individuals from different backgrounds, cultures and beliefs from my own." The mean rating of 4.14 indicated that most students agree with this statement. Again, however, students who identify as U.S. minority and graduate students reported significantly less favorable ratings than did other students. Minority students reported lower levels of agreement (4.07) compared to non-minority students (4.18). Graduate students reported lower levels of agreement (3.99) compared to undergraduates (4.17). Results from follow-up focus groups with minority and graduate students suggest that levels of cultural awareness might shape these perceptions. The Office of Institutional Diversity plans to re-administer the Climate Survey previously conducted in 2016 with enrolled students in 2019 (RFB5-3f).

**Faculty/Staff climate survey.** In total 129 (50%) CPHHS faculty/staff responded to the survey. Reported below in the tables are the means and/or percentages for many of the survey questions that address diversity and cultural competence (RFB5-3e).

To determine the areas of priority (areas of potential improvement), the Director of Assessment and Accreditation decided to use these interpretation guidelines. She recommended that we base our thresholds solely on the data/response scales used:

- For 5-point scales address mean 3.5 or lower (items reversed scaled, where needed, to apply this rule consistently)
- For 4-point scales address mean 2.5 or lower (items reversed scaled, where needed, to apply this rule consistently)
- Combined percentages (two highest or two lowest scale points) were important to look at as well.

Throughout, we consider that responses are from only 50% of our faculty and staff. Ideally, we would

want to hear from more respondents in a future administration of this survey.

**Feelings overall and connection to purpose:**

- Faculty and staff recommend OSU as an employer.
- They understand the University's strategic goals, have the opportunity to participate in shaping policy in their units, and understand how their job helps the university meet its strategic goals.

	CPHHS		University	
	Count	Mean	Count	Mean
<b>Overall &amp; connection to purpose</b>				
<b>What is your impression of OSU as an employer?</b> (1-5 scale from “not at all” to “definitely yes”)				
I would recommend OSU as an employer	128	4.02	2484	3.93
I would recommend my college or division as an employer	129	3.90	2482	3.80
<b>How I see my position's connection to the University's larger purpose:</b> (1-4 scale from “not at all” to “definitely yes”)				
I understand the University's strategic goals	129	2.88	2485	2.96
I have the opportunity to participate in shaping policy at OSU	129	2.16	2486	2.11
I have the opportunity to participate in shaping policy in my unit	128	2.66	2483	2.68

**Feeling valued, respected and belonging:**

- Faculty/staff work in a unit/department where the leader fosters mutual respect among colleagues/ employees.
- Faculty and staff suggestions and improvements are welcomed.
- Faculty and staff feel valued.
- College/Administrative Division could be better about informing faculty/staff of changes and issues relevant to individual positions.

	CPHHS		University	
	Count	Mean	Count	Mean
<b>Feeling valued, respected &amp; belonging</b>				
<b>I work in a unit/department where...</b> (1-5 scale: Strongly disagree to strongly agree)				
The leader fosters mutual respect among colleagues/employees	128	3.73	2481	3.75
I am able to speak freely about my concerns to my colleagues/peers without fear of reprisal	128	3.52	2486	3.62
I am able to speak freely about my concerns to my supervisor/leader(s) without fear of reprisal	128	3.67	2485	3.66
<b>My suggestions and improvements are welcomed by my...</b>				
Stakeholders/Customers	124	3.78	2418	3.74
Colleagues	128	3.88	2474	3.91
Supervisor	129	3.79	2472	3.75
<b>I feel valued by...</b>				
Stakeholders/Customers	126	4.02	2434	3.89
Colleagues	129	3.94	2480	3.95
Supervisor	129	3.88	2480	3.80
(Below 1- 5 scale: Never to Always)				
<b>In the past year, I have experienced uncivil and/or disrespectful interactions with my...</b>				
Unit/Department/Office	129	1.67	2475	1.77
Division/College/County office	128	1.64	2458	1.59

	CPHHS		University	
	Count	Mean	Count	Mean
<b>In the past year, I have witnessed uncivil and/or disrespectful interactions with my...</b>				
Unit/Department/Office	127	1.87	2466	1.95
Division/College/County office	127	1.80	2453	1.76
<b>I am informed about changes and issues relevant to my position by my...</b>				
College/Administrative Division	129	3.41	2477	3.38

Most faculty and staff have not reported/experienced sexual harassment in the workplace; although, about a third of respondents have experienced or witnessed bullying related to OSU employment.

	CPHHS		University	
	Count	Percentage	Count	Percentage
<b>Have you experienced bullying while at OSU? (mark all that apply)</b>				
Yes, in some OSU facility (classroom, lab, or other facility)	37	28.68%	712	28.31%
Yes, while in the field (off-site) working for OSU	4	3.10%	98	3.90%
No, I have not experienced bullying at OSU	90	69.77%	1729	68.75%
<b>Have you witnessed bullying of others while at OSU? (mark all that apply)</b>				
Yes, in some OSU facility (classroom, lab, or other facility)	40	31.01%	939	37.34%
Yes, while in the field (off-site) working for OSU	9	6.98%	127	5.05%
No, I have not witnessed bullying at OSU	84	65.12%	1480	58.85%
<b>Have you experienced sexual harassment while at OSU? (mark all that apply)</b>				
Yes, in some OSU facility (classroom, lab, or other facility)	10	7.75%	202	8.03%
Yes, while in the field (off-site) working for OSU	0	0.00%	62	2.47%
No, I have not witnessed bullying at OSU*	119	92.25%	2238	88.99%
<b>Have you witnessed sexual harassment of others while at OSU? (mark all that apply)</b>				
Yes, in some OSU facility (classroom, lab, or other facility)	11	8.53%	349	13.88%
Yes, while in the field (off-site) working for OSU	3	2.33%	89	3.54%
No, I have not witnessed bullying at OSU*	114	88.37%	2084	82.86%
*Error in wording is in original survey				

### Diversity

- Leadership is visible to foster diversity initiatives, and many faculty and staff are involved.
- Many faculty/staff are engaged in diversity initiatives.

	CPHHS		University	
	Count	Mean	Count	Mean
<b>There is visible leadership to foster diversity at OSU from:</b> (1- 5 scale: Strongly disagree to strongly agree)				
The President's office	129	3.91	2473	3.76
My academic dean/unit/division head	129	3.74	2462	3.64
My department/unit direct supervisor	127	3.76	2464	3.70
Colleagues in my department/unit	129	3.85	2474	3.74
	Count	Percentage	Count	Percentage
<b>I am involved in diversity initiatives on campus:</b>				
Yes	56	43.4	1215	49.10%
No	57	44.2	967	39.10%

	CPHHS		University	
	Count	Mean	Count	Mean
No, but I would like to be	16	12.4	294	11.90%
Total	129	100.0	2476	100%

The Office of Institutional Diversity will re-administer this survey Spring 2020; thus, allowing the College Equity, Inclusion, and Diversity Committee to determine the impact of its coordinated educational and outreach efforts.

