REVIEW FOR ACCREDITATION

OF THE

GRADUATE SCHOOL OF PUBLIC HEALTH

AT THE

UNIVERSITY OF PITTSBURGH

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES: October 16 to 18, 2006

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Graduate School of Public Health (GSPH) at the University of Pittsburgh. The report assesses the school's compliance with the criteria for accreditation of schools of public health. This accreditation review included the conduct of a self-study process by school constituents, the preparation of a document describing the school and its features in relation to the criteria for accreditation, and a visit in mid-October 2006 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study by reviewing documentation provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the school and verify the self-study document.

The GSPH was established in 1948 with a gift of $13.6 million from the Andrew W. Mellon Educational and Charitable Trust, named after a wealthy businessman, banker, industrialist and politician whose Irish immigrant family settled in western Pennsylvania in the early 1800s. The school opened its doors in 1950 and soon thereafter was accredited by the American Public Health Association, becoming the 13th school of public health in the nation. In its earliest days, the GSPH assumed prominence in occupational and industrial health, consistent with its location in Pittsburgh, which at the time was the locus of the largest steel industry in the world. As the economy and the population composition changed, so did the focus of GSPH efforts.

The GSPH was last reviewed by CEPH in 1999. At the last review, the Council awarded an accreditation term of five years, with the possibility to extend the term based on an interim report. The interim report was accepted in 2004, and the school was awarded an additional two years of accreditation. Many changes have occurred since that time, including a reorganization to establish a department-level focus for the social and behavioral sciences; full implementation of a new governance structure that relied heavily on faculty input from across the school; major revamping of the academic offerings, including realignment of the requirements for the Master of Public Health (MPH) degree curricula; expanded and apparently successful efforts to establish practice linkages to the outside community; continued efforts to promote diversity throughout the school; and changes in leadership. The intervening seven years since the last site visit saw four leadership transitions, starting with the interim dean who was in place at the time of the last accreditation visit. He was followed by a permanent dean who served for four and a half years and who was credited throughout the self-study document and by various constituents on site for initiating many positives changes in the school; another interim dean who served for a year; and, finally, the arrival of permanent dean three months prior to the current accreditation site visit. In addition to the deanship of the GSPH, the incumbent assumed broader university roles as the University of Pittsburgh Medical Center Jonas Salk Professor of Global Health, associate vice chancellor for global health in the health sciences and director of a new Center for Vaccine Research.

This report analyzes the school's compliance with the *Criteria for Accreditation of Graduate Schools of Public Health, Revised January 2002,* and becomes the official report to the university following adoption by the

CEPH Board of Councilors. This report, and any revisions made by the Board of Councilors, becomes the basis for the accreditation decision.

Characteristics of a School of Public Health

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

1. The school and its faculty shall have the same prerogatives and status as other professional schools which are components of its parent institution.

2. The school shall function as a consortium of disciplines which addresses the health of the community and focuses on instruction, research, and community service. A school of public health should be a multidimensional university center on community health. The special learning environment of a school of public health shall provide for interdisciplinary communication, development of professional public health concepts and values, and stress problem solving.

3. The school shall provide the focus for a wide array of both academic and professional interests and activities that relate to the health of the public. The school should provide a rich intellectual climate that stimulates and facilities multidisciplinary exchanges of ideas between academics and professionals. The school should facilitate an environment which stimulates both individual creativity and initiative and collaborative and cooperative activity among its faculty.

4. The school shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the public health areas noted in Criterion V. and must offer education at the masters level sufficient to provide a concentration in each of the five specified areas. The school shall offer the Master of Public Health degree (MPH) and at least one doctoral level degree which is relevant to one of the five specified areas of public health.

5. The school shall plan, develop and evaluate its instructional, research and service programs in such a way as to assure sensitivity to the perceptions and needs of its students and to combine educational excellence with applicability to the world of public health practice.

The site visit team found these characteristics to be evident in the University of Pittsburgh GSPH. It is one of six health professions schools that report directly to the senior vice chancellor for health sciences who, in turn, reports to the university chancellor. Public health's reporting lines are the same as those of medicine, dental medicine, pharmacy, nursing and health and rehabilitative sciences, but a single individual serves the dual roles of medical school dean and senior vice chancellor for health sciences. Notwithstanding assurances from higher level administrators that the reporting arrangement contains sufficient safeguards to prevent capricious treatment of the component schools, the team concluded that the arrangement leaves the school of public health vulnerable to changes in leadership and changes in institutional priorities within the health sciences.

Reflecting a history of strong and independent departments, the GSPH is organized as seven major departments, through which the professional and academic degree programs are offered. A major change since the last accreditation visit has been the division of the Department of Health Services Administration

into two separate departments: the Department of Health Policy and Management and the Department of Behavioral and Community Health Sciences. Providing a visible organizational locus for the social and behavioral sciences in the school has given rise to flourishing teaching, research and practice ventures in the social and behavioral sciences. The other departments, in place at the time of the last accreditation visit, include the Department of Biostatistics, Department of Epidemiology, Department of Environmental and Occupational Health, Department of Human Genetics, and Department of Infectious Diseases and Microbiology. The school has created a number of centers, some departmentally based and two at the school level, which facilitate collaborative research and practice activities. Two centers, in particular, have been especially effective in promoting interdisciplinary exchange, cooperation and collaboration across the school. These are the Center for Minority Health and the Center for Public Health Practice, both based in the dean's office.

With a well qualified faculty complement that is interdisciplinary in composition, the school is able to offer a broad educational program, including the Master of Public Health (MPH), Master of Science (MS), Master of Healthcare Administration (MHA), Doctor of Public Health (DrPH) and Doctor of Philosophy (PhD) in all of the areas of basic public health knowledge, plus many additional areas of specialization. Doctoral training accounts for nearly half of the school's enrollment, consistent with its research traditions and emphasis on advanced-level training.

Overall, the school's resources are strong, although the GSPH continues to be constrained by limited space and dispersion to at least 18 different sites, some of them off campus. A commitment of $37.5 million from a university construction bond issue should allow the school over the next several years to completely renovate its existing facilities in two adjacent buildings – Parran and Crabtree Halls – but will do little to provide additional square footage for expansion and little to achieve consolidation of faculty and students. While resources are generous, attributed in large part to the success of the faculty to compete for external grants, funding flows are not widely known and understood and are often dictated by historical patterns.

Criterion I. Mission and Goals

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

This criterion is met. The school has a publicly stated mission, in place since a school strategic planning process in 1993, however, it was revised in 2002. The mission statement is quoted below from the self-study document:

> The mission of the Graduate School of Public Health 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.

The mission statement is augmented by four goal statements related to education, research, service and the infrastructure needed to support these schoolwide functions. The goals, modified more recently in 2005 in the context of the current self-study process, have changed only in modest ways since the last accreditation review in 1999. The most significant change has been the addition of a goal to assure an adequate infrastructure and operational support; this goal supplanted a previous goal focused on developing preventive interventions and strategies for current and anticipated public health issues. The latter aspiration is easily accommodated within the goals related to teaching, research and service.

Each goal has a set of objectives, stated as a desired outcome and including a metric, ie, some aspect of performance against which the goal can be measured. Targets generally were specified and frequency established for reviewing progress toward the targets. The goals and objectives are presented below from the self-study document:

Goal 1

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 to 25 percent of the student body

Goal 2

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

Goal 3

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 non-for-profit agencies
- Annually increasing the number of educational programs and special events drawing professionals and practitioners in GSPH for interactions with GSPH faculty and students

Goal 4

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.

The conceptual linking of measurable objectives to goals and ultimately to the mission provides a good framework for school constituents to work toward their vision for the future. That vision, however, is not well captured in the mission statement. As currently framed, the mission statement and the goals could be the mission and goals of any school of public health in the nation. The uniqueness of the University of Pittsburgh GSPH does not emerge, although it begins to emerge in the self-study, in selected published documents, and during interviews on site with various school constituents. The last accreditation site visit team noted that the mission statement did not expressly embrace what appeared to be an "an increasing desire to focus its research, practice and service more actively on the needs of western Pennsylvania" and recommended refocusing its mission to address the school's priorities. GSPH constituents did not act on that recommendation, although they have made significant strides toward serving the needs of western Pennsylvania.

This site visit team found that constituents share a vision for the school, somewhat different than the emphasis seven years ago, but still not expressly incorporated into official statements of mission or goals. The current expression of vision focuses more on global aspects of public health, underpinned by a drive to achieve prominence among the nation's schools of public health. This, too, is not formally integrated into the mission and goal statements and not reflected in the adopted targets.

It is impressive that school constituents have been able to agree upon quantitative targets for performance in most areas. Some of these targets, however, present little challenge to the school. For example, the school aspires to maintain a student-to-faculty ratio that is above the 7.3 average in all schools of public health. The GSPH is far beyond that level currently and with a 3:1 student/faculty ratio performs in a

range more typical of major research universities. Over time, both the metrics and the targets must be refined if they are to serve the school well in its own planning, management and evaluation processes. For some of the metrics identified in the self-study, the school has yet to define a quantitative target at all. These are mostly in areas where reporting mechanisms and databases are new and consensus about a reasonable target has not yet emerged.

It is encouraging that the school has institutionalized the means by which it can regularly reflect on its mission and assess its performance. Much of this progress is attributed to the provision of strong administrative support for the functions at the school level (particularly data collection) and, in part, to the maturing of the new governance processes that were put in place just before and after the last accreditation visit. Key elements of the school's capacity to review and update its mission, goals and objectives include: a) assignment of oversight to the GSPH Council (its responsibilities will be discussed later in this report), b) active involvement of department and school-level committees, c) regular strategic reviews by external department advisory boards, d) selected program-specific accreditation reviews, e) annual retreats for faculty and school leadership, f) university-mandated long-range planning, and g) annual reviews by the external GSPH Board of Visitors. However, not all of these processes are fully functional.

Criterion II.A. Accredited Institution

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

This criterion is met with commentary. The University of Pittsburgh is a private institution, but because it receives state support, it is also a part of the Commonwealth System of Higher Education in Pennsylvania. As a state-related institution, the university receives public financial support from the Commonwealth of Pennsylvania and has access to monies from the State Facility Construction Grants. As a result of this arrangement, tuition is lower for residents of the state. However, administratively and academically, the university operates as a private institution with sole authority over standards for admission, awarding of degrees and establishing the qualifications of its faculty.

Founded in 1787, it is a nonsectarian, state-related university that now offers 407 degree programs and enrolls over 33,000 students. In addition to the six health professions schools, the university offers graduate and undergraduate preparation through schools of arts and sciences, business, education, engineering, information science, law, public and international affairs and social work, and an honors college. The university is a member of the Association of American Universities and is accredited by the Middle States Association of Colleges and Schools of the Commission on Higher Education. The last accreditation of the university took place in 2002.

Along with the other five schools that make up the health sciences center, the GSPH shares the academic mission of the university by providing programs in education, research and research training. In addition

to CEPH accreditation, several programs in the GSPH have individual accreditation. The health administration program is accredited by the Commission on Accreditation of Healthcare Management, with the last reaccreditation occurring in 2004; the occupational and environmental medicine residency program is certified by the American Board of Preventive Medicine, with its last five-year reaccreditation occurring in 2002; and the genetics counseling program is accredited by the American Board of Genetics Counseling, with the last eight-year reaccreditation occurring in 2003.

The GSPH functions under the university's policies and procedures that govern personnel recruitment, advancement, academic standards, and academic policies. As shown in Figure 1 on the following page, the lines of reporting and authority of the dean of the GSPH are the same as for the deans of the other five health professions schools. The dean of the GSPH is the school's chief academic and administrative officer and reports to the University of Pittsburgh Board of Trustees and the chancellor of the university through the senior vice chancellor for health sciences. The senior vice chancellor and provost of the university has oversight of academic matters in the university but no direct supervision of the health sciences schools. The dean represents the GSPH on the university's Council of Deans, which is comprised of the deans of the 16 schools in the university and presidents of four regional campuses. The dean also represents the school at monthly meetings of the health sciences deans with the senior vice chancellor for health sciences.

Budgeting and resource allocation take place through the university's Planning and Budgeting System (PBS). The GSPH has a Planning and Budget Policies Committee (PBPC) comprised of elected representatives from each department, as well as the director of budget and finance and departmental administrators. The PBPC is responsible for coordinating and establishing priorities among plans, programs and budgets of the various departments. Its recommendations must then be approved by the GSPH Council, which then transmits them to the senior vice chancellor for health sciences. The PBPC at the health sciences level reviews and approves the recommendations from each of the schools, which are then forwarded to the chancellor's office and approved by the Board of Trustees. Under this budgeting system, there have been significant increases in resources allocated to the GSPH in several areas, such as increased indirect cost recovery, additional financial aid for grant-supported graduate students, and an increase in the portion of tuition returned.

