UNIVERSITY OF PITTSBURGH

GRADUATE SCHOOL OF PUBLIC HEALTH

FINAL SELF STUDY

APRIL, 2015

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LIST OF ABBREVIATIONS

ACA—Affordable Care Act
ACHD—Allegheny County Health Department
ACHS—Allegheny County Health Survey
ADA—Americans with Disabilities Act
AHRQ—Agency for Healthcare Quality and Research
amfAR—American Foundation for AIDS Research
APHA—American Public Health Association
ARRA—American Recovery and Reinvestment Act
ASPPH—Association of Schools and Programs of Public Health
BCHS—Behavioral and Community Health Sciences
BIOST—Biostatistics
CAPH—Center for Aging and Population Health
CBHL—Center for Bioethics and Health Law
CDC—U.S. Centers for Disease Control and Prevention
CER—Comparative effectiveness research
CERC—Comparative Effectiveness Research Center
CFRAH—Center for Free Radical and Antioxidant Health
CGH—Center for Global Health
CHE—Center for Health Equity
CIDDE—Center for Instructional Development and Distance Education
COBE—Center for Occupational Biostatistics and Epidemiology
CP3—Center for Pharmaceutical Policy and Prescribing
CPH—Certified in Public Health
CPHP—Center for Public Health Practice
CRAB—Community Research Advisory Board
CSSD—Computing Services and Systems Development
CTSI—Clinical and Translational Science Institute
CV—Curriculum vitae
DPCL—Disease Prevention and Control Law (Pennsylvania)
DrPH—Doctor of Public Health
EBV—Epstein-Barr virus
EDC—Epidemiology Data Center
EOH—Environmental and Occupational Health
EPCC—Educational Policies and Curriculum Committee
EPI (also EPID and EPIDEM)—Epidemiology
ERF—Electronic Resource File
FAPTC—Faculty, Advancement, Promotion, and Tenure Committee
FDC—Faculty Diversity Committee
FIS—Faculty Information System
FSEC—Faculty Senate Executive Committee
FSDP—Faculty and Staff Development Program (Office of Human Resources)
FTE—Full-time-equivalent
GPA—Grade point average
GPSG—Graduate and Professional Student Government

GRE—Graduate Record Examination
GSPH—Graduate School of Public Health
GSPIA—Graduate School of Public and International Affairs
GSR—Graduate Student Researcher
HATS—Healthy Allegheny Teen Survey
HHV—Human herpesvirus
HPI—Health Policy Institute
HPM—Health Policy and Management
HRSA—U.S. Health Resources and Services Administration
HSLS—Health Sciences Library System
HBCU—Historically Black Colleges and Universities
HUGEN—Human Genetics
IACUC—Institutional Animal Care and Use Committee
IBC—Institutional Biosafety Committee
IDM—Infectious Diseases and Microbiology
IDP—Independent development plans
IRB—Institutional Review Board
JD—Juris Doctor
LABS—Longitudinal Assessment of Bariatric Surgery
LEGS—Latino Engagement Group for Salud
LGBT—Lesbian, Gay, Bisexual, and Transgender
MBIS—Molecular Biology Information Service
MID—Master of International Development
MMPH—Multidisciplinary Master of Public Health
MPA—Master of Public Information
MPIA—Master of Public and International Affairs
MPH—Master of Public Health
MD—Medical Doctor
MS—Master of Science
MSM—Men who have sex with men
MSW—Master of Social Work
NAMME—National Association of Minority Medical Educators
NCI—National Cancer Institute
NIH—National Institutes of Health
NIWA—National Institute of Water and Atmospheric Research
NN/LM-MAR—Middle Atlantic Region of the National Network of Libraries of Medicine
NOC—Network Operations Center
NRG—NRG Oncology
NSABP—National Surgical Adjuvant Breast and Bowel Project
OACD—Office of Academic Career Development
OORHS—Office of Research, Health Sciences
PADHS—Pennsylvania Department of Human Services
PADOH—Pennsylvania Department of Health
PA/MA AETC—Pennsylvania-Mid-Atlantic AIDS Education and Training Center
PA-NEDSS—Pennsylvania's version of the National Electronic Disease Surveillance System
PAPHTC—Pennsylvania Public Health Training Center
PBPC—Planning and Budget Policies Committee
PBS—Planning and Budgeting System

PCMI—Peace Corps Master's International Program
PCOR—Patient-Centered Outcomes Research
PCORI—Patient-Centered Outcomes Research Institute
PHAB—Public Health Accreditation Board
PHASYS—Public Health Adaptive Systems Studies
PhD—Doctor of Philosophy
PHDL—Public Health Dynamics Laboratory
PHTC—Public Health Training Center
PI—Principal investigator
R3-PHTC—Region 3 Public Health Training Center
RML—Regional Medical Library
ROC—Receiver operating characteristic
SAMSI—Statistical and Applied Mathematical Sciences Institute
SAS—Statistical software
SES—Socioeconomic status
SGA—Student Government Association
SIBS—Summer Institute for Training in Biostatistics
SIV—Simian immunodeficiency virus
SORC—Student Organization Resource Center
SPHERE—Student Public Health Epidemic Response Effort
SPORE—Specialized Program of Research Excellence
SVC—Senior Vice Chancellor for the Health Sciences
SWAN—Study of Women's Health across the Nation
TA—Teaching Assistant
TBI—Traumatic brain injury
TOEFL—Test of English as a Foreign Language
UPCI—University of Pittsburgh Cancer Institute
UPMC—University of Pittsburgh Medical Center
UTEP—University of Texas at El Paso
VPP—Community Violence Prevention Project
WES—World Education Service

INTRODUCTION

This self study is presented by the University of Pittsburgh Graduate School of Public Health in partial support of its application for reaccreditation by the Council on Education for Public Health. It is the product of a two-year effort to document and reflect on the school's strategic mission, organizational structure, resources, policies, and practices—all within a framework of continuous quality improvement. The self-study process engaged all of the school's stakeholder communities, including faculty, staff, students, alumni, and community and professional partners.

This document presents a candid account of striving over the past seven years to apply the school's considerable strengths and to confront its weaknesses as needed. A sense of shared responsibility and a commitment to transparency in governance are recurring themes, evident in how the school addressed such strategic challenges as:

- Rebuilding diversity while decentralizing responsibility for cultural competence throughout the school;
- Shifting from a focus on minority health to a more universal concept of health equity;
- Assessing and improving the competency-based curriculum in all educational programs;
- Meeting the need for professional public health learning within the context of a research-intensive university; and
- Advancing strategic partnerships to support the application of public health knowledge to policy, decision-making, and evidence-based practice.

The school is grateful for this opportunity to review its status and progress within the context of accreditation criteria. We look forward to feedback and critique.

The Electronic Resource File (ERF) that accompanies this document contains supporting documents, structured to match the titles and sequence of accreditation criteria. Readers may access these resources from the narrative text using hot links to the ERF, or may browse the ERF independently.

CRITERION 1: THE SCHOOL OF PUBLIC HEALTH

1.1. MISSION

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

1.1.A. Mission. A clear and concise mission statement for the school as a whole.

Through excellence and leadership in education, research, and service, the University of Pittsburgh Graduate School of Public Health promotes health, prevents disease, and strives to achieve health equity for everyone.

1.1.B. A statement of values that guides the school.

The Graduate School of Public Health (GSPH) acts with respect to the following values:

Excellence: A dedication to excellence in all facets of our work, recognizing that improving the health of populations rests on the discovery and application of the best scientific evidence

Diversity: A promise to respect human differences in all aspects of our mission

Ethics: A commitment to the highest standards of ethics and integrity

Service: A duty to provide the highest levels of service to public health at the global, national, and regional levels

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1.1.C. One or more goal statements for each major function through which the school intends to attain its mission, including at a minimum, instruction, research and service.

To fulfill its mission, GSPH's primary goals are to:

Goal 1: Prepare the next generation of public health leaders through rigorous educational programs and robust student support services;

Goal 2: Expand knowledge in the field of public health through scientific inquiry and innovation;

Goal 3: Advance the health of populations across the lifespan and through faculty service, in cooperation with partners at the regional, national, and global levels; and

Goal 4: Secure adequate resources and promote operational effectiveness.

1.1.D. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.C. In some cases, qualitative indicators may be used as appropriate.

The GSPH strategic plan structure goes one level deeper than CEPH's expectation described above. For each goal listed in 1.1.C, the GSPH strategic plan lists several objectives, which, in turn, are made more specific in several "aims." Before the beginning of a new fiscal year, associate deans and the assistant dean for finance and administration review strategic goals and objectives to select a subset of aims for implementation in the upcoming fiscal year.

For each aim selected, an implementation plan is developed, resource needs are estimated, and both qualitative and quantitative metrics are identified to measure progress. In addition, a worksheet is prepared for each aim that details the responsible individual(s), implementation plan, necessary resources, metrics, and dissemination plan. Recommendations are presented to the GSPH dean for approval at a weekly Operations Committee meeting. Aims, accompanying metrics, and performance data (cited throughout this self-study) are listed in **Data Templates 1.2.C Tables 1.1.1-4.7.2**. The process of developing metrics and targets and evaluating progress is discussed in greater detail in 1.2.A and 1.2.B.

1.1.E. Description of the manner through which the mission, values, goals, and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

GSPH's mission, vision, goals, and other components of the strategic plan were developed by a working group chaired by the senior associate dean. Members of the working group included the dean, department chairs, associate deans, assistant dean for finance and administration, senior members of the dean's office staff, and a student representative. Over a series of meetings in spring 2012, the mission, vision, goals, and objectives generated as part of the prior strategic plan were reviewed and modified. In an iterative fashion, the mission, vision, goals, and objectives were discussed at meetings; modifications were made and reviewed at the next meeting, with possible additional modifications. In addition to this school-level process, each department developed a strategic plan.

Upon completion of a draft strategic plan, which included the mission, vision, goals, and objectives, the working group sought input from key stakeholders. The plan was also posted on the GSPH website; all faculty, students, and staff were asked to review the plan and provide feedback. In addition, the dean e-mailed copies of the draft strategic plan to external stakeholders, including University of Pittsburgh leaders, members of the GSPH Board of Visitors, members of the Department of Health at the state and county levels, alumni representatives, and UPMC (University of Pittsburgh Medical Center) leadership. Stakeholder comments were reviewed and integrated into the mission, vision, goals, and objectives and approved by the dean. The strategic plan was submitted to the senior vice chancellor for the health sciences on June 20, 2012.

1.1.F. Description of how the mission, values, goals, and objectives are made available to the school's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

A copy of the strategic plan (both school-level and departmental), including mission, values, goals, and objectives is available on the Graduate School of Public Health website. Aggregate relevance of goals is fully reviewed every five years when a new strategic plan is developed; individual goals are re-evaluated at least annually as a part of strategic plan implementation and review processes described in 1.1.D and 1.2.A.

1.1.G. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- GSPH has clearly stated mission and values statements. Goals and objectives are ambitious and were formulated in a rigorous process that included review and input by key stakeholders, including GSPH faculty, students, and staff.

Weaknesses |

- No major weaknesses were identified.

Plans |

- The University of Pittsburgh has a new chancellor, who is embarking on a University-wide strategic planning process, and GSPH is participating actively in that process.

This criterion is met.

1.2. EVALUATION

The school shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the school's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the school must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

1.2.A. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole.

Overall responsibility for strategic plan implementation and evaluation lies with the senior associate dean. Other associate deans take charge of specific areas. **Data Templates 1.2.C Tables 1.1.1-4.7.2** lists quantifiable outcome measures and shows responsible parties and data systems for each objective. Data systems are described in more detail in the ERF in **Table 1.2.A**. For each aim that has been implemented, an implementation worksheet is updated at the end of each fiscal year. This worksheet includes data on measurable outcomes. Department chairs are responsible for implementation and monitoring of departmental objectives and aims.

In addition to the metrics that are tied to specific aims of the strategic plan, the school also regularly examines gross outcomes such as employment of graduates, student satisfaction, faculty publication and grant productivity, etc. Many of these outcomes are cited in corresponding sections of this self study.

For some outcomes, explicit targets are set, and in others the implicit target is improvement of the measure or completion of a process. Targets are set by the associate deans and the assistant dean for finance and administration as a part of the process of choosing each year's aims to be implemented. In some cases targets for detailed aims are discussed first in other forums; for example the Educational Policies and Curriculum Committee (EPCC) developed most of the targets for outcomes related to educational programs and student satisfaction.

1.2.B. Description of how the results of the evaluation processes described in Criterion 1.2.a. are monitored, analyzed, communicated, and regularly used by managers responsible for enhancing the quality of programs and activities.

With any strategic plan, it is important to close the loop. In this case, closing the loop consists of reviewing measurable outcome data for each objective, evaluating the success of the outcome, reporting to key individuals, and determining next steps. Within GSPH, this process includes all of the outcomes specifically tied to aims of the strategic plan, the larger outcomes referred to in 1.2.A, and many more detailed outcomes such as full results of our student surveys.

The school has a variety of processes for reviewing different types of outcomes. The most formal process is that on a rotating basis, department chairs, associate deans, and the assistant dean for finance and administration give progress reports and lead discussions on aims being implemented at monthly GSPH Council meetings. A status summary and further opportunity for discussion and planning of responsive actions is provided at a school-wide faculty meeting held annually in the fall. The senior associate dean also provides an annual report to the dean on strategic plan outcomes. In addition, individual outcomes are discussed with specific stakeholders on a regular basis. For example:

- A summary report of education-related items was compiled in spring 2014 by the associate dean for education, which consisted of three years' of longitudinal data organized by degree program

and/or department. The report was distributed to associate deans, chairs, program directors, EPCC members, and student services staff. Full exit survey results (on which many education outcomes are based) are also distributed annually to the same group of people. Results of the most current summary were discussed in EPCC and student affairs staff meetings throughout summer 2014, and were also discussed in individual meetings between the associate dean for student affairs and program directors. These meetings were a rich source of suggestions and plans for improvements.

- The dean gives a "state of the school" presentation annually, which includes many strategic planning outcomes. Variants of the presentation are given to the board of visitors, the faculty, staff groups, and health sciences administrators. Input is actively solicited from all constituencies. The board of visitors is actively engaged in interpreting the outcomes and using them to suggest strategic directions for the school.
- Outcomes for selected aims are discussed at an annual student town hall, an event that, despite low attendance, has been very valuable for collecting feedback from the highly-engaged students who attend. Discussion in 2013 focused on educational outcomes, and in 2014 focused on facilities.
- The Faculty Diversity Committee (FDC) has taken on responsibility for monitoring diversity outcomes for faculty.
- The Planning and Budget Policies Committee (PBPC) has reviewed selected outcomes and issues relating to facilities and finances.

1.2.C. Data regarding the school's performance on each measurable objective described in Criterion 1.1.d. must be provided for each of the last three years.

Data Templates 1.2.C Tables 1.1.1 - 4.7.2 list outcome data for strategic plan aims (as outlined in 1.2.A). These include most of the outcomes discussed in subsequent sections of the self-study. Because aims chosen for implementation can differ from year to year, several outcomes are reported only for relevant years. Tables for aims that are not yet implemented may be entirely blank, but are included for completeness. Also, since the current strategic plan was initiated in 2012, data from 2011-2012 are appropriate/available (as baseline measures) only for certain outcomes.

1.2.D. Description of the manner in which the self-study document was developed, including effective opportunities for input by important school constituents, including institutional officers, administrative staff, faculty, students, alumni, and representatives of the public health community.

The school views CEPH accreditation as an ongoing process requiring consistent attention throughout the seven-year cycle. At critical points throughout the cycle, the school's leadership actively engaged stakeholders, including faculty, students, University officials, and external stakeholders.

Leadership throughout the current self-study process came from three administrators with experience in previous accreditation cycles and/or training as CEPH site visitors: Associate Vice Chancellor for Academic Affairs, Health Sciences, Margaret McDonald, PhD, MFA (also a GSPH faculty member); GSPH Senior Associate Dean and Associate Dean for Education, Eleanor Feingold, PhD; and the school's immediate-past Associate Dean for Public Health Practice, Margaret Potter, JD, MS. Also participating were associate and assistant deans, GSPH faculty and students, University officials, and other stakeholders, including community and professional partners. All reaccreditation activities were addressed in monthly reports to the GSPH Council. This self-study progressed in several stages:

- Beginning immediately after the 2006 site visit, the school reviewed its data tracking and management accountability to assure accuracy and thoroughness for future self-studies.

- CEPH's 2011 publication of revised accreditation criteria initiated the second-stage activity and tasks; one of the most critical was establishing adherence to the new Criterion 1.8 on diversity. Because this task required a review and revision of existing policies, procedures, and accountability, it was assigned to an ad hoc diversity committee with representation from the standing Faculty Diversity Committee (FDC) as well as additional membership from associate and assistant deans, center directors from Health Equity and LGBT Health Research, students, minority faculty, the Office of Health Sciences Diversity, and the University Office of Diversity and Inclusion. A complete description of this process appears with Criterion 1.8; an extensive report from the ad hoc diversity committee, including its history of iterative reviews, approvals, and authorizations, appears in the ERF.
- Several major changes to educational programs have been in progress since the publication of the 2011 criteria or before. Most importantly, the process of moving all programs toward competency-based curricula with full assessment of all competencies has been ongoing for approximately five years. In addition, a complete review and revision of DrPH programs was conducted from 2011-2012.
- The third activity stage in 2013 involved creation of an Accreditation Committee composed of associate and assistant deans, and other key faculty and staff. (See **Table 1.5.A.2** for listing of the membership.) With participation from academic departments and the ad hoc diversity committee, this group conducted a preliminary mini self-study in preparation for a consultation visit by CEPH staff in October 2013.
- Preparation of the draft self study document occurred during 2014. The Accreditation Committee held monthly meetings during the first half year, a two-day retreat in June, and weekly meetings throughout summer and fall. Summaries of those meetings can be found in the ERF.
- In October 2014, the Accreditation Committee posted a draft self-study on the GSPH website and invited critical review from representatives of all of the school's stakeholder constituencies. A listing of these invitees, their titles or roles, and the particular criteria brought to the attention of each appears in the ERF. A separate listing of everyone who submitted comments or attended a comment meeting also appears in the ERF. Representation at these meetings was extremely broad, and participation from all stakeholders was very active.
- The final stage of preparation of the draft self-study consisted of the Accreditation Committee incorporating comments received from all stakeholders and then meeting in a final two-day retreat December 3 and 4. The retreat agenda focused on discussion of strengths, weaknesses, and plans for all criteria.
- The draft self study was provided to CEPH in December 2014. In February 2014 it was posted on the school's website and stakeholders were invited to submit comments directly to CEPH.
- CEPH's comments on the draft self study were received in February 2015. This final self study was prepared by the self study committee to incorporate and/or respond to those comments.

1.2.E. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- GSPH's formal self-governance and administrative structures include the accreditation cycle in a process of continuous quality improvement; thus, self-study is ongoing rather than a discrete event every seven years. This integrative approach has strengthened the school, particularly with respect to its data tracking and management accountability.
- Additionally, the school's informal feedback loops strongly contribute to evaluation processes. Outcomes are discussed in many venues, including weekly associate deans' meetings, monthly GSPH Council meetings, and ad hoc implementation groups. There are also strong feedback

loops on the value of the metrics themselves, and many metrics have been refined in response to strategic goals.

Weaknesses |

- Formal tracking of follow-up from outcomes discussions is challenging in terms of both time commitments of those responsible and data-capture systems.

Plans |

- GSPH plans to continue to treat CEPH accreditation as an ongoing process requiring consistent attention.
- We have started tracking follow-up actions as part of the strategic planning reporting process.
- Student surveys are being moved to the Qualtrics tool, which provides the foundation for performing much more automated data reporting and analysis of all surveys, including the exit survey which is the basis for many of our student affairs and education outcomes.

This criterion is met.

1.3. INSTITUTIONAL ENVIRONMENT

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.

1.3.A. A brief description of the institution in which the school is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

The University of Pittsburgh of the Commonwealth System of Higher Education, founded in 1787, is a nonsectarian, coeducational, state-related research university. The University is the most comprehensive educational complex in a tri-state area, offering more than 468 distinct degree programs and enrolling 28,617 students on the main Pittsburgh campus in the fall 2014 term. As a state-related institution, the University is a public-private venture supported by public (Commonwealth of Pennsylvania) and private funds. As a result, educational services are made available at a lower tuition rate for Commonwealth residents. In return, the University is eligible for state funding for its operating budget and may take advantage of state facility construction grants. However, administratively and academically, the University operates as a private institution and has sole authority over standards for admission, awarding of degrees, and faculty qualifications. The University of Pittsburgh is a member of the Association of American Universities and is accredited by the Middle States Association of Colleges and Schools, Commission of Higher Education. The most recent accreditation review for the University took place in September 2012. The review resulted in the University's reaccreditation for an additional 10 years, with no qualifications. Its report praised Pitt's unusually robust and integrated "culture of assessment" and affirmed that the University of Pittsburgh is, indeed, "a world-class research university." A list of all accrediting bodies to which the university responds is available in the ERF.

GSPH is one of the University of Pittsburgh's six Schools of the Health Sciences, which also include Medicine, Dental Medicine, Health and Rehabilitation Sciences, Nursing, and Pharmacy. GSPH and all of the Schools of the Health Sciences share in the academic mission of the University by providing a broad range of programs in education; biomedical research training; health promotion; and diagnosis, treatment, and prevention of human disease and disability. GSPH justly enjoys an international reputation as a research-intensive institution that is also eminently capable of producing public health practice graduates ready to meet local, national, and global needs.

GSPH, in addition to its CEPH accreditation, maintains accreditation of the Health Administration Program by the Commission on Accreditation of Healthcare Management Education; the most recent reaccreditation was in May 2014. The program is accredited through May 2021. The genetic counseling program is accredited by the Accreditation Council for Genetic Counseling; the most recent reaccreditation was in 2011 for eight years.

1.3.B. One or more organizational charts of the university indicating the school's relationship to the other components of the institution, including reporting lines.

Figure 1.3.B below illustrates the various administrative, financial, and development relationships of GSPH with other components of the University, particularly the other health sciences schools.

1.3.C. Description of the school's level of autonomy and authority regarding the following:
-budgetary authority and decisions relating to resource allocation
-lines of accountability, including access to higher-level university officials
-personnel recruitment, selection and advancement, including faculty and staff
-academic standards and policies, including establishment and oversight of curricula

GSPH operates under the policies and procedures established by the University that govern budgeting, personnel, and academics. In addition, the school has specific policies and procedures that govern each of these areas. All policies and procedures are on file in the dean's office and individual departments. The school exercises the full prerogatives and status of all other schools of the University.

Lines of accountability
Lines of accountability are outlined in **Figure 1.3B**.

Dean Donald S. Burke, functions as the school's chief academic and administrative officer and, as such, is responsible to the University Board of Trustees and the chancellor through the senior vice chancellor (SVC) for the health sciences (for administrative matters) and the provost (for academic matters). The dean represents GSPH on the University's Council of Deans, which is made up of deans from the University's 18 schools and the presidents of its four regional campuses. Dean Burke also represents GSPH at monthly SVC senior staff/health sciences deans meetings and has held a health sciences-wide position as associate vice chancellor for global health during his full tenure at the University.

Arthur S. Levine, MD, has served as senior vice chancellor for the health sciences and dean of the School of Medicine since 1998. Dr. Levine's dual responsibilities follow a model that has been adopted by other major research universities; his relationship to the GSPH dean is the same as for all of the other health sciences deans.

Patricia E. Beeson, PhD, has served as provost and senior vice chancellor of the University since 2010, and Alberta M. Sbragia, PhD, MA, has served as vice provost for graduate studies since 2011. The Office of the Provost is the locus of accountability and authority for GSPH regarding acadmic issues.

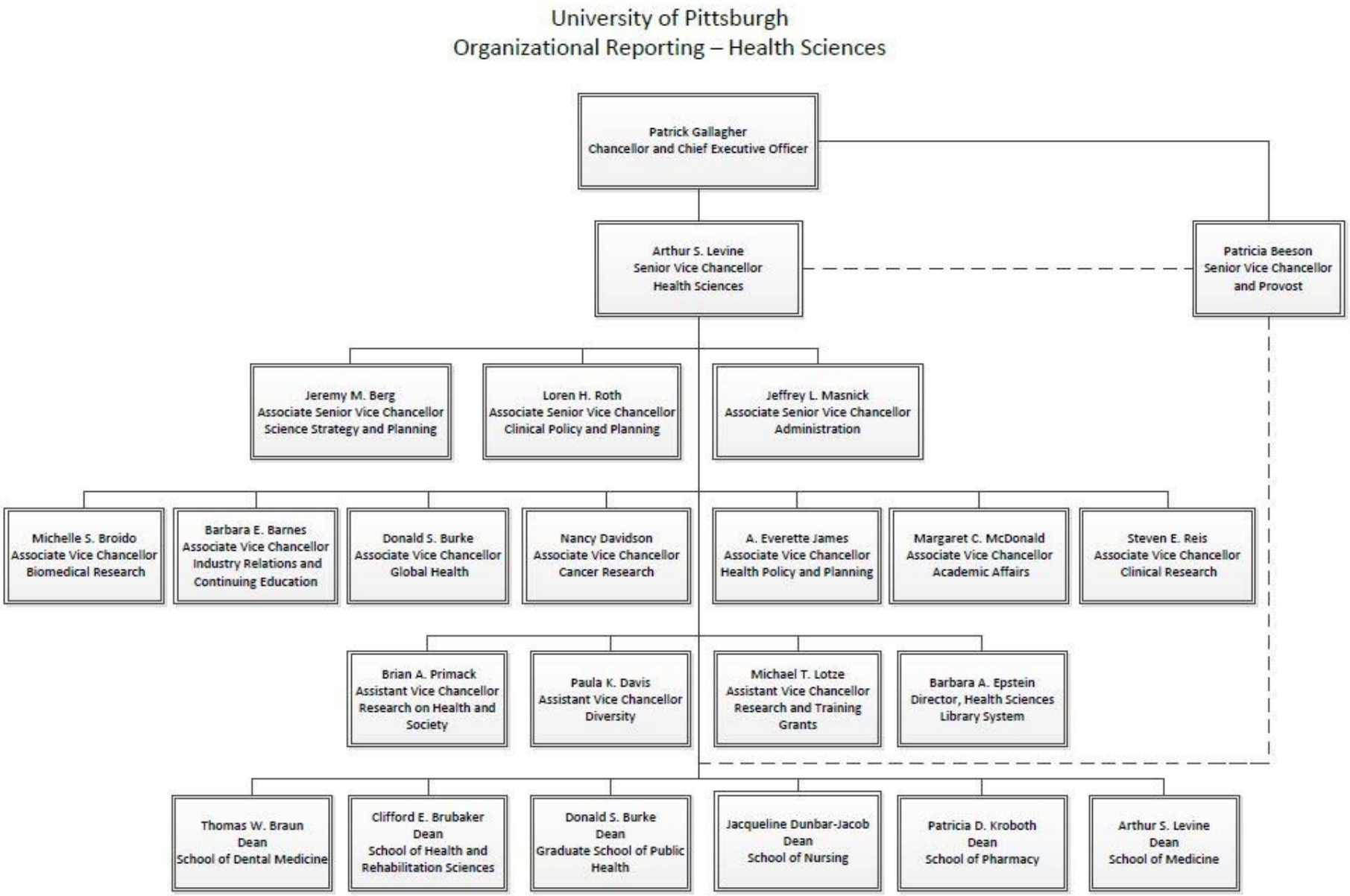
Mark A. Nordenberg, JD, served as chancellor of the University from 1996 through July 31, 2014. On August 1, 2014, Patrick Gallagher, PhD, became the 18th chancellor of the University of Pittsburgh. Before coming to the University of Pittsburgh, Dr. Gallagher was deputy secretary of the U.S. Department of Commerce and director of the National Institute of Standards and Technology and undersecretary of commerce for standards and technology.

Budgetary authority
The University of Pittsburgh's resource allocation system distributes planning and budgeting responsibilities among administrators, faculty, staff, students, and trustees. The University-wide Planning and Budgeting Committee develops planning parameters for the University's general operating budget. The provost and senior vice chancellor for the health sciences then translate these parameters into school allocations. At the school level, departmental allocations are made through the dean's office. Guiding principles behind those allocations are discussed by department chairs and by the PBPC (including the student member).

Personnel
Faculty and staff appointments are initiated through individual departments or the GSPH dean's office. All appointments and promotions require both SVC and provost approval.

Academic standards and curriculum
New programs are initiated at the department or school level and receive approval from the EPCC and PBPC, with final review by the GSPH Council before subsequent approval by the dean, SVC, University Council on Graduate Studies, and provost. More detail on this review process is given in 1.5.B.

Figure 1.3.B


University of Pittsburgh
Organizational Reporting – Health Sciences
Patrick Gallagher
Chancellor and Chief Executive Officer
Arthur S. Levine
Senior Vice Chancellor
Health Sciences
Patricia Beeson
Senior Vice Chancellor
and Provost
Jeremy M. Berg
Associate Senior Vice Chancellor
Science Strategy and Planning
Loren H. Roth
Associate Senior Vice Chancellor
Clinical Policy and Planning
Jeffrey L. Masnick
Associate Senior Vice Chancellor
Administration
Michelle S. Broido
Associate Vice Chancellor
Biomedical Research
Barbara E. Barnes
Associate Vice Chancellor
Industry Relations and
Continuing Education
Donald S. Burke
Associate Vice Chancellor
Global Health
Nancy Davidson
Associate Vice Chancellor
Cancer Research
A. Everette James
Associate Vice Chancellor
Health Policy and Planning
Margaret C. McDonald
Associate Vice Chancellor
Academic Affairs
Steven E. Reis
Associate Vice Chancellor
Clinical Research
Brian A. Primack
Assistant Vice Chancellor
Research on Health and
Society
Paula K. Davis
Assistant Vice Chancellor
Diversity
Michael T. Lotze
Assistant Vice Chancellor
Research and Training
Grants
Barbara A. Epstein
Director, Health Sciences
Library System
Thomas W. Braun
Dean
School of Dental Medicine
Clifford E. Brubaker
Dean
School of Health and
Rehabilitation Sciences
Donald S. Burke
Dean
Graduate School of Public
Health
Jacqueline Dunbar-Jacob
Dean
School of Nursing
Patricia D. Kroboth
Dean
School of Pharmacy
Arthur S. Levine
Dean
School of Medicine

1.3.D. Identification of any of the above processes that are different for the school of public health than for other professional schools, with an explanation.

GSPH has the same status as the University's other professional schools and also benefits greatly from its role within the University and the Schools of the Health Sciences.

1.3.E. If a collaborative school, descriptions of all participating institutions and delineation of their relationships to the school.

Not applicable.

1.3.F. If a collaborative school, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the school's operation.

Not applicable.

1.3.G. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- Globally, the University of Pittsburgh is among the top 100 universities, according to the 2014 world rankings by *The Times Higher Education*. Pitt ranks No. 22 in the world among 2,000 colleges and universities for the quality and quantity of its scholarly publications, according to 2013-15 statistics released by the University Ranking by Academic Performance Research Laboratory. Pitt ranks among the top two U.S. universities and No. 4 among universities worldwide in the 2013 edition of *The Scientist*'s "Best Places to Work in Academia" survey. Calling Pitt a "world-class research university," with an "unwavering commitment to excellence," a Middle States Commission on Higher Education report in September 2012 reaccredited the University for a 10-year period, without qualification, the maximum permissible time for an extension of accreditation.
- GSPH is well positioned within the University of Pittsburgh, with strong relationships to both the Office of the Senior Vice Chancellor for the Health Sciences and the Office of the Provost. The school was Pennsylvania's first fully accredited graduate school of public health and the 13th in the nation. The school collaborates with Pitt's five other Schools of the Health Sciences, as well as with the Schools of Law, Social Work, and Public and International Affairs. It is consistently one of the top five recipients of National Institutes of Health (NIH) funding among all schools of public health and has a unique learning connection to UPMC, one of the nation's largest multihospital systems.

Weaknesses |

- No major weaknesses have been identified.

Plans |

- GSPH will continue to develop its collaborative links with other Pitt schools and programs, as well as with UPMC, to achieve its full academic, educational, and public health practice potential. The school's students have clearly benefited from these very worthwhile relationships.

This criterion is met.

1.4 ORGANIZATION AND ADMINISTRATION

The school shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the school's public health mission. The organizational structure shall effectively support the work of the school's constituents.

GSPH has an organizational structure that assures attention to and accountability for all critical areas of administration (human resources, finance, and information systems) and management (research, student affairs, education, faculty, public policy, and public health practice). This structure overlays the school's seven academic departments—Behavioral and Community Health Sciences (BCHS), Biostatistics (BIOST), Epidemiology (EPI), Environmental and Occupational Health (EOH), Health Policy and Management (HPM), Human Genetics (HUGEN), and Infectious Diseases and Microbiology (IDM). Supporting cohesion and collaboration among these units are numerous cross-cutting and interdisciplinary features—including grand rounds-designated events, an annual *One Book, One Community* series, and school-wide centers and certificate programs.

1.4.A. One or more organizational charts showing the administrative organization of the school, indicating relationships among its component offices, departments, divisions, or other administrative units.