**G1.7. If applicable, access strengths and weaknesses related to this criterion and plans or improvement in this area.**

**Strengths:** The data indicate that our college is making significant progress in representation, retention, and advancement among Hispanic students, in particular. Increasingly we make use of institutional and college-specific data to inform our actions and strategies. We have elevated the importance of equity, inclusion, diversity, and social justice within the College by instituting a dedicated team of individuals tasked with developing and implementing change initiatives, and dedicating FTE to a CPHHS Director of Equity, Inclusion, and Diversity Initiatives. We now require faculty to report EID-related actions in annual reports. There are many areas addressed in the Climate Study where the College faculty and staff reported positive ratings.

**Weaknesses:** Despite increasing diversity among our student populations, representation of most of our priority populations among students remains limited. Underrepresentation of faculty and staff in our priority populations is also an issue. Limitations in the availability of institutional data make it particularly challenging to understand trends in retention and advancement among our priority populations. While the MPH includes program-specific competencies linked to cultural competence and diversity, these are missing from other programs in our College. Focus group discussions with graduate students tell us they feel training is lacking in the areas of equity, inclusion, diversity, and social justice. The College will address areas of concern, as indicated by the Climate Study results.

**Plans:** We will examine and perhaps strategically expand our pre-college, pipeline programs and support efforts to reach and retain additional students in our priority populations. We intend to take stronger advantage of our 4-H Extension program that targets minority youth to enhance its role as a pipeline to our college. Members of the College EID Committee are currently engaged in campus and statewide efforts focused on supporting the recruitment and retention of faculty of color and lessons learned through that work will guide practices in our college. We will continue to press academic programs to develop program-specific competencies related to equity, inclusion, diversity, and social justice. We will continue to offer professional development opportunities focused on equity, inclusion, diversity, and social justice and work toward curricular changes that will deepen the integration of Difference, Power, and Discrimination program content throughout our courses. Several mechanisms will help the College track our efforts better:

- Spearheaded by the Office of Institutional Diversity, the OSU Diversity Dashboards are a collection of tables that present summary information about students and employees through a diversity and equity lens. (<https://stage.iar.oregonstate.edu/reference/reports-dashboards/search-core-reports-function/diversity-dashboards>). These dashboards, still partially in development, will provide a snapshot of similar experiences and milestones including: new students/employee demographics, retention at the institution, advancement or graduation, engagement with diversity learning opportunities, and the responses to institutional surveys on inclusivity and climate. Whenever the data allowed for it, these reports were created to be disaggregated by race and gender. Data represented in these reports was provided by Institutional Research, Academic Affairs, and Student Affairs. The College EID Committee and the Director of Assessment and

Accreditation look forward to making use of such data in tracking change and affecting actions and strategies to work toward our stated goals.

- Moreover, as pointed out in G1.5, the College EID Committee plans to compare climate survey results over time for the two climate surveys (student and faculty/staff) to reaffirm areas of strength, determine areas of progress, and address areas of concern.



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## **H1. Academic Advising**

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### **H1.1. Describe the school's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.**

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**Undergraduate advising.** The College features an Office of Student Success (OSS) that offers students in public health disciplines the opportunity to meet with an Associate Director for Career Development, an International Programs Consultant, a Director of Student Engagement, and academic advisors. This central advising office houses 9 professional advisors and 9 student advisors. All students in Year 1 and Year 2 are required to schedule an appointment with their assigned academic advisor once a term (fall, winter, spring) that occurs either in person or on the phone. After Year 2, each term students in good academic standing can opt to schedule an appointment with their assigned advisor or submit an updated program of study for approval. After Year 2, each term students who are not in good academic standing must have an appointment with their assigned academic advisor, either in person or on the phone.

This model of regular one-on-one touch points is consistent with academic advising best practices. The advising appointments focus on preparation for registration, discussion of career goals, experiential learning opportunities, and assessment of academic plans. These meetings also serve as an opportunity to monitor each student's progress towards degree completion. One-on-one appointments allow advisors to inquire about the student's progress in classes and make referrals to resources such as tutoring or supplemental instruction, as well as utilizing instructor or teaching assistant office hours.

The CPHHS has invested in a comprehensive system to provide students with unlimited access to an online advising appointment-scheduling program. Students can schedule to meet with their advisor in a one-on-one setting or over the phone, for a time that best fits their schedule. Once scheduled, the system sends students confirmation emails as well as reminder emails and text messages. The platform also tracks no-shows, providing advisors with data for email campaigns to ensure students reschedule their appointments. All academic advisors in the College offer an hour-long drop-in time each day, where their assigned advisees can ask a quick question, have a form signed, or provide their advisor with an update. Once a week, most advisors offer appointments until 6:00PM to accommodate students who cannot meet during traditional business hours.

To ensure those who may experience difficulty in progressing through courses or completing other degree requirements are identified and supported, advisors partner with faculty who provide them with early alerts. Advisors then reach out to inform students of concerns regarding their performance or behavior and provide resources.

Faculty and advisors have a relationship that allows for easy sharing of information, which ensures advisors are knowledgeable about internship requirements, alterations to course offerings, and details regarding course content. Faculty route information pertinent to advising through the Head Advisor for dissemination to all advisors. Advisors engage in weekly meetings to share updates and ensure they are abreast of changes to curriculum, courses, requirements, and prerequisites. Additionally, updates are shared among staff via email and captured in an electronic repository that all advisors consult to keep current.

Use of technology allows advisors to identify students in need of additional supports in their pursuit of academic success. Utilizing technology platforms at OSU, advisors engage in proactive outreach campaigns and create contact lists of students in public health disciplines who are affected by curricular, policy, or deadline changes for a campaign of targeted outreach.

**Graduate advising.** Student advising is conducted at the program level and varies slightly among disciplines. Each graduate program in the College has a handbook to assist students in navigating their graduate experience. As explained in the General MPH Handbook and PhD in Public Health Program Handbook, each student is assigned a major professor when admitted to the MPH or PhD program. Major professors for MPH students are faculty members in the same option as their advisees. Major professors for PhD students are faculty members who were identified based on a variety of factors including area of concentration, compatible student and faculty research interests, and faculty availability. The major professor of each MPH or PhD student serves as the academic advisor and thesis or dissertation chair.

The major professor has the primary responsibility for academic advising, but is assisted by each graduate student's committee that formally approves a student's program of study. Graduate committee members are chosen by each student in consultation with the major professor. Students consider faculty with relevant expertise and experience who satisfy committee composition requirements as outlined in program handbooks. The onus is on the students to invite faculty to serve on their committee, provide sufficient background information that faculty can make an informed decision about whether their participation is a good fit, outline the responsibilities associated with serving as a committee member, and discern if the faculty are willing and available to commit.

The student's committee consists of graduate faculty and, for doctoral committees, a Graduate Council Representative who is responsible for assuring that the conduct of all committee meetings and actions comply with policies and procedures of the OSU Graduate School. The Graduate Council Representative serves as an impartial committee member and, therefore, is not directly affiliated with a student's academic unit. Students are required to select a Graduate Council Representative using the online list generation tool (<https://gradschool.oregonstate.edu/gcr-generate>) managed by the Graduate School. All faculty members must have graduate faculty status to serve on graduate committees. The Graduate School approves individuals for graduate faculty status based on academic training, experience, demonstrated potential for creative work and scholarly research, and evidence of the ability and competency essential to directing and supervising graduate students in public health disciplines in their pursuit of advanced knowledge. Following University policy, in our college school heads nominate faculty in their schools to graduate faculty status, and those nominations are approved by the CPHHS Dean as well as the Dean of the Graduate School.