The GSPH also has an indirect fiscal relationship with the University of Pittsburgh Medical Center (UPMC), which includes an extensive network of hospitals and clinical facilities in the immediate area and throughout western Pennsylvania. Through a contractual relationship with the university, the medical center provides financial support to the senior vice chancellor for health sciences and the programs under his administration. The senior vice chancellor for health sciences sets the priorities within the health sciences schools. Over the past eight years, this mechanism has provided $24 million to the GSPH, which in turn contributed to the operation of the departments of human genetics, environmental and

occupational health, behavioral and community health sciences and health policy and management, and the initiation and sustaining of two centers, the Center for Healthy Aging and the Center for Minority Health.
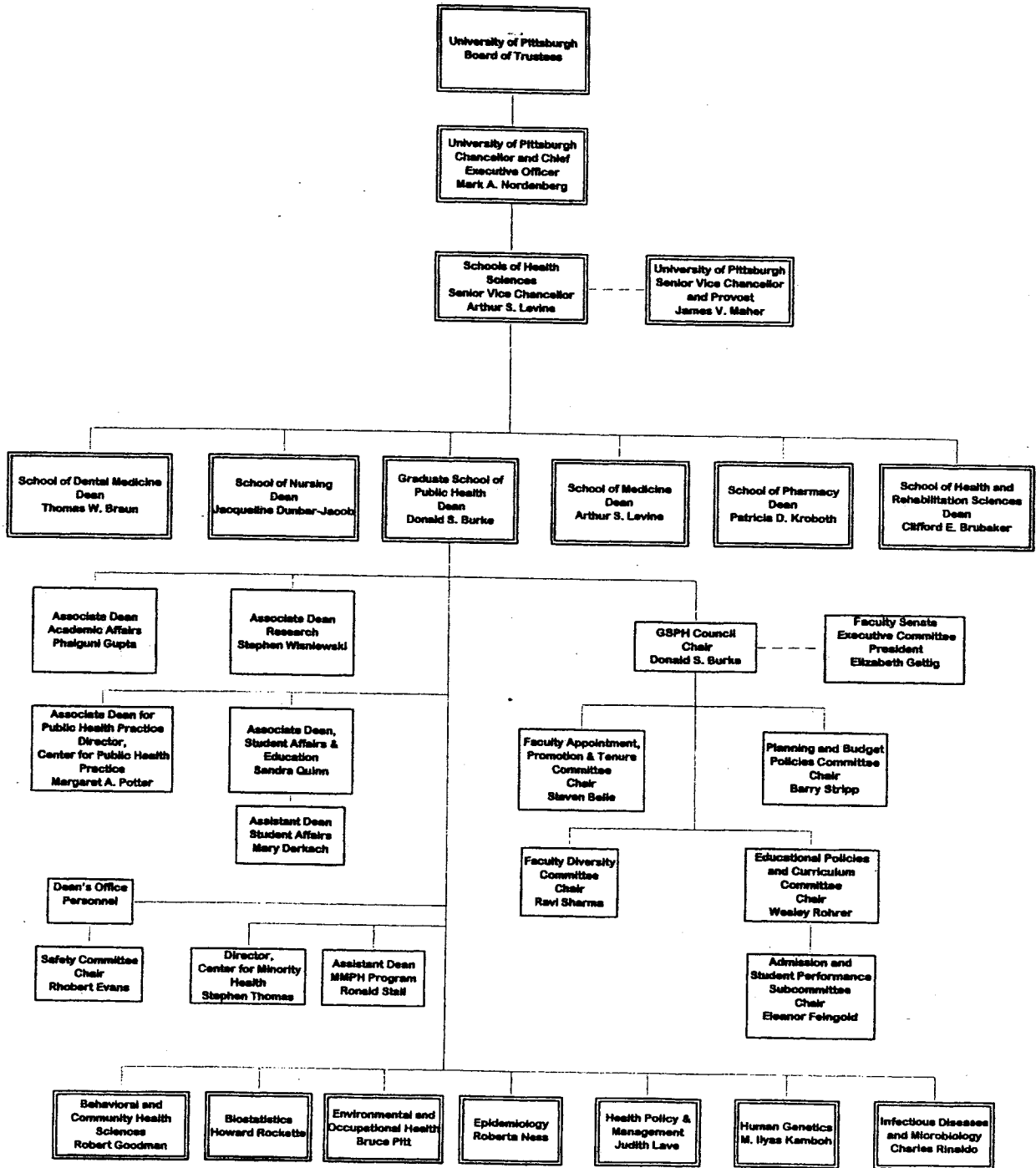

Figure 1. University of Pittsburgh Health Sciences Center and GSPH Organizational Chart

Fundraising activities for each of the schools in the health sciences is supported through the University of Pittsburgh/UPMC Medical and Health Sciences Foundation. The foundation was established in 2003 to facilitate unified fund-raising. The GSPH's director of development reports to the director of health sciences development but works closely with the dean to identify needs and priorities of the school.

In the 1999 CEPH accreditation report, the site team described a new administrative structure whereby the dean of the GSPH reported to the senior vice chancellor for health sciences who was also the dean of medicine. That site visit team expressed two concerns. One was that the success of the new organizational structure "...is reliant on the personal relationship between the individuals in the 2 positions." While these organizational reporting lines still exist, it is clear that over the past seven years the school has benefited substantially by way of increased resources from the office of the senior vice chancellor for health sciences, thus diminishing this concern. Furthermore, the senior vice chancellor for health sciences indicated that given the strength and status of the GSPH, it would be highly unlikely that a successor of his would want to be seen as presiding over the weakening of the school.

A second concern articulated in the previous site visit report was that the larger and older school of medicine "...might gain a more favored role compared to other health sciences schools in terms of funding, space, faculty lines and general issues of independence and autonomy." This site visit team concurs in that earlier observation and includes commentary in the current site visit report that the potential for this scenario still exists. At the present time, in the face of adequate resources at the level of the health sciences, this does not appear to be an imminent threat. However, should financial resources become limited and/or decisions have to be made about the allocation of additional space between the school of medicine and the GSPH, the GSPH could be in a compromised position because of the potential for conflict of interest in the decision-making process since the senior vice chancellor and the dean of medicine are one and the same.

Criterion II.B. Organizational Setting

The school shall provide an organizational setting conducive 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.

This criterion is met. The overall organizational structure of the GSPH was depicted in Figure 1. The administrative structure is presented in Figure 2 on the following page. Outside the dean's office, the school operates as a largely department-based organization, with seven departments, each headed by a chair with academic and administrative responsibilities and who reports directly to the dean. The directors of the two schoolwide centers, the Center for Public Health Practice and the Center for Minority Health, also report directly to the dean. The core programmatic activities in teaching, research and service occur largely at the departmental level. Departments have various standing committees for curriculum, student

admissions and other functions as appropriate, although the committee structure varies across the departments.
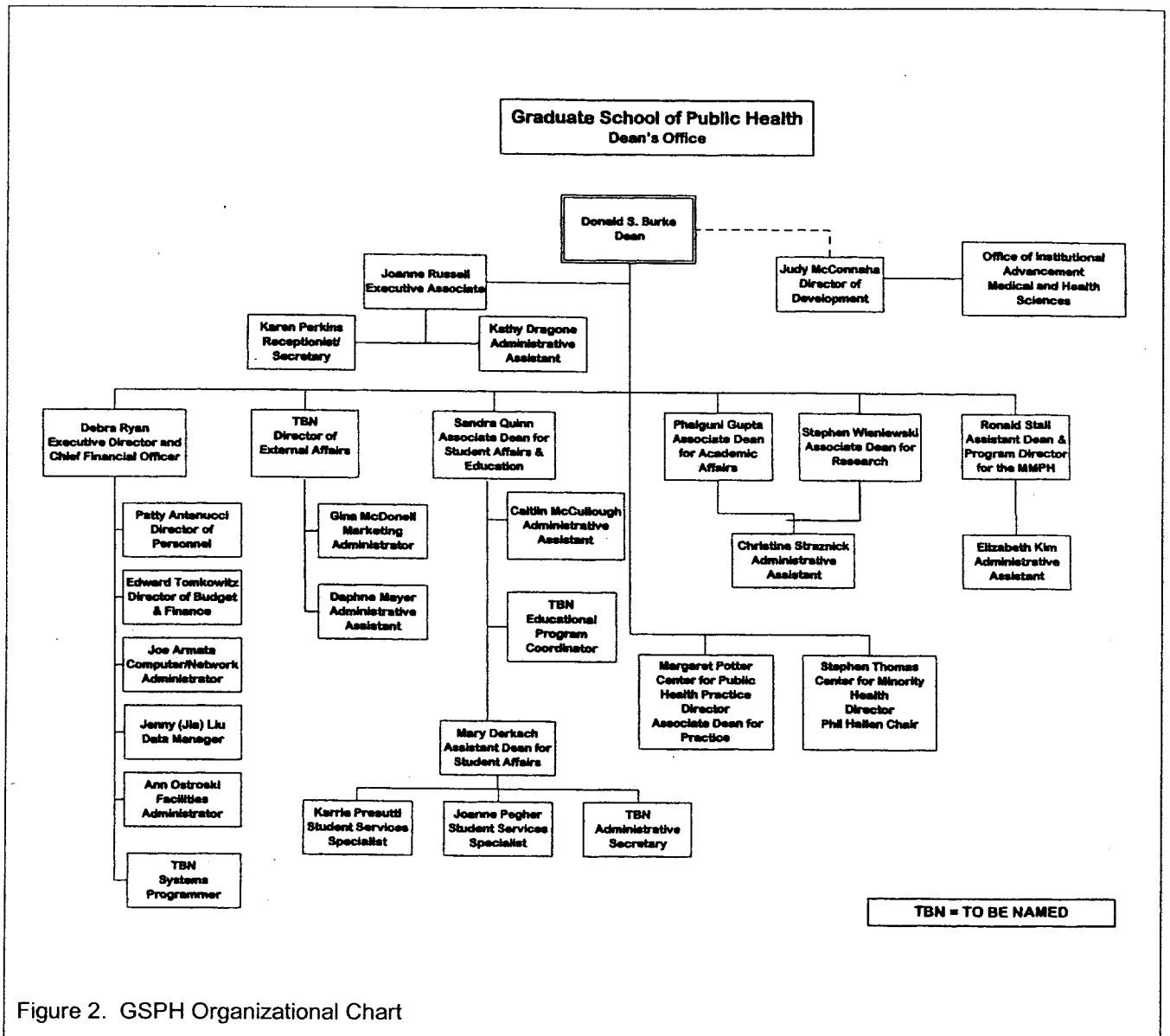
Figure 2. GSPH Organizational Chart

Core functions and oversight of the school occur in the dean's office, with much stronger logistical support coming from that level. 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 school's mission; awarding of degrees; and monitoring of student performance. The administrative team that reports directly to the dean consists of an executive director and chief financial officer; a director of external affairs; four associate deans (for student affairs and education, academic affairs, research, and public health practice); an assistant dean for the

multidisciplinary MPH program; and a director of development. An additional assistant dean for student affairs reports to the associate dean for student affairs and education. The associate dean for academic affairs is a member of the Faculty Appointment, Promotion and Tenure Committee, serving as its associate chair. In exploring the role of the associate dean for academic affairs in the school, it appeared that the focus is primarily on faculty matters, as opposed to academic affairs that typically encompass educational programs and research. These latter areas of responsibilities are vested in other associate deans.

Just prior to the 1999 CEPH site visit, the school developed a new organizational and governance structure, which involved the establishment of the GSPH Council as the primary advisory body to the dean. The GSPH Council, chaired by the dean, is a large body comprised of key school administrators, faculty leaders, elected representatives from each department, department chairs, chairs of the school's standing committees, director of the Center for Minority Health and student representatives. It was surprising to site visitors that the associate dean for student affairs and education is not an official member of the GSPH Council, given the importance of educational programs to the school. The site visitors learned that this associate dean may attend GSPH Council meetings but is not a voting member. This may have made sense in an earlier alignment of duties, but not in the current configuration in which the associate dean for student affairs and education, not the associate dean for academic affairs, carries the major responsibilities for academic matters.

At the last accreditation evaluation, the CEPH Council considered this criterion to be partially met, mainly because the new organizational and governance structure had just been developed. It was uncertain at that time whether the new structure would successfully address the negative effects that departmental independence had on cross-school collaboration. At the time there was considerable variability across departments in components of their academic programs, and an inability at the school level to track and monitor basic functions needed for evaluation and outcome determinations. However, over the past seven years, the new organizational and governance structure has taken hold and while still allowing healthy departmental independence, has resulted in the collection of departments functioning more as a school, facilitating consensus building, and promoting increased interdisciplinary interaction and collaboration.

The organizational structure of the GSPH supports interdisciplinary collaboration and coordination in a number of ways. The school's two centers and various departmentally-based centers involve faculty from multiple departments, as well as from other health science schools and departments in the university. These centers generate funding that supports interdisciplinary projects. In addition, GSPH faculty serve as co-investigators on research projects that account for greater than $140 million in research funds that are awarded to faculty with primary appointments in other schools at the university. Additional interdisciplinary collaboration and coordination is supported by the schoolwide policy that requires

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interdepartmental representation on masters theses/essays and doctoral dissertation committees; by joint appointments within GSPH academic departments for faculty from other departments both within and outside the GSPH; by departments cross listing certain courses and team teaching selected courses; and by offering interdisciplinary degree and certificate programs. In addition, the Center for Research on Health and Sexual Orientation brings together faculty from the GSPH departments of infectious diseases and microbiology, behavior and community health sciences, and epidemiology. All these initiatives and activities serve to counteract the barriers to interdisciplinary interactions that result from the dispersion of the physical facilities, and thus the faculty and students, across numerous sites both on and off the campus.