Figure 1.4.A below shows the detailed organization of the Office of the Dean and the Graduate School of Public Health.

Dean, Donald S. Burke, MD
The dean is the school's chief academic and administrative officer. His responsibility is to provide strategic leadership for all academic and administrative affairs at the GSPH, as well as to foster productive relationships with faculty, students, staff, donors, alumni, and other constituencies. The GSPH and the University community look to the dean to provide strong collaborative leadership in public health education, research, practice and service. He is expected to serve as a catalyst and advocate for research that has an impact on science and local, national, and international communities; to enhance communication, and to foster a vibrant intellectual community among all constituencies within the GSPH. The Department Chairs of the GSPH report directly to the dean. The dean has key relationships with the Deans of the other Schools of the Health Sciences and with UPMC. He has collaborative relationships with other Schools at the University, regional campuses of the University, the Allegheny County Health Department, community organizations and neighborhoods, and foundations and corporations.

Senior Associate Dean, Eleanor Feingold, PhD
The senior associate dean collaborates closely with the assistant dean for finance and administration to assist the dean with managing all planning and operations for the school. Responsibilities that are more academic in nature are led primarily by the senior associate dean, while responsibilities that are more financial and logistical in nature are led primarily by the assistant dean for finance and administration. The senior associate dean supervises the marketing and communication and information technology staff in the dean's office, and is responsible for space planning and strategic planning. In addition, the senior associate dean represents GSPH at University functions when the dean is not available.

Assistant Dean for Finance and Administration, Renae Brinza, MS
The assistant dean for finance and administration is responsible for planning, organizing, evaluating, and monitoring GSPH's financial functions to ensure that academic and administrative priorities are being met. This responsibility includes providing strategic direction and ensuring that appropriate resources are available to support research, educational, and practice programs, as well as other strategic initiatives as

directed by the dean. She works closely with associate deans, department chairs, center directors, department and center administrators, and people associated with the Offices of the Senior Vice Chancellor, Budget and Controller, and Research. She also has oversight of facilities management within the school.

Associate Dean for Education, Eleanor Feingold, PhD
The associate dean for education is responsible for oversight of all degree and certificate programs, including curriculum and mentoring. She leads major strategic initiatives in the educational realm, supervises the educational programs coordinator, and works closely with the program directors and Educational Policies and Curriculum Committee (EPCC) members. She collaborates with the associate dean for student affairs and the assistant dean for student affairs on co-curriculum, academic integrity, student surveys, and student awards.

Associate Dean for Public Policy, George A. Huber, JD, MSIE, MSSM
The associate dean for public policy develops GSPH collaborations with business, government, and nonprofit organizations to increase the school's influence on public health policy and practice. He leads an ad hoc team—called the Policy Committee—to address complex public health policy issues to speed improvements and innovations in the management and delivery of public services at the local, state, and national levels; the committee's membership varies as required for a given policy issue but typically includes representation from CPHP as well as the BCHS department and the Evaluation Institute. He also assists in the translation of research findings to help improve public health.

Associate Dean for Public Health Practice, Ronald Voorhees, MD, MPH
The associate dean for public health practice works to improve public health practice by developing new models for academic and practice programs, establishing collaborative efforts with local and state health departments, improving public health preparedness, and enhancing training opportunities for current and future public health practitioners. He also serves as director of the CPHP, which houses research, training, and practice activities.

Associate Dean for Faculty Affairs, Todd Reinhart, ScD
The associate dean for faculty affairs is responsible for faculty appointment and promotion processes, annual faculty evaluations, and faculty development. He works closely with the Faculty Senate Executive Committee and Faculty Appointment, Promotion, and Tenure Committee (FAPTC) members.

Associate Dean for Research, Jane Cauley, DrPH
The associate dean for research is responsible for strategic planning and faculty development in the area of research. She works with other faculty and administrators to ensure that research performed within GSPH is compliant with all relevant regulations. In addition, she helps make faculty aware of funding opportunities, changes in regulations, and other important issues regarding the research environment.

Associate Dean for Student Affairs, Cindy Bryce, PhD
The associate dean for student affairs oversees key stages of graduate student life. Student affairs is responsible for staffing external recruitment events; organizing internal recruitment events; coordinating and processing applications across seven departments; communicating regularly and answering applicants' questions; scheduling new student orientation events; providing support to current students (whether related to academics, student life, or personal matters); responding to concerns or complaints about students, including academic integrity issues; preparing students for job interviews and ongoing professional development; verifying completion of program requirements for all potential graduates; and engaging recent graduates and other alumni in networking or mentoring opportunities with current students. She supervises the assistant dean for student affairs and the Office of Student Affairs and Education.

Assistant Dean for Student Affairs, Mary Derkach, JD
The assistant dean for student affairs is responsible for administrative operations related to student affairs, including many of the events led by the associate dean for student affairs. She also serves as the school's registrar, with responsibility for course scheduling, graduation requirements, and coordination with the University Office of the Registrar.

Assistant Dean for Global Health Programs, Joanne Russell, MPPM, RN
The assistant dean for global health programs directs the Global Health Certificate, Peace Corps Master's International (PCMI) program, and other global health initiatives within GSPH.

Educational Programs Coordinator, Robin Leaf, MEd
The educational programs coordinator works with the associate dean for education, EPCC, and the Master of Public Health (MPH) Program Committee to implement a variety of teaching and mentoring initiatives. Recent examples have included independent development plans for doctoral students, self-assessment tools for MPH competencies, and an online academic integrity module.

Director of Career Services, Joan Anson, MSEd
The Career Services Office assists students and alumni through skill building, employer development, and networking opportunities. Activities are described in detail in Criterion 4.4.B.

Director of Development, Kristen de Paor
Fundraising for GSPH and the other five Schools of the Health Sciences takes place through the University of Pittsburgh/UPMC Medical and Health Sciences Foundation, which was created in 2003 to serve as a unified fundraising organization for these entities. The GSPH director of development reports to the director of health sciences development and is in charge of directing GSPH's fundraising programs. The director of development works closely with the dean in identifying the school's needs and major gift prospects.

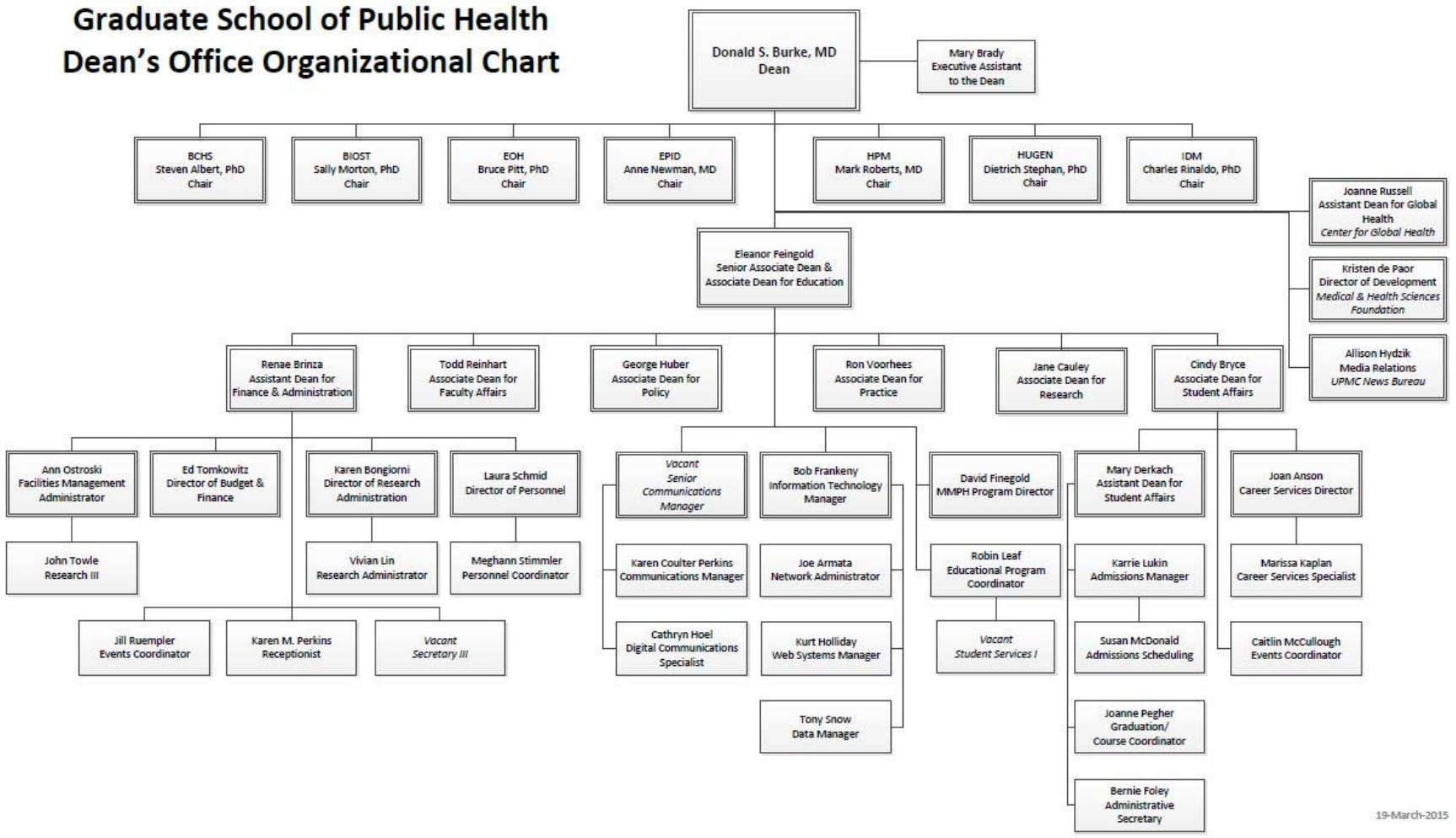
1.4.B. Description of the roles and responsibilities of the major units in the organizational chart.

Department Chairs
These faculty members have overall responsibility for management and leadership of their departments, including research, education, and service missions. Each department also has an administrator, a student services coordinator, and several other administrative staff in various roles.

Program Directors
Within departments, each degree program or certificate is overseen by a program director. Program directors have overall responsibility for curriculum and student advising, including developing and assessing competencies. They work in collaboration with the associate dean for education, the educational programs coordinator, and EPCC members. All MPH program directors are members of the MPH Program Committee, along with core course instructors and student representatives. A list of program directors can be found in **Data Template 2.1.1**.

In addition to the central units described above, there are a number of organizations within the Graduate School of Public Health that are labeled as institutes or centers. In an effort to focus the self-study, we describe here only those institutes and centers that are the most important loci for interdisciplinary research and/or training.

Figure 1.4.A


Graduate School of Public Health
Dean's Office Organizational Chart
Donald S. Burke, MD
Dean
Mary Brady
Executive Assistant to the Dean
BCHS
Steven Albert, PhD
Chair
BIOST
Sally Morton, PhD
Chair
EOH
Bruce Pitt, PhD
Chair
EPID
Anne Newman, MD
Chair
HPM
Mark Roberts, MD
Chair
HUGEN
Dietrich Stephan, PhD
Chair
IDM
Charles Rinaldo, PhD
Chair
Joanne Russell
Assistant Dean for Global Health
Center for Global Health
Kristen de Paor
Director of Development
Medical & Health Sciences Foundation
Allison Hydzik
Media Relations
UPMC News Bureau
Eleanor Feingold
Senior Associate Dean & Associate Dean for Education
Renae Brinza
Assistant Dean for Finance & Administration
Todd Reinhart
Associate Dean for Faculty Affairs
George Huber
Associate Dean for Policy
Ron Voorhees
Associate Dean for Practice
Jane Cauley
Associate Dean for Research
Cindy Bryce
Associate Dean for Student Affairs
Ann Ostroski
Facilities Management Administrator
Ed Tomkowitz
Director of Budget & Finance
Karen Bongiorni
Director of Research Administration
Laura Schmid
Director of Personnel
Vacant
Senior Communications Manager
Bob Frankeny
Information Technology Manager
David Finegold
MMPH Program Director
Mary Derkach
Assistant Dean for Student Affairs
Joan Anson
Career Services Director
John Towle
Research III
Vivian Lin
Research Administrator
Meghann Stimmler
Personnel Coordinator
Karen Coulter Perkins
Communications Manager
Joe Armata
Network Administrator
Robin Leaf
Educational Program Coordinator
Karrie Lukin
Admissions Manager
Marissa Kaplan
Career Services Specialist
Jill Ruempler
Events Coordinator
Karen M. Perkins
Receptionist
Vacant
Secretary III
Cathryn Hoel
Digital Communications Specialist
Kurt Holliday
Web Systems Manager
Vacant
Student Services I
Susan McDonald
Admissions Scheduling
Caitlin McCullough
Events Coordinator
Tony Snow
Data Manager
Joanne Pegher
Graduation/ Course Coordinator
Bernie Foley
Administrative Secretary
19-March-2015

Center for Public Health Practice
This center works to improve the health of Pennsylvanians through establishing strong linkages between the school's faculty and students and local, state, national, and global public health practice. CPHP is a catalyst for engaged scholarship in public health through applied research, practice-based teaching, and professional service. CPHP collaborates with governmental and other agencies in the community to conduct focused assessments, apply scholarly evidence to address public health issues, and provide evidence-based service to improve the impact of public health practice. A recent example of this work, funded by the Health Policy Institute, was a study of laws governing groundwater protection associated with the state's burgeoning industry of natural gas extraction using hydraulic fracturing ("fracking").

Public Health Dynamics Laboratory
This interdisciplinary activity center is focused on the development of computational methods to improve public health theory and the practice. PHDL includes more than 40 faculty and staff—epidemiologists, biostatisticians, behavioral scientists, public health policy experts, and computational scientists—to produce the next generation of analytical tools for critical public health research. Active investigations include infectious disease dynamics; spatial epidemiology; global open access public health databases; vaccine distribution in developing countries; public health response to epidemics and other emergencies; social networks and effects on obesity, smoking, and other health behaviors; and community violence dynamics.

Epidemiology Data Center
The Epidemiology Data Center (EDC) provides a research environment in which complex health questions can be explored using the combined tools of biology and statistics. EDC establishes collaborations with clinical researchers to design, conduct, and analyze multicenter, randomized clinical trials and epidemiologic studies. To contribute to the development of new knowledge, EDC develops and refines data collection, data management, computing, and statistical methods, with the ultimate goal of advancing treatment and prevention of disease.

Center for Lesbian, Gay, Bisexual, and Transgender Health Research
The center's mission is to understand and improve LGBT health by maintaining an infrastructure to support research concerning LGBT health and wellness needs. The center, in addition to the various academic partnerships and collaborations it fosters, also creates and maintains contact with non-researchers who are interested in sexual minority health/wellness issues (e.g., practitioners and consumers) to assist in developing realistic and appropriate research agendas and applying research findings. Faculty and students work to translate research findings into national, state, and local education, policy, and service by creating linkages with medical practices and local and state offices. To specifically address the conceptual and practical skills necessary to identify, analyze, and address LGBT individual wellness, the center established the first graduate-level certificate in Lesbian, Gay, Bisexual, and Transgender Individuals' Health and Wellness. Center faculty serve as mentors and instructors. Students enrolled in the certificate gain experience in the design and evaluation of programs, interventions, epidemiological research, and policy analysis related to sexual orientation and gender identity. This center's efforts are also contributing to the school's broader diversity goals. The center's T32 Training Program on HIV Prevention Research among Men Who Have Sex with Men (MSM) currently supports three fellows. This grant is the first of its kind at the National Institute of Mental Health and has been used to recruit minority candidates (two of the three fellows supported by the grant are African American). The center's amfAR (American Foundation for AIDS Research) program trains scholars from the developing world in how to do HIV prevention research among MSM.

Center for Health Equity
In December 2011, the school re-established its academic Center for Minority Health as the Center for Health Equity (CHE), housed within the Department of Behavioral and Community Health Sciences. This center aims to understand and reduce mortality among disadvantaged populations over the lifespan. CHE strives to expand knowledge by conducting research. Its current research, funded by local foundations and NIH, relates to violence prevention and peer-to-peer interventions among African Americans and Latinos. CHE maintains the Community Research Advisory Board (CRAB), composed of community members and researchers who review research protocols to assist investigators in making their studies relevant and sensitive to communities and to successfully recruit participants from under-represented groups. CHE also designs, implements, and evaluates interventions that aim to reduce health inequities through extensive collaboration with community stakeholders and researchers. Currently, CHE conducts outreach in African American barbershops and organizes a student-based navigator program in local health centers. CHE also contributes to the development of future public health professionals by supporting students via mentorship, practice with community partners, participation in the CRAB, a journal club, a newly formed Interdisciplinary Latino Research Interest Initiative, and funding for dissertations and theses. CHE also created a graduate-level certificate in Health Equity that is open to all University students.

Institute for Evaluation Sciences in Community Health
The Institute for Evaluation Sciences in Community Health works to advance evaluation science, scholarship, and practice. It does so through research, training, and consultation to make evaluation science a core component of public health infrastructure to improve the performance of public health and related human service organizations. Scientific evaluation research as applied in human service policy and program implementation is based on two ideas. First, organizations can evolve and adapt in a way that is planned and responsive to the needs of society if they become continually "self-assessing." Second, scientific methods can be used to assess the quality of the policy, organizational design, operation, outcomes, and costs/financing of any human service organization, program, or intervention. The center, which is housed within the Department of Behavioral and Community Health Sciences, also has established a graduate-level certificate in evaluation science that draws students from multiple GSPH departments.

Center for Global Health
The Center for Global Health (CGH) is a university-wide center that is physically located within GSPH. It provides a unifying framework for global health research and scholarship at the University of Pittsburgh. The center's mission is to effectively address health issues that affect populations around the globe. This mission is carried out through activities in support of goals to foster innovative, interdisciplinary global health research; create the next generation of global health leaders and scholars; facilitate sustained global health partnerships; and promote translation of global health research findings into policy and practice. Through its partnership with GSPH, the center also offers a 15-credit certificate in global health studies.

Health Policy Institute
The University of Pittsburgh Health Policy Institute (HPI) is a health-sciences-wide center that has close ties to GSPH. HPI is committed to producing high quality, evidence-based policy research and programming for government, business, and the foundation community. HPI's goal is to engage students and content experts to help answer key policy questions facing the health system through multidisciplinary, scientific policy analysis and education. HPI is the only academic health policy institute in the U.S. that combines expertise across all of the health sciences—medicine, public health, pharmacy, nursing, dentistry, and the rehabilitation sciences—to conduct applied research and make policy recommendations.

Center for Aging and Population Health
CAPH is housed administratively in the Department of Epidemiology and is supported in part by the U.S. Centers for Disease Control and Prevention (CDC) as a Prevention Research Center. The center continues to expand established success in research on the epidemiology of aging and longevity by linking population-based research with new techniques in genetics, imaging, and advanced laboratory diagnostic methods. The center is also expanding its population base to other communities and developing an international collaborative study in India. A major research focus has been, and will continue to be, on maintenance of function and prevention of disability. Expertise in quantitative imaging and energy balance assessment is applied to define the impact of aging processes and health behaviors on mobility and body composition, including fat, muscle, and bone in older adults. Research areas relating to successful aging and the genetics of longevity and exceptional survival have been expanded. Other areas of active investigation include determinants of brain and cardiovascular aging, clinical trials in the prevention of physical and cognitive decline, and translation of these findings into community settings.

Comparative Effectiveness Research Core
Biostatistics faculty lead the Comparative Effectiveness Research Core (CERC), part of the University's Clinical and Translational Science Institute. The purpose of CERC is to provide University-wide support for researchers engaged in comparative effectiveness research (CER) and patient-centered outcomes research (PCOR). CERC offers training in CER/PCOR methodology, provides guidance on promoting stakeholder involvement, assists researchers in obtaining external funding, and fosters collaborations between researchers and established CER/PCOR methodologists.

1.4.C. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research, and service.

It is almost impossible to imagine a public health problem that can be addressed without collaborations across multiple fields. This is an organizing tenet of GSPH; thus, interdisciplinary approaches are the rule rather than the exception in all GSPH activities.

Specific examples of interdisciplinary coordination, cooperation, and collaboration in public health learning, research, and service follow:

Public health learning
All students are exposed to multiple disciplines and interdisciplinary perspectives during their time at GSPH.

- For MPH students, the school-wide core curriculum provides perspectives from all five core disciplines and experiences in integrative multidisciplinary problem solving through the capstone course. The first-semester overview course is specifically designed to introduce students to the idea that all public health disciplines are necessary to approach almost any problem.
- Students in all degree programs are required to participate in two semesters of the "Dean's Grand Rounds" course, which obligates them to attend seminars and events of multidisciplinary interest throughout the year.
- Academic and other professional degree students also take an "Essentials of Public Health" course, which gives them an integrated exposure to topics in health management and policy and environmental/social determinants of health.
- All dissertation, thesis, and essay committees are required to include faculty from at least two departments.
- A number of students take part in certificate programs that cross departmental boundaries, or in joint degree programs with other schools at the University.

- All students, staff, and faculty are encouraged to participate in the school's annual *One Book, One Community* activities. A book is chosen each year, and there are opportunities for discussion and formal programs around the book and its themes. This program is in its sixth year.

Research

- Most departments within the school are highly interdisciplinary, as can be seen in **Data Template 4.1.1**. For example, Human Genetics includes individuals trained in statistics, genetics, environmental toxicology, and philosophy. BCHS includes individuals trained in anthropology, medicine, epidemiology, social work, public health, and public administration.
- Numerous faculty members hold appointments in more than one GSPH or University department, assuring their presence and influence in interdisciplinary scholarship.
- Most of the sponsored research in GSPH involves faculty from multiple disciplines in GSPH, in the University, and elsewhere. For example, **Figure 1.4.C** below is a network graph created by Hasan Guclu, PhD, MS, assistant professor of epidemiology, in 2011 showing Pubmed-listed publications involving faculty from two or more GSPH departments. Each edge in the graph represents a joint authorship.
- GSPH has a number of centers whose goal is interdisciplinary inquiry, including PHDL, CHE, the Center for LGBT Health Research, and CPHP.
- Major foci of interdisciplinary research within GSPH (in addition to those that reside in formal centers) include statistical genetics, healthy aging, and cardiovascular disease.

Service

GSPH collaborations with the Pennsylvania and Allegheny County health departments and with non-governmental community organizations span a wide range of fields. Most often, service collaborations involve departments with applied research portfolios. The following examples are discussed further in Criterion 3.2.

- Ongoing projects include the Allegheny County Health Survey, a county-level adaptation of the state wide Behavioral Risk Factor Surveillance Survey with oversampling of important population groups. This project involves faculty and analysts from the BCHS, EPI, and HPM departments.
- The WalkWorks project with the Pennsylvania Department of Health (PADOH) involves faculty from BCHS and HPM, as well as the University's Swanson School of Engineering, in a multidisciplinary approach to building walkable environments in rural communities.

1.4.D. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- GSPH has a well-established reporting structure, with dedicated faculty and staff for all important administrative functions.
- GSPH is a campus leader in housing and supporting a number of centers in which faculty and students from numerous other schools participate actively.
- GSPH hosts a significant amount of cross-disciplinary work in research, education, and service; interdisciplinarity is the rule rather than the exception.
- GSPH has both strong vertical structures of responsibility and a strong matrix of cross-disciplinary activities and engagements.

Weaknesses |

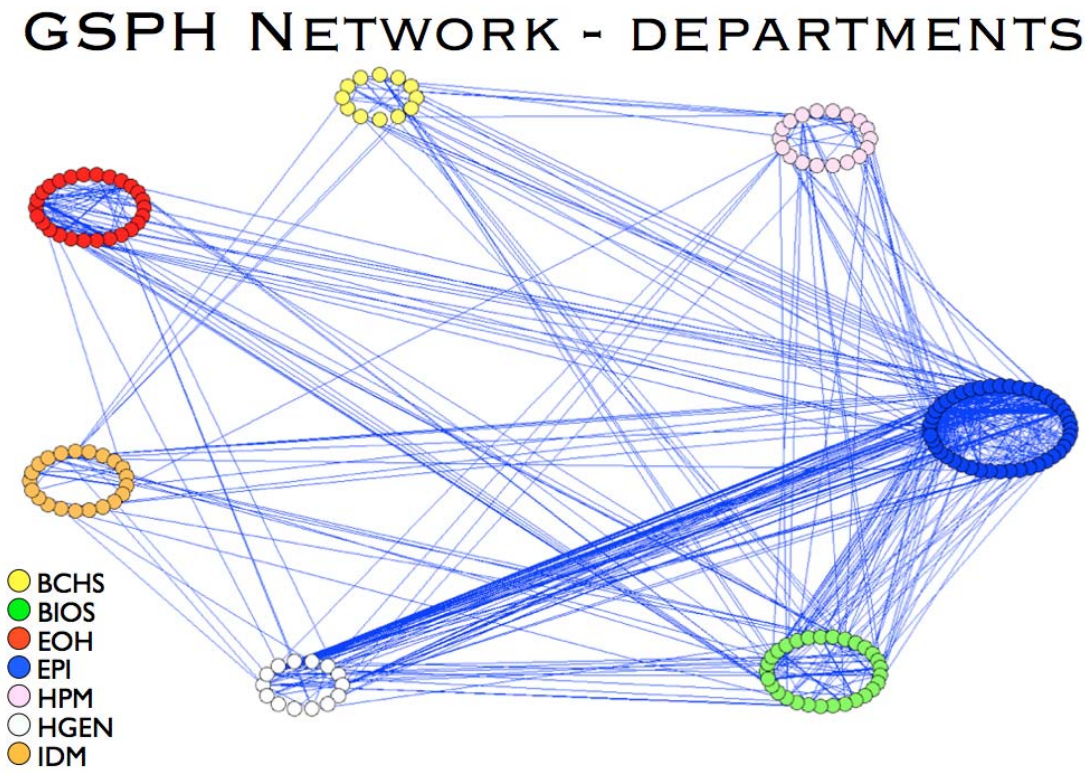
- No major weaknesses have been identified.

Plans |

- Continue to pursue opportunities for interdisciplinary education, research, and service.
- Continue to evaluate administrative structures as needs and strategic directions change over time.

This criterion is met.

Figure 1.4.C Connectivity of research activities across GSPH's seven departments based on coauthored peer-reviewed publications.



1.5 GOVERNANCE

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

GSPH maintains a formal governance structure embodied in bylaws and carried out through a governing council and standing committees with regularly elected faculty representatives and student participation at all appropriate opportunities.

1.5.A. A list of school standing and ad hoc committees, with a statement of charge, composition, and current membership for each.

The highest governance body in the school is the GSPH Council, which is chaired by the GSPH dean (**Table 1.5.A.1**). GSPH Council membership and other standing committee memberships are detailed in the GSPH bylaws, along with committee charges and regulations on elections.

All faculty with a primary appointment at GSPH are voting members of the GSPH Faculty Senate. The Faculty Senate Executive Committee (FSEC) is a standing committee of the Faculty Senate that serves as the elected representative body of the GSPH Faculty Senate. FSEC officers are the president-elect, president, and past president of the Faculty Senate. FSEC officers are all voting members of the GSPH Council and have responsibility for representing the faculty in other functions, such as making nominations for faculty and alumni awards.

Four standing committees participate in and drive GSPH governance. These are the Faculty Advancement, Promotion, and Tenure Committee (FAPTC), Educational Policies and Curriculum Committee (EPCC), Planning and Budget Policies Committee (PBPC), and Faculty Diversity Committee (FDC). Committee charges, compositions, and memberships are detailed in **Table 1.5.A.1**. All are integral into daily school operations and provide a venue for faculty and student participation in governance.

In addition, there are important ad hoc committees within the school. These committees are detailed in **Table 1.5.A.2.**

Oversight and advice from outside the school is provided by the Board of Visitors (see **Table 1.5.A.2**), which meets annually with the dean and senior administrators. The Board of Visitors is an important source of outside perspectives for the dean; in addition to the yearly meeting, the dean consults regularly with key members of the board on strategic issues.

1.5.B. Description of the school's governance and committee structure's roles and responsibilities relating to the following: general school policy development; planning and evaluation; budget and resource allocation; student recruitment, admission, and award of degrees; faculty recruitment, retention, promotion, and tenure, academic standards and policies, including curriculum development; research and service expectations and policies

General school policy is developed and formulated at multiple levels. The dean, associate and assistant deans, department chairs, and faculty governance committees are all frequent initiators of policy change, as are individual faculty and students.

To some extent, all standing committees have responsibilities with regard to **planning and evaluation**, as well as **budget and resource allocation**. However, PBPC meets monthly to discuss and advise on issues

related to facility planning, curriculum changes that could affect human and financial resources, many aspects of school finances, and the impact of University fiscal policies and actions on GSPH.

Student admission, **academic performance**, and **the awarding of degrees** are governed by GSPH faculty through the EPCC and by the dean's office, through the associate dean for student affairs, the associate dean for education, and the assistant dean for student affairs. At the department level, these issues are handled by program directors, admissions committees, and student services staff.

With regard to **faculty recruitment, retention, promotion, and tenure**, FAPTC oversees the review of all recommendations for primary faculty appointments, promotions, and conferrals of tenure. The FDC plays an important role in defining broad hiring goals and recommending specific policies and strategies. The associate dean for faculty affairs carefully reviews all recommendations for adjunct appointments, visiting faculty appointments, and award of graduate faculty status. (Graduate faculty status is required for a faculty member to serve as the major advisor for doctoral students.) Recruitment, retention, and promotion oversight and actions are also heavily driven by department chairs and their evaluations of individual faculty members. However, FAPTC carefully reviews all recommendations for these actions and, if approved, the actions are presented to GSPH Council for approval, at which time faculty actions are sent from the dean to the senior vice chancellor for the health sciences.

With regard to **academic standards and policies**, including curriculum development, the EPCC is the governing body, working in collaboration with the associate dean for education, the associate dean for student affairs, the assistant dean for student affairs, and the educational programs coordinator. Individual departments also have curriculum committees, which work with the EPCC on development of educational initiatives such as new courses, new policies, or new degree programs.

New programs receive approval from the EPCC and PBPC, with final review by the GSPH Council before subsequent approval by the dean, senior vice chancellor, University Council on Graduate Studies (UCGS), and provost. The associate dean for education serves as GSPH's representative to the UCGS. Most substantive discussion and approval of curriculum occurs at the school level (EPCC); subsequent reviews are usually higher-level, and focus on issues such as potential overlap or competition with programs in other schools of the university. The University Council on Graduate Studies and the Office of the Provost also look carefully at assessment plans. Major revisions to programs go through this same multi-level approval process. Modest changes (e.g. substitution or rearrangement of a few courses within a program, substantial revision of a single course) are reviewed only at the school level (EPCC). Very small changes (e.g. change of a single course requirement) are reviewed only within the department. Any change in the number of credits required for a program must be reviewed by the PBPC and by the Office of the Provost.

Research and service expectations for individual faculty are relatively specific to the discipline and appointment type, and are largely set at the departmental level, subject to school and University level policies. Those policies are enumerated in the FAPTC handbook and the University's Faculty Handbook.

1.5.C. A copy of the school's bylaws or other policy documents that determine the rights and obligations of administrators, faculty, and students in governance of the school.

GSPH bylaws serve as the overall governance and guidance document for the school. Bylaws are available to all GSPH community members through the school's intranet and are reviewed each fall by GSPH's FSEC. Proposed changes, which may result from annual reviews or GSPH standing committee recommendations, are presented at a school-wide faculty meeting and then decided via a secure Internet voting system.

1.5.D. Identification of school faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

GSPH faculty members have been highly active in service to the University via University-wide committees, contributing to the achievement of the University's mission and goals, alongside those of the school. A University committee is defined here as any committee or working group that operates across schools throughout the University. Examples of University committees on which GSPH faculty members have served include the University Senate, Institutional Review Board (IRB), Institutional Biosafety Committee (IBC), University Council on Graduate Studies, and Institutional Animal Care and Use Committee (IACUC).

Using data provided in June 2014 through the University's Faculty Information System (FIS) and augmented by a review of faculty CVs, we have provided a table of university committee membership in **Table 1.5.D**.

1.5.E. Description of student roles in governance, including any formal student organizations.

Students serve as representatives on several school-wide committees, including GSPH Council, EPCC, MPH committee, PBPC, FDC, and the Safety Committee. Students participate fully and are voting members on most of these committees. Student involvement is particularly critical for curriculum and student affairs; EPCC has four student members, and the MPH committee has three.

Students also fill officer positions on GSPH's Student Government Association (SGA), which serves as the umbrella organization for the school's seven other University-recognized student organizations: Association for Women in Public Health, Doctoral Student Organization, Global Health Student Association, Health Policy and Management Association, Minority Student Organization, Public Health Fitness and Recreation Organization, and Student Public Health Epidemic Response Effort. SGA represents student interests and concerns on behalf of GSPH to the University-wide Graduate and Professional Student Government.