Prior to matriculation, most MPH students are assigned to a tenured/tenure-line faculty advisor who holds a PhD in the field; some MPH students are advised by other faculty members (e.g., an HMP clinical faculty member who has a JD and MPH, an instructor with advanced qualifications and/or experience). Advisor assignment is based on a common topic interest between the faculty and the student and current advising load for the faculty member. This process allows for individual or small group advising between the student and faculty advisors. In addition, the MPH Administrative Director offers MPH option-specific advising sessions. The main purpose of these group-advising sessions is to better support MPH students throughout their programs by building on the initial orientations and one-on-one advising sessions with faculty advisors. The group advising sessions focus on the following: 1) ensure that key deadlines and existence of required paperwork (e.g., program of study, progress reports, scheduling the oral exam, applying for graduation, etc.) are communicated to students, with the intent to foster timely program completion rates and student satisfaction; 2) elicit feedback from students regarding student needs, career services, professional development, etc.; and 3) ensure that MPH students are aware of the extensive resources available to them as a graduate student at OSU, including the MPH Administrative Director as a source of administrative information. Similarly, the MPH Internship Coordinator holds advising sessions focused on internship requirements and preparation in fall term each year for all first year MPH students; the coordinator also meets with MPH students in one-on-one appointments that address a range of topics (e.g., professional goals, subspecialties in public health, opportunities in different types of agencies) and directs students to other OSU career services.

PhD in Public Health students are matched to a tenure-track/tenured faculty advisor prior to matriculation based on research interests and career goals. Faculty load of current doctoral advisees is considered. PhD students develop their program of study in consultation with their advisor and their doctoral committee. Although each PhD student needs to meet the requirements of the degree and their PhD concentration, the degree requirements allow flexibility so that students, their advisors, and other committee members can identify coursework that aligns with the student's specific interests, background, and career goals. Faculty are very engaged in mentoring their doctoral students in research and professional development. Moreover, the College values mentoring graduate students in preparing and publishing research manuscripts and presenting at conferences (e.g., such mentoring is evaluated positively in faculty annual reviews).

## **H1.2. Explain how advisors are selected and oriented to their roles and responsibilities.**

**Undergraduate advisor selection and orientation.** To ensure that qualified individuals serve as advisors, the College engages in a national search that places emphasis on knowledge of research and theory related to college student development, including cognitive/learning development, student persistence, student engagement, diversity and student identity, and experience applying the knowledge to support student development and success. New advisors receive intensive training from other CPHHS advisors in degree requirements, policies, regulations, and advising best practices. Additional training includes a 14-hour New Advisor Retreat administered by Student Affairs at OSU. New advisors are trained to identify and engage in proactive outreach to students who can benefit from engaging with university resources (Academic Success Center, tutoring, academic coaching, Counseling and Psychological Services, among others). The University offers Advisor Coffee Talks, Advising Town Halls, and additional ongoing opportunities for professional development to ensure all advisors have the opportunity to learn the most current information regarding student and academic affairs.

**Graduate advisor selection and orientation.** Faculty in the public health disciplines have up to 10% FTE allocated to graduate student advising and mentoring. Each individual's FTE percentage for advising is established by the School Head. Faculty who have been in their positions for several years typically have between 4-7 graduate student advisees. New faculty members are assigned lighter advising loads typically consisting of 2-4 MPH students and 1-2 PhD students. MPH students are not required to complete theses, and most faculty members concurrently advise 2-7 MPH students. Faculty members are generally the advisor/major professors for 2-5 PhD students at one time. They are oriented to their advising roles by informal training from the Program Directors and by other faculty members in public health disciplines. Additionally, the Graduate School has a newly developed resource for students and faculty called Grad Connections, an electronic resource (<https://gradschool.oregonstate.edu/news>) that covers topics related to both academic and professional success. The Graduate School website also contains resources for graduate faculty that specifically address mentoring at OSU including a set of mentor training modules.

## **H1.3. Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.**

Samples of advising materials and resources can be found in RFH1-3 including option sheets, major maps, and transfer guides for undergraduate students. The MPH handbooks can be found at <https://health.oregonstate.edu/mph/handbooks> or RFD2-1. The PhD in Public Health Handbook can be found at <https://health.oregonstate.edu/phd/handbooks/public-health> and in RFD18-1.

**H1.4. Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings.**

Data were obtained from the annual Graduation Survey administered via email by the College to all students in the spring of their year of graduation. Only responses from students in public health disciplines are included in Table H1.4.

<b>Table H1.4. Student Satisfaction with Academic Advising</b>						
		<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Response Rate</b>
<b>2015-16</b>	Undergraduate: Overall satisfaction with your academic advisor	36.63%	46.53%	11.88%	04.95%	94%
	MPH: Overall satisfaction with your faculty in public health disciplines advisor	58.33%	33.33%	05.56%	02.78%	92%
	PhD Public Health: Overall satisfaction with your faculty in public health disciplines advisor	71.43%	28.57%	00.00%	00.00%	100%
<b>2016-17</b>	Undergraduate: Overall satisfaction with academic advising	30.30%	45.45%	16.67%	07.58%	80%
	MPH: Overall satisfaction with academic advising	50.00%	44.44%	05.56%	00.00%	90%
	PhD Public Health: Overall satisfaction with advising	42.86%	28.57%	14.29%	14.29%	100%
<b>2017-18</b>	Undergraduate: Overall satisfaction with academic advising	25.00%	59.40%	12.50%	03.10%	91%
	MPH: Overall satisfaction with academic advising	60.00%	24.00%	08.00%	08.00%	86%
	PhD Public Health: Overall satisfaction with advising	40.00%	60.00%	00.00%	00.00%	71%

**H1.5. Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.**

**Undergraduate orientation process.** Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school or program’s curricula and about specific courses and programs of study. Access to and a relationship with a student’s academic advisor begins at OSU’s orientation program (START). At START, all students in public health disciplines entering the University (non-transfer and transfer) attend large- and small-group presentations focusing on the College’s academic offerings and requirements for degree completion. Students in the CPHHS at START also complete a 30-minute, empirically supported, online module that emphasizes social belonging as a new college student. In addition, those who enter the College as current students from another college/department (internal transfers) engage in a one-on-one meeting with their academic advisor to

discuss specific policies related to each major and how to navigate degree requirements. Each student is assigned to an academic advisor and remains with that advisor until graduation. Assigning students to an academic advisor is unique at Oregon State University, with only one other College engaging in the same practice. At orientation or a one-on-one meeting with their advisor, students are offered written guidance in the form of a major sheet that outlines course requirements including prerequisites and policies for completing the degree. Each student's advisor completes an individualized course plan for the next 3 terms to demonstrate to students in public health disciplines how to use the online degree planning program and explain course sequencing and prerequisites.