The GSPH does not have a formally adopted statement of values, but the self-study document suggested that the school is focused on the core value of "assessing all activities within the context of their impact on the public's health, with an emphasis on translation of evidence into public health practice." This focus is apparent in the mission statements of the school and department-based centers. Although the mission statements do not explicitly address ethical principles, school constituents stated on-site that issues of values and rights and maintaining high ethical standards are embedded within the missions and are apparent in the day-to-day operations. It was also stated that the school is now considering recommendations of the Association of Schools of Public Health (ASPH) and reflecting on ways in which the cross-cutting competency of professionalism, which addresses issues of ethical choices, values, equity, social justice and accountability, can be embedded in the curriculum.

The GSPH operates under university directives with regard to scientific and research integrity, academic integrity, conflict of interest, a commitment to diversity in the recruitment and retention of faculty, sexual harassment and other policies. The university has developed an on-line training and certification program referred to as Internet-based Studies in Education and Research that provides training and practice fundamentals to all who participate in research and for those with potential conflicts of interest. The training modules address research integrity, human subject research, use of laboratory animals and other topics. Individuals are required to complete those modules appropriate to their particular involvement in research and to be recertified every three years. Meetings with faculty and students confirmed that there is a high level of awareness as to when approval to conduct research involving human subjects must be obtained.

Criterion III. Governance

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.

This criterion is met. The GSPH is governed by the bylaws of the University of Pittsburgh's Board of Trustees; the university's policies, procedures, and guidelines; and its own guidelines that cover student
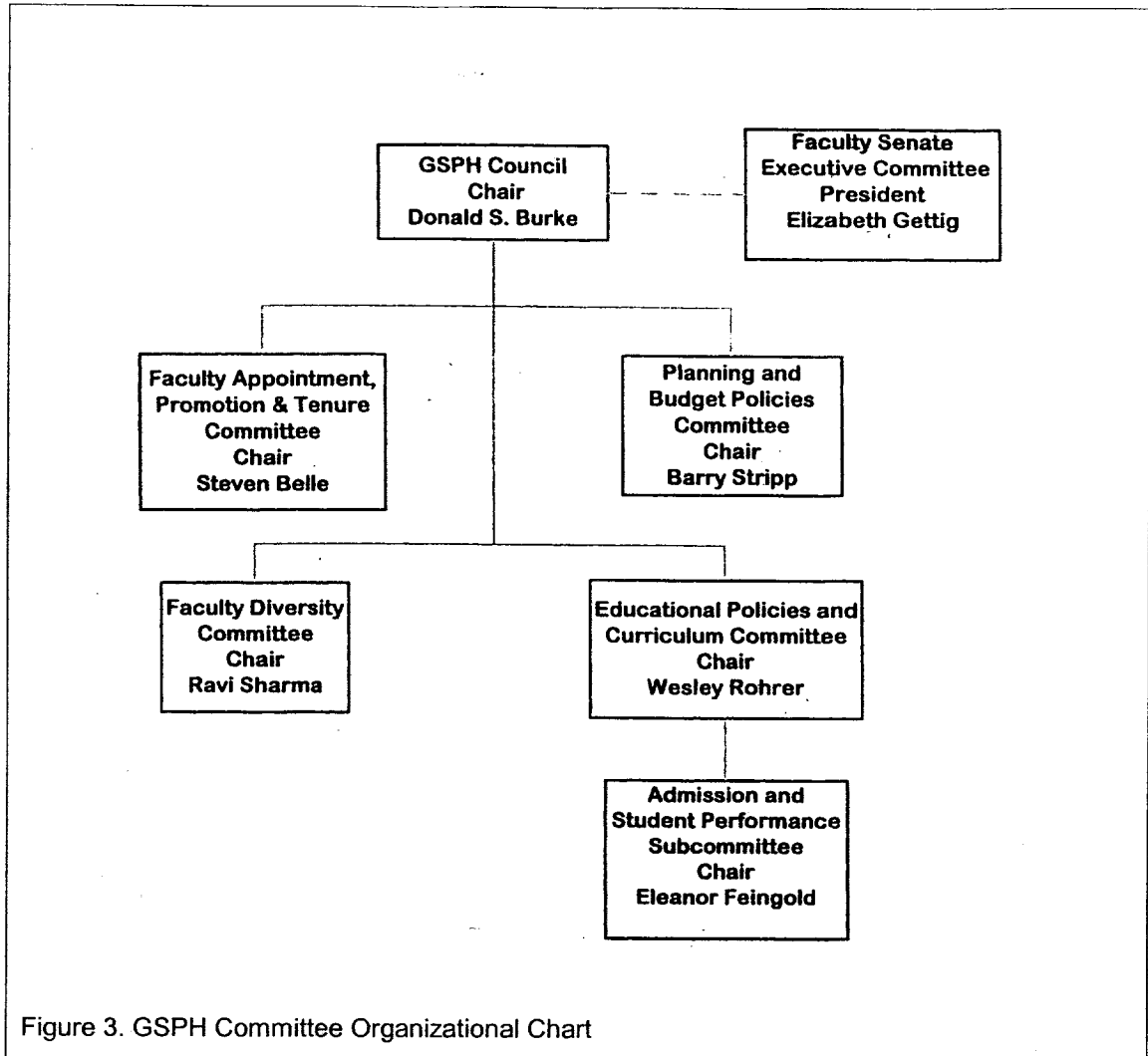
affairs, faculty organization and governance, faculty appointment and advancement, and evaluation of students.

The principal policy-making and advisory body in the school is the GSPH Council, composed of the dean as its chair, selected administrative officers of the school (associate dean for academic affairs, assistant dean for student affairs, administrative assistant, chief financial officer, director of the Center for Minority Health), seven department chairs, elected representatives of the seven departments, key officers of the Faculty Senate and two students. The functions of the GSPH Council, according to the self-study document, include the following:

- Advise the dean in matters of planning and setting of overall priorities and objectives of the GSPH.
- Elect the chairs of the standing committees from among the elected faculty members of each standing committee.
- Coordinate and oversee the activities of the standing committees.
- Exercise general control over GSPH 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 appointment, 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 programs.
- 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 of 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.

Four standing committees report to the GSPH Council, as depicted in Figure 3 on the following page. These 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). A standing subcommittee on Admissions and Student Performance reports to the EPCC. All individuals with a primary appointment at GSPH are voting members of the GSPH Faculty Senate. The Faculty Senate Executive Committee (FSEC) is an elected standing committee of the Faculty Senate that orchestrates the process of electing faculty to committees and represents the faculty as a whole on the GSPH Council. 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 site visit team observed that the size of some of these committees (particularly the GSPH Council) are unusually large, but the faculty feel that these committees operate efficiently and effectively.

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        │   GSPH Council   │              │   Faculty Senate    │
        │      Chair       │ ─ ─ ─ ─ ─ ─ ─│ Executive Committee │
        │  Donald S. Burke │              │      President      │
        └──────────────────┘              │  Elizabeth Gettig   │
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   │ Faculty Appointment, │           │  Planning and    │
   │  Promotion & Tenure  │           │ Budget Policies  │
   │      Committee       │           │    Committee     │
   │        Chair         │           │      Chair       │
   │     Steven Belle     │           │   Barry Stripp   │
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   │ Faculty Diversity│           │ Educational Policies and│
   │    Committee     │           │  Curriculum Committee   │
   │      Chair       │           │         Chair           │
   │   Ravi Sharma    │           │     Wesley Rohrer       │
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                               │     Admission and       │
                               │  Student Performance    │
                               │     Subcommittee        │
                               │        Chair            │
                               │    Eleanor Feingold     │
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Figure 3. GSPH Committee Organizational Chart

The GSPH governance system allows for extensive faculty involvement and authority. Two potential problems were identified in the previous accreditation report. The first issue related to the extent to which the governance system would allow the dean to retain sufficient administrative authority to effectively lead the school. The second issue concerned the role the GSPH Council would play in appointments, promotion and tenure decisions. Specifically, the GSPH Council is supposed to "review and help implement...procedures that promote faculty development" and "review and approve recommendations for faculty appointments, promotions, and award of tenure made by the FAPTC." Presumably, any decisions with which the GSPH Council disagreed with the FAPTC would be referred back to that committee. Since the chair, associate chair and the ex-officio member of the FAPTC also serve on the GSPH Council, these three individuals would review promotion and tenure decisions twice. Faculty do not consider this arrangement to be problematic since this represents a small percentage of the voting members of the GSPH Council. The site visit team would be concerned if one or more individuals would be able to vote more than once on tenure and promotion decisions.

A major change in the governance system is that students now enjoy more representation than had previously been the case. Prior to 1999, participation by students in GSPH governance was weaker than might have been expected. Students were not represented on the dean's cabinet and of the six school committees at the time, students participated in only three: the educational policies and curriculum committee, the safety committee, and in policy decisions of the admissions and student performance committee. Today, the GSPH Council includes two student representatives, the EPCC four students (two voting), the FDC includes two students (one voting), and the PBPC includes two students (one voting). Although neither the FAPTC nor the Faculty Senate Executive Committee includes a student representative, this seems appropriate considering the nature of the charge to these groups. Students are not involved in executive sessions of the GSPH Council at which personnel discussions may occur. Besides these standing committees, students are involved with ad hoc committees, administrative committees, and appropriate departmental committees (eg, faculty search committees).

It would appear that the school's administration and faculty do, indeed, have clearly defined rights and responsibilities concerning school governance and academic policies. The committee structure of the school allows administration and faculty control over faculty recruitment, retention, promotion and tenure through the application of the university's handbook for faculty and the GSPH policy and procedures manual and the faculty advancement criteria. Academic standards are ensured through the university's policies, procedures and guidelines, as well as through the school's own guidelines that cover student affairs, faculty organization and governance, faculty appointment and advancement and evaluation of students. Students participate fully and play appropriate roles in school governance.

Criterion IV. Resources

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

This criterion is met with commentary. The GSPH receives resources from a variety of sources, including allocations from the university, the senior vice chancellor for health, the Commonwealth of Pennsylvania, and sponsored research, the latter by far the largest source of support and representing over 80 percent of the school's budget. The financial resources provide sufficient support to allow the school to fulfill its mission and objectives.

Table 1 on the following page shows the total revenue and expenses of the GSPH since the last accreditation review, from 1999 through 2005. Total revenue increased 95%, from $55.6 million to $108.2 million. Of the 16 revenue streams listed, the largest is and has been sponsored research of faculty with primary appointments in the GSPH; this increased 129%, from $26.6 million representing 48% of revenue in 1999 to $60.9 million representing 56% of revenue in 2005. A portion of indirect costs generated on grants with full indirect cost recovery is returned to the school. The percentage returned to the school has increased from 28.6% to 40%. This increased recovery, together with the significant increase in

sponsored research, provided over $4 million or 4.3% of revenue in 2005. The indirect cost distribution is 25% to the dean's office, 10% to the principal investigator, and 5% to the department. Monies derived from indirect costs are shown in the budget as Research Development Funds. The second largest revenue stream, which increased 65% between 1999 and 2005, is derived from sponsored projects that originate in other schools of the university on which GSPH faculty, staff and students work. This accounted for 15% of the revenue in 2005. Other significant sources of revenue are contributions from the university, 9%; funds related to the A.W. Mellon endowment, 7.4%; gifts, 4%; and funds from the senior vice chancellor's office, 2.5%. The latter funding has been used to support the school's Center for Minority Health and the departments of environmental and occupational health and human genetics. The school also receives line item support from the Commonwealth of Pennsylvania specifically to support public health practice initiatives, which totaled $286,075 in 2005.

Table 1. GSPH Income Statement, Fiscal Years 1999-2005							
Revenues and Other Sources	**FY 99**	**FY 00**	**FY 01**	**FY 02**	**FY 03**	**FY 04**	**FY 05**
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 PH 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
A.W.Mellon carry-over	2,270,124	3,003,916	4,082,721	4,494,188	4,896,799	4,817,604	4,532,471
A.W. Mellon 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)	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	40,836,306	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	**12,322,593**	**15,897,366**	**18,741,417**	**19,708,411**	**20,568,342**	**17,558,984**	**16,396,047**

In the past the university retained all tuition generated by the school and still retains most of it. However, a tuition incentive fund initiative was created in 2003, using 2001 as the tuition revenue base year. If the school exceeds the base, it recovers 65% of tuition generated beyond the base. Alternatively if it fails to meet the base, it must pay to the university 65% of the amount it is under the base. In 2003 the school paid $176,472 to the university but exceeded projections in fiscal year 2004 and fiscal year 2005 due to increasing enrollments.

In each of the years shown in the income statement in Table 1, revenues exceeded expenditures by $12 million to a little over $20 million, and the school has been able to accumulate reserve funds of approximately $16 million. The site visit team was presented with updated information about revenue sources for the current fiscal year. Total revenues for 2006-2007 have decreased somewhat from last year, but revenue from the university to the school and for financial aid, the state allocation for public health practice, the tuition incentive, and the senior vice chancellor's office have all increased.