1.5.F. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Based on knowledge of the governance of other Pitt schools through participation in University-wide committees, it is our sense that GSPH has a well-thought-through school governance structure and a more vibrant and engaged community of participating faculty, students, and staff than many other schools within the University. That said, the school is continually evaluating and refining GSPH governance structure in response to emerging needs and a changing academic climate, as noted in the following analysis:

Strengths |

- GSPH governance is achieved through clearly defined roles, responsibilities, and expectations of standing committees and their members and through participation across the spectrum of GSPH stakeholders. Standing committees have elected representation across the board and inclusive student participation. The proportion of faculty members who have served or currently serve on standing committees is sizable. Flexibility and adaptability are achieved through regular review of the GSPH bylaws and the recent development of standing committee operations guidelines. Transparency, participation, and checks and balances are achieved through GSPH Council, the meetings of which are open to the entire GSPH community.

- A mix of doctoral and master's students participate actively in GSPH governance, assuring that student input has a real impact on policies and recommendations.
- GSPH supports, encourages, and thrives on a respectful exchange of ideas in committee meetings.

Weaknesses |

- No major weaknesses have been identified.

Plans |

- FSEC officers and committees will continue to be actively involved in school governance and will continuously evaluate the need for any changes to bylaws or other processes.

This criterion is met.

1.6 FISCAL RESOURCES

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

1.6.A. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the school.

Data Template 1.6.1 summarizes GSPH's revenue and expenditures. Below, the categories of revenue are discussed in more detail.

University funds
The University provides approximately $8 million a year in unrestricted funds to support GSPH.

Grants and contracts
Grants and contracts account for $50 to $60 million a year of the GSPH operating budget. Though GSPH consistently ranks among the top five schools of public health nationally in annual research support awarded by NIH, funding does fluctuate based on economic factors that affect the school's sponsors. Awards resulting from the American Recovery and Reinvestment Act (ARRA) peaked in fiscal year 2012 and subsequently declined in fiscal year 2013 with the conclusion of that program. In addition, available NIH research funding in fiscal years 2013 and 2014 decreased due to national policy factors, like budgetary sequestration, that have had a lasting effect. These policies reduced funding levels for continuing awards to 90 percent of previously committed levels in fiscal year 2013 and eliminated inflationary budget increases for newly awarded multiyear projects. Though some funding was restored later in fiscal year 2013, most projects were reduced by 2.5 percent in annual funding that continued into fiscal year 2014. Any expectation of increases in NIH support will depend on future NIH budget allocations.

This category includes **a**pproximately $12 million per year of GSPH faculty and staff salary support that is paid through sponsored research originating in other schools or institutes at the University, such as the University of Pittsburgh Cancer Institute (UPCI). This is an important component of cross-university collaborative research efforts.

Indirect cost recovery
The University returns approximately $6 million a year in indirect costs to GSPH. Of this amount, 50 percent is allocated to the Dean's Research and Development Fund, 5 percent to the departments, and 10 percent to principal investigators of research projects. Central administration retains the balance (approximately 55 percent of gross indirect costs recovered) in a general fund to offset the cost of utilities, general administration, and facilities. Indirect cost recovery is realized on projects that are at the full U.S. Department of Health and Human Services rate only.

Endowment
The A.W. Mellon Educational and Charitable Trust provides the school with $108 million in endowed funds that generated approximately $4 million in interest for fiscal year 2014. Interest from this endowment is realized as income to the school each year.

University financial aid
The University provides approximately $4 million a year in financial aid to GSPH in the form of tuition scholarships for students with graduate student researcher (GSR) positions. GSR positions are the primary source of funding for doctoral students.

Restricted gifts and income
Approximately $4 million a year in income is realized from restricted gifts, which are earmarked by donors for specific purposes like scholarships, named lectures, and our current capital campaign for building renovations.

Tuition
Student tuition is paid directly to the University. The amount returned to GSPH is 65 percent of tuition in excess of a "baseline" expected minimum set approximately 10 years ago. Net tuition income returned to GSPH recently has been roughly $2.5 million yearly. In fiscal years 2012 and 2013, part of this amount was sequestered by the senior vice chancellor for the health sciences pending construction financing discussions, but was released to GSPH in fiscal year 2014 (see **Data Template 1.6.1**, "tuition incentive funds").

Senior vice chancellor funds
In the past, GSPH had an indirect fiscal relationship with UPMC through a contractual relationship with the University whereby UPMC supports the SVC and the programs under his administration. This process was revised when Dr. Burke became dean. A fixed amount of $1.7 million yearly is provided to Dean Burke by the SVC and UPMC to support the school's mission. These funds are distributed among departments to support their missions as each respective department chair sees fit.

Provost funds
Approximately $200,000 a year comes directly from the provost for specific uses. The largest components are approximately $40,000 in support for computing equipment for teaching faculty, and approximately $125,000 in support for scholarships, outreach, and recruiting of underrepresented students.

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

Within GSPH, each department provides input to the school's PBPC through elected representatives, as well as the assistant dean for administration and finance and a representative of the department chairs. Departmental administrators serve as ex-officio members because of their particular knowledge. There is also a student representative on the PBPC. The PBPC is responsible for coordinating and prioritizing plans, programs, and budgets as requested by the dean.

1.6.B. A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. This information must be presented in a table format as appropriate to the school. See CEPH Data Template 1.6.1.

See **Data Template 1.6.1**. Below, selected expenditure categories are discussed in more detail.

Graduate student salaries
This category refers to salaries paid to GSPH students with Graduate Student Researcher (GSR) or Teaching Assistant (TA) appointments, typically doctoral students.

Student salaries
This refers to hourly wages paid to students who do not have GSR or TA appointments, including undergraduate students employed within GSPH.

Fixed assets
This category consists of equipment over $5000.

Other non-compensation
This category includes supplies, travel, professional services and contracts, telecommunications, mail and postage, printing and publications, dues and memberships, moving and relocation, space rental, insurance, and computing charges.

1.6.C. If the school is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by school of public health faculty who may have their primary appointment elsewhere.

Not applicable.

1.6.D. Identification of measurable objectives by which the school assesses the adequacy of its fiscal resources, along with data regarding the school's performance against those measures for each of the last three years.

The school measures the adequacy of its fiscal resources primarily in terms of the amount of funds held in reserve from year to year. Reserve funds in discretionary and endowment accounts at the ends of the past three fiscal years were $21,454,321 (FY12), $25,913,961 (FY13), and $27,680,922 (FY14). The fact that these amounts are both substantial and increasing indicates a healthy financial picture for the school. These numbers, as well as more detailed financial measures, are reviewed monthly by the dean, senior associate dean, and assistant dean for finance and administration. They are discussed regularly with department chairs and the PBPC, and are shared with other stakeholders in the dean's annual reports to faculty and staff, to the Board of Visitors, etc.

Template 1.6.1 Sources of funds and Expenditures by Major Category								
	Year 1	*Year 2*	*Year 3*	*Year 4*	*Year 5*	*Year 6*	*Year 7*	*Year 8*
	FY 07	*FY 08*	*FY 09*	*FY 10*	*FY 11*	*FY 12*	*FY 13*	*FY 14*
Source of Funds								
University Funds	8,123,008	9,858,621	9,763,522	8,223,819	9,160,573	9,527,857	9,625,225	8,588,628
Grants/Contracts	55,010,701	56,619,950	51,607,800	54,921,602	59,717,350	60,491,500	56,142,216	50,343,556
Indirect Cost Recovery	5,860,717	5,651,103	6,105,704	5,773,616	6,523,491	6,159,162	6,386,274	6,089,535
Endowment (Mellon & Other)	3,622,352	3,925,145	4,272,348	4,201,198	4,004,353	4,011,592	4,016,334	4,025,896
University Financial Aid	3,033,536	3,183,327	3,323,473	3,452,350	3,546,627	3,718,176	3,829,721	3,954,187
Restricted Gifts & Income	4,080,357	3,804,838	2,930,004	2,814,165	3,507,191	3,996,527	3,676,525	4,526,136
Tuition Incentive Funds	460,404	1,048,135	1,325,385	1,849,041	1,937,446	1,686,163	1,686,163	4,592,355
Sr. Vice Chancellor Funds	3,367,000	3,367,000	3,367,000	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
Provost's Funds	223,718	248,858	202,210	313,496	151,496	168,326	170,946	158,258
Total Revenue	83,781,793	87,706,977	82,897,446	83,249,287	90,248,527	91,459,303	87,233,405	83,978,551
Expenditures								
Faculty Salaries	16,196,571	16,160,535	16,718,895	17,651,135	19,060,734	19,269,691	19,288,218	19,226,062
Staff Salaries	14,852,379	15,432,136	15,437,965	15,786,107	17,248,516	17,502,375	16,428,459	15,498,843
Graduate Student Salaries	2,333,705	2,301,459	2,154,730	2,099,160	2,499,353	2,735,271	2,670,204	2,370,636
Student Salaries	2,020,237	1,834,736	2,005,173	2,092,956	2,010,966	2,190,771	1,775,111	1,839,646
Fringe Benefits	11,746,691	11,555,649	10,165,492	11,196,927	12,452,862	12,683,816	13,805,381	13,998,094
Sub-Total Compensation	47,149,583	47,284,515	46,482,255	48,826,285	53,272,431	54,381,924	53,967,373	52,933,281
Total Fixed Assets	745,097	1,179,565	948,185	1,019,466	945,853	861,279	915,388	365,174
Total Equipment Rental	19,259	9,298	13,540	7,695	2,779	1,780	1,140	5,235
Total Other Non-Compensation	34,262,183	36,964,115	32,261,440	31,341,581	34,812,854	35,460,208	31,128,085	27,854,534
Total Non-Compensation	35,026,539	38,152,978	33,223,165	32,368,742	35,761,486	36,323,267	32,044,613	28,224,943
Total Expenses	82,176,122	85,437,493	79,705,420	81,195,027	89,033,917	90,705,191	86,011,986	81,158,224
Total Revenue minus Expenses	1,605,671	2,269,484	3,192,027	2,054,260	1,214,610	754,112	1,221,419	2,820,327
Disclaimer	The Total Net Income (Loss) represents the unspent fiscal year-end funds available from (restricted, gifts, endowment, and RDF accounts). Additional revenue affecting the Total Net Income (Loss) includes Non-GSPH research and funds related to capital renovations.							

1.6.E Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

GSPH faculty members and their success in securing grants from a wide variety of sources contribute significantly to Pitt's reputation as a major research university. In addition, the resources available to GSPH through the University's relationship with UPMC give the school's department chairs the ability to make strategic investments where the need is greatest.

Strengths |

- The school's strong NIH funding provides a substantial and direct contribution to the school's mission and also provides opportunities for GSPH students to be actively engaged in the school's research and teaching missions through graduate student assistantships.
- The school's position within the Office of the Senior Vice Chancellor for the Health Sciences provides an additional source of support for high priority initiatives, many of which—once seeded—go on to leverage additional resources.

Weaknesses |

- Due to the flat-lining of NIH funding, the school's total NIH funding has decreased since 2013.
- Though overall support from the Commonwealth of Pennsylvania is limited, the relatively modest level of support provided to GSPH continues to decline.

Plans |

- To address decreasing NIH funding, other sources of research funding are being pursued, including corporate partnerships and funding from foundations and other federal research partners.

This criterion is met.

1.7 FACULTY AND OTHER RESOURCES

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

1.7.A. A concise statement or chart defining the number (headcount) of primary faculty in each of the five core public health knowledge areas employed by the school for each of the last three years. If the school is a collaborative one, sponsored by two or more institutions, the statement or chart must include the number of faculty from each of the participating institutions. See CEPH Data Template 1.7.1.

Data Template 1.7.1 Primary Faculty by Core Knowledge Area			
	2012	*2013*	*2014*
Behavioral and Community Health Sciences	13	14	17
Biostatistics	28	26	27
Environmental and Occupational Health	27	28	26
Epidemiology	43	49	44
Health Policy and Management	17	17	14
Human Genetics	14	13	15
Infectious Diseases and Microbiology	22	21	18

Faculty size is relatively stable. A few research faculty positions have been lost as federal funding has decreased in the past two years. New hiring at this time is primarily as a part of normal turnover; no major faculty expansions are planned, although there are searches planned or ongoing in a few strategic areas.

1.7.B. A table delineating the number of faculty, students and SFRs, organized by department or specialty area, or other organizational unit as appropriate to the school, for each of the last three years (calendar years or academic years) prior to the site visit.

Student/Faculty ratios are shown in **Data Template 1.7.2** below. We calculate the ratio based only on primary faculty. Current headcounts of other faculty are shown for 2014 but are not available for previous years. FTE for other faculty is not defined within our systems; the contributions of these faculty vary widely and are shown in **Data Template 4.1.2**.

Data Template 1.7.2 2012 Faculty, Students and Student/Faculty Ratios by Department										
	HC Primary Faculty	*FTE Primary Faculty[1]*	*HC Other Faculty[2]*	*FTE Other Faculty[2]*	*HC Total Faculty[2]*	*FTE Total Faculty[2]*	*HC[4] Students*	*FTE[4] Students*	*SFR by Primary Faculty FTE*	*SFR by Total Faculty FTE[2]*
BCHS	13	13					118	75.8	5.8	
BIOST	28	28					102	82	2.9	
EOH	27	27					56	45	1.7	
EPID	43	43					132	98.2	2.3	
HPM	17	17					81	62	3.6	
HUGEN	14	14					77	51.8	3.7	
IDM	22	22					84	67.2	3.1	
MMPH[3]	-	-					40	13.8	-	
[1] By CEPH definition, only full-time faculty are counted as "primary" (see Data Templates 4.1.1 and 4.1.2).										
[2] Contributions by other faculty are highly variable and difficult to quantify; we choose to omit these from the calculations. Counts of other faculty are not available for 2013 and 2013.										
[3] The MMPH program has a director but no specifically dedicated faculty.										
[4] Students enrolled in two different degree programs simultaneously are counted in both programs.										

Data Template 1.7.2 2013 Faculty, Students and Student/Faculty Ratios by Department										
	HC Primary Faculty	*FTE Primary Faculty[1]*	*HC Other Faculty[2]*	*FTE Other Faculty[2]*	*HC Total Faculty[2]*	*FTE Total Faculty[2]*	*HC[4] Students*	*FTE[4] Students*	*SFR by Primary Faculty FTE*	*SFR by Total Faculty FTE[2]*
BCHS	14	14					116	72	5.1	
BIOST	26	26					96	72.8	2.8	
EOH	28	28					54	40.8	1.5	
EPID	49	49					131	95.8	2.0	
HPM	17	17					80	59.6	3.5	
HUGEN	13	13					79	59.2	4.6	
IDM	21	21					67	56	2.7	
MMPH[3]	-	-					46	19.6	-	
[1] By CEPH definition, only full-time faculty are counted as "primary" (see Data Templates 4.1.1 and 4.1.2).										
[2] Contributions by other faculty are highly variable and difficult to quantify; we choose to omit these from the calculations. Counts of other faculty are not available for 2013 and 2013.										
[3] The MMPH program has a director but no specifically dedicated faculty.										
[4] Students enrolled in two different degree programs simultaneously are counted in both programs.										

Data Template 1.7.2 2014 Faculty, Students and Student/Faculty Ratios by Department										
	HC Primary Faculty	*FTE Primary Faculty[1]*	*HC Other Faculty*	*FTE Other Faculty[2]*	*HC Total Faculty*	*FTE Total Faculty[2]*	*HC[4] Students*	*FTE[4] Students*	*SFR by Primary Faculty FTE*	*SFR by Total Faculty FTE[2]*
BCHS	17	17	27		44		113	70	4.1	
BIOST	27	27	18		45		87	68.8	2.5	
EOH	26	26	24		50		45	33.4	1.3	
EPID	44	44	80		124		151	114.4	2.6	
HPM	14	14	40		54		93	74.8	5.3	
HUGEN	15	15	28		43		78	52.8	3.5	
IDM	18	18	28		46		60	50.6	2.8	
MMPH[3]	-	-	-		-		42	13.6	-	
[1] By CEPH definition, only full-time faculty are counted as "primary" (see Data Templates 4.1.1 and 4.1.2).										
[2] Contributions by other faculty are highly variable and difficult to quantify; we choose to omit these from the calculations.										
[3] The MMPH program has a director but no specifically dedicated faculty.										
[4] Students enrolled in two different degree programs simultaneously are counted in both programs.										

1.7.C. A concise statement or chart defining the headcount and FTE of non-faculty, non-student personnel (administration and staff).

Table 1.7.C below shows total staff numbers, including administration, by department, as of September 2014.

Table 1.7.C Total Staff by Department										
BCHS	*BIOST*	*Centers*	*Dean's Office*	*EOH*	*EPIDEM*	*HPM*	*HUGEN*	*IDM*	*Student Affairs*	*Total*
16	59	11	17	24	136	16	12	46	8	345

1.7.D. Description of the space available to the school for various purposes (offices, classrooms, common space for student use, etc.), by location.

GSPH physical space consists of two buildings (Parran and Crabtree Halls) comprising 253,384 square feet. This includes a 58,000-square-foot addition to Parran Hall for laboratory space that was completed in winter 2014. A total of $40.5 million to fund the addition was provided through the University.

GSPH occupies an additional 109,320 square feet of rental space. This includes 40,887 square feet occupied by the Department of Environmental and Occupational Health. The site is less than two miles from campus in Pittsburgh's biotechnology corridor. Regular shuttle service from this area to the Oakland campus is available.

In addition to laboratory space, Parran and Crabtree Halls house meeting, instruction, office, and common space. The school is currently planning renovation of these spaces, including now vacated labs, to take place over four years. Renovations will consolidate classrooms, create dedicated student space, and convert outdated laboratories to offices. This renovation will permit many faculty and staff currently in rental space to return to areas within the main GSPH footprint.

Table 1.7.D.1 Distribution of Space (Square Feet) by Department			
Department	*Office Space*	*Laboratory Space*	*Total Space*
Behavioral and Community Health Sciences	8,435	N/A	9,645
Biostatistics	5,637	N/A	6,029
*Dean's Office**	4,440	N/A	16,000
Environmental and Occupational Health	570		570
Epidemiology	15,757	3,170	24,812
Health Policy and Management	8,678	N/A	9,596
Human Genetics	4,817	5,032	11,732
Infectious Diseases and Microbiology	6,269	8,728	17,852
Classrooms			8,148
** includes school-wide centers (PHDL, CPHP), common meeting areas, common space, and GSPH-supported classrooms*			

There are two auditoria and seven classrooms in Parran and Crabtree Halls. Classroom space in Parran and Crabtree Halls is scheduled and maintained by the University Registrar's Office, with the exception of two classrooms—one standard classroom and one designed to instruct students on the conduct of laboratory-based research.

School-wide common spaces are used for social and academic events, lounge space, and student work space. They are listed in the **Table 1.7.D.2** below. In addition, most departments have conference rooms and small social and/or kitchen spaces.

Table 1.7.D.2 Common Spaces			
Room #	*Square footage*	*Intended Use*	*Facilities*
Commons Parran 118	1,850	Lounge space, large events	Meeting tables and chairs/lounge tables and chairs
309A	572	Lounge space	Couches, table, chairs, printer
309D	590	Quiet study space	Study carrels
308	400	Break room	Tables, chairs, sink, microwave
309C	222	Computer room	8 computers/computer tables chairs
309B	375	Conference/meetings/seminars	Tables and chairs (25 occupancy)
110	365	Conference/meetings/seminars	Tables, chairs, and AV (20 occupancy)
109	875	Conference/meetings/seminars/social events	Tables, chairs, and AV (30 occupancy)
4th floor lab pavilion lounge	611	Lounge space	Tables, chairs

The plan for the renovation to Parran and Crabtree Halls is currently under way. It is anticipated that overall renovation costs will be $57.5 million. Of this, $15 million will be provided by GSPH, with the remainder coming from the University. Renovations will update the aging infrastructure and permit the expansion of common space, consolidation of classrooms, the creation of dedicated student space for each department, and the consolidation of the departments. Work is slated to begin in summer 2015 and will be completed in three, 16-month phases. Upon the completion, additional modifications will be made to the laboratory space on the fourth floor of the new Parran Hall annex to accommodate the needs of the Department of Environmental and Occupational Health, which will then move from rental space.

1.7.E. A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

In winter 2014, GSPH opened a new laboratory pavilion that contains three floors of lab space. Each floor has approximately 16,000 square feet of laboratory space. The Department of Infectious Diseases and Microbiology occupies the second floor while the Departments of Human Genetics and Epidemiology share space on the third floor. The currently unoccupied fourth floor will house the Department of Environmental and Occupational Health once Parran and Crabtree renovations are complete.

In addition to laboratory space, there is sufficient laboratory support space, consisting of four rooms totaling 3,069 square feet of space for freezers used for long-term storage of biological samples, as well as centralized facilities that contain three autoclaves and glass-wash and glass-dryer units.

In addition, the Department of Environmental and Occupational Health currently occupies 37,500 square feet of rental laboratory space.

1.7.F. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration, and staff.

The University provides many technology services through two central departments. Computing Services and Systems Development (CSSD) provides much of the basic technology infrastructure for the University. CSSD maintains and upgrades wired and wireless networks throughout the University. Crabtree Hall, Parran Hall, and the Parran Hall Annex are fully wired for Ethernet connectivity up to gigabit speeds. When infrastructure upgrades have been completed, every port will be gigabit capable. GSPH also uses the Network Operations Center (NOC) to house and support school servers offsite. The NOC is a fully operational data center, providing data backup, 24-hour monitoring and support, and back power systems. A majority of the school's servers are virtual and reside on a three-node VMWare cluster at the NOC. Human Genetics, Biostatistics, and Epidemiology maintain their own server systems, some of which are at the NOC; others are locally housed at GSPH. CSSD provides several enterprise-level services, such as Enterprise Exchange e-mail, PeopleSoft student information system, and a 24-hour help desk to support faculty and staff. The Center for Instructional Development and Distance Education (CIDDE) provides instructional support to faculty, including classroom technology and online teaching resources.

The University also provides several services to GSPH students through CSSD. Students are able to use wireless networks from any building on campus. CSSD has also negotiated discounted software and hardware purchasing programs for students with various vendors like Microsoft, Dell, Apple, and Adobe. Students can connect to network printing services and print to kiosks distributed throughout campus, including a kiosk located in Parran Hall. There are six CSSD-managed computer labs for student use on campus. GSPH also provides a computer lab in Parran Hall for GSPH, as well as a computer lab at Bridgeside Point for EOH students. Student e-mail is provided by CSSD using the Office 365 platform.

Human Genetics maintains a portable computer lab with 12 computers for use in bioinformatics courses. Other computer-based courses (e.g., statistical software, modeling) are taught in University computing labs or by having students bring personal laptops to the classroom. (The EPCC requires that instructors of computer-based courses provide a plan for students without personal laptops.) The CPHP also has a portable computer lab for use in workforce development programs.

GSPH provides additional technology services through the Office of the Dean, which employs four technology professionals (an IT manager, a web systems manager, a data manager, and systems analyst). The dean's office IT staff provides desktop support to all of the dean's office and maintains a virtual server system that is available to all departments. The virtual server cluster is running 15 servers, including file servers for most of the departments, some research web servers, facilities management systems, and administrative application servers. The dean's office also provides support to departmental website editors and web application programming services. The dean's office provides data analytics services to all administrative levels at GSPH.

Each department has at least one designated person on staff to provide technology support. This person is responsible for assisting faculty and staff with computer purchases, troubleshooting issues on their desktop computers, upgrading software, and consulting with faculty and staff on systems development. Some departments maintain their own file servers and other application servers, as well as research-related websites and computing support.

A number of resources are available for data/computation-intensive research, defined here as any research that cannot be accommodated on typical desktop computers. The Department of Human Genetics maintains several research computing servers, as does the Department of Biostatistics—both for general and individual-research-group use. Database needs for major epidemiological research projects are typically handled within the EDC. The University Center for Simulation and Modeling maintains several high-performance and data-intensive computing clusters that are available to all University researchers (free for average-sized projects; additional resources are available at a modest cost) and that are used by a number of GSPH research groups. Pittsburgh Supercomputing Center resources are also used by GSPH investigators. Demand for these resources is increasing rapidly, as more and more research involves "big data" computation that requires high performance computing.

1.7.G. A concise description of library/information resources available for school use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities, and document-delivery services.

All nine libraries in the University Library System, including the Health Sciences Library System (HSLS), are available to all GSPH faculty, students, and staff. HSLS primarily serves the health sciences schools and has customized resources for GSPH, including a dedicated public health librarian, Barbara Folb, MM, MLS, MPH, and a dedicated Molecular Biology Information Services headed by Ansuman Chattopadhyay, PhD. Ms. Folb, whose office is physically within GSPH, also holds a secondary faculty appointment in BCHS. She develops and provides customized workshops, orientation sessions, in-class lectures, and individual consultations to GSPH students. The HSLS library, Falk Library, is located across the street from GSPH in the School of Medicine.

In May 2011, HSLS was awarded a five-year contract from the National Library of Medicine to serve as the Regional Medical Library (RML) for the Middle Atlantic Region of the National Network of Libraries of Medicine (NN/LM-MAR). To meet the increasing demand for bioinformatics support at the University of Pittsburgh, HSLS established a Molecular Biology Information Service (MBIS) beginning in 2002. The MBIS is a four-pronged program:

- A molecular biology web portal ,with information about services, workshops, and access to bioinformatics resources and tools
- Bioinformatics consultations with researchers
- Licensing of commercial software
- Educational outreach

The library provides access to more than 5,900 electronic journals in the health sciences. The electronic collection, managed by HSLS Digital Library Services, also includes 2,700 e-books and 100 databases or published collections of full-text information.

Digital access to the library is nearly effortless for students and faculty, whether on or off-campus. The University's main library can be accessed and searched through a website, PITTCat, which provides online bibliographic information on materials available at all University libraries, including HSLS. There is also a specialized version of PITTCat for the Health Sciences. The electronic book search feature allows users to scan the combined full-text content of the HSLS electronic book collection and receive results clustered by topics. Access to electronic journals is available from virtually any Internet-connected location. HSLS maintains an active website, with more than 50,000 users accessing more than 600,000 pages of information monthly.

HSLS provides specialized orientation sessions for GSPH classes and for all new students at the annual school orientation session held in late August. Workshop topics have included bibliographic management, software training, and specific software programs and needs for graduate students like EndNote, PubMed, and PowerPoint for Conference Presentations.

An online document delivery system is open to anyone with a Pitt e-mail account. Users create an HSLS account to have copies of journal articles, book chapters, and books from the HSLS library, Pitt library, or other libraries participating in the interlibrary loan program delivered to them electronically.

1.7.H. A concise statement of any other resources not mentioned above, if applicable.

As a major academic institution, the University of Pittsburgh offers many additional resources that are available to GSPH faculty, staff, and students. Briefly, among the resources used most often by GSPH faculty, staff, and students, are:

- **Office of Academic Career Development, Health Sciences.** The Office of Academic Career Development (OACD) is dedicated to providing professionals in the University's schools of the health sciences with the professional development tools, resources, and support they need to achieve their full potential as leaders in biomedical research, education, and clinical practice.
- **Clinical and Translational Science Institute (CTSI).** CTSI, funded through the NIH Clinical and Translational Science Award program, administered by the National Center for Advancing Translational Sciences, provides resources to faculty and students within the University, including training and education, statistical support, help with research participant recruitment, and regulatory assistance.
- **Center for Instructional Development and Distance Education.** The mission of CIDDE is to promote excellence and innovation in teaching, leaning, and scholarly activities.
- **Office of Research, Health Sciences (OORHS).** OORHS offers support services, including assistance in developing competitive grant applications, for investigators throughout the Schools of the Health Sciences.

- The **Human Resources Department** offers a number of training opportunities through the Faculty and Staff Development Program, which includes topics related to leadership development, professional development, and technology.
- The **Center for Bioethics and Health Law (CBHL)** brings together clinicians, scholars, and researchers from many schools and disciplines across the University to investigate issues in bioethics and health law by employing empirical, philosophical, and legal research methods.

1.7.I. Identification of measurable objectives through which the school assesses the adequacy of its resources, along with data regarding the school's performance against those measures for each of the last three years.

The adequacy of faculty resources is documented in Criterion 4.1 (**Table 4.1.D**). Another important measure is student/faculty ratio, which is documented in **Data Template 1.7.2** above**.** Student/ratios in all departments and programs are very low.

1.7.J. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- GSPH is home to a top-quality, academically productive, stable faculty, with sufficient senior faculty to provide strong leadership and experience and sufficient newly recruited junior and senior faculty to stimulate fresh approaches and new ideas.
- The school's recently opened laboratory pavilion provides much-needed state-of-the-art facilities to the departments engaged in wet-lab research.
- The University offers a breadth of additional resources for all faculty and students. HSLS is a particular strength, as are the computing resources.

Weaknesses |

- Demand for research computing is increasing rapidly, and resources can be tight at times. There is a paucity of training for researchers who do computer-intensive work.

Plans |

- Sustain the high quality faculty by strategic recruitment of new members whose backgrounds and academic interests are aligned with GSPH's long-term plans.
- Continue with renovations as planned.
- Plans are underway at the provost level to increase resources for high-performance computing.

This criterion is met.

1.8 DIVERSITY

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

In 2012, GSPH convened an ad hoc committee to develop a diversity plan. Several concurrent events motivated this initiative: the school was engaged in developing a new five-year strategic plan; CEPH had just published its revised criterion on diversity, shifting from an emphasis on racial/ethnic percentages to a focus on strategic and academic goals; and a large cohort of minority faculty members had just left GSPH, jeopardizing the future of its Center for Minority Health. These combined factors offered an unparalleled opportunity to reconsider goals, plans, and policies for diversity among faculty, students, and staff.

1.8.A. A written plan and/or policies demonstrating systematic incorporation of diversity within the school.

GSPH's Ad Hoc Diversity Committee worked for more than a year to produce a Report on Pitt Public Health Diversity Plans and Policies. This report was vetted with faculty and students, the school's standing Faculty Diversity Committee, and University officials. It provided direction and focus for diversity concerns in the new strategic plan, and constituted the basis for the school's conformity with CEPH Criterion 1.8. The remaining documentation for Criterion 1.8 draws heavily from that report.

1.8.A i. Description of the school's under-represented populations, including a rationale for the designation.

GSPH's diversity definition, as specified by the Faculty Diversity Committee, guides our strategic planning and program implementation for education, recruitment, and research:

> *Diversity encompasses individuals from varying cultural [sic], race/ethnicity, socioeconomic status, sexual orientation, gender identity, and physical abilities.*
>
> *In programs and curricula aimed at cultural competence, the goal is that: All individuals shall increase their self-awareness and their ability to recognize and work with cultural differences of any kind, including in international settings.*

Within this definition, the school recognizes seven constituent groups on which to focus its diversity plan based on strategic and academic rationales.

- **Blacks or African Americans** constitute a minority group that suffers from health disparities locally as well as nationally, and they are underrepresented among faculty, staff, and students. The school lost a large cohort of African American faculty to a new school of public health in 2011 and must now rebuild. With fewer of these faculty members, GSPH may have lost an element of attractiveness to Black and African American students so we must pursue robust recruitment programs. African American staff members are fairly well represented at present, but ongoing attention is necessary to maintain this degree of diversity.
- **Hispanics or Latinos** are an ethnic subpopulation of the U.S. that is growing faster than any other minority group. Southwestern Pennsylvania's Hispanic/Latino population is likewise beginning to increase, though modestly compared to other regions of the country; even so, its representation among GSPH faculty and students remains low. An effort to track this representation began in 2012.

- Disadvantaged **socioeconomic status** (SES) students are facing the Commonwealth's recent cuts to institutions of higher education, including the University of Pittsburgh. The tuition increases that may result impose a particular burden on these students, especially those who must borrow heavily to pursue their education and who may consequently lose access to the University. A useful measure of this cohort is students who are the first in their family to graduate from college. The University has been successful in attracting such students in the past, and the degree to which we maintain these rates of success in the future can track the impact of budget cuts and help to direct student aid programs.
- **International origin** students are well represented at GSPH; however, the largest groups are from a few specific countries. The school now aspires to attract a more globally proportionate representation of international students. International students are distinguished by their visa status, regardless of race or ethnicity.
- **Lesbian, gay, bisexual, and transgender** (LGBT) populations suffer from a substantial set of dangerous health disparities. A large group of students interested in LGBT health research have come to GSPH to study because of the school's strong programs. Not all such interested students self-identify as LGBT, nor does the school intend to count or to monitor such a category. Instead, the growth of interest in the discipline of LGBT health will be our focus. The LGBT Certificate Program and the success of the Center for LGBT Health Research will be sources of information for that purpose.
- **Students with disabilities** require a commitment of support. Our current means of quantifying this category is limited to self-identification when a student requests some form of support or accommodation. In the near future, the University will comply with new federal regulations by introducing more formal tracking methods. GSPH will revisit its strategic approach to monitoring its disabled student population in tandem with these efforts.
- **Faculty women** are well represented at GSPH. At the same time, a low proportion of women are tenured full professors. In examining this issue in January 2013, the Ad Hoc Diversity Committee found that while there were a relatively equal number of female and male faculty members (91 and 103, respectively), male tenured full professors outnumbered their female counterparts (11 female to 27 male). The committee also noted that recruitment of new tenure-stream faculty members in recent years appears to have reduced the disproportion, with female tenure-stream assistant professors outnumbering their male counterparts by 9 to 2. With the expectations of retirements among older faculty and of progress into higher ranks among newer faculty, the committee decided that the school should continue its current faculty recruitment strategies and monitor its progress toward a greater gender balance.

