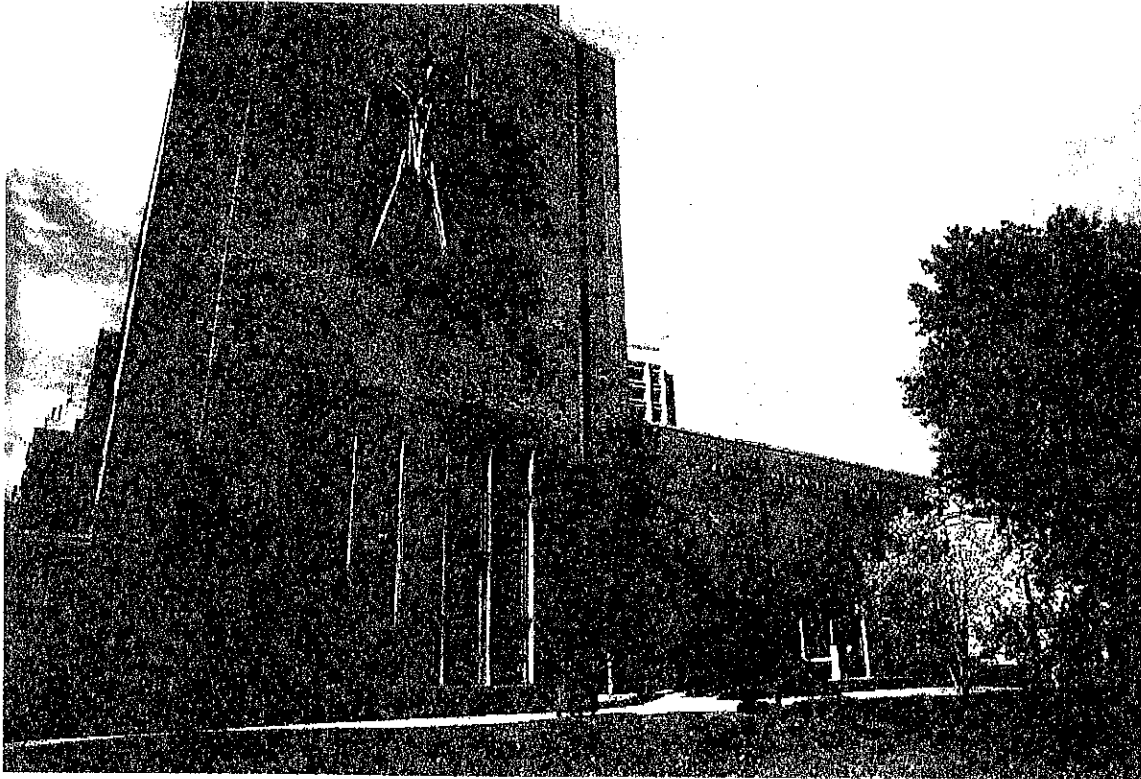


UNIVERSITY OF PITTSBURGH
GRADUATE SCHOOL OF PUBLIC HEALTH



SELF-STUDY REPORT
SEPTEMBER 2006

PREPARED FOR THE
COUNCIL ON EDUCATION FOR PUBLIC HEALTH

LIST OF ACRONYMS FOR GSPH SELF-STUDY

AARP	American Association for Retired Persons
ACEHSA	Accrediting Commission on Education for Health Services Administration
ACHD	Allegheny County Health Department
ACHE	American College of Healthcare Executives
ACRIN	American College of Radiation Imaging Network
AHEC	Area Health Education Center
API	American Petroleum Institute
ASPH	Association of Schools of Public Health
ASPS	Admissions and Student Performance Subcommittee
AUPHA	Association of University Programs in Health Administration
AWPH	Association of Women in Public Health
BARI 2D	Bypass Angioplasty Revascularization Investigation 2 Diabetes
BCHS	Behavioral and Community Health Science
BIOST	Biostatistics
BWHOLE	Black Women and Health Outreach for Longer Life and Empowerment
CAHME	Commission on Accreditation of Healthcare Management Education
CAST	College After-School Team
CDC	Centers for Diseases Control and Prevention
CEPH	Council on Education for Public Health
CEU	Continuing Education Unit
CHA	Center for Healthy Aging
CHEC	Center for Healthy Environments and Communities
CIDDE	Center for Instructional Development and Distance Education
CIRCL	Center for Injury Research and Control
CIS	Cancer Information Service
CME	Continuing Medical Education
CMH	Center for Minority Health
CPHP	Center for Public Health Practice
CRAB	Community Research Advisory Board
CRHSO	Center for Research on Health and Sexual Orientation
CVD	Cardiovascular Diseases
DSO	Doctoral Student Organization
EDC	Epidemiology Data Center
ENAR	Eastern North American Region (International Biometric Society)
EOH	Environmental and Occupational Health
EPA	Environmental Protection Agency
EPCC	Educational Policies and Curriculum Committee
EPID	Epidemiology
ESTHER	Epidemiologic Study of Health Risk in lesbians
ETS	Educational Testing Service
EXPORT	Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training
FAPTC	Faculty Appointment, Promotions, and Tenure Committee
FDC	Faculty Diversity Committee
FETEG	Formaldehyde Epidemiology, Toxicology, and Environmental Group, Inc.

FSEC	Faculty Senate Executive Committee
FTE	Full-Time Equivalent
FY	Fiscal Year
GPC	Graduate Program Committee
GPSA	Graduate and Professional Student Association
GSA	Graduate Student Assistant
GSO	Global Student Organization
GSPH	Graduate School of Public Health
GSPIA	Graduate School for Public and International Affairs
GSR	Graduate Student Researcher
HAIR	Health Advocates in Reach
HBCU	Historically Black Colleges and Universities
HBFP	Healthy Black Family Project
HPI	Health Policy Institute
HPIAA	Health Insurance Portability and Accountability Act
HPM	Health Policy and Management
HRSA	Health Resources and Services Administration
HSLs	Health Sciences Library System
HUGEN	Human Genetics
IDM	Infectious Diseases and Microbiology
IOM	Institute of Medicine
IRB	Institutional Review Board
LGBT	Lesbian, Gay, Bisexual, and Transgender
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer Alliance
MHA	Master of Health Administration
MMPH	Multidisciplinary Master of Public Health
MPH	Master of Public Health
MSO	Minority Student Organization
MULTI	Multidisciplinary MPH
NAC	National Advisory Committee
NCI	National Cancer Institute
NCI PAACT	NCI's Program for the Assessment of Clinical Cancer Tests
NIAID	National Institute of Allergic and Infectious Diseases
NIAMS	National Institute of Arthritis and Musculoskeletal and Skin Diseases
NIEHS	National Institute of Environmental Health Sciences
NIH	National Institutes of Health
NSABP	National Surgical Adjuvant Breast and Bowel Project
OACD	Office of Academic Career Development
OMET	Office of Measurement and Evaluation of Teaching
OORHS	Office of Research, Health Sciences
OSHA	Occupational Safety and Health Administration
PADOH	Pennsylvania Department of Health
PAHO	Pan American Health Organization
PBPC	Planning and Budget Policy Committee
PBS	Planning and Budgeting System
PHTC	Public Health Training Center
PLCO	Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial
POPHTC	Pennsylvania and Ohio Public Health Training Center
PREMIS	Preservation Metadata Implementation Strategies

PTA	Parent Teacher Association
RDF	Research Development Funds
SGA	Student Government Association
SHIP	State Health Improvement Partnership
SLEP	Senior Living Enhancement Program
SOPHE	Society for Public Health Education
SPORE	Specialized Programs of Research Excellence
SVC	Senior Vice Chancellor for the Health Sciences
TA	Teaching Assistant
UCGS	University Council on Graduate Study
UPCPHP	University of Pittsburgh Center for Public Health Preparedness
UPMC	University of Pittsburgh Medical Center
WHO	World Health Organization
WPIC	Western Psychiatric Institute and Clinic

VI-Research
I-Mission

II-Organization

III-Governance

IV-Resources

V-Instruction

CRITERION I: MISSION, GOALS, AND OBJECTIVES

I. THE SCHOOL SHALL HAVE A CLEARLY FORMULATED AND PUBLICLY STATED MISSION WITH SUPPORTING GOALS AND OBJECTIVES.

I.1. A CLEAR AND CONCISE MISSION STATEMENT FOR THE SCHOOL AS A WHOLE

The mission of the Graduate School of Public Health (GSPH) is *to promote health and prevent disease in individuals and their communities by anticipating and responding to public health needs through research, teaching, and service and to enhance current public health initiatives through interaction and collaboration with other health care disciplines and organizations.*

GSPH's mission is the product of a longstanding consensus within the School. First articulated as the result of a strategic planning process conducted in 1993, the mission was reviewed and confirmed in a faculty retreat in March 2002. It stresses three fundamental beliefs that build on the Council on Education for Public Health (CEPH) concept of the mission of public health schools: (1) GSPH anticipates and responds to the needs of individuals and communities through its teaching, research, and service; (2) GSPH believes that public health is interactive and collaborative; and (3) GSPH views the public health arena as an interdisciplinary environment.

I.2. ONE OR MORE GOAL STATEMENTS FOR EACH MAJOR FUNCTION BY WHICH THE SCHOOL INTENDS TO ATTAIN ITS MISSION, INCLUDING INSTRUCTION, RESEARCH, AND SERVICE AND

I.3. A SET OF MEASURABLE OBJECTIVES RELATING TO EACH MAJOR FUNCTION THROUGH WHICH THE SCHOOL INTENDS TO ACHIEVE ITS GOALS OF INSTRUCTION, RESEARCH, AND SERVICE

The GSPH mission is carried out through four specific goals addressing, respectively, teaching, research, service, and infrastructure. The following narrative describes these goals, along with the measurable objectives currently pursued for each. (See Criterion X for the results of evaluation on each of these measurables.)

A. To educate students as leaders for public health research and practice, measured by:

- Maintaining an above-average student-to-faculty ratio as compared to other accredited schools of public health
- Creating and maintaining a student body that reflects the racial and ethnic diversity distribution of the region in which we are located
- Using external review committees to evaluate department-specific professional degree program curricula every three years to assure that the most current science and practice are being taught in GSPH classes
- Regularly surveying new GSPH graduates and alumni to determine the quality of their preparation for research or practice careers
- Maintaining a significant level of international student matriculation in line with the current level of 20-25 percent of the student body

B. To expand scientific research that relates to public health, measured by:

- Strengthening commitment to interdisciplinary research, as measured by the disciplines, departments, and schools represented on the research teams of GSPH-initiated projects and

the participation of GSPH faculty in non-GSPH-initiated projects to maintain or exceed a 70 percent level of all funded research projects as multi-, inter-, or transdisciplinary

- Increasing the number of training grants GSPH receives
 - Maintaining or increasing levels of external funding for research, with the expectation that the mix of funding from NIH and non-NIH sources will evolve equally rapidly
 - Annually increasing the total number of peer-reviewed publications by faculty
- C. *To implement the service component of the mission, including the transfer of public health knowledge into practice, measured by:*
- Annually increasing the involvement of faculty with community agencies as measured by advisory board membership, provision of technical assistance, and related activities
 - Annually increasing the number of faculty serving on national advisory committees, peer review committees, and policy or governance boards for public or not-for-profit agencies
 - Annually increasing the number of educational programs and special events drawing professionals and practitioners into GSPH for interactions with GSPH faculty and students
- D. *To assure GSPH's infrastructure and operational support, measured by:*
- Updating all GSPH classrooms (paint, chairs, information technology) by the 2007-2008 academic year
 - Enhancing interactions among GSPH faculty and students, including the development of contiguous space to house existing and new faculty and students.
 - Annually increasing philanthropic support derived from contributions from alumni, foundations, corporations, and other friends and supporters of the School

I.4. A DESCRIPTION OF THE MANNER IN WHICH THE MISSION, GOALS, AND OBJECTIVES ARE DEVELOPED, MONITORED, AND PERIODICALLY REVISED AND THE MANNER IN WHICH THEY ARE MADE AVAILABLE TO THE PUBLIC

GSPH Council (Appendix 1) is responsible for annually reviewing the School's mission and associated goals to assure their continuing relevance. As stated in GSPH policy (enacted on May 18, 2005), "the Council will also consider the effectiveness of the existing measures to achieve GSPH goals, and make recommendations concerning revision of these measures or development of new measures." The objectives enumerated in sections I.2 and I.3 were reviewed, reconfirmed, or revised by the GSPH Council during the 2005-06 academic year and are believed to represent appropriate and measurable objectives relating to goals in the areas of instruction, research, service, and infrastructure. The first annual review of existing measures and their effectiveness took place at the GSPH Council's May 2006 meeting. According to the minutes of the meeting, which are available online at www.publichealth.pitt.edu/gov_portal.php?page=897&context=0§ion=all, the council voted to continue use of the existing outcome measures, which are discussed in detail in Criterion X.

Each of GSPH's seven departments and two School-wide centers has a mission statement that is consonant with the School-wide and University missions (see Appendix 2). The departmental mission statements have been reviewed by their respective faculties and by an external review committee for each department. Other periodic monitoring and evaluation activities include routine reviews by faculty committees and the dean, the CEPH self-study process, annual external review by the School's Board of Visitors, and department-level retreats.

The School generally develops a comprehensive long-range plan every five years, which is reviewed by the Office of the Senior Vice Chancellor for the Health Sciences (SVC). A five-year plan was requested by the SVC in FY 2005 for the period FY 2007 through FY 2011. GSPH requested and received an extension for completion of the long-range plan to allow the School's incoming dean, Donald S. Burke, MD, to participate in the planning process. Dean Burke expects the new long-range plan to be completed during the 2006-07 academic year. (Previous long-range planning documents for 1995-1999 and 1999-2003 as well as long-range budget plans for FY 2001-2005 and FY 2006-2011 are available in the resource file.)

The School promotes its mission, goals, and objectives to the general public through appearances before various audiences by faculty, staff, and students; close contact with and briefings to state and federal legislators; and dissemination of information regarding activities, research findings, and other pertinent issues through the GSPH Web site; the semiannual GSPH magazine, *PublicHealth*; University news bureaus; and newsletters.

At the University level, the University Council on Graduate Study (UCGS) develops basic standards, regulations, and policies applicable to all fields for graduate instruction and research. UCGS reviews, evaluates, and makes recommendations to the provost concerning proposals for new post-baccalaureate degree and certificate programs throughout the University after such proposals have had prior review and approval at the School level. UCGS has reviewed all new and substantially revised educational programs in GSPH.

UCGS stays informed regarding the quality of graduate work throughout the University by reviewing each school's periodic evaluations of its graduate programs, copies of which are provided to the UCGS chair. For GSPH, the CEPH self-studies (1999 and 2006) provide evidence of a rigorous evaluation and, therefore, meet the UCGS requirements for program evaluation. In addition, UCGS identifies and promotes creative new approaches to graduate education. It monitors the concerns of graduate students and seeks ways to improve all aspects of the graduate experience at the University. A member of GSPH's Educational Policies and Curriculum Committee represents GSPH on UCGS. The School's current UCGS representative is Eleanor Feingold, PhD, associate professor of human genetics and biostatistics.

The integrity of GSPH's mission benefited from the leadership of Bernard D. Goldstein, MD, as dean from June 2001 through December 2005. During his tenure, Dean Goldstein established an inclusive process of regular review of the mission and the definition of specific, measurable goals for the School as a whole. This process was in addition to the University-mandated annual review by the GSPH Board of Visitors, the members of which are listed in Appendix 3. (The chair of the Board of Visitors is currently vacant; now that Dean Burke has arrived, the process of selecting a University trustee—required to serve in this capacity—is under way.) Dean Goldstein added annual retreats, which, in alternate years, were for the entire faculty or for the faculty leadership, and also initiated a process whereby each department would undergo a strategic review by an external advisory board once every three years. As a result, GSPH is solidly focused on its mission, and systems are in place to assure consistency and accountability in programs and policies throughout the School. In November 2004, Dr. Goldstein announced his intention to resign as dean in 2005 but remain on the faculty as a professor of environmental and occupational health.

In December 2005, Roberta Ness, MD, MPH, began serving as interim dean during the search for permanent leadership. Dr. Ness, as one of GSPH's senior faculty members and chair of the School's largest department, Epidemiology, led the School with true vision in achieving its mission and goals (see resource file for Dr. Ness's curriculum vitae). At the behest of the senior

vice chancellor for the health sciences, Arthur S. Levine, MD, Dr. Ness took a vigorous approach to her responsibilities as interim dean, including strategic planning for the School through a review of the School's mission and monthly meetings with GSPH Council. She made important adjustments, such as naming a new associate dean for research, Stephen Wisniewski, PhD, associate professor of epidemiology and deputy director of the Epidemiology Data Center; initiating discussion of some centralized components for professional programs; and promoting review and revision of the School's core curriculum. In the same way, Dr. Ness exercised a strong leadership role in the CEPH reaccreditation process.

In March 2006, Dr. Levine announced the appointment of Dr. Burke as the new dean of GSPH as of July 1. Dr. Burke, who was recruited from the Johns Hopkins Bloomberg School of Public Health, is an internationally renowned expert in prevention, diagnosis, and control of infectious diseases of global concern, including HIV/AIDS, avian flu, and emerging infectious diseases. He joined the Johns Hopkins faculty in 1997 after a 23-year career with the U.S. Army Medical Corps and most recently served as professor of international health and epidemiology, associate chair for disease prevention and control in the Department of International Health, and director of the Center for Immunization Research. (See the resource file for the announcement of Dr. Burke's appointment and his curriculum vitae.) In recognition of his valued expertise in global health, Dr. Burke also holds two new positions at the University of Pittsburgh—associate vice chancellor for global health, health sciences, and director of the new Center for Vaccine Research.

I.5. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- GSPH maintains systems that assure the regular and ongoing review and evaluation of its mission and goals and their communication to its key constituencies. GSPH integrates its systems of oversight with those of the University, including the use of this self-study as evidence of the rigorous review of educational programs. Over the past five years, GSPH has used annual retreats of administrators and faculty members to draw attention to management and academic objectives and to focus on specific outcomes.

Weaknesses

- With the transition in leadership at the level of the dean, the 2007-11 long-range strategic planning process has been delayed but will be a priority initiative under the leadership of Dean Burke.

Recommendations

- Any recommendations regarding the School's primary mission, goals, and objectives will await the planning processes that will occur under Dean Burke's leadership.

Criterion I is met.

CRITERION II: ORGANIZATIONAL SETTING—EXTERNAL

II.A. THE SCHOOL SHALL BE AN INTEGRAL PART OF AN ACCREDITED INSTITUTION OF HIGHER EDUCATION AND SHALL HAVE THE SAME LEVEL OF INDEPENDENCE AND STATUS ACCORDED TO PROFESSIONAL SCHOOLS IN THAT INSTITUTION.

GSPH is one of the University of Pittsburgh's six Schools of the Health Sciences, which also include Dental Medicine, Health and Rehabilitation Sciences, Medicine, Nursing, and Pharmacy. GSPH and all of the health sciences schools share in the academic mission of the University by providing a broad range of programs in education; biomedical and health-related research and research training; health promotion; and diagnosis, treatment, and prevention of human disease and disability.

II.A.1. A BRIEF DESCRIPTION OF THE INSTITUTION IN WHICH THE SCHOOL IS LOCATED, ALONG WITH THE NAMES OF ACCREDITING BODIES (OTHER THAN CEPH) TO WHICH THE INSTITUTION RESPONDS

The University of Pittsburgh of the Commonwealth System of Higher Education, founded in 1787, is a nonsectarian, coeducational, state-related research university. The University is one of the most comprehensive educational complexes in a tri-state area, offering 407 degree programs and currently enrolling 33,393 students. As a state-related institution, the University is a public-private venture supported by both public (Commonwealth of Pennsylvania) and private funds. As a result, educational services are made available at a lower tuition rate for Commonwealth residents. In return, the University is eligible for state funding for its operating budget and takes advantage of State Facility Construction Grants. However, administratively and academically, the University operates as a private institution and has sole authority over standards for admission, awarding of degrees, and faculty qualifications.

The University of Pittsburgh is a member of the Association of American Universities and is institutionally accredited by the Middle States Association of Colleges and Schools, Commission on Higher Education. The accreditation was reaffirmed in 2002.

In addition to its CEPH accreditation, GSPH maintains accreditation of several other academic programs in keeping with the accepted standards in those subdisciplines of public health. The Health Administration Program is accredited by the Commission on Accreditation of Healthcare Management Education (formerly the Accrediting Commission on Education for Health Services Administration); the MHA Program was last reaccredited in May 2004 for a six-year period. The Occupational and Environmental Medicine Residency Program is certified by the American Board of Preventive Medicine and received its five-year accreditation in 2002. The American Board of Medical Genetics has approved all tracks of the University's medical genetics residency, except the clinical genetics track for physicians, which was accredited by the Residency Review Council for Medical Genetics of the Accreditation Council for Graduate Medical Education in 2001 for five years. The Genetic Counseling Program was last accredited by the American Board of Genetic Counseling in 2003 for an eight-year period.

II.A.2. AN ORGANIZATIONAL CHART OF THE UNIVERSITY INDICATING THE SCHOOL'S RELATIONSHIP TO THE OTHER COMPONENTS OF THE INSTITUTION

The following charts illustrate the various administrative, financial, and development relationships of GSPH with other components of the University, particularly the other health sciences schools: GSPH organization (Chart II.1), the chancellor's office (Chart II.2), and the health sciences (Chart II.3).

Chart II.1. GSPH Organization

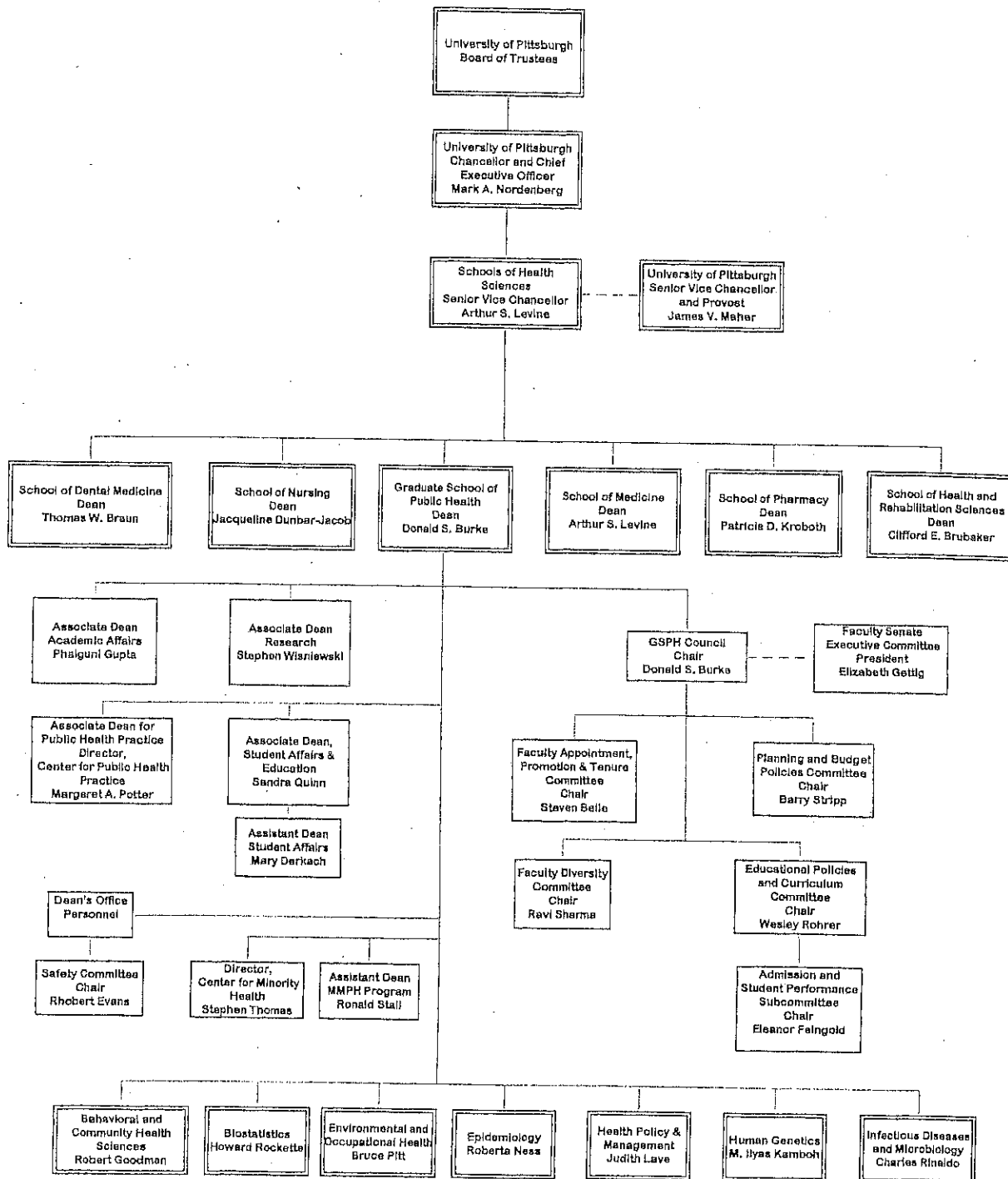


Chart II.2. Chancellor's Office Organization

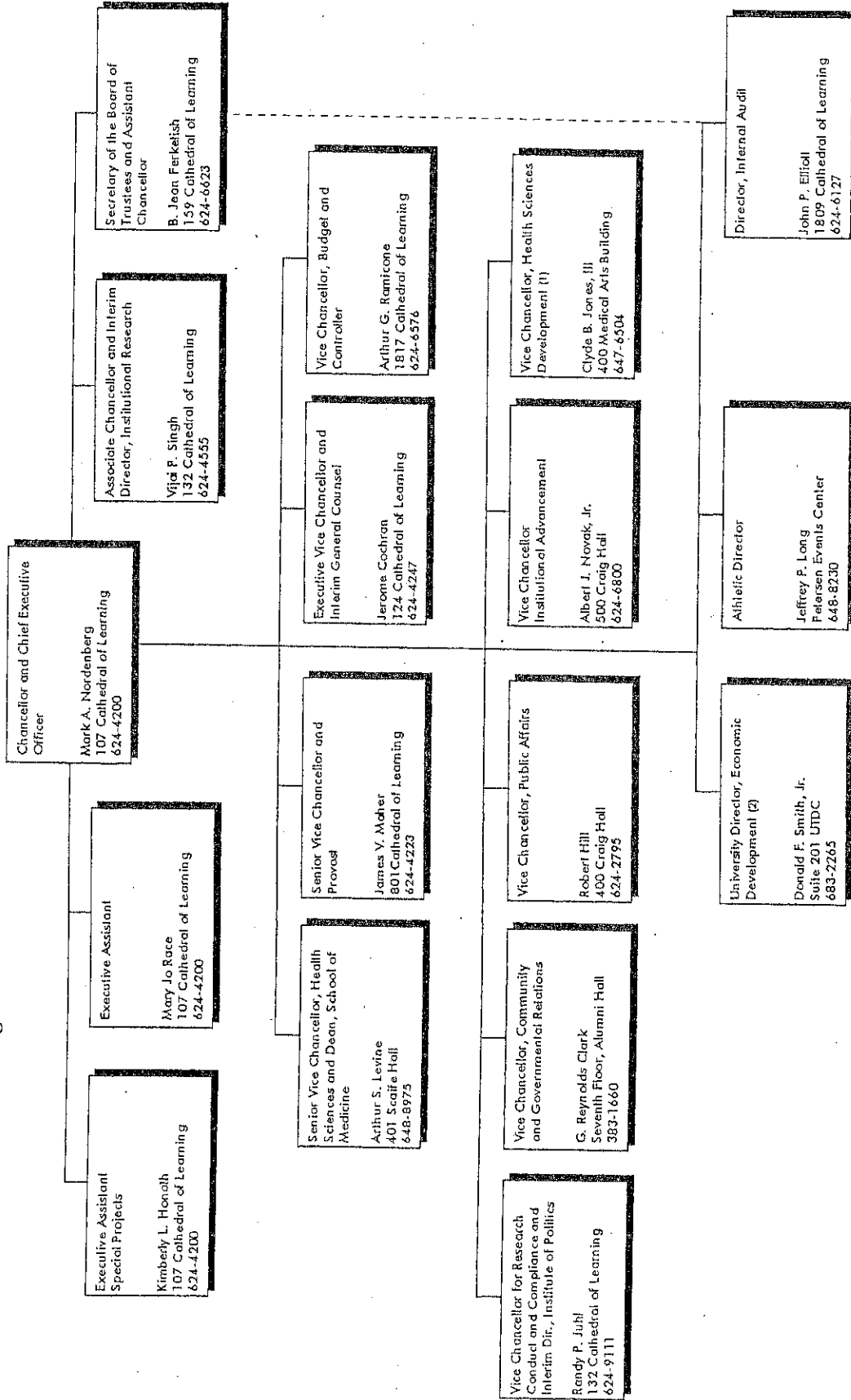
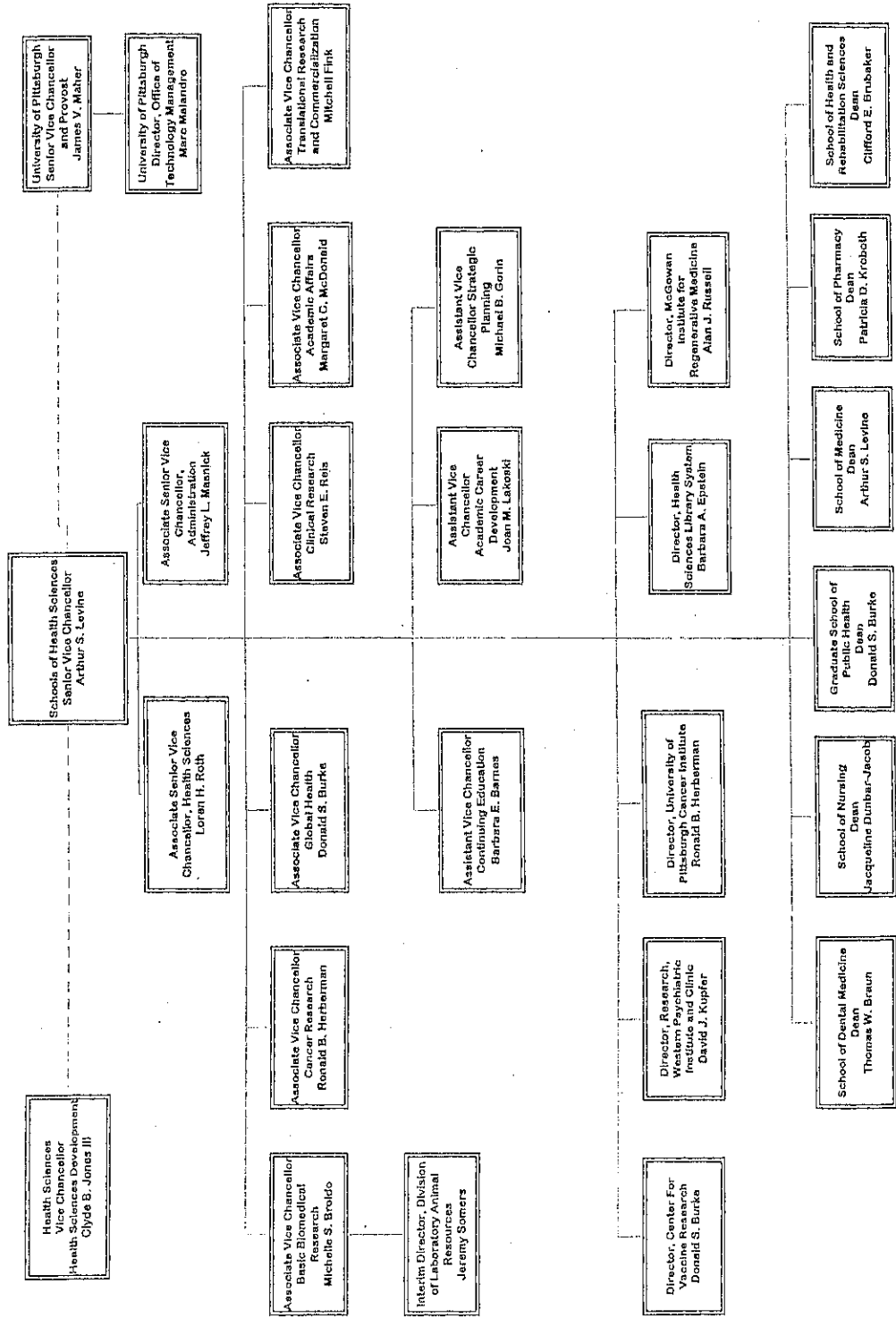


Chart II.3. Health Sciences Organization



II.A.3. A DESCRIPTION OF THE SCHOOL'S RELATIONSHIP TO THE UNIVERSITY'S SYSTEM OF GOVERNANCE, TO AMPLIFY THE DIAGRAMMATIC REPRESENTATION, INCLUDING BUDGETING AND RESOURCE ALLOCATION; PERSONNEL RECRUITMENT, SELECTION, AND ADVANCEMENT; AND ESTABLISHMENT OF ACADEMIC STANDARDS AND POLICIES

Organizational Structure, Personnel, and Academic Standards and Policies

GSPH is organizationally located within the health sciences schools of the University. The dean functions as the School's chief academic and administrative officer and, as such, is responsible to the Board of Trustees and the chancellor through the senior vice chancellor (SVC) for the health sciences (for administrative matters) and the provost (for academic matters). All academic appointments require both SVC and provost approval. The dean represents GSPH on the University's Council of Deans, which is composed of the deans of the University's 18 schools and the presidents of the four regional campuses. The dean also represents GSPH at the monthly SVC senior staff/health sciences deans meeting.

GSPH operates under the policies and procedures established by the University that govern personnel recruitment, advancement, academic standards, and academic policies. All policies and procedures are on file in the dean's office and in the individual departments (see resource file).

Mark A. Nordenberg, JD, has served as chancellor of the University since 1997, and Arthur S. Levine, MD, has served as senior vice chancellor for the health sciences and dean of the School of Medicine since 1998 (see resource file for the curriculum vitae of Dr. Levine). Dr. Levine's dual responsibilities follow a model that has been adopted by other major research universities; his relationship to the GSPH dean is the same as for all of the other health sciences deans.

Faculty members express their views, recommendations, and requests through their departmental and School faculty meetings and committees, the University Senate, the School's Planning and Budget Policy Committee, the School's Educational Policies and Curriculum Committee, and the University Planning and Budgeting System (PBS). Recommendations from the University Senate are made to the chancellor or other appropriate University officers on policy matters including, but not limited to, education; tenure; academic freedom; student affairs; physical plant (including expansions); substantive and procedural budgetary matters; health and welfare of the faculty, students, and staff; athletics; admissions; nondiscrimination; creation, termination, or merger of schools or major academic divisions; creation or termination of major administrative units; the University-wide mission and plan; and other matters of University-wide concern. The University's system of governance includes faculty membership on standing and ad hoc committees, many of which have representation or leadership from GSPH faculty members. (A list of standing committees is in Appendix 4.) Two of the past four University Senate presidents (Nathan Hershey, JD, and Gordon McLeod, MD, MPH) have been members of the GSPH faculty.

Budgeting and Resource Allocation

Planning, budgeting, and resource allocation procedures are organized through the University's Planning and Budgeting System (PBS). The PBS is an integrated, comprehensive system that provides collegial structures at all levels of the organization through Planning and Budget Policy Committees (PBPCs). The PBPCs afford participation by administrators, faculty, staff, and students at all steps in the process of developing plans and budgets, from the smallest significant organizational unit, the department, up through the chancellor.

Within GSPH, each department provides input to the GSPH Planning and Budget Policies Committee (PBPC; see Appendix 5) through elected representatives from all School departments, as well as the director of budget and finance and the departmental administrators as ex-officio members due to their

particular knowledge. The PBPC is responsible for coordinating and prioritizing the plans, programs, and budgets of the various departments. PBPC recommendations are approved by the GSPH Council as described in the GSPH bylaws (see Criterion III and www.publichealth.pitt.edu/gov_portal.php?page=204&context=ContextFaculty). Once approved, these recommendations are summarized and transmitted to the SVC. After the same review process is completed by the SVC PBPC for all of the health sciences schools, the recommendations are forwarded to the chancellor's office and ultimately approved by the Board of Trustees.

The PBPC process has facilitated an increase in resources allocated to GSPH by the University; an increase in the indirect cost income from sponsored research that is returned to the School (\$2.5 million in 2005 compared to \$910,000 in 1999); additional financial aid for graduate students supported on full-rate indirect cost return grants in the amount of \$750,000 in 2005; and a new funding stream that provides a return of 65 percent of GSPH's tuition revenue over the 2002 base year, resulting in a return to the School of \$104,000 in 2005.

GSPH also has an indirect fiscal relationship with the University of Pittsburgh Medical Center (UPMC) through a contractual relationship with the University whereby UPMC supports the SVC and the programs under his administration. The SVC, with the assistance of his Planning and Budget Policies Committee, sets the priorities within the health sciences schools. Over the last eight years, the SVC has allocated \$24 million to GSPH. This support has provided resources to operate and/or sustain the Departments of Human Genetics, Environmental and Occupational Health, Behavioral and Community Health Sciences, and Health Policy and Management and has initiated and sustained the Centers for Minority Health and Healthy Aging. The SVC has also supported the School's growth by providing funds for capital projects and for recruiting and supporting new junior tenure stream faculty. In addition, specific GSPH faculty or programs may contract with UPMC clinical components to provide agreed-upon services in areas like infectious diseases, cytogenetics, occupational medicine, and others.

Fund-raising activities for GSPH and the other five Schools of the Health Sciences take place through the University of Pittsburgh/UPMC Medical and Health Sciences Foundation, which was created in 2003 to serve as a unified fund-raising organization for these entities. As noted in Appendix 6, the GSPH director of development reports to the director of health sciences development and is in charge of directing the School's fund-raising programs. The director of development is expected to work closely with the dean in identifying the School's needs and major gift prospects among School alumni; area residents and individuals with potential interest in the School's programs nationally; and corporations, foundations, and other organizations that support public health initiatives. With the assistance of Medical and Health Sciences Foundation staff in annual giving, planned giving, corporate and foundation relations, and special events, the director of development is expected to conduct a comprehensive development program to meet needs identified by the dean, department chairs, and leading School faculty.

II.A.4. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- GSPH has the same status as the University's other professional schools and also benefits greatly from its role within the University and the health sciences schools.
- GSPH is fully engaged in the University's well-defined and well-established budget-planning process.
- Participation of faculty, staff, and students in governance and committees ensures their full access to relevant information about the School's status within the University and input into any proposed changes in that status.

Weaknesses

- The School reports to both the senior vice chancellor for the health sciences and the provost. However, this model provides two revenue streams, and the highly interdisciplinary nature of its teaching and research makes GSPH a valued and essential partner with other health sciences schools.
- In comparison to the University's non-health sciences professional schools, the unique funding streams available to the health sciences schools and their relationship to UPMC may make decision-making more complex due to the partnerships involved.

Recommendations

- GSPH benefits from its development of a strong, well-defined organization and an effective governance system. Additionally, it is recognized as an integral and highly respected component of the University's health sciences program. No changes are recommended.

Criterion II.A is met.

ORGANIZATIONAL SETTING—INTERNAL

II.B. THE SCHOOL SHALL PROVIDE AN ORGANIZATIONAL SETTING CONDUCTIVE TO TEACHING AND LEARNING, RESEARCH, AND SERVICE. THE ORGANIZATIONAL SETTING SHALL FACILITATE INTERDISCIPLINARY COMMUNICATION, COOPERATION, AND COLLABORATION AND SHALL FOSTER THE DEVELOPMENT OF PROFESSIONAL PUBLIC HEALTH VALUES, CONCEPTS, AND ETHICS, AS DEFINED BY THE SCHOOL.

The School's administrative, teaching, and research facilities totaling 195,906 square feet are located in one major building with an annex, as well as in additional locations totaling 113,206 square feet throughout the University's main campus and the surrounding Oakland neighborhood. (See Table IV.3 for a breakdown of space utilization.) The original GSPH building was completed in 1957 and was rededicated in 1969 and named Thomas Parran Hall, in honor of the former surgeon general of the U.S. Public Health Service who served until 1958 as the School's first dean. In the same year, the building's annex was dedicated and named James A. Crabtree Hall, in honor of the head of the Department of Public Health Practice who served as the School's second dean from 1958 to 1966. In the ensuing years, GSPH's growth has resulted in the location of various research and service activities in additional leased office space throughout the Oakland section of Pittsburgh.