During the 2005-2006 year, the GSPH had 143 faculty members with primary appointments. Among these, seven held part-time appointments, resulting in a full-time-equivalent (FTE) faculty complement of 139.4 FTE. This represented an increase of 25.8 FTEs over the last three years. In 2005-2006 the number of faculty FTEs in the academic departments ranged from 11.6 in human genetics to 35.0 in epidemiology. The total student FTE for the same time period was 420, up 56 from 2003, and the distribution among departments ranged from 13 in environmental and occupational health to 111 in epidemiology. The growth in faculty and students has been in balance, and thus the schoolwide student/faculty ratio has been constant at 3.2 in 2003, and 3.0 in 2004 and 2005. Among the departments, the student/faculty ratio varied from 0.5 in environmental and occupational health to 4.7 in behavioral and community health sciences. These data demonstrate that the school has the faculty resources necessary to support its students.

The GSPH employs almost 500 staff, 173 involved in administration and 326 in research. The school has sufficient staff to support the research and teaching activities of the school.

The GSPH occupies approximately 195,384 square feet of space in Parran and Crabtree Halls, connecting buildings located on the main campus of the university. Of this, 106,195 square feet are lab and office space, and 89,189 square feet are attributed to common facilities and some usable space such as classroom instruction. The distribution of space by department was provided to the site visit team. Having an adequate amount of quality space is one of the biggest challenges confronting the school. At this time the main buildings are in need of renovation and 21 faculty groups are dispersed across a number of locations outside the two main buildings, representing about 113,206 square feet of mostly rental space that costs approximately $3 million per year in rent. An updated table showing space distribution by department outside Parran and Crabtree Halls was provided to the site visit team, and it indicated that total off-site space is 114,413 square feet.

Some improvements in space have occurred since the last CEPH site visit. The Department of Environmental and Occupational Health moved from outdated rental space to what is described as the state-of-the-art Cellomics building, which was renovated by the university and is less than two miles from campus and served by regular shuttle service. Over $7 million has been provided from the university, the senior vice chancellor and the school's research and development funds for selected renovations and

upgrades, including creation of several office suites, student lounges and renovation of laboratories and offices in the main GSPH buildings. In 2003 the university provided $1 million for construction of a 3,834 square foot addition to house the Epidemiology Data Center. In January of 2006, 1,876 square feet of office space and 2, 628 square feet of laboratory 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 the GSPH. The university has a 10-year space plan, including a component plan to complete a $37.5 million renovation project in Parran and Crabtree Halls between 2007 and 2010. School officials state that this will allow some programs to be moved from rental space to these halls, and thus enhance collaborative interactions and decrease some of the challenges posed by the current dispersion of faculty and students.

In spite of the impressive resources overall, the site visit team concluded that the pressing need for additional space warrants commentary. The site visit team learned that the anticipated renovations to be completed in Parran and Crabtree Halls, while providing upgraded space, will likely only yield a 10 to 15% increase in usable space. However, this increase likely will be insufficient to allow some consolidation while at the same time accommodating projected growth. Thus the school is in need of new space, without which its growth trajectory will be compromised. The self-study mentioned that the Children's Hospital of Pittsburgh, which is across the street from the school, will become available following the move of this hospital to a new location. The GSPH plans to present a case for obtaining additional space in this hospital building, and the site visit team encourages the university and health sciences leadership to give high priority to the GSPH for some of this space to accommodate its expected growth.

Information technology resources are available and supported through the university's Computing and Systems Development Office, which operates and manages the university's network backbone and infrastructure and operates a 24-hour help desk. The university has 7 computing labs, one of which is directly across the street from the GSPH, and is committed to extending wireless internet service to the entire campus. Within the GSPH, students have a central lounge with computers, printers, internet access and access to the software used for teaching. The human genetics and biostatistics departments have their own computing labs and there is access to computers at the department level. The GSPH information technology infrastructure will be upgraded as part of the planned renovation project.

The University Library System is comprised of 16 libraries, including the Health Sciences Library System. Faculty, students and staff have access to the entire system. The Health Sciences Library System's main library is located directly across the street from the GSPH. The holdings of the Health Sciences Library System are extensive and its on-line resources offer on-site and remote access to over 3,800 full text journals and 5,000-plus electronic text books. Thus the library system provides excellent resources for the research and teaching activities of the GSPH.

The GSPH has an array of community resources available to it for research, service and for field experience sites. Approximately 60 sites providing a wide array of opportunities in different settings were listed in the self-study document. More than 98 charitable foundations are located in Allegheny County and western Pennsylvania. An example of a valuable community resource is the Allegheny County Health Department, which is within walking distance of the school. The school maintains formal collaborations through a memorandum of understanding with the health department and has numerous collaborative activities in the areas of preparedness planning and training, opportunities for internships and practica for students, and opportunities for service for faculty. Health department senior staff also teach at the school.

The GSPH uses various outcome measures to assess the adequacy of its resources. Among these are the student/faculty FTE ratios, financial resources, institutional expenditures per student FTE, research revenue per faculty FTE, facilities utilization and renovation, and the amount of revenue derived from the tuition incentive fund. As already described, the school's revenue has increased dramatically since the last site visit and important improvements in facilities have occurred, although much additional improvement in space is still needed. The student-to-faculty ratio has remained low and school expenditures per student FTE have undergone a small but steady increase over the past three years from $10,415 in 2003 to $10,927 in 2005. However, this amount seems low and does not include the substantial teaching resources that the school devotes to the support of students. Given the growth in numbers of applicants and admitted students, and given the internal incentives to increase enrollments, resources currently directed to the support of the office of student affairs appear too modest to undertake aggressive student recruitment and to support an expanded admissions process. Research revenue per faculty FTE, while decreasing slightly from $570,000 in 2003 to $550,000 in 2005, remains excellent.

Criterion V.A. Professional Degrees and Concentrations

The school shall offer programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional masters 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.

The areas of knowledge basic to public health include:

1. **Biostatistics - collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;**

2. **Epidemiology - distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;**

3. **Environmental health sciences - environmental factors including biological, physical and chemical factors which affect the health of a community;**

4. **Health services administration - planning, organization, administration, management, evaluation and policy analysis of health programs; and**

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5. Social and behavioral sciences - concepts and methods of social and behavioral sciences relevant to the identification and the solution of public health problems.

This criterion is met. The GSPH offers graduate-level instruction in the 5 areas of knowledge basic to public health, as well as in human genetics and infectious diseases and microbiology. Table 2 presents the GSPH degree offerings.

Table 2. GSPH Degree Offerings, by Department and Areas of Concentration

Department/Degree	MPH*	MHA*	MS**	DrPH*	PhD**
Behavioral and Community Health Sciences *	X			X	
Biostatistics					
Public Health Statistics	X			X	
Biostatistics			X		X
Environmental and Occupational Health					
Environmental and Occupational Health	X				X
Occupational Medicine	X				
Molecular Toxicology			X		X
Computational Toxicology			X		
Epidemiology ****	X		X	X	X
Health Policy and Management					
Healthcare Administration		X			
Health Policy	X				
Health Program Management	X				
Public Health Management	X				
Human Genetics					
Public Health Genetics	X				
Human Genetics			X		X
Genetic Counseling*			X		
Infectious Diseases and Microbiology					
Infectious Diseases and Microbiology	X		X	X	X
Interdepartmental or Interschool					
Multidisciplinary MPH	X				
BCHS with Social Work (with MSW)	X				
BCHS with Social Work (with PhD)	X				
BCHS with Anthropology (with PhD)	X				
BCHS with International Development (w/ MID)	X				
BCHS with Public Affairs (w/ MPA)	X				
EOH with School of Medicine (with MD)	X				
HPM with Law (with JD)	X				

*   Professional degree curricula

**   Academic degree curricula

*** Self-study showed no areas of specialization, but *2006-2007 Admissions Catalog* lists "well defined concentrations" in a) health communication/health education; b) program evaluation/applied research methods; c) public health and aging; d) maternal and child health/women's health; e) public health preparedness; and f) community-based participatory research and practice.

**** Self-study showed no areas of specialization but *2006-2007 Admissions Catalog* indicates that students may specialize in a) cancer, b) cardiovascular health, c) diabetes, d) clinical trials, e) environmental epidemiology, f) genetics, g) infectious disease injury, h) molecular epidemiology, i) physical activity, j) psychiatric epidemiology, k) telecommunications and public health, and l) women's health.

At the masters level, MPH and MS degrees are available in biostatistics, environmental and occupational health, epidemiology, human genetics, and infectious diseases and microbiology. Only the MPH is available in behavioral and community health sciences. The MPH was recently approved in health policy and management (September 2005), a companion to its master of healthcare administration (MHA)

degree. A multidisciplinary MPH exists for doctoral-level clinically trained health professionals. Joint MPH degrees are available with three masters and two PhD programs and with the university's medical and law degrees.

At the doctoral level, PhD and/or DrPH degrees are available in four of the five core disciplines (behavioral and community health sciences, biostatistics, environmental and occupational health, epidemiology). The PhD is available in human genetics, and the PhD and DrPH are available in infectious diseases and microbiology. In addition, the medical school sponsors an MD/PhD program in which students may take their PhD coursework in any of several disciplines, including those offered by the GSPH.

Based on the self-study document and the GSPH website, it appeared that the number of units varied substantially for some of the MPH concentrations. Most concentrations now require 42 to 45 credits. However, epidemiology showed a 30-credit and a 45-credit MPH, and the multidisciplinary MPH showed a 30-unit requirement. The site visit team learned that the 30-credit epidemiology MPH had been developed for physicians and others with previous doctoral degrees, but that entry into that program has been terminated. The multidisciplinary MPH was developed for those holding clinical degrees (typically MD or DDS). These individuals take a specialized set of GSPH courses specific to their interests. They are granted credit for up to 12 credits of previous coursework as part of the degree, so their total MPH credits is similar to those in other concentrations (30 credits + 12 credits).

Criterion V.B. Core Knowledge, Practice and Culminating Experiences

Each professional degree program identified in V.A., as 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.

This criterion is met. School officials are to be commended for the substantial revision and expansion of their core curriculum since the 1999 CEPH site visit. Effective August 2006, all professional masters and doctoral students must take a one-credit course presenting an overview of public health, three-credit courses in each of the five core areas of public health knowledge, a two-credit public health biology course, and a two-credit capstone course (totaling 20 credits). Some departments exempt their students from their own departmental core offering, on the assumption that their entire degree program provides a stronger and broader foundation in their discipline. The core curriculum uses a common set of case examples to illustrate the integration of the public health disciplines.

The MHA core curriculum was recently revised to be the same as the MPH core curriculum, except for the Introduction to Leadership, Management, and Policy for Public Health core course and the Public Health Biology core course. The MHA capstone course also differs from that of MPH students, and was specifically structured to meet the accreditation requirements of the CAHME.

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All GSPH masters students must complete an approved practice experience, in the form of an internship or field placement, a practicum course, or an applied public health research project. DrPH students must demonstrate that they have completed all MPH requirements, including a practicum, before they are eligible to progress to their preliminary examinations. Procedures for the practice experience have undergone substantial standardization since the previous CEPH site visit. Field placement is at an approved organization, under the supervision of a designated site preceptor and a faculty member within the student's department. Each field placement must have an approved set of goals, objectives and activities. The site preceptor and faculty advisor formally evaluate the student's performance. Additionally, students attend a midpoint roundtable with departmental faculty members, the practicum coordinator and the department chair to assess the effectiveness of the practice experiences.

Practicum coursework fulfills this requirement in the biostatistics degree programs. Students participate as a team of consultants in the semester-long Biostatistics Consulting course. Alternatively, students admitted to GSPH with advanced health-professional degrees (MD, PhD in a clinical science, etc) may fulfill this requirement via a research alternative. Waivers to the practice requirement are rare and are evaluated on a case-by-case basis. Generally such waivers are only applicable for part-time students who are currently employed in a public health agency or a community-based health organization.

When queried at the site visit, most departments reported that at least 75% of their field placements are in community sites. The exception is biostatistics, since its students fulfill their practice requirement through the Statistical Consulting course. Its faculty estimated that 20% of the consultation assignments were with individuals from external organizations and the remaining 80% with individuals from within the University of Pittsburgh.

The self-study document did not address methods for GSPH assurance of human subjects compliance for practicum activities, particularly when the activity takes place in external organizations. Discussions with students and faculty members at the site visit revealed that all students receive appropriate training in human subjects compliance. Processing of requests for such approval is handled at the department level and must be obtained before the student begins any human-subjects related activities.

The culminating experience for all MPH and MHA students is a masters essay or thesis. The essay or thesis must be written on a topic of public health relevance, and include a literature review, problem statement with public health relevance, methodology, demonstration of appropriate quantitative or qualitative analysis, results, and conclusions. Review and approval is by faculty members from within and outside the student's department, to insure a multidisciplinary perspective. Two faculty members review the master's essay and three review the masters thesis.

Additionally, all MPH students must complete the capstone course, which enables them to explore issues in contemporary public health practice from an interdisciplinary perspective. Students prepare two essays, one analyzing the public health disciplines required to address a particular issue, and one integrating public health science, practice and policy for analysis and recommendations on the same issue.