The first four of these seven categories are tracked by staffing and enrollment statistics shown in **Data Template 1.8.1**. Tracking of students with disabilities will commence when the University introduces its guidelines for doing so. Tracking of women among the tenured full-professor faculty is ongoing.

Data Template 1.8.1 Diversity Outcomes							
Category/Definition	*Data Origin*	*Data Source*[i]	*Diversity Target*	*2012*	*2013*	*2014*	*Rationale or Criterion*
STUDENTS – Black or African American	Self-report	SOPHAS in People Soft [i]	Improve, relative to availability statistic	7.9% (60/759)	6.5% (48/734)	5.8% (43/741)	Availability pool is 14.9% (college degree holding Pennsylvanians who are Black or African American, 2007 [ii])
FACULTY [iii] – Black or African American	Self-report	College Administrator	Increase, as needed to meet or exceed availability statistic	3.2% (6/189)	3.2% (6/190)	2.8% (5/179)	Availability pool is 4.2% (doctoral degree holders in all fields of U.S. population who are Black or African American, 2010 [iv])
STAFF – Black or African American	Self-report	College Administrator	Increase, as needed to meet or exceed availability statistic	6.8% (29/428)	6.7% (27/402)	4.6% (16/347)	Availability pool is 13.3% (Allegheny County PA residents who are Black or African American, 2010 [v])
STUDENT – Latino & Hispanic	Self-report	SOPHAS in People Soft [i]	Improve, relative to availability statistic	4.5% (34/759)	4.2% (31/734)	4.3% (32/741)	Availability pool is 5.9% (college degree holding Pennsylvanians who are Latino or Hispanic, 2007 [ii])
FACULTY [iii] – Latino & Hispanic	Self-report	College Administrator	Increase, as needed to meet or exceed availability statistic	3.2% (6/189)	3.2% (6/190)	2.8% (5/179)	Availability pool is 3.8% (doctoral degree holders in all fields of U.S. population who are Latino or Hispanic, 2010 [iv])
STAFF – Latino & Hispanic	Self-report	College Administrator	Increase, as needed to meet or exceed availability statistic	1.2% (5/428)	0.7% (3/402)	1.4% (5/347)	Availability pool is 1.7% (Allegheny County PA residents who are Latino or Hispanic, 2010 [v])
STUDENT – first-generation college graduate	Self-report	SOPHAS	Maintain[vi]	17.2% (85/495)	12.6% (64/507)	10.4% (54/517)	Maintain Pitt Public Health historic levels after tuition increases subsequent to state-funding cuts
STUDENT – present in U.S. on Visa (based on country of origin)	Self-report	SOPHAS in People Soft	Balance among non-U.S. countries [vii]	2.6	2.6	2.4	2012 Strategic Plan has "engaging partners around the globe" as a cross-cutting theme

[i] Counts for each reported year are taken as of September 28, except as noted otherwise.

[ii] Bureau of Census. The 2007 Statistical Abstract. The National Data Book. American Fact Finder. U.S. Department of Commerce. Access at http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_SF4_DP02&prodType=table.

[iii] Faculty numbers include part-time and visiting as well as primary appointments.

[iv] M.K. Fiegener. November 2011. Numbers of Doctorates Awarded in the United States Declined in 2010. National Center for Science and Engineering Statistics InfoBrief, NSF 12-303. Accessed at www.nsf.gov/statistics/infbrief/nsf12303/nsf12303.pdf.

[v] Bureau of Census. American Community Survey. Access at http://quickfacts.census.gov/.

[vi] Statistics presented measure the proportion of active students admitted since SOPHAS records provide this information on applicants who claim first-generation college graduate identity.

*[vii] This will be measured as the mathematical entropy of the distribution: -sum(p*log(p)), where the sum is over countries and p is the proportion of international students who are from that country. This measure increases in value whenever more countries are added and also as the distribution of students from the different countries becomes more uniform.*

Measures used in this data template require explanation.

- The measure for students of international origin reflects the mathematical concept of entropy, which measures the breadth of the global distribution of students; we wish to see the entropy measure increasing over time.
- The measure for socioeconomic status is based on a count of matriculating students who self-identify as first-generation college graduates within their immediate families. Because the purpose of this measure is to monitor the effect of state funding cuts to higher education, the target is to maintain the numbers seen prior to these cuts.
- The rationale for each racial- and ethnicity-based diversity measure is drawn from an "availability pool"—that is, the representation of the specified group within a defined source population. The student availability pool is based on college-degree holding Pennsylvanians, since the majority of GSPH's students are Pennsylvania residents, and since a college degree is a prerequisite for matriculation at GSPH. The faculty availability pool is based on doctoral degree holders in all fields within the U.S. population since faculty, with few exceptions, must hold a terminal degree in their fields. The staff availability pool is based on the Allegheny County, Pennsylvania, population since most University staff members reside here. Each of these availability pools tends to overstate the actual availability for enrollment or employment at GSPH: undergraduate and doctoral preparation in science or mathematics is pursued less frequently by members of minority groups, and the general population may not meet the educational or skill-level requirements of GSPH staff positions. Nevertheless, in this first cycle of the school's self-monitoring, we chose these pools as diversity targets because more highly defined pools may lead to underestimation of availability and because this initial experience, carefully considered, will more accurately guide our future recruitment and retention efforts.

1.8.A.ii. A list of goals for achieving diversity and cultural competence within the school, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.

The 2013-2018 GSPH Strategic Plan implemented the plans and policies stated in the report of the Ad Hoc Diversity Committee, which are consistent with the University's mission and diversity initiatives.

GSPH Mission and Strategic Goals
The 2012 departure of the director of our Center for Minority Health was accompanied by losses of all African American faculty and leadership for diversity issues. The tough lesson learned was that diversity is too important to vest responsibility for its assurance in any one person or center.

In the years since, the "minority health" center was reconstituted and renamed "Center for Health Equity" to emphasize that health disparities must be overcome throughout the population—not only among racial and ethnic minorities. Other centers and certificates arose to address parallel interests for LGBT health, global cultural competence, and community-based participatory research. The new strategic plan gave health equity a central place in the school's mission statement:

> *Through excellence and leadership in education, research, and service, the Graduate School of Public Health promotes health, prevents disease, and strives to achieve health equity for everyone.*

The strategic plan placed objectives and aims for diversity and cultural competence within every one of its four goals, as follows:

Goal 1 addressing cultural competence in education:

- Objective 1, Aim 3 (in **Data Template 1.2.C Table 1.1.3**): "Ensure that diversity and cultural competency issues are appropriately addressed throughout the curriculum, and include explicit content in all core courses."
- Objective 4, Aim 1 (in **Data Template 1.2.C Table 1.4.1**): "Increase the diversity and strengthen the quality of the Pitt Public Health student body."

Goal 2 addressing cultural competence and health equity in research:

- Objective 1, Aim 2.2 (in **Data Template 1.2.C Table 2.1.2.2**): "Increase research funding directed at the evaluation and elimination of health disparities."
- Objective 1, Aim 2.4 (in **Data Template 1.2.C Table 2.1.2.4**): "Conduct research to reduce premature mortality in local and regional populations as a means of realizing health equity."
- Objective 2, Aim 4 (in **Data Template 1.2.C Table 2.2.4**): "Increase the use of supplemental funding to R01 grants for support of students and junior faculty members from underrepresented minority groups."
- Objective 3, Aim 4 (in **Data Template 1.2.C Table 2.3.4**): "Enlarge the availability of fellowships to train and recruit underrepresented minority faculty members."

Goal 3 addressing health equity in service:

- Objective 1, Aim 1 (in **Data Template 1.2.C Table 3.1.1**): "Provide services to local and international organizations that are dedicated to reducing health disparities."
- Objective 2: "Contribute to the reduction of premature mortality in local and regional populations as a means of realizing health equity."

Goal 4 addressing diversity among faculty, students, and staff and cultural competence of the school's administration:

- Objective 2: "Build and retain a diverse, outstanding workforce."
- Objective 4, Aim 4 (in **Data Template 1.2.C Table 4.4.4**): "Promote research work of underrepresented faculty members in Pitt Public Health."
- Objective 6, Aim 2.5 (in **Data Template 1.2.C Table 4.6.2.5**): "Upgrade GSPH buildings" consistent with Americans with Disabilities Act architectural standards.

Information on tracking the implementation of these strategic aims appears in components of **Data Template 1.2.C** as linked above.

University mission, strategic plan, and initiatives

The University's Human Resources website includes a diversity page, which summarizes all the applicable policies and the resources available to faculty, students, and staff (www.hr.pitt.edu/diversity). The following are important highlights.

- The **Affirmative Action Committee of the University's Board of Trustees** promulgated a resolution stating goals for diversity and inclusion (www.hr.pitt.edu/diversity/campus-organizations).
- Implementing these goals is the responsibility of the University's **Office of Affirmative Action, Diversity, and Inclusion**.
- Pitt's **Division of Student Affairs** recognizes the University's goal for diversity to create a deepened sense of community on campus by celebrating cultural and ethnic/racial pluralism, and by demonstrating the value of diversity through the building of enhanced understanding of commonalties and differences in beliefs, ideas, and experiences.
- The **Office of Disability Resources and Services** provides support for the University community with accessible transportation, assistive technologies, personal assistance, and other services.

- The **Office of Veterans Services** facilitates the transition of veterans from military to University life, supports their ongoing academic success, and assists veterans, guardsmen, reservists, spouses, and dependents in receiving their military education benefits.

Health sciences initiatives
After the Sullivan Commission issued its report on diversity in the health care workforce in 2004, the University convened a task force to consider the implications for its own health sciences schools. Resulting task force recommendations appear in Pitt's report, *The Urgency of Now*. The senior vice chancellor for the health sciences established an **Office of Health Sciences Diversity** to foster an inclusive environment for students, trainees, and faculty within the health professions schools and to increase the number of well-trained professionals who reflect different cultures, ethnicities, socioeconomic backgrounds, abilities, genders, religious affiliations, and sexual orientations.

The Office of Health Sciences Diversity has the following goals:

- Assist departments within the Schools of the Health Sciences to seek qualified, diverse candidates for academic opportunities;
- Assess internal and external pipelines to graduate and health professions education and build programming to bridge any existing gaps;
- Connect individuals at all points of the pipeline to role models, mentors, and opportunities within the health sciences schools by partnering with existing organizations and programs or assisting in the planning and implementation of new programming;
- Assist schools to secure campus and extramural funding for programs and initiatives advancing faculty and student diversity; and
- Create and monitor systems of evaluation that measure success for diversity and inclusion, including overall faculty, resident, fellow, and student success within the University of Pittsburgh's health sciences schools.

GSPH initiatives
GSPH implements the University's and the health sciences' diversity policies in both letter and spirit. Numerous initiatives demonstrate this commitment. Several of these are described more fully elsewhere:

- The Centers for Health Equity, LGBT Health Research, and Global Health are described in Criterion 1.4.
- The Certificates in Health Equity, LGBT Health Research, Global Health, and Community-Based Participatory Research are described in Criterion 3.
- Recruiting-related initiatives are described in more detail in 1.8.A.ii, iii, and iv below, and in Criterion 4.
- Curriculum-related initiatives are described below in 1.8A.v.
- The school hosts an annual celebration of ethnic and cultural diversity with its International Dinner—an event that began in 1952 as a student-driven initiative. The event has become institutionalized, with support from the Office of Student Affairs, to fund the décor, food, ethic dancing, and musical performances. The Global Health Student Association and the International Dinner Planning Committee organize event logistics. This is easily the most popular social event of the year, with family and friends of GSPH students, faculty, and staff also being encouraged to participate. As part of the event, attendees are asked to bring a nonperishable food item for donation to the Greater Pittsburgh Community Food Bank.
- GSPH broadly advertises numerous workshops and presentations related to diversity (most put on at the University level), which are attended by many faculty and staff. Recent examples include a

full-day symposium on African American student retention and workshops on veterans on campus and micro-aggressions, as well as a workshop entitled "Please Respect My Generation."

1.8.A.iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the school should also document its commitment to maintaining/using these policies.

The University prides itself as an institution reflecting the ethnic diversity of its city: the Nationality Rooms in the Cathedral of Learning are testimonials to this value, and its institutional policies reflect the same value. Policies prohibiting harassment and discrimination and encouraging diversity and inclusiveness are established by the University and supported for the Schools of the Health Sciences by the Office of Health Sciences Diversity.

University
University policies provide the framework for discouraging harassment and discrimination. These include:

- **Nondiscrimination, Equal Opportunity, and Affirmative Action**, Policy 07-01-03 (revised August 20, 2014; www.cfo.pitt.edu/policies/policy/07/07-01-03.html), affirming the University's commitment to nondiscrimination, equal opportunity, and affirmative action in admissions, employment, access to and treatment in programs and activities, in accordance with federal, state, and local laws and regulations.
- **Recruitment: Faculty Positions,** Policy 02-02-15 (effective March 10, 1992; www.cfo.pitt.edu/policies/policy/02/02-02-15.html) establishes the recruitment process for all full-time tenure, tenure-stream, non-tenure, and part-time tenure and tenure-stream faculty. Excluded from this policy are part-time non-tenure, visiting faculty, and research associate positions.
- **Sexual Harassment**, Policy 07-06-04 (revised August 20, 2014; www.cfo.pitt.edu/policies/policy/07/07-06-04.html) establishes policy and procedures pertaining to the University's prohibition of sexual harassment. All supervisors require new hires to take a course on sexual harassment.
- **Training Programs**. The University provides training, such as diversity education, workplace bullying, and cross-cultural awareness, through the Faculty and Staff Development Program (www.hr.pitt.edu/training-development/faculty-st). Training may be taken by individuals or offered to entire departments.

Schools of the health sciences
Within the Schools of the Health Sciences, GSPH collaborates with the Office of Health Sciences Diversity. Its director and staff were members of GSPH's Ad Hoc Committee on Accreditation Diversity. The school participates in workshops on an ongoing basis to train faculty for diversity in search committees and, in general, to enhance cultural awareness among faculty and students. Health Sciences Diversity also (1) conducts diversity awareness and culture simulation exercises for health sciences academic units, increasing the likelihood of adherence to set University policies, and (2) participates on an ex-officio basis with the University Senate's Equity, Inclusion, and Anti-Discrimination Advocacy Committee, which identifies, makes recommendations regarding, and monitors issues relating to equity, inclusion, and respect for all members of the diverse University community.

GSPH
The school's standing committees—especially the Educational Policies and Curriculum Committee, FAPTC, and the Faculty Diversity Committee—assure implementation of University diversity policies within the school through school-level policies, monitoring of compliance, and addressing problems as they arise.

1.8.A.iv. Policies that support a climate for working and learning in a diverse setting.

A climate supportive of diversity and inclusion depends on institutional and personal activities as well as physical environment.

Policies on supporting diversity and providing disability assistance are established by the University and implemented by the school.

- Policies and procedures have been established at the University of Pittsburgh pursuant to the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. See www.studentaffairs.pitt.edu/drspolicies.
- The University provides Disability Resources and Services for students with disabilities, including assistive technologies, information for faculty, accessible campus transportation, interpreters, alternative document formats, and more (see www.studentaffairs.pitt.edu/drswelcome).
- The University requires that every course syllabus provides a statement on diversity and advice for disabled students, faculty, and staff (see hr.pitt.edu/diversity)—a policy enforced at GSPH through the Educational Policies and Curriculum Committee.

The school's construction of a new research pavilion and ongoing renovation of Parran and Crabtree Halls provide the opportunity to upgrade facilities pursuant to the Americans with Disabilities Act (ADA). The newly completed laboratory pavilion is in full compliance with ADA standards. These include, but are not limited to, a handicapped entrance, new restrooms with the appropriate stall sizes and sink/commode heights, appropriately graded ramps into the building, and a new auditorium with handicapped access in the front and the back. Planning for the renovation of Parran and Crabtree Halls is currently underway. Upon completion of the renovations, both buildings will meet the latest ADA standards.

1.8.A.v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

At GSPH, we expect all students to graduate with strong personal and professional skills in working with diverse populations worldwide. We build this cultural competence in our curriculum and in our co- and extracurricular activities. Our approach is threefold.

First, elements of the learning experience that are amenable to top-down administrative direction, such as the core curriculum, are designed to ensure a strong emphasis on cultural competence. Second, we work hard to build an awareness of diversity throughout the school's culture, in the expectation that this culture will then permeate disparate elements of the student experience like elective courses, research experiences, and choices of outside speakers. Third, GSPH is committed to several (previously described) centers and programs, whose entire mission is the study of culture, diversity, and health disparities.

A number of specific examples of GSPH's efforts are listed below:

- Many student practice/internship opportunities involve work with diverse or underserved populations. In particular, Bridging the Gaps is a summer program that involves students in internships with underserved populations of all kinds to better understand and serve their health needs.
- The MPH Committee regularly reviews course content and the competencies the courses are designed to address, ensuring that cultural competence is an important part of the core curriculum.
- Proposals for all new and revised courses are required to include a statement of how they address diversity and diverse populations, and the adequacy of these plans is discussed and reviewed by the Educational Policies and Curriculum Committee.
- The Plunge into Public Health program, an important part of new student orientation, takes students out to diverse communities before they even start their academic program at GSPH.
- The annual daylong faculty retreat addresses diversity-related issues almost every year. In 2013, it included workshops on teaching cultural competence. In 2012, it included workshops on globalization of research and practice in the school.
- Teaching workshops within GSPH are chosen and designed to regularly address diversity issues; for example the 2014-15 offerings include "Globalizing Your Course" and "Teaching Cultural Competence."
- CIDDE offers annual university-wide training on incorporating diverse perspectives (particularly with regard to race) into the curriculum. Typically this has been in the form of a one or two-week full-time workshop in May, which conflicts with many GSPH teaching schedules. In 2015 for the first time it is instead being offered in the form of four shorter workshops; with fewer conflicts, at least ten GSPH faculty have already signed up (as of March 31, 2015) for the summer 2015 workshops.
- GSPH is a major participant in the annual Pitt Health Sciences Diversity Poster competition, typically accounting for at least a dozen entries and at least a couple of the winners yearly. The event is heavily promoted by the school.
- Many school-wide service opportunities involve interaction with diverse communities in and around Pittsburgh.
- Many seminars, workshops, and other events each year are related to diversity issues or expose students to ideas of cultural competence. A list of events from the past three years is available in the ERF.
- The GSPH exit survey asks graduating students to evaluate how well various diversity issues are covered in their curriculum, and includes questions about perceived discrimination while they were here. Recent results are shown in the ERF. In general, students are fairly satisfied with the level of coverage of these issues in the core; the weakest spot is international issues. Reports of perceived discrimination are very low. The questions and selected results are summarized below in 1.8.A.ix.

1.8.A.vi. Policies and plans to recruit, develop, promote, and retain a diverse faculty.

GSPH is committed to recruiting, developing and retaining a diverse faculty in every sense of the word and recognizes the value added by having a community made up of individuals with different backgrounds, ethnicities, and ways of approaching problem solving.

All faculty search committees are required to have at least one member who has attended a training session on diversity issues in hiring offered by the University's Offices of General Counsel and

Affirmative Action, Diversity, and Inclusion. All FAPTC members are required to undergo such training, as are all associate deans. Other GSPH faculty members are strongly encouraged to attend. In addition, chairs of all faculty search committees must consult with an FDC member on outreach strategies early in the search process. Both of these requirements are new within the past year and are FDC initiatives emerging from the strategic planning process.

Policies and plans to support and develop junior faculty, especially those from underrepresented minority groups, are discussed in Criterion 4.2.B.

1.8.A.vii. Policies and plans to recruit, develop, promote, and retain a diverse staff.

All policies, procedures, and systems for recruitment, development, promotion, and retention of staff are established and maintained at the University level. Assurance of diversity and nondiscrimination is central to all of these efforts.

Staff recruitment
The University's Office of Human Resources' Compensation and Classification Departments are responsible for the administration, interpretation and ongoing maintenance of the Staff Classification System to ensure fair, equitable and competitive pay for University classified staff members. Compensation is accountable for reviewing the Staff Classification System and the University's pay structure on an annual basis, participating in external salary surveys, updating the University's staff ranges, and monitoring the University's salary administration compliance with state and federal laws. Compensation also serves as a consultative resource for departments on job design and compensation strategies, writing effective job descriptions, and guidance around time and attendance policies and procedures. See www.hr.pitt.edu/sites/default/files/documents/comp/pdf/salaryAdminGuidelines.pdf. The University requires all staff positions to be created, posted, and recruited for through a software system called PittSource. The Office of Human Resources provides guidance and instructions for posting staff positions in the *PittSource Navigation Guide* and *PittSource Department's Quick Reference Guide*.

Within PittSource, a GSPH department seeking to recruit a staff member creates a job description, which is vetted through the Offices of the Dean and the Senior Vice Chancellor. Once approved, the job description is forwarded to the Office of Human Resources for a classification and salary-range determination. The job is then posted on the University's website—and elsewhere as needed—to ensure access by a qualified and diverse applicant pool. Applicants apply online; and the requesting department selects applicants for interview based only on a name, cover letter, and resume as submitted by the applicant. See below, for the PittSource job-posting summary.

Table 1.8.A.vii PittSource Job Posting Summary	
Sourcing Item	*Description*
Employer Partnerships of the Armed Forces (All PittSource Jobs posted; site interfaces daily)	The Employer Partnership was created as a way to provide America's employers with a direct link to some of America's finest employees—service members and their families. Through the partnership, service members can leverage their military training and experience for career opportunities in today's civilian job market with national, regional, and local employer partners
Vibrant Pittsburgh Web site (Highlighted Employer Member; Link to PittSource)	Vibrant Pittsburgh is an organization that believes a more diverse and talented workforce means a more vibrant future for the Pittsburgh region. Pitt is an employer member; therefore highlighted as an employment option for candidates and their website.
Western PA Diversity Initiative Website (General University of Pittsburgh Opportunity Posting; Link to PittSource)	The Western Pennsylvania Diversity Initiative (WPDI) is a not-for-profit membership organization dedicated to facilitating diversity by providing educational, networking, and other resources for employers and employees. Their mission is to promote regional economic growth by providing resources to employers in the Pittsburgh region to attract, hire, and retain employees from a variety of diverse backgrounds and perspectives.
Diversejobs.net (General University of Pittsburgh Opportunity Posting; Link to PittSource)	*Diversejobs.net is the job site of Diverse: Issues in Higher Education, the flagship publication of a leading publisher of higher education news. Has the most diverse talent pool of candidates of any higher education job board. Our job seekers are 65% African American, 8% Hispanic, 4% Asian American, and 2% American Indian. Of these readers, 56% are existing executives and administrators and 20% faculty. In addition 60% are women. Not only are your jobs featured on our site, they are made available on a number of other regional job boards in our network from California to Washington, DC.*

Staff development

The University's Office of Human Resources has a Faculty and Staff Development Program, which offers a variety of workshops to enhance the professional and personal development of Pitt faculty and staff. These learning opportunities are designed to maximize an employee's professional growth. This program is administered by the Organization Development Department within the Office of Human Resources.

Workshops are offered in the fall (September through December) and spring (March through June) terms. Workshops usually take place on weekday mornings for two to three hours. All University faculty and staff are invited to participate. For staff, attendance at these workshops requires a supervisor's approval.

In addition, the Office of Human Resources and CSSD have made available the online learning system, *Lynda.com*. The partnership with *Lynda.com* at Pitt provides unlimited access to thousands of online training videos, providing training on tools for print and web design, audio and video editing, business,

classroom technologies, animation, and numerous other relevant topics 24/7 for faculty, staff, and students.

1.8.A.viii. Policies and plans to recruit, admit, retain, and graduate a diverse student body.

GSPH works to attract students from local, regional, national, and international areas in an effort to assure not only academic strength, but also racial, ethnic, and cultural diversity. The tools for this effort are institutional, financial, and programmatic.

Institutional tools for student recruitment
GSPH's overall recruitment effort and admissions process is described in Criterion 4.3, where examples of diversity-related efforts are highlighted, including partnerships with other colleges and universities as well as new recruitment events that focus on diverse populations.

Financial resources
Commonwealth funding: GSPH receives approximately $75,000 yearly in Commonwealth funding through the Office of the Provost that is intended to help recruit and retain students from diverse populations. GSPH directs these funds to support eligible students enrolled in master's programs where sources of financial aid are otherwise limited. GSPH defines eligibility to encompass several types of diversity, including underrepresented race or ethnicity, self-identified LGBT status, first-generation college graduate, military disability, and low-income or rural origin.

Commonwealth funds are managed by the Office of Student Affairs and Education; for the past four years, Associate Dean for Student Affairs Cindy L. Bryce has directed these funds towards four main objectives:

- Partial tuition scholarships for eligible students, with more recent efforts focused on recruitment of newly accepted (but not yet matriculated) students.
- Support for two "student ambassador" worker positions, providing up to 20 hours of paid support per week in both the fall and spring terms. Positions are designed to last for two years, helping to support and retain students enrolled in one of GSPH's master's programs for the expected duration of study.
- Travel awards (described in Criterion 4.3) that subsidize campus visits for eligible accepted applicants.
- Recruitment events, with a focus on events or opportunities that emphasize diverse or under-served student populations (described in Criterion 4.3).

To use the funds in this way requires monitoring and commitment. The Office of Student Affairs and Education solicits nominations of accepted applicants from departments early in the process so that applicants can be notified about a scholarship opportunity in advance of their decision. Extending offers early is made possible by Dean Burke's guarantee to support such scholarships even before the school knows the amount of its allocation from the Office of the Provost for the new academic year. Finally, when possible, scholarship funds are combined with other funding sources (e.g., departmental awards) to create larger awards for top applicants.

Irvis Fellowship. While most doctoral students are supported by their departments through research funding, GSPH has received a K. Leroy Irvis Fellowship from the Provost for the past 20 years, which supports an incoming doctoral student from an underrepresented group with full tuition and stipend support during the first year of the program. In turn, the department then guarantees full support for the next two years of the program.

Pitt Public Health Scholars Awards. Beginning with students matriculating in Fall 2015, GSPH has established Pitt Public Health Scholars Awards, which provides 50% tuition support to students enrolled in MPH, MS, or MHA programs. This is a merit-based award, with a second year of support contingent upon satisfactory performance in the first year. For AY 2015-16, eight awards will be provided (one to each department, plus the multidisciplinary MPH program). In addition, two awards are determined at the school level and provided to eligible applicants who also qualify for diversity-related support (e.g., underrepresented race/ethnicity, LGBT status, first-generation college graduate, military disability, other).

Programs
GSPH attracts student diversity through several uniquely targeted programs. For example, creation of the LGBT Certificate Program, the Center for LGBT Health Research, and a new T32 Training Program in HIV Prevention Research among Men who have Sex with Men has attracted many new students who are interested in public health approaches to addressing health disparities among sexual minorities. The Summer Institute in Biostatistics (SIBS) undergraduate program (see Criterion 4.3) also specifically targets underrepresented minority students.

1.8.A.ix. Regular evaluation of the effectiveness of the above-listed measures.

Many of the policies and plans described above are built into routine procedures for strategic plan implementation (1.8.A.ii), training and workforce development (1.8.A.iii;1.8.A.iv), functioning of the school's standing committees (1.8.A.v; 1.8.A.vi), and recruitment of students, staff, and faculty (1.8.A.vi, 1.8.A.vii, 1.8.A.viii). All are monitored through regular reporting and surveys, evaluations of which trigger appropriate remedial measures and/or adjustments.

Monitoring strategic objectives for diversity and cultural competence
Implementation of the strategic plan's diversity and cultural competence objectives is carried out by the school's team of associate deans and monitored through regular reports to the GSPH Council.

Tracking diversity targets for faculty, students, and staff
Diversity targets are specified in **Data Template 1.8.1.** Responsibility for tracking GSPH's diversity profile rests with the Faculty Diversity Committee for faculty, with the Office of Student Affairs for students, and with the assistant dean for finance and administration for staff.

Student surveys
Student Affairs administers surveys to current students at several time-points: (1) early fall of the first year (New Student Survey), (2) early fall of subsequent years (Continuing Student Survey), and (3) at graduation (Exit Survey). The New Student Survey does not address harassment or discrimination, but the Continuing Student and Exit Surveys include the following questions:

- Have you ever personally experienced discriminatory treatment or intimidation from faculty, staff, or students at Pitt Public Health as a result of: your race, gender, national origin, age, disabling condition, sexual orientation?
- If you have experienced such treatment, was it from: (not applicable), faculty, staff, students?
- To help us minimize these experiences in the future, please explain briefly in the space below the specific nature of discriminatory treatment or intimidation you experienced: *(text box provided)*
- How you handled the situation(s): *(text box provided)*
- What might we do to prevent such experiences from occurring in the future? *(text box provided)*
- Any other comments about the social environment at Pitt Public Health? *(text box provided)*

Students are also asked about whether they feel their coursework adequately addresses these issues. The Exit Survey includes the following questions:

- During your program of study, how much emphasis was there on the following:
  - Issues of race/ethnicity in the U.S.
  - International issues
  - Politically controversial issues
  - Methodologically controversial issues
  - Gender issues

- How much emphasis was there on the following issues, specifically within core courses?
  - Issues of race/ethnicity in the U.S.
  - International issues
  - Politically controversial issues
  - Methodologically controversial issues
  - Gender issues
  - Sexual orientation issues

Responses to many of these questions are reported as part of the strategic planning process (see **Data Template 1.2.C Table 1.1.3**). Full responses are available in the ERF for the past three years.

Standing committees on curriculum and faculty diversity
Competency in diversity and cultural considerations is monitored by the Educational Policies and Curriculum Committee and by the school's MPH Committee. The MPH Committee reports to EPCC, and EPCC reports to GSPH Council.

The FDC is charged with overseeing implementation of policies and plans pertaining to faculty composition. The FAPTC recently decided to require a diversity-trained individual on every faculty search committee and to have an FDC member hold a consultation meeting with the chair of every faculty search committee.

1.8.B. Evidence that shows the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records, and statistics on faculty, staff and student recruitment, admission and retention.

This evidence is woven throughout the self study. Strategic plan outcomes relevant to diversity are documented in Criterion 1.2. Curriculum issues are discussed above in Criterion 1.8.A.iv and in Criterion 2. Centers and certificates that specifically address diversity issues are discussed in Criterion 1 and Criterion 3. Student practice experiences are discussed in Criterion 2.4. Detailed discussions of faculty, staff, and student recruitment appear in Criterion 4.

1.8.C. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

GSPH developed a comprehensive plan for diversity following CEPH's 2011 criteria revisions—which coincided with the school's strategic planning cycle. Thus, plans and recommendation from the Ad Hoc Committee could be contributed to the strategic plan. The responsibility was assumed by an Ad-Hoc Diversity Committee composed of associate deans, relevant standing committee and center representatives, and University-level diversity officials. The committee's process involved a series of

meetings, a process of familiarization with standing school and University policies, a review of best practices from other schools of the University, and drafting of a report. The draft report was vetted with the school's newly appointed director of the Center for Health Equity (this position had been vacant when the initiative began) and the full membership of the standing Faculty Diversity Committee, all of whose recommendations were used to modify the draft report. The report was presented to and approved by GSPH Council on February 20, 2013.

In spring 2014, officials of the University (Office of General Counsel, Office of Diversity and Inclusion, Health Sciences Diversity) reviewed the school's plan within the context of the CEPH Criterion 1.8 and its **Data Template 1.8.1.** Their recommendations shaped the final plan and guided the school's formulation of diversity goals.

1.8.D. Description of how the plan or policies are monitored, how the plan is used by the school, and how often the plan is reviewed.

The strategic plan, including its diversity and cultural competence elements, is on a five-year cycle. The current plan runs through 2018. At that time, tracking of its implementation will include sufficient data and experience to inform diversity and cultural competence objectives for the next five-year cycle. The results of that tracking will also suggest whether and how the school's plans and policies should be revised. At that time, the University may also have revised and updated its policies, plans, and monitoring, which will also be relevant to those of the school.

1.8.E. Identification of measurable objectives by which the school may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years.

Measurable objectives for faculty, staff, and student diversity within four targeted populations (see above, Criterion 1.8.A.i) are presented in **Data Template 1.8.1** above**.** Based on these metrics, **Data Template 1.8.1** provides the following insights—first for students, then for faculty and staff.

For **Black or African American students**, the availability pool is at 14.9 percent, a likely overestimate. Data for the past three years indicate that GSPH's student enrollment in this racial group relative to the availability pool is low—below 8 percent—and declining, although it remains above the African American student percentage for the University as a whole (approximately 5 percent for undergraduates and 2.5 percent for graduate students). In part, this may be due to the fact that the Black and African American population of Pennsylvania is concentrated in the southeast, where college graduates pursuing public health studies have access to other schools of public health (Drexel University, Philadelphia) and public health degree programs (Temple University, Thomas Jefferson University, and University of Pennsylvania, all in Philadelphia; and close by in southeast and central Pennsylvania are Pennsylvania State University, West Chester University, and East Stroudsburg University). Many of these MPH programs have been accredited within the past decade and are now likely to be drawing enrollments away from GSPH.

For **Hispanic and Latino students**, the availability pool is 5.9 percent. **Data Template 1.8.1** shows GSPH student enrollments below this target but holding steady between 4.2 and 4.5 percent. Again, the relatively low concentration of this minority group in the school's southwestern corner of Pennsylvania may provide a partial explanation.