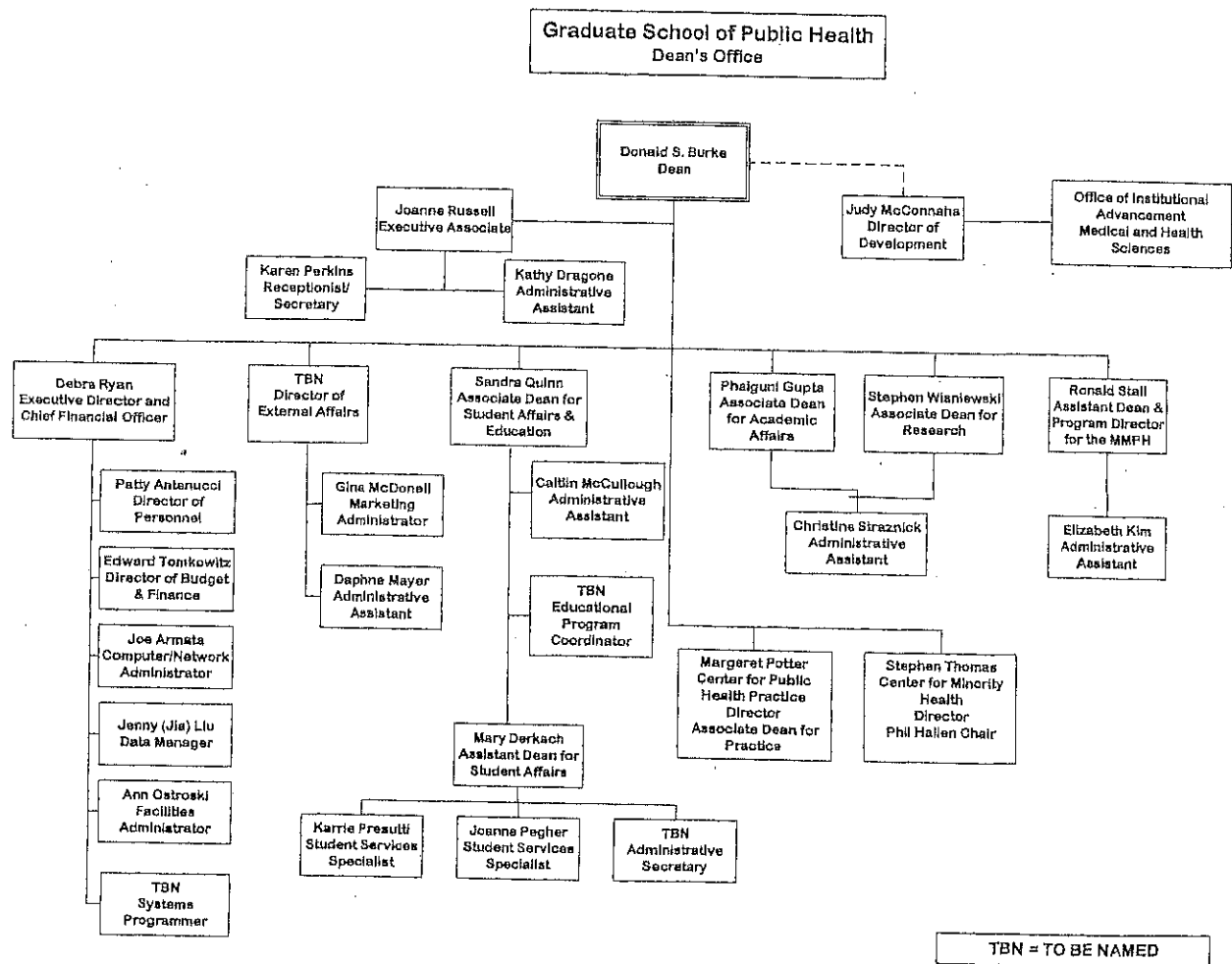
Substantial renovations to laboratories and offices in the last five years reflect GSPH's increasingly interdisciplinary nature and enhance interdepartmental communication: a 3,834-square-foot addition to Parran Hall now houses the Epidemiology Data Center; the Department of Environmental and Occupational Health has moved from the outdated Gold Building to the state-of-the-art Cellomics Building; and several office areas in Parran and Crabtree have been renovated, including the creation of an integrated dean's office suite to house GSPH's central administrative staff in contiguous space to better serve the School as a whole.

The University has committed \$37.5 million to modernize and upgrade Parran and Crabtree teaching, office, and laboratory space beginning in FY 2007. Attention will be focused on maximizing space utilization, creating additional laboratory space, providing a more effective teaching environment, and incorporating new teaching technologies into the classrooms. In addition, the University provided funds to renovate four classrooms in Crabtree Hall in summer 2006, prior to the start of the new academic year.

II.B.1. AN ORGANIZATIONAL CHART OF THE SCHOOL, INDICATING RELATIONSHIPS OF ITS COMPONENT DEPARTMENTS, DIVISIONS, OR OTHER UNITS WITH THE ADMINISTRATION OF THE SCHOOL AND ITS COMPONENTS

Chart II.1 shows the School's current organization, including the relationship of the dean's office to the departments and centers. This structure provides focus and accountability for decision-making on School-wide issues while allowing for an appropriate level of autonomy among the departments within their own programmatic areas. Chart II.4 shows the organizational structure of the dean's office, including those staff members who have a central administrative role for the School as a whole.

Chart II.4. GSPH Administration Organization



II.B.2. DESCRIPTION OF THE RELATIONSHIPS INDICATED IN THE DIAGRAMMATIC REPRESENTATION

GSPH operates as a largely departmentally focused organization but with critical core functions centralized in the dean's office. These core functions are led by an administrative team that includes an executive director of administration/chief financial officer, director of personnel, director of budget and finance, and director of external affairs. Also reporting to the dean are four associate deans—Phalguni Gupta, PhD, for academic affairs; Sandra Quinn, PhD, for student affairs and education; Margaret Potter, JD, for public health practice; and Stephen Wisniewski, PhD, for research—and one assistant dean,

Ronald D. Stall, PhD, MPH, for the Multidisciplinary Master of Public Health program. Mary Derkach, JD, assistant dean for student affairs, reports to Dr. Quinn.

The dean's office has primary responsibility for the School's general administration through the dean, the associate deans, and the School's chief financial officer. These functions include strategic planning; budget, personnel, human resources, facilities and research administration; faculty development, appointments, and promotions; development of major research initiatives; promotion of the organizational mission; awarding of degrees; and monitoring of student performance. The dean's office sees itself as a service organization to assist faculty and students in fulfilling their responsibilities. To facilitate these processes, the dean is in the process of developing centralized systems for tracking interdisciplinary, community service and continuing education activities. The School's fund-raising functions are administered through the director of development, who reports to the University of Pittsburgh/UPMC Medical and Health Sciences Foundation with liaison to the GSPH dean (see section II.A.2; this is a health sciences-wide model).

The School's two centers that have administrative and/or instructional (as well as research) responsibilities are organizationally situated within the dean's office. These centers both function at the School-wide level and interact with other schools, departments, faculty, and universities to support interdisciplinary research, teaching, and service across departments and with external constituencies. Stephen Thomas, PhD, directs the Center for Minority Health, and Margaret Potter, JD, directs the Center for Public Health Practice. Both center directors report to the dean.

The School's core programmatic activities in teaching, research, and service are largely (but not exclusively) conducted at the departmental level. Each department is directed by a chair with academic and administrative responsibility. Department staff members are coordinated through senior departmental administrators who facilitate grants management, staff recruitment and supervision, and other departmental activities. Departments maintain standing committees for curriculum, student admissions, theses and dissertations, and other responsibilities appropriate to each (see Appendix 7).

II.B.3. DESCRIPTION OF THE MANNER IN WHICH INTERDISCIPLINARY COORDINATION, COOPERATION, AND COLLABORATION ARE SUPPORTED

GSPH's policies and processes all support interdisciplinary coordination, cooperation, and collaboration in research, teaching, and service activities; excellent faculty morale exemplifies the School's connectedness. In addition, the two School-wide centers and various department-based centers strongly reinforce and actualize the School's commitment to interdisciplinary scholarship. These characteristics function as counterweight to the physical dispersion of faculty and programs in rented space throughout the Oakland neighborhood (see Appendix 8 for mission statements of each GSPH center).

The School's decentralized department structure recognizes and facilitates highly rigorous research and educational programs in each; however, policies designed to support interdisciplinary research and instruction result in a network of cooperation and collaboration. The School's centers attract external funding that supports interdisciplinary research projects, drawing in faculty and students from across the seven departments and throughout the University. Additionally, GSPH faculty members collaborate as research team members with colleagues throughout the University, currently providing expertise as co-PIs and collaborators to more than \$140 million in research projects awarded to faculty in other schools at the University of Pittsburgh.

School-wide policy requires interdepartmental representation on master's thesis/essay and doctoral dissertation committees; this policy was reviewed and confirmed by GSPH Council in August 2005. (See resource file for a copy of the current GSPH policy.) Additionally, departments provide cross-departmental course listings and team-taught courses that introduce interdisciplinary perspectives to the various curricula (see Table V.1).

School-wide and departmental centers provide numerous opportunities for interdisciplinary service activities that benefit communities, interest groups, policy-makers, nonprofit organizations, and businesses. (These programs are described more fully in Criterion VII.) These interdisciplinary relationships are furthered by joint appointments of faculty with other GSPH departments and other schools at the University of Pittsburgh (Appendix 9) as well as by multidisciplinary degree programs (see Table V.1) and certificate programs. Multidisciplinary certificate programs include global health, public health preparedness and disaster response, minority health and health disparities, and public health gerontology. Multidisciplinary faculty members affiliated with the Center for Research on Health and Sexual Orientation (CRHSO) have developed a certificate program on health disparities related to sexual orientation and gender identities. It is the first such program in the nation. CRHSO faculty from the School's Departments of Infectious Diseases and Microbiology, Behavioral and Community Health Sciences, and Epidemiology have also developed a certificate program in subject recruitment and retention into research studies that is in the process of being finalized; the program will include a major focus on recruiting minority and marginalized populations.

II.B.4. DEFINITION OF THE PROFESSIONAL PUBLIC HEALTH VALUES, CONCEPTS, AND ETHICS TO WHICH THE SCHOOL IS COMMITTED AND A DESCRIPTION OF HOW THESE ARE OPERATIONALIZED

The missions of the School and each department focus on teaching, service, and research and on the integration of these three components. GSPH has increasingly focused on a core value of assessing all activities within the context of their impact on the public's health, with an emphasis on the translation of evidence into public health practice. This commitment is optimized in new centers whose missions are dominantly community-based and participatory. These include the Center for Healthy Aging, Center for Public Health Practice, and Center for Public Health Preparedness. (For the mission statements of these centers, see Appendix 8.) The Department of Behavioral and Community Health Sciences, to which a new chair was recently recruited, gives substantial emphasis to the values and ethics of public health through the integration of its community-based research and community-based teaching programs.

II.B.5. IDENTIFICATION OF WRITTEN POLICIES THAT ARE ILLUSTRATIVE OF THE SCHOOL'S COMMITMENT TO FAIR AND ETHICAL DEALINGS

GSPH operates under directives from the Office of the Provost and the senior vice chancellor relating to scientific and research integrity, academic integrity, conflict of interest, recruitment and retention of personnel (including the University's commitment to diversity), student status, sexual harassment, and other policies regarding fair and ethical practice. The University has written policies to address student, staff, and faculty allegations of professional and scientific misconduct. These policies ensure confidentiality of the individual making allegations as well as due process to effectively resolve the issues and safeguards for those involved. (Copies of the policies are available in the resource file.)

In addition, the University has developed an online education and certification program called Internet-Based Studies in Education and Research to provide training in research and practice fundamentals to individuals who participate in research activities and others with potential for conflict of interest. The

training modules can be found at <http://rpf.health.pitt.edu/rpf>. Copies are also available in the resource file. Depending on an individual's level of involvement in research, he or she may be required to complete certification modules according to the schedule in Table II.1.

Table II.1. Internet-Based Studies in Education and Research Training Modules

Employment Status	All Full-Time Faculty	Key Personnel	Other Faculty, Staff, and Students	Other Faculty, Staff, and Students
Research Role	---	---	<i>Directly involved in research</i>	<i>Not directly involved in research</i>
Research Integrity (Module 1)	Required	Required	Required	Consult with supervisor, program director
Human Subjects Research in Biomedical Science (Module 2A)	Required if involved in human subject research	Required if involved in human subject research	Required if involved in human subject research	Consult with supervisor, program director
Human Subjects Research in Social and Behavioral Sciences (Module 2B)	Required if involved in human subject research	Required if involved in human subject research	Required if involved in human subject research	Consult with supervisor, program director
Use of Laboratory Animals in Research and Education (Module 3)	Required if involved in animal research	Required if involved in animal research	Required if involved in animal research	Consult with supervisor, program director
Conflict of Interest (Module 4)	Required if completed Part 2 of Pitt Conflict of Interest form or involved in industry-sponsored research	Required if completed Part 2 of Pitt Conflict of Interest form or involved in industry-sponsored research	Required if completed Part 2 of Pitt Conflict of Interest form or involved in industry-sponsored research	Consult with supervisor, program director
Human Embryonic and Fetal Stem Cell Research (Module 5)	Required if material transfer agreements involving stem cells have been or will be processed or if involved with fetal tissue	Required if material transfer agreements involving stem cells have been or will be processed or if involved with fetal tissue	Required if material transfer agreements involving stem cells have been or will be processed or if involved with fetal tissue	Consult with supervisor, program director

Bloodborne Pathogen Training (Module 9)	Required annually for all University employees with occupational exposure to human blood, body fluids or tissues, pathogenic bacteria or viruses, and other potentially infectious materials	Required annually for all University employees with occupational exposure to human blood, body fluids or tissues, pathogenic bacteria or viruses, and other potentially infectious materials	Required annually for all University employees with occupational exposure to human blood, body fluids or tissues, pathogenic bacteria or viruses, and other potentially infectious materials	Required annually for all University employees with occupational exposure to human blood, body fluids or tissues, pathogenic bacteria or viruses, and other potentially infectious materials
Chemical Hygiene Training (Module 10)	All faculty and staff potentially exposed to chemicals in a laboratory or research environment during their assigned job functions must complete chemical hygiene training upon initial assignment at the University and every three years thereafter.	All faculty and staff potentially exposed to chemicals in a laboratory or research environment during their assigned job functions must complete chemical hygiene training upon initial assignment at the University and every three years thereafter.	All faculty and staff potentially exposed to chemicals in a laboratory or research environment during their assigned job functions must complete chemical hygiene training upon initial assignment at the University and every three years thereafter.	All faculty and staff potentially exposed to chemicals in a laboratory or research environment during their assigned job functions must complete chemical hygiene training upon initial assignment at the University and every three years thereafter.

Recertification on certain modules, including conflict of interest, is required every three years. In addition, all research activities involving human subjects fall under the jurisdiction of the University's Institutional Review Board, which conducts advance review and periodic monitoring to ensure that appropriate steps are taken to protect the rights and welfare of research participants.

The University has implemented a conflict of interest policy and procedures to prevent and resolve potential, apparent, or actual conflicts of interest. The policy relies on the following general principles: the presumption that not all conflicting interests are necessarily impermissible; the requirement of regular, timely, and complete disclosures of outside relationships and organizational commitments; case-by-case analysis; accountability at all levels of review—up to and including the chancellor; assurance of confidentiality; and yearly review and analysis of the success of the approach and of conflicts resolved.

II.B.6. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- GSPH has recently grown in research funding and organizational diversity (including the creation of several new centers).
- The School's strong department structure is combined with multiple organizational and administrative mechanisms, incentives, and facilitators for collaboration and interaction among departments.
- Major commitments of University capital resources are supporting improvements in physical space.

- Public health values and ethics are embedded in the School's mission, operations, and personnel systems as well as in courses, research administration, and service policies.
- GSPH's departmental focus provides several advantages for teaching, research, and service:
 - Administration of core activities—teaching and research—remains closest to where these activities are carried out.
 - Interdisciplinary teaching and research are actively fostered and encouraged through School-wide centers and other mechanisms.
 - Curriculum changes are responsive to student needs.
- The School's collaborative relationships with other schools and departments generate resources and recognition for GSPH that are available, in part, because of the University's enthusiastic promotion of interdisciplinary activities. For example:
 - The Multidisciplinary Master of Public Health program trains professionals from all of Pitt's health sciences schools.
 - GSPH houses a core genetics lab that is a shared resource available to basic science faculty throughout the University.
 - GSPH faculty members contribute as collaborators and co-PIs to more than \$140 million in research support credited to PIs in other schools of the University.

Weaknesses

- GSPH's growth has led to greater dispersal of faculty and research facilities among multiple locations on and near the University campus.
- The school's decentralized structure results in a preference for department-based record-keeping so that coordination at the level of the dean's office occurs on an as-needed basis.
- Due to its decentralized structure, the School must often intensify its efforts to bring synthesis to public health issues that cross departmental disciplines and interests. Much of the synthesis is accomplished through School-wide activities that include (1) for academic and research activities—the GSPH core curriculum; the two School-wide centers; interdepartmental research initiatives; faculty, staff, and student meetings; academic committees and other cross-disciplinary seminars and special events; and (2) for administrative activities—the School's standing governance and ad hoc committees, its annual retreats, and its multidisciplinary and interdepartmental centers. However, the decentralization that challenges some of the School's administrative processes is, on balance, a source of vibrancy. Meeting the challenge requires a participatory style of governance, which, in fact, characterizes the current life of the School.

Recommendations

- GSPH should develop systems to track interdisciplinary, community service, and continuing education activities at the School-wide level.

Criterion II.B. is met.

III-Governance

BY APPROVED

A

STATE OF ILLINOIS
DEPARTMENT OF REVENUE

CRITERION III: GOVERNANCE

III. THE SCHOOL ADMINISTRATION AND FACULTY SHALL HAVE CLEARLY DEFINED RIGHTS AND RESPONSIBILITIES CONCERNING SCHOOL GOVERNANCE AND ACADEMIC POLICIES. WHERE APPROPRIATE, STUDENTS SHALL HAVE PARTICIPATORY ROLES IN SCHOOL GOVERNANCE.

GSPH introduced a new governance structure in 1999 that was established in a set of bylaws, voted on by the faculty, implemented, and improved by a revision two years later. It includes clearly defined rights and responsibilities—including participation—by faculty, students, and staff. This structure has endured and has facilitated a highly participatory and transparent governance that is capable of addressing issues promptly and of communicating effectively with faculty, students, and staff.

III.1. DESCRIPTION OF THE SCHOOL'S ADMINISTRATIVE, GOVERNANCE, AND COMMITTEE STRUCTURE AND PROCESSES

Administrative structure and processes

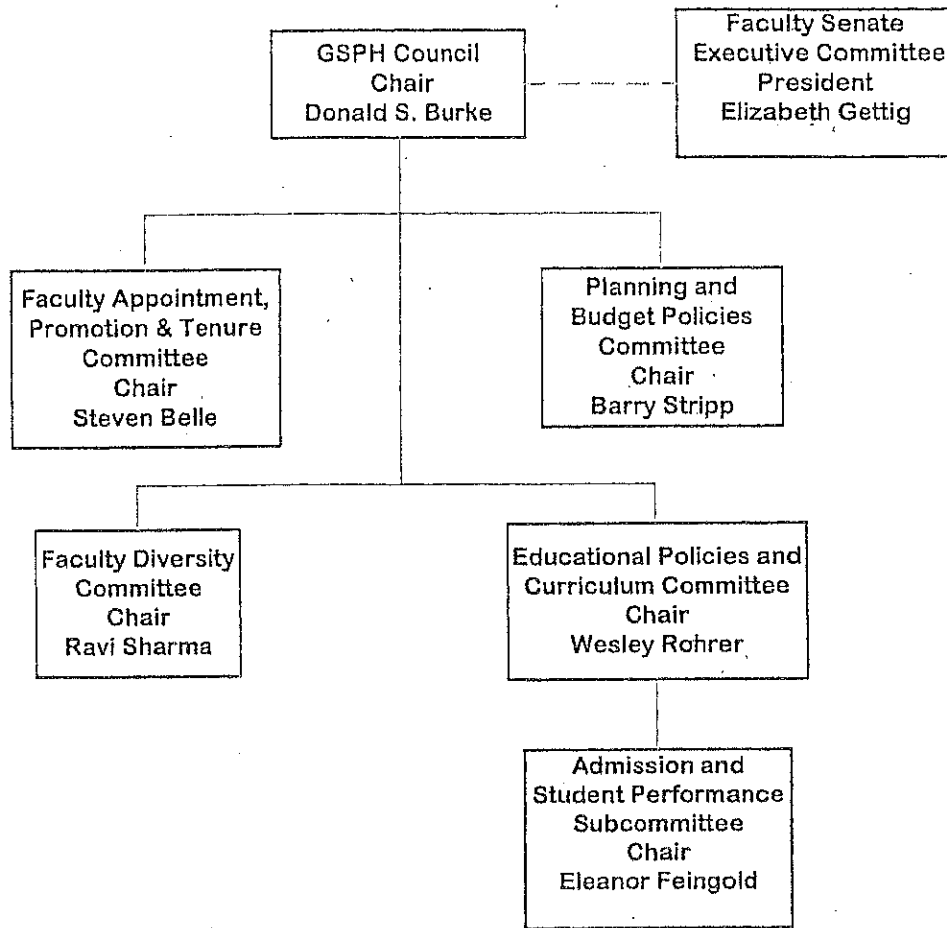
As a division of the University of Pittsburgh, GSPH is governed by the bylaws of the University's Board of Trustees. GSPH also operates under the University's policies, procedures, and guidelines, which are detailed on the University's Web site at www.pitt.edu/HOME/PP/pp_handbooks.html. In addition the School has its own guidelines that cover student affairs, faculty organization and governance, faculty appointment and advancement, and evaluation of students. These policies can be found online at www.publichealth.pitt.edu/prospective/policies.html. Students have numerous opportunities to participate in School governance, and each GSPH committee has a student representative, where appropriate.

Governance and committee structure and processes

At GSPH, the governance activities of the administration and faculty are unified, and all standing committees report to one principal body—the GSPH Council (see Appendix 1). The GSPH Council is a union of the School's key administrators, faculty leadership and elected faculty representatives from all academic departments, the chairs of the Council's four standing committees (see Chart III.1), and representatives from the student body. This structure results in:

- A functioning governance that is able to respond to needs and enact initiatives in a timely manner
- Frequent interaction among School members and between the administration and the faculty
- Effective faculty involvement in planning and development
- Consistent enforcement of policies and procedures
- A formal commitment to achieving diversity among faculty and students
- Establishment of the GSPH Council as the forum for consensus building and for activities that promote School-wide goals and objectives.

Chart III.1. GSPH Governance



The GSPH Council is composed of the dean, associate dean for academic affairs, the School's executive director of administration/chief fiscal officer, the department chairs, the director of the Center for Minority Health, the Faculty Senate Executive Committee (see below), and one student representative of the GSPH Student Government Association. The GSPH Council is chaired by the dean; the president of the Faculty Senate serves as vice chair. The Council's four standing committees are the Faculty Appointment, Promotion, and Tenure Committee (FAPTC), the Educational Policies and Curriculum Committee (EPCC), the Planning and Budget Policies Committee (PBPC), and the Faculty Diversity Committee (FDC).

The GSPH Council is charged to:

- Serve as an advisory body to the dean in matters of planning and setting of overall priorities and objectives for GSPH
- Elect the chairs of the GSPH Council standing committees from among the elected faculty members of each standing committee
- Coordinate and oversee the activities of the School's standing committees
- Exercise general control over GSPH's educational policies and programs
- Review and help implement, in conjunction with the FAPTC and the associate dean for academic affairs, procedures that promote faculty development
- Review and approve recommendations for faculty appointments, promotions, and award of tenure made by the FAPTC

- Review and approve motions for the creation of or changes to policies and procedures of the GSPH governance or academic program
- Prepare and bring to the general faculty in the form of a motion issues that require action by the entire Faculty Senate
- Respond to the needs of the faculty and the School
- Meet on a regular monthly schedule
- Form ad hoc subcommittees as may be necessary to accomplish its charge effectively
- Report on activities of the GSPH Council to the full Faculty Senate at least once in the fall and spring terms

All individuals with a primary appointment at GSPH are voting members of the GSPH Faculty Senate. The Faculty Senate Executive Committee (FSEC; Appendix 10) is an elected standing committee of the Faculty Senate that represents the faculty as a whole to the GSPH Council. The FSEC is composed of the three FSEC officers (president, president-elect, and immediate past president), the chairs of the four standing committees of the GSPH Council, and additional at-large representatives appointed to bring the total number of non-officer members to a count equivalent to the number of GSPH departments. The Faculty Senate president chairs the FSEC.

The charge of the FSEC is to:

- Represent the faculty on all matters to the GSPH Council and to the School
- Develop and maintain the slate of candidates for all elected positions within the FSEC, the GSPH Council, and the standing committees of the GSPH Council
- Oversee the election of faculty members to fill the elected positions within the FSEC, the GSPH Council, and the standing committees of the GSPH Council
- Communicate the results of the GSPH elections and other information relevant to the governance of GSPH, the academic environment, or quality of life of the faculty
- Convene at least two meetings of the full Faculty Senate each school year, one each in the fall and spring terms
- Form ad hoc subcommittees as may be necessary to accomplish its charge effectively
- Undertake other activities that the Faculty Senate president deems pertinent to the welfare of the GSPH faculty

Members of the FSEC serve terms on the GSPH Council concordant with their terms as FSEC members. All non-elected members of the GSPH Council serve as long as they hold one of the positions included in council membership. The student member is appointed annually by the GSPH Student Government Association.

The members of the GSPH faculty have worked hard and thoughtfully to develop an organizational structure that is open and transparent. Elections to the GSPH Council and standing committees are conducted annually, with multiple candidates offering to serve in most open positions. The council meets monthly, and its meetings are open to all faculty, staff, and students (except for a closed session ending each meeting that deals with confidential faculty appointments and promotions). Under this structure, the dean maintains final authority and responsibility while receiving active input from the faculty and student body on all academic and student affairs, budget and resource allocation, and strategic planning matters. The success of this structure is demonstrated not only by its durability but also by the spirit of collegiality and participation that has characterized its decision-making processes since implementation in 1999.

**III.1.A. GENERAL SCHOOL POLICY DEVELOPMENT
AND
III.1.B. PLANNING**

The dean's office, working with the GSPH Council and its standing committees, provides administrative, policy-making, and planning functions for the School as a whole. Each standing committee has a formal charge and responsibilities for policy development, planning, and/or oversight according to the School's bylaws, which can be found at www.publichealth.pitt.edu/gov_portal.php?page=204&context=ContextFaculty. The charges of these committees are covered in Criterion III.2.

In addition to the committees' responsibilities for policy development and planning, the GSPH faculty convene twice a year (in the spring and fall semesters) for meetings led by the FSEC president. The meeting agenda includes policy and programmatic updates by the dean and other University officials and topical discussions of issues requiring broad input. In addition, the dean holds annual retreats that address longer-term planning issues. This process and its recent outcomes are described in Criterion X.A.1.

GSPH students are encouraged to participate in key aspects of governance through: (1) the GSPH student organizations (see Criterion IX.D.2) and (2) various School committees, including standing committees, as noted, as well as ad hoc committees, administrative committees, and appropriate departmental committees, including faculty search committees.

III.1.C. BUDGET AND RESOURCE ALLOCATION

Resource allocation within the University is effected by a system that distributes planning and budgeting responsibilities among administrators, faculty, staff, students, and trustees. The University-wide Planning and Budgeting Committee develops planning parameters for the University's general operating budget. The provost and senior vice chancellor for the health sciences then translate these parameters into school allocations. At the School level, allocations are made to the departments through the dean's office. New programs are initiated at the department level and receive approval from the appropriate School committees, with final review by the GSPH Council and GSPH Planning and Budget Policies Committee and subsequent approval by the dean, senior vice chancellor for the health sciences, and provost.

III.1.D. STUDENT RECRUITMENT, ADMISSION, AND AWARD OF DEGREES

Student admission, academic performance, and the awarding of degrees are governed by the GSPH faculty through the Admissions and Student Performance Subcommittee of the EPCC (ASPS; see Appendix 11) and by the dean's office through the associate dean for student affairs and education and the assistant dean for student affairs. Departments also generally have faculty leaders or committees dealing with student recruitment, admission, and assessment of competency for degree status. The duties and responsibilities of GSPH entities are governed by University guidelines specified in the *Regulations for Graduate Study at the University of Pittsburgh* and GSPH policies.

III.1.E. FACULTY RECRUITMENT, RETENTION, PROMOTION, AND TENURE

Faculty recruitment, retention, promotion, and tenure are governed by GSPH faculty through the Faculty Advancement, Promotion, and Tenure Committee, in conjunction with the chair of the relevant department; the GSPH dean in concert with the associate dean for academic affairs; and the senior vice

chancellor for the health sciences. Final authority rests with the chancellor. Requests for faculty recruitment come from departments and are accomplished through national and international searches. The duties and responsibilities of GSPH entities are governed by University guidelines specified in the *Regulations for Graduate Study at the University of Pittsburgh* and GSPH policies.

III.1.F. ACADEMIC STANDARDS AND POLICIES

Academic standards and policies are provided in the University's *Guidelines on Academic Integrity*, the *FAPTC Operating Manual*, the *Regulations for Graduate Study at the University of Pittsburgh*, and the *University of Pittsburgh Handbook for Faculty* (see resource file).

III.1.G. RESEARCH AND SERVICE EXPECTATIONS AND POLICIES

The Graduate School of Public Health adheres to the research and service policies and procedures of the University of Pittsburgh as outlined in its policies, procedures, and guidelines and in the *FAPTC Operating Manual*, which can be found online at www.publichealth.pitt.edu/files/faptc/FAPTC_manual_version1.pdf#search=%22FAPTC%20policy%20and%20procedure%20manual%22 and in the resource file.

III.2. A LIST OF STANDING AND IMPORTANT AD HOC COMMITTEES, WITH A STATEMENT OF CHARGE AND COMPOSITION

The four standing committees of the GSPH Council are mandated to meet monthly or as often as necessary to accomplish their charges, to form ad hoc subcommittees as necessary, and to make regular oral reports to the GSPH Council and a yearly written report to the GSPH Council and Faculty Senate. The committees are also charged with maintaining and distributing to all faculty the policies and procedures related to their charges and with establishing formal mechanisms for review and updating of these documents at least every five years or whenever major changes in GSPH or University policy occur. The responsibilities of each of the GSPH Council's standing committees, as stated in the bylaws and as carried out in a practical and procedural manner, are as follows (Appendix 12):

Faculty Appointment, Promotion, and Tenure Committee (FAPTC)

The FAPTC (Appendix 13) is composed of one elected faculty member from each department and four additional at-large faculty members, the associate dean for academic affairs, and the director of the Center for Minority Health. All members must be at the rank of associate professor or above, with at least six members having the rank of professor and at least six members having tenure. None of the elected faculty can be a department chair. The FAPTC chair is elected by the GSPH Council from among the elected members of the committee; the associate dean for academic affairs serves as FAPTC vice chair in order to coordinate activities with the dean's office.

The FAPTC charge is to:

- Assure that all GSPH criteria for appointment, promotion, or tenure incorporate and/or are consistent with University policies and procedures
- Maintain guidelines for discussion and voting within the committee that appropriately take into account conflict of interest and other ethical considerations
- Provide informal advice on proposed faculty actions upon request by the dean or department chair prior to formal review of the individual for primary appointment, promotion, or tenure

- Review and recommend actions to the dean and GSPH Council on all GSPH primary faculty appointments, promotions, and tenure
- Review and recommend actions to the dean and GSPH Council on all secondary, adjunct, and emeritus faculty appointments
- Review and recommend actions to the dean and GSPH Council on award of honorary degrees, candidates for distinguished faculty, or other University recognitions
- Review and recommend actions to the dean and GSPH Council, in coordination with the Planning and Budget Policies Committee, on establishment of new or replacement faculty positions requested by the departments based on review of the job description, search strategy proposed by the department, and level of appointment proposed. In general, searches are coordinated by the departments, but the FAPTC provides oversight to assure full compliance with all guidelines regarding diversity and equal opportunity in faculty recruitment and appointment.
- Review and recommend actions relating to promotion and tenure on a schedule that is published annually
- Review and recommend actions relating to appointments on an ongoing request basis, with regular meetings monthly, or more frequently as needed, except that appointments at the level of assistant professor or below may be circulated among the committee members for a vote in the interim

Educational Policies and Curriculum Committee (EPCC)

The EPCC (Appendix 14) is composed of one elected faculty member from each department, two representatives of the GSPH Student Government Association (one at the doctoral level and one at the master's level), and the assistant dean for student affairs. The associate dean for student affairs and education, the director of the Multidisciplinary Master of Public Health (MMPH) Program, and the director of the Center for Public Health Practice are ex-officio members.

The charge of the EPCC is to:

- Review and recommend action to GSPH Council on all curriculum changes
- Assist the dean and associate dean for student affairs and education in the integration and coordination of the School's curriculum
- Evaluate the School's educational programs
- Coordinate student and faculty evaluation of the core curriculum
- Make recommendations to the GSPH Council on the implementation of educational policies
- Appoint members to oversee the activities of the Admissions and Student Performance Subcommittee, a standing EPCC subcommittee
- Form ad hoc subcommittees as necessary to accomplish its charge effectively

Planning and Budget Policies Committee (PBPC)

The PBPC (Appendix 5) is composed of one elected faculty member from each department, one elected department chair, the GSPH director of budget and finance, one student representative from the GSPH Student Government Association, and the executive director of administration/chief financial officer and department administrators as ex-officio members.

The charge of the PBPC is to:

- Develop and recommend to the GSPH Council equitable policies and procedures for allocation of University transfer funds, endowment funds, and research development funds (RDF), taking into account the academic programs and appropriate balance between hard and soft money sources
- Advise the dean and GSPH Council on issues that have financial implications for the expenditure of University transfer, endowment, and RDF return to the School. These issues include creation of new educational programs, termination of educational programs, decreases in funding streams, changes in

major research initiatives that could affect the RDF allocation, expenditure of funds allocated for capital improvement, and others.

- Review and make recommendations to the dean and GSPH Council on proposed reallocation of funds among departments
- Represent the GSPH faculty in the University of Pittsburgh planning and budget process
- Advise the dean and GSPH Council on GSPH planning and budgeting matters

Faculty Diversity Committee (FDC)

The FDC (Appendix 15) is composed of one elected member from each department, the director and associate director of the Center for Minority Health, and one student representative of the GSPH Student Government Association. In addition, up to three at-large faculty members may be appointed to the FDC by nomination by the committee chair, with approval by vote of the GSPH Council.

The FDC's charge is to:

- Identify and implement a broad range of activities directed at increasing faculty diversity
- Work with the FAPTC to assure that appropriate processes are in place for enhancing diversity in faculty recruitment, promotion, and award of tenure
- Liaise with the Center for Minority Health in matters relating to faculty diversity

III.3. A LIST, INCLUDING MEMBERSHIP, OF THE SCHOOL AND UNIVERSITY COMMITTEES THROUGH WHICH FACULTY CONTRIBUTE TO THE ACTIVITIES OF THE SCHOOL AND UNIVERSITY

Following are 2006-07 membership lists for the GSPH Council; its four standing committees: the Faculty Appointment, Promotion, and Tenure Committee (FAPTC); Educational Policies and Curriculum Committee (EPCC); Faculty Diversity Committee (FDC); and Planning and Budget Policies Committee (PBPC); as well as the Faculty Senate Executive Committee (FSEC). In addition to the positions that full-time tenured and non-tenured faculty members hold on these governing bodies, most GSPH faculty serve on one or more departmental committees (Appendix 7) and a number of GSPH faculty also serve on standing committees of the University Senate (Appendix 4).

GSPH COUNCIL

NAME	TITLE	COUNCIL POSITION
Steven Belle, PhD, MScHyg	Professor of Epidemiology And Biostatistics	Member
Clareann Bunker, PhD	Associate Professor of Epidemiology	President-elect, Faculty Senate Executive Committee
Donald S. Burke, MD	Dean UPMC-Jonas Salk Professor of Global Health	Chair
Jane Cauley, DrPH, MPH	Professor of Epidemiology	Past president, Faculty Senate Executive Committee
Mary Derkach, JD, MSIS	Assistant Dean for Student Affairs	Parliamentarian
Kathy Dragone	Administrative Assistant, Dean's Office	Recorder
Elizabeth Gettig, MS	Associate Professor of Human Genetics	Vice chair
Robert Goodman, PhD, MPH	Professor and Chair of Behavioral and Community Health Sciences	Member
Phalguni Gupta, PhD	Associate Dean for Academic Affairs; Professor of Infectious Diseases and Microbiology	Member
M. Ilyas Kamboh, PhD	Professor and Acting Chair of Human Genetics	Member
Candace Kammerer, PhD	Associate Professor of Human Genetics	At-large member
Judith Lave, PhD	Professor and Chair of Health Policy and Management	Member
Claudia Leiras	Student	Student representative
Roberta Ness, MD	Professor and Chair of Epidemiology	Member

Bruce Pitt, PhD	Professor and Chair of Environmental and Occupational Health	Member
Charles Rinaldo, PhD	Professor and Chair of Infectious Diseases and Microbiology	Member
Howard Rockette, PhD	Professor and Chair of Biostatistics	Member
Wesley Rohrer, PhD, MBA	Assistant Professor of Health Policy and Management	Member
Debra Ryan	Chief Financial Officer and Executive Director of the Dean's Office	Member
Ravi Sharma, PhD	Assistant Professor of Behavioral and Community Health Sciences	Member
Barry Stripp, PhD	Associate Professor of Environmental and Occupational Health	Member
Nancy Sussman, PhD	Assistant Professor of Environmental and Occupational Health	At-large member
Evelyn O. Talbott, DrPH, MPH	Professor of Epidemiology	At-large member
Michael Talkowski	Student	Student representative
Stephen B. Thomas, PhD	Director, Center for Minority Health; Philip Hallen Professor of Community Health and Social Justice	Member

FACULTY SENATE EXECUTIVE COMMITTEE (FSEC)

NAME	TITLE	COMMITTEE POSITION
Steven Belle, PhD, MScHyg	Chair, Faculty Appointment, Promotion, and Tenure Committee; Professor of Epidemiology and Biostatistics	Standing committee chair
Clareann Bunker, PhD	Associate Professor of Epidemiology	President-elect
Jane Cauley, DrPH, MPH	Professor of Epidemiology	Immediate past president
Elizabeth Gettig, MS	Associate Professor of Human Genetics	President
Candace Kammerer, PhD	Associate Professor of Human Genetics	At-large member
Wesley Rohrer, PhD, MBA	Chair, Educational Policies and Curriculum Committee; Assistant Professor of Health Policy and Management	Standing committee chair
Ravi Sharma, PhD	Chair, Faculty Diversity Committee; Assistant Professor of Behavioral and Community Health Sciences	Standing committee chair
Barry Stripp, PhD	Chair, Planning and Budget Policies Committee; Associate Professor of Environmental and Occupational Health	Standing committee chair
Nancy Sussman, PhD	Assistant Professor of Environmental and Occupational Health	At-large member
Evelyn Talbott, DrPH, MPH	Professor of Epidemiology	At-large member

FACULTY APPOINTMENT, PROMOTION, AND TENURE COMMITTEE (FAPTC)

NAME	TITLE	COMMITTEE POSITION
Steven Albert, PhD, MSPH, MA	Professor of Behavioral and Community Health Sciences	Member
M. Michael Barmada, PhD	Associate Professor of Human Genetics	Member
Simon Barratt-Boyes, BVSc, PhD	Associate Professor of Infectious Diseases and Microbiology	Member
Steven Belle, PhD, MScHyg	Professor of Epidemiology and Biostatistics	Chair
Howard Degenholtz, PhD	Associate Professor of Health Policy and Management	At-large member
Susanne Gollin, PhD	Professor of Human Genetics	At-large member
Phalguni Gupta, PhD	Associate Dean for Academic Affairs; Professor of Infectious Diseases and Microbiology	Associate chair
Sheryl Kelsey, PhD	Professor of Epidemiology	Member
Beaufort Longest, PhD	M. Allen Pond Professor of Health Policy and Management	Member
Luis Ortiz, MD	Associate Professor of Environmental and Occupational Health	Member
Todd Reinhart, ScD	Associate Professor of Infectious Diseases and Microbiology	At-large member
Roslyn Stone, PhD	Associate Professor of Biostatistics	Member
Stephen B. Thomas, PhD	Director, Center for Minority Health; Philip Hallen Professor of Community Health and Social Justice	Ex-officio member

FACULTY DIVERSITY COMMITTEE (FDC)

NAME	TITLE	COMMITTEE POSITION
Catherine Acquah	Student	Student representative (alternate)
Angela Ford, PhD	Associate Director, Center for Minority Health	Ex-officio member
Samuel Friede, MBA	Assistant Professor of Public Health Practice, Department of Health Policy and Management	Member
Ronald Johnson	Student	Student representative
Candace Kammerer, PhD	Associate Professor of Human Genetics	Member
Emilia Lombardi, PhD	Assistant Professor of Infectious Diseases and Microbiology	Member
Ravi Sharma, PhD	Assistant Professor of Behavioral and Community Health Sciences	Chair
Thomas Songer, PhD, MPH	Assistant Professor of Epidemiology	Member
Stephen B. Thomas, PhD	Director, Center for Minority Health; Philip Hallen Professor of Community Health and Social Justice	Ex-officio member
Chien-Cheng (George) Tseng, ScD	Assistant Professor of Biostatistics	Member
Felicia Wu, Ph.D.	Assistant Professor of Environmental and Occupational Health	Member
TBA	—	At-large member

PLANNING AND BUDGET POLICIES COMMITTEE (PBPC)

NAME	TITLE	COMMITTEE POSITION
M. Michael Barmada, PhD	Associate Professor of Human Genetics	Member
Edi Bernardon	Department Administrator, Behavioral and Community Health Sciences	Ex-officio member
Mary Byrnes	Department Administrator, Biostatistics	Ex-officio member
Roger Day, ScD	Associate Professor of Biostatistics	Member
Linda DeLuco	Department Administrator, Epidemiology	Ex-officio member
Julie Donohue, PhD	Assistant Professor of Health Policy and Management	Member
Tina Grossett	Department Administrator, Health Policy and Management	Ex-officio member
Michelle LaValley	Department Administrator, Human Genetics	Ex-officio member
Judith Lave, PhD	Professor and Chair of Health Policy and Management	Member
Angela Malek	Student	Student representative (alternate)
Carol McAllister, PhD	Associate Professor of Behavioral and Community Health Sciences	Member
Ann Ostroski	Administrator, Dean's Office	Recorder
Darmendra Ramcharran	Student	Student representative
Todd Reinhart, ScD	Associate Professor of Infectious Diseases and Microbiology	Member

Barry Stripp, PhD	Associate Professor of Environmental and Occupational Health	Chair
Evelyn Talbott, DrPH, MPH	Professor of Epidemiology	Member
Robin Tierno	Department Administrator, Infectious Diseases and Microbiology	Ex-officio member
Ed Tomkowitz	Director of Budget and Finance, Dean's Office	Ex-officio member
Matt Weaver	Department Administrator, Environmental and Occupational Health	Ex-officio member

III.4. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- The GSPH governance processes generally function well, providing clear participatory roles and responsibilities for School faculty, administrators, and students, with numerous opportunities for individual or collective input at all levels.
- Issues and concerns are handled effectively through the existing governance structure or through the creation of ad hoc committees to address specific concerns.
- Both standing and ad hoc committees meet in regularly scheduled sessions or as necessary, according to specific needs brought before the committees.