**Graduate orientation process.** OSU's Graduate School offers a multi-day orientation as well as a Resource Fair for all new graduate students. This event is designed to ease the transition of students into graduate school at OSU. At this event, students in public health disciplines learn about academic and professional expectations and resources on and off campus. The CPHHS holds a graduate orientation for incoming public health graduate students at the start of the academic year. In addition to the joint session attended by all new PhD and MPH students, separate small group orientations are held by program faculty for students in their programs (e.g., Environmental and Occupational Health, Health Management and Policy, etc.). Students meet their faculty mentors at this meeting. For the first time in Fall 2018, all graduate students new to the College were invited to attend a resource fair and reception with faculty in the afternoon; we will review feedback on this event as we prepare to plan for next year's orientation events.

For PhD students, a seminar course (H 612) is required that includes an orientation to academic resources as well as career and professional development. Sessions include the doctoral student handbook, forms, general resources; setting goals and selecting committee members; the IRB process and materials; and, other resources available to doctoral students such as the Graduate Certificate in College and University Teaching and the Graduate Writing Center.

#### **H1.6. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** All undergraduate students in the CPHHS are assigned to a professional academic advisor. Multiple touch points allow academic advisors the opportunity to review student progress and optimize relationship building. Clear channels of communication exist among faculty in public health disciplines, academic advisors, and students in public health disciplines. Up-to-date and accurate materials help students navigate, on their own, academic requirements. All our MPH and PhD students receive individualized academic and career advising by faculty in the College. In addition, annual progress reports are required for all MPH and PhD students, which students and faculty advisors complete.

**Weaknesses:** The number of required appointments with academic advisors are reduced in Year 3 and beyond for undergraduate students because after Year 2 each term undergraduate students can opt to schedule an appointment with their assigned advisors or submit an updated program of study for approval.

**Plans:** As of Fall 2019, undergraduate students in Year 3 and beyond will be required to schedule an in-person or a phone appointment with their assigned academic advisor once a term (fall, winter, spring); although, students in good academic standing will have the option of foregoing an advising appointment in spring and instead electronically submitting an updated program of study plan to be approved by their assigned advisor.

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## **H2. Career Advising**

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### **H2.1. Describe the school's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.**

For all BS, MPH and PhD students, starting in Winter 2016, career advising and services are provided in the CPHHS by a designated staff member, the Assistant Director of CPHHS Career Development, from OSU's central Career Development Center. The Assistant Director of CPHHS Career Development is located in and integrated with the College's Office of Student Success, so that career advising and services occur within the College. Career advising and services include individual consultations for career-readiness topics (career exploration, career assessments, resume writing, cover letter writing, interview skills development, mock interviews, job searching strategies, networking skills, negotiation techniques, etc.) and access to job listings using the Career Development Center's database. The Assistant Director of CPHHS Career Development also provides career-related workshops and classroom presentations, with a focus on helping students take full advantage of experiential opportunities while attending OSU and preparing them to successfully pursue their career goals after graduating. Academic courses such as H 199 Introduction to Health Promotion and Health Behavior provide career exploratory opportunities for students as well.

In addition, for MPH students in particular, a faculty advisor is assigned to each student with the expectation that some career advising will occur when the faculty and student meet each term, if not more frequently. Career development resources available on campus will be included in the internship handbook that accompanies the course H 510 MPH Internship and discussed at the advising session held by the MPH internship orientation (see section H1). Moreover, feedback from potential employers is communicated to MPH students in the H 510 seminar held in the fall that precedes the MPH internship experience (see RFH2-1 for the seminar presentation slides). The employer feedback comes from 2 key sources. The first is the annual nation-wide survey conducted by the National Association of Colleges and Employers. The second is the bi-annual CPHHS Preceptor Survey. The current information provided by these surveys about what skills potential employers expect students to attain prior to graduation is critical for ensuring our students are informed about and actively seeking the competencies and opportunities that will best position them for future employment.

### **H2.2. Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.**

The College and the central OSU Career Development Center work collaboratively to select the Assistant Director of CPHHS Career Development, who provides career advising to all students in CPHHS. Based on a structured agreement between the College and the Career Development Center, the Assistant Director of CPHHS Career Development provides 20 hours per week dedicated to career services in the College, including individual student appointments, classroom presentations and workshops, and career events for the College. The classroom presentations, workshops and career events are tailored based on the educational level of the audience. For example, the topic of salary negotiation is part of a 3-hour workshop for BS students in order to provide more detailed context and information. For MPH students, salary negotiation is a 1-hour stand-alone workshop. The salary negotiation panel discussion composed of 2 hiring managers and an academic department chair is offered to students pursuing a PhD degree. The staff member has regular meetings with faculty, as well as academic advisors and alumni engagement staff to best understand and stay updated on relevant industries and labor market information. The Assistant Director of CPHHS Career Development is also in regular and ongoing contact with the central

Career Development Center to maintain knowledge of current high-impact practices in career readiness areas. This provides tailored services and resources to students depending on their needs.

In addition to the Assistant Director of CPHHS Career Development, academic advisors, internship coordinators, and faculty advisors also provide career advising to undergraduate students. These faculty and staff are supported by and have access to career-related resources from the Career Development Center, as well as the professional organizations that are most appropriate to their areas of practice. Furthermore, the Assistant Director of CPHHS Career Development facilitates the preparedness of academic advisors, internship coordinators, and faculty advisors to provide career advice by visiting with these groups during scheduled meetings.

The MPH Internship Coordinator also regularly attends the Employer Engagement Council and Career Development Council on campus. These councils address topics such as event management, legal considerations, marketing and engagement for career events, career education opportunities, and customized services for target populations. The MPH Internship Coordinator then relays the information shared in these councils with all internship coordinators serving undergraduate students in the College.

Beginning in academic year 2017-18, the student peer advisors in the CPHHS Office of Student Success were trained to provide front-line career advising services to fellow undergraduate students. These services include orientation to career resources in the College and across campus, resume or cover letter reviews, and assistance with accessing online job searching and networking tools. The Office of Student Success staff and the Assistant Director of CPHHS Career Development work in collaboration to train the peer advisors.

**H2.3. Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.**

One example of career advising services for students is individual career advising appointments with the Assistant Director of CPHHS Career Development. Appointments are between 30 and 50 minutes in length, and can cover any career-related questions identified by the student. The number of student appointments completed increased from 28 in 2015-16 to 40 in 2016-17. In the 2017-18 academic year, 41 student one-on-one appointments were completed. Students who have utilized the one-on-one appointments include undergraduate, masters, and doctoral students. The most common appointment topics include resume review and/or writing techniques, cover letter review and/or writing techniques, career assessment orientation and interpretation (Myers Briggs Type Inventory and/or Strong Interest Inventory administered by the OSU Career Development Center), interviewing skills development, mock interviews, job search skills and strategies, review of personal statements for application to graduate school, and career exploration.

Another example of career advising services for students in public health disciplines is providing regular access to career-related events, workshops, and classroom presentations that are integrated with academic courses in the College. These events, workshops, and classroom presentations are provided primarily in person, although beginning in AY 2016-17 some workshops were also provided in webinar format for distance learners. The number of career-related events declined in AY 2016-17 due to changes in the overall management of the OSU Career Development Center and the amount of time and resources allocated to the College's students. In 2015-16, 188 students in public health disciplines attended career-related instructional events, and in 2016-17 that number was 110. In 2017-18, 305 students participated in career-related events, workshops and classroom presentations, for a total of 394 touch points because some students participated in more than one event/workshop/classroom presentation. In order to make the most efficient use of staff time and resources, most career instruction is being shifted to in-classroom

presentations in collaboration with faculty, ensuring a greater amount of participation and buy-in from students. This practice has been successfully integrated at the undergraduate level and with a course at the MPH level. It has yet to be systematically incorporated at the graduate level.