For **students of disadvantaged socioeconomic status**, the number of first-generation college graduates matriculating at GSPH has fallen sharply during the three-year period reported in **Data Template 1.8.1**,

from 17.2 percent in 2012 to 10.4 percent in 2014. This trend raises concerns for the school and has implications for overall diversity goals—especially focusing on the need to establish and build funding for financial aid for this group of students. This trend may also help to explain the drop in Black and African American student enrollment, since socioeconomic disadvantage may affect a relatively high proportion of these students.

The reasons are not known, but the following considerations will drive our future efforts to understand this downward trend. Black students might be disproportionately affected by the growing number of competing programs. GSPH's scholarship opportunities for MPH students are quite limited; and since schools compete for top minority applicants, our programs don't offer much in the way of financial incentives.

For **students of international origin**, GSPH's goal is to increase the breadth of representation from around the globe so that its international student population is not dominated by students from just a few countries. The entropy statistic measures uniformity of a distribution in a scale-free manner, with higher numbers indicating a more uniform distribution across countries. It has been relatively stable over the three-year period. There was a slight decrease in 2014, reflecting a slight increase in the number of students from China (relative to other countries), but the change amounted to only a few students.

The faculty numbers shown in **Data Template 1.8.1** include primary, part-time, and visiting faculty; thus, the overall numbers are slightly higher than what is shown in **Data Template 4.1.1**. For faculty in the targeted racial and ethnic categories, GSPH has fewer members than are represented in the availability pools. Over the three-year reporting period, **Black and African American faculty** fell from 3.2 to 2.8 percent compared to the availability pool of 4.2 percent; and **Latino and Hispanic faculty** fell from 3.2 to 2.8 percent compared to the availability pool of 3.8 percent. (*Note: the number and percentage of individuals in each of the two groups are coincidentally the same in all three years.)* During this period, the changing fiscal climate led to a 5 percent reduction of the total faculty number. The low numbers of these underrepresented minority faculty members continue to be a concern.

For staff, GSPH has fewer members than are represented in the availability pools. Again, the availability pool based on entire racial or ethnic populations overestimates those with appropriate job qualifications for University employment. Nevertheless, the **Black and African American staff** fell from 6.8 to 4.6 percent compared to the availability pool of 13.3 percent; and the **Latino and Hispanic staff** rose minimally from 1.2 to 1.4 percent compared with an availability pool of 1.7 percent. The total number of staff dropped by approximately 20 percent over the three-year reporting period due to reductions in research funding; Black and African American staff comprised 15 percent of that reduction, and Hispanic or Latino staff comprised 1 percent. Ongoing reductions in research funding impede the retention of staff; competition for qualified minority applicants with higher-paying non-University positions impedes recruitment.

1.8.F. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |
GSPH is facing its diversity challenges using all available tools, including the strong support of policies, plans, and initiatives at the University level.

- The new Center for Health Equity improves upon the former minority health center: it is based in the Department of Behavioral and Community Health Sciences, where affiliations with programs and faculty are deeper and broader than those of the previous center.

- Implementation of the diversity plan is well underway through incorporation into the 2013-2018 Strategic Plan. Achieving these goals will require ongoing time and attention, and GSPH is fully committed to doing so. The racial and ethnic diversity targets in the school's present diversity plan are ambitious, but only monitoring and evaluation over the coming years will tell whether these targets should be retained as realistic and feasible.
- The school subscribes to and participates in SOPHAS-organized virtual fairs as a national and international recruiting event that we expect to be of particular interest to both international applicants and economically disadvantaged applicants for whom travel to Pittsburgh for our traditional Open House would be difficult.
- Incorporation of diversity and cultural competence into the curriculum is quite thorough, with multiple initiatives and messages contributing to a shared understanding that these issues should be addressed in essentially all courses and co-curricular activities, and that cultural competence across worldwide populations is an expected student competency. Exit survey results demonstrate the success of this approach.

Weaknesses |
Challenges associated with diversity in GSPH's faculty, staff, and student cohorts are difficult and not necessarily common to all schools of public health.

- The relatively recent departure to a new school of public health of a long-cultivated contingent of minority faculty dealt a serious blow to our efforts to build a diverse community of faculty and students.
- There is a relatively low proportion of underrepresented minorities in the local and regional populations from which staff and a high proportion of students are drawn.
- The sharp drop in proportion of minority students and those from presumptively low socioeconomic backgrounds is a matter of serious concern, as it seems to coincide with rising tuition costs forced by state funding cuts.
- With rare exceptions, the school lacks financial incentives to attract top minority students from competing master's-level public health schools and programs.

Plans |
The lesson learned from our experience of losing an entire cohort of underrepresented minority scholars is to refrain from concentrating responsibility for ensuring progress in the critically important value of diversity on any one individual or center. Current efforts to rebuild and resume progress are grounded in a sense of shared responsibility across curriculum, student affairs, faculty governance, and administrative priorities. The current five-year strategic plan sets out measurable aims for diversity and cultural competence across all four major goals.

This criterion is met with commentary.

CRITERION 2.0: INSTRUCTIONAL PROGRAMS

2.1 DEGREE OFFERINGS

The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources. The areas of knowledge basic to public health include the following: 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; 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; Environmental health sciences – environmental factors including biological, physical and chemical factors that affect the health of a community; Health services administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

2.1.A. An instructional matrix presenting all of the school's degree programs and areas of specialization. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between public health professional degrees, other professional degrees and academic degrees at the graduate level, and should distinguish baccalaureate public health degrees from other baccalaureate degrees. The matrix must identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

All degree programs are listed in **Data Template 2.1.1**.

The University of Pittsburgh Graduate School of Public Health (GSPH) offers nine master of public health (MPH) concentrations, including the five core areas plus public health genetics and two different concentrations in infectious diseases and microbiology (IDM). One of these concentrations combines pathogen biology, immunology, and epidemiology within the broader framework of public health, while the other fosters competencies for designing assessments, interventions, approaches, best practices, and policies that address infectious disease threats to public health. In addition, GSPH offers a multidisciplinary MPH (MMPH) aimed at professionals with a clinical degree or other previous doctorate. The MMPH allows advanced professional students to work with the program director to develop competencies and a plan of study targeting their interests and career goals.

Three MPH concentrations (Epidemiology [EPIDEM], Behavioral and Community Health Sciences [BCHS], and Infectious Diseases and Microbiology [IDM-MPH MIC]) are also offered as a part of the Peace Corps Master's International (PCMI) program. The PCMI was initiated in 2008, with the first students enrolling in fall 2009. PCMI program course requirements are the same as the regular MPH requirements for each concentration. However, PCMI students complete an intense academic year from August through April, during which they take a sequence of required MPH courses to provide them with the critical competencies upon which to ground a Peace Corps volunteer assignment in public health. During this year, PCMI students also take Global Health and Peace Corps seminars and work closely with the PCMI director (who also serves as the school's assistant dean for global health programs, director of the Center for Global Health at the University, and assistant professor of behavioral and community

health sciences) and program coordinator to prepare for their Peace Corps assignment, which begins following a second term of study. Three months of training is then followed by 24 months of field experience at a Peace Corps site. Before departure, each PCMI student is paired with a returned Peace Corps volunteer (RPCV), who serves as a mentor throughout the student's field placement. RPCVs may be from the University of Pittsburgh, the Pittsburgh region, or GSPH alumni. After Peace Corps service, students return to GSPH to complete a final year of study and write their thesis/essay.

GSPH offers doctor of public health (DrPH) degrees in BCHS, Epidemiology, and Environmental and Occupational Health (EOH). After an extensive review of the DrPH program in 2011-2012, two programs (Biostatistics and IDM) were eliminated, and the Epidemiology program was significantly revised. These developments, which were described in a substantive change notice to CEPH dated April 2012, produced three programs that are well grounded in high-level, general public health professional competencies yet remain strongly discipline-focused. All three are clearly distinct from the research-focused doctor of philosophy (PhD) degrees in the same departments. By University policy, all DrPH students complete a dissertation, but DrPH dissertations are typically more applied than PhD dissertations and may take the form of a policy analysis, white paper, or program evaluation.

In addition to the degrees described above, GSPH offers a PhD in seven fields and a master of science (MS) in six. There are also two other professional programs: the master of health administration (MHA) and the MS in genetic counseling.

A variety of joint degrees are listed in **Data Template 2.1.1**. The MPH is offered jointly with degrees in the Graduate School of Public and International Affairs (GSPIA). These include the master of international development (MID), master of public administration (MPA), and master of public and international affairs (MPIA). The MPH is also offered with anthropology (PhD), with social work (master of social work [MSW] or doctorate [PhD]), with law (juris doctor [JD]), and with GSPH's genetic counseling degree (MS). In addition, the Departments of Human Genetics and Epidemiology participate in the medical doctor (MD)/PhD program jointly run by the University of Pittsburgh and Carnegie Mellon University.

GSPH also offers nine certificate programs. These are described more fully under Criterion 3, but, in fact, very few non-degree students complete them. Certificates primarily serve degree-seeking students who are interested in a broader experience and/or additional credentials.

All GSPH degree and certificate programs are delivered in face-to-face format. Although many features of distance education are used very successfully by our faculty, such as "flipped" classrooms, online discussion boards, and class wikis, the majority of students are full time (see **Data Template 4.3.2**), and they prefer face-to-face rather than distance formats for their coursework. (This question is included on student surveys.) Part-time students often prefer evening classes. To make GSPH programs as accessible as possible to part-time students, all MPH core courses (with one exception) are offered at least once a year in the early evening. In-person engagement with research and practice experiences is a crucial part of all degree programs for both part-time and full-time students.

Data Template 2.1.1 Instructional Matrix - Degrees and Specializations				
	Department	*Program Abbreviation*	*Program Type*	*Program Director*
MPH Degrees				
Behavioral and Community Health Sciences	BCHS	BCHS-MPH	Professional	Martha Terry, PhD
Biostatistics	BIOST	BIOST-MPH	Professional	Ada Youk, PhD
Environmental and Occupational Health	EOH	EOH-MPH	Professional	James Peterson, PhD
Epidemiology	EPIDEM	EPIDEM-MPH	Professional	Nancy Glynn, PhD
Health Policy and Management	HPM	HPM-MPH	Professional	Gerald Barron, MPH
Public Health Genetics	HUGEN	PHGEN-MPH	Professional	Candace Kammerer, PhD
Infectious Diseases and Microbiology with concentration in Infectious Disease Pathogenesis, Eradication, and Laboratory Practice	IDM	IDM-MPH PEL	Professional	Jeremy Martinson, DPhil
Infectious Diseases and Microbiology with concentration in Infectious Disease Management, Intervention, and Community Practice	IDM	IDM-MPH MIC	Professional	Linda Frank, PhD, MSN
Multidisciplinary Master of Public Health (MMPH)	MMPH	MULMPH-MPH	Professional	David Finegold, MD
Other Masters Degrees				
MS Biostatistics	BIOST	BIOST-MS	Academic	Ada Youk, PhD
MS in Environmental and Occupational Health	EOH	EOH-MS	Academic	Aaron Barchowsky, PhD
MS in Epidemiology	EPIDEM	EPIDEM-MS	Academic	Nancy Glynn, PhD
MS in Health Services Research and Policy	HPM	HSRP-MS	Academic	Nick Castle, PhD
MS in Human Genetics	HUGEN	HUGEN-MS	Academic	Candace Kammerer, PhD
MS in Infectious Diseases and Microbiology	IDM	IDM-MS	Academic	Todd Reinhart, ScD
MS in Genetic Counseling	HUGEN	GNCSLG-MS	Other Professional	Robin Grubs, PhD, LCGC
MHA	HPM	HPM-MHA	Other Professional	Wes Rohrer, PhD, MBA
Doctoral Degrees				
PhD in Behavioral and Community Health Sciences	BCHS	BCHS-PhD	Academic	Jeanette Trauth, PhD
PhD in Biostatistics	BIOST	BIOST-PhD	Academic	Abdus Wahed, PhD
PhD in Environmental and Occupational Health	EOH	EOH-PhD	Academic	Aaron Barchowsky, PhD
PhD in Epidemiology	EPIDEM	EPIDEM-PhD	Academic	Tom Songer, PhD
PhD in Health Services Research and Policy	HPM	HSRP-PhD	Academic	Nick Castle, PhD

PhD in Human Genetics	HUGEN	HUGEN-PhD	Academic	Candace Kammerer, PhD
PhD in Infectious Diseases and Microbiology	IDM	IDM-PhD	Academic	Velpandi Ayyavoo, PhD
DrPH in Behavioral and Community Health Sciences	BCHS	BCHS-DrPH	Professional	Jeanette Trauth, PhD
DrPH in Environmental and Occupational Health	EOH	EOH-DrPH	Professional	James Peterson, PhD
DrPH in Epidemiology	EPIDEM	EPIDEM-DrPH	Professional	Tom Songer, PhD
Joint Degrees				
MPH in Behavioral and Community Health Sciences with Graduate School of Public and International Affairs MID, MPIA, and MPA	BCHS	BCHS-MPH/MID/MPIA/MPA	Professional	Martha Terry, PhD
MPH in Behavioral and Community Health Sciences with the Kenneth P. Dietrich School of Arts and Sciences Department of Anthropology PhD	BCHS	BCHS-MPH/PhD	Professional	Martha Terry, PhD
MPH in Behavioral and Community Health Sciences with School of Social Work PhD	BCHS	BCHS-MPH/PhD	Professional	Mark Friedman, PhD
MPH in Behavioral and Community Health Sciences with School of Social Work MSW	BCHS	BCHS-MPH/MSW	Professional	Mark Friedman, PhD
PhD in Human Genetics with School of Medicine MD	HUGEN	HUGEN-MD/PhD	Academic	Robert Ferrell, PhD
PhD in Epidemiology with School of Medicine MD	EPIDEM	EPIDEM-MD/PhD	Academic	Catarina Rosano, MD, MPH
MPH in Public Health Genetics with Genetic Counseling MS	HUGEN	HUGEN-MPH/MS	Professional, Other Professional	Robin Grubs, PhD, LCGC
MPH in Health Policy and Management with School of Law JD	HPM	HPM-MPH/JD	Professional	Elizabeth Bjerke, JD

2.1.B. The school bulletin or other official publication, which describes all degree programs identified in the instructional matrix, including a list of required courses and their course descriptions. The school bulletin or other official publication may be online, with appropriate links noted.

The University of Pittsburgh maintains an online bulletin for all degree programs. GSPH's section is accessible at: www.bulletins.pitt.edu/graduate/publichealth.htm. The bulletin also contains a section on general academic regulations, including specific details governing master's and doctoral degrees, publication of theses and dissertations, and statutes of limitation. This bulletin section is accessible at: www.bulletins.pitt.edu/graduate/regulations.htm. The University website lists detailed Regulations Governing Graduate Study.

Program handbooks, maintained at the department level, contain complete requirements for each program. Individual handbooks are available on the departmental sections of the website. There is also an academic manual that describes overall academic regulations. Other school-level resources include an orientation handbook and admissions catalog, which, while not primarily concerned with requirements or regulations, does include some description thereof.

Course descriptions are maintained centrally through the University's student information system, PeopleSoft. They are made available to students through the student-services portal of PeopleSoft and on the school's website at: mypublichealth.pitt.edu/students/academics-and-student-services/classes. A list of courses offered over the past three years is available in the Electronic Resource File (ERF).

2.1.C. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- GSPH offers students a wide variety of degree options, including nine MPH concentrations and 10 doctoral degrees.

Weaknesses |

- No major weaknesses have been identified.

Plans |

- GSPH continually evaluates degree offerings to ensure that programs meet the needs of students and employers. In particular, GSPH anticipates re-evaluating the menu of MPH concentrations once accreditation criteria are revised in response to the *Framing the Future* MPH roadmap. At that time, we will also re-evaluate the demand for and potential benefits of evening and technology-mediated offerings.

This criterion is met.

2.2 PROGRAM LENGTH

An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.

2.2.A. Definition of a credit with regard to classroom/contact hours.

One graduate credit at the University of Pittsburgh is equal to one hour of classroom meeting time weekly over a standard 15-week term. The standard academic hour is 50 minutes. For example, three-credit courses scheduled for twice a week meet for 75 minutes and three-credit courses scheduled for once a week meet for 150 minutes. There is currently no University policy that covers how many homework hours are required for each credit hour.

2.2.B. Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix. If the school or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.

The nine MPH programs require between 42 and 47 credits, as shown in Table 2.2.1.

Table 2.2.1 MPH Program Length (Minimum)	
Program	*Credits*
Behavioral and Community Health Sciences	45
Biostatistics	44
Environmental and Occupational Health	47
Epidemiology	45
Health Policy and Management	45
Infectious Diseases and Microbiology with concentration in Infectious Disease Pathogenesis, Eradication, and Community Practice (PEL)	42
Infectious Diseases and Microbiology with concentration in Infectious Disease Management, Intervention, and Community Practice (MIC)	42
Multidisciplinary Master of Public Health (MMPH)	42
Public Health Genetics	47

2.2.C. Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

Until fall 2010, the MMPH degree (generalist MPH for students with a previous clinical or doctoral degree) required only 36 credits. Starting with the August 2010 incoming class, this requirement was increased to 42 credits to comply with CEPH requirements and to provide more opportunity for students to achieve advanced competencies. Students who were grandfathered under the previous requirements have continued to graduate over the past three years: 12 in 2011-12, three in 2012-13, and two in 2013-14.

2.2.D. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- All MPH programs meet or exceed CEPH's 42-credit requirement. Many students take additional credits as electives or to fulfill certificate requirements.

Weaknesses |

- No major weaknesses identified.

Plans |

- Continue to evaluate program lengths in the context of standard program assessment processes and evaluation of competencies.

This criterion is met.

2.3 PUBLIC HEALTH CORE KNOWLEDGE

All graduate professional degree public health students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

2.3.A. Identification of the means by which the school assures that all graduate professional degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The 20-credit core curriculum provides a multidisciplinary perspective and allows MPH students to establish a foundational knowledge of the core and cross-cutting competencies. It includes stand-alone courses in each of the five core disciplines of public health. Also included are a one-credit overview of public health, a two-credit public health biology course, a two-credit capstone course, and a noncredit grand rounds course, as shown in **Data Template 2.3.1**. DrPH students entering without an MPH from an accredited school of public health complete the full school core curriculum.

The overall core curriculum structure was most recently revised and implemented for the 2006-07 academic year. Core content is continually evolving, however. Primary responsibility for course content review lies with the MPH program committee, which consists of the core course instructors, MPH program directors, and student representatives. This committee reviews courses annually. The Educational Policies and Curriculum Committee (EPCC), which must approve major actions of the MPH program committee, also provides significant input (see Section 2.6.E). Revisions for the 2014-2015 academic year target smaller classes and more assignments to improve student engagement and communication skills. The capstone and BCHS core courses have added extra sections; the HPM core course has added a leadership assignment and substantial teaching assistant (TA) support to work with students on writing.

To ensure that all GSPH students acquire an appropriate level of core curriculum mastery, a 2009 policy requires students to earn a minimum grade for core courses. Students who do not achieve a B grade or higher are strongly counseled to repeat the course, and students who do not achieve at least a C after retaking the course are dismissed from the program. The complete policy is described in the academic handbook.

Data Template 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree

Core Knowledge Area	*Course Number and Title*	*Credits*
Biostatistics (two options, depending on the program)	BIOST 2011 Principles of Statistical Reasoning	3
	BIOST 2041 Introduction to Statistical Methods I AND BIOST 2042 Introduction to Statistical Methods II	6 total
Epidemiology	EPIDEM 2110 Principles of Epidemiology	3
Environmental Health Sciences	EOH 2013 Environmental Health and Disease**	3
Social and Behavioral Sciences	BCHS 2509 Social and Behavioral Sciences and Public Health**	3
Health Services Administration	HPM 2001 Health Policy and Management in Public Health**	3

Public Health	PUBHLT 2014 Public Health Overview	1
	PUBHLT 2015 Public Health Biology**	2
	PUBHLT 2016 Capstone: Problem Solving in Public Health	2
	PUBHLT 2022 The Dean's Public Health Grand Rounds*	0
** Two semesters are required.*		
***Exceptions: Students enrolled in MPH programs in Behavioral and Community Health Sciences, Environmental and Occupational Health, and Health Policy and Management enroll in a more advanced course in their field in lieu of the core course specified above. BCHS students complete the full BCHS core curriculum as the substitute to school level core course. EOH students complete the course EOH 2175, Principles of Toxicology. HPM students complete the course HPM 2135, Health Policy. In several of the programs that require a strong background in biology for admission, it is common for students to be exempted from PUBLHT 2015, Public Health Biology. Such exemptions are made on a case-by-case basis.*		

CPH exam scores consistently show that student achievement in all core areas is strong, as shown in **Table 2.3.A.** Student satisfaction with the core curriculum is also high, as shown in **Data Templates 1.2.C Tables 1.1.3, 1.1.4, and 1.2.1**.

Table 2.3.A Average Scores by Area for the CPH Exam, Shown as a Percentage of NBPHE Average

	Biostat	*EnvSci*	*Epid*	*HPM*	*BehavSci*	*Cross Cutting*
February 2014 (n=48)	93%	99%	92%	88%	92%	96%
October 2013 (n=7)	120%	112%	127%	110%	115%	106%
February 2013 (n=49)	91%	92%	91%	96%	92%	95%
October 2012 (n=14)	105%	94%	100%	97%	102%	97%
February 2012 (n=62)	94%	93%	93%	87%	98%	94%

2.3.B. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- The core curriculum for MPH students provides a solid foundation in the public health core domains, including cross-cutting competencies. The discipline-focused core courses provide highly cohesive educational experiences taught by dedicated sole instructors.

Weaknesses |

- The separate disciplinary structure of the core courses makes it more challenging (than in an integrated core) to introduce cross-cutting themes and learning objectives. The MPH program committee takes on this challenge by discussing all course content regularly to identify and seize new opportunities for collaboration and integration.

Plans |

- We plan to keep the disciplinary core structure, but continue our efforts to foster collaboration among core course instructors. Course content will continue to evolve in response to competencies. Many cross-cutting competencies are and will continue to be addressed in the capstone course and other culminating experiences.

This criterion is met.

2.4 PRACTICAL SKILLS

2.4.A. Description of the school's policies and procedures regarding practice experiences, including the following: selection of sites, methods for approving preceptors, opportunities for orientation and support for preceptors, approaches for faculty supervision of students, means of evaluating student performance, means of evaluating practice placement sites and preceptor qualifications, criteria for waiving, altering or reducing the experience, if applicable.

All GSPH MPH and DrPH students must complete an approved, supervised practicum/field placement/internship of at least 200 hours. Many significantly exceed that number of hours, particularly DrPH students. These practice experiences provide students with opportunities to:

- Use knowledge and practice new skills learned in their coursework.
- Understand how agencies interact with individuals and communities.
- Experience a broader range of public health activities.
- Enhance their professional education through assignments that are useful to the host organization, yet refine their professional skills.
- Identify their professional strengths, weaknesses, and areas of knowledge for further study.

Selection of sites and preceptors
Selection of sites and preceptors is organized at the departmental level. Precise procedures vary among departments, but in all cases the MPH or DrPH program directors work very closely with students in selecting their placements.

To be approved as practicum sites, organizations must:

- Provide the minimum number of hours of public health-oriented work;
- Enable students to apply specific public health skills or competencies learned in their academic program;
- Address the student's education/experiential needs;
- Provide logistical support (e.g., program information, data, desk, and telephone) to the student;
- Have senior public health professionals to help with training at the sites and to serve as preceptors;
- Have preceptors willing to work with program directors and/or faculty advisors to be oriented to the goals of the practicum and to perform the necessary assessments of student performance.

Major sites
As shown in **Table 2.4.B**, students complete their practica at a wide range of sites. However, a few major programs take a large number of students. In the past two years, the school has greatly increased the level of coordination and collaboration with these programs and greatly increased the numbers of students involved. These programs are described briefly here and in more detail on our practicum opportunities webpage.

- The Allegheny County Health Department (ACHD) takes practicum students throughout the year, but enrolls a large number each summer in the Pittsburgh Summer Institute in Applied Public Health, which combines the practicum experience with additional enrichment experiences. The director of the summer institute is Ronald Voorhees, MD, MPH, former ACHD interim director, who was appointed director of the GSPH Center for Public Health Practice in 2014. Non-summer

practica are coordinated by Jamie Sokol, MPH, Public Health Administrator at the ACHD, who is an alumna of the BCHS department.

- The Pennsylvania Department of Health (PADOH) has taken a small number of students each year, but in summer 2015 this is being expanded to an organized program involving an estimated 15 students.
- Bridging the Gaps is a funded summer program that places students at various sites to work directly with underserved populations.

Orientation and support for preceptors and faculty supervision of students
Preceptors and program directors or faculty advisors work closely with each other and with the student throughout the process, from site, project, and goal selection through final evaluation. The table below describes this process in detail. For the major sites described above, program directors and/or associate deans meet directly with groups of preceptors to discuss project selection, expectations for students and preceptors, and logistical issues such as application processes and office space.

Evaluating student performance, placement sites, and preceptors
All students start their practicum with a planning form that outlines the expectations of all parties. At the conclusion of the practicum, the experience is evaluated by student, preceptor, and faculty advisor (see table below). Forms for each department are available in the ERF.

Practicum sites, preceptors, and outcomes are also routinely reviewed by program directors to ensure their continued suitability for future student referrals.

Student satisfaction with practice experiences is high (see **Data Template 1.2.C Table 1.3.1**).

Criteria for waiving or altering the experience
As of fall 2013, the practicum experience is no longer waived at GSPH (see Criterion 2.4.C).
Students who are employed in a public health setting may develop a practicum at their workplace so long as the project is beyond the scope of their normal responsibilities and is supervised by a preceptor from whom they can learn new skills. In some joint degree programs, students do a combined internship for the two programs. (Students in the BCHS joint program with social work [MPH/MSW] and students in the BCHS joint program with anthropology [MPH/PhD] both follow this model. For students in the PCMI program, Peace Corps service provides their practicum.)

Responsibilities of student, program director and/or faculty advisor, and agency preceptor
The respective responsibilities of the students, faculty advisors, and preceptors are outlined in **Table 2.4.A.1** below.

Table 2.4.A.1 Practicum Responsibilities and Procedures	
Student	
Before and During Practicum	*At Completion of Practicum*
• Assume lead responsibility for identifying suitable internship sites and preceptors (most programs) • Carefully assess his/her academic preparation, experience, and professional development to identify areas to address in the internship • Complete department's placement approval form • The form must be developed with the faculty advisor, taking into account any information from the agency preceptor. The proposal should outline internship goals, objectives, and activities. • Participate fully in the internship, performing activities necessary to complete work as defined in the proposal and subsequent agreements with the site preceptor • Follow the rules, procedures, and customs of the host organization • Maintain regular communication with the faculty advisor and agency preceptor, including appropriate feedback • Complete any necessary certifications, such as those for working with minors, for human-subjects research, or others • The school maintains a Resources for Research and Practice webpage on the intranet to assist students.	• Submit a final report to the faculty advisor and agency preceptor. The MPH essay or thesis may contain material from the final report. • Complete evaluation of the internship
Faculty Advisor and/or Program Director	
Before and During Practicum	*At Completion of Practicum*
• Assist the student in reviewing academic and professional goals and in outlining the educational and experiential objectives of the internship, taking into consideration the student's previous public health experience • Assist the student in identifying suitable field sites and preceptors • Review and approve the prospective site and preceptor • Respond to requests from the agency preceptor for information about the goals of the internship experience and respond to any preceptor/student requests for assistance in facilitating the internship • Discuss the student's progress with the preceptor at least once during the internship	• Review the preceptor's evaluation of the student's work • Confirm that student requirements are met (final report/thesis submitted, poster presentation prepared, etc.) • Submit grade for the student • Complete evaluation of the internship
Agency Preceptor	
Before and During Practicum	*At Completion of Practicum*
• Review the practicum's goals and objectives with the student • Provide the student with a formal orientation to the agency • Provide direct supervision of the student and establish an ongoing, regular reporting relationship with the student during the internship; be accessible to provide feedback and resolve issues that may arise • Provide resources necessary for a successful internship, including work space, supplies, and the opportunity to observe major agency function • Provide the faculty advisor with a written copy of the practicum agreement form, stating the scope of the student's project (within two weeks of the student's arrival at the agency) • Respond to faculty advisor requests for information regarding the student's performance and practicum status	• Provide the faculty advisor with a written evaluation of the student's performance

Program-specific practicum details
While practica in all programs conform to the standards and practices described above, some have specific features that are important. **Table 2.4.A.2** summarizes distinguishing features of practicum experiences in different departments.

Table 2.4.A.2 Program-Specific Practicum Features	
Program	*Program-specific practicum features*
Environmental and Occupational Health MPH	Primary responsibility for site selection and student matching lies with the program director in order to ensure that sites meet very specific requirements.
Epidemiology MPH	The epidemiology practicum prioritizes real-world experience with epidemiological data analysis, which can be in a public health practice or research context. The goal is to prepare students for jobs in both of these settings.
Multidisciplinary Master of Public Health (MMPH)	For practicing clinicians, the practicum experience typically identifies public health issues that can be addressed in their workplaces, i.e. extension of their roles within their clinical settings.
Public Health Genetics MPH	The public health genetics practicum prioritizes public health practice experience over technical genetics content. Students who complete practica unrelated to genetics are asked to discuss in their essays how public health genetics could be used in those settings.

2.4.B. Identification of agencies and preceptors used for practice experiences for students, by program area, for the last two academic years.

All sites and preceptors for the past two years are listed by program area in **Table 2.4.B**.

2.4.C. Data on the number of students receiving a waiver of the practice experience for each of the past three years.

Until fall 2013, the MMPH program did not require a practicum. The rationale was that students were already engaged in practice experiences related to their previous degrees. A practicum is now required of all students to ensure they complete a practice experience clearly linked to their MPH degree competencies. Also prior to 2013, some other MPH programs gave occasional waivers to students with full-time jobs in public health practice. Numbers are given in **Table 2.4.C.**

Table 2.4.C Number of Students Receiving a Waiver of the Practice Experience			
	2011-2012	*2012-2013*	*2013-2014*
MMPH	9	14	15
Other	1	2	2

2.4.D. Data on the number of preventive medicine, occupational medicine, aerospace medicine, and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.

Not applicable.

2.4.E. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- Each program has a strong, discipline-focused practicum/internship program of at least 200 hours. All programs now require a practicum of all students, who routinely report a high level of satisfaction with their experiences.

Weaknesses |

In 2013-2014, partially as a result of the self-study process, we identified two potential weaknesses in the practicum program, described in the bullet items below. These have been addressed as described below.

- Students reported some frustration with the degree of initiative required to secure a placement. While we feel it is important for students to exercise initiative in thinking about their professional goals and contacting practicum sites and organizations that might fit those goals, we have taken several steps to ease the process. One step was the expansion of the major sites described above, and the other was to create programs to give students more information and support in finding a placement. In January 2014 we held our first practicum extravaganza, showcasing student work from practica and presentations and print materials from major sites. This was expanded in December 2014 to include workshops on how to find a practicum and how to make the most of the practicum experience. We plan to continue to expand this annual event.
- By necessity, the discipline-focused practicum is administratively decentralized, with resulting challenges to ensure procedural consistency and communication with preceptors. We have named a "practicum coordinator" (new job duties for the educational programs coordinator) to take responsibility for facilitating communication among MPH directors about practicum issues, including assessment processes and practicum models, and to assist in organizing the programs at the major sites.

Plans |

- Continue initiatives discussed under "weaknesses."

The criterion is met.

2.5 CULMINATING EXPERIENCE

All graduate professional degree programs, both professional public health and other professional degree programs, identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

2.5.A. Identification of the culminating experience required for each professional public health and other professional degree program. If this is common across the school's professional degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

The primary culminating experience for GSPH students is the essay, thesis, or dissertation. This provides an opportunity for addressing a research or practice problem by integrating curriculum-acquired skills with other student experiences. It is used to assess the most important cross-cutting competencies (e.g., ability to synthesize and apply knowledge, communication skills, and cultural competence). A multidisciplinary perspective is assured by including faculty from at least two different departments as essay/thesis committee members; often three or more departments are represented. Student satisfaction with essay/thesis advising is high. However, it is difficult for any written product to fully capture what is needed in a culminating experience for a professional degree student, particularly with regard to applying principles in a situation that realistically reflects professional practice. Thus, professional degree programs (public health, MHA, genetic counseling) have additional components that are considered part of the culminating experience, as described below.