Weaknesses

- While effective, the GSPH governance process is a time-consuming endeavor for faculty members, but they work to give it the attention it requires and deserves.

Recommendations

- The School offers no specific recommendations regarding its governance at this time. Since governance is a dynamic process with ongoing adjustments occurring through the procedures outlined in the sections above, there is currently no perceived need for major adjustments.

Criterion III is met.

VI-Research

VII-Service

VIII-Faculty

IX-Students
IV-Resources

V-Instruction

CRITERION IV: RESOURCES

IV. THE SCHOOL SHALL HAVE RESOURCES ADEQUATE TO FULFILL ITS STATED MISSION AND GOALS, ITS INSTRUCTIONAL, RESEARCH, AND SERVICE OBJECTIVES.

GSPH's resources come from a variety of sources, including allocations from the University, the senior vice chancellor for the health sciences, the Commonwealth of Pennsylvania, sponsored research (by far the largest source of support), philanthropy, and endowment. Available resources have been adequate to enable the School to continue to expand its academic, research, and service programs to meet increasing demands.

IV.1. A CLEARLY FORMULATED SCHOOL BUDGET STATEMENT, SHOWING SOURCES OF ALL AVAILABLE FUNDS AND EXPENDITURES BY MAJOR CATEGORIES, SINCE THE LAST ACCREDITATION VISIT OR FOR THE LAST FIVE YEARS, WHICHEVER IS LONGER

Financial data regarding the School's operations are presented in Table IV.1. The FY 2005 GSPH operating budget reflects a 95 percent increase over that of FY 1999, the year of the last reaccreditation self-study. This growth is attributable primarily to a 129 percent increase in sponsored research support, representing increased faculty growth and productivity. A positive effect of the research growth is that it has generated a 247 percent increase in research development funds (RDFs), resulting from both the sharp increase in faculty research productivity and improved indirect cost allocations to the School since FY 1999. Operating expenditures for instruction, student services, administration, and compensation (represented by University transfers, endowment income, and financial aid) have increased at the rate of inflation relative to annual compensation increases, market fluctuations on endowment income, student enrollment, and tuition increases. Annual funding commitments are made to support GSPH capital budget and renovation projects to improve and update building infrastructure, classrooms, labs, and administrative offices. These are the School's primary hard money resources provided by the University. Equally important has been the continued commitment of resources by the Office of the Senior Vice Chancellor (SVC) for the Health Sciences. The funding received from the SVC has been used to support the overall mission of the School to promote health and prevent disease in individuals. Most recently, SVC resources have been used to help support and foster the growth of the School's Center for Minority Health and the Departments of Environmental and Occupational Health and Human Genetics. Notably, the SVC allotted \$1 million for the recruitment of new tenure-stream faculty in 2004-05, which has resulted in a five-fold increase in this faculty group since the 1999 reaccreditation report. Since 1995, GSPH has also received a direct line item appropriation of at least \$251,000 per year from the Commonwealth of Pennsylvania for public health practice initiatives; this was increased to \$405,000 in FY 2006 to recognize and support rural public health practice and was again increased by 7 percent in the FY 2007 appropriation.

Notes regarding the data presented in Table IV.1:

- The net income balances primarily represent the unspent fiscal year-end funds available from restricted gift, endowment, and RDF accounts.
- Additional revenue affecting the net income includes non-GSPH research and funds related to capital renovations.
- The Research Development Funds are the amount of the indirect costs returned to GSPH by the University.

Table IV.1. GSPH Income Statement, Fiscal Years 1999-2005

	FY 99	FY 00	FY 01	FY 02	FY 03	FY 04	FY 05
Revenues and Other Sources							
University Allocation to GSPH	4,856,047	5,451,730	5,547,823	5,619,021	5,812,110	6,171,463	6,587,226
University Allocation of Financial Aid	1,941,459	2,019,118	2,120,074	2,297,827	2,526,229	2,744,807	2,904,735
State Allocation for Public Health Practice	263,000	270,000	277,000	280,173	273,075	277,353	286,075
Auxiliary Activities	158,823	170,344	170,344	96,164	96,164	76,430	76,500
AW Mellon Endowment-Carry Over	2,270,124	3,003,916	4,082,721	4,494,188	4,896,799	4,817,604	4,532,471
AW Mellon Endowment-Yearly Income	2,431,548	2,752,102	3,145,106	3,391,986	3,419,429	3,419,379	3,419,379
Other Endowment-Carry Over	48,974	65,142	80,039	162,814	254,446	332,150	404,263
Other Endowment-Yearly Income	23,468	26,244	76,921	136,067	152,877	164,122	167,766
Gifts-Carry Over	1,387,229	1,883,579	2,106,680	2,501,948	3,121,741	4,120,345	3,439,113
Gifts-Income	1,011,263	810,794	1,097,836	1,361,401	1,742,059	1,289,207	1,068,143
GSPH Sponsored Research (Direct Costs)	26,606,841	28,280,053	33,475,752	41,816,299	52,211,156	57,329,972	60,911,228
Non-GSPH Sponsored Research	10,116,199	11,561,606	13,664,730	14,211,730	16,416,186	17,094,840	16,699,734
Research Development Funds	1,332,958	1,914,091	2,346,340	2,793,780	2,873,371	3,754,148	4,622,429
Tuition Incentive	0	0	0	0	0	0	158,738
Provost Support	110,393	101,134	120,803	116,872	194,589	210,241	236,747
Senior Vice Chancellor Support	3,079,000	3,602,000	3,553,954	3,588,953	4,015,817	1,828,000	2,700,000
Total Revenues	55,637,326	61,911,853	71,866,122	82,869,222	98,006,047	103,630,061	108,214,547
Expenses							
Faculty Salaries	7,541,708	8,069,394	9,011,370	10,186,585	11,312,900	12,567,221	14,402,463
Staff Salaries	7,931,385	8,516,825	9,456,662	11,218,375	13,096,975	14,117,798	15,162,219
Graduate Student Salaries	1,962,458	1,867,145	1,877,026	2,200,512	2,384,102	2,854,145	3,587,742
Student Salaries	525,933	547,035	735,212	1,049,352	1,084,176	862,823	626,821
Fringe Benefits	5,254,920	5,748,902	5,952,558	6,132,368	7,260,377	9,250,095	10,585,030
Sub-Total Compensation	23,216,404	24,749,301	27,032,828	30,787,192	35,138,530	39,652,082	44,364,275
Equipment	864,862	1,222,801	1,021,831	961,425	1,462,868	1,096,274	1,237,643
All Other Operating Costs	19,233,467	20,042,385	25,070,046	31,412,194	40,836,307	45,322,721	46,216,582
Sub-Total Non-Compensation	20,098,329	21,265,186	26,091,877	32,373,619	42,299,175	46,418,995	47,454,225
Total Expenses	43,314,733	46,014,487	53,124,705	63,160,811	77,437,705	86,071,077	91,818,500
Net Income(Loss)	12,322,593	15,897,366	18,741,417	19,708,411	20,568,342	17,558,984	16,396,047

IV.2. A CONCISE STATEMENT OR CHART CONCERNING FACULTY RESOURCES, SHOWING NUMBER AND PERCENT TIME OF FACULTY BY PROGRAM AREA AND COMPUTING A STUDENT-FACULTY RATIO FOR EACH AND FOR THE SCHOOL AS A WHOLE. (FTE FACULTY AND FTE STUDENT NUMBERS SHOULD BE USED, AND THESE SHOULD BE CONSISTENT WITH FTE FACULTY NUMBERS PRESENTED IN SECTIONS VIII AND IX.)

Faculty resources are shown in Tables IV.2, IV.3, and IV.4. GSPH sees students as a top priority and works to make their experiences and education as enriching as possible.

Table IV.2. Faculty Resources and Faculty-to-Student Ratios, 2003-2005

Department	FY 03			FY 04			FY 05		
	FTE Faculty	FTE Students	Student/Faculty Ratio	FTE Faculty	FTE Students	Student/Faculty Ratio	FTE Faculty	FTE Students	Student/Faculty Ratio
BCHS	9.5	60	6.3	10.5	57	5.4	13.8	65	4.7
BIOS	18.5	62	3.4	20.5	64	3.1	25.5	68	2.7
EOH	20.5	15	0.7	22.5	16	0.7	24.5	13	0.5
EPID	25.5	81	3.2	32.6	101	3.1	34.9	111	3.2
HPM	9	22	2.4	11	20	1.8	12	25	2.1
HUGEN	14.6	47	3.2	14.6	51	3.5	11.6	51	4.4
IDM	16	39	2.4	17	46	2.7	17	38	2.2
MMPH		19			15			17	
Certificates		0			0			2	
Non-degree		19			19			30	
TOTAL or AVG	113.6	364	3.2	128.7	389	3.0	139.4	420	3.0

The number of full-time equivalent (FTE) faculty represents a combination of the full- and part-time efforts of the primary faculty members based on a percentage of time worked by each one. Table IV.3 shows that in FY 05, GSPH had 143 primary faculty members but that when weighted to account for those who are part-time employees, the FTE is 139.4.

Table IV.3. Faculty Head Count vs. FTE by Department, FY 2005

Department	Head Count	FTE
BCHS	14	13.8
BIOS	26	25.5
EOH	25	24.5
EPID	37	35.0
HPM	12	12.0
HUGEN	12	11.6
IDM	17	17.0
TOTAL	143	139.4

Department	% Teaching Time	% Research	% Service / Administration
BCHS	25	65	10
BIOS	20	70	10
EOH	20	70	10
EPID	25	65	10
HPM	25	65	10
HUGEN	20	70	10
IDM	20	70	10
SCHOOL AVERAGE	22.1	67.9	10.00

IV.3. A CONCISE STATEMENT OR CHART CONCERNING THE AVAILABILITY OF OTHER PERSONNEL (ADMINISTRATION AND STAFF)

Department	Administration	Research
Behavioral and Community Health Sciences	9	7
Biostatistics	31	68
Environmental and Occupational Health	13	15
Epidemiology	56	160
Health Policy and Management	7	0
Human Genetics	10	26
Infectious Diseases and Microbiology	13	47
Dean's Office (includes CPHP and CMH)	34	3
TOTAL	173	326

IV.4. A CONCISE STATEMENT OR CHART CONCERNING THE AMOUNT OF SPACE AVAILABLE TO THE SCHOOL BY PURPOSE (OFFICES, CLASSROOMS, COMMON SPACE FOR STUDENT USE, ETC.), BY PROGRAM, AND LOCATION

Space utilization information is reported in Table IV.6. GSPH's primary facilities are in Parran and Crabtree Halls on the University of Pittsburgh's main campus. These buildings comprise approximately 195,384 square feet, of which approximately 106,195 square feet are lab and office space used solely by GSPH. The remaining 89,189 square feet are used for University-wide class instruction, meetings, common space, and other functions.

GSPH uses approximately 113,206 square feet of rental space outside Parran and Crabtree Halls primarily for the School's sponsored research programs. Most of this space is on or near the Oakland campus. In 2005, the Department of Environmental and Occupational Health relocated from outdated rental facilities to the state-of-the-art Cellomics Building, which was renovated by the University at a cost of nearly \$1 million. This site is less than two miles from campus in Pittsburgh's biotechnology corridor, which is also the site of the University's Center for Biotechnology and Bioengineering and is served by regular shuttle service to the Oakland campus.

Classroom space in Parran and Crabtree Halls is the responsibility of the University Registrar's Office, with the exception of one large lecture hall that is designated to be renovated into a high-tech classroom. Common space for students is included in the space allocated to the dean's office and in the "office" and "common" space categories for each department. The GSPH lounge was renovated in 2005 in honor of all of the GSPH deans and renamed the Public Health Community Commons.

Since the last accreditation, well over \$7 million from the University, the SVC, and the School's research and development funds have been spent in renovations and upgrades. Several office suites, student lounges, and freezer rooms have been created, and a number of laboratories and offices in Parran and Crabtree Halls have also been renovated. In November 2003, a 3,834-square-foot addition was built to accommodate the growing Epidemiology Data Center at a cost of \$1 million, which was funded by the University. In January 2006, 1,876 square feet of office space and 2,628 square feet of lab space in Parran and Crabtree Halls previously used by another health sciences school were vacated. The office space and some of the lab space has been reallocated to GSPH faculty. The remaining lab space will be held as swing space during GSPH's \$37.5 million renovation project, which will occur during the first phase (FY 07 to FY 10) of the University's 10-year plan (additional details included in the resource file) and will be funded with University resources. The renovation will provide more efficient use of the space, allowing more programs to be moved from rental space to Parran and Crabtree Halls and ultimately enhancing the collaborative interactions among GSPH faculty and students.

Table IV.6. GSPH Public Health Building Space Report FY 2005

Department	Office Space	Lab Space	Other Space*	Total
Behavioral and Community Health Sciences	8,086	629	965	9,680
Biostatistics	7,889	0	352	8,241
Center for Minority Health	1,919	0	0	1,919
Dean's Office	5,313	173	2,603	8,089
Environmental and Occupational Health	3,908	849	245	5,002
Epidemiology	21,230	3,250	3,062	27,542
Health Policy and Management	4,073	0	479	4,552
Human Genetics	6,512	9,025	976	16,513
Infectious Diseases and Microbiology	7,732	18,170	958	26,860
Common Facilities **	0	0	70,961	70,961
Classrooms	0	0	7,945	7,945
Neurophysics	1,867	2,628	0	4,495
Radiation Safety	1,465	1,477	643	3,585
TOTAL	69,994	36,201	89,189	195,384
* Other space within the departments includes useable space such as conference rooms, interior corridors, etc.				
** Other space under common facilities includes corridors, shafts, mechanical areas, closets, storage, etc.				

IV.5. A CONCISE STATEMENT OR FLOOR PLAN CONCERNING LABORATORY SPACE, INCLUDING KIND, QUANTITY, AND SPECIAL FEATURES OR SPECIAL EQUIPMENT

Four GSPH departments—Human Genetics, Infectious Diseases and Microbiology, Epidemiology, and Environmental and Occupational Health—have wet laboratory space.

The Department of Human Genetics has lab space on four floors of GSPH. These laboratories are equipped to carry out state-of-the-art genetics research with appropriate safety equipment and procedures for the use of radioactive labels, examination of human tissue and cell cultures, and laboratory chemicals. Specialized equipment enables DNA sequencing, fluorescence *in situ* hybridization, spectral karyotyping, and serial analysis of genetic expression. All genetics laboratories meet Occupational Safety and Health Administration (OSHA) standards.

The laboratory space assigned to the Department of Infectious Diseases and Microbiology includes eight individual faculty labs and several central facilities (glassware washing and autoclaving, instrumentation room, and cold and warm rooms). In addition, the department has 922 square feet of biosafety level 2 facilities to perform HIV-related virology work. The department also serves as a repository for cryopreserved serum/plasma cells and tissues from various ongoing infectious disease studies. The freezers housing these samples are attached to an alarm system to warn of power failure or increase in freezer temperature. The department has an appropriate range of state-of-the-art equipment for virologic and immunologic studies.

In addition to the laboratory space on the Oakland campus, the Cellomics Building-based laboratories for the Department of Environmental and Occupational Health are in a building designed specifically for toxicological research (with necessary safety features, plumbing, air handling facilities, wiring, and other specialized features required for research with potentially hazardous materials). An alarm system allows the hazardous materials room to be cordoned off in case of a leakage or spill. All laboratories meet OSHA standards.

IV.6. A CONCISE STATEMENT CONCERNING THE AMOUNT, LOCATION, AND TYPES OF COMPUTER FACILITIES AND RESOURCES FOR STUDENTS, FACULTY, ADMINISTRATION, AND STAFF

The University provides and maintains the latest information technology resources through its Computing Services and Systems Development Office, which supports students, faculty, administration, and staff in the areas of academic computing and administrative systems; operates the Technology Help Desk, a 24-hour single point of contact for all information technology services; and manages and operates Pitt's network backbone and infrastructure, enterprise server facilities, and telecommunications systems.

The Pittsburgh campus has seven computing labs, including one in Benedum Hall, which is directly across the street from GSPH. Each lab is staffed by student consultants and features a mix of Windows, Macintosh, Linux, and UNIX computers as well as shared scanners and laser printers. The University has committed to a two-year plan to extend wireless Internet service to the entire Pittsburgh campus; wireless service is currently available in high-traffic student areas and some classrooms and departmental spaces.

GSPH provides students with a centralized lounge on the seventh floor of Crabtree Hall that features computers, printers, Internet access, e-mail, software used by GSPH faculty for teaching, and many math and statistical programs. In addition, the human genetics and biostatistics departments have their own labs for students. Access to personal computers is also available for faculty, staff, and students at the departmental level. In early 2005, the new human genetics computational grid cluster came online for general use by the health sciences community. Housed in the Department of Human Genetics through a

shared resource grant from the National Institutes of Health, the cluster of computer processors rivals the speed and power of a supercomputer.

In GSPH's \$37.5 million planned renovations, \$1.7 million is currently earmarked for information technology upgrades and infrastructure.

IV.7. A CONCISE STATEMENT OF LIBRARY/INFORMATION RESOURCES AVAILABLE FOR SCHOOL USE

All 16 libraries in the University Library System, including the libraries of the Health Sciences Library System (HSLs), are available to all GSPH faculty, students, and staff. HSLs primarily serves the health sciences schools, including GSPH, as well as the University of Pittsburgh Medical Center. HSLs's main library is Falk Library, located in the School of Medicine across the street from GSPH. The library system also includes the Western Psychiatric Institute and Clinic Library, one of the nation's largest specialized psychiatric libraries. HSLs employs a full-time public health librarian, Barbara Folb, MLS, who provides customized library services and training courses on information retrieval and management to the GSPH community. The combined resources of the HSLs libraries total approximately 475,000 print volumes, including more than 200,000 monographs and 3,800 unique health sciences journal subscriptions. There are more than 6,000 audiovisual titles and 1,700 educational software programs. *HSL Online* resources offer on-site and remote access to indexes to the literature, full text databases, more than 3,800 full-text journals, and 5,000-plus electronic textbooks; this list continues to grow. The HSLs Computer and Media Center offers computing and Internet access to qualified library users as well as videotapes, audiotapes, slide sets, and software packages. The History of Medicine Collection includes more than 15,000 volumes in public health, medicine, and psychiatry. HSLs has a dedicated librarian, Ansuman Chattopadhyay, PhD, who provides specific support in molecular biology/genetics to health sciences researchers. Dr. Chattopadhyay's doctorate in biochemistry allows him to provide very specific knowledge to researchers in the form of weekly workshops, like his workshop on how to navigate the human genome sequence; personal consultation with students and faculty; and access to and instruction on licensed software. PITTCAT is the University's online catalog, offering author, title, subject, and keyword access to materials in all University libraries.

IV.8. A CONCISE STATEMENT IDENTIFYING FIELD EXPERIENCE SITES USED DURING THE LAST THREE YEARS

Field experience sites are listed in Appendix 16. Within GSPH, departments are responsible for establishing and tracking field experiences for their own students. More information about each department's field experiences is included in Criterion V.

IV.9. A CONCISE STATEMENT DESCRIBING OTHER COMMUNITY RESOURCES AVAILABLE FOR INSTRUCTION, RESEARCH, AND SERVICE, INDICATING THOSE WHERE FORMAL AGREEMENTS EXIST

A wide variety of community resources are available within the Pittsburgh/Allegheny County area for practicum sites; partnerships for public health initiatives; grant support for local and regional research; and service opportunities. The following highlights are notable.

- There are more than 98 charitable foundations in western Pennsylvania, many of which have long-standing relationships with GSPH and which continue to provide funding for numerous research and service activities.
- The Allegheny County Health Department (ACHD) is within walking distance of GSPH and maintains a formal collaboration with the School through a memorandum of understanding (copy provided in the resource file). Collaborative activities include planning and training for emergency preparedness, a

public health rotation for medical students taught by a GSPH faculty member, numerous internships and practica for public health students, service by GSPH faculty members, and teaching at GSPH by ACHD senior staff members. "Enhancing GSPH Practice Partnerships," a recent assessment solicited by the GSPH and ACHD leadership and funded by three local foundations, recommends steps to intensify and further develop this relationship. A copy is available in the resource file.

- The offices of the southwest district of the Pennsylvania Department of Health (with GSPH alumni as current and past district executive directors) is located in downtown Pittsburgh and accessible by a 15-minute bus ride.
- County and southwest regional government agencies and organizations that derive service from, provide mentoring to, and host research activities include the Region 13 Counter-Terrorism Task Force, Allegheny County Housing Authority, Southwest Planning Commission (elected commissioners of 13 counties), governments of the City of Pittsburgh and Allegheny County, including various agencies providing services for aging, mental health, and children and families.
- Community-based nongovernmental agencies and organizations with which the School maintains relationships include Bethlehem Haven (a women's shelter), Salvation Army, Hosanna House (a multi-purpose health and human services center), and scores of others that provide health and human services.
- Broadcasters, including WQED-TV (the local public broadcasting station, which is also within walking distance), WAMO (a local popular radio station), WPXI-TV (with the Black Families Project series), WEDO-AM (which airs Center for Healthy Aging segments), and WDUQ-FM (the local National Public Radio affiliate station) all participate with the School in public health education and outreach initiatives.
- Since the School's founding, the region's business community has supported and called on the School to provide leadership in creating a healthy environment and a healthy population. Frequent partners, advisors, and collaborators in these endeavors include the Pittsburgh Business Group on Health, the Allegheny Conference on Community Development, and the Hospital Council of Western Pennsylvania, as well as numerous independent health-related services and organizations.

IV.10. IDENTIFICATION OF OUTCOME MEASURES BY WHICH THE SCHOOL MAY JUDGE THE ADEQUACY OF ITS RESOURCES, ALONG WITH DATA REGARDING THE SCHOOL'S PERFORMANCE AGAINST THOSE MEASURES OVER THE LAST THREE YEARS. AS A MINIMUM, THE SCHOOL MUST PROVIDE DATA ON STUDENT-TO-FACULTY RATIO BY PROGRAM, INSTITUTIONAL EXPENDITURES PER FULL-TIME EQUIVALENT STUDENT, AND RESEARCH DOLLARS PER FULL-TIME EQUIVALENT FACULTY.

Student/faculty ratios are provided in Table IV.2. The outcome measures by which the School has measured the adequacy of its resources in the past three years focus on financial resources, student-to-faculty ratios, institutional expenditures per FTE student, research dollars per FTE faculty member, GSPH facilities utilization and renovation, and incentive funding for rewarding achievement.

Financial Resources

GSPH has experienced substantial financial growth, from \$56 million in 1999 to \$120 million in 2005, more than doubling the School's total budget since the last accreditation. Most of the growth is attributable to research dollars. As indicated in the income statement in Table IV.1, the School has sufficient financial resources for operation as well as for additional growth in future years. With regard to other financial metrics that are used to evaluate the School's resources, the Association of Schools of Public Health, the Association of American Medical Colleges, the University, and various specialty organizations provide annual salary surveys. GSPH's salary and cost of living remain highly competitive with other public health schools. Since the last accreditation, the School has received a significant increase (over \$2 million) in the return of indirect research costs. The percentage returned to the School and its faculty from the University has increased from 28.6 percent to 40 percent.

Student-to-Faculty Ratio

GSPH's student-to-faculty ratio for FY 2005 is 3.0 students to one faculty member. With such a robust ratio, the School has more than sufficient faculty for teaching, mentoring, training, and advising. The student-to-faculty ratios per department for the last three years are detailed in Table IV.2.

Institutional Expenditures per FTE Student

The institutional expenditures per FTE student are provided in Table IV.7. The numbers provided are best-available estimates, as the actual numbers are difficult to obtain and depend on the definitions of various parameters. The data are compiled from various University and GSPH sources; 2004 is the most recent year for which University attribution of support costs are available. Stipend expenditures are not included in this table, as those expenditures are accounted for as research. The table shows a stable increase in expenditures as the School's FTEs increase.

Type of Expenditure	2002	2003	2004
Office of Student Affairs and Education	250,702	273,110	284,349
Financial Aid/Scholarships supported by GSPH	2,521,532	2,884,696	3,157,060
GSPH Administrative Costs ²	180,377	185,657	199,831
University Attribution of Support Costs ³	465,657	488,701	513,136
Total Expenditures	3,418,267	3,832,164	4,154,377
FTE Students (fall term)	328.2	358.6	380.2
\$ per Student FTE	10,415	10,686	10,927

¹ Excludes GSR, TA, and TF stipends and individual departmental expenditures

² Estimated at 15% of central School administrative costs (e.g. Office of the Dean, Academic Affairs) excluding expenses of the Office of Student Affairs

³ Estimated at 3% of University attribution of support costs to GSPH (e.g., administration, libraries, computer services, classroom space, registrar's office)

GSPH Facilities Utilization and Renovation

The fact that GSPH's core facilities in Parran and Crabtree Halls are in critical need of renovation and upgrade is well recognized by the University and the senior vice chancellor for the health sciences. Due to the urgency of this need, the GSPH renovations will begin during the first phase of the University's next 10-year long-range space and facilities plan, which will begin in 2007. More than \$37 million has been allocated to this project.

Incentive Funding

A new potential source of income since the last accreditation is the tuition incentive fund. In 2001, the University established a tuition revenue base. If the School's enrollment exceeds this base, the School receives 65 percent of the amount of tuition over the base (alternatively, if the School fails to meet its projected enrollment, it pays 65 percent of the amount under the base). Using the preceding year's enrollments as the reference data for this formula, the school had to pay \$176,472 in FY 2003 but exceeded the base in FY 2004 by \$72,381 and in FY 2005 by \$184,959. The School's rising enrollment offers a positive projection for additional tuition incentive income in future years.

Research Dollars per FTE Faculty

Table IV.8 reflects the change in research funding per FTE faculty member for the last three fiscal years. Although the total research dollars increased by 17.4 percent during those years, the number of FTE faculty grew by 21.6 percent. The higher growth rate in faculty, coupled with the fact that many new hires have been junior faculty, whose research generally is not yet fully funded, accounts for the decline in the average over the three-year period.

	FY 03	FY 04	FY 05
Research Funding	\$64.8 million	\$71.7 million	\$76.1 million
FTE Faculty	113.7	128.2	138.4
Research/Faculty	\$570,000	\$559,000	\$550,000

IV.11. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- GSPH faculty members have always been able to generate a significant portion of the resources needed to cover their salaries and research costs through grant income. To continue to develop this unparalleled productivity, the University and SVC remain committed to providing GSPH with sufficient resources to operate the School.
- The School's student-to-faculty ratio remains low compared to the national average, giving GSPH students the level of student-faculty interaction necessary for a high-quality public health education.
- In terms of financial, equipment, personnel, computing, and library resources, GSPH has grown considerably and is on firm footing.

Weaknesses

- Space is the biggest issue facing GSPH. The current situation is characterized by outmoded main buildings, dispersion of 21 faculty groups into 18 locations outside the main buildings, and more than \$3 million a year in rental and renovation expenses to maintain competitiveness. The School's outmoded space challenges its ability to remain a competitive draw for the best students and faculty, to keep faculty on the cutting edge of research, and to provide students with state-of-the-art educational technology. The dispersion of faculty and students throughout the Oakland area of Pittsburgh challenges the School's commitment to interdisciplinary interactions within the School and between the School and other academic units. However, this situation is not unique to GSPH but is also faced by other professional schools at the University, including the School of Medicine and the School of Engineering.

Recommendations

- The University has committed to funding the renovation of Parran and Crabtree Halls, and the School is in the process of preparing for this multi-year upgrade process, including accommodation for faculty swing space during remodeling. Children's Hospital of Pittsburgh, which is located across the street from GSPH, will vacate its current space in 2008 and move to a new location. In the forthcoming discussions about future uses of the building, GSPH will be prepared to present its case for additional space, including the possibility of occupying a portion of the Children's Hospital space.

Criterion IV is met.

V-Instruction

CRITERION V: INSTRUCTIONAL PROGRAMS

V.A. THE SCHOOL SHALL OFFER PROGRAMS REFLECTING ITS STATED MISSION AND GOALS, LEADING TO THE MASTER OF PUBLIC HEALTH (MPH) OR EQUIVALENT PROFESSIONAL MASTER'S DEGREE IN AT LEAST THE FIVE AREAS OF KNOWLEDGE BASIC TO PUBLIC HEALTH. THE SCHOOL MAY OFFER OTHER DEGREES, PROFESSIONAL AND ACADEMIC, AND OTHER AREAS OF SPECIALIZATION, IF CONSISTENT WITH ITS MISSION AND RESOURCES.

V.A.1. DEGREE PROGRAMS

GSPH provides educational programs of the depth, rigor, and multidisciplinary perspective needed for its graduates to serve as public health professionals with the leadership, knowledge, and research skills necessary to protect communities from diseases and health threats. The School's structured sequence of instruction, practice, and research in the five areas of knowledge basic to public health, as well as in human genetics and infectious diseases and microbiology, prepares students to earn these degrees:

- Master of public health (MPH)
- Master of health administration (MHA)
- Master of science (MS)
- Doctoral degrees (PhD, DrPH)
- Joint degrees

Table V.1 outlines these degree options.

Master's Degrees: Core Disciplines	Professional	Academic
Behavioral and Community Health Sciences	MPH	
Biostatistics	MPH, public health statistics	MS, biostatistics
Environmental and Occupational Health	MPH, environmental and occupational health	
	MPH, occupational medicine	MS, molecular toxicology
		MS, computational toxicology
Epidemiology	MPH, epidemiology	MS, epidemiology
Health Policy and Management	MPH, health policy and public health management	
	MHA (CAHME accredited)	

Master's Degrees: Other		Professional	Academic
Human Genetics		MPH, public health genetics	MS, human genetics
			MS, genetic counseling
Infectious Diseases and Microbiology		MPH, infectious diseases and microbiology	MS, infectious diseases and microbiology
Multidisciplinary		MPH, multidisciplinary public health	
Doctoral Degrees		Professional	Academic
Behavioral and Community Health Sciences		DrPH	
Biostatistics		DrPH	PhD
Environmental and Occupational Health			PhD
Epidemiology		DrPH	PhD
Human Genetics			PhD
Infectious Diseases and Microbiology		DrPH	PhD
Joint Degrees			
Behavioral and Community Health Sciences with Graduate School of Public and International Affairs		MPH/MID MPH/MPA	
Behavioral and Community Health Sciences with School of Arts and Sciences (Anthropology)		MPH/PhD	
Behavioral and Community Health Sciences with School of Social Work		MPH/PhD	
Environmental and Occupational Health with School of Medicine		MD/MPH	
Health Policy and Management with School of Law		JD/MPH	

Students in the School of Medicine's MD/PhD program may choose to undertake their PhD course work in a variety of disciplines, including those available through GSPH.

In addition to its formal degree programs, GSPH also offers a number of highly focused non-degree certificates. Many of these programs involve faculty from multiple GSPH departments as well as faculty from other schools, including the School of Medicine and the School of Social Work. Certificates are available in the areas of: risk assessment; public health genetics; public health preparedness and disaster response; global health; aging research; community-based participatory research; minority health and health disparities; lesbian, gay, bisexual, and transgender health and wellness; and evaluation science. A number of the certificate programs include significant engagement with community organizations and service-learning

experiences. The certificates are available both to GSPH students pursuing formal degrees who want to develop additional expertise in a focus area as well as community health professionals and non-degree students who wish to enhance their practice skills. (Appendix 17 describes the rationale for development of the certificates and a summary of program objectives and content.)

V.A.2. CURRICULA OFFERED

The school's Web site provides current and prospective students with information about the curriculum for each degree program: www.publichealth.pitt.edu/departments/index.html. Syllabi for GSPH courses are available in the resource file.

V.A.3. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- The School offers the MPH and a number of other degree options, provides students with opportunities to learn and apply skills in the five core areas of knowledge as well as in specialized areas of study, and offers dual degrees with other professional schools at the University of Pittsburgh.

Weaknesses

None identified

Recommendations

- GSPH will continue to examine areas of public health research and practice to ensure that degree and certificate programs are responsive to the educational needs of the current state of the art of public health practice.

Criterion V.A. is met.

V.B. EACH PROFESSIONAL DEGREE PROGRAM IDENTIFIED IN V.A., AT A MINIMUM, SHALL ASSURE THAT EACH STUDENT (A) DEVELOPS AN UNDERSTANDING OF THE AREAS OF KNOWLEDGE WHICH ARE BASIC TO PUBLIC HEALTH, (B) ACQUIRES SKILLS AND EXPERIENCE IN THE APPLICATION OF BASIC PUBLIC HEALTH CONCEPTS AND OF SPECIALTY KNOWLEDGE TO THE SOLUTION OF COMMUNITY HEALTH PROBLEMS, AND (C) DEMONSTRATES INTEGRATION OF KNOWLEDGE THROUGH A CULMINATING EXPERIENCE.

GSPH assures that its graduates develop the knowledge, skill, and approaches they need as public health practitioners and academicians by providing them with the core and specialized public health instruction, field experiences, and other opportunities to apply their knowledge, and the culminating experiences that allow them to integrate information, solve problems, and demonstrate advanced competence in public health. Appendix 18 summarizes the ways in which each academic program helps students to build their public health knowledge and skills, from basic public health knowledge to the demonstration of integration of knowledge.

V.B.1. BROAD UNDERSTANDING OF AREAS OF KNOWLEDGE BASIC TO PUBLIC HEALTH

Since the 1999 CEPH site visit, GSPH has committed substantial energy and resources to strengthening the core curriculum. This effort has occurred in several phases, as reflected in the following chronological summary, which concludes with a synopsis of the current core curriculum implemented in fall 2006.

The first phase of the revisions came in response to the 1999 findings of the CEPH site visit team. During this phase, the School evaluated the core's breadth, depth, and proportion to individual program curricula. The Educational Policies and Curriculum Committee (EPCC) surveyed the faculty, using the universal core competencies (as recommended by the Council on Linkages between Public Health Practice and Academia) as the framework for determining the degree to which GSPH's core courses covered each of the professional knowledge and skill requirements. The EPCC then surveyed students and recent graduates, using the same competency framework. To assess the proportionality of the core course credits to program course credits, the EPCC and the core curriculum faculty consulted with Dean Susan Scrimshaw of the University of Illinois-Chicago School of Public Health. Consequently, in 2001, GSPH added a one-credit capstone course as the "integrative" component of the core curriculum to include modules on the competency areas identified as underrepresented (public health law and policy); this addition increased the total credit hours of the core curriculum to 12.

In spring 2003, at the dean's request, Sandra Quinn, PhD, associate dean for student affairs and education, convened an ad hoc Core Curriculum Committee to address several issues, including the long-expressed concern of students and faculty in the School's academic programs that the standard core curriculum in its entire spectrum and depth was not appropriate for these programs. The Core Curriculum Committee recommended—and the School subsequently implemented—a *modified core curriculum* for academic (MS) students. The policy decision was adopted in 2004 and implemented in fall 2005. This nine-credit modified core curriculum, which remains in effect today, is as follows:

- Academic students continue to take the standard core courses in epidemiology and biostatistics.
- In place of five other core courses (Social and Behavioral Aspects of Public Health; Health, Disease, and Environment Parts I and II; Health Services Administration; and the Capstone Course), academic students now take a new, three-credit course, Essentials of Public Health, with former Dean Bernard Goldstein as course director. Its goals state that, by the end of the course, each student will be able to:
 - Define the scope of public health
 - Describe historical foundations of public health and relate them to contemporary issues in public health
 - Describe the major determinants of ill health and the role of population and community-based approaches in health issues
 - Be conversant regarding core concepts of behavioral and community health sciences, environmental and occupational health, and health policy and management, as well as have some knowledge pertinent to human population genetics and infectious disease
 - Be familiar with the interface between public health science and policy and the role of public health science in protecting the health of the public
 - Recognize the integration of disciplines and the multidisciplinary collaboration necessary to address the multiple determinants of health

Beginning in late 2004, a new Core Curriculum Committee, which also was chaired by the associate dean for student affairs and education, began developing a new core curriculum that

would be better integrated as well as responsive to the content area recommendations of the Institute of Medicine report *Who Will Keep the Public Healthy?* and the Core Competency Development Project of the Association of Schools of Public Health.

In April 2006, the committee recommended a new core curriculum, which was subsequently approved by department chairs and the EPCC, effective August 2006, with the broad goals of enabling MPH graduates to:

- Command the essential competencies of public health's core content areas and apply those competencies to complex public health issues
- Explain how their chosen public health concentration contributes uniquely to the study of population health and how it intersects with other public health disciplines
- Articulate and advocate the values and ethics that distinguish public health as a historic, contemporary, and cohesive field of practice and inquiry
- Successfully plan and execute programs and/or research intended to advance the public's health and health awareness nationally and globally
- Communicate effectively and appropriately with diverse groups of professional colleagues and public constituents
- Locate, assemble, and critically analyze data, information, and knowledge resources
- Develop a sense of identity, authority, and service in public health and within their elected area of specialization
- Assume key management roles in health organizations and provide leadership in creating, implementing, and interpreting policy that promotes the ideals of public health

This new core curriculum has been expanded to 20 credits to assure that students gain a broad understanding of the areas of knowledge that are central to public health practice. Included are a one-credit overview of public health, three-credit courses in each core area, a two-credit public health biology course, and a two-credit capstone course, as shown in Table V.2. (Each credit hour requires 50 minutes per week in contact hours for the semester; GSPH operates on the basis of fall and spring semesters with an optional summer semester.) The learning objectives for each course in the new core curriculum are spelled out in Criterion V.C.1.

Knowledge Area	Course	Credits	Semester	Mode	Faculty
Public Health History, Ethics and Organization	Overview of Public Health	1	Fall	Online w/discussion groups	Cairns
Behavioral and Community Health Sciences	Social and Behavioral Sciences and Public Health	3	Spring	Online w/discussion groups	Jaros
Biostatistics	Principles of Statistical Reasoning	3	Fall, Summer	Class	Day
Environmental and Occupational Health	Environmental Health and Disease	3	Spring	Class	Barchowsky
Epidemiology	Principles of Epidemiology	3	Fall	Class, Online	Talbott, Kip
Health Policy and Management	Introduction to Leadership, Management, and Policy for Public Health	3	Spring, Summer	Online	Rohrer, Stockman
Public Health Biology	Public Health Biology	2	Fall	Class	Martinson
Public Health Practice	Capstone: Problem Solving in Public Health	2	Fall, Spring	Class	Stebbins, Cairns

The core curriculum uses a common set of case examples—polio, asthma, newborn screening and maternal/child health, and a recent disaster (Hurricane Katrina)—to illustrate the integration of the disciplines into public health research, practice, and policy. Departmental faculty members design and teach the GSPH core curriculum courses, with ongoing review and oversight by departmental committees, the EPCC, and the Core Curriculum Committee to assure that core courses cover the essential public health competencies.

With the introduction of the new core curriculum, continuing students have one academic year to complete the old core courses with their credit requirements and grading system. After one year, any remaining core courses they need must be taken according to the new format, with the expanded number of credits and new grading system.

For students entering the MHA program in 2005-06, the core curriculum requirements consisted of courses in epidemiology and biostatistics and the Essentials of Public Health course (the same modified core curriculum requirements as for MS students). Following consultation with CEPH in spring 2006, the Department of Health Policy and Management revised its MHA curriculum to be in compliance with the 2005 CEPH criterion. Consequently, the core curriculum for MHA students entering in fall 2006 includes the overview course and the core courses in biostatistics, epidemiology, behavioral and community health sciences, and environmental health. MHA students are exempted from the core course offered by their department and the public health biology course. In addition, they have a separate capstone course structured to meet the requirements of the Commission on Accreditation of Healthcare Management Education.

V.B.2. POLICIES AND PROCEDURES REGARDING PRACTICE PLACEMENTS

All GSPH professional master's students must complete an approved, supervised practicum/field placement/internship or applied health research project to earn their degrees. (See resource file for a copy of the professional degree program policy.) Through practice in the field, students develop a full appreciation of what public health professionals do and the systems in which they operate.

These practice experiences:

- Provide students with the opportunity to use knowledge and practice new skills learned in the master's courses and work outside of class
- Augment and enrich their emerging areas of interest
- Give students opportunities to understand how agencies interact with individuals and communities
- Demonstrate integration and application of knowledge through a culminating experience
- Expose students to a broader range of public health activities than they have experienced to date
- Contribute to students' professional education through assignments that are useful to the host organization and that refine the students' professional skills
- Help students identify their professional strengths, weaknesses, and areas of knowledge for further study.

Practicum Requirements: Overview

- The number of hours for each practicum/field experience/project is determined by each department; the requirements range from 120 to 160 hours.
- Most students will have completed two terms of class work before beginning their practicum.
- The practicum is at an approved organization under the supervision of a designated site administrator (preceptor) and under the guidance of a faculty member within the student's department who serves as his/her practicum faculty advisor.
- Each practicum has a defined set of learning objectives and standards for students' work products. These objectives are approved in advance.
- Waivers of the practicum requirements are rare and granted only in cases in which students are working professionals in public health fields.

Criteria for Approval of Practicum Sites

To be approved as practicum sites, organizations must:

- Provide the minimum number of hours of public health-oriented work
- Enable students to apply specific public health skills or competencies learned in their academic program
- Address the student's educational/experiential needs
- Provide logistical support to the student (e.g., program information, data, desk, and telephone)
- Have senior public health professionals to help with training at the sites and to serve as preceptors

Responsibilities of Preceptor, Faculty Advisor, and Student

The respective responsibilities of the student, preceptor, and faculty advisor are outlined in Table V.3.