Career Fairs organized by the OSU Career Development Center have given students in public health disciplines an excellent opportunity to meet and network with relevant employers and learn about employment opportunities in the public health field. Career Fairs are held in fall (2 days), winter (2 days), and spring (1 day) terms, drawing over 120 employers and 1,000 students campus-wide. In addition to tabling during the fair, many employers also elect to hold on-campus interviews for open jobs and internships. Attendance at Career Fairs by students in public health disciplines remained relatively steady from 2015-16 with 156 attendees to 2016-17 with 162 attendees. For the 2017-18, there were 117 participants.

All of the above-mentioned career advising and services offered through the OSU Career Development Center and its CPHHS designated Assistant Director are available to alumni, including BS, MPH, and PhD students, through 1 year following a student’s graduation date. Alumni are able to access individual advising appointments in person, by phone, via email, or through a WebEx session. This array of availability allows alumni to receive career advising in a personalized manner even after they have departed OSU and may be located in other geographic areas. Following the first year after graduation, alumni may engage with the OSU Alumni Association for continued career advising and still have access to participate in events, workshops, and career fairs offered by the Career Development Center.

One particular example of alumna career advising involved a student who graduated with a Bachelor of Science in Public Health in Spring 2016. The alumna met in person with a career advisor for the CPHHS 4 times during the first year after graduation to continue discussions about career exploration and decision making as it related to pursuing a graduate degree. The alumna scheduled informational interviews, pursued international internship opportunities, and critically assessed multiple graduate programs and paths as a part of the career advising process.

**H2.4. Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings.**

From 2015-16 to 2016-17, in alignment with the changes in how career advising was provided in the College, the verbiage used to measure student satisfaction with career advising was adjusted slightly. In 2015-16, students at all levels were asked to rate their “Satisfaction with their academic advisor as source of career guidance,” and in 2016-17 and 2017-18 they were asked to rate their “Overall satisfaction with career advising.” Data were obtained from the annual Graduation Survey administered via email by the College to all students in the spring of their year of graduation. The data in Table H2.4 include public health students only that responded to this question.

	Very Satisfied		Satisfied		Dissatisfied		Very Dissatisfied		Total
	Percent	N	Percent	N	Percent	N	Percent	N	
<b>Undergraduate</b>									
2015-16	24.21%	23	48.42%	46	21.05%	20	06.32%	06	95
2016-17	21.31%	13	59.02%	36	16.39%	10	03.28%	02	61
2017-18	15.60%	05	46.90%	15	21.90%	07	15.60%	05	32
<b>MPH</b>									
2015-16	36.11%	13	41.67%	15	16.67%	06	05.56%	02	36
2016-17	26.67%	04	40.00%	06	26.67%	04	06.67%	01	15

<b>Table H2.4. Student Satisfaction with Career Advising by Degree</b>									
2017-18	16.70%	04	45.80%	11	25.00%	06	12.5%	03	24
<b>PhD</b>									
2015-16	57.14%	04	28.57%	02	14.29%	01	00.00%	00	07
2016-17	14.29%	01	57.14%	04	14.29%	01	14.29%	01	07
2017-18	28.80%	02	28.6%	02	42.90%	03	00.00%	00	07

**H2.5. If applicable, assess strengths and weaknesses related to this criterion and plans for improvements in this area.**

**Strengths:** Students in public health disciplines have access to specialized and dedicated career advising services. Faculty in public health disciplines collaborate with career development staff for the CPHHS to integrate career resources and information into the curriculum. Career advising services are accessible to all students including distance-learning students, and spanning the full cycle of student life from first-year freshmen to doctoral students to alumni.

**Weaknesses:** Career advising for graduate students could be more fully integrated into the educational experience. The small response rate to the Graduation Survey makes it challenging to know the extent to which reported data trends are representative of the student population. Ratings of student satisfaction with career advising fail to provide insights about why students are dissatisfied.

**Plans:** Revise the seminar that precedes H 510 MPH Internship to include additional career development programming. Be intentional in attempting to get a higher return rate on the Graduation Survey. Insert an open-ended follow-up question for students who rate their satisfaction with career advising as dissatisfied/very dissatisfied, so we learn from respondents the source of their dissatisfaction and have a basis to implement strategies for improvement where appropriate. These changes will occur in the next iteration of this survey, June 2019.

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### **H3. Student Complaint Procedures**

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#### **H3.1. Describe the procedures by which students may communicate any formal complaints and/or grievances to school or program officials, and about how these procedures are publicized.**

Both undergraduate and graduate students in the College have a mechanism for communicating their concerns to school officials. There is a Student Dispute Resolution Policy and Form within the College (<https://health.oregonstate.edu/academics/student-dispute-resolution-policy>). The College-level policy and form appear in multiple locations on the College website including in the listing of policies as well as in the listing of forms for the Office of Student Success. In addition, the policy and form are located in the Graduate Student Resources section of the College website dedicated to current graduate students.

The Student Dispute Resolution Policy and Form in the College were revised in 2018. This change provided an opportunity to remind College faculty, staff, and Graduate Teaching Assistants about the procedure and where to access information on the College website. Employees were encouraged to direct students with a grievance or complaint to these resources.

In addition to students evoking the official procedure for a grievance or complaint, they also have the option to visit the University Ombuds Office located at <https://ombuds.oregonstate.edu/>. The University Ombuds Office promotes a civil and inclusive campus community by providing informal, impartial, and confidential conflict management services to all members of the University community. The Ombuds assists with individual concerns through service and education and serve as change agents to address group conflict and systemic concerns. It is the goal of the Ombuds to foster a culture of healthy, safe, and open dialogue, and facilitate cooperative problem resolution.

#### **H3.2. Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.**

Students in the College are first encouraged to have a conversation with the person directly responsible for the action that resulted in a complaint or grievance. If students do not feel comfortable directly approaching the other party or if this step does not resolve the situation, students are encouraged, where appropriate, to make an appointment to meet with the direct supervisor of the person responsible for the action. If no resolution is found after these steps, students may choose to initiate a formal report and submit the Student Dispute Resolution Form.

The Student Dispute Resolution Policy identifies that the Office of Student Advocacy (<https://asosu.oregonstate.edu/advocacy>), which offers advice and guidance to students who have a dispute within the University, is a resource available to students in preparing the written grievance or complaint. The form prompts students to describe in detail the nature of the dispute, when events occurred, and who was involved. The form also asks students to outline any steps they have taken to resolve the situation, and explain what would be a satisfactory resolution for them. The completed form is submitted to the Dean's Office and the case is assigned to the appropriate administrator depending on the nature of the situation. The student is notified by email who has been assigned to the case. In determining a ruling, individuals and campus entities are consulted as deemed necessary and appropriate. The final ruling and basis for the ruling are communicated to the student by email.