In summary, the GSPH has rectified the deficiencies noted in the previous site visit report. The core curriculum has been revised and expanded, procedures for the practice experience have been standardized across concentrations, the culminating MPH essay or thesis has been strengthened by stressing its public health relevance, and the capstone course has been developed as a means of integration across core areas.

Criterion V.C. Learning Objectives

For each program and area of specialization within each program identified in Criterion V.A., there shall be clear learning objectives.

This criterion is met with commentary. The GSPH has established program learning objectives and course learning objectives for each of its programs. Program learning objectives are established in accordance with University of Pittsburgh requirements mandated in PREMIS (Preservation Metadata Implementation Strategies). The learning objectives are developed through assessment of professional competencies and employment opportunities for each degree program. Program-level learning objectives are used to inform the selection of courses for new programs. Program-level learning objectives are made available to students through the GSPH website, orientation programs and academic advising.

At the course level, learning objectives have been developed that contribute to the student's attainment of a particular degree. The EPCC developed a standard syllabus template for all GSPH courses, which includes course learning objectives. Course-specific learning objectives also are made available through academic program manuals. Department chairs and department curriculum committees assure that each course's substantive requirements (lectures, readings, examinations, etc) fulfill the stated learning objectives. The EPCC assures that learning objectives are clearly stated and relate logically to program curricula.

Review of program learning objectives at the site visit demonstrated that all programs have well defined learning objectives, with the exceptions noted in the following paragraphs. Review of course syllabi showed that most had course learning objectives. There were a small number of instances in which there were no learning objectives stated or in which course objectives were substituted for learning objectives. Departmental curriculum committees are encouraged to work with the EPCC to ensure that all currently taught courses use the GSPH syllabus format that includes course learning objectives.

The commentary relates to the site visit team's concern that not all of the school's offerings are accurately represented in that matrix presented in Criterion V.A. The self-study documentation, however, provided learning objectives for all degree curricula identified in the matrix in Table 2. As noted in the table's footnotes added by the site visit team, two departments, in particular, appear to offer prospective students a wide range of specializations within their masters and doctoral programs. The availability of these concentrations was verified on department websites and in the school's 2006-*2007 Admissions Catalog.* The Department of Behavior and Community Health Sciences identified a set of six possible concentrations; the self-study provided generic learning objectives for the BCHS departmental degrees, but none for the areas of specialization. The Department of Epidemiology website identified an even more extensive set of areas in which the student could specialize and provided broad learning objectives for some of the concentrations but not for all.

Faculty on-site reported that the additional specializations or concentrations had not been identified in the self-study matrix because the school had not sought university approval to offer these areas of concentrations. Formal university authorization was for the specific degrees and disciplinary field of study. They further reported that the university discourages representation in official documents that such informal concentrations are available. This representation of available concentrations in public documents used to recruit students was problematic from an accreditation point of view, as well. If concentrations or areas of specialization are offered by a school of public health, the criteria require that they be identified in the matrix of school offerings and they are then subject to provisions for professional or academic degrees, whichever is appropriate. As a minimum, however, all such concentrations or specializations are supposed to have competency-based learning objectives and defined methods for assessing achievement of those competencies.

Criterion V.D. Assessment of Student Achievement

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.

This criterion is met. The GSPH has multiple methods of assuring that students make adequate academic progress. In addition to grades in academic coursework, MPH students are evaluated in their performance in their practicum. They also must pass the MPH capstone course, which requires them to integrate their experiences using an interdisciplinary perspective. MS students must pass a comprehensive examination, which tests their ability to read and interpret the literature and their understanding of basic methods and terminology. Doctoral students must pass a comprehensive examination in which they propose a dissertation project and demonstrate their readiness to conduct independent research.

The GSPH degree completion rates for full-time students in professional masters degrees (between 1999 and 2003) exceeded 80%. The completion rate for students in MS degrees during the same period was slightly below 80% (78.6%), but this was attributed to the fact that students who entered as late as 2003 were still in the process of completing their degrees. Completion rates for full-time doctoral degree students are more difficult to assess because of the varying time required for degree completion. The number of "inactive" students is quite small, suggesting that most students are making progress toward fulfilling their degree requirements.

Data from GSPH departments demonstrate that almost all have job placement rates for their graduates exceeding 80% for the past 3 years. The only exceptions are the 2005 graduates of health policy and management with a 75% job placement rate, and the 2005 graduates of epidemiology with a 52% job placement rate during the first 7 months after graduation. Interviews with GSPH alumni documented that they are performing in a wide variety of job settings and that they value the education received from the GSPH. They also stated that they would like to see more of an emphasis on career paths outside academia incorporated in GSPH training and coursework.

In summary, the GSPH constituents have rectified the deficiencies noted in the previous site visit report. They have standardized multidisciplinary evaluation of the MPH essay or thesis, and have added the capstone course to insure integration of experiences from an interdisciplinary perspective. The development in fall of 2006 of a new system for monitoring student milestones will expand schoolwide and departmental oversight to ensure that each student makes timely progress toward his or her degree.

Criterion V.E. Academic Degrees

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.

This criterion is met. As depicted in Table 2, the school offers the academic MS and PhD degrees in five of the seven departments. The school provides numerous opportunities for students in the academic degree programs to be exposed to a breath of public health knowledge and to be exposed to interdisciplinary activities through a variety of mechanisms. Examples are annual schoolwide lectures and other activities, including the Dean's Day competition. Departments also sponsor activities that provide exposure to a breadth of topics through seminar series, journal clubs, symposia and lectures.

The academic masters degree students are also required to complete a modified core curriculum that totals nine credits. It includes the standard core courses in epidemiology and biostatistics, which are taken along with the professional degree students. In place of the other core courses taken by the professional degree students, the academic masters students take a new three-credit course titled Essentials of Public Health. This course was piloted in fall 2005 and became a regular core course in

spring 2006. The learning objectives for this course include defining the scope of public health, describing the historical foundations of public health, describing the major determinants of ill health, and others. The course also addresses issues of population, community, policy, and the types of multidisciplinary collaboration required to address multiple determinants of health.

All academic masters students must complete a culminating experience which is a masters thesis that must be approved by three faculty members who serve as readers. All doctoral students must complete a preliminary qualifying exam and a comprehensive examination and defend a doctoral dissertation.

Criterion V.F. Doctoral Degrees

The school shall offer at least one doctoral degree which is relevant to one of the five specified areas of basic public health knowledge.

This criterion is met. All departments in the school except one offer the PhD degree or the DrPH degree or both. The PhD is consistently viewed as academic and the DrPH degree is consistently treated as a professional degree. Both require 72 credits, qualifying and comprehensive examinations, and dissertation research; procedural requirements are fairly consistent between the two doctoral degrees and across the school. The doctoral programs appear to be robust and meet generally accepted standards for doctoral preparation.

The breadth of the doctoral training opportunities far exceeds CEPH's requirement for accreditation and reflects the fact that this is a large and well established school of public health with an impressive research and doctoral training tradition. In fact, nearly half of the degree students enrolled in the fall of 2005 were doctoral students (214 by headcount) and about 85 percent of those were PhD students. DrPH students are concentrated in BCHS (25), with very small numbers enrolled in epidemiology (six) or in infectious diseases and microbiology (two).

The only department that does not currently offer a doctoral degree is the Department of Health Policy and Management, which was established in 2002 when the former Department of Health Services Administration was divided into two separate departments. The self-study document indicated that initial attention was focused on the continued accreditation of its MHA program and building the faculty complement. It is expected that this department will reactivate a doctoral program.

Criterion V.G. Joint Degrees

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

This criterion is met. The GSPH has partnered with other professional schools at the university to allow interested students to integrate public health curricula with law, medicine, social work, public and international affairs, and anthropology. The required curriculum for each professional public health degree

is equivalent to that required for a separate public health degree. Specifically, these students are required to complete the same sequence of GSPH core courses and a series of discipline-specific courses. Joint degree students are encouraged to use mutually acceptable courses in their home department to help fulfill MPH elective course requirements.

Students in the joint degree programs expressed overall satisfaction with their ability to pursue both degrees. They also suggested that course sequencing documents be developed to aid in timely completion of both degrees.

Criterion V.H. Nontraditional Format

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 which 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 which take into consideration and are responsive to the characteristics and needs of adult learners. If the school offers nontraditional programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The school must have an ongoing program to evaluate the academic effectiveness of the format, to assess teaching and learning methodologies and to systematically use this information to stimulate program improvements.

This criterion is not applicable to the GSPH. The school offers no degree curricula solely by means of nontraditional formats or offerings. Faculty have added online courses, including at least one section of each core course each year, and have increased the number of courses scheduled late afternoons or evenings. These efforts are intended to enhance flexibility for working professionals to pursue a degree and still meet job obligations, but the student must enroll in face-to-face traditional on-campus courses for some portion of the requirements.

The school, under the leadership of the associate dean for student affairs and education, is assessing opportunities for the school to develop alternative formats for delivering degrees and components of the curricula. A strategic plan for distance learning is expected to be forwarded from a faculty committee to the dean by the end of 2006.

Criterion VI. Research

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

This criterion is met. The GSPH's research program has grown substantially since the last CEPH site visit and has breadth across many important areas of public health, including women's health where the GSPH was one of the original sites for the Women's Health Initiative; HIV/AIDS through the Pitt Men's Study; aging; health disparities through involvement with the university's Center for Rural Health and the school's

Center for Minority Health; and many others areas. The school is unique in having a department of human genetics where faculty research is focused on identifying links between genes and disease through basic and clinical studies.

Since 2003, the school has ranked third among schools of public health in National Institutes of Health (NIH) funding. The school's total research funding attributed to grants originating from the school, including indirect cost returns, from all external sources in fiscal year 2005 was $76.1 million, which provided slightly over $60 million in direct costs and approximately $4.6 million in indirect costs, the latter flowing to the school as a research development account. Approximately $17 million more in research funds came from grants where public health faculty served as co-principal investigators and collaborators on grants awarded to faculty in other schools of the university. When these transfers are in the form of a subcontract, the indirect cost funds also flow to the research development fund of the GSPH.

The responsibility of the school's associate dean for research is to nurture and facilitate research, and promote interdisciplinary research and interaction. The school also maintains ongoing dialogue with the Office of Research, Health Sciences. The mission of that office is to serve as a resource to foster emerging and established research in the health science schools.

A number of specific research activities of selected departments and centers were presented to illustrate the diverse array of community-based research projects of the school. It is apparent that the Center for Minority Health has had a tremendously positive impact in the community through its numerous community-based participatory projects. The center's work in the community has truly changed the image of the school and university in the community, enhanced the ability of faculty and students to work in the community, and created a two-way path for the flow of ideas, needs and involvement. While the total number of such projects was not reported, the numerous examples serve to illustrate the high level of research in the community. The range of types of research included determination of the effectiveness of interventions for postpartum and interconceptual care; evaluation of the process for implementing the Ten-Year Plan for Ending Homelessness in Allegheny County; study of the effects of environment and exercise relative to elderly populations; research initiatives at local barbershops and beauty salons where barbers and stylists are enlisted to provide health promotion information to patrons; and numerous others.

The site visit team learned that the center has established a Community Research Advisory Board comprised of members of the community to function as a sounding board for faculty who are developing ideas and proposals for research to provide feedback from the community's perspective. The site visit team learned in its meeting with community representatives that there is excitement in the community about this board and that while it originated from GSPH-community interactions, it is actually available to all faculty in the university who wish to seek early dialog and feedback from the community regarding their

plan for research projects. All this demonstrates that the GSPH has extensive formal community-based research activities with organizations and agencies.

As noted previously, research funding has increased dramatically since the last CEPH site visit in 1999, and over the last three years. From 2003 to 2005, total research funding (direct plus indirect costs) increased 17.5%, and the number of NIH grants increased from 205 to 247. Of the 247 grants, 86 were grants to GSPH faculty as principal investigators and the remainder were grants on which a GSPH faculty member was involved in some other capacity. In addition, the number of grants from sources other than NIH increased from 180 to 190.

The GSPH evaluates the success of its research program using several indicators, including the number of grant proposals submitted and their success rate, which was reported as an excellent 52.3% in 2005; the number of peer-reviewed and accepted manuscripts in scholarly journals and books, which over the past three years was said to average approximately 800; and the significance of the findings, as. represented by a selection of high profile peer-reviewed papers recently published. The site visit team observed that the number of publications may inflate productivity measures since it counts authors rather than discrete publications, but it does reflect the extensiveness of research collaboration.

Students have a variety of opportunities to participate in research. Eleven training grants provide support for predoctoral and/or postdoctoral students. In addition, the school was able to fund large numbers of graduate student researchers or graduate assistants on funded research projects, including 166 students in 2003, 179 in 2004 and 171 in 2005.

Criterion VII. Service

The school shall pursue an active service program, consistent with its stated mission, through which faculty and students contribute to the advancement of public health practice, including continuing education.