Table V.3. Practicum Responsibilities	
Responsible Person: Student	
Before and During Practicum	At Completion of Practicum
<ul style="list-style-type: none"> • Assume lead responsibility for identifying suitable internship sites and preceptors • Carefully assess his/her academic preparation, experience, and professional development to identify areas to address in the internship • Complete department's placement approval form The form must be developed with the faculty advisor, taking into account any information from the agency preceptor. The proposal should include the goals, objectives, and activities of the internship. • Participate fully in the internship, performing activities necessary to complete work as defined in the proposal and subsequent agreements with the site preceptor • Follow the rules, procedures, and customs of the host organization • Maintain regular communication with the faculty advisor and agency preceptor, including appropriate feedback 	<ul style="list-style-type: none"> • Submit a final report to the faculty advisor and agency preceptor. The MPH essay may contain material from the final report. • Complete evaluation of the internship
Responsible Person: Faculty Advisor	
Before and During Practicum	At Completion of Practicum
<ul style="list-style-type: none"> • Assist the student in reviewing academic and professional goals and in outlining the educational and experiential objectives of the internship, taking into consideration the student's previous public health experience • Assist the student in identifying suitable field sites and preceptors • Review and approve the prospective site and preceptor • Respond to requests from the agency preceptor for information about the goals of the internship experience and respond to requests from either the preceptor or student for assistance in facilitating the internship • Discuss the student's progress with the preceptor at least once during the internship 	<ul style="list-style-type: none"> • Review the preceptor's evaluation of the student's work • Confirm that student requirements are met (final report/thesis submitted, poster presentation prepared, etc.) • Submit grade for the student

Responsible Person: Agency Preceptor	
Before and During Practicum	At Completion of Practicum
<ul style="list-style-type: none"> • Review the practicum's goals and objectives with the student • Provide the student with a formal orientation to the agency • Provide direct supervision of the student and establish an ongoing regular reporting relationship with the student during the internship; be accessible to provide feedback and resolve issues that may arise • Provide resources necessary for a successful internship, including work space, supplies, and the opportunity to observe major agency functions • Provide the faculty advisor with a written copy of the practicum agreement form, stating the scope of the student's project (within two weeks of the student's arrival at the agency) • Respond to the faculty advisor's requests for information regarding the student's performance and the status of the practicum 	<ul style="list-style-type: none"> • Provide the faculty advisor with a written evaluation of the student's performance

Content of Practicum Experiences

The practicum gives students the opportunity to apply and learn more about the application of the core public health functions as well as other areas of specialization, if applicable. Practicum work may involve a combination of several content areas; the specific content depends on the student's area of study and experience. Practicum experiences include designing and implementing an agency evaluation, developing and administering surveys on issues related to health care and access thereto, participating in management and policy analysis, designing and implementing health promotion initiatives, and conducting community needs assessments. Students attend a midpoint roundtable with faculty members, the practicum coordinator, and department chair to gauge the effectiveness of the practicum experiences and to provide opportunities for the students to reflect on what they are learning, raise issues on which they need advice, and learn from each other's experiences.

Assessment of Students

At the end of the practicum, the student's advisor assigns a grade based on the preceptor's midpoint and final evaluation reports, the student's midpoint and final self-evaluations, and the student's culminating work product, which may include a final written report that can subsequently develop into the student's master's essay.

Exceptions/Comments

- The practicum for MPH students in environmental and occupational health began in 2005.
- Biostatistics MPH and MS students do not have a field placement requirement but instead participate as part of a team of consultants, applying their knowledge to practical questions during the required semester-long Biostatistical Consulting course. They also gain practical experience working on research projects in GSPH and at the other Pitt health sciences schools.

V.B.3. AGENCIES AND PRECEPTORS USED FOR FORMAL PRACTICE PLACEMENT EXPERIENCES BY PROGRAM AREA

Appendix 19 provides a table of placement experiences by program area.

V.B.4. CULMINATING EXPERIENCES FOR PROFESSIONAL MASTER'S DEGREES

All MPH and MHA students are required to complete a master's essay as their culminating academic experience. The master's essay provides an opportunity for students to synthesize, integrate, and apply the knowledge and competencies they have gained in the discipline by developing a scholarly paper on a problem, process, or issue relevant to public health. At least two faculty members—one from the core faculty of the student's department and the other from another academic department—supervise the student to ensure a multidisciplinary perspective in the development and evaluation of the paper. Although programs may differ in the specific expectations and criteria regarding content and format, the School-wide expectation is that the master's essay will be relevant to the current state of public health knowledge and practice and will achieve a level of quality sufficient for professional presentation and submission for publication.

In addition to the master's essay, all students complete the Capstone Course. This is the final course in the public health core curriculum that is required for all MPH students; other students may take it as an elective. The course's purpose is to enable students to explore a broad topic or a set of related topics that require them to understand and resolve problems of contemporary public health practice from an interdisciplinary perspective. Faculty and invited lecturers provide background and resources on selected topics, and students prepare two essays related to these topics. The first essay is an analysis of the public health disciplines required to address the topic; the second is an analysis and recommendations for addressing the topic that considers public health science, practice, and policy.

Exceptions/Comments

- The culminating experience for MHA students has changed based on the Commission on Accreditation of Healthcare Management Education's (CAHME) recent recommendation that GSPH reformulate this curricular element. Specifically, the program requires students entering in fall 2006 to conduct a management or policy analysis in cooperation with an affiliated health care organization or public health agency in lieu of the current master's essay. This project will be linked to the student's participation in the course Strategic Management of Health Care Organizations and will be jointly supervised by a faculty advisor and an on-site health care manager or other professional. This assignment will address the CAHME criterion for an integrative experience that gives students the opportunity to demonstrate their ability to effectively synthesize the theory, knowledge, and tools gained from classroom learning and apply the competencies developed to problems in the world of practice.
- Biostatistics students are required to take the Biostatistical Consulting course prior to graduation so they gain experience providing biostatistics consultation to clients on problems involving statistical methodology. Clients are from the University's schools of the health sciences and have included faculty from branch campuses, the Pennsylvania Department of Health, and faculty and students from the School of Arts and Sciences. This course is equivalent to a practicum.
- The practicum for MPH students in environmental and occupational health began in summer 2005.

- The MPH program in environmental and occupational health/risk assessment, which began in 2005, requires all students to spend part of one semester in a culminating field practicum that allows the student to demonstrate integration and application of knowledge in an area of environmental and occupational health. The form of this experience is a faculty-supervised applied research or problem-solving project in consultation with a public health/environmental health agency or organization, environmental consulting group, or industry with an environmental health problem. A student participates in the practicum after completion of course work. The practicum includes a preliminary didactic component to prepare for the project, a major fieldwork contribution or problem-solving project, and a final written report, which is subsequently developed as the student's master's essay with possible submission for publication.

V.B.5. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- The School assures that all master's degree students develop an understanding of the areas of knowledge that are basic to public health—as well as the multidisciplinary nature of public health—through a core curriculum that provides 20 credits of instruction, including courses in the five areas essential to public health, a public health biology course, an overview course, and a capstone course that is aimed at integrating their knowledge and skills in a problem-solving approach.
- The School also assures that all master's degree students in the five core areas learn to apply their skills and knowledge in the field through practica/field experiences/internships that contribute both to the students' development as public health professionals and to the health/community organizations for which they work.
- GSPH requires students to demonstrate that they have integrated the knowledge they have acquired through a culminating experience. The participation of faculty from at least two academic departments in the development and evaluation of the master's essay provides both a quality check and an opportunity for a multidisciplinary approach in the design of the study and evaluation of the final product. The requirement that students explicitly address public health relevance in their master's essay ensures that they have considered the implications of their studies beyond their own discipline.

Weaknesses

- Each department collects key information about the practica, including placement sites, mentors, and student work products; and the departments monitor the quality of each placement. This system provides students and faculty with the information they need in their own department, but it does not provide the School with a full picture of the range and depth of practice activity by all of its students. Consequently, the Office of Student Affairs is implementing a database system to ensure that all students complete required milestones. This system should be operational in fall 2006.
- Departments are currently aware that the number of hours required for practica are sometimes inadequate and are formulating new requirements that will provide a more consistently substantial experience.

Recommendations

- During 2008, the associate dean for public health practice and the associate dean for student affairs and education should assess the extent to which departments have successfully implemented systems and requirements to strengthen their practica experiences.

Criterion V.B. is met.

CRITERION V.C. FOR EACH PROGRAM AND AREA OF SPECIALIZATION WITHIN EACH PROGRAM IDENTIFIED IN CRITERION V.A., THERE SHALL BE CLEAR LEARNING OBJECTIVES.

V.C.1. LEARNING OBJECTIVES FOR EACH PROGRAM OF STUDY

Link among Mission, Goals, and Learning Objectives

To move the School from its broad mission to concrete outcomes, GSPH has established a series of School goals and instructional objectives, and the departments have established program learning objectives and course learning objectives. This hierarchy establishes a firm link between what students learn each day in the classroom, field, and lab and GSPH's overarching mission of educating future public health professionals who possess the leadership, knowledge, and skills to anticipate and protect communities from diseases and other health threats. The School-wide goals and instructional objectives are described in Criterion I. This section describes the learning objectives for each program, starting with the core curriculum, which provides common, multidisciplinary learning objectives for all master's students, regardless of their program.

Learning Objectives for All Master's Students: Core Curriculum

The core curriculum comprises eight courses that address the basic areas of knowledge in public health and also provide the opportunity for integrating this knowledge and applying it through case studies. The learning objectives for the core curriculum are outlined below.

Public Health

PUBHLT 2014 Public Health Overview

Upon completion, students will be able to

- Comprehend public health as a broad and complex domain of professional practice and inquiry
- Make inferences from history and cite milestones in the evolution of the public health field
- Examine ethical issues relevant to public health practice and justify proposed courses of action
- Begin to integrate core knowledge areas around common health topics
- Generate well-formed questions based on text readings and other sources and contribute meaningful perspectives to discussions
- Construct, adapt, and apply visual models when analyzing public health problems

Behavioral and Community Health Sciences

BCHS 2509 Social and Behavioral Sciences and Public Health

Upon completion, students will be able to

- Define and be aware of the significance of social and behavioral science interventions, strategies, and techniques in achieving the public health core functions
- Recognize the basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice

- Identify major health disparities and assess the social, behavioral, and economic factors affecting the disparities
- Describe the role of culture and socioeconomic status in health behavior, access, status, and provision of public health services
- Define selected social, behavioral, and community-building theories/models and understand the role of community development/partnerships in public health
- Apply the social ecological approach in analyzing individual, organizational, and community concerns, assets, resources, and deficits for effective public health interventions
- Demonstrate the value of transdisciplinary teams and research in responding to and promoting overall health and well-being of the public
- Identify and compare social, behavioral, and economic factors affecting health geographically (locally, nationally, and globally)
- Employ core social and behavioral science techniques/principles to advance the public's health and health awareness within an elected area of specialization

Biostatistics

BIOST 2011 Principles of Statistical Reasoning

Upon completion, students will be able to

- Apply concepts of statistical reasoning to public health problems
- Define and use the basic terminology of statistics
- Calculate various statistical measures and indices
- Quantify health relationships; compute and interpret inferential statistical techniques
- Use statistical software in processing, editing, storing, analyzing, and interpreting health research data

Environmental and Occupational Health

EOH 2013 Environmental Health and Disease

Upon completion, students will be able to

- Define environment and the requirements for a healthy environment
- Identify sources of environmental hazards to human health
- Explain issues related to measurement of environmental quality, identification of environmental hazards, individual exposures, and risk characterization
- Describe methods for quantifying risk
- Discuss issues of identifying populations most susceptible to environmental hazards
- Discuss issues of environmental health promotion
- Identify responsible government agencies and important laws that regulate and protect environmental quality and health
- Identify agencies and parties responsible for cleaning the environment
- Discuss approaches for preventing or remediating environmental hazards
- Discuss approaches to protecting populations from environmental hazards

Epidemiology

EPIDEM 2110 Principles of Epidemiology

Upon completion, students will be able to

- Understand the history and role of epidemiology as the basic science for public health
- Develop a population-based perspective of disease and other health-related events
- Recognize ethical and professional issues in the conduct of epidemiologic research
- Calculate and interpret epidemiologic measures of disease occurrence

- Calculate and interpret measures of effect used to compare the risk of disease between populations and subgroups
- Understand features, strengths, and limitations of descriptive, observational, experimental, and genetic epidemiologic studies
- Distinguish between association and causation, including knowledge of criteria used to evaluate causal associations
- Understand the roles of chance, bias, and confounding in the evaluation of epidemiologic research
- Understand the concept of effect measure modification
- Understand the dynamics on infectious disease transmission and methodology used to investigate an epidemic outbreak
- Understand the role of screening and public health surveillance in applied epidemiology
- Recognize the impact of racial, ethnic, and cultural variability in epidemiologic research

Health Policy and Management

HPM 2001 Introduction to Leadership, Management, and Policy for Public Health

Upon completion, students will be able to

- Gain sufficient understanding of the functions of leadership, organization management and policy in health care and public health to enhance professional competence
- Apply one or more models of leadership as a professional development tool
- Explain and apply a systems approach to analyzing organizational behavior and resolving problems
- Understand a model of policy-making and analysis and apply it to a public health problem, challenge, or priority

Public Health Biology

PUBHLT 2015 Public Health Biology

Upon completion, students will be able to

- Explain the role of biology in the ecological model of public health
- Integrate general biological and molecular concepts into issues affecting public health
- Explain how infectious agents affect the health of individuals and populations
- Describe the role of the immune system in individual and population health
 - Explain how the immune system functions normally to protect against disease
 - Describe how this normal function is enhanced by vaccination
 - Explain the consequences of a breakdown in normal immune function
- Explain how genetics and genomics affect disease processes and public health practice
- Identify the ethical, legal, and social issues arising from public health biology
- Understand the role of evidence-based biological concepts in the broader public health arena

Capstone Course

PUBHLT 2016 Capstone: Problem Solving in Public Health

Upon completion, students will be able to

- Use problem-solving methodology appropriate for addressing public health problems at different population levels with an emphasis on science, policy, and practice considerations
- Apply an interdisciplinary approach to public health problem-solving
- Apply the skills necessary to effectively solve public health problems
(The Capstone Course has extensive course objectives. The three items above represent the broad course goals.)

Learning Objectives for Degree Programs, By Department

The learning objectives for each department's degree programs are presented in Appendix 20.

V.C.2. MANNER IN WHICH LEARNING OBJECTIVES ARE DEVELOPED, USED, AND MADE AVAILABLE TO STUDENTS

GSPH develops and applies the learning objectives for degree programs and individual courses through department curriculum committees, the Educational Policies and Curriculum Committee, and the University Council on Graduate Study. GSPH ensures that students receive the learning objectives for programs and courses through its Web site postings, orientation programs, and academic advising.

Learning Objectives: Program Level

GSPH develops program and course learning objectives for each program in accordance with a set of requirements established in PREMIS (Preservation Metadata Implementation Strategies) guidelines from the University Provost's Office. GSPH justifies learning objectives in the PREMIS proposal by linking them with professional competencies and employment opportunities for the degree program. Because of the interdisciplinary nature of many professional programs, a PREMIS proposal is often written by faculty members from several departments.

The review and approval processes for new degrees and certificates begin with department curriculum committees and then proceed to the School-level Educational Policies and Curriculum Committee (EPCC), Planning and Budget Policies Committee (PBPC), and GSPH Council. Proposals are then sent to the senior vice chancellor for the health sciences for approval and are approved by the University Council on Graduate Study. Interdepartmental programs (e.g., the graduate certificate in emergency preparedness and disaster response) require independent review and approval by each participating department. Any new courses receive independent review and approval from both the appropriate department curriculum committee and the EPCC, as described below in the description of learning objectives at the course level.

Program-level learning objectives are used to inform the selection of courses, whether pre-existing or newly proposed, for new programs. The PREMIS review and approval process depends on many factors, including assurance that each learning objective for the program or certificate as a whole has corresponding courses or other learning experiences. For example, the recently created graduate certificate in public health preparedness and disaster response is structured to address each of the CDC's nine core competencies for public health emergency preparedness. Program-level learning objectives are made available to students by postings on the GSPH Web site, on department Web sites, and in department student handbooks.

Learning Objectives: Course Level

All courses within a program have identified learning objectives that contribute to students' attainment of a particular degree. GSPH requires that each new course specify these learning objectives and state how it contributes to the program curriculum. (A sample course approval form is available in the resource file.) The department chairs and curriculum committees assure that a course's substantive requirements (lectures, readings, examinations, and student outputs) fulfill the stated learning objectives. The EPCC assures that learning objectives are clearly stated and relate logically to program curricula.

The GSPH process for student evaluation of courses further assures that students are meeting learning objectives. Every new course receives a formal student evaluation in the first year it is

offered. The University's Office of Measurement and Evaluation of Teaching administers this evaluation through a standard form that specifically asks whether the course content has addressed the learning objectives for that course. The course director, the faculty, the department, and the EPCC review the results of these evaluations.

Departments disseminate each course's learning objectives through a written course syllabus and through their academic manuals. Many GSPH courses currently use the University's online Blackboard system to assure access to syllabi and course objectives.

V.C.3. MANNER IN WHICH THE SCHOOL PERIODICALLY ASSESSES THE CHANGING NEEDS OF PUBLIC HEALTH PRACTICE AND USES THIS INFORMATION TO ESTABLISH LEARNING OBJECTIVES

Sandra Quinn, PhD, associate dean for student affairs and education, and the departments are responsible for ensuring that educational programs have learning objectives that will enable GSPH graduates to be competent practitioners. Additionally, much of the impetus and creativity for new courses and programs comes from faculty members because they are directly concerned with maintaining the School's relevance to changing professional needs and its flexibility to address emerging conditions.

Dr. Quinn also has as a major area of responsibility for the development of new educational programs; to that end, she administers a teaching incentive fund that provides one-time grants of \$5,000 for faculty to create new courses or translate existing courses into new formats. Such initiatives result in added modules for existing courses, development of new courses, and development of entirely new programs of study. Following are several recent initiatives.

- In response to the events of 9/11/01 and the subsequent anthrax scare, Dr. Quinn, in partnership with the Center for Public Health Practice, launched the Graduate Certificate Program in Public Health Preparedness and Disaster Response.
- In response to the 2003 Institute of Medicine report on public health education, *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*, GSPH launched new programs and substantially revised existing programs to address several of the eight "new" areas. These initiatives include graduate certificate programs (described in Appendix 17), the new MPH in public health genetics, the certificate program in public health genetics, and a dual MPH/MS in public health genetics and genetic counseling.

GSPH also assesses the changing needs of public health practice in the following ways:

- Through national accrediting bodies that survey employers and identify current competencies in the profession
- By surveying alumni about key skill sets and the utility of courses taken
- Through participation in the Education Committee of the Association of Schools of Public Health and the Council on Linkages

Appendix 21 provides an example of how programs align their programmatic objectives with labor market needs. (The example cited is the MHA degree program.)

V.C.4. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- In response to concerns raised in previous CEPH accreditation site visits and reviews, the School has made substantial progress in establishing and monitoring both program-level and course-level learning objectives. The Educational Policies and Curriculum Committee has contributed to these improvements through its review of new and substantially revised academic programs and individual courses. All GSPH programs now document explicit learning objectives, and departments use these objectives as guidelines to measure program effectiveness.
- Attention to explicit program objectives is especially important in light of the School's renewed strategic emphasis on and investment in the size and quality of professional master's degree programs. While the success of academically oriented programs can be measured by traditional metrics of academic achievement, documenting the effectiveness of the professional degree programs is more complex. Having current, relevant, and potentially measurable program objectives or desired outcomes provides a foundation for School-wide efforts to encourage, monitor, and ensure academic quality.
- Several programs, including genetic counseling and the MHA programs, are in the process of replacing or supplementing program objectives with professional competencies based on stimuli from accrediting bodies, expert panels, and professional associations.
- The trend toward adoption of professional competencies will continue to make the School more responsive to the needs of public health practice, although it may make comparisons across academic programs more challenging.

Weaknesses

- The School's current requirements for course evaluations are inconsistent; while the core courses receive student evaluations with each offering, other courses have such evaluation at the discretion of individual departments and faculty members.

Recommendations

- GSPH, through the associate dean for student affairs and education and the EPCC, should continue to monitor new courses and programs to ensure that they address contemporary public health competencies and should develop a new policy and procedures for evaluation of teaching.

Criterion V.C. is met.

CRITERION V.D. THERE SHALL BE PROCEDURES FOR ASSESSING AND DOCUMENTING THE EXTENT TO WHICH EACH STUDENT HAS ATTAINED THESE SPECIFIED LEARNING OBJECTIVES AND DETERMINING READINESS FOR A PUBLIC HEALTH PRACTICE OR RESEARCH CAREER, AS APPROPRIATE TO THE PARTICULAR DEGREE.

V.D.1. PROCEDURES FOR MONITORING AND EVALUATING STUDENT PROGRESS IN MEETING LEARNING OBJECTIVES

GSPH monitors student progress regularly at both the School and department levels to ensure that its graduates are prepared for careers in public health practice or research and to be able to intervene with support for students who are struggling in their courses or practica.

School-wide Monitoring and Evaluation

At the end of each semester, the assistant dean for student affairs prepares a list of students who have a semester GPA below 3.0, a cumulative GPA below 3.0, or who have failed a core course. The Admissions and Student Performance Subcommittee of the EPCC reviews this information and discusses each student individually, considering his/her overall record. After the subcommittee determines a course of action for the student, the assistant dean notifies each student by letter. The subcommittee also notifies the student's advisor. The subcommittee's actions follow the rules for student performance, probation, and dismissal, which are available in the resource file.

Department-Level Monitoring and Evaluation

The primary responsibility for monitoring and evaluating student progress resides with each academic department. In 2005, the School conducted a thorough review of departmental procedures for thesis and dissertation committees, a process that resulted in a uniform School-wide policy statement addressing, among other issues, the need for inter-departmental representation of faculty (see www.publichealth.pitt.edu/content.php?page=858&context=ContextStudents for policy statement). Additionally, the departments use the following tools for assuring student progress:

- *Faculty advisors*—Until they choose a dissertation advisor at the end of their first year, doctoral students are assigned department faculty advisors or are advised by the department's director of graduate studies. In the MS and PhD programs, faculty advisors monitor student examinations and other benchmarks in the development of the master's thesis and doctoral dissertation. Faculty advisors for the MPH, MHA, and other professional degree programs monitor both academic progress and professional development activities (practica and field experiences), which may be even more important for job placement and career development than the documented academic record. Students are encouraged to consult their advisors for career mentoring, suggestions related to their practicum and thesis, and their general academic program.
- *Student evaluations*—For each course they teach, faculty members monitor their own effectiveness and the students' level of understanding through evaluations (exams, research papers, essays and reports, class participation, group projects, poster presentations, and homework). Each course is designed to include such assessments as key elements of instruction. Class syllabi along with course content evaluations and a description of grading standards are available in the resource file.
- *Practicum evaluations*—To evaluate whether students have learned to translate public health concepts into practice and whether the learning objectives of their coursework are relevant in the "real world" context, preceptors, faculty practicum advisors, and the students themselves evaluate their effectiveness in their practicum/internship/consulting projects. For their practica, students receive a pass/fail grade, which incorporates preceptor and faculty evaluations of student performance.
- *MS and PhD exams and thesis defense evaluation*—Advisors talk with students regularly about their courses and grades to ensure that they are receiving the preparation needed to master the knowledge and skills for their mandated exams and thesis defense. MS students take a comprehensive examination, which tests their ability to read and interpret the literature and their understanding of basic methods and terminology. PhD students take a preliminary examination early in their program and later take a comprehensive examination in which they must propose a dissertation project and demonstrate their readiness to conduct independent research. After the students have passed the exams, the thesis/dissertation committees

regularly monitor their progress. Finally, both MS and PhD students must defend their theses before graduation.

- *Graduate advisory committee review*—Most departments have a committee of faculty members responsible for overseeing the progress of individual students in their coursework and making appropriate recommendations; mentoring students prior to their selecting a permanent faculty advisor; overseeing preliminary examinations for PhD students; and overseeing thesis defense examinations for MS students.
- *Doctoral committee evaluations*—The student's doctoral committee is responsible for advising him/her on the effective design, conduct, and analysis of a research study and for approving a body of original research of sufficient quality to form the basis for a PhD dissertation. The committee is also responsible for meeting at least annually to review the student's research progress.

Program-Specific Monitoring and Evaluation

- *BCHS MPH program*—Each faculty advisor has initial responsibility for tracking student progress on a continuing basis. The MPH program director, in collaboration with the Admissions and Student Performance Subcommittee (ASPS), also conducts semi-annual reviews of all MPH students' academic status and progress. If a student is clearly experiencing difficulty, ASPS contacts the faculty advisor, who tries to resolve the problem. If the problem persists, ASPS reviews the situation and makes a recommendation to the department chair for formal action.
- *BCHS master's paper/thesis assessment*—The paper/thesis requirement is designed to provide the student an opportunity to integrate the major components of the GSPH learning experience and to apply the principles of public health to an analysis of a specific topic. A major goal is to permit the student to relate concepts and principles from the didactic program to experiences encountered during field placement. The student is expected to demonstrate technical proficiency in expository writing. Papers or theses must address a topic of public health significance.
- *EOH MS/PhD in molecular toxicology*—Students select thesis research advisors after completing a maximum of three rotations (two of which count for credit) and before taking the preliminary examination. Research mentors must be members of the University's graduate faculty, must be able to provide an adequate environment for conducting student research projects, and must be able to secure funds to support the research. While students are strongly encouraged to identify mentors from their own department, they may work in any University department as long as the research focus is on molecular toxicology and the environmental health sciences. All research mentors must be approved by the EOH Graduate Advisory Committee. The research advisor and the student propose a Research Advisory Committee, which also must be approved by the Graduate Advisory Committee.
- *Genetic counseling program*—In addition to the monitoring that all students receive, the co-directors of the Genetic Counseling Program meet quarterly with each student to discuss individual progress. Required examinations include a comprehensive examination and an oral examination. The comprehensive exam is designed to be a mock certification examination to help the student prepare for American Board of Genetic Counseling certification. The oral exam is based on a fictitious clinical case. Genetic counseling students also must defend their theses prior to graduation.

V.D.2. OUTCOME MEASURES FOR EVALUATING STUDENT ACHIEVEMENT

Master's students' course grades and their performance in practica measure the degree to which they have demonstrated mastery of course material, competence that meets program/professional standards, their ability to apply knowledge in the field, and their ability to synthesize public health knowledge across the core domains. The grade point average reflects each student's overall achievement of program learning objectives.

GSPH measures aggregate student performance by monitoring these key indicators:

- *Degree completion rates*—The combined degree completion rates for students matriculating into GSPH professional and academic master's degree programs between 1999 and 2003 exceed 80 percent, as reflected by the data in Tables V.4 and V.5. (Data for students entering in 2004 and later were excluded from this calculation because a substantial number of them are still enrolled in their programs. Likewise, it is too early to assess the degree-completion rates for doctoral students, as shown in Table V.6, because many of them are also still enrolled in their programs.) The data used to calculate degree-completion rates are for full-time students; the start date is August.
- *Job placement rates*—Appendix 22 reflects overall job placement rates exceeding 80 percent for GSPH graduates (within 12 months of receipt of their degree), as reported by the individual departments for the last three years. (Data on 2006 graduates are still being collected.) In addition, of the 102 students who participated in the most recent student exit survey, 41 answered the employment status question, and more than 95 percent of them indicated they held either a new full- or part-time job or the same position they had prior to or concurrent with their GSPH program. Likewise, of the 225 non-retired respondents to the 2005 alumni survey, nearly 93 percent indicated that they are currently employed in full- or part-time positions.
- *Passing rates on standardized examinations*, like that taken by genetic counseling students

According to GSPH policy, doctoral students have 10 years to complete a degree unless they are given credit for a prior master's degree; in that case, the time limit is eight years. The University statute of limitations does not differentiate between full-time and part-time enrollment. The University statute of limitations for master's degrees is four years for a master of science and five years for a professional degree. In cases of joint degrees, the University requires that the student earn both degrees at the same time.

Table V.4. Completion Rates for Full-Time Students in Professional Master's Degrees, 1999-2004

Date of matriculation	Number of new, full-time students	Earned master's degree	Still enrolled	Inactive	Earned both master's and doctorate	Earned PhD or DrPH
August 1999	39	32	1	6		
August 2000	30	21	4	2	0	0
August 2001	19	15	2	2	2	1
August 2002	30	27	3	0	0	0
August 2003	31	28	2	1	0	0
August 2004	32	11	21	0	0	0

Table V.5. Completion Rates for Full-Time Students in Master of Science Degrees, 1999-2004

Date of matriculation	Number of new, full-time students	Earned master's degree	Still enrolled	Inactive
August 1999	12	10	2	0
August 2000	12	10	2	0
August 2001	14	12	2	0
August 2002	21	20	1	0
August 2003	25	14	11	0
August 2004	24	1	23	0

Table V.6. Completion Rates for Full-Time Doctoral Degree Students, 1999-2004

Date of matriculation	Number of new, full-time students	Earned PhD or DrPH	Earned terminal master's degree	Still enrolled	Inactive	Earned both master's and doctorate
August 1999	15	7	1	4	2	1
August 2000	32	16	4	9	0	3
August 2001	24	4	5	15	0	0
August 2002	13	1	6	6	0	0
August 2003	30	1	1	25	3	0
August 2004	40	0	0	40	0	0

V.D.3. DEGREE COMPLETION AND JOB PLACEMENT RATES

As indicated in Criterion V.D.2, the School's rate of degree completion (within the normal time period for degree completion) and job-placement rate of graduates within a year of completing their degrees both exceed 80 percent.

V.D.4. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- All programs have explicit program objectives, student learning objectives, desired outcomes, or curricular competencies that provide standards for assessing program effectiveness and student achievement.
- Each program is able to document its performance and collective student achievement using one or more of these standards.
- The timely graduation rates of full-time students exceed 80 percent, as does the overall job placement rate among new graduates.
- Graduates of academic degree programs preparing for scholarly and research careers demonstrate an impressive level of productivity both before graduation and within three years of graduation.
- Increased enrollment in master's degree programs during this accreditation period attests indirectly to the effectiveness of programs in achieving desired outcomes and the reputation for excellence of both professional and academic degree programs.

Weaknesses

- Many GSPH departments do not have strong systems in place for tracking graduates after they depart. GSPH is in the process of implementing more rigorous information systems and procedures for collecting job placement data.

Recommendations

- The associate dean for student affairs and education is working with information technology staff to design and implement a new system for monitoring milestones. This system is on schedule for implementation in fall 2006.
- Departments should consider an annual survey of alumni to track job placements. The Office of Student Affairs is currently redesigning its exit survey for graduates in order to collect additional job placement information.

Criterion V.D. is met.

CRITERION V.E. IF THE SCHOOL ALSO OFFERS CURRICULA FOR ACADEMIC DEGREES, THEN STUDENTS PURSUING THEM SHALL HAVE THE OPPORTUNITY AND BE ENCOURAGED TO ACQUIRE AN UNDERSTANDING OF PUBLIC HEALTH PROBLEMS AND A GENERIC PUBLIC HEALTH EDUCATION. THESE CURRICULA SHALL COVER AS MUCH BASIC PUBLIC HEALTH KNOWLEDGE AS IS ESSENTIAL FOR MEETING THEIR STATED LEARNING OBJECTIVES.

V.E.1. ACADEMIC DEGREE PROGRAMS BY DEGREE AND AREA OF SPECIALIZATION

The matrix in Table V.1 lists the academic/research degree programs by department and area of specialization.

V.E.2. MEANS BY WHICH THE SCHOOL ASSURES THAT STUDENTS IN RESEARCH CURRICULA ACQUIRE A PUBLIC HEALTH ORIENTATION

GSPH provides numerous and substantial opportunities for students in its academic degree programs to learn the core sciences and values of public health and to demonstrate this orientation in their research-related activities.

Core Curriculum

All GSPH students who are pursuing an MS degree are required to take a modified core curriculum. This sequence of courses includes courses in epidemiology (three credits) and biostatistics (two credits) that are the same core courses (or higher level courses in these areas) as those required for GSPH's professional degree students. The core curriculum for these academic degree students also includes an integrative three-credit course titled Essentials of Public Health. Initiated on a pilot basis in fall 2005 and as a regular core course in spring 2006, this new course assures that MS students will have thorough instructional exposure to all of the core domains of public health knowledge. It is directed by the School's former dean, Dr. Bernard Goldstein, and includes contributed modules and lectures from senior faculty members throughout GSPH's seven departments. (For more information, see Criterion V.B.1. and Appendix 18.)

Content of Theses and Dissertations

As a central part of their educational experience, GSPH students pursuing MS and PhD degrees are required to participate in the School's ongoing research programs and to produce theses and dissertations on topics of public health relevance. Examples of thesis and dissertation topics are provided in the resource file.

Cross-Disciplinary Activities

All students participate in activities to build their professional identification with the mission and values of the School and the public health field, including activities that encourage interactions among students across departments and degree programs. The annual schedule of interdisciplinary and School-wide events is typified by those of the past year:

- Parran Lecture, named for the school's first dean
- Foster Lecture, focused on Alzheimer's disease
- Porter Prize in health promotion, named for a prominent civic leader and accompanied by a lecture that is open to the public
- Dean's Day competition (a forum for students to present their research and scholarship to a critical audience across disciplines within the School)
- Annual Public Health Week events and celebrations
- Health Policy Institute Lecture Series and Governance Briefings
- Student Affairs International Dinner
- Center for Minority Health's Annual Minority Health Leadership Summit
- Center for Public Health Practice's 10th Anniversary Symposium
- Pittsburgh Bioterrorism Preparedness Lecture Series
- Capstone Course

Departments further reinforce students' orientation to the public health field through activities such as the following:

- *Behavioral and Community Health Sciences*—Semiannual Grand Rounds, Seminar Series on Health Disparities—visiting faculty from the UK, biweekly brown bag seminars on BCHS

research/issues, professional meetings (American Public Health Association and Society for Public Health Education)

- *Biostatistics*—Cross-disciplinary instruction, research, and application of knowledge through teaching collaborations with other departments. (For a description of this initiative, see Appendix 23.)
- *Environmental and Occupational Health*—Seminar series, participation in national scientific meetings (Society of Toxicology, American Thoracic Society, American Public Health Association, and Experimental Biology), representation on committees, independent research in collaboration with GSPH faculty
- *Epidemiology*—Weekly epidemiology seminars, institutional review board training, field internships, independent study and research in collaboration with GSPH faculty, participation in scientific meetings and symposia, including the annual meeting of the American Public Health Association. (See Appendix 24 for a listing of cross-disciplinary seminars.)
- *Health Policy and Management*—Participation by graduate student researchers in public health and community health organizations
- *Human Genetics*—Annual C.C. Li Memorial Lecture, participation by three students in the genetic counseling program each year with the Center for Minority Health on community education and research projects
- *Infectious Diseases and Microbiology*—Weekly data and journal clubs, bimonthly infectious disease seminars, participation in scientific meetings and departmental in-service events, completion of public health-related infectious disease research

V.E.3. CULMINATING EXPERIENCE REQUIRED FOR EACH DEGREE PROGRAM

For MS students, the culminating experience is a master's thesis (which, for Department of Human Genetics students, reports on their research project). All master's students must complete a minimum of two essay/special study credits and meet the master's thesis/essay requirement, which is specified in the educational program's listings. All essays must be read and approved by two faculty members from different departments. MS theses require approval by a third reader as well.

All GSPH doctoral students must:

- Complete specific courses as determined by the program or the School, including at least three credits of 3100 (dissertation) or one term of full-time dissertation study
- Fulfill the University's residency requirement
- Satisfactorily complete the preliminary/qualifying examination and the comprehensive examination
- Satisfactorily complete and defend a doctoral dissertation

V.E.4. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- The addition of the course in public health essentials will increase MS students' public health orientation.

- Each academic department has established clear regulations and procedures governing its students' progress in completing the culminating experience, either the master's essay, master's thesis, or doctoral dissertation.

Weaknesses

None identified

Recommendations

- The Office of Student Affairs will implement a new milestones monitoring system in fall 2006.

Criterion V.E. is met.

CRITERION V.F. THE SCHOOL SHALL OFFER AT LEAST ONE DOCTORAL DEGREE WHICH IS RELEVANT TO ONE OF THE FIVE SPECIFIED AREAS OF BASIC PUBLIC HEALTH KNOWLEDGE.

V.F.1. DOCTORAL PROGRAMS BY DEGREE AND AREA OF SPECIALIZATION

Six of the seven academic departments offer a program of doctoral study, culminating in either a DrPH or PhD degree, or both. These programs, which are listed in the instructional matrix in Table V.1, represent a wide array of opportunities for education in basic, applied, and participatory community-based research. The seventh department, Health Policy and Management (HPM), suspended its health policy-oriented PhD program after it became a separate department in 2003. Since then, HPM has focused on reaccreditation of its flagship MHA program and the recruitment of three new tenure-stream faculty members. With this work now complete, HPM is planning to re-establish its doctoral program.

V.F.2. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- GSPH exceeds CEPH standards for the number of programs that offer doctoral study.

Weaknesses

None identified

Recommendations

None identified

Criterion V.F. is met.

CRITERION V.G. IF THE SCHOOL OFFERS JOINT DEGREE PROGRAMS, THE REQUIRED CURRICULUM FOR THE PROFESSIONAL PUBLIC HEALTH DEGREE SHALL BE EQUIVALENT TO THAT REQUIRED FOR A SEPARATE PUBLIC HEALTH DEGREE.

V.G.1. IDENTIFICATION OF JOINT DEGREE PROGRAMS

To encourage and support interdisciplinary study and preparation, GSPH has partnered with other professional schools at the University to organize degree programs that provide students with the opportunity to integrate public health with law, medicine, social work, public and international affairs, and anthropology. These programs are identified in Table V.1.

In each of the interdisciplinary programs, the required curriculum for the professional public health degree is equivalent to that required for a separate public health degree. Each program is subject to the same processes for curricular review and approval as the other programs offered by GSPH. Any new or substantially modified joint programs must be reviewed and approved by the School's Educational Policies and Curriculum Committee, the Planning and Budget Policies Committee, and the GSPH Council prior to higher level review and approval by the University.

For joint and cooperative degree programs, the GSPH participating department must document that officials at the collaborating academic unit have approved the program's curricular requirements. The School's core curriculum requirements also apply to any linked degree programs. For MPH programs, students must demonstrate the public health significance of the master's essay. Specific requirements for each of these joint degree programs are provided in the resource file.

V.G.2. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- GSPH's joint degree programs increase opportunities for synthesis of ideas, broadening of perspectives, innovation across disciplines, and emerging transdisciplinary areas of research and practice.

Weaknesses

None identified

Recommendations

- As GSPH implements the revised School-wide core curriculum in 2006, departments will need to ensure that their joint degrees are in compliance.

Criterion V.G. is met.

CRITERION V.H. IF THE SCHOOL OFFERS DEGREE PROGRAMS USING NONTRADITIONAL FORMATS OR METHODS, THESE PROGRAMS MUST (A) BE CONSISTENT WITH THE MISSION OF THE SCHOOL AND WITHIN THE SCHOOL'S ESTABLISHED AREA OF EXPERTISE; (B) BE GUIDED BY CLEARLY ARTICULATED STUDENT LEARNING OUTCOMES THAT ARE RIGOROUSLY EVALUATED; (C) BE SUBJECT TO THE SAME QUALITY CONTROL PROCESSES THAT OTHER DEGREE PROGRAMS IN THE SCHOOL AND UNIVERSITY ARE; AND (D) PROVIDE PLANNED AND EVALUATED LEARNING EXPERIENCES THAT TAKE INTO CONSIDERATION AND ARE RESPONSIVE TO THE CHARACTERISTICS AND NEEDS OF ADULT LEARNERS.

V.H.1. DEGREE PROGRAMS OFFERED IN A NONTRADITIONAL FORMAT

GSPH does not currently offer any programs using nontraditional means of instructional delivery, format, or scheduling, but it has increased the number of courses offered at alternate times and online to respond to the schedules and needs of students, including those who are working professionals. Following are some of the School's initiatives.

- GSPH has increased the number of evening courses it offers.
- GSPH offers at least one section annually of each core course in the evening or online.
- Departments have been encouraged to use the Blackboard online course management system as an adjunct to traditional classroom teaching.
- The "Supercourse" developed by Ronald E. LaPorte, PhD, and colleagues as a component of the Department of Epidemiology's Global Health Network has gained international recognition as a model for Internet-based public health education and collaboration with a global audience.
- The dean's office has designated funds to provide incentives for faculty to develop innovative courses and teaching methodologies.

Under Dr. Quinn's leadership, a faculty committee has developed a strategic plan for distance education. This committee will present its recommendations to Dean Burke by the end of calendar year 2006. In addition, the School's faculty will continue to explore opportunities to identify, evaluate, and adopt alternative and innovative methods and formats of instruction to supplement traditional classroom and laboratory instruction.

V.H.2. DESCRIPTION OF NONTRADITIONAL DEGREE PROGRAMS

The school does not currently offer non-traditional degree programs.

V.H.3. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- Although GSPH does not currently offer any programs using nontraditional instructional formats, the School has taken actions to provide additional flexibility to its current programs.
- The "Supercourse" offered through the Department of Epidemiology's Global Health Network currently has a network of more than 32,000 scientists working in 151 countries who are sharing a free library of more than 2,500 lectures. This resource has been recognized as a model for Internet-based education provided at minimal cost to all who wish to use it.
- Faculty members continue to identify, evaluate, and adopt alternative and innovative instructional methods and formats on an ongoing basis.

Weaknesses

- While GSPH currently has no programs offered via distance education technologies, a faculty committee has developed a distance education plan, which will be presented to the dean by the end of 2006.

Recommendations

- Recommendations are pending receipt and review of the in-process distance education plan.

Criterion V.H. is met.