The email that contains the final ruling will also include contact information for relevant University outlets, in the event students are dissatisfied with the ruling and would like to have their case reviewed outside the College. For example, graduate students would be made aware of the Oregon State University

Graduate Student Grievance Policy as the Graduate School handles appeals regarding college-level decisions for graduate students, and undergraduate students would be made aware of the Oregon State University Office of Undergraduate Education that handles appeals regarding college-level decisions for undergraduate students. Students can also explore complaint procedures and resources specific to particular student groups such as distance students and INTO students, or protocol developed by the Office of Equal Opportunity and Access for those cases that involve issues of discrimination, harassment, or bullying. Possible outlets include the following:

- Undergraduate students: Oregon State University Office of Undergraduate Education <https://apli.oregonstate.edu> (contact Janet Ekholm, Executive Assistant to the Vice Provost for Undergraduate Education, at Janet.Ekholm@oregonstate.edu)
- Graduate students: Oregon State University Graduate Student Grievance Policy <https://gradschool.oregonstate.edu/progress/grievance-procedures>
- Distance students: Oregon State University Complaint Resolution for Distance Students <http://ecampus.oregonstate.edu/services/doe-resolution.htm>
- INTO students: Oregon State University INTO Formal Student Complaint Form <https://intoosu.oregonstate.edu/complaints>
- Discrimination, harassment, or bullying: Oregon State University Equal Opportunity and Access <http://eoa.oregonstate.edu/complaint-information-and-procedures>

**H3.3. List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.**

Two formal student complaints/grievances have been submitted in the last 3 years at the time of this writing. Both complaints/grievances were submitted at the same time and addressed the same issue that pertained to the behavior of a particular instructor in the College. The instructor was perceived by undergraduate students to be making revisions and corrections to class content and deadlines on a regular basis, employing a negative communication style in the classroom, and interacting with some students more favorably than others. To address the issue, the instructor outlined a professional development plan in collaboration with the School Head. The professional development plan included working with a faculty peer mentor who would observe the instructor in classes and assist with strategies that addressed the areas of concern. The case has been resolved and the School Head continues to monitor student feedback for each course delivered by the instructor.

**H3.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** The College enforces a clearly articulated policy for student complaints and grievances. The Student Dispute Resolution Policy and Form are readily accessible on the College website. The policy encourages informal conversations at the outset to resolve issues that diminishes the need for formal procedures. Reference to the Student Dispute Resolution Policy is included in both the MPH General Handbook (<https://health.oregonstate.edu/mph/handbooks> or RFD2-1) and the PhD in Public Health Handbook (<https://health.oregonstate.edu/phd/handbooks/public-health> or RFD18-1).

**Weaknesses:** We have no identified weaknesses related to graduate students. In terms of undergraduate students, they are only directed to the College complaint and grievance policy on a need-to-know basis and if they inquire.

**Plan:** Building on existing practices, routinely inform incoming students to the College about the policy at orientation sessions.

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## H4. Student Recruitment and Admissions

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**H4.1. Describe the school or program's recruitment activities. If these differ by degree (e.g., bachelor's vs graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings.**

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**Undergraduate recruitment.** At the undergraduate level, students interested in attending OSU apply to the Office of Admissions rather than individual colleges or schools. The College works with the Office of Admissions to recruit undergraduate students. The College's Office of Student Success (OSS) staff is assigned to coordinate all recruitment activities. In addition, College faculty members participate in events for prospective students such as Health Career Fairs, coordinated both on and off campus, as well as site visits and campus tours.

In conjunction with OSU's structured campus-based visitation programs throughout the year (Spring Preview, Beaver Open House, Junior Visit Day, Juntos Family Day, and Fall Preview), the OSS offers daily tours for prospective students during which students can learn more about specific programs and majors. Academic advisors and/or student peer advisors in the OSS also attend recruiting events in the state such as the National College Fair and OSU nights in Portland and Medford. The College utilizes its website to guide potential students through next steps to learn more about our academic options as well as how to apply for admission to OSU. The Office of Admissions sends prospective students that have shown an interest in our College a comprehensive communication plan that includes University-level information along with specific targeted communications regarding our College's programs. Students that are considered high achievers/high-ability receive additional communications including a letter from the University president, an invitation to consider applying to the University Honors College, information about academic scholarships, and research as well as education abroad opportunities. All undergraduate students admitted to the CPHHS receive a letter from the CPHHS Dean, along with a copy of Synergies, our newsletter that provides an overview of recent events and newsworthy stories in the College. There is also a communication plan from the OSS that targets admitted students and ensures regular touch points designed to guide students through the recruitment funnel.

There are also several efforts underway to improve recruitment practices. The marketing team will continue to revise the College website to make it more attractive to prospective students by simplifying navigation and creating more content that is relevant. The College is exploring partnerships with local community colleges to attract more students into our majors at the undergraduate level. For example, we are collaborating with Clackamas Community College to create a public health career pathway for students to help expand the public health workforce pipeline. We are also working more closely with 4-H youth programs to enhance potential pipelines.

**Graduate recruitment.** Graduate student recruitment specific to the public health disciplines is multifaceted. The internet is a major tool used in the recruitment of graduate students to OSU. Information regarding the College's graduate programs can be accessed from either the Graduate School's web page (<https://gradschool.oregonstate.edu/>) or the College's web page (<https://health.oregonstate.edu/degrees>). Students are directed to submit all inquiries to the Director of Graduate Student Recruitment and Admissions, who fields general questions about admissions and the application process. Prospective students with curriculum-specific requests for information are directed to individual faculty program directors in that discipline.

Some recruitment to the disciplines comes from the Graduate School at OSU through their attendance at national recruitment events, as well as through the use of fellowships. A variety of fellowship and scholarship opportunities are administered by the Graduate School

(<http://gradschool.oregonstate.edu/awards>) and nominations of students must be submitted by faculty or units. These, along with offers of funding through graduate teaching and research assistantships within the College, are used to recruit primarily PhD students to OSU. The College has successfully applied for funding from the University's Graduate Laurels Block Grant Program each year to help increase the number of graduate students in the MPH program from high achieving and educationally underrepresented groups in society to advance OSU's diversity goals.

At the College level, recruitment occurs primarily through the Director of Graduate Student Recruitment and Admissions, who represents the College at various high-profile recruitment events including This is Public Health fairs organized by the Association of Schools and Programs of Public Health, the SACNAS (Society for Advancement of Chicanos/Hispanics and Native Americans in Science) annual conference, as well as local and regional Pre-Health Professions fairs hosted by universities in Oregon. Students are also recruited at national and regional professional conferences such as annual meetings of the Oregon Public Health Association and American Public Health Association. These efforts are supplemented by the College's marketing team attending promotional events for the University, as well as faculty attending professional conferences.

In addition to attending recruitment events, the Director of Graduate Student Recruitment and Admissions has explored alternative methods in order to increase enrollment in our graduate programs. For example, the College has built on the existing partnership that OSU has with INTO, a company located on campus that provides English language immersion courses for international students and facilitates integration into OSU programs. Our faculty have created a pathway program to the MPH. This is a 3-term program for international students that builds English language skills and foundational knowledge in public health in order to prepare them to enroll in the MPH. Students earn 13 graduate credits during the 3-term program that are then applied toward their progress in the MPH program.