- MPH—In addition to the MPH thesis or essay, the two-credit capstone course taken by all MPH students is a critical part of the culminating experience. It considers problems in a number of practice areas and requires integration of knowledge from across the curriculum. It culminates in a group project proposing an intervention to mitigate a public health problem. A third component of the culminating experience is the practicum and associated self-reflection forms completed at its conclusion; these are an important locus for application of academic learning to practice.
- DrPH—For DrPH students, both the doctoral dissertation and the extensive practice experience are essential elements of the culminating experience.
- MHA—The culminating MHA experience consists of three components: the student's written report and final evaluation of the Management Residency; satisfactory completion of HPM 2150: Strategic Management of Health Services Organizations and Health Policy (spring term, Year 2); and the completion, submission, and oral presentation of the master's essay, typically a management analysis, program evaluation, or case study based on the student's experience in the Management Residency or other health care organization.
- MS Genetic Counseling—Genetic counseling students complete a master's thesis, which can be on a research or practice-related topic. In addition, they complete a 10-month period of clinical rotations in Pittsburgh-area hospitals. Students document their clinical cases in a logbook, which includes a brief reflection on each case; entries are reviewed and evaluated by the clinical supervisor. During the second year of training, students are required to complete comprehensive written and oral examinations. The written exam consists of 100 multiple-choice questions covering basic genetic counseling and human genetics knowledge. The oral examination covers areas of clinical knowledge, counseling skills, basic knowledge, problem solving skills, and professional behaviors relevant to genetic counseling.

2.5.B. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- All professional degree students complete an integrative essay or thesis, which is mentored by two or more faculty from different departments. Essay and thesis expectations are high and are well-monitored. Student satisfaction with essay/thesis advising and overall experience is high, as shown in **Data Template 1.2.C Table 1.2.2**.

Weaknesses |

- No major weaknesses identified.

Plans |

- It is challenging to ensure that a single written paper is (1) fully integrative and (2) truly relevant to professional practice. Thus, our use of the supplementary elements of the culminating experience, as described in Criterion 2.5.A, is essential.
- Individual programs have been building stronger essay/thesis support practices into their curricula over the past few years. For example, in the Department of Health Policy and Management, there is now a credit course that leads students through the essay preparation process. In the genetic counseling program, a summer seminar has been added to give students new opportunities to meet and discuss their thesis progress.

The criterion is met.

2.6 REQUIRED COMPETENCIES

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The school must identify competencies for graduate professional public health, other professional and academic degree programs and specializations at all levels (bachelor's, master's and doctoral).

2.6.A. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the school (e.g., one set each for BSPH, MPH and DrPH).

All MPH and DrPH students must meet the same set of disciplinary and cross-cutting competencies. These competencies are listed in **Data Template 2.6.1a** and, for the most part, are taught and assessed in the MPH core curriculum, as shown in the table. (With CEPH permission, we have altered the format of Data Template 2.6.1 to include an integrated view of our required competencies, experiences through which they are achieved, assessment methods, and recent program changes.) Most DrPH students are expected to have achieved these competencies by virtue of having previously completed an MPH at an accredited school of public health, but those who have not done so are expected to complete the MPH core at GSPH.

Competencies are re-evaluated every few years through a process that gives all stakeholders opportunities to provide input (see Criterion 2.6.E). MPH competencies were most recently revised in 2012-2013, in a year-long process that involved all core curriculum committee members, MPH program directors, and EPCC members. Input was gathered from employers by the school's career services office and other contacts. Competencies are closely modeled on the Association of Schools and Programs of Public Health (ASPPH) MPH competencies but are generally reduced to two or three per domain. The full document describing competencies and their development process is in the ERF.

DrPH program competencies were comprehensively reviewed in 2011-2012. The DrPH programs do not explicitly have a set of shared competencies beyond those shown in **Data Template 2.6.1a**. However, the advanced competencies for the three DrPH programs (see **Data Templates 2.6.1b**) have common elements, including leadership, evaluation, and ability to apply research results to public health practice.

2.6.B. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the school) identified in the instructional matrix. The school must identify competencies for all degrees, including graduate public health professional degrees, graduate academic degrees, graduate other professional degrees, as well as baccalaureate public health degrees and other bachelor's degrees.

Competencies for all programs are listed in **Data Templates 2.6.1b**.

- For the MPH and DrPH, the competencies listed in **Data Templates 2.6.1b** are advanced competencies that are in addition to the core competencies described in Criterion 2.6.A.
- There is no entry in **Data Template 2.6.1b** for the MMPH program. This program acts as our "self-designed major" for students with advanced professional degrees and very specific career goals. Rather than having pre-specified advanced competencies, each MMPH student meets with the program director to complete an independent development plan. The independent development plan lays out the competencies the student wants to achieve and the plan for

achieving them. This document is then used for subsequent advising and to document assessments of the competencies.

- For the two other professional degrees, the MHA and the MS Genetic Counseling, the tables list a reduced version of extremely detailed competencies that are available in the electronic resource file.
- For all academic degrees, the tables list complete competencies.

2.6.C. A matrix that identifies the learning experiences (e.g., specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a. and 2.6.b are met. If these are common across the school, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree and concentration. See CEPH Data Template 2.6.1.

Data Template 2.6.1a lists the experiences through which the competencies in 2.6.a are achieved, and **Data Template 2.6.1b** lists the experiences through which the competencies in 2.6.b are achieved. The course-level learning objectives are listed on individual syllabi. Mappings from course-level learning objectives to program-level competencies are created at the departmental level during regular review processes. Examples are given in the ERF.

2.6.D. An analysis of the completed matrix included in Criterion 2.6.C. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

GSPH's process of comparing curriculum to competencies is continuous; and curricular changes are ongoing based on multiple review processes, including exit interviews and surveys, annual assessments of competencies and programs, and outcomes that are evaluated as part of strategic planning. It is difficult to pinpoint revisions made solely on the basis of this matrix, but recent examples are listed within **Data Templates 2.6.1a and 2.6.1b**.

2.6.E. Description of the manner in which competencies are developed, used, and made available to students.

Competencies are developed and regularly re-evaluated within each program. Competencies for all MPH programs were developed as described in Criterion 2.6.A, including universal competencies for all MPH students and advanced competencies for each concentration. For academic degrees, the competencies are primarily developed by program faculty. For professional degrees, there is significant outside input (see Criterion 2.6.F).

Competencies are used for curriculum design and for program and student assessment, as described under Criterion 2.7.

Competencies for all programs are listed on the primary webpage for those programs. Methods and venues for discussion of competencies with students vary from program to program. All MPH students see the full ASPPH competencies (on which ours were modeled) in their required first-term overview course; they complete an online survey instrument to rate themselves on each competency. We do not view this as an assessment tool, but, rather, as a way to introduce the competencies to our students, who repeat the exercise as part of their capstone course.

2.6.F. Description of the manner in which the school periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

For academic degree programs, the faculty are practitioners in their fields and have primary responsibility for assessing changing needs, generally by participating in national conferences, review panels, or other types of professional involvement. For professional degree programs, faculty also have significant responsibility for developing competencies, but this is done with a great deal of input from the world of practice. Methods for gathering this input range from very informal to very formal. Below are a few of our most important sources of outside input into competencies.

- There are now several outstanding national resources on employer needs in the public health workforce. Most recently, the *Framing the Future* Blue Ribbon Public Health Employers Advisory Board report has been an important resource for GSPH. The job skills analysis currently being conducted by the NBPHE will also be an important resource. We feel strongly that these well-developed national resources are a better source of information on employer needs than the limited input we are able to get specifically from employers of our own graduates.
- GSPH has a close relationship with the Allegheny County Health Department and is able to get regular feedback from department officials concerning preferred skills for new staff.
- All practicum preceptors provide feedback on student performance, which provide program directors with direct evaluation of student ability to perform competencies in an employment setting. They also provide valuable indirect information about emerging employer needs.
- GSPH conducts an annual New Grad Survey primarily to gather employment data, but also to ask graduates which competencies they achieved at GSPH were most important in their first job and what additional competencies they wish had achieved during their academic experience. Efforts to gather employer answers to the same questions have been less formal and have met with limited success, but we feel that we have adequate information from the other sources described here.
- GSPH recently completed a set of interviews with 24 MPH graduates from the past three years, along with several of their employers, to collect feedback on MPH core and discipline-specific competencies. Alumni from each MPH program were asked to describe the ways in which their MPH degree studies helped to prepare them for their current positions. Follow-up probes asked alumni to think about any specific projects, courses, or assignments that were particularly relevant to professional pursuits. The interview guide also included questions about any gaps in the coursework/program requirements, or whether training could have been improved in any way. A detailed report of these interviews is available in the ERF.

The competency area we most often hear about in all of these feedback mechanisms is communication skills, both written and oral. We are addressing this in several ways. First, the school has revamped three MPH core courses to provide smaller sections, as well as additional writing assignments to stimulate classroom interaction and emphasis on communication skills (see also Criterion 2.3.A). Second, a computer-graded writing exam is now given to all incoming students. Students who show evidence of difficulty are identified early and directed to resources to improve their skills. Third, the associate dean for education has been developing a course in practical workplace writing skills for master's students that is slated to be offered in fall 2015.

In addition to communication skills, the competency area mentioned most frequently during interviews is quantitative/analysis skills–often specific statistical software. GSPH has not yet taken any concrete action to address this issue. It does not seem feasible to require more advanced quantitative training for all students within a two-year MPH program. A number of elective courses are available for students who choose to pursue them, e.g., advanced statistics courses, two different SAS (statistical software) courses,

and a number of modeling courses. It may be that these concerns need to be addressed as part of the advising and mentoring process to make sure students learn the importance of quantitative training in the workplace so that they can select appropriate electives.

2.6.G. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- All programs have explicit competencies that provide standards for assessing program effectiveness and student achievement.
- Competencies are developed through inclusive processes that solicit input from practitioners.
- Competencies are well-publicized.
- Competencies are an integral part of curriculum planning and assessment (see also Criterion 2.7).

Weaknesses |

- By necessity, processes and timelines for updating competencies and for aligning curriculum with competencies vary from program to program, which makes it administratively challenging to ensure process quality and timeliness.
- Some programs' competencies emphasize narrow technical skills without explicitly naming cross-cutting competencies like communication skills—even when those competencies are an important part of the program.

Plans |

- Annual reporting of assessments (see Criterion 2.7) makes it possible for the associate dean for education to track changes in competencies, assessments, and timelines for regular review of competencies.
- After the next CEPH criteria revision, we plan a formal review of all MPH programs and competencies.

This criterion is met with commentary.

2.7 ASSESSMENT PROCEDURES

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

2.7.A. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice or research, as applicable, and in culminating experiences.

Data Templates 2.6.1a and 2.6.1b show where and how each competency is assessed in each program. GSPH fully integrates student and program assessments. That is, each student is assessed on each competency; some of these assessments are given to the student as feedback, and some are used at a program level to evaluate whether students in general are achieving competencies. Program-level assessments and resulting actions have been reported annually as a part of the Middle States accreditation for approximately six years. Our modified Data Template 2.6.1 is a hybrid of the CEPH-provided Data Template 2.6.1 and the forms used for Middle States reporting.

As shown in **Data Templates 2.6.1a and 2.6.1b,** the first line of student achievement evaluation includes assessments within courses and, to some extent, overall course grades. We believe that course grades and component evaluations within courses provide a good assessment of basic knowledge-based competencies. Courses are designed to help students achieve specific required competencies, and course assessments are specifically designed to evaluate success in achieving those competencies. For MPH core courses, evidence of this achievement is provided by the CPH exam. GSPH has paid for all interested students to take the certified in public health (CPH) exam since the February 2012 exam, with about one-half to two-thirds of MPH students taking the exam each year. Exam scores for our students are high (**Table 2.3.B and Table 2.7.D**) and track well with core course grades, demonstrating that an external test of competency achievement validates the school's internal measures.

Higher-level and integrative competencies are generally assessed in qualifying and comprehensive exams, evaluations of practice experiences, thesis/dissertation defenses, and the MPH capstone course, as described below and as detailed **Tables 2.6.1b.** Each of these experiences is evaluated on appropriate forms, which explicitly rate the student on relevant competencies. A few example forms are shown in the ERF. Specifics of these assessment processes are noted below.

- MPH and DrPH practicum experiences and competencies are assessed by preceptors and faculty advisors.
- All essays/theses/dissertations are reviewed by committees; theses and dissertations must be orally defended.
- Generally near the end of the first year, MS students take a comprehensive exam that assesses their basic competencies (which vary by program).
- Doctoral students take a preliminary exam around the end of the first or second year to assess basic competencies. A comprehensive exam and dissertation proposal (separately or combined) around the third year assess more advanced competencies involving research and communication skills.
- Each semester, any student who receives a grade of B-minus or below in a core course, who has a term or cumulative GPA below 3.0, or who meets one of several other criteria of concern is discussed by the EPCC, which decides on appropriate actions and communicates with the student's program director.
- Reviews of student progress also take place at the departmental level by program directors and/or within academic/curriculum committees.

2.7.B. Identification of outcomes that serve as measures by which the school will evaluate student achievement in each program, and presentation of data assessing the school's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees (including bachelors, masters and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of the graduates at any level who can be located, an explanation must be provided.

Outcome measures at the program and school levels include the detailed measures described in 2.7.a, and the higher-level measures described in Criterion 1. Graduation data are shown in **Data Template 2.7.1**. Employment data are shown in **Data Template 2.7.2**, as well in **Data Template 1.2.C Table 1.1.1**. Graduation and employment rates are well above the specified cutoffs for all programs and all years, with rare exceptions that are explained within the tables.

Data Template 2.7.2 Destination of PhD Graduates by Percentage from 2011-2014			
	2011-2012	*2012-2013*	*2013-2014*
Employed	86%	55%	64%
Continuing education/training (not employed)	3%	31%	17%
Actively seeking employment	7%	7%	6%
Not seeking employment (not employed and not continuing education/training, by choice	3%	2%	8%
Unknown	0%	5%	2%
Total	29	42	48

Data Template 2.7.2 Destination of DrPH Graduates by Percentage from 2011-2014			
	2011-2012	*2012-2013*	*2013-2014*
Employed	100%	80%	66%
Continuing education/training (not employed)	0%	0%	0%
Actively seeking employment	0%	20%	33%
Not seeking employment (not employed and not continuing education/training, by choice	0%	0%	0%
Unknown	0%	0%	0%
Total	4	5	3

Data Template 2.7.2 Destination of MPH Graduates by Percentage from 2011-2014			
	2011-2012	*2012-2013*	*2013-2014*
Employed	69%	61%	62%
Continuing education/training (not employed)	14%	15%	12%
Actively seeking employment	6%	11%	18%
Not seeking employment (not employed and not continuing education/training, by choice	1%	4%	0%
Unknown	9%	10%	7%
Total	98	114	107

Data Template 2.7.2 Destination of MS Graduates by Percentage from 2011-2014			
	2011-2012	2012-2013	2013-2014
Employed	76%	64%	63%
Continuing education/training (not employed)	10%	9%	27%
Actively seeking employment	10%	9%	7%
Not seeking employment (not employed and not continuing education/training, by choice	0%	0%	0%
Unknown	5%	18%	1%
Total	41	34	40

Data Template 2.7.2 Destination of MHA Graduates by Percentage from 2011-2014			
	2011-2012	*2012-2013*	*2013-2014*
Employed	71%	83%	70%
Continuing education/training (not employed)	0%	6%	0%
Actively seeking employment	21%	11%	0%
Not seeking employment (not employed and not continuing education/training, by choice	7%	0%	0%
Unknown	0%	0%	30%
Total	14	18	10

2.7.C. An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The school must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

All graduating students are required to complete an exit survey in the semester of graduation. While the survey does request placement data, many graduates do not have employment secured at that time. Since 2011, the school has collected placement data from recent graduates during the fall. The Recent Grad Survey is e-mailed to all graduates from the preceding December, April, June, and August graduating cohorts. Our response rate has been about 50 percent for the past three years. Following the survey, departmental staff and faculty are asked to assist in collecting employment status information for those recent grads not completing the survey. The Office of Student Affairs further supplements these data with social media and Internet searches, resulting in an estimated final "response" rate of 90 percent. Specific numbers of respondents are included in **Data Template 2.7.2**. The final data set is compiled into the ASPPH annual report and the school's Graduate Outcomes Report released by the Career Services office.

2.7.D. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the school's graduates on these national examinations for each of the last three years.

A large percentage of MPH students and some other students take the CPH exam each year. Pass rates are given in **Table 2.7.D.**

Table 2.7.D CPH Exam Pass Rates			
	*# GSPH students taking the CPH exam**	*GSPH pass rate*	*National pass rate*
February 2012	62	87%	84%
October 2012	14	86%	82%
February 2013	49	80%	85%
October 2013	7	100%	76%
February 2014	48	85%	79%
**Includes those graduating within nine months prior to the exam*			

Genetic counseling students take a board certification exam. Pass rates for the past three years are 8/9 in 2011, 10/10 in 2012, and 9/9 in 2013.

2.7.E. Data and analysis regarding the ability of the school's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers, and other relevant stakeholders. Methods for such assessments may include key informant interviews, surveys, focus groups and documented discussions.

These assessments and results are discussed in Criterion 2.6.F.

2.7.F. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- Assessment of students and programs is well integrated into the culture; it is a regular part of every program annually. Advisors and program directors are constantly evaluating whether individual students are achieving competencies, and departmental and school-level curriculum committees are constantly thinking about what adjustments may be necessary as a result of these assessments. This culture of constant assessment and adjustment is quite evident in the "recent changes" columns of **Data Template 2.6.1.**

Weaknesses |

- Direct assessment of students' abilities to apply competencies in the workplace is challenging. Meaningful input from employers, and even alumni, is difficult to gather.
- There is a tension between the desire of faculty to enumerate very specific competencies that reflect real and specific workforce needs and the ability to assess those detailed competencies without turning the entire educational process into a full-time assessment. Analysis of **Data Template 2.6.1b** shows that there remains a lack of specificity in assessments in some areas, in particular a reliance on overall course grades. We dealt with this issue in the all-MPH competencies (**Data Template 2.6.1a**) by introducing students to the full set of ASPPH competencies and also defining a "condensed" set of competencies that we assess. Some departments have taken similar approaches to advanced competencies.
- Methods for tracking assessment data at the student level (as opposed to the program level) are not fully formalized. Most assessments listed in **Data Templates 2.6.1** are reported to students, but students are not currently provided with a comprehensive view of which competencies they have achieved unless individual advisors choose to structure discussions in that way. At the program level, assessments are tracked and reported annually in formats like **Table 2.6.1,** but these record only aggregate data and are not amenable to longitudinal analysis.

Plans |

- As of fall 2014, doctoral students are required to complete independent development plans (IDPs) with their advisors, which means that they will now regularly see and discuss a comprehensive overview of their competency achievement. If the IDPs are successful with doctoral students, we will consider requiring them for master's students as well.
- We have developed, but not yet started using, a database to store more detailed program-level assessments so they can more easily be tracked and analyzed over time.

This criterion is met with commentary.

2.8 OTHER GRADUATE PROFESSIONAL DEGREES

If the school offers curricula for graduate professional degrees other than the MPH or equivalent public health degrees, students pursing them must be grounded in basic public health knowledge.

2.8.A. Identification of professional degree curricula offered by the school, other than those preparing primarily for public health careers, and a description of the requirements for each.

GSPH offers two other "professional" graduate degrees: a master's in health administration (MHA) and a master's in genetic counseling.

MHA

MHA students must complete 60 credits of full-time study over five academic terms, including a full-time management residency and a master's essay. This competency-based curriculum consists of public health core content (see 2.8.b) and a broad array of courses in health care system organization and management, health policy and economics, leadership, and professional development activities. The management residency is a required one-credit course during which students are competitively matched with a host health care organizations in a supervised setting for approximately three months. This residency offers a structure in which students assume responsibility for relevant project work and decision making and gain exposure to upper management. Students typically complete 320-400 hours of practical experience under the direction of a preceptor. The MHA program provides other opportunities for students to transition to the world of practice through the Executive-in-Residence program, assignment of a health care leader or manager as a mentor, a required course that focuses on professional development, and an expanded orientation program.

Additional information about GSPH's MHA program can be found at: www.publichealth.pitt.edu/health-policy-and-management/prospective-students/mha.

MS Genetic Counseling

Students in the MS Genetic Counseling program must complete 38 credits, including a minimum of 30 credits of coursework, during two years of study. The schedule is arranged so that coursework is predominantly completed in the first year. Clinical rotations take priority in the second year. This distinctive design (many programs alternate courses/rotations repeatedly over two years) affords students a strong knowledge base for subsequent rotations, followed by diverse and robust patient-centered experiences. Training programs place students at Children's Hospital of Pittsburgh of UPMC; Magee-Womens Hospital of UPMC; the Cancer Genetics Program, Allegheny General Hospital; and clinical settings in other UPMC hospitals. All rotation sites are in the Pittsburgh area; most are located within walking distance of GSPH. Clinical rotations begin in May and continue through March of the second year. Most students see approximately 150 cases during these rotations. In addition to the required coursework, students must complete a two-part comprehensive examination and thesis research demonstrating a mastery of knowledge in a specific topic area, as well as core courses in public health (see 2.8.b).

Additional information about GSPH's MS Genetic Counseling program can be found at: www.publichealth.pitt.edu/human-genetics/prospective-students/ms-in-genetic-counseling.

2.8.B. Identification of the manner in which these curricula assure that students acquire a public health orientation. If this means is common across these other professional degree programs, it need be described only once. If it varies by program, sufficient information must be provided to assess compliance by each program.

All GSPH students take biostatistics and epidemiology introductory courses and a three-credit integrated course that covers environmental health, behavioral health, and health policy and management. In addition, all students participate in the "Grand Rounds" course, which involves attendance at public health oriented seminars and events throughout the year. Specific course numbers and titles are:

1. The Dean's Public Health Grand Rounds (PUBHLT 2022, zero credits)#
2. Essentials of Public Health (PUBHLT 2011, three credits)^
3. Principles of Epidemiology (EPIDEM 2110, three credits)*
4. Principles of Statistical Reasoning (BIOST 2011, three credits) or Introduction to Statistical Methods I (BIOST 2041, three credits) and Introduction to Statistical Methods II (BIOST 2042, three credits)

*Students in the Health Policy and Management MHA program take Managerial Epidemiology (HPM 2141, three credits) instead of Principles of Epidemiology (EPIDEM 2110, three credits).
^ Essentials of Public Health combines core public health areas of environmental health sciences, social and behavioral science, and health policy and management into one course.
# Two semesters are required.

2.8.C. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- The MHA and MS in genetic counseling are robust programs ranked among the top tier nationally.
- All MHA and genetic counseling students take nine or more credit hours of public health coursework, covering all five standard core areas. Perhaps even more importantly, these two programs are fully integrated into the public health culture of the school. Faculty members who run and teach these programs also teach in the public health professional and academic programs. In addition, MHA and genetic counseling students are fully integrated with the other students in their departments and in the school. The faculty and students in these programs are very aware of the benefits and special perspectives they receive by virtue of being in a school of public health.

Weaknesses |

- No significant weaknesses have been identified.

Plans |

- GSPH plans to continue to offer and strengthen both of these highly successful programs.

This criterion is met.

2.9 BACHELORS DEGREES IN PUBLIC HEALTH

Not applicable.

2.10 OTHER BACHELORS DEGREES

Not applicable.

2.11 ACADEMIC DEGREES

If the school also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

2.11.A. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

GSPH offers the PhD in each of its seven departments and the MS in every department except Behavioral and Community Health Sciences (see **Data Template 2.1.1**). The MS in Health Services Research and Policy is new; the first students entered in fall 2014.

2.11.B. Identification of the means by which the school assures that students in academic curricula acquire a public health orientation. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

All GSPH students take biostatistics and epidemiology introductory courses and a three-credit integrated course that covers environmental health, behavioral health, and health policy and management. In addition, all students participate in the "Grand Rounds" course, which involves attendance at public health-oriented seminars and events throughout the year. Specific course numbers and titles are listed below.

1. The Dean's Public Health Grand Rounds (PUBHLT 2022, zero credits)*
2. Essentials of Public Health (PUBHLT 2011, three credits)^
3. Principles of Epidemiology (EPIDEM 2110, three credits)
4. Introduction to Biostatistics for Biomedical Scientist (BIOST 2014, three credits) or Principles of Statistical Reasoning (BIOST 2011, three credits) or Introduction to Statistical Methods I (BIOST 2041, three credits) and Introduction to Statistical Methods II (BIOST 2042, three credits)

^ Essentials of Public Health combines core public health areas of environmental health sciences, social and behavioral science, and health policy and management into one course.
* Two semesters are required.

2.11.C. Identification of the culminating experience required for each academic degree program. If this is common across the school's academic degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

The culminating experience for all academic degree students is the thesis (MS) or dissertation (PhD). The thesis or dissertation is the primary written report on the student's research and offers an opportunity for the student to demonstrate technical skills, scientific perspective and interpretation, and communication skills. It is supervised by a committee of at least three (MS) or four (PhD) faculty from at least two departments and often includes up to six faculty representing a broad range of fields and perspectives. The PhD dissertation is always expected to be original, publication-quality research. The MS thesis is also original research but can take a slightly broader range of forms, including an in-depth literature review (several departments) or a report on applied research conducted during an internship (Biostatistics).

In addition to the thesis or dissertation, MS students must complete a comprehensive exam. This exam takes different forms in different departments, but the goal is to assess whether students have achieved overall knowledge-based and/or integrative competencies expected in the program. PhD students must

complete a qualifying exam, a comprehensive exam and dissertation proposal (which may be separate or integrated), and a dissertation defense.

2.11.D. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- Each academic department has clear regulations and procedures governing its students' progress in completing the culminating experience, either the master's thesis or doctoral dissertation.
- All academic degree students take a three-credit course that integrates three of the core areas: environmental health, social and behavioral sciences, and health policy and management. In addition, all students in these two programs take three credits of epidemiology, three credits of biostatistics, and two semesters of the zero-credit Grand Rounds course.

Weaknesses |

- No significant weaknesses have been identified.

Plans |

- There are no plans for significant changes.

2.12 DOCTORAL DEGREES

The school shall offer at least three doctoral degree programs that are relevant to three of the five areas of basic public health knowledge.

2.12.A. Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose. If the school is a new applicant and has graduates from only one doctoral program, a description of plans and a timetable for graduating students from the other two doctoral programs must be presented, with university documentation supporting the school's projections.

GSPH offers the PhD in all seven departments, and the DrPH in BCHS, EOH, and Epidemiology (see **Data Template 2.1.1**).

2.12.B. Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

All GSPH doctoral programs are well-established and rich in opportunities for students, including funding and mentoring opportunities. The vast majority of doctoral students are supported by graduate student researcher (GSR) positions, which provide tuition and a stipend; a few have teaching assistant positions, which carry the same benefits. A few others have half-time GSR positions (half tuition and half stipend) or hourly work involved in the school's research or teaching program. A few are employed full-time and attend school part-time.

The following NIH T32 doctoral training grants are currently active within GSPH:

- A Training Program to Address HIV-Related Health Disparities in MSM (Stall)
- Training in the Epidemiology of Aging (Newman)
- Cardiovascular Epidemiology Training Program (Orchard)
- Pitt AIDS Research Training Program (Reinhart)

In addition, many mentors encourage students to apply for individual fellowships from NIH or other sources; in fiscal year 2014 there were four active NIH F31 awards.

All doctoral students have primary mentors (dissertation advisors) and a committee that meets at least once a year to monitor progress. As of fall 2014, all doctoral students are required to complete independent development plans (IDPs) in collaboration with their advisors. This process provides the student with an opportunity to do competency-based academic planning–setting goals and deciding how to pursue those goals. IDP completion is tracked as part of the qualifying examination and dissertation proposal for all doctoral students.

Doctoral students also have a number of other school-level resources available to them, including a research ethics course that is required by several departments, and all courses and services that are available to other GSPH students, including career services. There is also a wide array of resources available at the levels of the health sciences schools and University.

Doctoral students have a very high level of satisfaction with their research experiences and research mentoring, as shown in the Exit Survey reports.

2.12.C. Data on student progression through each of the school's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.

Data Template 2.10.1 shows doctoral student progression in each of the school's 10 programs. The table displays the progress milestones that are most relevant for our students: completion of the preliminary/qualifying exam and completion of the "overview" (dissertation proposal). While the programs vary in size, student progression through all programs is good. Full-time students in all programs typically finish in four to six years.

Data Template 2.10.1 Doctoral Student Data

	BCHS-DrPH	*BCHS-PhD*	*BIOST-PhD*	*EOH-DrPH*	*EOH-PhD*	*EPIDEM-DrPH*	*EPIDEM-PhD*	*HSRP-PhD*	*HUGEN-PhD*	*IDM-PhD*
# newly admitted in 2013-14	1	4	8	1	1	1	12	3	5	2
# currently enrolled (total) in September 2014	5	17	49	9	11	13	54	13	28	16
# passed preliminary/ qualifying exam during 2013-14	0	2	15	0	3	1	13	1	5	2
# completed doctoral overview during 2013-14	1	4	12	3	3	1	14	3	5	2
# graduated in 2013-14	2	3	13	1	5	0	14	1	8	4

2.12.D. Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

All departments have ample doctoral-level coursework, as shown in **Table 2.12.D**.

2.12.E. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- GSPH offers 10 well-established, well-supported doctoral programs. Nearly all doctoral students are funded.
- Student progress through all programs is well monitored, and the pace is good.
- All doctoral students complete publication-quality research and are very satisfied with their dissertation advising and research experiences.

Weaknesses |

- As research funding gets tighter across the board, support for doctoral students is shrinking.

Plans |

- We are making appropriate adjustments to program sizes; we do not want unfunded students or unemployed graduates.

This criterion is met.

2.13 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.

2.13.A. Identification of joint degree programs offered by the school. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

2.13.1. Instructional Matrix - Joint Degrees and Specializations

To encourage and support interdisciplinary study and preparation, GSPH has partnered with other professional schools at the University to organize degree programs that provide students with the opportunity to integrate public health with law, medicine, social work, public and international affairs, and anthropology. These programs are identified in **Table 2.13.A** below. There is one dual degree within the school—the MPH in public health genetics and MS in genetic counseling. In addition to the formal joint programs, it is fairly common for students to pursue a doctoral degree within the school in combination with a master's degree in a different department (e.g., epidemiology PhD/biostatistics MS).

2.13.B. A list and description of how each joint degree program differs from the standard degree program. The school must explain the rationale for any credit sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

By University policy, all joint degrees require students to complete all requirements for each constituent degree. Credit "savings" for the joint degrees are achieved via shared elective credits. GSPH faculty review syllabi and ensure that all courses outside the school that are counted toward GSPH degrees are appropriate. Joint-degree students complete all applicable core courses, with the exception of the zero-credit Grand Rounds course. The rationale for this exemption is that a joint degree already provides them with the multidisciplinary exposure that Grand Rounds promotes.

Specific requirements for each of these joint degree programs are provided in handbooks for each program.

Table 2.13.A Joint Degree Programs

GSPH Department	*Degree*	*September 2014 Enrollment*
Behavioral and Community Health Sciences with Graduate School of Public and International Affairs	MPH/MID	1
Behavioral and Community Health Sciences with Graduate School of Public and International Affairs	MPH/MPA	3
Behavioral and Community Health Sciences with Graduate School of Public and International Affairs	MPH/MPIA	0
Behavioral and Community Health Sciences with the Kenneth P. Dietrich School of Arts and Sciences Department of Anthropology	MPH/PhD	7
Behavioral and Community Health Sciences with School of Social Work	MPH/PhD	2
Behavioral and Community Health Sciences with School of Social Work	MPH/MSW	9
Human Genetics with School of Medicine	MD/PhD	0

Epidemiology with School of Medicine	MD/PhD	0
Public Health Genetics with Genetic Counseling	MPH/MS	8
Health Policy and Management with School of Law	MPH/JD	3

2.13.C. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

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

Weaknesses |

- No major weaknesses identified.

Plans |

- The school's commitment to joint programs is very high. They are a focus for critical interdisciplinary partnerships and attract some of our strongest students. GSPH will continue to actively support current programs, while looking for new opportunities to partner with other schools at the University of Pittsburgh to enrich the offerings available to students who wish to pursue joint degrees. Joint degrees with the Schools of Nursing, Dental Medicine, and Business are currently under discussion.

This criterion is met.

2.14 DISTANCE EDUCATION OR EXECUTIVE DEGREE PROGRAMS

Not applicable.

CRITERION 3.0: CREATION, APPLICATION, AND ADVANCEMENT OF KNOWLEDGE

3.1 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.

3.1.A. Description of the school's research activities, including policies, procedures and practices that support research and scholarly activities.

The Graduate School of Public Health (GSPH) adheres to the University of Pittsburgh's policies, procedures, and practices for scholarly activities and conducting research, including the University's research integrity guidelines, which are available through the University's Office of Research. All University researchers, including students, must comply with the highest standards of research integrity. The research administration section of the University's Faculty Handbook contains additional information regarding the rights, roles, and responsibilities of researchers, conflicts of interest, research development, and other related topics.

Jane Cauley, DrPH, associate dean for research, is responsible for overseeing GSPH research operations; she reports directly to Dean Donald S. Burke. The role of the associate dean for research is to nurture and facilitate GSPH research. The school maintains ongoing dialogue with the Office of Research, Health Sciences (OORHS), which serves as a resource for established and emerging research activities at GSPH and the University's other five health sciences schools.

As a key academic unit of a major research university, GSPH is dedicated to improving the health and well-being of people worldwide by engaging in an ambitious and growing body of research to promote public health practice and disease prevention. In this capacity, GSPH continues to be an essential component of the University of Pittsburgh's success in becoming one of the nation's leading academic centers of basic and applied research.

Data Template 3.1.1 provides a listing by department of research grants to faculty over the past three years, including project name, principal investigator (PI), funding source and period, and amount; also shown is whether the grant-funded project was community-based and had student participation.