VI-Research

VII-Service

VIII-Faculty

IX-Students

X-Evaluation

CRITERION VI: RESEARCH

VI. THE SCHOOL SHALL PURSUE AN ACTIVE RESEARCH PROGRAM, CONSISTENT WITH ITS MISSION, THROUGH WHICH ITS FACULTY AND STUDENTS CONTRIBUTE TO THE KNOWLEDGE BASE OF THE PUBLIC HEALTH DISCIPLINES, INCLUDING RESEARCH DIRECTED AT IMPROVING THE PRACTICE OF PUBLIC HEALTH.

VI.1. A DESCRIPTION OF THE SCHOOL'S RESEARCH ACTIVITIES, INCLUDING POLICIES, PROCEDURES, AND PRACTICES THAT SUPPORT RESEARCH AND SCHOLARLY ACTIVITIES

As a key academic unit in a major research university, GSPH is dedicated to improving the health and well-being of people worldwide by engaging in an ambitious and growing body of research aimed at promoting public health practice and disease prevention. As such, the School has been essential to the University of Pittsburgh's success in becoming one of the nation's leading academic centers of basic and applied research. Rising in the rankings from earlier years, GSPH has ranked third among the nation's public health schools (behind Johns Hopkins and Harvard) in NIH funding since FY 2003 and received grants totaling \$56.9 million in FY 2005 (October to September). Total research funding to GSPH from all external sources in FY 2005 (July to June) was \$76.1 million, up from \$71.7 million in FY 2004. These dollar amounts exclude sub-awards to GSPH faculty as co-PIs and collaborators with other faculty throughout the University. (Note that the University fiscal year does not coincide with the federal fiscal year.)

GSPH research is directed toward addressing a broad range of critical public health issues—environmental, epidemiological, social-behavioral, biomedical, infrastructural/organizational, and otherwise—and influencing policy on these issues.

- GSPH is a research leader in studies related to women's health and one of the original sites for the Women's Health Initiative, the largest study in the world to focus exclusively on women's health.
- The School is known for its HIV/AIDS research through the Pitt Men's Study, which is part of the Multicenter AIDS Cohort Study, a long-term national research project investigating the natural history and pathogenesis of HIV infection in gay and bisexual men.
- Since the elderly population of western Pennsylvania is one of the nation's densest, GSPH has developed a strong focus on aging and public health, with research emphasis on such issues as cardiovascular disease, diabetes, dementia, osteoporosis, disability and care-giving, quality of nursing home and institutional care, and late-life depression.
- Through its involvement in the University of Pittsburgh Center for Rural Health Practice, located at Pitt's Bradford campus in northwestern Pennsylvania, GSPH is able to identify and address issues that contribute to health disparities in rural communities.
- GSPH'S Center for Minority Health has risen to national prominence as a leader in community-based research as well as educational activities aimed at identifying and eliminating health disparities among minority populations.
- The School's Center for Public Health Practice is on the forefront of the newly emerging research agenda for public health systems, including workforce development and the financing of local public health activities.
- GSPH's comprehensive program in human genetics is working to identify links between genes and disease through basic research and clinical applications.
- Other current research programs focus on healthy aging and geriatric epidemiology; diabetes alone and in combination with cardiovascular disease; infectious disease; psychiatric epidemiology; environmental and occupational health; health policy and management; disparities in access to and provision of health care; and biosecurity.

GSPH follows the University of Pittsburgh's policies, procedures, and practices for the conduct of research and scholarly activities, including the University's research integrity guidelines, which are available through the University's Office of Research (www.pitt.edu/~offres/index.html). All University researchers, including students, are required to adhere to the highest standards of integrity in research. The research administration section of the University's Faculty Handbook (www.pitt.edu/~provost/handbook.html) includes additional information regarding the rights, roles, and responsibilities of researchers, conflicts of interest, research development, and related topics.

The School's associate dean for research, Stephen Wisniewski, PhD, reports directly to the dean. The function of his office is to nurture and facilitate research at GSPH and to promote interdisciplinary research and interactions among departments. GSPH maintains ongoing dialogue with the Office of Research, Health Sciences (OORHS), which serves as a resource for both established and emerging research activities at GSPH and the University's other five health sciences schools. OORHS includes an Office of Basic Biomedical Research and an Office of Clinical Research; the office's programs and services are described fully at www.oorhs.pitt.edu.

Following is a synopsis of research in each of the School's seven departments.

Department of Behavioral and Community Health Sciences

The Department of Behavioral and Community Health Sciences is well known for its community-based participatory research strategies designed to improve the health and welfare of communities. The department has been involved in research on health disparities among elderly minority populations; other aging issues, including the development and assessment of health and wellness interventions and longitudinal studies on self-care among the elderly; and risk communication studies regarding bioterrorism threats. Other areas of departmental research strength include diabetes and chronic disease prevention, cancer control, maternal and child health, rural health issues, tobacco use and substance abuse prevention, HIV/AIDS and sexually transmitted diseases, and global health. The department's Office of Health Survey Research provides computer-assisted interviewing services to department and school faculty and the wider University community. One of the department's newest entities is the Institute for Evaluation Science in Community Health, which was created in collaboration with the Department of Health Policy and Management and the University Center for Social and Urban Research to advance evaluation science as a core component of the public health infrastructure.

Department of Biostatistics

The Department of Biostatistics not only maintains an active research program to develop new statistical methodology but also currently provides statistical analysis for more than \$100 million in public health and biomedical research on such topics as cancer treatment and prevention, cardiovascular disease, transplantation, AIDS, childhood disease, and health services and outcomes research. The department is widely recognized for contributing to studies of public health concerns in urban and industrial environments, particularly evaluation of disease risk among workers exposed to potentially toxic substances. To date, large-scale follow-up studies have evaluated the health risks of more than 250,000 workers in a variety of industries. The methodological approaches developed in these studies have served as models for various national and international investigations. Faculty members have contributed to environmental quantitative risk assessment, emphasizing the use of statistical models to quantify cancer risks and the development of methodologies to facilitate the use of epidemiologic data for setting environmental standards. The Occupational Cohort Mortality Analysis Program, a software package developed by department faculty, is used as a primary analytic tool for statistical/epidemiological research by more than 300 U.S. and foreign institutions. Since 1975, department faculty have directed the Biostatistical Center and provided biostatistical expertise for the National Surgical Adjuvant Breast and Bowel Project, an internationally recognized, multidisciplinary, clinical trial research organization.

Department of Environmental and Occupational Health

The Department of Environmental and Occupational Health is involved in original research on the basic mechanisms and pathogenesis of environmentally induced disease. Current research foci include respiratory and cardiovascular toxicology, free radical biochemical toxicology, metal toxicology, molecular carcinogenesis, and computational and risk assessment approaches to environmental health. With expertise in basic science (molecular biology, toxicology), applied science (risk assessment, computational toxicology, biomarkers, and exposure), and clinical medicine (occupational medicine), the department faculty's combined efforts are expected to provide new insights into gene-environment interaction, basic mechanisms of action of toxic substances, and physiological and environmental contributors to risk and/or sensitivity to the development of acquired acute and chronic disorders. The department has developed a sound reputation as a research leader in stem cell biology of the lung, free radical biochemistry, and metal toxicology. Accordingly, significant interactions exist with basic sciences and clinical departments; centers (Center for Biologic Imaging, Center for Pharmacogenomics, Pittsburgh Development Center); and institutes (University of Pittsburgh Cancer Institute, Magee-Womens Research Institute, McGowan Institute for Regenerative Medicine) at the University's other health sciences schools as well as within GSPH.

Department of Epidemiology

The Department of Epidemiology focuses primarily on observational and interventional studies in women's health, reproductive health, cardiovascular disease, cancer, osteoporosis, dementia, aging, infectious disease, and diabetes. In addition, the department continues to play a major role in studies evaluating therapies for cardiovascular disease; among these efforts are the Bypass Angioplasty Revascularization Investigation (BARI) 1 and 2 trials, the Cardiovascular Health Study, Healthy Women's Study, Diabetes Prevention Project, Diabetes Complications Study, and Familial Autoimmune and Diabetes Study, as well as registries of new cardiovascular assist devices. The World Health Organization Center for Diabetes Registries collaborates with investigators in more than 70 countries to track the occurrence of and risk factors for insulin-dependent diabetes. The department participates in these studies and clinical trials both as a center for clinical epidemiology and, via its renowned Epidemiology Data Center, as a study coordinating center. The Epidemiology Data Center has been the major coordinating center for studies of surgical and medical therapies for coronary heart disease, the evaluation of liver transplantation, the highly interdisciplinary Alzheimer Disease Research Center, and the Study of Women's Health across the Nation, which is an observational study of women transitioning through menopause. In addition, the department provides epidemiology and prevention research components for the University of Pittsburgh Cancer Institute.

Department of Health Policy and Management

Now in its third year, the Department of Health Policy and Management is expanding its research portfolio, which has grown approximately 34 percent within the past year and includes studies related to health services, health care financing, psychiatric disorders, patient decision-making and preferences, long-term care, the public health workforce, health care governance, health care law and ethics, workers' compensation, public health infrastructure, health policy, health management, public health administration, and pharmaceutical policy. The multidisciplinary nature of the domains of both health policy and health management presents challenges as well as opportunities for the growth of externally funded research programs. Opportunities for collaborative work with researchers and clinicians across disciplines within the health sciences and other professional schools (School of Law, School of Social Work, and others) are great. The department's Health Policy Institute conducts a range of policy studies on the cost and quality of health care. In addition, the department partners with the Office of Health Survey Research in the Department of Behavioral and Community Health Sciences as a technical resource to conduct health surveys in support of behavioral research projects in GSPH and campus-wide.

Department of Human Genetics

The Department of Human Genetics embraces three major research missions: (1) to develop and use genetic methods to investigate the causes and treatment of hereditary and acquired human illness; (2) to understand and explore the impact of genetics on public health, education, and disease prevention; and (3) to appreciate the role of genetic diversity within human populations. The department provides students with research opportunities in basic, applied, and clinical genetics. The program emphasizes the study of genetic mechanisms related to the transition from normal to disease states and how genes and the environment interact to affect health and disease in human populations. Some of the department's primary research focuses on the genetic epidemiology of common, typically complex diseases like noninsulin-dependent diabetes, pancreatitis, gout, and inflammatory bowel disease; statistical methods for gene mapping in the etiology of trisomy; DNA binding by regulatory proteins; genome analysis; cytogenetic changes underlying various cancers; and mechanisms of chromosomal instability in cancer cells.

Department of Infectious Diseases and Microbiology

Research programs in the Department of Infectious Diseases and Microbiology focus on understanding the mechanisms of pathogenesis of microbial infections at the cellular and molecular levels as they relate to developing methods for disease prevention and treatment. Over the years, research conducted within the department has led to such accomplishments as hallmark clinical trials on passive immunization against poliovirus, directly aiding the development of the Salk polio vaccine; discovery of encephalitis viruses and adeno-associated viruses; original descriptions of the mechanisms of interferon production and action; study of cytomegalovirus transmission by organ transplants; and establishment of the Pitt Men's Study as one of the largest and longest-running cohort studies of HIV infection, including findings such as the predictive value of viral load in the development of AIDS. Nationally recognized as a leader in the etiology and prevention of HIV/AIDS, the department maintains a major research and training focus on the education of practitioners and at-risk lay populations in the prevention and treatment of HIV/AIDS. In addition, the department's Center for Research on Health and Sexual Orientation is studying heart disease and tobacco use among gay and bisexual men, post-surgical adjustment among transsexuals, and related topics.

In addition to its seven departments, two School-wide centers focus on particular aspects of public health and provide specialized research opportunities in those areas. They include the *Center for Minority Health*, which coordinates faculty and student academic, research, and service activities that are relevant to minority health and health disparities (see Appendix 25), and the *Center for Public Health Practice*, which was established to strengthen the link between the academic and practice arenas of public health (see Appendix 26). A variety of other centers include the Center for Public Health Preparedness (within the Center for Public Health Practice), the Pennsylvania/Mid-Atlantic AIDS Education and Training Center, the Center for Healthy Aging, the Center for Injury Research and Control, the Center for Rural Health Practice (at the University's Bradford campus and also affiliated with the Center for Public Health Practice), the Center for Healthy Environments and Communities, EXPORT Health (associated with the Center for Minority Health), the Health Policy Institute, the PA Prevention Project, and the Pennsylvania and Ohio Public Health Training Center (also within the Center for Public Health Practice).

VI.2. A DESCRIPTION OF CURRENT COMMUNITY-BASED RESEARCH ACTIVITIES AND/OR THOSE UNDERTAKEN IN COLLABORATION WITH HEALTH AGENCIES AND COMMUNITY-BASED ORGANIZATIONS. FORMAL RESEARCH AGREEMENTS WITH SUCH AGENCIES SHOULD BE IDENTIFIED.

GSPH has a long history of community-based participatory research and is actively involved in a number of community research projects at several levels. Following are some examples.

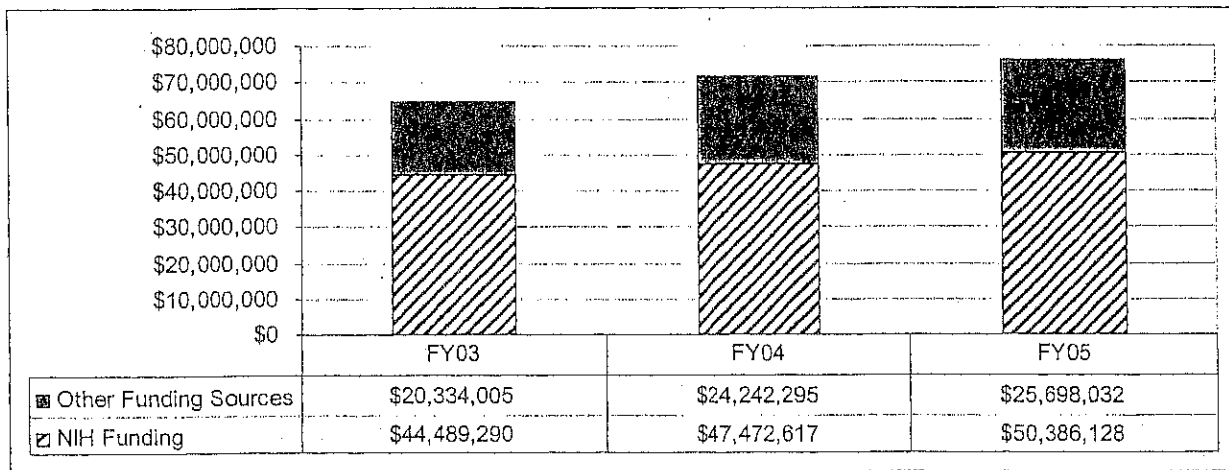
- Community-based research projects in the Department of Behavioral and Community Health Sciences include the following:

- BCHS collaborates with the Allegheny County Health Department to determine the effectiveness of Pittsburgh/Allegheny County Healthy Start Project interventions for postpartum and interconceptual care, including improvements to the health of high-risk women and their infants.
- Program evaluation collaboration with the Pittsburgh Early Head Start program, which promotes healthy development of children under 3 from low-income families, is currently under way.
- BCHS works closely with Tobacco Free Allegheny, a tobacco use prevention and cessation program, and the Allegheny County Health Department to enhance the evaluation capability of community-based education and prevention programs.
- Work with the Homeless Alliance in evaluating the process for implementing the Ten Year Plan for Ending Homelessness in Allegheny County.
- BCHS collaborates with the UPMC Diabetes Institute and the Department of Epidemiology in the implementation and evaluation of the “chronic care” model for diabetes treatment and management in several rural communities in western Pennsylvania.
- The department is involved in the evaluation of strategies to promote community and individual involvement in cancer clinical trials in three sites around the country.
- BCHS also contracts with the Pittsburgh Foundation to do community-based participatory research in publicly funded, low income, high rise, senior housing developments throughout Allegheny County.
- The School’s Center for Healthy Aging (CHA) is collaborating with the University of California at Berkeley, the University of North Carolina, and the University of Illinois at Chicago on a Robert Wood Johnson Foundation-funded study to examine environment and exercise relative to elderly populations. CHA was established in 2001 with funding from the Centers for Disease Control and Prevention to promote healthy lifestyles and to prevent disease in the elderly population of Allegheny County, Pennsylvania, an area with one of the nation’s highest percentages of older adults.
- The Department of Environmental and Occupational Health, in collaboration with the U.S. Department of Housing and Urban Development, is conducting research to evaluate environmental interventions for low-income asthmatic children in the Pittsburgh area.
- The Department of Infectious Diseases and Microbiology has a multi-year collaborative project with the Pennsylvania Department of Health and Pennsylvania Department of Public Welfare to study HIV treatment adherence, access to care, and prevention messages for Pennsylvanians living with HIV.
- GSPH’s Center for Minority Health (CMH) demonstrates a strong commitment to community-based research activities, including the following:
 - The Department of Health and Human Services recently referenced CMH for its successful community-based research initiatives and model programs at local barbershops and beauty salons in which barbers and stylists are enlisted to provide health promotion information to their clients.
 - CMH provides technical assistance in the planning, implementation, monitoring, and evaluation of community-based interventions for a study titled the African American Health Promotion Campaign that is being done in collaboration with the Pittsburgh Foundation and the Heinz Endowments.
 - CMH received funding from the Pittsburgh Foundation, DSF Charitable Foundation, Highmark Foundation, and Robert Wood Johnson Foundation to continue the Healthy Black Family Project. This program aims to reduce risk factors for diabetes and hypertension through lifestyle behavior changes such as physical activity, better nutrition, smoking cessation, and stress management. Among the program’s organizational partners are the Kingsley Association, Hosanna House, Centers for Healthy Hearts and Souls, Carnegie Mellon University, and the Allegheny County Health Department.

VI.3. A LIST OF CURRENT RESEARCH ACTIVITY, INCLUDING AMOUNT AND SOURCE OF FUNDS, OVER THE LAST THREE YEARS

Tables VI.1-2 summarize GSPH's research funding for the past three years and reflect a 17.5 percent total increase in research funding from the National Institutes of Health and other funding sources during that period. A complete list of the School's research funding for FY 2003-FY 2005 can be found in the resource file. (Note that the level of NIH funding in the following tables differs from the NIH ranking data described in Criterion VI.1; the NIH ranking data use the fiscal year of October through September, while the GSPH data are based on the fiscal year of July through June. Also, the difference in the number of NIH grants for FY 2005 is this: 247 is the number of NIH grants for which a GSPH faculty member is involved and funds flow back to the School; 86 is the number of NIH grants for which a GSPH faculty member is the principal investigator.)

Table VI.1. Summary of GSPH Research Funding



	FY03		FY04		FY05	
	Amount	# Grants	Amount	# Grants	Amount	# Grants
Dean's Office	\$189,948	4	\$236,505	10	\$870,889	11
BIOS	\$852,542	29	\$933,607	31	\$1,028,566	40
EPID	\$28,559,254	64	\$30,402,008	80	\$32,267,325	86
HPM	\$611,547	13	\$554,867	8	\$587,916	10
EOH	\$3,175,501	28	\$3,418,703	34	\$4,016,604	32
IDM	\$6,854,679	25	\$6,336,364	19	\$6,327,750	24
BCHS	\$597,266	7	\$628,925	10	\$147,108	9
HUGEN	\$3,648,554	35	\$4,961,638	29	\$5,139,970	35
NIH Funding	\$44,489,290	205	\$47,472,617	221	\$50,386,128	247
Dean's Office	\$1,789,294	16	\$2,927,031	19	\$3,207,611	25
BIOS	\$1,409,054	19	\$2,008,777	18	\$2,642,350	18
EPID	\$7,355,225	55	\$8,052,757	59	\$8,716,263	63
HPM	\$743,586	12	\$106,031	5	\$162,386	5
EOH	\$1,212,898	20	\$1,224,963	21	\$1,220,221	19
IDM	\$5,931,548	24	\$7,114,289	32	\$7,172,207	22
BCHS	\$292,512	7	\$1,055,114	12	\$1,507,929	25
HUGEN	\$1,599,889	27	\$1,753,331	24	\$1,069,065	22
Other Funding Sources	\$20,334,005	180	\$24,242,295	190	\$25,698,032	199
Total	\$64,823,295	385	\$71,714,912	411	\$76,084,160	446

Note: The difference between the total costs included in Table VI.2 and the GSPH-Sponsored Research (Direct Costs) in Table IV.1 is the indirect costs, which are not considered revenue by GSPH. Indirect costs generated by sponsored research through GSPH are retained by the University. A portion of the indirect costs (40 percent of full-rate indirects) is returned to the School and is reflected in the Research Development Funds in Table IV.1.

VI.4. IDENTIFICATION OF MEASURES BY WHICH THE SCHOOL MAY EVALUATE THE SUCCESS OF ITS RESEARCH ACTIVITIES, ALONG WITH DATA REGARDING THE SCHOOL'S PERFORMANCE AGAINST THOSE MEASURES OVER THE LAST THREE YEARS

GSPH's research activities can be evaluated in several ways, including the success of faculty in obtaining competitive research grants; the successful completion of such grants as measured by articles published in peer-reviewed journals; and the significance of the research in relationship to the scientific community, public health, and preventive medicine.

Competitive Research Grants

In FY 2005, GSPH faculty submitted 566 research proposals, including collaborative proposals with other University of Pittsburgh schools. Of these proposals, 296 were funded for a success rate of 52.3 percent. In FY 2005, research funding accounted for more than 81 percent of the School's budget.

- GSPH's 296 research projects in FY 2005 were worth \$76.1 million, an increase of \$4.4 million from FY 2004 and the fifth consecutive year of increased research funding.

- GSPH faculty generated an additional \$17.1 million in research funding in FY 2005 for which they were the principal investigators but for which the grants were administered by the University of Pittsburgh Cancer Institute or by one of the University's other health sciences schools.
- In FY 2005, the NIH funded 86 grants to GSPH for a total of \$56.9 million, thus ranking the School third in NIH support among the nation's public health schools once again. (The difference in the number of NIH grants mentioned here and shown in Table VI.2 is this: 86 is the number of NIH grants for which a GSPH faculty member is the principal investigator; 247 is the number of NIH grants for which a GSPH faculty member is involved and funds flow back to the School.)
- GSPH has research grants with more than 119 external organizations for FY 2005 (complete GSPH research funding data can be found in the resource file).
- Of the School's \$76.1 million in research funding for FY 2005, \$25.7 million (33.8 percent) came from non-NIH sources. GSPH is meeting its goal for non-NIH funding by increasing it at a more rapid rate than its NIH funding in order to increase its community-based research as well as to broaden its base of support in light of anticipated continued tightening of NIH funding.

Through creation of and support for centers of excellence, space renovations, expansion of facilities, and faculty incentives, GSPH is committed to maintaining or increasing its level of research funding.

Peer-Reviewed Publications

The product of a successful research program is generally an output of peer-reviewed and accepted manuscripts in scholarly journals and books. GSPH faculty have averaged 800 peer-reviewed publications per year over the past three years, and their work has appeared in some of the top-rated and most widely cited journals, including the *New England Journal of Medicine*, the *Journal of the American Medical Association*, and the *American Journal of Public Health*. Table X.7 offers a synopsis of the number of peer-reviewed publications by GSPH faculty.

Significance of Research

To illustrate the broad impact of the research being done by GSPH faculty, following are some of their most significant recent published findings.

- Use of a HER2 blocking agent reduces breast cancer recurrence by 50 percent in women with early-stage tumors containing mutant HER2 genes. The research results suggest a change in the approach to secondary prevention of breast cancer in women with early-stage tumors. ("Trastuzumab after Adjuvant Chemotherapy in HER2-Positive Breast Cancer." *New England Journal of Medicine*. 353.16. October 20, 2005.)
- Bone mineral density (BMD) change in white women is not equivalent to the same BMD change in black women. African American women appear to have a lower fracture risk than white women at every level of BMD. The research indicates that norms should be modified by race to reflect actual risk, thereby altering treatment decisions for primary prevention of osteoporotic fracture. ("Bone Mineral Density and the Risk of Incident Nonspinal Fractures in Black and White Women." *Journal of the American Medical Association*. 293.17. May 4, 2005.)
- In a large cohort, cystatin C was validated as predictive of risk of death and cardiovascular disease (CVD) events. This finding underscores the biologic role of kidney failure in CVD and may enhance the capacity to predict and prevent morbidity/mortality in the elderly. ("Cystatin C and the Risk of Death and Cardiovascular Events among Elderly Persons." *New England Journal of Medicine*. 352.20. May 19, 2005.)
- In a study of factors associated with the decisions of older (55-74) African American women who agreed to participate in a cancer screening trial, most women who opted to participate had a better understanding of cancer and the role of early detection and screening and appeared to be motivated to join by the experience of having a loved one with cancer. One of the study's most striking findings was that none of the participants reported that their doctor had talked to them about joining a clinical

trial. ("Factors Affecting Older African American Women's Decisions to Join the PLCO Cancer Screening Trial." *Journal of Clinical Oncology* 23.34. December 1, 2005.)

- Complement factor H and PLEAKHA1 genes contribute to the development of age-related maculopathy, a major cause of loss of sight in the elderly. In addition to identifying these factors as drug discovery targets, the work provides evidence that inflammation is involved in the etiology of age-related maculopathy. ("Susceptibility Genes for Age-Related Maculopathy on Chromosome 10q26." *American Journal of Human Genetics*. 77.3. September 2005.)
- Lineage tracer studies in genetically modified mice identified residential stem cells in upper airway epithelium. This finding advances insight into lung injury, repair, and remodeling after environmental insult. ("Stem Cells in Lung Biology." *American Journal of Physiology*. 286.4. 2004.)
- The Department of Infectious Diseases and Microbiology, within five weeks of obtaining sequence data, generated an adenovirus-based vaccine to protect poultry from the H5N1 avian influenza virus. The capacity to rapidly produce vaccines for poultry and at-risk humans could limit the spread of the highly pathogenic virus. The research was done in collaboration with the Centers for Disease Control and Prevention, U.S. Department of Agriculture, and Pitt's School of Medicine. ("Protection in Mice and Poultry from Lethal H5N1 Avian Influenza Through Adenovirus-based Immunization." *Journal of Virology*. 80.1959. 2006)

VI.5. A DESCRIPTION OF STUDENT INVOLVEMENT IN RESEARCH

GSPH students have a variety of opportunities to participate in research. Students in the MPH, MS, and PhD programs are required to complete an essay or a thesis based on a study they have completed. A list of recent dissertations is provided in Appendix 27. Supervised internships, like those required for the MPH and MS epidemiology programs, also provide opportunities for students to gain mentored research experience.

In addition to research required for a degree, an average of one-third of GSPH students over the last three years have worked as graduate student researchers (GSRs) or graduate student assistants (GSAs) on funded research projects; as such, they receive paid tuition, a salary, and health benefits, all of which helps the School attract top-quality students. A breakdown of the proportion of GSR/GSA positions by year is presented in Table VI.3, which includes only those students whose funding is in these categories; it does not include students funded by employers, foreign governments, or private sources.

Table VI.3. Summary of Funded Students by Department, Fall 2003-2005

Department	Enrollment			GSR/GSA			Percent		
	03	04	05	03	04	05	03	04	05
BCHS	86	83	85	10	8	11	11.6%	9.6%	12.9%
BIOST	77	76	82	32	37	35	41.6%	48.7%	42.7%
EOH	18	23	19	12	9	10	66.7%	39.1%	52.6%
EPIDEM	112	131	134	33	28	34	29.5%	21.4%	25.4%
HPM	23	21	27	9	11	7	39.1%	52.4%	25.9%
HUGEN	49	53	59	39	53	43	79.6%	100%	72.9%
IDM	43	54	46	31	33	31	72.1%	61.1%	67.4%
MMPH	32	22	25	0	0	0	--	--	--
NON	47	48	65	0	0	0	--	--	--
TOTAL	487	511	542	166	179	171	34.1%	35.0%	31.6%

Besides funding GSR positions, faculty members also provide space, equipment, and mentorship for a smaller number of students who are actively engaged in NIH-funded research training grants. Table VI.4 lists the current training grants. Additionally, some students are involved in research through hourly employment. Each year, GSPH recognizes student research during Dean's Day when students spotlight their research through formal poster presentations. A list of recent Dean's Day awards is available in the resource file.

Agency	PI	Project Title	Start Date	End Date	Total Project	# Students
National Institute for Occupational Safety and Health	Joseph Schwerha	Graduate Training Program	7/1/1994	6/30/2006	\$454,083	2 per year
Fogarty International Center	Eugene Tull	Chronic Disease Epidemiology Training Program	9/1/1994	2/28/2006	\$1,502,246	8 predocs, 2 postdocs per year
National Institute of Environmental Health Sciences	Bruce Pitt	Training in Computational Toxicology	07/01/00	06/30/2006	\$334,171	2 postdocs per year
National Institute of Mental Health	Daniel Weeks	Discovering Genes For Mental Health	7/1/2000	6/30/2006	\$513,483	3 predocs, 4 postdocs per year
National Cancer Institute	Lisa Weissfeld	NRSA Institutional Training Grant	9/1/2001	8/31/2006	\$501,146	3 predocs, 1 postdoc per year
Fogarty International Center	Daniel Weeks	India-US Research Training Program in Genetics	9/19/2002	8/31/2007	\$1,771,498	3 predocs, 2 postdocs per year
National Institute of Allergy and Infectious Diseases	Phalguni Gupta	Pitt AIDS Research Training Program	6/1/2004	5/31/2005	\$210,324	5 per year
National Institute on Aging	Jane Cauley	Training in the Epidemiology of Aging	5/1/2005	4/30/2010	\$1,735,830	3 predocs, 3 postdocs per year
National Institute of General Medical Sciences	Howard Rockette	Predocctoral Research Training Grant in Biostatistics	7/1/2005	6/30/2010	\$1,007,895	8 over 5 years
National Institute of Mental Health	Sati Mazumdar	Training Biostatisticians in Psychiatric Research	8/1/2005	7/31/2010	\$500,932	7 over 5 years

VI.6. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- The School's research program is highly diverse and addresses many of today's major public health problems, from cancer treatments and health disparities among minority populations to newly emerging infectious diseases. The results of the research carried out at GSPH have contributed extensively to the advancement of public health knowledge, policy, and practice.
- The GSPH research program is a vital component of the School's mission and is documented by the outstanding funding success of the faculty. As evidence of this success, GSPH currently ranks third among the nation's public health schools in NIH funding.
- The strong research environment provides many opportunities for interdisciplinary research with other schools and departments within the University and a highly collaborative atmosphere for addressing public health issues.
- The highly successful research environment also creates an excellent atmosphere for recruiting and training top-level students and for recruiting outstanding faculty.

Weaknesses

- In many of the School's departments, most research funding is tied to NIH. The School's goal of increasing its community-based research portfolio as well as concerns about being able to sustain the current level of support in light of NIH budget cuts make a more diversified portfolio desirable.
- Additional training grants are also desirable in order to attract highly qualified students and to better train them to conduct research.
- GSPH could play a larger role in evaluating the direct delivery of public health and preventive medicine initiatives within the University of Pittsburgh Medical Center (UPMC); however, UPMC and GSPH have not yet developed a plan for integrating the School and its resources into such operations.

Recommendations

- GSPH should work actively to develop a larger portfolio of diversified funding sources for continued support of the School's established role as a preeminent public health research institution.
- More training grants should be sought in order to better attract and support high-quality student researchers.
- The associate dean for research should continue his efforts to integrate GSPH into UPMC Health System's programs designed to evaluate the efficacy of its public health and preventive medicine initiatives.

Criterion VI is met.

VII-Service

VIII-Faculty

IX-Students

X-Administration

CRITERION VII: SERVICE

VII. THE SCHOOL SHALL PURSUE AN ACTIVE SERVICE PROGRAM, CONSISTENT WITH ITS MISSION, THROUGH WHICH FACULTY AND STUDENTS CONTRIBUTE TO THE ADVANCEMENT OF PUBLIC HEALTH PRACTICE, INCLUDING CONTINUING EDUCATION.

VII.1. A DESCRIPTION OF THE SCHOOL'S SERVICE PROGRAM, INCLUDING POLICIES, PROCEDURES, AND PRACTICES WHICH SUPPORT SERVICE. IF THE SCHOOL HAS FORMAL CONTRACTS OR AGREEMENTS WITH EXTERNAL AGENCIES, THESE SHOULD BE NOTED.

GSPH was founded on the principle of service to the health needs of the community. In the School's first decade of the 1950s, the service focus was on environmental quality and the health effects of industrial pollution. Today, much of the School's service is broadly multidisciplinary and directed to the pressing health needs of the southwestern Pennsylvania region. For example, in response to a recent request from the Allegheny County Health Department for volunteers in the event of a pandemic or other public health emergency, 45 GSPH faculty members indicated their willingness to serve.

Service is an essential component of GSPH faculty, staff, and student activity and has been over the years. Service activities support and complement teaching and research and are deemed a primary academic and professional responsibility. For both students and faculty, engagement in service is supported and encouraged by explicit policies, awards, and extracurricular opportunities. The uniform reporting of such activities has varied over time, making tracking incomplete and evaluation sometimes difficult; thus, what is provided is possibly an underreporting of the School's true efforts.

Guided by policies of both the University and the School, GSPH's faculty and students engage in service activities that are particularly suited to their professional and scientific capacities and to the needs of their community and agency partners. The *University of Pittsburgh Faculty Handbook* (page 58; www.pitt.edu/~provost/FacultyHandbook.pdf, as revised July 2002) states that the University recognizes "an obligation to make available to government, business, labor, and civic organizations the special knowledge and intellectual competence of its faculty members" as well as "the potential value, both to faculty and to the University, that outside employment may offer a faculty member by acquainting the individual with the organizations in which his or her students may eventually be employed."

Faculty service is required by School policy, which was reaffirmed by the GSPH Council in May 2005 and posted at www.publichealth.pitt.edu/content.php?page=163&context=ContextFaculty. This policy states:

Service is a responsibility of all GSPH faculty members, and is considered equal to research and teaching obligations.

Faculty members' service contributions may provide benefit to the School and the University community; academic colleagues, funders of scientific and scholarly research, and publications for scholarly research; users of research, including professionals, policy-makers, organizations, and communities; and the community in general, as desirable for active and engaged citizens regardless of profession or background.

Faculty service activities may be compensated or not.

Service by GSPH students is encouraged through extracurricular programs and opportunities that are regularly made available and that are recognized through various awards and stipends.

GSPH maintains formal service contracts and agreements with several key partners, as shown in Table VII.1. Copies of examples of such documents may be found in the resource file.

Table VII.1. Formal Agreements and Contracts with External Agencies and Organizations		
External Agency	Inclusive dates	Subject Matter or Title
Allegheny County Health Department	June 22, 1999 (ongoing)	GSPH/ACHD collaboration memorandum of understanding covers comprehensive alignment of missions for mutual support and collaboration.
	2004 (ongoing)	Center for Minority Health (CMH)/ACHD memorandum of understanding is focused on epidemiology and geographic information services needed to define the "health empowerment zone" as the location for community-based interventions designed to eliminate racial and ethnic health disparities. ACHD provides access to surveillance data on morbidity and mortality of chronic diseases by race and assists with monitoring progress of the Healthy Black Family Project, a service demonstration project in health promotion and disease prevention funded through local foundations and the Robert Wood Johnson Foundation.
American College of Emergency Physicians	ongoing	The Center for Injury Research and Control collaborates to conduct "Survey of Injury Prevention Activities in PA ED: Successes, Barriers, and Opportunities."
Fox Chase Cancer Center	2003-present	CMH/Fox Chase memorandum of understanding is focused on programmatic support for the Cancer Information Service (CIS) in southwestern Pennsylvania. The CIS is housed in CMH and provides services to local and regional community-based organizations interested in cancer education, prevention, and control.
Health Education In-Reach (HAIR), a partnership with seven black barbershops and two beauty salons in Greater Pittsburgh	2002-present	The barbershop/salon memorandum of understanding is focused on planning and implementation of the annual "Take a Health Professional to the People" program in which health professionals provide health screenings and education in barbershops. This service demonstration project involves more than 100 health professionals, many of whom have forged relationships with the shops to provide ongoing health and wellness activities. Approximately 50 barbers and stylists have been trained by CMH as lay health advocates. The shops also serve as venues for information dissemination about clinical trials research.
Hosanna House	2004-present	CMH/Hosanna House agreement is focused on the Healthy Black Family Project. CMH provides support for a health coach and has renovated space to serve as the Healthy Black Family Project resource center at Hosanna House.
	January, summer 2006	Collaboration with the Department of Behavioral and Community Health Sciences for on-site MPH courses, projects, teleconferences, consultation, and chat rooms
Kingsley Association	2004-present	The CMH/Kingsley Association memorandum of understanding is focused on the Healthy Black Family Project. CMH leases space at the Kingsley Association for the project.
Pennsylvania Department of Health	January 1994 (ongoing)	Pennsylvania Prevention Project through the Department of Infectious Diseases and Microbiology collaborates on HIV needs assessments, evaluations, demonstration projects, youth groups, and prevention planning.

Pennsylvania Department of Health	2001-present	The CMH/PADOH memorandum of understanding is focused on operation of the Pennsylvania Tobacco Prevention Clearinghouse and strategic planning for elimination of tobacco-related health disparities. CMH provides a range of public health education services, maintains a Web site, and conducts training for stakeholders across Pennsylvania.
	ongoing	Center for Injury Research and Control collaborates to conduct "The Pennsylvania E-Codes Grant."
	September 2002 (ongoing).	The Center for Public Health Practice, through its Center for Public Health Preparedness, agrees to cooperation and resource sharing in the production of public health preparedness training programs.
Pennsylvania Department of Health; Emergency Management Agency	2005 (ongoing)	The Center for Public Health Practice, through the Center for Public Health Preparedness, maintains a memorandum of understanding to provide a series of annual leadership development programs in preparedness for Pennsylvania's nine counterterrorism task force regions.
Pittsburgh Public Housing Authority	2004-present	Beverly Jewel Love-Lace Program: The CMH/Housing Authority memorandum of understanding is focused on training selected public housing staff as lay health advocates. Staff members are residents of the facilities and, as such, use natural social networks to provide support for health promotion and disease prevention activities organized by CMH.
Pittsburgh Public Schools	10/01/01 - 08/31/06	Center for Healthy Environments and Communities collaborates for the Adopt-A-School Demonstration.
	2003-present	The Healthy Class of 2010 represents a unique collaboration between CMH and Pittsburgh middle schools. The program, which is tracking 3,000 students until graduation in 2010, addresses student health issues and delivers relevant interventions to meet community health needs aimed at the elimination of health disparities.
Pittsburgh Theological Seminary	2002-present	CMH/Pittsburgh Theological Seminary's Metro Urban Institute and Office of Applied Religion memorandum of understanding is focused on the Healthy Black Family Project (HBFP). CMH provides public health education programs to a network of black churches organized by the institute. The network was used to conduct more than 400 genetic family health histories as an outreach tool for HBFP.
Project Hope	ongoing	Center for Healthy Environments and Communities cosponsors trips to Indonesia for tsunami relief.
Urban League of Pittsburgh	2003 (ongoing)	CMH/Urban League memorandum of understanding is focused on program planning of annual Health Promotion Sunday, an event at black churches throughout greater Pittsburgh. Thousands of congregation members participate in health education and clinical screenings.
U.S. Department of Veterans Affairs	2004-05	The Department of Health Policy and Management maintains an "Associated Health Education Affiliation Agreement between the Department of Veterans Affairs and an Educational Program."

VII.2. A LIST OF THE SCHOOL'S CURRENT SERVICE ACTIVITIES, INCLUDING IDENTIFICATION OF THE COMMUNITY GROUPS AND NATURE OF THE ACTIVITIES, OVER THE PAST THREE YEARS

GSPH faculty members provide service to beneficiaries external to the University through membership on academic and scientific committees; consultation and technical assistance to private sector and governmental entities; and governance of private associations, foundations, and organizations. A complete listing of these service activities, including their respective academic, professional, governmental, and community beneficiaries, over the past three years, appears in Appendix 28. A summary appears in Table VII.2 below.