This criterion is met. The GSPH is to be commended on service activities and policies that promote participation by faculty and students, meet the continuing education needs of public health professionals, and contribute to the scholarly and community fields of public health. The Center for Minority Health and the Center for Public Health Practice, in particular, have been instrumental in the GSPH's achievement of its service mission. The Center for Minority Health is recognized as a critical gateway to community groups and activities in the Pittsburgh area. The Center for Public Health Practice is the primary liaison with governmental and other public health agencies. Both entities have a number of service and practice grant and contract activities that serve community and public agencies.

Faculty involvement in service is required as part of promotion and tenure reviews and is a component of a faculty member's annual review. Service is measured through both contributions to the faculty

member's professional field as well as through community service activities. Faculty in all departments conduct investigations with community groups and a number of faculty volunteer in community settings. Many faculty engage students in community activities to meet grant needs and service request of community members.

Community members voiced enthusiastic support for the GSPH's contribution to Pittsburgh, regional, and statewide and global public health needs. They indicated that there is strong interaction and collaboration among community and public health agencies and GSPH faculty, students, centers and departments. A number of community members indicated that GSPH faculty come to them with ideas for projects before submitting full grant proposals. Additionally, faculty are receptive to proposals from the community; for example, community preparedness planning. Further, a community agency representative who met with the site visit team commended the Center for Minority Health for arranging immunizations free of charge for school-age children to meet entrance requirements.

Continuing education is primarily provided through the Center for Public Health Practice, which has grants for two of the three GSPH training centers. The center collaborates with local health departments and the state health department to identify training needs, provide training opportunities, and provide a "one stop shop" for accrediting professional continuing education offerings. Continuing education training needs have been identified primarily through dialogue with these agencies rather than through formal surveys. Representatives at the state and local health departments indicated that continuing education offerings of the Center for Public Health Practice meet their training needs and have enabled them to address challenges in their health departments, such as dealing with a Hepatitis A outbreak.

The GSPH also offers non-degree certificate programs in a number of areas, drawing on faculty from multiple GSPH departments and other schools. These certificates are offered to students pursuing formal degrees who wish to broaden their expertise in a particular area, as well as to community health professionals. Their content includes topics such as public health preparedness and disaster response; global health; community-based participatory research; and evaluation science.

Community members and practicing professionals also participate in the work of the school through guest lectures, grant development, work of the Community Research Advisory Board and evaluations of shared projects. The GSPH community and practice partners are well positioned to provide considerable input on the effectiveness of the school. To date, this participation has yet to be fully realized at the school level, but community leaders who met with the site visit team expressed enthusiasm about potential opportunities: for example, engaging community and practice partners in the strategic planning process to occur in the next year. Community and practice partners could provide the GSPH with essential feedback on strategic directions over the next decade. For example, the *Enhancing GSPH Practice Partnerships* study recommended that the GSPH consider creating an Institute for Public Health Practice. The strategic

planning process should consider this recommendation and could use partner input to help decide whether and how to implement this recommendation.

The array of different partnerships, the strength of these partnerships, and grants, practica and other activities resulting from these partnerships convinced the site visit team that the GSPH has established effective linkages to its community and region. Service has emerged as a vital function of the school.

Criterion VIII.A. Faculty Qualifications

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.

This criterion is met. The school has a large, clearly-defined faculty complement through which it can achieve its mission, goals and objectives. According to the self-study, the GSPH had 141 primary full-time faculty members at the end of 2005, accounting for 139.4 FTE. This represented an increase of 29% since the last CEPH site visit in 1999, including 24 new tenure-track positions. The faculty included 34 full professors (24%), 35 associate professors (25%), and 72 assistant professors (51%). Sixty-seven or 47% are in tenure-stream positions and 46 of those or 69% were tenured. The GSPH also has a large contingent of 109 adjunct faculty, 130 secondary faculty and visiting faculty.

All full-time faculty have earned terminal degrees in their fields. Among the primary full-time faculty, however, a large proportion (36%) earned their terminal degrees from the University of Pittsburgh. In one department (epidemiology) the proportion is 60%. Recent recruitments have relied on national searches to a much greater extent than in the past. The faculty have excellent qualifications, particularly as researchers, bringing in more dollars per capita than any school at the university. Public health practice is integrated into the research and teaching activities of the GSPH. This is evidenced by a distinct practice track for appointments and promotion, by the involvement of numerous adjunct faculty in teaching and service and by the integration of activities with the Center for Public Health Practice. This focus on public health practice has developed following the last accreditation visit in 1999. Faculty interactions with state and local health departments are encouraged and front-line public health practitioners, often with adjunct appointments in the GSPH, participate regularly in teaching, field placement and other mentoring activities. Although the number of minority faculty is still rather modest, the recruitment of the director of the Center for Minority Health into an endowed chair and his participation on the GSPH Council has added a very important dimension to minority visibility in the school.

Criterion VIII.B. Faculty Development

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

This criterion is met. Faculty in the GSPH follow the university's policies and procedures as detailed in the online *University of Pittsburgh Faculty Handbook.* In addition, the GSPH maintains its own faculty policies and procedures that are readily available online at the GSPH website. Faculty are selected primarily for their research abilities and, to a lesser extent, for their teaching talents. Teaching generally consumes 20% of the time commitment of a full-time faculty member, with research constituting the heaviest share of faculty activity allocation. There is strong evidence that faculty take their teaching and advising roles very seriously. The students who met with the site visit team seemed very satisfied with faculty in this respect.

The GSPH follows a formal process for annually evaluating the performance of each faculty member. Specific annual review criteria have been developed. Annual faculty reviews are conducted by each department chair, who meets with the individual faculty member and then provides a written evaluation to each faculty member. The faculty member has a chance to add a response to the review forms before they are sent to the dean. The chair discusses each faculty member's results with the dean. The associate dean for academic affairs has led an effort to develop additional, highly personalized criteria that can be used in the faculty review process. Faculty in the tenure track have the option to move, for a two-year period, to the non-tenure track so that they can concentrate on research activities. Also, family and professional leave options provide another option for up to three years off the tenure track. These strategies can be very helpful in providing protected time for research to enhance the likelihood of achieving tenure.

The past three years have featured numerous workshops designed to address issues of academic career advancement for GSPH faculty. Faculty who met with the team indicated that there was a high level of participation. The collection and frequency of such offerings suggests a real desire to assist faculty in developing the skills necessary for being effective in their roles in the GSPH. Another set of workshops was designed to increase faculty teaching effectiveness. The associate dean for academic affairs also helped to organize focus groups to consider such issues as balancing work and family obligations, achieving tenure, and other topics contributing to the continuing development of the faculty.

Formal and informal mentoring programs have been developed by each of the academic departments to assist newly hired faculty members. There does not appear to be a schoolwide mentoring program but there are organized, university-sponsored, training programs for senior faculty on how to be effective mentors. The team also learned about other training opportunities designed to prepare senior faculty members to move into department, school or university leadership positions. The GSPH should be encouraged to identify best practices for mentoring strategies that can be followed by all departments.

The site visit team learned that there is an acute awareness on the part of the faculty of the importance of mentoring junior faculty who receive internal k-awards. This program, available to all faculty at the

university, has been highlighted in the school to assist in the hiring and retention of minority faculty. Under this program, funds are available to cover 75% of the salaries of faculty who successfully compete for these awards for a period of five years. The GSPH faculty believe that this program makes it possible to shelter new faculty from teaching responsibilities and allows for intensive mentoring to help faculty achieve tenure. While no faculty member has yet arrived at a tenure decision following the receipt of one of these awards, the concern is that the academic record may not stand up to the scrutiny of outside evaluators unless these faculty have impressive publication records and can demonstrate that they can be competitive for NIH grants. Their limited teaching experience might be a negative factor in a tenure decision. The site team was, however, very impressed with the progress made since the last accreditation report and is optimistic that the multiple efforts that have taken place will yield considerably higher numbers of minority faculty in the near future.

The university has a policy that allows tenured faculty members to apply for a sabbatical leave every seven years. A faculty member can apply for full salary for one semester, or half-salary for a year. Three faculty members have taken sabbatical leaves during the past three years. It is recognized that faculty whose salaries are supported in large part by grants and contracts find it difficult to take advantage of sabbatical leave opportunities.

Teaching performance is identified as being an important component of the overall faculty review process and can affect both annual salary increases and promotions. The university's Office of Measurement and Evaluation of Teaching (OMET) compiles course evaluations that are returned to the faculty member for inclusion in annual performance reviews. While all core courses are evaluated annually and each new course is evaluated the first time it is offered, other ongoing courses traditionally have been evaluated less systematically. Courses that have low enrollment or may have changed classrooms can be missed by OMET and faculty have not always been consistent in requesting that their courses be evaluated. It is widely recognized that such evaluations represent an indispensable component in evaluating faculty effectiveness in teaching and there is a widespread awareness and determination to eliminate whatever barriers exist to ensuring widespread evaluation of courses. Student evaluation of teaching should, in the future, be performed for every course offered by faculty in the GSPH. This was identified in the self-study as a weakness and efforts are underway to assure a more systematic and complete review of courses in the future. Metrics established for teaching, research and service activities are appropriate.

Criterion VIII.C. Faculty Diversity

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.

This criterion is met with commentary. The GSPH has been working for years to increase the diversity of its faculty. In 1999, CEPH judged this criterion to be partially met, and there has been no dramatic change

in the faculty profile since that time, in spite of considerable effort on the part of GSPH constituents. The proportion of women on the faculty has increased to almost 45% (it was closer to 40% at the time of the last review). This provides appropriate role models for the majority of female students in the GSPH.

The commentary addresses the school's limited success in increasing the number or proportion of minority faculty. As of the end of 2005, there were 22 Asian faculty, three African American and three Hispanic/Latino faculty members. The latter two underrepresented categories, African American and Hispanic/Latino, each account for 2.1% of the total number of primary, full-time faculty members.

The Faculty Diversity Committee serves to direct diversity issues to the forefront of GSPH decision-making and to coordinate schoolwide efforts to increase faculty diversity. The FDC compiles data on faculty composition and recommends activities to enhance diversity. The recent successful recruitment of two minority scholars is, in part, due to the activities of this committee.

Although it was established in 1994 from a grant from the Richard King Mellon Foundation, the Center for Minority Health did not hire its first permanent director until 2000. Through efforts on other key GSPH committees, the director of the Center for Minority Health has led the effort to attract minority faculty and students. The CMH coordinates academic, research, and service activities focused on the elimination of racial and ethnic health disparities. Several activities of the CMH are noteworthy, including an annual National Minority Health Leadership Summit (held in 2006 in Washington, DC) and hosting the 2005 Summer Research Career Development Institute in Minority Health and Health Disparities.

While all these activities demonstrate a commitment to diversification, efforts to diversify the faculty have proven to be a difficult challenge. Efforts to hire the school's own minority graduates and to attract qualified minority candidates from outside Pittsburgh have met with modest success. There appears to be a clear institutional commitment to increase the diversity of the faculty.

Criterion IX.A. Student Recruitment and Admission

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

This criterion is met. The school has several recruitment methods to attract a diverse and qualified student body interested in public health careers. In 2003, the Office of Student Affairs initiated a strategic planning process that included goals to develop and implement proactive and coordinated recruitment procedures, create appropriate recruitment materials, conduct a recruitment campaign to increase the number of minority applicants, and improve the efficiency of the application process. This was followed by a recruitment plan in 2004, including the employment in 2004 of a half-time director of recruitment. This position, however, is currently vacant.

Several aspects of this strategic plan have been operationalized. These include proactive recruitment strategies such as open houses, a phonathon that occurred during three application cycles, regional recruitment events, a guaranteed early admissions program, and student scholarships. Departments also have increased proactive recruiting through recruitment fairs, e-mail contacts with applicants, hiring staff to focus on recruitment and academic affairs, and implementation of applicant follow-up procedures.

Admissions policies and procedures are provided through a central webpage on the GSPH website and the *GSPH Admissions Catalog*. This webpage provides a clearinghouse of information on admissions procedures and policies, educational offerings, the academic calendar, and admissions criteria for the school and specific criteria for departments. Department webpages provide degree requirements. Policies on grading and academic integrity are available on the University of Pittsburgh graduate and professional bulletins webpages. Academic integrity is also discussed in student orientation and on class syllabi.

In the last three years, GSPH applications increased from 646 to 797 and enrollment has increased from 487 students to 542. Of note is the fact that less than half of accepted students enroll in the GSPH. While the total number of students has increased, FTE enrollment in several department programs has declined. The admissions experience over the last 3 years is summarized in Table 3 below.

Table 3. Applicants, Acceptances, Enrollments by Department, 2003-2004 to 2005-2006

Department	2003-2004				2004-2005				2005-2006			
	AP	AC	N	CT	AP	AC	N	CT	AP	AC	N	CT
Behavioral & 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 & Occupational Health	32	12	4	14	16	8	4	19	30	17	6	6
Epidemiology	100	51	25	87	126	90	30	101	168	122	44	90
Health Policy & Management	53	36	10	13	40	23	7	15	42	31	14	13
Human Genetics	112	39	17	32	107	39	17	36	104	45	22	37
Infectious Diseases and Microbiology	56	29	11	32	54	30	16	37	62	28	12	34
Multidisiplinary MPH	19	14	14	18	14	12	10	12	23	20	13	12
Other												
Public Health Preparedness Certificate					5	4	0	1	3	3	0	0
Global Health					1	1	0	0	6	3	0	2
Non-degree	38	35	28	19	36	35	26	21	45	43	44	18
Sub-total			156	331			153	358			205	337
Total	646	372	487		597	398	511		707	486	542	
AP = Applications **AC** = Acceptances **N** = New Enrolled Students **CT** = Continuing Enrolled Students												

The school identified proportion of applicants accepted, qualifications of students admitted (such as GPA and GRE scores), and public health experience of applicants as outcome measures by which it could assess its success in terms of student recruitment. These measures indicate that the GSPH is attracting students from its desired target population. Since it is already monitoring these data, the school may also want to consider using the number of accepted applicants who subsequently enroll as an outcome measure of interest.