Over the past three fiscal years, GSPH has remained in the top five among the accredited schools of public health in National Institutes of Health (NIH) research funding. In fiscal year 2013, total research funding to GSPH from all external sources was $85.8 million, of which $46.4 million was from NIH.

GSPH research covers a broad range of critical public health concerns—environmental, epidemiological, social/behavioral, biomedical, organizational, and related questions—to advance understanding and influence pertinent policy.

Ongoing research efforts at GSPH include investigations targeting chronic disease, cancer, and geriatrics, with particular areas of research strength in **women's health, human genetics, Medicare and Medicaid policy research,** and **computational modeling in infectious diseases.** Research also continues in workplace and environmental safety, infant mortality, strokes, heart disease, and radiation safety.

Among singular GSPH research innovations are:

- Project Tycho is a digital database that provides free, open access to U.S. disease surveillance data chronicling reports of 56 infectious diseases in every state before, during, and after vaccination licensure from 1888 to recent times. This resource was described in depth in the November 28, 2013, edition of the *New England Journal of Medicine.*
- The Pitt Men's Study is part of the Multicenter AIDS Cohort Study, a long-term national research project investigating the natural history and pathogenesis of HIV infection in gay and bisexual men that has been ongoing in Pittsburgh since 1984. The study has followed a cohort of approximately 3,000 men to gather information on the epidemiology, virology, immunology, and pathology of HIV.
- The GSPH-based Public Health Dynamics Laboratory (PHDL) is an interdisciplinary activity focused on the development of computational methods to improve public health theory and practice.
- GSPH has taken the lead across the University on the conduct of comparative effectiveness/patient-centered outcomes research by hosting workshops on methodology related to this important emerging field of inquiry.
- The Center for LGBT Health Research focuses on advancing the understanding and improving the health of sexual minority individuals.
- The Center for Public Health Practice (CPHP) conducts applied research on public health systems, laws, and policy, with emphases on emergency preparedness and disaster recovery.
- The Epidemiology Data Center (EDC) continues to coordinate large, multicenter clinical research projects in a number of different medical disciplines, including women's health, obesity, and trauma.
- The Center for Pharmaceutical Policy and Prescribing (CP3), codirected by a GSPH faculty member, focuses on improving the safety, quality, and value of medication use.
- With other University researchers, GSPH faculty are part of a national "dream team" seeking to identify the best biological and imaging markers of traumatic brain injury (TBI) and to improve the ability of clinical trials to find effective treatments.

Other research programs focus on healthy aging and geriatric epidemiology, diabetes, infectious diseases, environmental and occupational health, health policy and management, genetic epidemiology, and disparities in access to and provision of health care.

Recent investigations demonstrate key findings that an anticancer drug, bexarotene, reverses memory deficits in an Alzheimer's disease mouse model (*Science*, May 2013); Medicare beneficiaries with diabetes are up to three times more likely to use expensive, brand-name drugs than similar patients treated by the VA Healthcare System (*Annals of Internal Medicine*, June 2013); and a newly discovered mitochondrial damage signaling mechanism that could open the door to new treatments for Parkinson's disease (*Nature Cell Biology*, September 2013).

A brief synopsis of GSPH research by department follows:

Department of Behavioral and Community Health Sciences
The Department of Behavioral and Community Health Sciences (BCHS) has an extensive array of funded research projects. Faculty and staff are skilled in using quantitative and qualitative methods, and the department is particularly well known for its community-based participatory research strategies, which are designed to improve the health and welfare of communities. Research highlights include:

- Working to develop a comprehensive understanding of the reasons for homicides in Pittsburgh through the Community Violence Prevention Project (VPP) at the Center for Health Equity (CHE). In collaboration with local organizations, including adult and juvenile court, the Allegheny County Jail, city and county social service providers, trauma physicians, anti-gun violence advocates, and other community members, the VPP is tackling the challenges of identifying ways to reduce the number of homicides and gun-related injuries in our communities. Key findings from 2012 project activities can be found in the Community Violence Prevention Project: Findings Report (2012).
- Conducting a countywide health survey of adolescents aged 14 to19, beginning in November 2013. The Healthy Allegheny Teen Survey (HATS) is voluntary. Participants are randomly selected and receive a $20 gift card in the mail after completing the survey. Information collected is confidential and will help the Allegheny County Health Department (ACHD) and local health organizations better serve our youths.
- Completion of the first Behavioral Risk Factor Surveillance Survey for ACHD.
- Receipt of a U.S. Centers for Disease Control and Prevention (CDC) Prevention Research Center to investigate public health and aging, in collaboration with the Department of Epidemiology.
- Developing new research foci in computational modeling, Internet interventions, lifespan trajectories for drug abuse and mental health, and worksite health promotion

See more at: www.publichealth.pitt.edu/behavioral-and-community-health-sciences/research-and-practice/faculty-research.

Department of Biostatistics

The Department of Biostatistics (BIOST) maintains an active research program, both in the development of statistical methodology and by collaborating on research projects in public health and medicine. Research highlights include:

- Individual faculty members are internationally recognized in an array of methodological research areas, including adaptive designs, clinical trials, patient-centered comparative effectiveness research, complex modeling, genomics, high-throughput data analysis, missing data techniques, receiver operating characteristic (ROC) analysis, sampling, sequential methods, statistical genetics, stochastic modeling, and survival analysis.
- Our faculty and staff direct the biostatistical center affiliated with the National Surgical Adjuvant Breast and Bowel Cancer Project (NSABP, now NRG Oncology). Our design, implementation, and analysis of this research that has led to findings on breast-conserving surgery and the benefits of adjuvant chemotherapy and hormonal therapy. NRG is internationally recognized for its contributions in breast and colorectal cancer and has randomized more than 135,000 patients to more than 60 randomized clinical trials.
- The University of Pittsburgh Cancer Institute (UPCI)'s biostatistics facility resides within our department and has supported more than 60 clinical cancer research protocols and 70 grant proposals since 2005, including 12 program projects and three successful National Cancer Institute-funded Specialized Program of Research Excellence (SPORE) grants in lung, skin, and head and neck cancers. Working with more than 100 cancer researchers at UPCI, the facility supports the design and analysis of laboratory-based studies, early-phase clinical trials, clinical investigations, and population-science studies of cancer.
- The Juvenile Onset Diabetes Project at Children's Hospital of Pittsburgh of UPMC (University of Pittsburgh Medical Center) is a 30-plus-year project focusing on the etiology and prediction of type 1 diabetes. This research provides a better understanding of the risk factors contributing to the increase in cases of childhood diabetes.

- A large study of Allegheny County steelworkers identified coke oven work and its constituent exposures as significant risk factors for the development of lung and kidney cancers.
- In 2001, the International Agency for Research on Cancer reclassified glass wool, used worldwide for residential and commercial insulation, formerly labeled a possible human carcinogen, to not classifiable as such—based largely on the results of a large-scale Center for Occupational Biostatistics and Epidemiology (COBE)-based cohort study of fiber glass production workers.
- The department leads the Comparative Effectiveness Research Center (CERC), which focuses on patient-centered CER and has been instrumental in attracting funding from the Agency for Healthcare Research and Quality (AHRQ) and the Patient-Centered Outcomes Research Institute (PCORI).
- CER collaborative projects include pragmatic trials on back stenosis and mental illness. Methodological projects include standards for CER observational studies; observational study analysis guidance; and collaboration on a clinical data research network with Johns Hopkins, Penn State, and Temple Universities.
- Faculty members also collaborate on a variety of clinical and public health projects, including those involving epidemiology, genetics, health services and outcomes research, imaging, otolaryngology, pediatrics, and psychiatry.

See more at: www.publichealth.pitt.edu/biostatistics/research-and-practice/faculty-research.

Department of Environmental and Occupational Health
Research in the Department of Environmental and Occupational Health (EOH) attempts to define ways that exposure to environmental agents may make people more susceptible to human disease. Current investigations primarily focus on cardiovascular toxicology, free radical biochemical toxicology, and computational and risk assessment approaches to environmental health. In addition, department faculty have formed partnerships with individuals and communities to identify the most pressing environmental problems and empower people to develop action plans for sustainable solutions for a healthy environment.

Research highlights include:

- Findings from department studies have linked changes in blood vessel appearance to low levels of arsenic in drinking water.
- In studies of aflatoxin—the most potent natural liver carcinogen—and its influence on cancer risk and world food trade, faculty have developed a mathematical programming model to estimate the effects of different global aflatoxin standards.
- Investigations on free radicals—highly reactive molecules in pollution, radiation, and even the foods we eat—have focused on their relationships to a variety of serious and often deadly diseases, including heart disease, cancer, neurodegenerative disorders, and arthritis. In particular, the Center for Free Radical and Antioxidant Health (CFRAH) was established to provide training in the use of new techniques and instrumentation to assess biomarkers of oxidative stress and antioxidant status and to facilitate communication among investigators worldwide who are interested in free radical research.
- Because chronic lung diseases cover a broad spectrum of ailments, the Center for Lung Regeneration was created to further build upon existing strengths in basic and applied lung tissue regeneration research, while enhancing collaborative research across departments and schools at the University of Pittsburgh to accelerate translation of basic research discoveries to clinical application.

- GSPH faculty are looking into gene mutations that may cause poor lung development in children and the influence of childhood exposure to environmental tobacco smoke on lungs that are still developing.
- Other studies have focused on the roles of trace metals like zinc, copper, and iron in health and disease to advance our understanding of their contributing toxicities related to nanoparticles and other components of air pollution.

See more at: www.publichealth.pitt.edu/environmental-and-occupational-health/research-and-practice.

Department of Epidemiology
Faculty members in the Department of Epidemiology (variously EPI, EPID, or EPIDEM) have made significant contributions to knowledge concerning the prevention and treatment of cardiovascular disease and diabetes, as well as major advances in the study of aging and women's health. By studying the relationship of lifestyle factors like diet and exercise to genetic susceptibility, researchers have improved our understanding of cardiovascular disease, breast and ovarian cancers, diabetes, osteoporosis, and aging.

Research highlights include:

- Department studies have led to findings that African American and Puerto Rican women who have low levels of vitamin D during pregnancy are more likely to go into labor early and give birth to preterm babies.
- Epidemiology faculty members work actively through the CDC-designated Center for Aging and Population Health (CAPH), which supports data collection for several large studies, primarily (but not exclusively) in older adults. GSPH was one of eight field sites in a multicenter trial finding that a 20-minute brisk walk around the neighborhood each day could significantly help older adults maintain their ability to walk.
- CAPH is also focused on healthy aging by promoting a comprehensive community prevention program, "The 10 Keys to Healthy Aging."
- GSPH is also a site for the NIH-funded Lifestyles and Independence for the Elderly Trial, Testosterone Trial, and Aspirin to Prevent Events in the Elderly Trial, all of which seek to identify ways to improve quality of life for older Americans.
- Epidemiology faculty provide ongoing follow-up for the Epidemiology of Diabetes Complications study, Women's Health Initiative, Cardiovascular Health Study, Study of Osteoporotic Fracture, and Men's Osteoporosis Study.
- The Study of Women's Health across the Nation (SWAN), another project in which GSPH participates, is a longitudinal, epidemiologic study designed to examine the health of women during their middle years. The study examines the physical, biological, psychological, and social changes during this transitional period. The goal of SWAN's research is to help scientists, health care providers, and women learn how midlife experiences affect health and quality of life during aging.
- The department's EDC acted as a data coordinating center for the Longitudinal Assessment of Bariatric Surgery (LABS), which was originally known as the Bariatric Surgery Clinical Research Consortium. LABS is an NIH-funded consortium of six clinical centers, including UPMC, working in cooperation with NIH scientific staff to plan, develop, and conduct coordinated clinical, epidemiological, and behavioral research in bariatric surgery.

See more at: www.publichealth.pitt.edu/epidemiology/research-and-practice/faculty-research.

Department of Health Policy and Management
Research within the Department of Health Policy and Management (HPM) is primarily focused in the areas of coverage and reimbursement policy, quality improvement, decision sciences, and health care management. In each of these areas, published research by faculty members has influenced state and federal government policy; faculty members are recognized as national experts in their fields.

Highlights include:

- Measuring and evaluating the patient safety and quality of health care.
- Evaluating the effects of insurance coverage and payment reform on access, cost, and quality, with a focus on Medicare and Medicaid.
- Measuring and incorporating patient preferences into clinical and health policy decisions.
- Conducting comparative and cost-effectiveness analyses.
- Examining how new technology affects health care and resource outcomes, including new drugs and medications, the implementation of electronic health records, and new diagnostic tests, with specific interests in HIV and hepatitis C.
- Studying the influence of law on disaster response and preparedness.
- Applying analytic methods from operations research and management science to evaluate health care problems.
- Studying advancements in decision analytic methods, the value of information analysis, and simulation methodologies.

See more at: www.publichealth.pitt.edu/health-policy-and-management/research-and-practice/faculty-research.

Department of Human Genetics
Ever since the completion of the Human Genome Project, the role of genetics in medicine has increased exponentially. The identification of genetic factors for different diseases has helped researchers to understand the underlying biological mechanisms that may one day lead to therapeutic treatment and prevention of disease. As a leader in human genetics and genomics research, the Department of Human Genetics (HUGEN) is advancing the world's understanding of the role of genetics in treating and preventing many diseases.

Highlights include:

- A large statistical genetics group, actively involved in developing new statistical and bioinformatics tools for genetics research.
- Characterization of the genetic epidemiology of many complex traits with enormous public health significance, including cardiovascular disease, Alzheimer's disease, Down syndrome, multiple sclerosis, dental caries, obesity, healthy aging, and osteoporosis.
- The Lymphedema Family Study to identify new genes that predispose to primary, or inherited, lymphedema. By 2012, researchers had identified four of the seven genes that cause lymphedema. They also hypothesized that mutations in those genes may increase susceptibility to secondary lymphedema, a common condition following the treatment of breast and other cancers. In 2011, they identified Connexin 47 as a susceptibility gene for secondary lymphedema.
- A study on the genetics of lupus, a prevalent autoimmune disease in which the body's immune system attacks its own tissues. The research group played a major role in the discovery of three new genes for systemic lupus erythematosus.
- Characterization of a new biomarker for a pair of genetic defects seen in tumor cell cultures that are resistant to radiation and chemotherapy. The biomarker can be used to identify patients with

tumors that may be resistant to standard therapy. Those patients can be given targeted therapy first to effectively kill their tumor cells, followed by standard therapy. These studies have led to breakthroughs for oral and other cancers—lung, breast, and ovarian—and may also apply to prostate cancer and brain tumors.
- The Cutis Laxa Research Study focuses on a group of disorders involving defects in elastic fiber formation; these affect blood, lung, and skin.

See more at: www.publichealth.pitt.edu/human-genetics/research-and-practice/faculty-research.

Department of Infectious Diseases and Microbiology
Research expertise within the Department of Infectious Diseases and Microbiology (IDM) covers varying aspects of infectious diseases and host-pathogen interactions—particularly the pathogenesis of microbial infections at the cellular and molecular levels and related bases for developing disease prevention methods.

Highlights include:

- The Pitt Men's Study, founded in 1983 and one of the largest and longest-running studies of HIV and AIDS, which has significantly advanced our understanding of the natural history of HIV infection, findings critical to the development of effective treatment and prevention strategies.
- Treatment and therapy studies focused on HIV/AIDS including antiretroviral drug resistance, vaccines, microbicides, and immunotherapies.
- Determination of the genetic bases for susceptibility to infectious diseases and host responses to infections.
- Detailed study of the molecular virology of HIV-1, simian immunodeficiency virus (SIV), Epstein-Barr virus (EBV), and human herpesvirus 8 (HHV-8).
- Examining infection and immunopathogenesis of Kaposi's sarcoma-associated virus (also known as HHV-8).
- Diagnosis, immunopathogenesis, and vaccines for seasonal, avian, and swine influenza viruses.
- Mycobacterium tuberculosis persistence, biofilm formation, and fitness in the face of antibiotic therapy.
- Education for HIV health care professionals, HIV prevention, and community-based HIV interventions and programs.

See more at: www.publichealth.pitt.edu/infectious-diseases-and-microbiology/research-and-practice/faculty-research.

3.1.B. Description of current research undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

GSPH has multiple collaborations at the local, state, national, and international levels, including with community-based organizations. Much of this work is practice-oriented—either as applied research or strategic-plan related service, such as is described in Criterion 4.1.C. The following is a brief summary of some of our collaborative work:

At the local level, GSPH works closely with the ACHD. Karen Hacker, MD, MPH, ACHD director, has secondary appointments within the school's Departments of Health Policy and Management and Behavioral and Community Health Sciences.

- The Allegheny County Health Survey—a random-digit dialed telephone survey most recently conducted in 2009-10 to assess the prevalence of health conditions, use of preventive services, and health related behaviors. Discussions on the next survey are beginning.
- GSPH faculty lead sections of the Child Death Review, a statutorily-mandated county-level review of all deaths of people up to 21 years of age. (Anthony Fabio, PhD, MPH, [Epidemiology] leads the section on unintentional deaths. Richard Garland, MSW, [BCHS and the Center for Health Equity] leads the section on homicide.)
- Faculty from the CPHP and PHDL are collaborating with the New York City Department of Health and Mental Hygiene to analyze how access to primary care services was disrupted by Superstorm Sandy and to develop tools to assist in recovery and future planning to minimize such disruption in future disasters.

At the state level, there are a number of ongoing collaborations—many of which were facilitated by contracting under the master agreement between the Commonwealth of Pennsylvania and the University of Pittsburgh.

- The Evaluation Institute of the Department of Behavior and Community Health Sciences contracted with the Pennsylvania Department of Health (PADOH) to evaluate seven "medical homes" in eastern Pennsylvania that participated in the Chronic Care Initiative sponsored by the health department and the Centers for Medicare and Medicaid Services. The final evaluation report was presented at a statewide conference in November 2014; a peer-reviewed paper has been accepted for publication in 2015.
- A graduate student in the Department of Epidemiology worked with PADOH to conduct research on the epidemiology of seasonal influenza. The work arose from collaborations that occurred during the H1N1 epidemic of 2009-10. By using Pennsylvania's influenza incidence data and nationwide influenza mortality data, the analysis characterized seasonal influenza epidemics, evaluated factors driving local influenza epidemics, and provided an initial assessment of how administrative borders (multicounty health districts within the state) influenced surveillance for local and regional influenza epidemics. The research was included as the student's doctoral dissertation and resulted in two manuscripts published in the peer-reviewed scientific literature.
- Evelyn Talbott, DrPH, serves as a member of the technical advisory group for PADOH's Environmental Public Health Tracking Program. Dr. Talbott and her colleagues at GSPH have worked with the members of the Environmental Public Health Tracking Program on several projects like an asthma surveillance model and related linkages to air pollution levels within the county and state.
- In collaboration with the Health Policy Institute, several faculty members in the Department of Health Policy and Management have a large contract with the Pennsylvania Department of Human Services (PADHS) to conduct research in support of Medicaid policy development. Faculty members conduct research to inform policy decisions regarding coverage, reimbursement, organization, and care delivery for more than 2 million low-income residents. Faculty have also partnered with PADHS to compete for extramural funding for clinical research and policy evaluation.

Collaborations at the national level are quite varied and include a number of partnerships with NIH and the CDC. NIH collaborations include cooperative agreements, which are research partnerships:

- Epidemiology Data Center (EDC) faculty members are currently engaged in a cooperative agreement with NIH to identify effective treatments for children suffering from a severe traumatic brain injury.

- During the H1N1 influenza outbreak, faculty from the PHDL worked directly with the CDC to provide computational models of influenza spread. Some faculty were temporarily located in Washington, D.C., and worked directly with CDC staff to address nationwide concerns.
- The PHASYS (Public Health Adaptive Systems Studies) research team (led by Margaret Potter, JD, MS) is collaborating with two national public health practice organizations and a number of state and local health departments to pilot-test and disseminate tools for emergency preparedness planning and response.

Additionally, GSPH works with international health agencies:

- Jane Clougherty, ScD, MSc, (EOH) is collaborating with the National Institute of Water and Atmospheric Research (NIWA), a government-related organization in New Zealand. Her research primarily focuses on the role of chronic social stressors in modifying population susceptibility to air pollution, in both community and occupational settings.

The Department of Behavioral and Community Health Sciences has a robust program of research using formal **community-based participatory** methods. Jessica Burke, PhD, MHS, leads an initiative to address breast health disparities in Allegheny County. Patricia Documét, MD, DrPH, leads the Latino Engagement Group for Salud (LEGS), a group made up of community members and organizations (the Squirrel Hill Health Center and the Consumer Health Coalition) working on community-based participatory initiatives to improve the health of Latino men.

3.1.C. A list of current research activity of all primary faculty identified in Criterion 4.1.a., including amount and source of funds, for each of the last three years.

See **Data Template 3.1.1**. This list includes research activities for which GSPH primary faculty members are principal investigators (PI) for either the overall project or a subcontract or subaccount from outside GSPH.

3.1.D. Identification of measures by which the school may evaluate the success of its research activities, along with data regarding the school's performance against those measures for each of the last three years.

As was noted in Criterion 1.1d, one of our strategic plan objectives is to "maintain a ranking among the top schools of public health based on National Institutes of Health (NIH) funding." This is an important method by which the school evaluates the success of its research activities. There are a number of ways to collect these data. To ensure consistent reporting by all schools of public health, data reported to the Association of Schools and Programs of Public Health (ASPPH) is used to track overall ranking. For the past several years, GSPH has maintained a ranking in the top five, and is currently fourth.

Additional measures of research success include the percentage of faculty (1) serving as a PI on an NIH grant, (2) with at least three publications a year, and (3) with at least 50 percent research funding. Data for these metrics are provided in **Table 3.1.D.**

Table 3.1.D Research Success Metrics			
	Fiscal Year		
	FY12	*FY13*	*FY14*
% faculty with serving as PI on an NIH grant	50%	50%	51%
% faculty with 50% or more of salary derived from research funding	68%	63%	63%
	Calendar Year		
	2011	*2012*	*2013*
% faculty with at least 3 peer-reviewed publications in a calendar year	63%	58%	60%

The strength and stability of these metrics over a three-year period reflect the maturity of the GSPH faculty and the University and highlight the emphasis of both entities on the importance of research as a part of educational programs.

3.1.E. Description of student involvement in research.

Almost all GSPH students participate in the school's active research program. Doctoral and MS students are, of course, deeply involved in research as a core element of their degree programs; but most MPH students also take part. Some are employed as research assistants for faculty and some write their essays on faculty research-related topics (with a translational emphasis), while others engage in research relevant to their practice sites or projects. Students report high levels of satisfaction with research opportunities and the mentoring quality they experience at GSPH, as shown in **Data Template 1.2.C Tables 1.2.2 and 1.3.1**.

GSPH students have opportunities to share their research findings and practice experiences through a number of school-based activities. The largest is a yearly "Dean's Day" event, which typically includes about 100 student poster presentations. Most departments also sponsor presentation days for research and/or practice projects.

3.1.F. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- GSPH supports a strong research base across all departments as well as a number of trans-department and trans-school research enterprises. Funding levels are high and publication productivity is high.
- Nearly all research programs have student participation, and nearly all students participate in research at some level.

Weaknesses |

- The school's current systems for tracking sources of external project funding do not distinguish well among categories of interest to CEPH—those being collaborative research, community-based participatory research, and funded service.
- Recent curtailments of NIH funding rates mean that the school must diversify its sources of research funding in the future.

Plans |

- Efforts to distinguish systematically research that is basic and applied from community-based participatory research and funded service are ongoing with the University's Office of Research.
- Methods to diversify the school's research funding portfolio are topics of discussion with the Office of Research and the focus of two of the sessions during a faculty retreat held in 2014.

This criterion is met.

3.2 SERVICE

The school shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

GSPH maintains a culture supportive of service activities by its faculty, students, and staff through formal policies, mission-driven priorities, and voluntary contributions to the community. Among faculty members, service activities complement teaching and research as a primary academic and professional responsibility and are supported by explicit policies. The school's strategic plan establishes GSPH-wide service goals directed to improving health that are subject to measurement, monitoring, and evaluation. For students, service is encouraged through extracurricular opportunities and recognition by various awards and stipends. For many of the school's staff, service is an exercise of professional responsibility and community engagement.

3.2.A. Description of the school's service activities, including policies, procedures, and practices that support service. If the school has formal contracts or agreements with external agencies, these should be noted.

Overview of service activities

Service by faculty is driven, in part, by individual motivation, scholarly interests, and personal priorities—with representative examples documented in **Data Template 3.2.1**. Collectively, however, the school's mission-driven service activities are governed by its five-year strategic plan and, thus, subject to administrative oversight and evaluated over time. The GSPH strategic plans for the time periods 2007-2012 and 2013-2018 have emphasized the importance of service at all levels as goals, objectives, and aims. The current (2013-2018) strategic plan challenges GSPH to "advance the health of populations across the lifespan through faculty service, in cooperation with partners at the regional, national, and global levels."

Administrative responsibility

Ronald Voorhees, MD, MPH, associate dean for public health practice (who succeeded Margaret Potter, JD, MS, on July 1, 2014) and George A. Huber, JD, MSIE, MSSM, associate dean for policy (appointed in 2007), share responsibility for activities related to GSPH's service goal implementation and monitoring. Mr. Huber leads an ad hoc Policy Committee responsible for implementing the strategic plan objectives on service. The CPHP, currently directed by Dr. Voorhees, is GSPH's institutional hub for mission-driven service. Its role, defined in a 2007 white paper titled "Can the Graduate School of Public Health Have Greater Impact on Public Health Policy and Practice?" recommended that CPHP: (1) develop school-wide plans and procedures to identify public health priorities aligned with departmental strengths (2) serve as a hub for the translation and dissemination of practice-relevant, research-based evidence and (3) continue to develop practice-relevant expertise within the faculty.

Faculty service policies of the university and the school

The *University of Pittsburgh Faculty Handbook* states:

> *To aid in the solution of urgent problems, the University recognizes an obligation to make available to government, business, labor, and civic organizations the special knowledge and intellectual competence of its faculty members. It also recognizes the potential value, both to faculty and to the University, that outside employment may offer a faculty member by acquainting the individual with the organizations in which his or her students may eventually be employed.*

The GSPH (Faculty Appointment, Promotion, and Tenure Committee's) FAPTC Operating Manual (at page 6) guides how service activities shall influence appointment and promotion decisions regarding

tenured and tenure-stream faculty: “Service and administrative contributions by a faculty member should be weighed into any decision regarding tenure. However, in order to qualify for tenure, the greater emphasis will be on research and teaching.” The manual (at page 15) emphasizes that, for faculty in the Practice Track, there is a “service component to practice involving long-term involvement to help define and/or solve immediate public health problems.”

Competing interests can influence the timeliness and impact of faculty service activities that are compensated through fee-for-service contracts. As stated above, University policy clearly supports service that draws upon faculty members’ expertise; however, two aspects of service contracts raise concern for the University as a nonprofit educational institution. First, the University discourages service that might be interpreted purely as competition with for-profit consulting practices; therefore, University officials require that compensated service be defined within the school’s educational and research mission. Second, to the extent that University faculty members produce intellectual property in the course of providing service, the institution’s interest in that output must be acknowledged and protected. To assure that these concerns are appropriately balanced with rendering service, GSPH continues to work with the Office of Research through crafting individual contracts as well as addressing overall institutional procedures concerning those contracts.

Procedures and practices supporting student service activities
University and school policies do not mandate or regulate student service activities; however, procedures and practices encourage and support student organizations.

The University provides financial support for student voluntary activities through its Graduate and Professional Student Government (GPSG)—a governing body for all graduate students at the University. Graduate students pay each semester an activities fee, of which 50 percent is distributed to GPSG for general graduate student programming; the remaining half is distributed to the governance organization of each student's school through the Student Organization Resource Center (SORC) to be used for approved expenses. Within GSPH, the Student Government Association (SGA) has an account with SORC into which the GPSG allocation is deposited. From this umbrella organization’s account, all qualifying GSPH student organizations receive an annual allocation of SORC funds. These organizations can also apply for supplemental funding from the GPSG for special events, such as the International Dinner. In the past three fiscal years, allocations have been at or slightly above $10,600.

The school introduces new students to its culture of service and encourages their involvement in regular community-related activities, such as:

- Each year, as part of new student orientation, the Office of Student Affairs organizes a variety of activities designed to show public health in action, called “Plunge into Public Health and Pittsburgh.” Recent service projects as part of the plunge have benefitted the Greater Pittsburgh Community Food Bank, Global Links, and the Braddock Free Store.
- The school specifically participates annually in Pitt’s United Way Campaign.
- Organization of the school’s Public Health Week observance is assigned to the SGA and student organizations.
- Students are encouraged to volunteer for CHE’s annual Take a Health Professional to the People Day, during which they visit local barbershops and offer health-related screenings, consultation, and information.

Further details about student service activities appear below at Criterion 3.2.E.

Service activities of GSPH staff
Administrative and research staff members are deeply engaged in community and professional service. While no formal policies dictate staff service and no data systems currently capture the extent of these activities, recent examples attest to their importance and impact:

- In 2012, Natalie Arnold Blais, BCHS recruitment and academic affairs administrator at the time, received Pitt's Chancellor's Award for Staff Excellence in Service to the University (see www.utimes.pitt.edu/?p=20203). The awards committee also noted Blais' commitment to maternal and infant health, based on her work in establishing a lactation room at GSPH—a facility used by faculty and staff across campus. Her efforts led the ACHD to present GSPH with its Breastfeeding Friendly Place Award in 2011.
- Joan Anson, GSPH career services director, is the school's representative and founding member of the Pitt Career Services Consortium. This group, a grassroots effort, is a community of professionals across the University that works to improve career services for all undergraduates, graduate students and postdoctoral students. By virtue of the consortium's involvement, the University had its largest-ever career fair in fall 2013, which included specialized advertising and communication strategies and participation by several hundred graduate and postdoctoral students.
- In 2014, Felix Catlin, a medical translator in the Department of Biostatistics, received Pitt's Chancellor's Award for Staff Excellence in Service to the Community (see www.utimes.pitt.edu/?p=29392) in recognition of his leadership with the Penn Hills Community Development Corporation and the Penn Hebron Garden Club.
- Jen Heinemann, a Department of Biostatistics administrator, organized a team-building event for department staff who volunteered for Global Links, a medical relief and development organization dedicated to promoting environmental stewardship and improving health in resource-poor communities, primarily in Latin America and the Caribbean. Administrative staff went to Global Links' Pittsburgh location on December 16, 2013, to sort and box medical supplies.
- In November 2012, Robin Leaf, educational programs coordinator in the Office of Student Affairs, assisted an outreach specialist at STREAM Academy, a K-12 online charter school, to develop a six-week, multidisciplinary curriculum unit titled "Catch the Fever." Content included lessons on immunity in biology class, reading a segment from *The Hot Zone* in English class, and material on the historical nature of disease for a world history class. Robin engaged two doctoral students in this project: Jessica White from Epidemiology and Jana Jacobs from Infectious Diseases and Microbiology. The three visited STREAM Academy in Monroeville in late February 2013 to kick off the unit.

3.2.B. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Three major areas of performance—teaching, research, and service—are given due consideration at all levels of the promotion and tenure review process. For each faculty appointment or promotion action, FAPTC members examine:

- The extent of the individual's service activities
- Where these service activities are centered (department, school, university, community, or national/international organizations)
- Whether the service opportunity results from volunteering, appointment, or peer selection and voting
- Whether service involves a leadership role

Although teaching and research are clearly weighted in the performance review, promotion, and tenure processes, service is recognized. Annual performance evaluations include service, which are reviewed by each faculty member's department chair; and these reviews contribute to promotion decisions. Candidate dossiers provided to the dean for promotion and/or tenure recommendations include detailed summaries that address the candidate's service activities as well as teaching and research.

GSPH takes its faculty responsibility to provide service-based in scholarship very seriously. At the same time, we recognize that a lack of formal criteria for academic peer review poses a barrier to more rigorous weighting of service in promotion and tenure decisions. To address this deficit, the current five-year strategic plan, at Aim 3.1.3 authorizes the development of "criteria to evaluate the quality and impact of scholarly service for use in faculty performance and promotion reviews." A source for peer-review criteria and methods for scholarly service among schools of public health is "Demonstrating Excellence in the Scholarship of Practice-based Service for Public Health," a 2009 report from the Association of Schools of Public Health, for which GSPH's former associate dean for practice (M. Potter) was the working-group chair. The report will serve as a resource for fulfilling GSPH's strategic Aim 3.1.3, which is scheduled for implementation in fiscal year 2015.

3.2.C. A list of the school's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years.

Within the meaning of this Criterion 3.2, faculty service includes "contributions of professional expertise to the public, including professional practice." Thus, in addition to school-level service activities driven by mission and strategic goals, activities are initiated by the school's faculty members in service to scholarly endeavors, public- and private-sector organizations, professional associations, and communities. Faculty service activities may or may not be compensated.