Service Type	Beneficiary Type	Beneficiary Examples
Membership on academic and scientific committees	Federal public health service agencies; national scientific advisory panels; and local, state, national, and international medical and scientific societies; editorial boards of academic and scientific journals	Allegheny County Medical Society, Obesity Task Force member American College of Radiation Imaging Network, committee chairman <i>American Journal of Physiology</i> , associate editor <i>American Journal of Respiratory Cell and Molecular Biology</i> , editorial board <i>Annals of Epidemiology</i> , associate editor <i>Annals of Surgical Oncology</i> , consulting editor <i>Cancer Informatics</i> , editorial board <i>Cancer Investigation</i> , editorial board Collaborative on Health and the Environment, Pennsylvania Food and Drug Administration, Immunology Devices Panel IOM Committee on Assessing the Need for Clinical Trials of Testosterone Replacement Therapy <i>Journal of Clinical Oncology</i> , associate editor <i>Lifetime Data Analysis</i> , associate editor NCI Ad Hoc Committee on Cooperative Group Implementation of HIPAA NCI Intergroup Specimen Banking Committee Neo-Adjuvant Herceptin Trial in Breast Cancer, International Advisory Committee NIAID, Data Monitoring and Safety Board, International Centers for Tropical Disease Research NIH Review Committee for Integrative Cancer Biology Program NIMH, Review Committee for Cooperative Drug Development Group Society for Risk Analysis, specialty group chairman <i>Health Education & Behavior</i> , editorial board <i>Health Promotion Practice</i> , associate editor National Research Council Committee on the Youth Population and Minority Recruitment, Physical, Medical, and Mental Health Standards

<p>Consultation and technical assistance: private</p>	<p>Local, state, national, and international: private for-profit and nonprofit services and industries; and foundations</p>	<p><u>Local and State:</u> Allegheny Coalition of Organizations Serving the Homeless American Cancer Society, Pennsylvania Division Gateway Health Plan, Pittsburgh, PA Highmark Blue Cross/Blue Shield, Pittsburgh, PA Jewish Healthcare Foundation, Pittsburgh, PA Jewish Community Center of Greater Pittsburgh Pennsylvania Statewide Bioterrorism Preparedness Advisory Council South Hills Home Health Agency, Pittsburgh, PA Three Rivers Health Plans Inc., Pittsburgh, PA Rails to Trails Conservancy, Pittsburgh, PA</p> <p><u>National:</u> Abbott Laboratories AtlantiCare Foundation BP Amoco, Chicago, IL Cytec Industries, West Paterson, NJ Dow Chemical Company, Scientific Advisory Board, Midland, MI Electric Power Research Institute, scientific advisory panel Formaldehyde Council Inc., Washington, DC Men Can Stop Rape, Washington, DC PPG Industries, Office of Corporate Medical Director Merck & Company, Rahway, NJ NIOSH, investigations of copper smelter, Copperhill, TN Precision Therapeutics Inc.</p> <p><u>International:</u> Hôpital Albert Schweitzer, Haiti</p>
<p>Consultation and technical assistance: governmental</p>	<p>Federal, state, and local government agencies, legislatures, and judiciary</p>	<p>Agency for Healthcare Research and Quality Allegheny County (PA) Health Department, various programs Centers for Disease Control and Prevention, various offices and centers Health Resources and Services Administration Institute of Medicine Mahoning County (OH) Healthy Valley Alliance Board of Health Mahoning County (OH) Violent Deaths Subcommittee Mahoning County (OH) Court of Common Pleas National Institutes of Health, various agencies National Research Council Pennsylvania Courts, Administrative Office Pennsylvania House of Representatives, Legislative Office for Research Liaison Pennsylvania House of Representatives, Veterans Affairs and Emergency Preparedness Committee Pennsylvania General Assembly, Democratic Policy Committee Pennsylvania Department of Health, multiple programs Pennsylvania Health Care Cost Containment Council</p>
<p>Board membership, governance, and leadership</p>	<p>Local, state, national, and international: private associations, foundations, and organizations</p>	<p><u>Local:</u> African American Leadership Conference, Pittsburgh, PA Allegheny County (PA) Health Department, Tobacco Free Allegheny American Red Cross, McKean-Potter Counties (PA) Chapter Armstrong County Memorial Hospital Community Human Services Corporation, Pittsburgh, PA Health Partners, Washington County, PA</p>

		<p>Hospital Council of Western Pennsylvania Institute for Research, Education and Training in Addictions, Pittsburgh, PA Latino Round Table, Pittsburgh, PA NAACP, Pittsburgh Chapter, Health Advisory Committee Presbyterian Senior Care, Oakmont, PA Southwest Pennsylvania AIDS Planning Coalition, Managed Care Committee Western Pennsylvania Safety Council William Swanston Charitable Fund; William Swanston Children's Home</p> <p><u>State:</u> Pennsylvania Health Research Advisory Committee Pennsylvania Statewide Preparedness Advisory Committee</p> <p><u>National:</u> AIDS Action Council, Washington, DC American Heart Association, fundraiser for African-American Women's Health Fair Huntington Disease Society of America Midland-Colt Retiree Medical Plan National Association of Lesbian and Gay Addiction Professionals Public Health Foundation, Washington, DC Youth Guardian Services</p> <p><u>International:</u> Ogra Foundation, Kisumu, Kenya Omega Foundation, United Kingdom; Kenya Port Florence Community Hospital, Kisian, Kenya</p>
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VII.3. A DESCRIPTION OF THE SCHOOL'S CONTINUING EDUCATION PROGRAM, INCLUDING POLICIES, PROCEDURES, AND PRACTICES WHICH SUPPORT CONTINUING EDUCATION

GSPH maintains a highly diverse set of continuing education programs. These include federally funded workforce development and training centers, various grants and contracts through the Center for Public Health Practice, endowed lectures, frequent special events, and ongoing departmental seminars. Additionally, individual faculty members contribute to the continuing education of public health, clinical, and human service professionals through program planning, teaching, and lecturing.

The Center for Public Health Practice has continuing education as one of its primary responsibilities. It produces—as and when needed—education and training programs and resources in partnership with public health professionals and organizations. CPHP develops online courses for the Learning Management System of the Pennsylvania Department of Health, in-person courses and workshops for the health department's biannual Public Health Institutes, special preparedness trainings for Pennsylvania's school nurses, and workshops and lectures for the annual meetings of the Pennsylvania Public Health Association. CPHP also provides an orientation program for existing and new personnel of the Allegheny County Health Department and cosponsors the agency's annual staff event.

Three major workforce development grants from U.S. Public Health Service agencies support the School's highest priority continuing education programs. Among the first and longest sustained grantees in all three of these programs, GSPH is truly a national leader in public health workforce development.

- *The Pennsylvania/MidAtlantic AIDS Education and Training Center*—This center, which is based in the Department of Infectious Diseases and Microbiology, trains health professionals throughout Pennsylvania, Ohio, West Virginia, Virginia, Delaware, Maryland, and the District of Columbia in HIV/AIDS. It provides continuing education units (CEUs) via the American Nurses Association; its director, Linda Frank, PhD, is a designated provider of CEUs for nurses from the Pennsylvania Nurses Association. For more information, see www.pamaaetc.org and materials in the accreditation resource file.
- *The Pennsylvania and Ohio Public Health Training Center*—The POPHTC is based in the Center for Public Health Practice and has received funding—now in its second five-year cycle—from the U.S. Health Resources and Services Administration since 2000. POPHTC has provided 185 (including 50 distance-accessible) courses. Distance-access includes satellite broadcast, Web-streaming, CD-ROM/video/audio cassette materials, and videoconferencing. POPHTC partners with agencies for in-kind contributions, most frequently for training space and release time for employees. It has contributed to the development of tools and methods for evaluating the impact of training programs, as evidenced by a substantial body of peer-reviewed presentations and publications. POPHTC has provided leadership to the national PHTC program, with its principal investigator, Margaret A. Potter, JD, serving as the first chair of the program's national Leadership Council. For more information, see www.cphp.pitt.edu/training and materials in the accreditation resource file.
- *The University of Pittsburgh Center for Public Health Preparedness*—The UPCPHP was launched in July 2002. Also based in the Center for Public Health Practice, UPCPHP collaborates with the Pennsylvania Department of Health and the Pennsylvania Emergency Management Agency—plus numerous community and regional organizations—to provide interdisciplinary training, education, and workforce development for professionals in public health, health care, law, public safety, emergency management, and emergency medicine. UPCPHP's flagship programs include preparedness law, rural preparedness, preparedness leadership, and surge-capacity modeling. Its principal investigator is Samuel Stebbins, MD, MPH. For more information, see materials in the resource file.

Endowed lecture series bring outstanding national and international public health leaders and scholars annually to GSPH, drawing audiences from within the University community and from the wider communities of public health practice, health care, philanthropy, government, business, and the general community. Among these lectures are the nationally recognized Porter Prize in health promotion, named for a prominent Pittsburgh civic leader, Milton Porter; the Parran Lecture, named for the School's first dean and former U.S. surgeon general; the Jay L. Foster Memorial Lecture in Alzheimer's Disease (including both an academic lecture at GSPH and an off-campus lecture to community groups); the John C. Cutler Annual Global Health Lecture; the C.C. Li Memorial Lecture in human genetics; and the Sonis Lecture, related to health care quality. More information and lecture brochures are in the resource file.

Seminar series, sponsored by GSPH's departments and centers, also attract wide audiences in addition to faculty and students. Seminar series open to the public are sponsored by the Departments of Biostatistics, Environmental and Occupational Health, and Epidemiology. The Center for Healthy Aging produces an Aging Seminar Series. The Health Policy Institute offers a lecture series as well as six annual governance briefings for board members and executives of the region's health care organizations.

Special events, workshops, summits, and conferences are among GSPH's regular annual events. The Center for Minority Health attracts a national audience of community members, professionals, and academicians to its annual Minority Health Summit. Both the Health Policy Institute and the Center for Public Health Practice recently celebrated major anniversaries with half-day symposia that were open to professionals and partnering organizations and agencies. Numerous departments and centers produce both in-person and online workshops on an ongoing basis.

Accreditation for continuing education programs depends on the needs of particular audiences. The Center for Public Health Practice designed a "one-stop shop" for continuing education accreditation under a contract with the Pennsylvania Department of Health in 2005. CPHP is currently under contract to implement the one-stop shop for the registered users of the health department's Learning Management System, including public health personnel, hospital personnel, and emergency medical personnel. Linked to the one-stop shop and serving the needs of clinical health professionals, the University of Pittsburgh's Center for Continuing Education in the Health Sciences (based in the Office of the Senior Vice Chancellor for the Health Sciences) provides comprehensive coordination for accreditation and support of continuing education activities. The existence of this center vastly simplifies and assures the availability of health professional continuing education credits. The University of Pittsburgh's Schools of Dental Medicine, Health and Rehabilitation Sciences, Medicine, Pharmacy, Nursing, Law, and Social Work are all continuing education accrediting sources for their respective professions; they collaborate as needed with GSPH's continuing education and workforce development programs and participate in the CPHP's one-stop shop.

VII.4. A LIST OF THE CONTINUING EDUCATION PROGRAMS OFFERED BY THE SCHOOL, INCLUDING NUMBER OF STUDENTS SERVED, OVER THE LAST THREE YEARS

Appendices 29 and 30 provide a complete listing of continuing education programs and numbers of students served by GSPH over the past three years. Table VII.3 provides a summary of representative examples.

Program Type	Examples	Target Audience	Participants*
Workforce development programs	Pennsylvania/MidAtlantic AIDS Education and Training Center (ongoing throughout the year)	Professionals in HIV care, prevention, and treatment	34,900
	Pennsylvania and Ohio Public Health Training Center (ongoing throughout the year)	Public health workers in Pennsylvania and Ohio	6,000
Endowed lecture series (approximately annual lectures)	University of Pittsburgh Center for Public Health Preparedness (ongoing throughout the year)	Pennsylvania emergency response workers	2,117
	Porter Prize Lecture (4/7/03; 10/6/04; 4/5/05)	Community; health care and public health professionals, academicians, and students	1,200
	Parran Lecture (10/31/03; 3/31/05)		200
	Jay L. Foster Memorial Lecture Series in Alzheimer's Disease (5/15/03; 11/13/03; 4/12/04; 11/16/04; 4/19/05)		1,000
	C.C. Li Memorial Lecture (4/16/04; 4/29/05)		380
	Anne C. Sonis Memorial Lecture (3/20/03; 5/5/05)		100

Seminar Series	Biostatistics Seminar Series (approximately every two weeks)	Anyone interested in health care policy and administration	100
	Environmental and Occupational Health Seminar Series (every Thursday during the semester)	Public health practitioners and general public	300
	Epidemiology Seminar (every Thursday during the semester)	Public health practitioners and general public	200
	Center for Healthy Aging Seminar Series (every Thursday during the semester)	Students, staff, faculty and community organizations	780
	Health Policy Institute Governance Briefings (six annually)	Board members and executives of the region's health care organizations	740
	Pittsburgh Bioterrorism Lecture Series (six annually)	Faculty, students, and emergency response professionals	450
	Human Genetics Seminar Series (approximately every two weeks)	Anyone interested in human genetics or public health genetics	600
	Human Genetics Journal Club (every week)		300
	Statistical Genetics Journal Club (every other week)	Anyone interested in statistical genetics	400
	Special events, workshops, summits, and conferences	Health Policy Institute Silver Anniversary Lecture and Reception (12/1/04)	Anyone interested in health care policy and administration
CPHP Hepatitis A Symposium: Anatomy of an Outbreak in Western Pennsylvania (9/24/2004)		Faculty, students, and public health practitioners	120
Statewide Asthma Summit (8/10/2004)		Families, nurses, social workers, health department staff, teachers, physicians	100
National Society of Genetic Counselors/Geneticists (May 20-22 and June 3-5, 2005)		A review course for the board examination given by the American Board of Genetic Counseling and the American Board of Medical Genetics	300
National Minority Health Leadership Summits (2003, 2004, 2005)		Minority health leaders, scholars, and consumers from around the country	900+

**Note that participant numbers are approximate and represent accumulated audiences at sequential events—not unduplicated counts of individuals.*

VII.5. A LIST OF OTHER EDUCATIONAL INSTITUTIONS, IF ANY, WITH WHICH THE SCHOOL COLLABORATES TO OFFER CONTINUING EDUCATION

To maximize the outreach and effectiveness of continuing education programs, GSPH collaborates with various regional and national educational institutions. A list of these institutions appears in Table VII.4.

Christiana Care of Delaware Cukurova University, Turkey Duchesne University, Cyril H. Wecht Institute of Forensic Science and Law Howard University Inova Jackson State University Johns Hopkins University Leadership Council of the Public Health Training Centers (national organization of the 15 schools of public health funded by HRSA) National Society of Genetic Counselors Network of Centers for Public Health Preparedness (national organization of the 40+ academic institutions and nonprofits funded by CDC) Ohio State University School of Public Health Pennsylvania State University University of Maryland University of Pittsburgh and the Health Federation of Philadelphia University of Maryland at Baltimore University of Pittsburgh at Bradford, Center for Rural Health Practice Virginia Commonwealth University West Virginia University

VII.6. IDENTIFICATION OF THE MEASURES BY WHICH THE SCHOOL MAY EVALUATE THE SUCCESS OF ITS SERVICE PROGRAM, ALONG WITH DATA REGARDING THE SCHOOL'S PERFORMANCE AGAINST THOSE MEASURES OVER THE LAST THREE YEARS

Evaluation of service would ideally be measured in terms of improved health of populations. However, given the complexity of influences on health and the difficulty of attributing health outcomes to any single intervention, scholarly service is instead measured by the scope and breadth of activities and by the impact of particular service programs on public health relevant policies, programs, and performance.

Process Measures

Faculty members' participation in service is reported annually and evaluated by the department chairs. Beginning in 2005, the faculty reports of service have been compiled in a School-wide database. The information captured by this database allows for measures of service in three categories: geographic scope (local, regional, state, national, and international); range of disciplines (including all the scientific and practice specialties represented by the School's faculty and departments); and stakeholder interests (including governments, community-based organizations, businesses, and philanthropies).

Table VII.2 and Appendix 28 provide evidence that the School is providing service in all three categories. This information offers a new baseline from which to set goals and objectives for the School's future service activities. It will allow the School to focus its service activities more strategically in the future. For example, the School's growing resources in global health will provide opportunities to increase its international service activities.

Impact Measures

Meaningful evaluation should capture the impact of service as determined by its beneficiaries: public agencies, private organizations, businesses, and communities. Specific criteria include improved planning, more effective operation, better communication linkages, and, ultimately, improved public health. The School has initiated efforts to capture such impact information in two ways.

The first and most important of these is the annual review by the School's Board of Visitors (see membership listing in Appendix 3). As stated in the Criterion I narrative and the record of past annual meetings, the board's influential members build meaningful bridges to service and provide candid appraisals of the School's impact in the region. For example, it was the board's recommendations that strongly directed the growth and development of the Center for Minority Health, including its now-substantial linkages to minority communities.

Second, written commendations from practice organizations to faculty, departments, research units, centers, and administrators also provide valuable feedback regarding the tangible impact of the School's service activities. Commendations such as these appear in faculty members' appointment or promotion dossiers, and they guide the direction and evaluation of workforce development programs. However, as yet, such documents represent an untapped resource for the School's routine planning and monitoring processes.

VII.7. A DESCRIPTION OF STUDENT INVOLVEMENT IN SERVICE

Students contribute to the School's service program through the volunteer activities of student organizations and through sponsored extracurricular programs. Details of students' volunteer activities, program participation, and awards—and the community beneficiaries of these efforts—appear in Appendix 31. Student service is incentivized and recognized by an annual award and programmatic opportunities as follows.

The School encourages student service by annually recognizing a student for outstanding service to the underserved with the **Catherine Cartier Ulrich Award**, which is presented at the annual Alumni Dinner during spring graduation events and includes a monetary award from the Center for Public Health Practice.

Over the past 10 years, the **Pittsburgh Schweitzer Fellows Program** has mentored supported service to the underserved by health professions students throughout this region, including numerous GSPH students. During the fellowship year, students are required to design and conduct a project of direct service, including 200 hours with an existing community-based agency. The program is conducted with independent governance and resources as an adjunct of the Southwestern Pennsylvania Area Health Education Center. GSPH Associate Dean Potter is a Schweitzer Program board member and participates in the fellowship selection process.

The **Pittsburgh Bridging the Gaps Program** provides summer opportunities to engage in health promotion, health education, and health care service delivery through collaborative efforts with community partners. Health and social service professional students participate in an eight-week program serving economically disadvantaged and underserved communities. On average, four public health students participate each year. This program also allows GSPH students to work in interdisciplinary teams to learn collaborative approaches to health-related problems. Students receive education on social and health problems of the underserved and homeless. Students' projects have addressed access to quality health services; adolescent female health; cancer, health communication; educational and community-

based programs; heart disease and stroke; HIV; mental health and mental disorders; maternal, infant, and child health; nutrition and obesity; diabetes education; immunization and infectious diseases; physical activity and fitness; injury and violence; sexually transmitted diseases; substance abuse; and oral health.

VII.8. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- The School has recently clarified its definitions of faculty service, reaffirmed its commitment to service through a policy statement, established formal contractual relationships for service to numerous public and private organizations, and established a database for faculty service activities. Current service activities are particularly strong in efforts to reduce health disparities and in community health interventions throughout Pittsburgh, southwestern Pennsylvania, and statewide.
- GSPH provides continuing education through a variety of venues and delivery modes, the effectiveness of which is evidenced by the thousands of trainees and participants over the past three years.
- The School's three major workforce development programs, each with established long-term funding from federal public health service agencies, assess training needs and consistently deliver training programs through in-person and distance-accessible modes.
- Annual endowed lectureships, regular seminar series, and special events combine to meet the needs of public health and clinical health professionals as well as professionals in human services, law, social work, and other fields that affect population health. Students are encouraged to provide service.

Weaknesses

- The School is still gearing up to establish targets for its service programs and to integrate feedback from service beneficiaries into routine planning and monitoring systems.

Recommendations

- Identify a locus of responsibility for oversight and monitoring of service activities within the School, such as with the associate dean for public health practice, including establishment of service performance standards within the School's definitions of scholarly service for faculty evaluations and advancement.

Criterion VII is met.

XXXXXXXXXXXX

VIII-Faculty

IX-Students

X-Evaluation

XXXXXXXXXXXX

CRITERION VIII: FACULTY

VIII.A. THE SCHOOL SHALL HAVE A CLEARLY DEFINED FACULTY WHICH, BY VIRTUE OF ITS SIZE, MULTIDISCIPLINARY NATURE, EDUCATIONAL PREPARATION, RESEARCH AND TEACHING COMPETENCE, AND PRACTICE EXPERIENCE, IS ABLE TO FULLY SUPPORT THE SCHOOL'S MISSION, GOALS, AND OBJECTIVES.

VIII.A.1. IDENTIFICATION IN A TABLE OR CHART OF FACULTY WHO SUPPORT THE DEGREE PROGRAMS OFFERED BY THE SCHOOL, INDICATING AT LEAST PROFESSIONAL RANK, TENURE STATUS, PERCENT TIME, EARNED DEGREES, UNIVERSITIES AT WHICH DEGREES WERE EARNED, DISCIPLINARY AREA OF DEGREE, AREA OF TEACHING RESPONSIBILITY, AREA OF RESEARCH INTEREST, AND SELECTED DEMOGRAPHIC DATA (GENDER, ETHNICITY)

For the purpose of this discussion, GSPH's primary faculty includes: (1) tenured and tenure-stream faculty with non-prefixed titles; (2) non-tenure stream faculty with non-prefixed titles; (3) non-tenure stream faculty with the prefix of either "clinical" or "research;" and (4) faculty appointed with either non-prefixed or prefixed titles (excluding adjunct) in the practice track, which is outside the tenure stream. (Faculty members with a prefixed title are those with the designation of "clinical," "research," or "adjunct" before their academic title—for instance, research assistant professor.)

As of FY 05, GSPH had 143 primary faculty members and 109 adjuncts. Among the 143 individuals:

- Seven held part-time appointments (which accounted for a full-time equivalent faculty number of 139.4 for FY 05; for more information see Criterion IV.2)
- 46 had tenure, 21 were in the tenure stream, and 76 were in the non-tenure stream
- 27 percent were professors, 23 percent were associate professors, and 50 percent were assistant professors

Since 1999, the number of primary non-adjunct faculty has grown by 29 percent, up from 111. In addition there are 20 new or pending primary appointments for FY 06 and 07, including five minority faculty members.

In addition to primary faculty, GSPH employs adjunct faculty whose primary employment is outside of an academic unit of the University; secondary faculty whose members have primary appointments in an academic unit other than GSPH; and visiting faculty whose appointments are temporary (typically one or two years).

Appendices 32-34 present details about the rank, tenure status, earned degrees and granting universities, gender, ethnicity, and areas of educational discipline, teaching, and research of GSPH faculty. Appendix 35 shows faculty members hired since July 2005, and Appendix 36 contains information on these faculty members' earned degrees, granting universities, teaching, and research.

As shown in Appendix 9, GSPH's secondary faculty—those holding primary appointments elsewhere in the University—come to GSPH from the Schools of Arts and Sciences, Education, Engineering, Health and Rehabilitation Sciences, Dental Medicine, Medicine, Nursing, Pharmacy, Public and International Affairs, and Social Work, and from the University Center for Social and Urban Research.

GSPH's 109 adjunct faculty members (Appendix 37) are regularly employed in health care organizations, public health agencies, and community-based services. They represent professional expertise in many of the School's degree program areas, including administration and management, epidemiology, and environmental health.

VIII.A.2. DESCRIPTION OF THE MANNER IN WHICH THE FACULTY COMPLEMENT INTEGRATES PERSPECTIVES FROM THE FIELD OF PRACTICE

The School's faculty complement integrates practice perspectives in many ways throughout its departmental research and teaching programs and in three particular ways at the level of School-wide policies and activities: a practice track for appointment and promotion; involvement of adjunct faculty in teaching and service; and the research, teaching, and service activities of the Center for Public Health Practice (CPHP).

The public health practice track for non-tenure stream faculty was developed in January 2001 to support and promote the community orientation of the School's public health mission. As of January 2006, GSPH was one of only 12 CEPH-accredited schools to promulgate guidelines that specifically support and reward faculty members for practice-based research, teaching, and service. Practice-track faculty members are recruited from the ranks of senior public health professionals whose expertise is derived from—and who have distinguished themselves in—public health practice. Having a faculty category with a focus on public health practice expands the links between GSPH and external public health organizations, agencies, and institutions. GSPH's guidelines clearly define a pathway for academic career advancement by using scholarly criteria that recognize the practice orientation to scholarship. Currently, the School has four primary faculty members and one visiting faculty member with practice-track appointments in four of the seven departments. Examples of the curricula vitae of practice-track faculty members are provided in the resource file.

Adjunct faculty members participate actively in the School's teaching and service activities. In the classroom, adjuncts teach courses in which practical perspectives and operational knowledge are particularly relevant. Examples include:

- Steven Koehler, PhD, MPH, a forensic epidemiologist for the Allegheny County Medical Examiner's Office, who teaches pathophysiology for the Department of Epidemiology
- Adjunct faculty members who serve on master's and doctoral committees and give guest lectures for the Department of Biostatistics
- Employees of the Pennsylvania Department of Health and the Allegheny County Health Department who make presentations in the Introduction to Maternal and Child Health Services class for the Department of Behavioral and Community Health Sciences
- Richard Bonfiglio, MD, a physician in private practice who lectures on musculoskeletal disorders for the Department of Environmental and Occupational Health
- Bayer Corporation's vice president of corporate medical services, Donald Molenaar, MD, who helps MPH students on their practicum experiences see how a corporate occupational medicine operation is run
- Department of Human Genetics adjunct faculty members who provide clinical supervision for genetic counseling students during their clinical rotations
- John Encandela, PhD, who participates in infectious diseases and microbiology's work with the Pennsylvania Department of Health, including developing a prioritization plan to identify populations in need of HIV prevention interventions in the state and is also an active member of the Department's Center for Research on Health and Sexual Orientation

In field placements, adjunct faculty members oversee and evaluate students' performance. Finally, in the School's service activities, adjuncts provide leadership and consultation to faculty and students. For example, program chiefs of the Allegheny County Health Department, all of whom are GSPH adjunct faculty members, are members of the ACHD/GSPH Collaboration Steering Committee, which has conducted joint projects over the past seven years.

The Center for Public Health Practice (CPHP) links the academic and practical arenas of public health through continuing education, practice experience, and technical collaboration. (For more information about CPHP, see www.cphp.pitt.edu.) Faculty members from five GSPH departments have CPHP as their primary locus of activity; and all departments have faculty members associated with CPHP's programs and projects. Appendix 26 lists faculty affiliated with CPHP by title, department, and percentage of effort. CPHP's many partners, clients, and funders from the practice community (listed in Appendix 26) influence the content of courses and training programs, provide direction for practice-oriented research, and provide focus for scholarly service. For example, CPHP and its practice partners have collaborated to develop strategic approaches to public health workforce development and have published guidelines for the design and evaluation of training programs for the public health workforce.

VIII.A.3. IDENTIFICATION OF OUTCOME MEASURES BY WHICH THE SCHOOL MAY JUDGE THE QUALIFICATIONS OF ITS FACULTY COMPLEMENT, ALONG WITH DATA REGARDING THE PERFORMANCE OF THE SCHOOL AGAINST THOSE MEASURES OVER THE LAST THREE YEARS

Development of the School's evaluation guidelines involved input from department chairs, the Faculty Appointment, Promotion, and Tenure Committee (FAPTC), and the Faculty Senate Executive Committee. The forms comprising the faculty evaluation report are included in Appendix 38.

Teaching activities include classroom teaching, student mentoring, and other teaching (short courses, professional workshops, and continuing education courses). General considerations in evaluation of teaching activities are preparation and presentation of material in a well-organized, timely, and intellectually stimulating fashion (as determined by student evaluations); contributions to the design, organization, and/or presentation of a course or other educational program; ability to evaluate and mentor students; and appropriate participation in postgraduate educational activities. Examples of general teaching evaluations by students are provided in the resource file. For classroom teaching, relevant parameters include the type of course (core, required, other); number of credit hours; typical enrollment; whether the faculty member is the sole instructor, primary instructor, or team leader; and curriculum innovations and contributions by the faculty member. In evaluating mentoring, relevant parameters include whether the faculty member is the primary advisor or a committee member; the number of students the faculty member is advising; publications by students and their achievement of academic milestones; and the positions, awards, and honors that students receive.

In evaluating research activities, the following criteria are considered: continued scholarly publications in pertinent professional journals; a sustained record of peer-reviewed funding; recognition by peers nationally and internationally (as evidenced by presentations and by letters); membership on editorial boards of scientific publications; leadership roles in significant scientific organizations; and membership on NIH study sections and other scientific advisory panels.

Evaluation criteria for faculty service activities depend on the service beneficiary. For service to the University and to UPMC, the criteria include the individual's role, results, awards, and commendations. The quality of community service is measured through participation on boards and committees, involvement in consulting work, and the impact of the activities. Government service is measured by participation in review and advisory committees, publications and reports emanating from these bodies, and the impact of the activities. Service to professional organizations is evaluated in terms of elected offices and membership on boards or committees, editorial board and reviewer activities, and awards and other recognition.

Data regarding performance on these measures appear in Criterion X.

VIII.A.4. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- GSPH has increased its primary faculty by 29 percent and its tenure-stream faculty by 500 percent since 1999.
- The School's faculty is highly qualified to offer training in its degree programs as reflected in their research, teaching, and service.
- The large, diverse body of adjunct faculty supplements the primary faculty and integrates perspectives from the field of practice into the School's degree programs.
- The School has clearly defined performance standards for faculty members' research, teaching, and service in terms of both quality and productivity.

Weaknesses

None identified

Recommendations

- The School should maintain its current level of attention to the proficiency, performance, and practice integration of its faculty.

VIII.B. THE SCHOOL SHALL HAVE WELL-DEFINED POLICIES AND PROCEDURES TO RECRUIT, APPOINT, AND PROMOTE QUALIFIED FACULTY, TO EVALUATE COMPETENCE AND PERFORMANCE OF FACULTY, AND TO SUPPORT THE PROFESSIONAL DEVELOPMENT AND ADVANCEMENT OF FACULTY.

VIII.B.1. INCLUSION OF A FACULTY HANDBOOK OR OTHER WRITTEN DOCUMENT THAT OUTLINES FACULTY RULES AND REGULATIONS

Policies and procedures for GSPH adhere to those of the University, as detailed in the online Faculty Handbook (www.pitt.edu/~provost/handbook.html). In addition, GSPH's own faculty policies and procedures have been compiled into a new document, which can be found online at www.publichealth.pitt.edu/content.php?page=840&context=ContextFaculty and in the resource file.

VIII.B.2. DESCRIPTION OF PROVISIONS FOR FACULTY DEVELOPMENT, INCLUDING IDENTIFICATION OF SUPPORT FOR FACULTY CATEGORIES OTHER THAN REGULAR FULL-TIME APPOINTMENTS

Enhancing faculty skills improves the School's ability to provide students with a high-quality education in public health and continued productivity in research. Responsibility for faculty development rests with the associate dean for academic affairs, a position held by Meryl Karol, PhD, from April 2003 until July 2006, when, upon Dr. Karol's retirement, Phalguni Gupta, PhD, professor and assistant chair of infectious diseases and microbiology, was appointed associate dean for academic affairs. This office sponsors career development activities that are open to all faculty regardless of primary, secondary, or adjunct status and whether they are full- or part-time.

Regular faculty development workshops address skills required for academic career advancement. Between February 2003 and March 2006, the following workshops were held:

- Your Promotion Dossier—February 2003, February 2004, January 2005, February 2005, March 2006
- New Faculty Orientation—September 2004, September 2005
- Concerns of New Faculty—January 2005
- Postdoctoral Orientation—January 2005
- Grant-Funding Workshop—January 2005, November 2005
- Mentoring—April 2005 (Academic Mentoring); October 2005 (Second-Year Faculty Mentoring and Research Faculty Mentoring)
- Environmental Discussion Group—October 2004, April 2005
- Career and Family Balance—February 2005, April 2005, June 2005, October 2005
- Best Habits of Successful Faculty—October 2005
- Violence Prevention—January 2005, April 2005
- Planning for a Sabbatical/Leave of Absence—April 2004

During her time as associate dean for academic affairs, Dr. Karol addressed the concerns of particular groups of faculty by forming focus groups. One such group, consisting of 12 faculty members, meets approximately monthly to discuss the balance between career and family responsibilities. This group has attracted the attention of the University vice provost for graduate studies to serve as a resource for developing policy that relates to the hiring, promotion, and retention of women faculty. Other focus groups help new faculty—both tenured/tenure stream and non-tenured—adjust to the School by providing ongoing support over the first three years of their appointments. First-, second-, and third-year faculty meet annually in individual groups to discuss what is expected of them in terms of teaching, research, and service activities; acquisition of tenure issues; and other topics intended to provide for their continuing development at the appropriate pace.

With a particular focus on development of teaching skills, Sandra Quinn, PhD, associate dean for student affairs and education, organizes and sponsors faculty workshops that draw upon the resources of the University's Center for Instructional Development and Distance Education (CIDDE). These workshops deal with course development, evaluation methods, teaching methods, distance education, and new teaching technologies. Participation in these activities is acknowledged in faculty members' annual evaluations. Table VIII.1 includes a list of recent workshops.

Faculty Teaching Workshop	Date Held	Presenter
Distance Learning: A Workshop for Beginners and Innovators	January 20, 2004	Carol Washburn, instructional designer, CIDDE
An Introduction to Elluminate vClass Learning Technology	February 10, 2004	Hank Weiss, PhD, MPH, GSPH faculty, Epidemiology
Engaging Students in Problem-Solving	March 30, 2004	Deborah Dalton, GSPH educational program coordinator
Designing Instruction	June 24, 2004	Joanne Nicoll, associate director of instruction, CIDDE
Hands-On Training in Elluminate vClass Learning Technology	July 15, 2004	Hank Weiss
Enhancing Your Evaluation Techniques	June 14, 2005	Carol DeArment, instructional designer, and Joanne Nicoll, CIDDE
Emerging Instructional Technologies	October 10, 2005	Nick Laudato, associate director of instructional technology, CIDDE
Planning Effective Lectures	February 16, 2006	Joanne Nicoll

Faculty development is also provided through the University's Office of Academic Career Development (OACD), Health Sciences. OACD was established in 2002 to provide professionals in all six health sciences schools with the tools, resources, and support needed to achieve their full potential as leaders in biomedical research, education, and practice. More information about the faculty training programs available through OACD can be found online at www.pitt.edu/oacd.

Sabbatical leaves (for tenured faculty only) and professional development leaves (for all faculty) provide opportunities for academic growth outside of GSPH. The School's leave options are described in the University's Faculty Handbook (www.pitt.edu/~provost/handbook.html).

GSPH helps new faculty members acclimate to the School by providing formal or informal mentoring programs and research start-up funds. Following are some examples:

- Because the Department of Human Genetics is small and cohesive, it conducts new faculty mentoring on a personalized, informal basis.
- The Department of Epidemiology typically allots a start-up fund to all new tenure-track faculty members to assist with their research; it also conducts a formal mentoring program through the department chair or vice chair for research.
- In the Department of Behavioral and Community Health Sciences, each new assistant professor completes the health sciences "survival skills" workshops and is paired with a senior faculty member as a mentor.
- New faculty members in the Department of Health Policy and Management are mentored formally by the department chair and informally by senior faculty. All faculty members are encouraged to join the Center for Research on Health Care and participate in training sessions on grant development. In addition, all new faculty members in the department are allocated start-up funds; research development funds are available on a competitive basis for early career faculty.

- In the Department of Biostatistics, each junior faculty member is provided with seed money for journals, books, and travel. Faculty mentoring takes place informally by senior faculty working with the junior faculty on collaborative research projects and during periodic meetings with the chair.
- Mentoring in the Department of Environmental and Occupational Health occurs through informal and formal measures, including review by the Office of Research, Health Sciences, and the department chair for competitive grants or other funding proposals.
- The Department of Infectious Diseases and Microbiology assigns all new faculty appointees a full-time faculty member with common research interests in the department. They meet on a regular basis to discuss research, teaching, and service. Since 2005, the department also requires all grant proposals to undergo pre-review by senior faculty in the department or, as appropriate, outside experts several weeks prior to the regular application deadline.

VIII.B.3. DESCRIPTION OF FORMAL PROCEDURES FOR EVALUATING FACULTY COMPETENCE AND PERFORMANCE

GSPH evaluates its faculty during annual performance reviews and periodic promotion reviews. GSPH faculty are evaluated in accordance with University policy and the procedures followed by the School's Faculty Appointment, Promotion, and Tenure Committee, the bylaws of which can be found in Appendix 39. The most rigorous evaluations of faculty teaching, research, and service activities occur during the annual performance evaluation and at the time of review for promotion.

For the annual performance review, all faculty members (including tenured faculty) submit to the department chair an updated curriculum vitae and supporting materials prepared according to a School-wide standard that includes information about publications, teaching, interactions with students, service, and continuing education activities. Following a personal meeting and the chair's written evaluation, the faculty member can add a response to the review forms before they are sent to the dean, who then has an opportunity to discuss the individual's performance with the chair. Review forms and further details about the review procedure are posted on the faculty Web site at www.publichealth.pitt.edu/content.php?page=832&context=ContextFaculty.

The associate dean for academic affairs has led the development of additional School-wide criteria for this review. These criteria include: (1) distribution of the faculty member's time among research, teaching, and service activities to determine whether a change in direction or emphasis is needed; (2) suggestions about specific approaches to improve or enhance professional development, including strategies for career redirection, if needed; (3) articulation of major teaching, research, and service goals for the next year; (4) review of the faculty member's position in the promotion or tenure timeline; (5) review of reappointment or non-renewal considerations; and (6) discussion about any budgetary or programmatic concerns relating to the faculty member's position.

Reviews of faculty performance for promotion are based on the same criteria as are annual reviews and consider scholarly achievements in research, teaching, and service.

VIII.B.4. DESCRIPTION OF THE STUDENT COURSE EVALUATION PROCESS AND/OR EVALUATION OF TEACHING EFFECTIVENESS

The teaching evaluation process affects both annual salary increases and promotions. Junior faculty members are encouraged to teach so they can gain experience and develop the portfolio balance that will assist in their academic career progression.

The University's Office of Measurement and Evaluation of Teaching (OMET) reports to the teaching faculty member on students' evaluations. Faculty members include these evaluations with the materials submitted to their department chairs for the annual performance review. Among the evaluation questions are: (1) What is your overall evaluation of this course? and (2) What is your overall evaluation of the instructor? Answers are given on a numerical scale from 1 to 5. Median scores for GSPH faculty on these two questions are usually between 3 (average) and 4 (above average). OMET's other services include building research-based evaluation instruments and procedures tailored to specific schools, administering surveys and summarizing data so faculty may obtain systematic feedback about their teaching from students, and conducting research on the nature of the evaluation process. Details about student evaluation of teaching through OMET are posted at www.omet.pitt.edu/evot.html.

All GSPH core courses are subject to this evaluation process each year, as is each new course the first time it is offered. However, other ongoing courses are evaluated less systematically. Recognizing the need for a more formal evaluation structure for ongoing courses, Dr. Quinn and the EPCC began examining the policy and procedures for course evaluations in April 2006 and, during the current academic year, will develop a new, more comprehensive policy for enhancing GSPH's evaluation of teaching. In fact, evaluations of the core courses contributed to identifying the concerns and gaps with the old core curriculum and, therefore, provided guidance to the Core Curriculum Committee in its revisions of the School-wide core. Over the course of the current academic year, Dr. Stall, assistant dean, will develop some centralized oversight of the professional master's programs, including ensuring systematic and routine evaluation of GSPH courses.

In addition to OMET's standardized and customized methods, individual faculty members and departments may also develop evaluation methods for non-core courses. Department administrators may assist in this function. A sample of one department's in-house evaluation form is attached in Appendix 40.

One-to-one faculty-student mentoring outside the classroom is an important component of teaching that is subject to evaluation based on students' progress through their programs and the quality of their work as evaluated by experts in the field. For example, many graduating GSPH students have their work accepted for publication by an appropriate peer-reviewed journal; this information is captured by the faculty mentor's curriculum vitae, which notes student co-authors.

Additionally in 2005, the associate dean for student affairs and education surveyed current students and included questions about academic advising, department resources, student and career services, GSAs, student government, GSPH governance, and social climate. The results of this survey, which will be repeated yearly, were recently presented to department chairs with recommendations for systematic improvements, which they will implement over the next six to nine months. Many of the recommendations focus on improving advising processes and communication with students about programmatic requirements.

VIII.B.5. DESCRIPTION OF THE EMPHASIS GIVEN TO COMMUNITY SERVICE ACTIVITIES IN THE PROMOTION AND TENURE PROCESS

According to evaluation criteria used by the FAPTC, community and professional service activities are mandatory for all GSPH faculty members except those in the research track but are strongly encouraged for all. Service, as detailed in Criterion VII, includes participation in professional organizations, service on editorial boards, service to governmental agencies, and involvement with community organizations.

According to University policy, research and teaching are the necessary and co-equal requisites for appointment or promotion to tenure. It states: "Professional service activities by a faculty member should be weighted into any decision regarding tenure, but such activities in the absence of both teaching and scholarship are not an adequate basis for tenure." Thus, the University recognizes that the balance between accomplishments in research and teaching may vary considerably from one candidate to another, but both must be present before tenure is granted. Within GSPH, this policy is applied to promotion for both tenure stream and non-tenure stream appointments. The GSPH policy is found in the 2006 FAPTC Operation Manual (see www.publichealth.pitt.edu/content.php?page=840&context=ContextFaculty and the resource file.)

VIII.B.6. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- The associate dean for academic affairs has responsibility for faculty development and oversight of the uniform evaluation process and criteria for all GSPH faculty.
- The Office of Academic Career Development, Health Sciences, is a recently established resource for faculty development across the schools of the health sciences.
- Faculty performance in research, teaching, and service are reviewed annually and for consideration for promotion.
- Student evaluations of selected courses and faculty development programs are used to ensure effective teaching.
- Service performance is required for promotion with and without tenure for GSPH faculty.

Weaknesses

- Most GSPH courses do not yet have regular, mandated evaluations.

Recommendations

- All courses should be evaluated each time they are taught.

VIII.C. THE SCHOOL SHALL RECRUIT, RETAIN, AND PROMOTE A DIVERSE FACULTY AND SHALL OFFER EQUITABLE OPPORTUNITIES TO QUALIFIED INDIVIDUALS REGARDLESS OF AGE, SEX, RACE, DISABILITY, RELIGION, OR NATIONAL ORIGIN.

VIII.C.1. DEMOGRAPHIC DATA ON THE SCHOOL'S FACULTY

The School's faculty demographics for 2003-2005 are detailed in Appendix 41. Table VIII.2 summarizes the racial-ethnic profile of primary, adjunct, and new and pending faculty appointments (those appointed since July 2005 or with currently pending appointments). The gender composition of the primary faculty is 55.2 percent male and 44.8 percent female.

Table VIII.2. Summary of GSPH Primary Full-Time, Adjunct, and Pending Appointments as of December 31, 2005, by Race-Ethnicity and Rank [1]

	Primary Full-Time Professors			Adjunct Professors and Instructors				Pending Appointments			Totals	
	Asst. [2]	Assoc.	Full	Asst.	Assoc.	Full	Inst. [3]	Asst.	Assoc.	Full	#	%
African American	1	0	1	2	0	2	1	1	0	0	8	3.1%
Asian-Pacific Islander	18	1	3	4	1	1	0	0	0	0	28	10.98%
American Indian	0	0	0	0	0	0	0	0	0	0	0	--
Hispanic/Latino	2	1	0	1	1	1	0	1	0	0	7	2.8%
White, non-Hispanic	51	33	30	45	25	12	13	1	0	2	212	83.1%
TOTALS	72	35	34	52	27	16	14	3	0	2	255	100%
	141 [4]			109				5				

1-Does not include research associates, who are not classified as faculty by the University.