Faculty identified recruitment barriers as high tuition, lack of secure funding for graduate researchers, a previously slow application cycle, and perceptions of the GSPH as the second choice institution for some applicants. Suggested recommendations to overcome these barriers include hiring full-time school recruitment staff, increasing resources for masters student scholarships, and involving the Alumni Society in recruiting students and career development.

The resources for the Office of Students Affairs have been flat for the past 3 years. This office receives all incoming applications through the central web portal. New applications to the school have increased over the last two years and additional increases in applications are anticipated with the transition to a new ASPH common application system. Further, the Office of Student Affairs is trying to implement the strategic plan with few additional resources. Better and more expansive recruitment and admissions activities will be difficult to achieve without additional resources.

Criterion IX.B. Student Diversity

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.

This criterion is met. The student affairs strategic plan includes goals and activities to increase the number of minority students enrolled in the GSPH. The GSPH engages in several activities to attract minority applicants, including developing relationships with historically black colleges and universities (HBCUs), offering minority scholarships, establishing formal student pipelines, and other activities. Of note are collaborative recruitment initiatives by the Office of Student Affairs and the Center for Minority Affairs. These include scholarship funds, letters of encouragement to attend from the director of the Center for Minority Health to minority acceptances, and minority predoctoral and postdoctoral fellows programs. These collaborative activities will continue through ongoing university task force response to the Sullivan Commission Report on diversity in the nation's health care workforce.

In the last three years, minority enrollment increased from 19% to 22% overall in the GSPH. Minority enrollment of African American students was 11% in fall 2005. Alleghany County, where Pittsburgh is located, has 12.4% African American population. Statewide, African Americans constitute 10% of the population. The GSPH identified the proportion of minority students enrolled in the school and the proportion of applicants who were accepted and matriculated from different racial and ethnic groups as quantitative criteria by which to measure its success for this criterion. The GSPH monitors these data and regularly compares its experience in enrolling African American students against the experience in all schools of public health as a benchmark.

Criterion IX.C. Advising and Career Counseling

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

This criterion is met. The school has several regular processes for academic advising, including assigning students a faculty advisor within their department and providing student service coordinators within departments to be available for student consultation. The Office of Student Affairs provides an orientation session for all incoming students and departments offer orientations for new students as well. Several departments have committees with oversight of student progress. The GSPH has installed software for tracking student progress to meet school and departmental requirements school-wide.

A survey of students, resulting in a 25% response rate, indicated that there was some dissatisfaction among students with the way in which degree requirements were explained and the extent to which administrative deadlines were explained. Students who met with the site visit team, however, reported that their advising needs are currently met, and that degree and administrative deadlines are clear. These students indicated that they have adequate access to advisors and other faculty. Several students noted that departmental efforts to improve advising have occurred over the last several years.

Career services and professional development opportunities occur primarily through the university and the Office of Career Development for Health Sciences, and the Student Government Association. The Office of Student Affairs began development of new webpages with career resources.

Criterion IX.D. Student Roles in Governance

Students shall, where appropriate, have participatory roles in conduct of school and program evaluation procedures, policy-setting and decision-making.

This criterion is met. Students evaluate academic and school programs, and evaluate most courses offered. As noted in an earlier section, evaluation of school courses uses the standard university OMET course evaluation form and procedures. These results are shared with EPCC and department chairs. Except for core courses and courses taught for the first time, all of which must be evaluated every time offered, course evaluation is at the prerogative of the individual instructor, who may use the OMET form or one of his or her own design. Most but not all departmental courses are evaluated by students. Results of the course evaluations are reported in annual faculty performance records and promotion dossiers.

Students participate in most schoolwide governance bodies as voting members, except on the FAPTC. Departmental participation is variable; BCHS students participate in departmental governance through the DrPH committee and curriculum committees. Students can participate in a variety of student organizations such as the Student Government Association, the Doctoral Student Association, Minority

Student Association, and others. These organizations contribute to academic, social and service activities of the school. Several have been recently created.

Students who participated in the site visit indicated that they rarely use these formal mechanisms to voice issues of concern. These students indicated that they prefer to raise issues of concern with student peers in leadership roles and directly with faculty. Additional resources for the Office of Student Affairs could provide students with another mechanism to raise issues of concern regarding GSPH or specific departments.

Criterion X.A. Ongoing Evaluation

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.

This criterion is met with commentary. The GSPH has a set of regular activities that allow the school to evaluate its efforts, monitor its progress, manage its affairs and plan for the future. In combination, these respond effectively to the expectations embedded in this accreditation criterion. This is a cautious conclusion, however, given that formal strategic planning was "on hold" at the time of the last accreditation visit and given that current comprehensive long-range planning in the GSPH has been officially delayed. At the last accreditation review, strategic planning had been postponed and the evaluation and planning function had been assigned to a committee that had yet to be formed. A new and entirely untested governance system had just been put in place. At this accreditation visit, the internal governance system was in place and functioning, but the school nonetheless asked the senior vice chancellor for health to allow the school to postpone the development of its comprehensive long-range plan in order to facilitate participation by a newly appointed dean. The last formal long-range planning document prepared by the GSPH for the university covered the period 1995 to 2001, and was prepared in 1994.

Major evaluation systems, some internal and some external, are in place and most are functioning well. However, a number of these activities have not been fully implemented, leading to the conclusion that this criterion is met with commentary. The activities that contribute to the school's planning and evaluation capacity include the following:

1. A university-wide requirement for periodic graduate program reviews, with the alternative of accepting accreditation reviews as evidence of rigorous evaluation. The GSPH and several of its programs are subject to regular review by recognized accrediting bodies, including CEPH. The last review by CEPH was in 1999.
2. The use of a school-specific external Board of Visitors to advise higher administration on the effectiveness of the school. The GSPH Board of Visitors conducts an annual review of the school and its programs and makes recommendations to senior administration. The GSPH Board of Visitors conducted such a visit in November 2004, but the report of that meeting, as shared with the

CEPH site visit team, indicated that the meeting was primarily a "reporting to" the board of visitors on selected programs within the school. The results of the "many executive sessions" held during the day-long meeting were not reported to the team and apparently not to the school.

3. A comprehensive long-range planning process in the health sciences, in which schools develop comprehensive 5-year plans and annual budget plans, synchronized with the university's 10-year planning cycle. As noted above, the GSPH has no current 5-year plan, but anticipates completing such during the 2006-2007 academic year. Exact plans for accomplishing this have not been articulated, given the recent arrival of the new permanent dean.

4. Annual school retreats, alternating between full faculty retreats and faculty leadership retreats, to assess the status of the school and to establish priority among goals and objectives. This process was initiated by the former dean and was tied to the dean's annual state-of-the-school report.

5. Assignment of explicit evaluation and reporting duties to the GSPH Council and its various committees, especially the Planning and Budget Policies Committee and the Educational Policies and Curriculum Committee and the latter's various ad hoc subcommittees. These processes have been very active, particularly during the last two years as the CEPH self-study effort gained momentum.

6. Department administration and department governance activities that contribute to evaluation, including a school-mandated review and assessment of each department by an external review committee. All departments except one now have an external review committee in place and all but 1 have had an external review between 2004 and 2006. The Department of Human Genetics has yet to implement this process.

7. Episodic assessment activities that address cross-cutting issues or pertain to issues of selected groups, such as practice, alumni, and others. Many of these were driven by the need for data to satisfy accreditation needs.

The self-study document included a full presentation of the goals and objectives adopted by the GSPH Council in 2005 and reassessed for the first time in May 2006. As noted in an earlier section related to mission and goals, the school's objectives were articulated as desired outcomes and were accompanied by a metric (what is to be measured), a target, and the identification of how often the measurement would occur. Annual reviews of the performance of the school against the selected outcomes are to be carried out by the GSPH Council, which will concur on the continued utility of the goals and objectives and their measures, or, if appropriate, initiate modifications. In some arenas, the Council has not yet established targets for the outcomes, attributed to lack of consensus or lack of baseline data.

This process of setting explicit targets is fairly new and with time the measures should become more extensive and more sophisticated. During the site visit, school constituents described this as a work in progress, noting that the school must move toward an integrative evaluation system. This will require key outcome and process indicators, as well as a significant commitment to monitor progress on an ongoing

basis rather than an episodic basis that parallels accreditation reviews. The school has made a good effort to conceptually link evaluation to the school's overall mission, goals and objectives. However, it has yet to fully implement the component processes that are critical to planning and evaluation. In addition, the metrics and targets included in the self-study document do not yet have utility for the school's own purposes. It is for these reasons that the team judged this criterion to be met with commentary.

Criterion X.B. Self-Study Process

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.

This criterion is met. A broadly representative group of GSPH constituents guided the school through a two-year process to assess the school's performance against the criteria for accreditation. The associate dean for practice chaired a large self-study committee that included representatives from across the school's departments, including administrators, faculty, staff, alumni, and students. The dean's office provided strong staff support for the committee and the associate vice chancellor for academic affairs in the health sciences (who is also a faculty member in the GSPH) served as editorial coordinator and liaison to the senior vice chancellor for health sciences. Involvement of constituents was much broader, however, since many committees, offices, organizations, and administrators made specific contributions along the way. In addition, the committee maintained an accreditation page on the GSPH website and regularly published reports, minutes, drafts and documents, beginning with the 1999 accreditation report and the school's 2000 interim report. The self-study process was transparent and available to all constituents.

The self-study committee approached its task in three phases: assessment, data gathering and writing. Data gathering processes were substantially better than at the time of the last accreditation review. At that time, there was little centralized data collection, little uniformity of data definitions across the school, a dearth of recordkeeping in some areas and an absence of survey data from critical groups, eg, alumni. The school has made real progress in establishing data gathering mechanisms and tracking systems that allow the school to quickly access information about itself and its performance. The data presentations throughout the document and the appendices were excellent.

The school developed a well organized, easy-to-read self-study document that addressed all of the accreditation criteria. It was reasonably analytical, although the site team noted that it focused more on the successes of the school than it did on the challenges that face the school. The particular objectives and outcomes, as well as target levels, are likely to change over time as the school's planning and evaluation processes mature. For example, the school currently aspires to have every course evaluated by students but once this procedure is fully implemented, it is likely that the objectives or outcomes will focus more directly on teaching effectiveness with student evaluations as one input to that determination. As another example, the school aspires to maintain racial and ethnic diversity of its student body comparable to the regional population served by the school, but there are no references in the objectives/outcomes to achieving any

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particular level of faculty diversity. The latter is a much more difficult and sometimes intractable problem to address, but the school's constituents have already invested enormous efforts and resources to tackling this problem and it would be logical that this would be a target and that progress or lack of progress would be monitored on a regular basis.

One of the most effective strategies the authors of the self-study adopted was to impose consistent formats and language across the school's departments and across the document, including the appendices. This school, like many old and well established institutions with a strong tradition of independent departments, reflects considerable variability across departments in how things are done. The authors were successful in translating diverse departmental presentations into common language and displaying these in a common, integrated framework. The effort was worthwhile in that the reader can easily see and appreciate the school-wide framework, even when there are variations within. The document itself served an integrative purpose.