The College has created an accelerated master's program for undergraduate students in the Health Management and Policy major. The program targets high-achieving undergraduate students in their junior year and allows them to take graduate-level courses in their senior year that count toward both their undergraduate degrees as well as the MPH degree. This program allows successful students to matriculate directly into the MPH in Health Management and Policy in their 5<sup>th</sup> year without an additional application through the Schools of Public Health Application Service (SOPHAS).

The Director of Graduate Student Recruitment and Admissions has also implemented a communications plan to increase visibility of the College and attract more qualified students. Faculty program directors regularly reach out to colleagues at other universities, specifically those with undergraduate programs in public health, with informational emails about our graduate programming. The Director of Graduate Student Recruitment and Admissions sends out a similar email to everyone who submits a letter of recommendation for an applicant each year. Furthermore, all graduate students admitted to the CPHHS receive a letter from the CPHHS Dean in fall and winter, as well as a copy of Synergies, our newsletter that provides an overview of recent events and stories from the College.

Since the College does have an undergraduate public health program, we make additional efforts to target those students. Each term, the Director of Graduate Student Recruitment and Admissions and the MPH Administrative Director present information about the MPH program in a required course containing junior and senior public health majors. The Director of Graduate Student Recruitment and Admissions also works with undergraduate academic advisors in the College to connect with undergraduate students who have expressed an interest in pursuing a graduate degree in public health.

In recent years, we have held a College-wide Admitted Graduate Students Day. The admitted graduate students who are invited to this event may not have confirmed their intent to enroll at OSU. The purpose

of the event is to help demonstrate why CPHHS is the best place for them to pursue their graduate degree. The day's agenda includes, but is not limited to, a welcome from College leadership, a graduate student panel discussion, lunch with faculty and current students, the opportunity for admitted students to attend the College's annual Distinguished Alumni Lecture, a campus tour, and the opportunity to learn about a wide range of resources in the College and University.

For our new online MPH option in Public Health Practice, we have collaborated with OSU's Ecampus to identify multiple ways to market this new online program. For example, advertisements for the online MPH have been featured in the OSU Stater, Hospital Voice, and the Lund Report in Fall 2018 issues. The online MPH is also currently being advertised on social media platforms such as Facebook, Twitter, and LinkedIn.

**H4.2. Provide a statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings.**

**Undergraduate student admissions.** OSU's admission requirements promote student success by assessing student preparedness and academic potential in the unique context of each student's personal experience. The Office of Admissions completes a fair and comprehensive review of each applicant's achievements, both academic and non-academic, in order to enroll students with a broad range of characteristics and perspectives. Considerations include, but are not limited to, academic achievement, creativity, initiative, motivation, leadership, persistence, service to others, intellectual curiosity, exceptional personal or academic recognition, unusual talent or ability, substantial experience with other cultures, and ability to overcome significant challenges. Initial admission selections are based on a holistic assessment of the criteria listed at <https://admissions.oregonstate.edu/admission-requirements>. These requirements include strength of curriculum throughout the entire high school program, academic performance (preferred cumulative GPA of 3.0) and class rank, and standardized test scores (SAT or ACT scores are required as part of the application). As part of the undergraduate admissions process, on-campus students are also required to fill out an Insight Resume, which provides a more complete picture of the applicant as a whole and contextualizes the applicant's unique experiences, perspective, and personal circumstances. Unlike graduate admissions where both the academic program and the University review the applicant, undergraduates are reviewed and admitted by the University and placed in majors they select. As such, the faculty members in the College do not play a role in accepting undergraduate students to OSU.

**Graduate student admissions.** Applicants to graduate public health degree programs (MPH and PhD) apply first through the Schools of Public Health Application Service (SOPHAS), and then through the OSU Graduate School's supplemental application. At each deadline (December 1 and March 1), the Director of Graduate Student Recruitment and Admissions facilitates the review process by circulating complete applications to the appropriate reviewing committees that are discipline specific (e.g., Epidemiology, Global Health, etc.). An initial determination is made by the respective committee on each application and forwarded to School Heads (for PhD admissions) or the Associate Dean for Academic and Faculty Affairs (for MPH admissions) for approval. Lastly, decisions are submitted to the OSU Graduate School for a final review, wherein the Graduate School determines whether the general university requirements for admission have been met (<https://gradschool.oregonstate.edu/admissions>). If the application meets the requirements, the OSU Graduate School then sends out an official acceptance letter via email. Once the official decision notification email is sent by the Graduate School, the Program Director in each discipline and/or the MPH Administrative Director follows up with accepted applicants by sending out a second congratulatory email that includes more discipline-specific information and a request to confirm their intent to enroll by April 15 (in accordance with the April 15 Resolution,

[https://gradschool.oregonstate.edu/sites/gradschool.oregonstate.edu/files/graduate\\_school\\_award\\_deadlines.pdf](https://gradschool.oregonstate.edu/sites/gradschool.oregonstate.edu/files/graduate_school_award_deadlines.pdf)).

In all of the graduate programs in the College, the decision to admit an applicant is based on a combination of criteria specific to each program. Applicants to MPH and PhD programs in public health must submit the following in their SOPHAS application: resume, statement of objectives, official transcripts, 3 letters of reference, GRE scores, and a writing sample (PhD applicants only). Additionally, international applicants must submit World Education Service evaluations of foreign coursework via the SOPHAS, as well as TOEFL or IELTS scores. The Graduate School at OSU requires a minimum GPA of 3.0 (either cumulative or within the last 90 credits) in order for an applicant to be admitted to any graduate program.

**H4.3. Select at least one of the following measures that is meaningful to the school or program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4.1. In addition to at least one from the list that follows, the school or program may add measures that are significant to its own mission and context.**

<b>Outcome Measure</b>	<b>Undergraduate or Graduate</b>	<b>Target</b>	<b>Year I (2015-2016)</b>	<b>Year II (2016-2017)</b>	<b>Year III (2017-2018)</b>
GPA	Undergraduate	3.00	3.46	3.46	3.52
GPA	Graduate	3.00	3.50	3.38	3.47

**H4.4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

**Strengths:** OSU and the College both have rigorous standards for admission and policies and procedures in place to ensure fair and effective consideration of undergraduate and graduate applicants. The creation of the accelerated master’s program for high-achieving undergraduate students in the Health Management and Policy major creates a pipeline for continuing into the MPH program. The procedures at the graduate level that allow individual units autonomy in student selection enhance the College’s ability to identify highly qualified students who are well suited to the various programs. For the past few years, we have used the SOPHAS to facilitate the recruitment and admission process resulting in more visibility and an increase in the number of qualified applicants. We have created an online MPH program to allow both Oregon residents in rural areas, as well as students nationwide and worldwide, access to this advanced degree. Our partnership with INTO OSU enhances the diversity of our programs by enrolling international students. In collaboration with the Graduate School, we have begun attending the annual SACNAS conference each year in order to better recruit underrepresented and diverse groups of students. Finally, we are fortunate to have a full-time Director of Graduate Student Recruitment and Admissions dedicated to recruitment and admissions for all graduate programs in our College.