2-These data do not include 10 part-time primary faculty members. This pool includes one African American, one Asian, and eight white, non-Hispanic faculty members. The total of 72 in this column includes one clinical assistant professor (white, non-Hispanic) and 17 research assistant professors with primary appointments (five Asian, 12 white, non-Hispanic).

3-Includes adjunct lecturers and instructors.

4-This number does not match other faculty counts because it is tallied through 12/31/05; elsewhere, all faculty counts are tallied through fiscal years.

VIII.C.2. DESCRIPTION OF POLICIES AND PROCEDURES REGARDING THE SCHOOL'S COMMITMENT TO PROVIDING EQUITABLE OPPORTUNITIES WITHOUT REGARD TO AGE, SEX, RACE, DISABILITY, RELIGION, OR NATIONAL ORIGIN

GSPH follows the University of Pittsburgh's policy on nondiscrimination, equal opportunity, and affirmative action (www.pitt.edu/HOME/PP/policies/07/07-01-03.html) as well as the University procedure regarding nondiscrimination and anti-harassment of personnel (www.pitt.edu/HOME/PP/procedures/07/07-01-03.html). These documents, which are included in the Faculty Handbook (www.pitt.edu/~provost/handbook.html), are available in the resource file. The University's nondiscrimination policy (www.pitt.edu/HOME/PP/policies/07/07-01-03.html) states:

The University of Pittsburgh, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or status as a disabled veteran or a veteran of the Vietnam era. Further, the University will continue to take affirmative steps to support and advance these values consistent with the University's mission.

Additionally, the University's faculty hiring procedures include affirmative action processes and documentation (as posted at www.pitt.edu/HOME/PP/procedures/02/02-02-15.html).

The Office of Affirmative Action (www.hr.pitt.edu/emprededu/affirm.htm), which is part of the Office of the Chancellor, is an administrative and a service center for the University community. While the Office of Affirmative Action has overall responsibility for providing leadership, coordination, and oversight of Pitt's affirmative action program, given the size and complexity of the University, the office relies on collaboration with deans, department heads, faculty, and many others to maintain a strong commitment to affirmative action.

GSPH support for affirmative action is provided by the Office of the Associate Dean for Academic Affairs; the Faculty Appointment, Promotion, and Tenure Committee; and in particular ways, as noted, by the Center for Minority Health and the Faculty Diversity Committee. School-wide policies and procedures are posted on the faculty Web site (<http://faculty.publichealth.pitt.edu>). A detailed report on the School's multi-faceted efforts to increase faculty diversity over the past six years is provided in Appendix 25.

VIII.C.3. IDENTIFICATION OF OUTCOME MEASURES BY WHICH THE SCHOOL MAY EVALUATE ITS SUCCESS IN ACHIEVING A DEMOGRAPHICALLY DIVERSE FACULTY COMPLEMENT, ALONG WITH DATA REGARDING THE PERFORMANCE OF THE SCHOOL AGAINST THOSE MEASURES OVER THE LAST THREE OR MORE YEARS

The School's most important measure of success in achieving a diverse faculty is the percentage of African American and Hispanic/Latino individuals. Table VIII.3 shows the breakdown of primary faculty by racial-ethnic groups from FY 2003 through FY 2005.

Table VIII.3. Racial-Ethnic Distribution of Primary Faculty, FY 2003, 2004, and 2005

	FY 03		FY 04		FY 05	
	Number	Percentage	Number	Percentage	Number	Percentage
African American	2	1.7%	2	1.5%	3	2.1%
Asian-Pacific Islander	14	11.6%	21	15.7%	22	15.4%
American Indian						
Hispanic/Latino	2	1.7%	2	1.5%	3	2.1%
White, non-Hispanic	103	85.1%	109	81.3%	115	80.4%
Total	121		134		143	

The African American faculty grew modestly from 1.6 percent to 2.1 percent of the total primary faculty between FY 2003 and FY 2005; the Hispanic/Latino faculty grew by the same amount. Including Asian/Pacific Island faculty, the overall proportion of minority faculty grew from about 15 percent to about 20 percent of the total primary faculty. The desired outcome of increased representation and participation of minority faculty in GSPH has been actively pursued but only partially realized.

VIII.C.4. Assessment of the extent to which this criterion is met

Strengths

- The number of minority faculty increased during the past three years and again in the current fiscal year (2006).
- New programs have been designed to increase the number of minority faculty.
- Creation of the Faculty Diversity Committee has demonstrated institutional commitment to achieving a diverse faculty; likewise, the growth and development of the Center for Minority Health has enriched the School's teaching, research, and community-based practice, thereby creating opportunities for minority faculty recruitment, among other benefits.

Weaknesses

- The School remains challenged to achieve a level of faculty diversity that is optimal to address public health problems.
- Minority faculty members' appointments are concentrated in only two GSPH departments: Environmental and Occupational Health and Behavioral and Community Health Sciences.

Recommendations

- Strategies to expand faculty diversity should be implemented.
 - Departments should be encouraged to match funds from the Center for Minority Health (CMH) to support the hiring of minority faculty.
 - The initiative to post all GSPH career opportunities on the CMH Web site should be continued.
 - Faculty recruitment print materials "branded" by CMH should be developed.
 - The Summer Research Career Development Institute in Minority Health and Health Disparities should be expanded.
 - A joint publication by CMH and the Office of Student Affairs and Education on minority recruitment should be developed.
 - Stronger ties should be built to minority alumni as contacts for the recruitment of minority faculty.

Criterion VIII is met.

X-Evaluati...

IX-Students

CRITERION IX: STUDENTS

IX.A. THE SCHOOL SHALL HAVE STUDENT RECRUITMENT AND ADMISSIONS POLICIES AND PROCEDURES DESIGNED TO LOCATE AND SELECT QUALIFIED INDIVIDUALS CAPABLE OF TAKING ADVANTAGE OF THE SCHOOL'S VARIOUS LEARNING ACTIVITIES, WHICH WILL ENABLE EACH OF THEM TO DEVELOP COMPETENCE FOR A CAREER IN PUBLIC HEALTH.

IX.A.1. DESCRIPTION OF THE SCHOOL'S RECRUITMENT POLICIES AND PROCEDURES

GSPH seeks to recruit and admit a diverse and qualified student body. The School admits qualified students regardless of race, ethnicity, national origin, religion, gender, sexual orientation, age, disability, or veteran's status and adheres to the University's affirmative action and equal opportunity policies.

In May 2002, Dean Goldstein named Sandra Quinn, PhD, associate dean for student affairs and education, a newly created position. In fall 2002, Dr. Quinn convened a committee of faculty, students, staff, and alumni to develop a strategic plan for the Office of Student Affairs. Enhancing recruitment activities emerged as a top priority in the strategic plan. Since then, the Office of Student Affairs has invested considerable energy in recruitment activities. In May 2003, Michael Rick was hired as half-time director of recruitment, a new position, to assist with recruitment activities. His and Dr. Quinn's efforts resulted in the development of a recruitment plan in 2004 (see resource file). With Mr. Rick's departure in September 2005, this position is currently open. Following are some of the School's recent recruitment initiatives.

Open Houses

GSPH has held open houses for prospective students twice a year since 2002. Attendance has averaged 65 people (range between 40 and 94) over eight sessions so far. All departments participate in these events to present information about their programs and answer questions. Open house announcements are mailed or e-mailed to potential applicants who have inquired about GSPH through the school's Web site or at recruitment fairs. Notices also go to pre-health and career services advisors, department heads, and contacts at historically black colleges and universities, other targeted undergraduate institutions (including Pitt's regional campuses), and state and local public health and health care agencies and organizations. Other marketing efforts have included ads in campus and local newspapers, recruitment fair programs, and the annual directory of the National Association of Advisors for the Health Professions; announcements on the GSPH Web site; and a banner on the GSPH building.

Phonathon

In April 2003, GSPH initiated a phonathon in which faculty, staff, and students called accepted applicants to answer questions they might have about the School or its programs, to gauge their interest in attending GSPH, and to encourage them to complete the admissions process. This initiative was repeated in March 2004 and May 2005.

Recruitment Events

GSPH has placed strong emphasis on recruitment fairs in recent years. In 2002-03, the School was represented at seven events. The following year, its participation grew to more than 18 events, including five that targeted minority students and two in areas with large concentrations of minority students. In 2004-05, School representatives (frequently GSPH students) also attended 18 recruitment events, including five aimed at minority students and five others in areas with large concentrations of minority students. Eleven of the events occurred within Pennsylvania, including four on Pitt campuses; others took place in Baltimore, Austin, Atlanta, Anaheim, and Washington, D.C. Among the programs in which GSPH participated for the first time in 2004-05 were the national meeting of the National Association of

Advisors for the Health Professions, the annual conference of the Society for the Advancement of Chicanos and Native Americans in Science, and a meeting of young professionals in Pittsburgh (Discover Pittsburgh). GSPH has also sent admissions materials to additional fairs for distribution by representatives of other Pitt schools.

Print and Electronic Initiatives

To support recruitment activities, GSPH has developed or revised exhibition displays and promotional handouts, including admissions materials, department information cards, a minority student recruitment brochure, a viewbook, and a CD-ROM to be mailed to targeted institutions and shown at open houses and recruitment events. The School's Web site, redesigned to be more informative and attractive to prospective students, was relaunched in fall 2003. GSPH also initiated a new directory listing on www.allalliedhealthschools.com and continued online listings at www.petersons.com, www.gradschools.com, and www.princetonreview.com.

Early/Guaranteed Admissions Programs

In 2003, GSPH received University approval for an early admissions program aimed at Pitt undergraduates. To promote that program, the Office of Student Affairs maintains contact with advisors and faculty at the Pittsburgh and regional campuses. In 2004, working with Pitt's director of undergraduate admissions, Dr. Quinn initiated a guaranteed admissions program for incoming freshmen who meet specific criteria and maintain a designated academic standard in their undergraduate years. The program is featured in Pitt's undergraduate recruitment materials.

Student Scholarships

Since its last accreditation, GSPH has created a variety of scholarships that are meant to attract highly qualified students. The scholarships coincide with increases in master's-level student enrollments at the School in the last several years. The list of scholarships and awards is available in Appendix 42.

Other Recruitment Efforts

In addition to arranging for visits to GSPH by prospective students and conducting annual sessions for the University's biological sciences students, other recent recruitment initiatives include the following.

- In collaboration with faculty who have training grants, the Office of Student Affairs helps recruit predoctoral fellows by creating brochures for particular programs and posting new training grant opportunities on its Web page. The office also assists with marketing and recruitment strategies for various departments and training programs.
- Several departments, including Health Policy and Management, Behavioral and Community Health Sciences, Infectious Diseases and Microbiology, and Epidemiology, have begun more aggressive recruitment strategies, including travel to various recruitment fairs, new brochures about their academic programs, and other outreach efforts.
- The Center for Public Health Practice developed a brochure, posters, and Web site promoting the new certificate program in public health preparedness and disaster response.
- E-mail communication with alumni and undergraduate faculty to market GSPH programs and to recruit high-quality graduate students is a major recruitment initiative.

IX.A.2. STATEMENT OF ADMISSIONS POLICIES AND PROCEDURES

Policies governing student admissions are outlined in *Regulations Governing Graduate Study at the University of Pittsburgh* and the *GSPH Bulletin*, which are available in the resource file and on the GSPH Web site. GSPH Council passed a revised policy on admissions prerequisites in October 2005 (see

Appendix 43). In addition, a summary of admissions requirements from GSPH's application instructions is included in Appendix 44. Department-specific policies are available on department Web sites.

The Office of Student Affairs coordinates the admissions process. Individual departments or programs initially review their applicants and make written recommendations to admit, provisionally admit, reject, or defer them. Applications then go to the assistant dean for student affairs for review. Unless the assistant dean notes a discrepancy between the departmental decision and admissions policies, the applicant is notified of the decision. Issues or questions about an application are referred to the chair of the Admissions and Student Performance Subcommittee (ASPS) or an ASPS faculty representative from outside the applicant's department. If there is no substantial disagreement between the ASPS reviewer and the department, the department's decision stands. If there is substantial disagreement, the assistant dean schedules a meeting of the ASPS and department representatives. If no consensus results from that meeting, the matter is referred to the dean for a final decision.

Since its last accreditation, GSPH has instituted a number of changes in its application process, including implementation of online applications through the ApplyYourself Application Network; development and implementation of an interactive database to facilitate contact with applicants by support staff; reformatted application forms; expedited review of applications; distribution of weekly applications/admissions reports to admissions staff, faculty, and chairs; creation of an admissions personnel listserv for distribution of reports and other important information; expedited review of international applications by the Office of International Services; and more frequent communication with applicants. GSPH is participating in the Association of Schools of Public Health's centralized application service, SOPHAS, as of September 2006.

IX.A.3. EXAMPLES OF RECRUITMENT MATERIALS AND OTHER PUBLICATIONS AND ADVERTISING THAT DESCRIBE, AT A MINIMUM, ACADEMIC CALENDARS, GRADING, AND THE ACADEMIC OFFERINGS OF THE SCHOOL. THE MOST RECENT CATALOG MUST BE INCLUDED. REFERENCES TO WEB SITE ADDRESSES MAY BE INCLUDED.

The University of Pittsburgh no longer prints bulletins, preferring instead to post the information online. The GSPH bulletin can be found at www.umc.pitt.edu/bulletins/graduate/publichealth.htm; a printout can be found in the resource file. The School's recruitment CD-ROM and examples of other recruitment materials are available in the resource file. A wide range of information is also available on the School's Web site at www.publichealth.pitt.edu.

IX.A.4. QUANTITATIVE INFORMATION ON THE NUMBER OF APPLICANTS, ACCEPTANCES, AND ADMISSIONS BY PROGRAM AREA OVER THE LAST THREE YEARS

Data on the School's applications, acceptances, and enrollments from 2003 to 2005 are shown in Table IX.1.

Table IX.1. Applications, Acceptances, Enrollments by Department/Programs* Fall 2003-2005

DEPARTMENT	Program	2003						2004						2005					
		ENROLLED			ENROLLED			ENROLLED			ENROLLED			ENROLLED					
		APP	ACC	CNT	APP	ACC	CNT	APP	ACC	CNT	APP	ACC	CNT	APP	ACC	CNT	APP	ACC	CNT
	Behavioral and Community Health Sciences	104	61	23	63	70	54	23	60	92	64	24	61						
	Biostatistics	132	95	24	53	128	102	20	56	132	110	26	56						
	Environmental and Occupational Health																		
	Environmental and Occupational Health	27	9	2	11	14	7	3	15	24	14	3	12						
	Occupational Medicine	5	3	2	3	2	1	1	4	4	2	2	2						
	Cert-Risk Assessment	0	0	0	0	0	0	0	0	2	1	1	0						
	Epidemiology	100	51	25	87	126	90	30	101	168	122	44	90						
	Human Genetics																		
	Human Genetics	37	20	6	23	33	19	7	26	33	25	11	29						
	Genetic Counseling	75	19	11	9	74	20	10	10	71	20	11	8						
	Infectious Diseases and Microbiology																		
	Microbiology	56	29	11	32	54	30	16	37	62	28	12	34						
	Health Policy and Management																		
	Health Policy and Management	53	34	10	13	37	22	7	13	42	30	13	11						
	JD/MPH	0	2	0	0	3	1	0	2	1	1	1	2						
	Certificate in Public Health Preparedness	0	0	0	0	5	4	0	1	3	3	0	0						
	Global Health	0	0	0	0	1	1	0	0	5	3	0	2						
	Multidisciplinary	19	14	14	18	14	12	10	12	23	20	13	12						
	Non-Degree	38	35	28	19	36	35	26	21	45	43	44	18						
	SUBTOTAL			156	331			153	358			205	337						
	TOTAL	646	372	487	487	597	398	511	511	707	486	542	542						

Data are reported by application NOT applicant. (Applicants who applied in two programs are shown as one in each area.)

APP=Applications; ACC=Acceptances; CNT=Continuing Enrolled Students

IX.A.5. QUANTITATIVE INFORMATION ON THE NUMBER OF STUDENTS ENROLLED IN EACH DEGREE PROGRAM IDENTIFIED IN CRITERION V.A., INCLUDING A HEAD COUNT OF FULL-TIME AND PART-TIME STUDENTS AND A FULL-TIME EQUIVALENT CONVERSION, OVER THE LAST THREE YEARS

Table IX.2 indicates the number of students enrolled in full- or part-time academic work by degree type in each department and other programs from 2002 to 2005. A full-time student is one enrolled in nine or more hours of course work or as a graduate in residence who is completing a thesis or special studies project. The table also includes the number of full-time equivalent students for each program based on this formula: $FTE=FT + (PT/9)$; part-time equals 9 credit hours).

Add secondary enrollment

Table IX.2. Enrollment by Department/Program/Degree - Fall 2003-2005

Department/Program	Degree	Fall 2003			Fall 2004			Fall 2005		
		FT	PT	FTE	FT	PT	FTE	FT	PT	FTE
Behavioral and Community Health Sciences	MPH	24	31	38	20	30	36	27	30	42
	DrPH	17	13	21	15	16	19	17	9	20
	MPH/MID	0	0	0	2	0	2	3	0	3
	MPH/PHD	1	0	1	0	0	0	0	0	0
Biostatistics	MPH	0	2	1	1	0	1	0	3	2
	MS	15	16	21	15	16	22	15	7	18
	DrPH	0	0	0	0	0	0	0	0	0
	PhD	35	9	40	37	7	41	43	14	48
Environmental and Occupational Health	MPH	1	0	1	0	0	0	3	4	5
	MS	1	1	1	3	3	4	0	0	0
	PhD	8	2	9	9	3	10	5	3	6
	Occupational Medicine	3	2	4	2	3	2	2	2	2
Cert-Risk Assessment	Cert	0	0	0	0	0	0	0	1	0
	Epidemiology									
Epidemiology	MPH	12	25	22	13	27	26	36	24	48
	MS	0	1	0	0	2	0	0	1	1
	DrPH	0	4	2	3	3	5	1	5	3
	PhD	48	22	57	62	21	70	55	12	59

Add 240

IX.A.6. IDENTIFICATION OF OUTCOME MEASURES BY WHICH THE SCHOOL MAY EVALUATE ITS SUCCESS IN ENROLLING A QUALIFIED STUDENT BODY, ALONG WITH DATA REGARDING THE PERFORMANCE OF THE SCHOOL AGAINST THOSE MEASURES OVER THE LAST THREE YEARS

The proportion of applicants to GSPH accepted into one of its MPH, MHA, or MS programs was 55 percent in 2002-03, 60 percent in 2003-04, and 69 percent in 2004-05. This increase indicates that more applicants who meet the School's admission standard are applying and that GSPH is attracting the kinds of students it wants to attract. The qualifications of students admitted to GSPH can be measured by their grade point average, performance on the Graduate Record Examination, experience or interest in public health, and highest previous degree earned. The average GPA of students admitted to the School over the last three years has been 3.0 or higher, and they have had scores of approximately 500 or higher in each of the general aptitude sections of the GRE. In addition, many of the applicants have graduate degrees and experience or current employment in a field with a public health focus. (See Appendices 45-48.)

IX.A.7. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- GSPH has expanded its outreach to prospective students with the online application system, recruitment CD-ROM, open houses, and increased participation in recruitment fairs.
- The School has revised its policies and procedures for student admissions to decrease the time from application to decision.
- The School attracts sufficient numbers of qualified applicants.
- GSPH is attracting a well-qualified student body.
- The number of applicants has increased significantly since 2002.

Weaknesses

- Resources available for recruitment are limited, and the School relies heavily on students for the staffing of recruitment fairs. The School currently has no dedicated recruitment staff.
- Sufficient scholarship support for MPH and MS applicants remains a challenge in attracting highly qualified students.

Recommendations

- Additional resources should be invested in targeted recruitment efforts to increase the pool of qualified applicants.
- Resources for scholarships for MPH and MS students should be increased.
- The School should invest in full-time recruitment staff.
- The Alumni Society should be involved in recruiting students and career development.

IX.B. STATED APPLICATION, ADMISSION, AND DEGREE-GRANTING REQUIREMENTS AND REGULATIONS SHALL BE APPLIED EQUITABLY TO INDIVIDUAL APPLICANTS AND STUDENTS REGARDLESS OF AGE, SEX, RACE, DISABILITY, RELIGION, OR NATIONAL ORIGIN.

IX.B.1. DESCRIPTION OF POLICIES, PROCEDURES, AND AFFIRMATIVE ACTION PLANS TO ACHIEVE A DIVERSE STUDENT POPULATION

With pressing societal issues like health disparities and global health threats, GSPH considers recruitment of a diverse student body to be essential to address critical public health problems. Furthermore, the

School believes that students from diverse backgrounds will create a richer, more effective learning environment for all students.

GSPH adheres to the University of Pittsburgh's equal opportunity policy as described in the School's online bulletin (www.umc.pitt.edu/bulletins/graduate/index.html), the University's affirmative action policy (www.pitt.edu/HOME/PP/policies/07/07-01-03.html), and the provisions of the Americans with Disabilities Act (copies of both are in the resource file).

Under Dr. Quinn's leadership, the School recruits at several historically black colleges and universities (HBCUs) and at recruitment fairs that target minority students. In addition, GSPH has undertaken specific activities aimed at recruiting a diverse student body; these efforts include the following:

- At the dean's request, Dr. Quinn developed and presented a workshop in February 2004 for department chairs on affirmative action and diversity to ensure that GSPH adheres to current University policy.
- The Office of Student Affairs has established relationships with several HBCUs, notifying them of open houses and sending them copies of GSPH's recruitment CD-ROM. Dr. Quinn has visited or conducted conference calls with several HBCUs.
- Representatives of CMH and the Minority Student Organization have interacted with prospective students at GSPH open houses and during host visits with individuals and groups (including students from local high schools, the Governor's School for the Health Professions, and McNair Scholars program) throughout the year.
- Representatives of the Lesbian, Gay, Bisexual, Transgender, and Queer Alliance have participated in the School's biannual open houses.
- Two members of the Faculty Diversity Committee (FDC), Drs. Stephen Thomas and Angela Ford, have worked on an ad hoc basis with the Student Affairs Office on student recruitment plans.

The Office of Student Affairs and CMH have collaborated on a number of recruitment initiatives, including distribution of scholarship funds for disadvantaged students and an annual networking reception for minority students and faculty. This collaboration has extended to a variety of other initiatives:

- In 2003, the Office of Student Affairs initiated a letter from CMH Director Stephen Thomas to send to accepted minority applicants, encouraging their enrollment at GSPH.
- In 2002, CMH was designated as a training site for the W.K. Kellogg Foundation's Scholars in Health Disparities Program. With additional funds from the Pittsburgh Foundation, this program has supported predoctoral and postdoctoral training of minority graduate students at GSPH.
- The Staunton Farm Foundation provided funds in 2004 to support the Eugene Youngue Fellowship in Psychiatry and Mental Health Disparities, which was named for a former member of the CMH Board of Advisors and the first African American physician in Pittsburgh to be board-certified in psychiatry and neurology. The first Youngue Fellow is currently enrolled in the Multidisciplinary Master of Public Health Program. CMH hopes to secure additional fellowships named for leaders in health care to the African American community as a means to support postdoctoral training of minority students.
- In fall 2004, Drs. Quinn and Thomas initiated a task force, which they co-chair, to formulate a University response to the Sullivan Commission Report on diversity in the nation's health care workforce. The task force, which includes representatives of all six of the University's schools of the health sciences, is examining issues related to recruitment and retention of a diverse student body and faculty across these schools. The task force will make recommendations to the senior vice chancellor and the deans later in 2006.
- The Office of Student Affairs, along with CMH and EXPORT Health (an NIH-funded center on health disparities), invited contacts from HBCUs to an "Exploring Partnerships" program in January 2005 that discussed, among other things, establishing student pipelines between undergraduate institutions and GSPH in order to increase enrollment of underrepresented minority students.

IX.B.2. QUANTITATIVE INFORMATION ON THE DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT BODY, INCLUDING DATA ON APPLICANTS AND ADMISSIONS, OVER THE LAST THREE YEARS

Tables IX.3-5 summarize student demographic data. (Appendices 49-54 report the complete demographic characteristics of applicants and accepted and enrolled students for 2003-2005.)

	Applied	Accepted	Percentage of Accepted Students Who Are Minority	Enrolled New	Percentage of Enrolled Students Who Are Minority
TOTAL	607	365	16%	156	19%
African American	42	24	7%	13	8%
Asian	41	29	8%	14	9%
American Indian	1	1	0%	0	0%
Hispanic	10	6	2%	2	1%
International	232	130	36%	37	24%
Female	403	234	64%	111	71%
Male	204	131	36%	45	29%

Data are self-reported by applicants; applicants appear only once.

	Applied	Accepted	Percentage of Accepted Students Who Are Minority	Enrolled New	Percentage of Enrolled Students Who Are Minority
TOTAL	572	387	18%	153	24%
African American	63	42	11%	24	16%
Asian	33	26	7%	11	7%
American Indian	1	0	0%	0	0%
Hispanic	8	3	1%	2	1%
International	207	138	36%	27	18%
Female	382	263	68%	110	72%
Male	190	124	32%	43	28%

Data are self-reported by applicants; applicants appear only once.

	Applied	Accepted	Percentage of Accepted Students Who Are Minority	Enrolled New	Percentage of Enrolled Students Who Are Minority
TOTAL	673	477	21%	205	22%
African American	69	46	10%	23	11%
Asian	58	44	9%	19	9%
American Indian	2	1	0%	0	0%
Hispanic	11	9	2%	3	1%
International	233	158	33%	39	19%
Female	470	328	69%	141	69%
Male	203	149	31%	64	31%

Data are self-reported by applicants; applicants appear only once.

IX.B.3. IDENTIFICATION OF MEASURES BY WHICH THE SCHOOL MAY EVALUATE ITS SUCCESS IN ACHIEVING A DEMOGRAPHICALLY DIVERSE STUDENT BODY, ALONG WITH DATA REGARDING THE SCHOOL'S PERFORMANCE AGAINST THESE MEASURES OVER THE LAST FIVE YEARS

GSPH uses two quantitative criteria to monitor and benchmark the diversity of its student body: (1) the proportion of all minority students enrolled in the School, and (2) the proportion of applicants who were accepted and matriculated from different racial and ethnic groups.

- From 2002 to 2005, the percentage of African American students enrolled in GSPH increased from 7 percent of the student body to 11 percent; the percentage of Hispanic/Latino students remained just under 2 percent. (U.S. Census Bureau data for 2000 showed the African American population to be 12.4 percent of Allegheny County and 10 percent of Pennsylvania; persons of Hispanic/Latino origin represented 0.9 percent of Allegheny County and 3.2 percent of Pennsylvania.)
- The percentage of international students remained steady at 23 percent from 2002 to 2005.
- During the same time period, the percentage of female students remained steady at 60+ percent.

As another benchmark of its diversity, GSPH uses the proportions of African Americans and all minority students enrolled in other accredited schools of public health, as reported by the Association of Schools of Public Health. Tables of the most recently available data from ASPH (2003-04 reporting years) are available in the resource file.

Several other means by which GSPH measures success in achieving a diverse student body are the level of participation by underrepresented minority students in student government and various School-wide committees as well as the active participation of organizations that represent diverse student interests at GSPH. Student organizations with diversity-related missions include the Minority Student Organization; the Global Student Organization; the Association of Women in Public Health; and the Lesbian, Gay, Bisexual, Transgender, and Queer Alliance, all of which are described in Criterion IX.D.2. Since the School's last accreditation, minority and international students have played leadership roles, including serving as Student Government Association officers and on ad hoc and standing committees. They have been key supporters of GSPH recruitment efforts and have represented the School at meetings of the American Public Health Association, Pennsylvania Public Health Association, and others. Minority

IX.C.2. INFORMATION ABOUT STUDENT SATISFACTION WITH ADVISING AND COUNSELING SERVICES

GSPH uses several tools to regularly assess student needs and satisfaction. One tool is an annual exit survey of all graduating students. Until spring 2005, this was a mail survey; that year, it was revised to reflect data needs from ASPH and made an online survey. Table IX.6 provides the results from the 2004-05 graduates. The responses raise some concern about the ability of faculty and departments to adequately convey information about program requirements and deadlines. Survey results from the 2005-06 graduates are not yet available.

Question	Very Satisfied	Somewhat Satisfied	Neutral	Not Very Satisfied	Not At All Satisfied
Quality of academic advising (N=102)	51 50%	31 30.4%	3 2.9%	10 9.8%	7 6.7%
Availability of advisor (N=102)	61 59.8%	21 20.6%	0	14 13.7%	6 5.9%
Degree to which your academic advisor was helpful (N=35)	21 60%	4 11.4%	3 8.6%	4 11.4%	3 8.6%
Availability of faculty members (N=102)	45 44.1%	33 32.4%	6 5.8%	12 11.8%	6 5.9%
Approachability of faculty members (N=102)	48 47.1%	32 31.4%	5 4.9%	11 10.8%	6 5.9%
The way in which degree requirements (essays, practicum requirements, etc.) were explained to you (N=96)	32 32%	37 37%	6 6%	21 21%	4 4%
Degree to which administrative deadlines and requirements were communicated to you (N=96)	36 37.5%	31 32.3%	2 2.1%	19 19.8%	8 8.3%

In addition, Student Government Association representatives worked with the associate dean for student affairs and education in summer 2005 to develop a survey of continuing students about various issues, including advising, career services, and student life. The results of this survey are included in Appendix 55. While the results are generally positive, some concerns were raised about communication between students and faculty on program requirements.

In April 2006, the associate dean met with representatives from the Student Government Association to discuss these results and develop potential solutions to their concerns. Following that meeting, the associate dean met with the department chairs to share the survey results and discuss strategies for addressing student concerns. Departments have begun to respond by clarifying requirements; updating student manuals and Web sites; and, in some cases, instituting student-faculty working groups to address issues.

The Department of Behavioral and Community Health Sciences conducts its own student satisfaction survey, and the Department of Health Policy and Management conducts an exit survey with its MHA graduates.

In fall 2002, students were involved in the Office of Student Affairs' strategic planning process; the strategic plan was completed in January 2003. As part of that process, an online survey was conducted to ascertain students' needs. The results of the survey are included in Appendix 56 (results from the entering student survey are in the resource file). The survey identified departmental orientations as a clear need for students, who wanted a stronger early introduction to program requirements. Consequently, departmental orientations were initiated with the academic year that began in August 2003.

IX.C.3. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- Multiple options for advisement are available to all students.
- The School has access to a broad range of resources and programs available through the University's Office of Academic Career Development, Health Sciences.

Weaknesses

- GSPH does not have any personnel or substantive resources devoted to career services.
- The extent to which faculty members interact with students varies among departments.

Recommendations

- GSPH should expand its career services through Web site content, programs, and the hiring of a full-time career services advisor.
- Dr. Quinn, working in conjunction with the associate dean for academic affairs and department chairs, will develop workshops and other mechanisms to improve advising and faculty-student interactions.
- GSPH should explore ways to build stronger relationships between students and faculty in some departments.

IX.D. STUDENTS SHALL, WHERE APPROPRIATE, HAVE PARTICIPATORY ROLES IN CONDUCT OF SCHOOL AND PROGRAM EVALUATION PROCEDURES, POLICY-SETTING, AND DECISION-MAKING.

IX.D.1. DESCRIPTION OF STUDENT ROLES IN EVALUATION OF SCHOOL AND PROGRAM FUNCTIONING

GSPH students play many roles in the evaluation of academic and School programs, including direct participation in academic course evaluations. According to GSPH Education Policies and Curriculum Committee (EPCC) guidelines, School-wide core courses must be evaluated each year by means of a University Office of Measurement and Evaluation of Teaching student survey. New courses and new instructors of courses are evaluated by students the first time a course is taught. Results of the core course evaluations are given to the EPCC, which shares the results with department chairs. Other results are sent to department chairs and instructors. In addition, as previously noted, the School and specific departments encourage student feedback through surveys or exit interviews.

IX.D.2. DESCRIPTION OF STUDENT ROLES IN GOVERNANCE AS WELL AS IN FORMAL STUDENT ORGANIZATIONS

Students are represented as voting members on the following School-wide governance bodies: GSPH Council, the Educational Policies and Curriculum Committee, the Planning and Budget Policies Committee, and the Faculty Diversity Committee, all of which are described in Criterion III. The one exception to student participation is the Faculty Appointment, Promotion, and Tenure Committee.

Only the Department of Behavioral and Community Health Sciences reported student participation in department governance. One student is a member of the department's DrPH program committee; and the department's curriculum revision committee recently created four subcommittees, with a student representative on each one. The department is considering appointing a student to attend its faculty meetings.

Multiple student organizations within GSPH contribute to the academic, social, and service activities of the School. Many of these organizations were started at GSPH only in the past several years, indicating the vigor and involvement of the School's student body. Membership in these organizations is limited to GSPH students, with the exception of the local chapter of the nationwide American College of Healthcare Executives and the Lesbian, Gay, Bisexual, Transgender, and Queer Alliance, which exists at all six health sciences schools.

Student Government Association (SGA)—This organization is run by students (with some oversight by the assistant dean for student affairs and a faculty advisor) and provides an opportunity for students to participate in the School's decision-making processes. Executive responsibilities are carried out by the SGA Assembly, which includes officers elected annually by the student body and student representatives from each department. The SGA sponsors a number of social events throughout the year. Membership is open to all GSPH students.

Doctoral Student Organization (DSO)—All students enrolled in GSPH doctoral programs are eligible to join the DSO, which provides an ongoing structure for encouraging interaction among doctoral students and faculty, with an emphasis on developing an informal network of contacts to facilitate research efforts. The DSO worked closely with the associate dean for student affairs and education on policy and procedure changes in the appointment and evaluation of graduate student researchers and the development of a new course on teaching for doctoral students.

Minority Student Organization (MSO)—This organization was formed in 1996 to promote the academic, professional, and social well-being of underrepresented minority students at GSPH. MSO sponsors social events and community outreach activities throughout the year. Membership is open to all GSPH students, faculty, and staff.

American College of Healthcare Executives (ACHE)—The local chapter of ACHE, an organization that represents and serves health care management professionals in all settings, brings together students in the health administration program to discuss relevant issues; it also sponsors lectures on topics of professional interest throughout the year. In keeping with ACHE's goals of advancing standards of education and professional development, the organization has developed written regulations for the designation of student chapters.

GSPH Alumni Society—Upon graduating from GSPH, students automatically become members of the Alumni Society, which serves as a resource for the School, students, and other alumni. Founded in 1952, the Alumni Society has as its purpose "to promote the welfare and interests of the University of Pittsburgh, the Graduate School of Public Health and its alumni, and to advance the cause of public health." The society participates in University career development programs, sponsors an annual alumni awards dinner, and holds an annual meeting. New projects include an e-mail newsletter and a student scholarship fund-raiser.

Global Student Organization (GSO)—This organization is open to all GSPH students interested in global health issues. GSO sponsors an annual international dinner, which highlights food and entertainment from countries of origin for many of GSPH's students. The organization is also working with Dr. Quinn on developing resources to enable students to participate in programs abroad.

Association of Women in Public Health (AWPH)—This association is open to anyone with an interest in public health issues, especially women’s issues. AWPH promotes networking, publicizes information about gender-related research and internship opportunities, and works to raise awareness about health risks and policies directly affecting women.

Lesbian, Gay, Bisexual, Transgender, and Queer Alliance (LGBTQ)—This organization provides support for students who identify themselves within these categories of sexual orientation and works to promote awareness within the health sciences community about health issues concerning its members. Meetings and events are open to anyone interested.

IX.D.3. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- GSPH has multiple organizations offering substantial opportunities for students’ participation; several of these, including the Global Student Organization and the LGBTQ, were started in the last several years.

Weaknesses

- Students are not well integrated into governance in all departments.

Recommendations

- All GSPH departments should work on processes and mechanisms for including students in some aspects of their governance and/or for providing students with an avenue of input into such matters as curriculum, advisement, and instruction.

Criterion IX is met.

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X-Evaluation

CRITERION X: EVALUATION AND PLANNING

X.A. THE SCHOOL SHALL HAVE AN EXPLICIT PROCESS FOR EVALUATING AND MONITORING ITS OVERALL EFFORTS AGAINST ITS MISSION, GOALS, AND OBJECTIVES; FOR ASSESSING THE SCHOOL'S EFFECTIVENESS IN SERVING ITS VARIOUS CONSTITUENCIES; AND FOR PLANNING TO ACHIEVE ITS MISSION IN THE FUTURE.

X.A.1. DESCRIPTION OF EVALUATION PROCEDURES AND PLANNING PROCESSES BEING USED

The Graduate School of Public Health monitors its performance, makes plans for implementing strategic objectives, and evaluates its effectiveness against anticipated outcomes. These processes, described in earlier sections, are conducted at regular intervals at the School-wide and department levels. They encompass the full range of mission-driven objectives with sufficient flexibility to respond to the evolving circumstances of both academia and the profession. Evaluation procedures and processes are specific to School-level and department-level performance, thus striking a balance between the need for School-wide standards and the need for flexibility among the School's departments.

School-Level Evaluation and Planning

Over the past five years, planning at the School level has been an iterative process involving the dean and his senior staff, the academic administrators (associate deans and department chairs), and the full faculty. The cycle includes a "management" retreat in alternate years with a "faculty" retreat; it results in the dean's state-of-the-school reports focusing on prioritized goals and outcomes. The schedule of retreats and dean's reports is included in the resource file.

The School's performance is relevant to both internal and external constituencies. Externally, the School formally engages the public health professional and larger communities in evaluation and planning through its Board of Visitors and its Alumni Society; and it maintains accountability to the larger University through strategic planning reports to the senior vice chancellor for the health sciences.

- The Board of Visitors meets annually in the fall, conducting an in-depth review of GSPH programs as selected by its chair in consultation with the dean. Meeting agendas for the past three years are included in the resource file. This day-long session concludes with a report of recommendations that the board's chair shares with the dean and presents to the University's senior administration.
- To assess student needs and satisfaction, GSPH asks all graduating students to complete an online exit survey. Students also routinely participate directly in the evaluation of academic courses, with feedback provided both to the EPCC and the appropriate department chair. In addition, in summer 2005, currently enrolled students were asked to complete a survey covering various issues, including advising, career services, and student life; the School is currently addressing several issues identified by this survey, which will now be used routinely as an ongoing evaluation tool.
- The School's Alumni Society, recently reinvigorated, conducted an alumni survey in fall 2005 and plans to repeat the survey triennially to assist in evaluating the School's performance. Letters were sent to 4,598 alumni, asking them to complete the survey online. The survey (Appendix 57) drew responses (Appendix 58) from 270 graduates since 1955 (a response rate of nearly 6 percent) and solicited input about their academic experience in light of their subsequent careers. The School's department chairs received and reviewed the results.

The senior vice chancellor's strategic planning process, while addressing issues related to each specific health science school, focuses most intently on the programmatic, space, and administrative infrastructure upgrades (e.g., shared equipment and services, information technology, educational and library resources) that will be needed to sustain the national leadership position of Pitt's health sciences as a whole. Long-

range planning occurs on a 10-year cycle that is synchronized with the University's 10-year planning cycle. Each school submits a summary report and a one-year plan to the senior vice chancellor annually.

Internally, the School maintains a system of review and accountability for performance through its governance structure, annual retreats called by the dean, and the accreditation self-study process.

- The charge to GSPH Council and each of its standing committees includes an annual reporting and review that maintain transparency, disseminate information, and provide opportunities for critique. This process is spelled out in Criterion III. In the recent past, this system of accountability has identified problems and produced resolutions. For example, in 2005, the Council addressed the need for uniformity among departments in defining memberships and processes for thesis and dissertation committees; these records are posted on the School's Web site at www.publichealth.pitt.edu/content.php?page=858&context=ContextStudents and are available in the resource file.
- In addition to these regular governance-driven evaluations, the core curriculum receives particular attention and review when circumstances warrant. In the past six years, there have been three separate ad hoc Curriculum Committees. The first of these conducted competency-based reviews of the School and departmental core courses in 1999-2000; the second examined the level of integration of the existing core and made policy recommendations to address its applicability to MS and MHA students in the School; the third, which convened in 2004, has revised and expanded the core curriculum in keeping with the 2003 Institute of Medicine report *Who Will Keep the Public Healthy?* and the Association of Schools of Public Health competencies. These processes are described in Criterion V.B.1.
- Practice relationships also receive special review. The Center for Public Health Practice (CPHP) received a grant from three local foundations in 2005 to evaluate the School's progress and direction. The resulting report, *Enhancing GSPH Practice Partnerships* (a copy of which is in the resource file), was prepared by a group of University-based consultants external to the School and provided a foundation for CPHP's current strategic planning process.

Department-Level Planning and Evaluation

Under Dean Goldstein, the GSPH departments instituted a cycle of mandatory external reviews. As of 2005, most of the seven departments had formed an external review committee and completed a review. The results are presented in the resource file (see Table X.2). As a result of these external reviews, which occur every three years, various departments have undertaken curriculum changes, recruited faculty to fill particular needs, modified their organization (such as by adding vice chairs), and reprioritized their budgets. Other evaluation activities within GSPH departments are driven by the needs and priorities of their particular research disciplines, educational priorities, and external constituencies. In the past several years, each department's internal curriculum committee has provided oversight and evaluation of its educational programs. Other department-level evaluation strategies have included student satisfaction surveys, departmental retreats, and alumni meetings, as summarized for each department in Appendix 59. A major focus of evaluation in all GSPH departments is the annual review of faculty performance, a School-wide standardized procedure that engages individual faculty members in both written and face-to-face reporting to the department chair. This formal process includes opportunities for appeal in the event of disagreement. The criteria for review include both standardized expectations of productivity and customized goals for individual performance based on annual goal-setting for each faculty member. Staff performance is also reviewed annually by each department, with the results tied to salary adjustments based on inflation, individual merit, and inter-position equity.