AGENDA

Council on Education for Public Health
Accreditation Site Visit
October 16 to 18, 2006

University of Pittsburgh
Graduate School of Public Health

<u>Monday, October 16, 2006</u>

8:00 am   <u>Welcome and Orientation to Resource File</u>
Margaret A. Potter, JD, Associate Dean for Public Health Practice and Self-Study Coordinator
Margaret C. McDonald, PhD, MFA, Associate Vice Chancellor for Academic Affairs, Health Sciences, Exec. Editor
Christine Straznick, Administrative Coordinator, Dean's Office

9:00 am   <u>Meeting with School Administration</u>
Donald S. Burke, MD, Dean, GSPH
Robert M. Goodman, PhD, MPH, MA, Chair, Behavioral and Community Health Sciences
M. Ilyas Kamboh, PhD, Interim Chair, Human Genetics
Judith R. Lave, PhD, Chair, Health Policy and Management
Roberta B. Ness, MD, MPH, Chair, Epidemiology
Bruce R. Pitt, PhD, Chair, Environmental and Occupational Health
Margaret A. Potter, JD, Associate Dean for Public Health Practice
Charles Rinaldo, PhD, Chair, Infectious Diseases and Microbiology
Howard E. Rockette, PhD, Chair, Biostatistics
Joanne L. Russell, MPPM, RN, CCRC, Executive Associate to the Dean
Stephen B. Thomas, PhD, Director, Center for Minority Health

11:00 am   <u>Break</u>

11:15 am   <u>Meeting with Self-Study Committee</u>
Vincent C. Arena, PhD, Associate Professor, Biostatistics
Aaron Barchowsky, PhD, Associate Professor, Environmental and Occupational Health
Mary M. Derkach, JD, MSIS, Assistant Dean for Student and Alumni Affairs
Eleanor Feingold, PhD, Associate Professor, Human Genetics
Sherrianne Gleason, BS, Past Co-President, Student Government Association
Robin Grubs, PhD, Assistant Professor, Human Genetics
Kenneth J. Jaros, PhD, Assistant Professor, Behavioral and Community Health Sciences
Lawrence A.Kingsley, DrPH, Associate Professor, Infectious Diseases and Microbiology
Margaret C. McDonald, PhD, MFA, Associate Vice Chancellor for Academic Affairs, Health Sciences
Margaret A. Potter, JD, Associate Dean for Public Health Practice
Sandra Crouse Quinn, PhD, Associate Dean for Student Affairs and Education
Wesley M. Rohrer, PhD, MBA, Assistant Professor, Health Policy and Management
Christine Straznick, Administrative Coordinator, Dean's Office
Nancy B. Sussman, PhD, Assistant Professor, Environmental and Occupational Health
Evelyn O. Talbott, DrPH, Professor, Epidemiology
Matt Weaver, Department Administrator, Environmental and Occupational Health

12:15 pm   <u>Lunch with Students</u>
Hanna Bandos, Biostatistics PhD
Heather Bednarek, Health Policy and Management JD/MPH
Brian Blashich, Environmental and Occupational Health MPH
Rosemary Edwards, Multidisciplinary MMPH
Sherrianne Gleason, Infectious Disease and Microbiology PhD
Nicole Hannisick, Health Policy and Management MHA
Roderick Harris, Behavioral and Community Health Sciences, DrPH
Caleb Holtzer, Behavioral and Community Health Sciences, MPH/MID
Emily James, Human Genetics MS
Sarah Krier, Behavioral and Community Health Sciences MPH/PhD
Stacy Lloyd, Human Genetics PhD and Public Health Genetics MPH
Lara McCleary, Epidemiology MS
Lindsay Mendenhall, Epidemiology MPH
John O'Donnell, Epidemiology DrPH
Ashley Petten, Infectious Diseases and Microbiology MPH
Jennifer Sponsler, Behavioral and Community Health Sciences MPH
Michael Talkowski, Human Genetics PhD
Zilue Tang, Environmental and Occupational Health MPH

Lakshmi Venkitachalam, Epidemiology PhD
Marike Vuga, Biostatistics MS

1:30 pm   Meeting with Selected Faculty and Administrators About Evaluation
Donald S. Burke, MD, Dean
Roberta B. Ness, Chair, Epidemiology
Margaret A. Potter, JD, Associate Dean for Public Health Practice
Sandra Crouse Quinn, PhD, Associate Dean for Student Affairs and Education
Steven Puluka, Consultant
Edmund M. Ricci, PhD, Professor, Health Policy and Management
Joanne L. Russell, MPPM, RN, CCRC, Executive Associate to the Dean
Debra J. Ryan, CRA, Director of Administration
Stephen R. Wisniewski, PhD, Associate Dean for Research

2:30 pm   Break

2:45 pm   Meeting with Selected Faculty About Instructional Programs and Student Assessment
Vincent Arena, PhD, Associate Professor, Biostatistics
Aaron Barchowsky, PhD, Associate Professor, Environmental and Occupational Health
Gail S. Cairns, MA, MPH, Assistant Professor, Behavioral and Community Health Sciences (practice track)
Richard D. Day, PhD, Assistant Professor, Biostatistics
Elizabeth Gettig, MSc, Associate Professor, Human Genetics
Eleanor Feingold, PhD, Associate Professor, Human Genetics
Kenneth J. Jaros, PhD, Assistant Professor, Behavioral and Community Health Sciences
Kevin Kipp, PhD, Assistant Professor, Epidemiology
Jeremy Martinson, PhD, Assistant Professor, Infectious Diseases and Microbiology
Kristen Mertz, PhD, Visiting Assistant Professor, Epidemiology
Wesley M. Rohrer, PhD, MBA, Assistant Professor, Health Policy and Management
Joseph J. Schwerha, MD, Professor, Environmental and Occupational Health
Nancy B. Sussman, PhD, Assistant Professor, Environmental and Occupational Health
Evelyn Talbott, PhD, Professor, Epidemiology
Martha Ann Terry, PhD, MA, Director, MPH Program
John W.Wilson, PhD, Assistant Professor, Biostatistics

4:45 pm   Team Executive Session and Review of Resource File Document

5:45 pm   Adjourn for Day

Tuesday , October 17, 2006

8:30 am   Welcome

8:45 am   Meeting with Selected Faculty About Research
Joseph P. Costantino, PhD, Professor, Biostatistics
Devra Davis, PhD, Director of the Center for Environmental Oncology
Lorraine Ettaro, PhD, Visiting Assistant Professor, Epidemiology
Robert M. Goodman, PhD, MPH, MA, Chair, Behavioral and Community Health Science
Beaufort Longest, PhD, Director of Health Policy Institute
Anne B. Newman, MD, MPH, Professor, Epidemiology
Margaret A. Potter, JD, Director of Center for Public Health Practice
Todd Reinhart, PhD, Associate Professor, Infectious Diseases and Microbiology
Edmund M. Ricci, PhD, Professor, Health Policy and Management
Anthony Silvestre, PhD, Director of Center for Research on Health and Sexual Orientation
Evelyn Talbott, PhD, Director of the UPACE-Environmental Health Tracking
Stephen B. Thomas, PhD, Director, Center for Minority Health
Daniel Weeks, Professor, Human Genetics
Hank Weiss, PhD, Director, Center for Injury Research and Control

9:45 am   Break

10:00 am   Meeting with Selected Faculty About Service
Vincent C. Arena, PhD, Associate Professor, Biostatistics
Jane A. Cauley, DrPH, MPH, Professor, Epidemiology
Joseph P. Costantino, PhD, Professor, Biostatistics
Patricia I. Documet, MD, DrPH, Assistant Professor, Behavioral and Community Health Sciences
Angela Ford, Associate Director, Center for Minority Health
Elizabeth Gettig, MSc, Associate Professor, Human Genetics
Margaret A. Potter, JD, Associate Dean for Public Health Practice
Anthony J. Silvestre, PhD, Associate Professor, Infectious Diseasess and Microbiology
Patricia M. Sweeney, JD, MPH, RN, Research Assistant Professor, Health Policy and Management

11:15 am	Break

11:30 am   Meeting with Selected Faculty About Faculty Policies, Evaluation, Development
Steven M. Albert, PhD, MSPH, MA, Professor, Behavioral and Community Health Sciences
M. Michael Barmada, PhD, Associate Professor, Human Genetics
Howard B. Degenholtz, PhD, Associate Professor, Health Policy and Management
Susanne Gollin, PhD, Professor, Human Genetics
Phalguni Gupta, PhD, Associate Dean for Academic Affairs
Joan M. Lakoski, PhD, Assistant Vice Chancellor for Academic Career Development
Beaufort B. Longest, PhD, Professor, Health Policy and Management
Luis A. Ortiz, MD, Associate Professor, Environmental and Occupational Health
Margaret A. Potter, JD, Associate Dean for Public Health Practice
Todd A. Reinhart, ScD, Associate Professor, Infectious Diseases and Microbiology
Roslyn A. Stone, PhD, Associate Professor, Biostatistics
Stephen B. Thomas, PhD, Director, Center for Minority Health

12:30 pm   Lunch with Alumni
Gerald Barron, MPH
Mario Browne, MPH
Abi Fapohunda
Alice Kindling, MS (Hyg)
Ursula McKenzie, MPH
Lois Michaels, MPH
Ami Patel, MPH, PhD
Karen Peterson, MPH
Rose Ramos, PhD
Kristi Riccio, MPH
Mike Shankle, MPH
Paul Winkler, MPH

1:45 pm   Meeting with Selected Faculty About Faculty Recruitment, Retention, Mentoring, Diversity
Diane J. Abatemarco, PhD, Assistant Professor, Behavioral and Community Health Sciences
Jessica Griffin Burke, PhD, MPH, Assistant Professor, Behavioral and Community Health Sciences
Howard B. Degenholtz, PhD, Associate Professor, Health Policy and Management
Julie Donohue, PhD, Assistant Professor, Health Policy and Management
James P.Fabisiak, PhD, Assistant Professor, Environmental and Occupational Health
Craig S. Fryer, DrPH, Assistant Professor, Behavioral and Community Health Sciences
Mary A. Garza, PhD, MPH, Assistant Professor, Behavioral and Community Health Sciences
Robin Grubs, PhD, Assistant Professor, Human Genetics
Kevin E. Kip, PhD, Assistant Professor, Epidemiology
Emilia Lombardi, PhD, Assistant Professor, Infectious Diseases and Microbiology
Patricia Opresko, PhD, Assistant Professor, Environmental and Occupational Health
Todd A. Reinhart, ScD, Associate Professor of Infectious Diseases and Microbiology
Anthony J. Silvestre, PhD, Associate Professor, Infectious Diseases and Microbiology
Ronald D. Stall, Assistant Dean for Multidisciplinary MPH
Samuel Stebbins, MD, MPH, Assistant Professor, Epidemiology
Abdus Wahed, PhD, Assistant Professor, Biostatistics
Leland Jonathan Yee, PhD, Assistant Professor, Epidemiology
Greg Yothers, PhD, Assistant Professor, Biostatistics

3:00 pm   Break

3:15 pm   Meeting with University Officials
Mark A. Nordenberg, JD, Chancellor
Arthur S. Levine, MD, Senior Vice Chancellor for the Health Sciences
James V. Maher, PhD, Senior Vice Chancellor and Provost
Jeffry Masnick, MBA, MS, Associate Senior Vice Chancellor for Administration, Health Sciences

4:00 pm   Meeting with GSPH Council About Resources
Donald S. Burke, MD, Dean, GSPH
Jane A. Cauley, DrPH, MPH, Professor, Epidemiology
Elizabeth Gettig, MSc, Associate Professor, Human Genetics
Robert M. Goodman, PhD, MPH, MA, Chair, Behavioral and Community Health Science
Phalguni Gupta, PhD, Associate Dean for Academic Affairs
M. Ilyas Kamboh, PhD, Interim Chair, Human Genetics
Candace Kammerer, PhD, Associate Professor, Human Genetics
Judith R. Lave, PhD, Chair, Health Policy and Management
Bruce R. Pitt, PhD, Chair, Environmental and Occupational Health
Margaret A. Potter, JD, Associate Dean for Public Health Practice
Sandra Crouse Quinn, PhD, Associate Dean for Student Affairs and Education
Charles R. Rinaldo, PhD, Chair, Infectious Diseases and Microbiology
Howard E. Rockette, PhD, Chair, Biostatistics

Wesley M. Rohrer, PhD, MBA, Assistant Professor, Health Policy and Management
Debra J. Ryan, CRA, Director of Administration
Michael Talkowski, PhD Student Representative
Stephen B. Thomas, PhD, Director, Center for Minority Health

4:45 pm   Break

5:00 pm   Meeting with Community Representatives
Dr Milton Allen, President, Metropolitan Outreach Ministry
Yasmin Dada-Jones, MD, MPH, Executive Policy Director, Pennsylvania Department of Health
Dennis Fapore, Executive Director, Pennsylvania Department of Health, Northwest District
Lee B. Foster, Chairman, L B Foster Company
Evan Frazier, Executive Director, The Hill House Association
Samantha Fuchs, Pennsylvania Young Adult Round Tables
Kevin Jenkins, Senior Program Officer, The Pittsburgh Foundation
Artis Hall, MPH, Executive Director, Pennsylvania Department of Health, Southwest District
Phillip B. Hallen, President Emeritus, Maurice Falk Medical Fund
Charles House, Pitt Men's Study, Community Advisory Board
Sara Luby, Pennsylvania Young Adult Round Tables
Marcia Martin, Gateway Health Plan
Mildred Morrison, Director, Allegheny County Area Agency on Aging
Patty Patterson, RN, MN, Regional Director, American Cancer Society
Ernestine Reed, Executive Director, Pittsburgh Public Schools
Allison Robinson, Urban League of Pittsburgh
Nancy Zionts, Vice President Jewish Healthcare Foundation

6:30 pm   Adjourn for the Day

Wednesday, October 18, 2006

8:30 am   Executive Work Session of the Team

1:30 pm   Exit Interview
Arthur S. Levine, MD, Senior Vice Chancellor for the Health Sciences
Donald S. Burke, MD, Dean, GSPH
Phalguni Gupta, PhD, Associate Dean for Academic Affairs
Margaret A. Potter, JD, Associate Dean for Public Health Practice
Roberta B. Ness, MD, MPH, Chair, Epidemiology
Sandra Crouse Quinn, PhD, Associate Dean for Student Affairs and Education
Margaret C. McDonald, PhD, MFA, Associate Vice Chancellor for Academic Affairs, Health Sciences
Stephen R. Wisniewski, PhD, Associate Dean for Research