**Weaknesses:** We do not have as many on-campus students as we believe we can handle.

**Plans:** The marketing team will continue to revise the College website to make it more attractive to prospective students by simplifying navigation and creating more content that is relevant. The College is exploring partnerships with local community colleges to attract more students into our majors at the undergraduate level. We are working more closely with 4-H youth programs to enhance potential pipelines. We plan to continue to advertise our online MPH to health departments and other employers of public health professionals. We are pursuing opportunities to create dual-degree programs with units both within OSU and at other universities.

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## **H5. Publication of Educational Offerings**

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### **H5.1. Provide direct links to information and descriptions of all degree programs and concentrations. The information must describe all of the following: academic calendar, admission policies, grading policies, academic integrity standards and degree completion requirements.**

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Information and descriptions of all degree programs can be found at <http://health.oregonstate.edu/degrees>.

Oregon State University is on the quarter system, and the University academic calendar is published by the Registrar online at <http://registrar.oregonstate.edu/academic-calendar-0>.

Admission policies for first-year undergraduate students are at <https://admissions.oregonstate.edu/admission-requirements>. Admission policies for transfer students are at <http://admissions.oregonstate.edu/transfer-student-requirements>. Graduate School admissions requirements are at <http://gradschool.oregonstate.edu/admissions>, and College-specific graduate admissions policies are located at <http://health.oregonstate.edu/admissions>.

The Registrar is responsible for publishing academic regulations related to grading procedures. Details regarding grades, regulations, and records are at <https://catalog.oregonstate.edu/grades-regulations-records/>. College-specific grading policies for undergraduate students are at <https://health.oregonstate.edu/advising/policies>. Policies governing all graduate programs (including grade requirements) can be found at <https://catalog.oregonstate.edu/college-departments/graduate-school/#text>.

The Office of Student Conduct and Community Standards at <http://studentlife.oregonstate.edu/studentconduct> manages and processes academic integrity standards. A new procedure for reporting an incident of academic misconduct was implemented in Fall 2017 and is outlined at <http://studentlife.oregonstate.edu/studentconduct/academicmisconduct-faculty>.

Degree completion regulations for the University are published by the Registrar's Office at <http://registrar.oregonstate.edu/regulations-0>.

## Glossary

Acronyms	Meaning
AES	Agricultural Experiment Station
AHD	Academic Health Department
APA	Academic Programs and Assessment
APE	Applied Practice Experience
AR	Academic Regulation
ASPPH	Association of Schools and Programs of Public Health
AUPHA	Association of University Programs in Health Administration
AV/AS	Anti-Virus /Anti-Spyware
AY	Academic Year
BA	Bachelor of Arts
BI	Biology
BPHS	Biological and Population Health Sciences
BPHS	School of Biological and Population Health Sciences
BS	Bachelors of Science
CAC	Community Advisory Council
CDC	Centers for Disease Control and Prevention
CGRB	Center for Genome Research and Biocomputing
CHW	Community Health Worker
CITI	Collaborative Institutional Training Initiative
CIVIC	Center to Improve Veteran Involvement in Care
CLHO	Coalition of Local Health Officers
CMS	Content Management System
CN	Community Network
CPHHS	College of Public Health and Human Sciences
CPU	Central Processing Unit
DAC	Deans Advisory Committee
DM	Digital Measures
DPD	Difference, Power and Discrimination
DVD	Digital Video Disk / Digital Versatile Disk
DVM	Doctor of Veterinary Medicine
DVM/MPH	DVM and MPH Dual Degree
E & G	Education and General
ECAN	Extension Citizen Advisory Network
ECON	Economics
EID	Equity, Inclusion, and Diversity
EOCCO	Eastern Oregon Coordinated Care Organization
ES	Ethnic Studies
eSET	(Electronic) Student Evaluation of Teaching
F.L.O.W.	Families, Leisure, Occupations and Wellbeing
FCH	Family and Community Health
FERPA	Family Educational Rights and Privacy Act
FTE	Full-Time Equivalent
FY	Fiscal Year
GB	Gigabyte
GCPH	Graduate Certificate in Public Health
GH	Global Health
GPA	Grade Point Average
GRE	Graduate Record Exam

<b>Acronyms</b>	<b>Meaning</b>
H	Public Health
HDFS	Human Development and Family Sciences
HDI	Health Data and Informatics
HECC	Higher Education Coordinating Commission
HHS	Health and Human Sciences
HMP	Health Management and Policy
HPHB	Health Promotion and Health Behavior
HRSA	Health Resources and Services Administration
ICR	Indirect Cost Recovery
IELTS	International English Language Testing System
ILE	Integrated Learning Experience
ILRC	Integrated Learning Resource Center
IP	Internet Protocol
IRB	Institutional Review Board
IS	Information Services
IT	Information Technology
JD	Juris Doctor
LINC	Learning Innovation Center
MAPE	Master of Adapted Physical Education
MATRN	Master of Athletic Training
MD	Doctor of Medicine
MHS	Master of Health Sciences
MPH	Master of Public Health
MS	Master of Science
N	Number
NA	Not Applicable
NASA	National Atmospheric and Space Association
NCFDD	National Center for Faculty Development and Diversity
NHEERL	National Health and Environmental Effects Research Laboratory
NIEHS	National Institute of Environmental Health Sciences
NIH	National Institutes of Health
Non-PIF	Non-Primary Instructional Faculty
NSF	National Science Foundation
NUTR	Nutrition
NWCCU	Northwest Commission on Colleges and Universities
NWCPHP	Northwest Center for Public Health Practice
OAR	Oregon Administrative Rule
OCHI	OSU Center for Health Innovation
OHA	Oregon Health Association
OHSU	Oregon Health and Science University
OMPH	Oregon Masters of Public Health
ONID	OSU Computer Network Identification Account
OOS	Open Oregon State
OR	Oregon
OS	Operating System
OSS	Office of Student Success
OSU	Oregon State University
OSUL	Oregon State University Libraries
P & T	Promotion and Tenure
PH	Public Health

<b>Acronyms</b>	<b>Meaning</b>
PhD	Doctor of Philosophy
PHL	Philosophy
PHP	Public Health Practice
PIF	Primary Instructional Faculty
PROF	Periodic Review of Faculty
PSY	Psychology
RCM	Responsibility Centered Management
REAL	Required Experiential Arcs of Learning
SACNAS	Society for Advancement of Chicanos/Hispanics and Native Americans in Science
SD	Standard Deviation
SEARCH	Supporting Engaging Adult Relationships with Children
SES	Socioeconomic Status
SET	Student Evaluation of Teaching
SOBE	School of Social and Behavioral Health Sciences
SOC	Sociology
SOPHAS	Schools of Public Health Application Service
SSCM	Student Success Completion Model
SWPS	Statewide Public Services
TAC	Technology Across the Curriculum
TB	Terabyte
TBA	To Be Announced
TOEFL	Test of English as a Foreign Language
UHC	University Honors College
URAP	Undergraduate Research Awards Program
URISC	Undergraduate Research Innovation Scholarship Creativity
URL	Uniform Resource Locator
USDA	United States Department of Agriculture
VA	Veteran Affairs
VPN	Virtual Private Networking