X.A.2. IDENTIFICATION OF MEASURES BY WHICH THE SCHOOL MAY EVALUATE THE EFFECTIVENESS OF ITS EVALUATION AND PLANNING ACTIVITIES, ALONG WITH DATA REGARDING THE SCHOOL'S PERFORMANCE AGAINST THESE MEASURES OVER THE LAST THREE YEARS

As listed in Criterion I, each of GSPH's four mission-oriented goals has a set of outcomes for the purpose of monitoring and evaluating progress in achieving its stated mission. For each outcome, GSPH has identified a measurable indicator or metric for tracking adherence and progress over time.

The School selected and approved the outcomes and metrics through a formal process. This process originated with an ad hoc evaluation committee, convened in summer 2004 for the purpose of reviewing the School's previous evaluation measures and recommending necessary revisions. The committee included Drs. Edmund Ricci, Nancy Sussman, and Evelyn Talbott, and Ms. Margaret Potter. Its report was presented to Dean Goldstein; subsequently, a revised report was presented to the GSPH Council, which approved a final set of outcomes and metrics in May 2005. It is the council's policy to review these indicators annually to assure their continuing relevance and appropriateness; the most recent review occurred in May 2006 when council agreed to continue use of the existing goals and outcome measures.

In the following narrative, each goal is listed with an outcome and metric, a target measure, frequency of measurement for each metric, and a data report. For some of the stated outcomes, the GSPH Council has not yet agreed on an appropriate target metric due either to the need for more historical data or a lack of consensus about a metric that would meet the criteria of validity, measurability, and feasibility.

Goal I: Outcomes related to the education of students in public health research and practice

Outcome I.A. — To maintain an above average student-to-faculty ratio as compared to other accredited schools of public health

- Metric: Ratio of total students to full-time faculty
- Target: 7.3
- Frequency of measurement: Annually, by academic year

Table IV.1 shows that GSPH's student-to-faculty ratio in fall 2005 was 3.0—a highly respectable rate—and that the ratio has been no higher than 3.2 since fall 2003. The most recent comparative data with other public health schools on this metric from the Association of Schools of Public Health show an average of 7.3.

Outcome I.B. — To create and maintain a student body that reflects the racial and ethnic diversity distribution of the region in which we are located

- Metric: Percentage of GSPH's FTE students with Native American, Asian, African American, and Hispanic ethnicity
- Targets: Percentages equivalent to those of the urban county in which GSPH is situated
- Frequency of measurement: Annually

The following table shows that GSPH's student enrollment has recently exceeded Allegheny County's proportions of Native Americans, Asians, African Americans, and Hispanics. The goal now is to maintain this level of diversity and to continue to enrich it through efforts to increase minority group applications and admissions to GSPH.

Academic Year	Native American		Asian		African American		Hispanic		Total	
2004-05	1	0.3%	36	9.9%	49	13.5%	7	1.9%	93	25.5%
2003-04	1	0.3%	38	11.6%	35	10.7%	10	3.0%	84	25.6%
2002-03	0	0	19	6.8%	17	6.0%	7	2.5%	43	15.3%
Allegheny County, Census 2000	--	0.1%	--	1.7%	--	12.4%	--	0.9%	--	15.1%

Outcome I.C. — To use the departmental external review committees to evaluate department-specific professional degree program curricula every three years by means of ad hoc committees with formal reporting responsibilities to assure that the most current science and practice are taught in GSPH classes

- Metric: Review committee report on curriculum for each department/professional degree program
- Target: A report for each professional degree program
- Frequency of measurement: Once every three years

Dept. and Review Date	Key recommendations/results
BCHS 5/23/05	<p>Competencies in the master's program are appropriately guided by the recent Institute of Medicine report. However, CEPH is beginning to require that academic programs have measurable outcomes. This area will require additional thought and work by the department.</p> <p>The department participates in several joint degree programs. It appears as if the requirements for these degrees are not clear to participating students. Doctoral students specifically asked for more teaching experience, more health education practice experience, and more research experience. In particular, they suggested more opportunities to work on faculty research projects.</p> <p>Doctoral students also asked for more help in "transitioning" from the program to employment and to postdoctoral positions. A number of ideas of how this could be done were discussed at the retreat.</p>
BIOS 10/10/04	<p>Good publication records of the faculty, grant support, qualifications of students upon admission, and service to the University. The department has a long tradition of collaborative research that has had significant public health and clinical impact (e.g., occupational and environmental health studies, oncology research – NSABP). During the review the junior faculty and students gave high marks to the department overall.</p> <p>Increased hard money support for computing infrastructure in the department, for the MS program, and for providing protected time for junior faculty to develop their research programs were identified as needs. Space concerns need to be addressed. The department also needs more formal mentoring for junior faculty.</p>

<p>EPID 1/3-4/05</p>	<p>Engage in more formal strategic planning.</p> <p>Clarify plans for master's programs.</p> <p>Consider possibilities for strengthening the integration of genetics and genetic epidemiology.</p>
<p>EOH</p>	<p>The department has recently relocated to an off-campus facility and has not yet had a meeting with the newly formed external advisory committee; however, its external review is scheduled for fall 2006. Meanwhile, two internal curriculum subcommittees deal specifically with the different course needs for the MPH/DrPH students and the MS/PhD students. Each committee has student representation. The department will be developing an overarching Graduate Program Committee (GPC) to coordinate all graduate courses and graduate student recruitment. The GPC will meet regularly to review the relevance and quality of all program curricula. All committees report to the faculty at the regular faculty meetings.</p>
<p>HPM 4/20- 21/06</p>	<p>Among the substantive curricular changes to satisfy CAHME recommendations during 2004-2005 were the addition of a redesigned course, Marketing Health Services; the development of a new course, Quantitative Methods in Health Care Management, to be implemented in spring 2007; and revised requirements for the integrative (capstone) experience for the MHA program (i.e., requiring an organization-based applied study to satisfy the master's essay requirement).</p> <p>An external advisory board, the National Advisory Committee, consisting of health care executives, program alumni, and academics in HPM disciplines, was established in 2003 to provide guidance and counsel to the faculty concerning all aspects of the MHA program, including curricular relevance, professional development of students, marketing and recruitment, alumni relations, and other issues relevant to the quality and growth of HPM's academic programs. Specific recommendations have included enlisting alumni to participate more effectively in teaching and mentoring and working to establish more effective relationships with UPMC executive management as potential partners in both classroom teaching and the professional development (Path to Professional Practice) component of both the MHA and MPH programs.</p>
<p>HUGEN</p>	<p>The department has been in a transition period with an interim chair and has not yet started this process.</p>
<p>IDM 2004</p>	<p>More rigorous student training experience in the laboratories of primary IDM faculty is desirable.</p> <p>Faculty participation in graduate program activities like journal club and research club is less than optimal.</p> <p>Additional faculty commitment to their teaching and mentoring efforts would result in a better training experience for students.</p> <p>IDM faculty should seek (perhaps in 2-3 years) to obtain NIH-funded training grants.</p>

Outcome I.D. — To conduct student evaluations for each course each time offered

- Metric: Standardized GSPH course evaluation by the University of Pittsburgh Office of Measurement and Evaluation of Teaching (OMET)
- Target: Every course, every time offered
- Frequency of measurement: Every academic term

Although many courses and all core courses are evaluated each time offered, not all courses have been so evaluated. Table X.3 shows the number and percentage of courses evaluated by OMET in 2005. Course content evaluations for the courses that have been evaluated are included in the resource file. In addition, evaluations of faculty teaching are required for promotion and tenure decisions and are a mandatory

component of the faculty dossier. During the academic year 2006-07, the associate dean for student affairs and education, Dr. Quinn, will actively engage EPCC and others in a complete overhaul of the School's policy and procedures for evaluation of teaching, both in and out of the classroom. She will also work with FAPTC to ensure that new policies are congruent with promotion and tenure guidelines.

Table X.3. Number and Percentage of Courses Evaluated by OMET Each Semester

Term	Number of courses offered	Number and percentage of courses evaluated by OMET
Fall 2005	67	43 (64%)
Summer 2005	19	10 (53%)
Spring 2005	70	35 (50%)

Outcome I.E. — To regularly survey GSPH graduates and alumni to determine the quality of their preparation for research or practice careers

- Metric #1: Current career positions and job titles of GSPH alumni
- Target: Career positions and titles reflecting senior level management, administrative, and academic achievement
- Frequency of measurement: Every three years

- Metric #2: Alumni assessment that GSPH provided adequate career preparation and that the School's curriculum was an important factor in obtaining first job after graduation as well as current job
- Target: Ratings equivalent to no less than 3 on a 5-point scale
- Frequency of measurement: Every three years

- Metric #3: Graduating student satisfaction with GSPH coursework; quality of academic advising and advisor availability; availability and approachability of faculty; availability and quality of research opportunities and of practicum and field experiences and their relevance to future career; and career counseling and job placement services
- Target: Ratings equivalent to no less than 3 on a 5-point scale
- Frequency of measurement: Annually

In fall 2005, GSPH conducted an online survey of alumni that yielded responses from 270 alumni, a response rate of nearly 6 percent. Of these, 186 are employed full time, 19 part time, and 41 are retired. Seventy-three work in health care facilities, 36 in health departments/agencies, 100 in nonprofit organizations, and 13 in other types of organizations; 47 did not respond to this question. More than 100 respondents identified themselves as president/CEO, senior administrator, or project/program manager. Another 45 indicated that they are specialists in a technical area, and 40 are in faculty positions. Most respondents are currently earning more than \$50,000 per year, and 15 are earning more than \$200,000. More than 200 respondents agree or strongly agree that the GSPH curriculum was an important factor in obtaining their first jobs following graduation. An equal number indicate that the competencies and skills acquired during the GSPH academic experience were an important factor in obtaining their current jobs and that GSPH adequately prepared them for their careers. One hundred forty-nine alumni updated their contact information, indicating a desire to remain engaged with the School. The 2005 alumni survey is available in Appendix 57 and the results are presented in Appendix 58.

The response rate to the GSPH exit survey for graduating students improved significantly in 2004-05 when the survey was administered online for the first time (102 of 106 graduating students completed the online survey compared to 41 of 123 graduates completing the paper survey in 2003-04), and the survey results have been instructive. For example, the 2004-05 exit survey indicated that those students completing the survey were generally satisfied with their coursework, particularly departmental level

courses; the quality of academic advising and the availability of their academic advisors; the availability and approachability of faculty members; the availability and quality of research opportunities; the availability and quality of their practicum and field experiences; and the relevance of the practicum/field experience to their future careers. Students were less satisfied with the availability of career counseling and job placement services, and this is an area on which GSPH is now focusing additional attention. While students were generally pleased with the availability and helpfulness of student services staff and the ease of processing paperwork, the exit surveys revealed that administrative deadlines and requirements could be communicated to students more effectively. Most graduating students were able to graduate in the amount of time they anticipated, and most would recommend GSPH to other potential students. Additional graduation data are available in Tables V.4-6. Results from the exit survey of 2006 graduates are still being compiled.

Outcome I.F. — To maintain a significant level of international student matriculation in line with the current level of 20-25 percent of the student body

- Metric: Percentage of international students within the GSPH student body
- Target: 20-25 percent
- Frequency of measurement: Annually

The following table shows that, despite post-9/11 governmental restrictions on the entry of international students, GSPH has maintained a stable proportion of international students in each of the past three years of admissions.

Table X.4. GSPH Student Matriculation: U.S./Non-U.S. by Academic Year

Year	U.S.		International		Total
	Count	Percentage	Count	Percentage	
2004-05	364	74.7%	123	25.3%	487
2003-04	328	73.7%	117	26.3%	445
2002-03	281	74.5%	96	25.5%	377

Goal II: Outcomes related to the conduct of scientific research

Outcome II.A. — To strengthen the commitment to interdisciplinary research, as measured by the disciplines, departments, and schools represented on the research teams of GSPH-initiated projects and the participation of GSPH faculty in non-GSPH-initiated projects to maintain or exceed a 70 percent level of all funded research projects as multi-, inter-, or transdisciplinary.

- Metric: Percentage of GSPH's funded research projects with multi-, inter-, or transdisciplinary teams
- Target: 70 percent
- Frequency of measurement: Annually

GSPH's research culture can accurately be described as interdisciplinary, and virtually all GSPH research involves investigators with training from more than one discipline. In most cases, the work includes investigators from more than one academic unit. (See complete list of research projects in resource file.) To sustain this collaborative culture, the School, its departments, and individual faculty members continue to actively develop formal and less formal collaborations within the School; between the School and other University of Pittsburgh academic units, especially in the School of Medicine and the other health sciences schools; with local and regional community agencies and organizations; and with academic institutions in the United States and globally.

Particularly important to this goal have been the growth rates of the two interdisciplinary School-wide centers. Since 1999, the annual funding of the Center for Public Health Practice increased from about \$300,000 to \$2 million, and the annual funding of the Center for Minority Health increased from \$356,000 to \$4.6 million.

Outcome II.A.1 — Increase non-NIH funding at least as rapidly as NIH funding

- Metric: Rate of annual increase by dollar amount of non-NIH sponsorship of GSPH research projects
- Target: Equal to or greater than annual rate of increase by dollar amount of NIH sponsorship
- Frequency of measurement: Annually

As shown in Table X.5, GSPH has seen an absolute increase in the dollar amount of funding from both NIH and non-NIH sources but a greater rate of increase in total funds from non-NIH sources. (Note that the level of NIH funding in the following table differs from the NIH ranking data described in Criterion VI.1 and VI.4; the NIH ranking data use the fiscal year of October through September, while the GSPH data are based on the fiscal year of July through June.)

Academic Year	NIH			Other Sources			Total External
	\$ (millions)	% of Total	Annual % change	\$ (millions)	% of Total	Annual % change	\$ (millions)
FY 05	\$50,386,128	66.2%	6.1%	\$25,698,032	33.8%	6.0%	\$76,084,160
FY 04	\$47,472,617	66.2%	6.7%	\$24,242,295	33.8%	19.2%	\$71,714,911
FY 03	\$44,489,290	68.6%	--	\$20,334,005	31.4%	--	\$64,823,295

Outcome II.B. — To increase the number of training grants GSPH receives

- Metric: Number of training grants received by GSPH
- Target: Maintain at least seven training grants School-wide or the equivalent, on average, of at least one training grant per department
- Frequency of measurement: Annually

The following table shows an increase in the number of training grants and amount of funding GSPH has received in the past three years; the goal is to sustain this pattern of growth over time. Table VI.4 provides more detailed information on GSPH's training grants.

Year	Number	Amount
2005	8	\$1,404,556
2004	6	\$1,015,325
2003	6	\$1,015,325

Outcome II.B.1. — To annually increase the total number of peer-reviewed publications

- Metric: Number of peer-reviewed publications of faculty per year
- Target: Four publications per faculty member on average per year
- Frequency of measurement: Annually

Table X.7 shows the number of peer-reviewed publications by GSPH faculty for the last three fiscal years. The absolute number of publications declined during this period (a finding that is not yet fully explained), but overall productivity for the 143 current primary faculty members still exceeds the target. Achieving further increases may be difficult and may represent an unrealistic goal. Nevertheless, in future years, the dean's office will monitor data for this outcome and will continue to track ongoing trends. Measuring this metric on average is important because different disciplines can expect different publication rates.

Year	BCHS	BIOS	EOH	EPI	HPM	HUGEN	IDM	TOTAL
2004-05	31	125	96	354	28	84	31	749
2003-04	30	136	91	420	33	112	50	872
2002-03	36	108	90	340	37	110	62	783

Goal III: Outcomes related to the service component of the GSPH mission, including the transfer of public health knowledge into practice

Outcome III.A. — To annually increase the involvement of faculty with community agencies as measured by advisory board membership, technical assistance, and related activities.

- Metric: Number of faculty by department with advisory board memberships and technical assistance projects
- Target: Undetermined, pending observation of annual trend for another year
- Frequency of measurement: Annually

Outcome III.B. — To annually increase the number of faculty serving on national advisory committees, peer review committees, and policy or governance boards for public or not-for-profit agencies

- Metric: Number of faculty by department serving on national advisory committees, peer-review committees, policy or governance boards
- Target: Undetermined, pending observation of annual trend for another year
- Frequency of measurement: Annually

The service of GSPH's primary faculty members on national advisory committees, peer review committees, and policy or governance boards for public or not-for-profit agencies reflects their strong commitment to their disciplines not just as representatives of their own institutions but as representatives and practitioners of these public health disciplines at the levels of policy and practice development.

Table X.8 shows that FY 2005 was the first year in which GSPH captured data on faculty members' board memberships and technical assistance projects. Although the greatest percentage of faculty involvement in these activities occurs within the Departments of Behavioral and Community Health Sciences and Health Policy and Management—involvement that is consistent with the subject matter focus and expertise of their faculties—the high proportion of faculty serving indicates their strong commitment to their disciplines, not just as representatives of their own institutions but as representatives and practitioners of these public health disciplines at the levels of policy and practice development.

Department	FY 2005		
	# Faculty	# Serving	% Serving
BCHS	14	10	71.4%
BIOS	26	1	3.9%
EOH	25	6	24.0%
EPI	37	16	43.2%
HPM	12	8	66.7%
HUGEN	12	4	33.3%
IDM	17	6	35.3%
Total	143	51	35.7%

As shown in Table X.9, three departments had increased faculty involvement with community agencies, and four departments had decreases in this outcome. The Departments of Behavioral and Community Health Sciences, Environmental and Occupational Health, and Health Policy and Management had the same number or more faculty members involved with community agencies in FY 2005 as in FY 2003 but also had more primary faculty members; thus the percentage of involved faculty declined. The Department of Human Genetics had fewer faculty members involved as well as fewer total faculty members in FY 2005 than in FY 2003.

Department	FY 2005			FY 2003		
	# Faculty	# Serving	% Serving	# Faculty	# Serving	% Serving
BCHS	14	7	50.0%	10	7	70.0%
BIOS	26	16	61.5%	19	6	31.6%
EOH	25	12	48.0%	21	12	57.1%
EPI	37	24	64.9%	31	15	48.4%
HPM	12	7	58.3%	9	6	66.7%
HUGEN	12	7	58.3%	15	9	60.0%
IDM	17	8	47.1%	16	5	31.3%
Total	143	81	56.6%	121	60	49.6%

*Data for FY2004 were not collected.

Outcome III.C. — To annually increase educational programs and special events drawing professionals and practitioners into GSPH for interactions with GSPH faculty and students.

- Metric: Number of educational and special events for professionals and practitioners
- Target: Undetermined, pending observation of data for another year
- Frequency of measurement: Annually

See Appendix 29 for an extensive list of GSPH programs and events. Although GSPH has not yet developed a centralized system for tracking educational programs and special events, it is clear that these activities are extensive. The development of a centralized database is being planned. Despite this lack of precise quantitative data, the School has worked strategically during the last three years to secure high-profile speakers for those events and activities that are designed to attract a general community audience in order to increase the School's visibility and to create a public impression that GSPH is a "user-friendly" institution. In particular, the School's 2005 Porter Prize Lecture, "A Conversation with Bill Cosby," held in Reizenstein Middle School, attracted a local audience of 900-plus. Moving forward, GSPH will continue to try to attract high-profile individuals who can deliver an important public health message in a style that engages the public.

Goal IV: GSPH infrastructure and operational support

Outcome IV.A. — To update all GSPH classrooms (paint, chairs, information technology) by 2007-2008

- Metric: Number of GSPH classrooms receiving upgrades and renovations
- Target: All classrooms
- Frequency: Three-year period, starting May 2004 when this metric was first established

In FY 2006, three classrooms are scheduled for upgrades and renovations, including new acoustical walls, new lighting, data ports, air systems, media/AV closet, projector and screen, new podiums, and boards. In addition, a "smart" classroom has been designed and is ready to be renovated. These classroom renovation projects have not yet started because they now need to be coordinated with the \$37.5 million GSPH renovation provided for in the University's 10-year building and space plan. Criterion II.B explains plans for additional updating of classrooms and overall renovations for GSPH.

Outcome IV.B. — To enhance interactions among GSPH faculty and students, including development of contiguous space to house existing and new faculty and students

- Metric: Efforts by designers for planned renovation of GSPH space to maximize opportunities for interaction between faculty and students through creative use of communal areas and other building features
- Target: Not applicable
- Frequency: By 2010

GSPH occupies the conjoined Parran and Crabtree Halls as well as rental space at approximately 18 sites, a situation that constrains opportunities for the interdisciplinary encounters that enhance public health research and education. However GSPH's situation is similar to that of other highly productive University units like the School of Medicine and School of Engineering, whose programmatic success has also required the use of space beyond that provided on campus. Currently, the space in Parran and Crabtree cannot be used optimally due to its aging infrastructure and outdated architectural design. Recognizing these challenges, in January 2006, the Office of the Provost presented a 10-year facility plan to the Council of Deans that, pending Board of Trustees approval, allocated \$37.5 million for renovation and modernization of Parran and Crabtree Halls. Due to the perceived urgency of this renovation, it will occur during phase one (FY 07-FY 10) of the University's 10-year plan. However, this plan does not address consolidation of GSPH programs that are in rental spaces. The School has been working closely with the Office of the Senior Vice Chancellor for the Health Sciences to obtain additional space closer to Parran and Crabtree as other programs, most notably Children's Hospital and the Department of Pediatrics, move to new facilities several miles from campus in 2008.

Outcome IV.C. — To annually increase philanthropic support derived from contributions from alumni and other friends and supporters of the school

- Metric #1: Number of donors per fiscal year
- Target: 5 percent increase per year
- Frequency: Annually

- Metric #2: Dollars of donated funds per fiscal year
- Target: 5 percent increase per year
- Frequency: Annually

Table X.10 illustrates trends in giving to GSPH since 2003. The position of director of development at GSPH was vacant for most of FY 2005, a situation that may account for the drop in giving for that year.

Donor Type	FY 05		FY 04		FY03	
	Number Donors	Amount	Number Donors	Amount	Number Donors	Amount
Alumni	549	\$111,078	592	\$113,485	535	\$143,062
Non-Alumni	148	\$119,096	263	\$113,923	248	\$77,388
Corporations, Foundations, Groups	50	\$4,116,579	57	\$5,287,607	50	\$4,073,235
TOTAL	747	\$4,346,753	912	\$5,515,015	833	\$4,293,685

X.A.3. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

Strengths

- Since the last accreditation site visit, GSPH has developed, implemented, and acted on program evaluation procedures and planning processes that occur at both the School-wide and departmental levels. Faculty, students, and staff all participate actively in these processes. Each of GSPH's four mission-oriented goals has a set of measurable indicators that allow for tracking adherence and progress over time.
- Substantively, the School's performance against stated goals as measured by outcomes shows that its high productivity across all aspects of its mission—education, research, and service—is reflected in the data presented in this self-study.
 - Goal I: The School has an above-average student-to-faculty ratio, a diversity profile that reflects the region as a whole, departmental processes that assure timeliness and quality of curriculum content, and a consistently high proportion of international students.
 - Goal II: The School maintains a high proportion of interdisciplinary research and continues to increase its NIH and non-NIH funding and its training grants.
 - Goal III: Faculty service policy is established, and current data indicate that service activities are widely distributed among public and private beneficiaries.
 - Goal IV: The School's physical plant needs are being addressed through ongoing maintenance and long-term planning initiatives. Philanthropic support to the School is substantial and increasing.

Weaknesses

- While some metrics related to GSPH's goals and objectives are now tracked at the School-wide or departmental level (whichever is most appropriate), systems remain to be developed for tracking other indicators.
- The School's performance in pursuit of goals could be enhanced by greater attention to deficits in several measured indicators:
 - Goal I: All courses—other than core courses—do not receive a student evaluation each time offered. While the School has developed a number of mechanisms for regular communication with alumni, the School would benefit from more regular and consistent interactions with its alumni.
 - Goal III: Analysis of trends and planning for the strategic development of service programs has yet to occur.
 - Goal IV: The dearth of space for growth on the Pitt campus may be constraining GSPH's programmatic growth, particularly as seen over the intermediate and long-term future. (This is also a problem for other successful academic units at the University.)

Recommendations

- Implement centralized data-tracking systems for the outcome metrics identified as appropriate for the School's mission-related goals.
- Goal I: Implement plans to evaluate each course each time it is offered. Sustain and amplify current efforts to increase minority group applications and admissions to GSPH. Proceed with planning to create a more regular and seamless network of communication with students during their studies and after graduation.
- Goal II: Explore ways to sustain the current level of faculty publications, especially among junior faculty.
- Goal III: Allocate responsibility for oversight and monitoring of service activities, establish performance standards for service, and articulate strategic plans for a School-wide program.
- Goal IV: Proceed with the architectural and space planning for the significant renovation and upgrading of GSPH's facilities as included in the University's most recent 10-year facilities plan. This process is likely to drive some additional infrastructure initiatives.

Criterion X.A. is met.

X.B. FOR PURPOSES OF SEEKING ACCREDITATION BY CEPH, THE SCHOOL SHALL CONDUCT AN ANALYTICAL SELF-EVALUATION AND PREPARE A SELF-STUDY DOCUMENT THAT RESPONDS TO ALL CRITERIA IN THIS MANUAL.

X.B.1. PROVISION OF ALL DOCUMENTATION SPECIFIED AS BEING EXPECTED

GSPH views the CEPH reaccreditation cycle as integral and essential to its overall planning and evaluation processes. In the current accreditation period (2000 through 2006), GSPH began its self-study process in early 2004 not only to meet accreditation-related deadlines and procedures but also to assure that its administration and leadership remained apprised of and in touch with ongoing evolution of accreditation criteria. GSPH has structured both its self-study process and the resulting document according to CEPH accreditation criteria as well as the School's own priorities. This document provides as complete a response as possible to each specification for documentation.

X.B.2. DESCRIPTION OF THE PROCESS USED FOR THE SELF-STUDY

The process used for the 2006 reaccreditation self-study has been inclusive and thorough. Beginning in April 2004, then Dean Goldstein named an accreditation committee and appointed Associate Dean Potter as chair. The committee members (list in Appendix 60) represented all departments, all standing committees, student organizations, and alumni as well as the dean's administration and associate deans. Staff support was provided by Christine Straznick and Steve Puluka from the dean's office. Acting in multiple roles as adviser, liaison to the senior vice chancellor for the health sciences, and editorial coordinator, Associate Vice Chancellor Margaret McDonald participated in the committee's work throughout the two-year process.

The self-study was conducted in three phases, including pre-self-study in 2004, data gathering in 2005, and writing in late 2005 and early 2006.

Phase I – Assessment

The pre-self-study was the accreditation committee's status assessment of GSPH relative to the January 2002 CEPH criteria, which had changed very little from the criteria governing the 1999 self-study and site visit. Policies and systems of oversight and accountability were reviewed, with special attention to faculty and student service responsibilities. Committee staff prepared tables updating the 1999 required documentation, highlighted areas of concern, and invited the 1999 site visit chair, Shelley Hearne, PhD, to provide consultation and advice. Her visit to GSPH in February 2005 guided efforts in Phase II to focus on GSPH's areas of weakness as documented during the 1999 reaccreditation. Staff created an accreditation page on the GSPH Web site and populated it with documents from the 1999 accreditation, including the self-study, site visit team report, CEPH letter, and the School's August 2000 interim report.

Phase II – Data Gathering

Focused by Dr. Hearne's advice, Phase II efforts included in-depth reviews, increased staff support assigned to the self-study process, and intensive data gathering and analysis by faculty representatives and associate deans. The dean's office increased staff support for the self-study process by assigning an information systems specialist (Steve Puluka) and by retaining a freelance writer (Kathy McCauley). Work groups composed mainly of departmental representatives focused on those self-study chapters requiring substantial documentation about the School's programs and personnel: Dr. Wesley Rohrer chaired the Instructional Programs Work Group and received special assistance from Ms. McCauley. Dr. Vincent Arena and Associate Dean Potter composed the Service Work Group, Dr. Steven Belle chaired the Faculty Work Group, Associate Dean Sandra Quinn chaired the Student Work Group, and Dr. Edmund Ricci chaired the Evaluation Work Group. In fall 2005, students and alumni were formally surveyed, with particular attention to advising and placement issues. Interim Dean Ness organized meetings and met regularly with the accreditation committee during her tenure, and Dean Donald S. Burke's involvement began in March 2006, shortly after his appointment and well before his arrival on campus.

Phase III – Writing

Writing for the various criteria had proceeded continuously since the pre-self-study in Phase I; however, the production of a complete version of the 10 criteria was given by special assignment to individuals and teams beginning in fall 2005. Dr. McDonald and two of her staff (Stephen Byers and Maureen Passmore) assumed responsibility for production of Criteria I through IV and Criteria VI through X; Ms. McCauley took primary responsibility for Criterion V. A series of drafts of the evolving self-study was posted on the accreditation Web site starting in December 2005. The Accreditation Committee continued to meet monthly, contributing facts and interpretations to the evolving document. In all, five drafts were posted, circulated in hard copy, and subjected to review and critique among the School's internal and external

constituencies through April 2006. Associate deans and senior faculty members carried out assignments to write the assessment sections within each criterion.

X.B.3. AN ANALYSIS OF THE SCHOOL'S RESPONSES TO RECOMMENDATIONS IN THE LAST ACCREDITATION REPORT, IF ANY

The history of GSPH's last reaccreditation process is recorded in documents included in the resource file: Site Team Observations and Recommendations on the Graduate School at the University of Pittsburgh (from Site Team Report, October 2, 1999); CEPH letter to Interim Dean Herbert Rosenkranz of October 21, 1999); and GSPH's Interim Report to CEPH (August 31, 2001). To summarize this history, the 1999 self-study and site visit resulted in GSPH receiving five-year accreditation, with an increase to a full seven-year accreditation made conditional upon documenting full compliance with each of six criteria that were deemed to have been "partially met": II.B, III, V.B, V.D, VII, and VIII.C. Additionally, the site visit team noted that the Center for Public Health Practice was not yet fulfilling its potential for enhancing the School's "comprehensive commitment" to practice, particularly in the contexts of students' practica and faculty members' service. In its interim report of August 2001, GSPH documented the required compliance; and, in fall 2001, CEPH awarded GSPH a seven-year accreditation term to continue through December 2006. A detailed report on the growth and development of the Center for Public Health Practice appears in Appendix 26.

Since August 2001, GSPH has continued to strive for full compliance with CEPH criteria. Some of the strategies adopted to address weaknesses documented in 1999 remain in full force, others have been further developed, and still others have been replaced. The following provides an overview of the issues addressed in August 2001 and provides cross-references to earlier sections of this self-study for further relevant details.

- **Criterion II.B.** During 2000-01, GSPH recruited a new dean, maximized interdepartmental collaboration, minimized cross-departmental variability, designed monitoring systems for basic functions, and promoted practice-based scholarship. Currently, GSPH enjoys the successes in collaboration, departmental accountability, and systems tracking that former Dean Goldstein led. The Center for Public Health Practice currently maintains formal appointments for faculty members in some of GSPH's departments and employs students from throughout the School as interns and fellows.
- **Criterion III.** At the time of the 2001 interim report, GSPH had successfully implemented a new governance structure with full student representation and instituted a strategic planning process. Since then, the governance structure has become firmly institutionalized; and planning has become an integral component of governance, management, and program quality assurance. Students now have active membership in all standing committees, except the Faculty Appointment, Promotion, and Tenure Committee and the Admissions and Student Performance Subcommittee.
- **Criterion V.B.** In August 2001, GSPH adopted School-wide policies to define clearly for departments all of the accreditation-relevant specifications for professional degree programs, including detailed specifications for practice experiences. Since then, these policies have become institutionalized through the oversight role of the School's Educational Policies and Curriculum Committee. Additionally, the current self-study process provided an opportunity to review thoroughly each degree program's adherence to these policies.

- **Criterion V.D.** GSPH addressed CEPH's concern about the lack of program-level demonstration of mastery by introducing the Capstone Course in 2000 as a School-wide requirement for all MPH students. GSPH further addressed CEPH's concern about the relatively low proportion of MPH credits devoted to the core curriculum by adding not only the one-credit Capstone Course but also one credit hour to the core courses in both epidemiology and biostatistics. During the 2005-06 self-study process, GSPH reinforced this effort by conducting a program-specific review of learning objectives and mastery assessments, as reported in Criterion V. Additionally, early consultations with CEPH during the 2005-06 self-study process resulted in the 20-credit core curriculum, which was implemented in August 2006, as described in Criterion V.
- **Criterion VII.** GSPH instituted a system for tracking faculty service activities in 2000. Substantively, in the years since, GSPH has become far more engaged in community-based and governmental service than it had been in 1999—as described in Criterion VII. Further efforts to sustain and improve the systems of oversight and accountability for service among faculty members have focused on the annual faculty performance reviews, which include updates to the curricula vitae and personal assessments by the department chairs. In 2004, the accreditation committee reviewed and clarified the service categories used in the School's standard faculty curriculum vitae format, thus providing focus and specificity for the annual performance review. In May 2005, GSPH Council adopted these categories in a formal statement of service policy, which further clarified the service definitions and enhanced the capture of accreditation-relevant information at the School-wide level. (A record of this council meeting is available in the resource file.)
- **Criterion VIII.C.** By the time of the August 2001 interim report, GSPH had recruited to the faculty an outstanding minority scholar, Stephen Thomas, PhD, who, as director of the Center for Minority Health, led the institutionalization of innovative policies and procedures for minority faculty recruitment. Two other African Americans and two Latino faculty members have also been recruited since the last reaccreditation. (Highlights of the School's efforts to achieve greater faculty diversity are included in Appendix 25.)

In addition, since the last accreditation, GSPH has implemented information collection systems and procedures to facilitate regular monitoring and reporting on key metrics. Systems are first implemented using resources provided by the University wherever possible. Where additional information is necessary, procedures are created and systems are implemented at the School-wide or departmental level, whichever is more efficient. These tracking systems are monitored and updated periodically as needed, and some remain in development. Table X.11 lists the School's essential data systems by data source.

For example, the University of Pittsburgh is implementing a new student system in fall 2006, which entails a change in data collection procedures on the part of GSPH staff who compile student data. Systems are currently being designed for practice, service, and practicum tracking. As needs for more detailed reporting and data analysis are identified, GSPH faculty and staff create, pilot test, and implement in-house procedures and systems to collect and analyze the information.

Table X.11. Distribution of Data Systems for GSPH Monitoring

University Systems	GSPH Systems	Department Systems	Under Development
Student	Space	Cross-course Listing	
Financial	GSRs	Field Experience Sites	
Human Resources	Personnel Supplemental	Interdisciplinary Research	Graduation Rates
Research	Research Supplemental	Interdisciplinary Courses	Practica and Field Experience Sites
Alumni	Degree Requirements	Departmental Standing Committees	
	Faculty Mini-CV	Faculty on Boards, Committees	
	Service Tracking	Practica	
		Field Experience Sites	

**X.B.4. SUMMARY STATEMENT OF THE SCHOOL'S STRENGTHS AND WEAKNESSES IN REGARD TO EACH ACCREDITATION CRITERION AND TO THE SCHOOL'S PERFORMANCE OVERALL
(THIS STATEMENT MAY BE ORGANIZED AS AN EXECUTIVE SUMMARY, IF THE SCHOOL SO CHOOSES.)**

Since its last accreditation review in 1999, GSPH has not only worked diligently to address its identified weaknesses in student support, systems integration and governance, and service activities but has experienced the benefits of strong and dynamic leadership as well as broad expansion of its research, teaching, and service activities. Consequently, GSPH has grown definitively into one of the nation's leading schools of public health clearly focused on pursuing its core mission: "To promote health and prevent disease in individuals and their communities by anticipating and responding to public health needs...and to enhance current public health initiatives through interaction and collaboration with other health care disciplines and organizations." This is a School that is well-resourced, well-organized, and, therefore, well-prepared to face the challenges that are inherent in fulfilling its mission. As evidence, GSPH submits these selected highlights of its many successes over the past seven years.

Enhanced Institutional Governance, Organizational Systems, and Resources

- Successful implementation of a School-wide governance structure, including the GSPH Council; Educational Policies and Curriculum Committee; Faculty Appointment, Promotion, and Tenure Committee; Planning and Budget Policies Committee; and Faculty Diversity Committee
- Division of the former Health Services Administration Department into two new departments: Behavioral and Community Health Sciences and Health Policy and Management. With this change came a marked increase in community-based participatory research and service in BCHS and reaccreditation of a newly vitalized MHA program in HPM.
- Commitment of \$37.5 million by the University for renovation of GSPH's home buildings, Parran and Crabtree Halls, over a four-year period from FY 2007-2010
- Development of Center for Minority Health programs and recruitment of Stephen Thomas, PhD, GSPH's first African American tenured professor, as the center's permanent director
- Enhanced interdepartmental collaboration through the Center for Healthy Aging, Center for Minority Health, Center for Public Health Practice, Center for Rural Health Practice, and Center for Environmental Oncology
- Centralization and increased professional staffing of School-wide functions, including data management, Web site development and management, communications, and student affairs

Continuously Revised and Improved Instructional Programs

- Ongoing curriculum review and enhancement, including major review of core competencies by the Educational Policies and Curriculum Committee as well as ongoing review and revisions by departmental curriculum committees
- Addition of timely and innovative courses and programs in public health preparedness and disaster response; global health; minority health and health disparities; public health genetics; and lesbian, gay, bisexual, and transgender health and wellness
- Establishment of a new core course, "Essentials of Public Health," for academic (non-professional) degree program students
- Major revision of the School-wide core curriculum, which was implemented in August 2006

Growth in Sponsored Research, Especially in Community- and Practice-Based Programs

- Sustained growth in research funding from all external sources for a total of \$76.1 million in FY 2005 (July to June)
- National third-place ranking (behind Johns Hopkins and Harvard) among public health schools in the coveted category of NIH funding in FY 2005 (October-September), with grants totaling \$56.9 million
- Increased emphasis on obtaining non-NIH funding (which grew from \$20.3 million in FY 2003 to \$25.7 million in FY 2005) for applied and practice-based research programs
- Extraordinary growth in sponsored research and project funding within the Center for Public Health Practice from \$300,000 to \$2 million since the last reaccreditation report
- Major contributions to community-based service resulting from Center for Minority Health initiatives, including the Healthy Black Family Project, Healthy Class of 2010 Project, Pennsylvania Tobacco Prevention Clearinghouse, and Pennsylvania Health Disparity Initiative. The center has also attracted major research funding, including \$6 million from the National Center on Minority Health and Health Disparities to establish EXPORT Health, a center of excellence focused on eliminating racial and ethnic health disparities.
- Addition of two new CDC-funded centers (Center for Healthy Aging and Center for Public Health Preparedness) and three new interdisciplinary, community-focused research centers (Center for Research on Health and Sexual Orientation, Center for Rural Health Practice, and Center for Healthy Environments and Communities). In addition, GSPH is substantially involved in the University's Center for Injury Research and Control, an interdisciplinary research program involving many schools and departments.

Growth in Breadth and Variety of Service Activities

- Continued growth of two workforce development centers for training public health and health care professionals: the Pennsylvania/MidAtlantic AIDS Education and Training Center and the Pennsylvania and Ohio Public Health Training Center
- New service opportunities and award program incentives offered by various School-wide centers, department-based centers, individual faculty members, and student organizations

Growth in Number and Diversity of Faculty

- Growth in the number of primary faculty from 111 in FY 00 to 143 in FY 05, with an additional 20 new or pending permanent appointments for FY 06 and 07
- Recruitment of four underrepresented minority faculty members (two African American and two Hispanic/Latino) in recent years, as evidence of the School's commitment to diversifying the ethnic makeup of its faculty
- Formation of the Sullivan Commission Task Force on Racial and Ethnic Diversity in the Schools of the Health Sciences to examine and implement strategies for increasing faculty diversity within all six of the University's health sciences schools

Enhancements of Student Experience and Opportunities

- Creation of the position of associate dean for student affairs and education
- Increased student enrollment of approximately 22 percent between 2002 and 2005, including a growing number of minority students
- Establishment of new scholarships designed specifically to attract highly qualified MPH students
- Addition of three new student organizations: Association of Women in Public Health; Lesbian, Gay, Bisexual, Transgender, and Queer Alliance; and Global Health Student Association

The full story of GSPH's evolution involves more than a recitation of facts, however. Intangible factors like a perceptible increase in morale among faculty, students, and staff; enhanced collaboration among departments; and the pride and excitement that emanate from holding a coveted position among the nation's top-funded schools for public health research all contribute immeasurably to the quality of this institution.

Since its last reaccreditation, which occurred under the tenure of Interim Dean Herbert Rosenkranz, the School thrived under the relatively brief but outstanding leadership of Dean Bernard Goldstein, who announced in 2004 that, after four years as dean, he intended to step down from that position in 2005 but remain on the faculty. As the search for his replacement continued, Interim Dean Roberta Ness, a senior faculty member and chair of the School's largest department, exhibited her proven and effective leadership, which continued until July 2006, when Donald S. Burke, MD, became dean. In each case, the changes have been deliberate, the transitions have been smooth, and the School has benefited from first-rate, professional leadership throughout.

Being a top-quality institution does not mean the absence of problems and deficiencies. Rather, it means being aware of what it does well and not so well, and working to improve the latter without sacrificing the former. That approach has been and will continue to be the goal of the Graduate School of Public Health.

X.B.5. ASSESSMENT OF THE EXTENT TO WHICH THIS CRITERION IS MET

GSPH has conducted a thorough and particularly inclusive self-study as part of its ongoing evaluative processes and has responded to each criterion to the best of its ability. The School has taken particular care to respond as fully as possible to CEPH's recommendations from the 1999 self-study as well as to pursue initiatives for further improvement.

Criterion X.B. is met.