Faculty members' individual service activities
A listing of service activities in **Data Template 3.2.1** demonstrates a breadth of academic, policy, professional, and community engagement by individual GSPH faculty members. Several limitations affect data capture (see description of data sources in the ERF); therefore, these listings provide only a sampling of the actual extent of GSPH faculty service. The source of information on individual faculty members' service is the University's Faculty Information System (FIS), which—despite GSPH efforts—imperfectly captures service categories of interest to CEPH. Additionally, there is some inconsistency as to how faculty members characterize and categorize their own service entries into the FIS. In the future, the school's internal effort to define service with greater scholarly rigor, as well as its continued efforts to influence the University's FIS design, will likely improve data gathering of our service activities.

Activities for the past three years in **Data Template 3.2.1** appear in a number of categories:

- **Academic service includes manuscript and abstract reviews, grant application reviews, and editorial work for scholarly journals.** Listings demonstrate that GSPH faculty members are prominent contributors to prestigious journals, grant-funding agencies, and scientific gatherings; these faculty members are drawn widely from throughout the school's departments.
- **Professional associations,** including many in the sciences, technology, and health professions, benefit from GSPH faculty members' contributions as members, officers, and consultants.
- **Service contributing to health and human services is rendered through government agencies and private-sector organizations.** GSPH faculty members service as advisors, consultants, committee members, board members, and volunteers.

- **Community service by faculty members** contributes to causes and interests well beyond health and human services—including education, the arts, youth development, and more.

Formal service agreements
At the school level, formal linkages exist with our most important service partners. A memorandum of understanding from 1999 outlines the basis for collaboration between GSPH and the ACHD (see ERF, *CPHP White Paper of 2007* appendix), which remains in effect.
A master agreement with the Commonwealth of Pennsylvania was negotiated by the associate dean for policy as a formal template for contractual work arrangements (see ERF for two documents: [1] master agreement; [2] publication titled "State Procurement Law: Facilitating the Collaboration Between Health Department and School of Public Health," which describes the evolution and use of the master agreement, including a list of service projects exemplifying its applications).

Recent efforts to increase service opportunities involving PADOH have been especially fruitful. These are led at the school by the senior associate dean, the associate dean for policy, and CPHP deputy director; also involved are the associate dean for education and the associate dean for student affairs. PADOH is represented by its deputy secretary for health planning and assessment. An outcome of this effort has been to match selected faculty members with PADOH's bureau directors to initiate working relationships. Numerous projects have emerged—many of which are funded under the terms of the master agreement, and these are detailed in the above-cited "State Procurement Law" publication.

Funded service activities.
The school also conducts funded service activities, which are listed for the past three years in **Data Template 3.2.2.** These are examples of the school's mission-driven service: contractual, fee-for-service arrangements with public agencies at the local and state levels, or with national associations; additional examples show faculty members' time devoted to specified projects, consultations, and technical assistance.

*Note: Excluded from this section is any extramural funding for research or training/continuing education grants, which are reported in **Data Template 3.1.1** (research) and **Data Template 3.3.1** (funded workforce development).*

Data Template 3.2.2 shows funded service from GSPH units over the three-year reporting period. Highlights include:

- CPHP has provided project leadership and consultation to the Commonwealth of Pennsylvania and a local health department.
- The Human Genetics Department provided support to the Genetic Services Project of the U.S. Health Resources and Services Administration (HRSA). The Infectious Diseases and Microbiology Department has provided project leadership to the Commonwealth and HRSA.
- CPHP is collaborating with PADOH to expand the successful WalkWorks Program, a community-based public health initiative to increase physical activity in a number of Pennsylvania counties.
- Under a soon-to-be-completed PADOH contract with the Pennsylvania Department of Health, BCHS faculty members will implement a statewide Behavioral Risk Factor Surveillance System.
- The **Center for Occupational Biostatistics and Epidemiology**—The Center for Occupational Biostatistics and Epidemiology (COBE) was formed in February 2008. COBE's mission, based on an approach that is collaborative and multidisciplinary, is to build on GSPH's longstanding history of success in developing and applying biostatistical methods to the study of workplace exposures and health outcomes.

3.2.D. Identification of the measures by which the school may evaluate the success of its service efforts, along with data regarding the school's performance against those measures for each of the last three years.

GSPH sets goals for its mission-driven service activities and formally measures progress toward these goals as part of its strategic plan implementation. **Table 3.2.D** presents Strategic Plan Goal 3, its objectives, a set of measurable aims, and corresponding outcome measures. *Note: For this reporting period, the school has completed the first two fiscal years (2013 and 2014) of the current five-year strategic plan cycle; therefore, to provide three years of data for each outcome measure, this table includes information from a preceding baseline fiscal year (2012).*

Table 3.2.D appears on the next page, followed by narrative interpretation of reported outcome measures.

Table 3.2.D Objectives, Aims, Outcome Measures, and Implementation Years for Strategic Plan Service Goal					
Objective	***Aims***	***Outcome Measure***	***Outcomes***		
			FY 2012	***FY 2013***	***FY 2014***
1: Engage faculty in service that improves the health of populations	1: Provide services to local and international organizations that are dedicated to reducing health disparities	Itemized service activities at local and international levels	Met (see Table 3.2.1)		
	2: Advocate for the use of high quality research studies across the lifespan to guide public policies	Itemized advocacy activities	Met (see Table 3.2.1)		
	3: Develop criteria to evaluate the quality and impact of scholarly service for use in faculty performance and promotion reviews	Criteria developed for and approved by FAPTC	Met (see Table 3.2.1)		
	4: Mentor faculty in the development of service portfolios and the documentation of impact for their service activities.	Mentoring advice developed from approved criteria	To be implemented in FY 2015		
	5: Train faculty for participation in technical assistance and policy advocacy.	Faculty workshop each year.	Done	Unmet	Unmet
2: Contribute to the reduction of premature mortality in local and regional populations as a means of realizing health equity..	1: Strengthen relationships with county and commonwealth organizations that hold responsibility for public health	Formal agreements; mutual personnel appointments	Met (see Criterion 3.2.D narrative)		
	2: Reduce premature mortality through service on local and regional policy-setting boards and advisory bodies.	Faculty appointments to boards and advisory bodies	Met (see Criterion 3.2.D narrative)		
	3: Assist nonprofit hospitals in channeling community-benefit funds toward targeted public health interventions	Training and consultation to hospital organizations	Planned	HAP webinars; consultation for UPMC hospitals	
	4: Collaborate with health care providers, governments, and communities to implement and monitor targeted [community benefit] interventions	Collaboration partners; collaboration projects	Pending; for action in FY 2015		
3: Improve policies and practice for public health among professionals, agencies, and organizations	1: Build relationships with the medical and public health practice community to sustain monitoring, surveillance, and data collection for public health practice	Collaboration partners and projects	Met (see Criterion 3.2.D narrative)		
	2: Provide technical assistance using methodologies grounded in computation and simulation to advance public health policy and practice	Technical assistance beneficiaries and projects	Met (see Criterion 3.2.D narrative)		
	3: Train the public health workforce and agencies for performance improvement, professional certification, and organizational accreditation	Training audiences, agencies, and programs	Met (see Criterion 3.3 narrative)		
	4: Provide advice and technical assistance to codify, revise, and update Pennsylvania's public health laws.	Reports from SR194 Project	No report	No report	Report on DCPL

Strategic Plan Objective 3.1: Engage faculty in service that improves the health of populations
Aims 1, 2, and 3 are met, as listed at **Table 3.2.D**. Many of the organizations receiving faculty service are dedicated to reducing health disparities (Aim 1). In pursuit of Aim 3, the former associate dean for public health practice redefined service activities for school-level monitoring and individual faculty performance evaluation, which were FAPTC-approved in 2013 and incorporated into GSPH's standard curriculum vitae template and FIS in 2014. Implementation of Aim 4—to develop mentoring advice for faculty service—is planned during fiscal year 2015.

Implementation of Aim 5, to train faculty for participation in technical assistance and policy advocacy, has been problematic. Faculty workshops on this topic were scheduled and advertised in fiscal years 2013 and 2014 but attracted no registrants. This experience suggests that a different approach to skill-building for "faculty service that improves the health of populations" may be needed. This problem will be addressed in in fiscal year 2015, within the context of Aim 4 implementation, to more explicitly tie mentoring advice to hands-on experience with senior faculty members.

Strategic Plan Objective 3.2. Contribute to the reduction of premature mortality in local and regional populations as a means of realizing health equity
All outcome measures have been met for Aims 1 through 3; Aim 4 is reserved for implementation in fiscal year 2015 as hospitals implement their community-health interventions. Highlights of accomplishments include:

- Aim 1: The dean created and funded an ACHD liaison position for the CPHP director/associate dean for practice.
- Aim 1: The current ACHD director, Karen Hacker, MD, MPH, holds a faculty position and lectures in numerous courses.
- Aims 1 and 2: The dean and associate dean for policy assisted Pennsylvania officials in preparing a State Innovation Model Plan proposal, which was later provided to the U.S. Centers for Medicare and Medicaid Services (see Electronic Resource File for the "Pennsylvania State Innovations Models Plan").
- Aim 2: The dean accepted an appointment to the Allegheny County Board of Health and has chaired several of its key committees, including strategic planning and air quality regulation.
- Aim 3: GSPH faculty have conducted and analyzed the results of the Allegheny County Health Survey (in 2002 and 2009-10) for ACHD and other local sponsors. (See Electronic Resource File, "Results from the 2009-2010 Allegheny County Health Survey (ACHS): Measuring the Health of Residents.")
- Aim 3: As a part of an Affordable Care Act requirement for hospital community health needs assessment, GSPH has produced two one-hour webinars that describe how public health expertise can be of use. The school's PA Public Health Training Center developed and delivered these webinars for the Hospital & Healthsystem Association of Pennsylvania (see below, Criterion 3.3, for details).
- Aim 3: Members of the Department of Behavioral and Community Health Sciences consulted with UPMC leadership to develop a community benefit needs assessment and plan and have assisted several community hospitals to produce community health needs assessments and establish community public health priorities.

Strategic Plan Objective 3.3. Improve policies and practice for public health among professionals, agencies, and organizations
All outcome measures have been met for Aims 1 through 4, as of FY 2014. Highlights include:

- Aim 1: Negotiation of a master agreement with the Commonwealth of Pennsylvania led to a series of special projects, including WalkWorks and others (see ERF for Huber et al, "State Procurement Law," in the *Journal of Public Health Management and Practice*).
- Aim 1: Through a data-use agreement and access to the state's electronic disease reporting surveillance system project (PA-NEDSS) database, the school has advised PADOH regarding communicable diseases-related policy.
- Aim 1: Through access to the Medicaid database, faculty from the Department of Health Policy and Management are able to advise the Pennsylvania Department of Human Services concerning drug usage patterns and management of health care provider resources.
- Aim 2: During the H1N1 pandemic, Dean Burke, several faculty members, and a GSPH doctoral student used computational modeling to advise the U.S. Department of Health and Human Services, PADOH, and ACHD in disease control-related decision making. Key relationships formed during this process continue to bear fruit in terms of ongoing efforts to develop, field-test, and market prototype software tools for monitoring, surveillance, and data collection, including FRED, Project Tycho, GAIA, ISAAC, LENA. On the basis of these resources and expertise, the Region 3 Public Health Training Center was chosen to serve as a national resource for HRSA-funded training in informatics for the public health workforce.
- Aim 3: CPHP's deputy director, Gerald M. Barron, MPH, is a site visitor for the Public Health Accreditation Board (PHAB) and leads CPHP's ongoing technical assistance and consultation services for state and local health departments seeking PHAB accreditation. Agencies currently receiving (or under agreement to receive) these services include PADOH, the Erie County Health Department, and ACHD.
- Aim 4: The former CPHP director/associate dean for practice chairs an advisory committee for a Pennsylvania Senate task force on revising public health laws. Involving many GSPH faculty, public health practitioners, and experts from across the Commonwealth, this is a long-term process for making recommendations to the Pennsylvania General Assembly that cover public health infrastructure, data, disease prevention and control, preparedness, and behavioral health. Revisions to the Disease Prevention and Control Law (DPCL) were reported to the Senate Task Force in June 2014.

3.2.E. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

Listings of students' involvement in service appear in the ERF. Some highlights follow:

- The Student Public Health Epidemic Response Effort (SPHERE) was created in 2006 within the school's CDC-funded CPHP. SPHERE continues now as a student-driven initiative several years after the grant funding expired. Membership is open to students interested in epidemic response, increasing community preparedness, and gaining hands-on experience. SPHERE members participate in outbreak or disaster response activities with local and state health departments, attend monthly meetings, participate in epidemiological investigation training, and volunteer at community health events and promotions. SPHERE members have participated in ACHD investigations of infectious disease outbreaks.
- The Department of Epidemiology has a student-run volunteer group called Epi Gives Back, which has organized and hosted many events, including anti-rabies vaccine baiting for raccoons,

a river clean-up, work benefitting the Juvenile Diabetes Research Foundation, and cooking/serving meals at Family House and the East End Cooperative Ministry.

- The student governance organization of the Health Policy and Management Department takes on at least one focused community service project annually. Last year, two organizations received service: students participated in direct food distribution from the Community Food Bank of Southwestern PA in Braddock by food repackaging at the headquarters/warehouse in Duquesne; and students worked with Off-the-Floor, an ecumenical faith-based nonprofit, to collect, restore, and distribute furniture and household items for the disadvantaged.

3.2.F. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- Service activities are extensive and robust. The 2007 GSPH CEPH reaccreditation site visitors' report observed that the school's relationships and interactions with community and public health practitioners could be strengthened. Since that time, GSPH has made significant efforts to enhance its support of communities at all levels; these efforts, which have been linked to faculty public health expertise and student educational opportunities, are extensive.

Weaknesses |

- Data capture for service activities uses a University wide system that is not optimal for the policy- and practice-based activities in which GSPH faculty members are deeply engaged.
- The service component within faculty performance, promotion, and tenure considerations lacks the level of clarity and rigor that already exist for research and teaching.
- Our monitoring of implementation of the strategic plan for service activities has revealed the ineffectiveness of a "training" approach to faculty engagement in service activities specifically targeted to improving the health of populations.

Plans |

- GSPH administrators will continue to work with the FIS system designers to customize service data inputs more appropriately.
- The FAPTC will begin to consider more rigorous specification of scholarly standards for service in the next two years.
- A new approach to faculty development in service-based scholarship is planned for the coming fiscal year and will emphasize mentoring over training. Thus, faculty newer to strategic-plan driven service activities may be guided by more experienced colleagues.

The criterion is met.

3.3 WORKFORCE DEVELOPMENT

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

This section describes how GSPH provides for the training and continuing education needs of professionals working in health and human service agencies of government and health care and in community-based health organizations. These activities include:

- Individual faculty members provide short courses and conduct continuing education sessions throughout each year, based on their expertise and professional associations. These numerous and varied contributions are listed in faculty curricula vitae, typically as a subsection of teaching.
- The school hosts many programs annually that are open to the public and are advertised and widely attended. Some are sponsored by an endowment; others are funded by a research grant, the dean's office, or a department. Typically, these are not accredited for professional continuing education; nor are participants formally registered. Rather, such programs contribute to the school's mission to improve health by disseminating information and influencing health policy and practice.
- The school has a number of grants and contracts that support continuing education and training, which are listed in **Data Template 3.3.1**.

Among its funded training programs are two centers that function as the predominant providers of the school's workforce development programs and are, therefore, sources of most of the "required documentation" that follows. Both centers use formally staffed approaches to needs assessment, curriculum development, program delivery, and evaluation. GSPH faculty members who lead these centers have attained national recognition for their leadership and expertise in public health workforce development.

Region 3 Public Health Training Center (R3-PHTC)
The school's primary locus of responsibility for multidisciplinary, practice-focused workforce development is the Public Health Training Center (PHTC), funded here since 2000 by HRSA. Led by Margaret Potter, JD, MS**,** GSPH has housed a PHTC that covered Pennsylvania and Ohio through 2010 and that subsequently covered Pennsylvania through August 2014. Beginning in September 2014, GSPH won funding to become the PHTC for region 3, covering Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.

Its mission is "to improve the nation's public health system by strengthening the technical, scientific, managerial, and leadership competencies of the current and future public health workforce through the provision of education, training, and consulting services." The R3-PHTC continues the work of its predecessor by addressing a full spectrum of public health competencies through needs assessment, curriculum development, multimodal program delivery, and evaluation. The training center is a designated provider of continuing education credits for health education, dietetics, public health, nursing, and nursing home administration; and it partners with the University of Pittsburgh Schools of Social Work and Medicine and with the Pennsylvania Department of Education for continuing education accreditation of training programs in their respective domains.

Pennsylvania-Mid-Atlantic AIDS Education and Training Center (PA/MA AETC)
The school is headquarters to the Pennsylvania-Mid-Atlantic AIDS Education and Training Center (PA/MA AETC; see website for detailed information) led by Linda Rose Frank, PhD, RN since 1988 when HRSA began this program and administered by HRSA's HIV/AIDS Bureau with funding from the Ryan White HIV/AIDS Treatment Modernization Act. Over this period, PA/MA AETC has evolved and

expanded to provide training, consultation, and technical assistance to individual health professionals, federally qualified health centers, hospitals, clinics, and health care agencies and programs in six states (Delaware, Maryland, Ohio, Pennsylvania, Virginia, and West Virginia) and the District of Columbia.

Through intensive, interactive training and innovative programming, PA/MA AETC's dedicated clinical educators shape, improve, and change health care providers' practices, attitudes, and behaviors. PA/MA AETC engagement, planning, and training-intervention approaches aim to increase interprofessional collaboration to promote HIV care. Thanks to significant in-kind contributions from leading medical centers in the cities in which PA/MA AETC is based, this network provides training needed to address HIV/AIDS as both acute and chronic conditions.

3.3.A. Description of the ways in which the school periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

This description is based on activities of the R3-PHTC. Though the R3-PHTC is currently in its first year of operation, its assessment methods continue those of its predecessor, the Pennsylvania PHTC.

The R3-PHTC conducts systematic, ongoing assessments of training needs for public health workers. R3-PHTC assesses public health competencies with reference to:

- Core Competencies for Public Health Practitioners developed by the Council on Linkages between Academia and Public Health Practice;
- Domains and standards developed by the Public Health Accreditation Board, as relevant to capacity-building for public health agencies;
- Health conditions most affecting a region's underserved populations as well as its cultural, ethnic, and linguistic diversity;
- Private sector involvement with public health activities through the Affordable Care Act (ACA); and
- Training modalities to determine which are most accessible to the trainee audiences, most appropriate for the desired levels of skill-attainment.

Needs assessments are conducted through relationships with established practice partners. These include state and local health departments, state affiliates of the American Public Health Association, state associations of community health centers, and community-based human services providers. These partners also promote training opportunities to target audiences.

Needs assessment methods developed over the past 14 years will be adapted through collaboration with the National Network of Public Health Training Centers. Based on experience, these methods may include:

- **Just-in-time advising** from an advisory committee made up of public health practice, client organization, and agency representatives. Regular group meetings are expensive and time-consuming so, in the past, we have kept them to a minimum. Frequent interactions by telephone, e-mail, and occasional meetings with individual stakeholders are efficient and yield high-value information.
- **Key informant interviews** via formally scheduled videoconference, e-mail exchanges, or telephone are conducted on a cycle of approximately two-to-three years, depending on funding availability.

- **Surveys** of individual public health workers on self-reported skills, experience, and confidence in job performance are conducted on a two- or three-year cycle, depending on funding.

The results of these assessments guide the development of programming for the R3-PHTC and help to inform GSPH's policy and practice leaders about opportunities for further service and workforce development. For example:

- Previous assessments highlighted a need for public health professionals to acquire information-seeking skills, which led to the purchase of a mobile computer classroom using an equipment grant with funding from the American Recovery and Reinvestment Act and the development of a training curriculum taught by the school's public health informationist and librarian, Barbara Folb, MM, MLS, MPH. (See files.hsls.pitt.edu/files/mla2013/folb-talk.pdf).

3.3.B. A list of the continuing education programs, other than certificate programs, offered by the school, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified.

As noted above, the school's programs funded to provide continuing education and training are listed in **Data Template 3.3.1**. Here, we provide information on specific training events and offerings over the past three years, including number of participants, distance-learning availability, and accreditation for continuing education (if applicable).

Table 3.3.B.1-PHTC Continuing Education Activities lists programs of the Pennsylvania Public Health Training Center based on data from its past three reporting years. Highlights include:

- Receipt of HRSA Model Practice Award in 2012 for the workshop "Toward Religious Competency."
- Receipt of the HRSA Promising Practice Award in 2013 for the Pittsburgh Summer Institute in Applied Public Health.
- Workshop series on trauma-informed care developed in response to the 2012 school shootings in Newtown, Conn.

Table 3.3.B.2-AIDS Training Event Listings lists programs from the MA/PA AETC based on data from its three most recent reporting periods. Highlights include:

- The center trains 15,000 health professionals a year across the Mid-Atlantic region.
- Data from outcomes studies demonstrates that health professionals trained by the center have improved knowledge and skills in treating people with HIV.
- Capacity-building at the clinic and systems levels within the region has resulted in improved care coordination and clinical outcomes for people living with HIV.

In addition to these specific training activities, many programs, seminars, and events at GSPH are widely advertised and attract audiences that include public health professionals across the region. A list of recent major events is included in the ERF.

3.3.C. Description of certificate programs or other non-degree offerings of the school, including enrollment data for each of the last three years.

The school offers nine certificate programs, which are listed in **Table 3.3.C.** All of the certificates are available in stand-alone form (open to non-degree students) but are primarily used by degree-seeking

students. Certificates are 15 credits or more; in most cases, credits can be shared with the degree program. Competencies for each certificate and experiences used to meet those competencies are listed in **Data Template 2.6.1b**, and certificates are described more fully on the school's website.

Table 3.3.C Certificate Programs			
Certificate Title	*2012 enrollment*	*2013 enrollment*	*2014 enrollment*
Community-Based Participatory Research and Practice	1	4	4
Environmental Health Risk Assessment	18	13	6
Evaluation of Public Health Programs	8	10	5
Global Health	45	34	32
Health Care Systems Engineering	4	9	14
Health Equity	3	4	8
Health Systems Leadership and Management	2	5	5
Lesbian, Gay, Bisexual, and Transgender Individuals' Health and Wellness	10	11	10
Public Health Genetics	3	3	3

3.3.D. Description of the school's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

The school evaluates its continuing education and workforce development strategies in two parallel and complementary sets of activities:

- Implementation of workforce development objective in the five-year strategic plan focuses on attainment of mission-driven aims; and
- Evaluation activities of the R3-PHTC and its predecessor Pennsylvania PHTC focus on program-specific quality and effectiveness.

Strategic plan
Goal 3, Objective 3, in the school's current *Strategic Plan 2013-2018* is to "train the public health workforce and agencies for performance improvement, professional certification, and organizational accreditation.

Evaluation activities of PHTC
The PHTC's evaluation plan tracks the numbers and characteristics of training events; hours of training; numbers and characteristics of trainees; numbers and characteristics of participating agencies and organizations; and teaching effectiveness. Outcome measures include acceptance and satisfaction with the training; changes in competency-based knowledge, skills, and attitudes; and changes in behavior. Evaluation findings are used for continuous quality improvement. **Table 3.3.D** summarizes the outcomes using trainee acceptance and satisfaction measures for training opportunities offered in the PHTC's most recent past three reporting years.

Table 3.3.D PHTC Training Evaluations, Fiscal Years 2010-11 through 2012-13			
Evaluation Measure	*Reporting Year*		
	2010-2011	*2011-2012*	*2012-2013*
Number of unique training opportunities	19	32	31
Number of participants	701	2,173	1,781
Participants rating training overall as very good or excellent	97%	95%	98%
Participants reporting increase in knowledge/skills	96%	96%	98%
Participants reporting intent to implement training within 3-6 months	95%	94%	96%

3.3.E. A list of other educational institutions or public health practice organizations, if any, with which the school collaborates to offer continuing education.

The school collaborates on continuing education with other professional schools of the University of Pittsburgh, the University's regional campuses, other schools of public health, public health agencies and associations, and health care organizations.

Other University of Pittsburgh schools and campuses
PHTC cooperates with the Schools of Law and Social Work to reach their professional audiences and to provide continuing education accreditation for appropriate courses and events. It has provided financial, administrative, and programmatic support for the University's regional Bradford Campus as its partner for workforce development and continuing education in Pennsylvania's rural northern tier and central counties.

Other universities and other schools of public health
The training center collaborates with other schools of public health by shared funding on an ongoing basis. When opportunities arise, it collaborates with the Pennsylvania Office of Rural Health at Pennsylvania State University. Drexel University has been a PHTC collaborator since 2010 to cover the concentration of public health professionals in the Commonwealth's southeastern counties (Bucks, Chester, Delaware, Philadelphia, and Montgomery) and several eastern cities (Allentown, Bethlehem, and Wilkes-Barre).

With the Region 3 PHTC award starting in September 2014, GSPH serves as a central office for four local performance sites chosen to reach five states and the District of Columbia. Local performance sites and coverage areas are Drexel University School of Public Health (eastern Pennsylvania), Johns Hopkins Bloomberg School of Public Health (Delaware, District of Columbia, and Maryland), West Virginia University School of Public Health (West Virginia), and the Virginia Health Department (Commonwealth of Virginia).

Public health agencies, professional associations, and health care organizations
On behalf of the school, CPHP develops and maintains ongoing relationships with entities that employ or represent public health and health care professionals with responsibility for population health for the purpose of public health training and development. For statewide public health training, PADOH plans and develops annual programs with CPHP and the Public Health Training Center.

Additionally, for the past five years, CPHP has contracted with the **Association of State and Territorial Health Officers** and the **CDC** to provide public health training nationally for state judiciaries and tribal organizations. Faculty from CPHP and the school's PHDL regularly mount workshops and interactive sessions for practitioner audiences at an annual preparedness summit sponsored by the **National Association of State and Territorial Health Officials**.

CPHP and PHTC faculty and staff have served as board members and officers of the **Pennsylvania Public Health Association** (APHA affiliate) and provided continuing education content for its annual membership meetings. To support implementation of ACA's public health mandates, PHTC and the school's associate dean for policy offered a highly successful webinar series to members of the **Hospital and Healthsystem Association of Pennsylvania**. The PHTC has contacted the **Pennsylvania Association of Community Health Centers** to develop public-health focused training for its members; future collaborative programs are anticipated.

3.3.F. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- The school maintains a mission-driven set of workforce development activities, has a well-regarded AIDS/HIV training center, and recently won a new four-year commitment of support from HRSA for its Region 3 Public Health Training Center.

Weaknesses |

- The school's ability to maintain large-scale workforce development programs depends heavily on funding from HRSA—funding that has been particularly volatile in the recent past. Without such funding, training program support would depend on fees from individual learners and their employers, so the present level of activity would probably be curtailed.

Plans |

- With current funding for the R3PHTC due to expire after fiscal year 2019, the school will engage its training partner organizations to consider alternatives for sustaining workforce development activities.

The criterion is met.

CRITERION 4.0: FACULTY, STAFF AND STUDENTS

4.1 FACULTY QUALIFICATIONS

The school shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the school's mission, goals and objectives.

4.1.A. A table showing primary faculty who support the degree programs offered by the school. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: (a) name, (b) title/academic rank, (c) FTE or % time, (d) tenure status or classification*, (g) graduate degrees earned, (h) discipline in which degrees were earned, (i) institutions from which degrees were earned, (j) current instructional areas and (k) current research interests. See CEPH Data Template 4.1.1. *Note: classification refers to alternative appointment categories that may be used at the institution.

See **Data Templates 4.1.1**. In addition to required elements, the table summarizes major non-academic professional-practice experience for each faculty member.

4.1.B. If the school uses other faculty (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the school, e) highest degree earned (optional: schools may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the school. See CEPH Data Template 4.1.2.

See **Data Templates 4.1.2**. This table lists the substantial numbers of secondary and adjunct faculty who make significant contributions to the school through teaching, mentoring, and practice. Two even more important categories of faculty are also included in this table: (1) faculty who have primary appointments and are located solely within GSPH but whose appointments are less than full time, and (2) faculty who are functionally 100 percent in GSPH, but whose primary appointments are in other schools for historical reasons. The contributions of secondary and adjunct faculty vary widely, and are typically not associated with a percent effort; **Data Templates 4.1.2** indicate the contribution of each secondary and adjunct faculty member, e.g. teaching a course, mentoring students, research collaborations.

4.1.C. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the school. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The faculty complement integrates practice-based perspectives through formal appointments in the Practice Track, through appointment of scientists and professionals with previous practice experience, through community-based participatory research and applied research centers, and through strategically driven service activities that feed back into research and teaching (see Criterion 3.2).

Practice track appointments
GSPH maintains this track for appointing and promoting faculty whose expertise is derived in substantial part from professional experience and whose academic work is focused on applied problem solving and education of students in professional degree programs. Specifications for appointment and promotion are stated in the Faculty Appointment, Promotion, and Tenure Committee (FAPTC) guidelines. The practice track was originally outside of the tenure stream; the option for tenure status in the practice track was approved by GSPH and the Office of the Provost in 2013.

Faculty members currently holding practice track appointments are shown in **Table 4.1.C** below**.** Many of the practice track faculty members have special teaching roles in MPH programs, for example, teaching core courses and/or organizing practicum experiences/internships.

Additional faculty with practice experience
In addition to those in the formal practice track, many faculty members, including those in positions of leadership, have come to GSPH following successful careers as senior government officials and private-sector professionals. These backgrounds are listed in **Data Templates 4.1.1**.

Applied and community-based researchers
A number of the school's research programs are designed with specific applications to practice-driven problems and/or with formal community-based collaborations. Researchers engaged in such programs derive a profound understanding of practice perspectives and ability to transmit that understanding in teaching and mentoring. They also influence the school's service agenda.

Faculty engaged in strategically defined service
Leadership for implementing strategically defined service comes from the associate dean for policy and the associate dean for public health practice. These activities are described previously at Criterion 3.2.

Table 4.1.C Faculty Members Holding Practice Track Appointments

Dept.	*Name*	*Rank*	*Practice Roles*	*Practice Experience*
BCHS	Elizabeth Felter	Assistant Professor	Co-Directs HPM practicum program; Chief Examiner for Certified Health Education Specialist exam	Communication Specialist for Healthier Worksite Initiative at CDC
	Mary Hawk	Assistant Professor	Evaluation and implementation of interventions to reduce impact of HIV/AIDS	Founding board member, Open Door Inc. local AIDS service organization
	Amy Herrick	Visiting Assistant Professor	Resilience research leader in Center for LGBT Health	Outreach worker/advocate for HIV-infected youth; Director of youth research a urban LGBT health center
EPIDEM	Ronald Voorhees	Professor	Associate Dean for Practice; Director, Center for Public Health Practice; Director of Summer Institute in Applied Public Health	New Mexico state epidemiologist; Acting Director of Allegheny County Health Department
HPM	Gerald Barron	Associate Professor	Deputy Director of Center for Public Health Practice; Director of HPM MPH Program	Deputy Director of Allegheny County Health Department
	Elizabeth Bjerke	Assistant Professor	Director of HPM's joint JD/MPH program; educator on emergency preparedness law	Attorney specializing in litigation with USDA

	Samuel A. Friede	Assistant Professor	Director of HPM's MHA program	Senior consultant for VHA PA; Director of consulting and trustee services of The Hospital Council of Western PA
	Tina Hershey	Assistant Professor	Member Center for Public Health Practice, analyzing preparedness legal and policy issues	Attorney in health care law
	George A. Huber	Professor	Associate Dean for Policy; teaches HPM course in strategic management	Chief Counsel, UPMC
	Everette James	Professor	Director of Health Policy Institute; directs HPM course in the school-wide Core Curriculum	Pennsylvania Secretary of Health

4.1.D. Identification of measurable objectives by which the school assesses the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years.

The faculty at GSPH represents a diverse body of scholars and practitioners who are addressing the school's missions and goals through their departmental efforts. Benchmarks of research productivity listed in **Table 3.1.D**, and restated here in **Table 4.1.D** are important measures of faculty qualifications. In addition, the measure of teaching strength listed below in **Table 4.1.D** is a critical indicator. We have not yet developed a metric for quantifying public health practice but those discussions are being initiated, through the FAPTC. Targets in the table below were set by the EPCC (instructor effectiveness) or by the associate deans (research productivity outcomes). The philosophy behind the research productivity targets is that we want the faculty as a whole to have balanced strength in research, teaching, and practice; that is, 100% is not the ultimate goal for any of the research measures.

Table 4.1.D Faculty Performance Measures

	Target	*2011-12*	*2012-13*	*2013-14*
Ratings by students of "instructor effectiveness" for all instructors in all courses (percentage of ratings greater than 3.5 out of 5.0).	80%	79%	82%	86%
Percent of faculty serving as PI on an NIH grant (fiscal year; also in Table 3.1.D)	60%	50%	50%	51%
Percent of faculty with 50% or more of salary derived from extramural research funding (fiscal year; also in Table 3.1.D)	75%	68%	63%	63%
Percent of faculty with at least 3 peer-reviewed publications per year (calendar year; also in Table 3.1.D)	60%	63%	58%	60%

4.1.E. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- Faculty numbers in the respective departments and programs are sufficient and appropriate in all disciplinary areas.
- Faculty research qualifications in all areas are outstanding.
- Research and funding levels are excellent for a faculty with diverse disciplines and differing focuses on diverse research and practice areas.

- Student ratings of faculty teaching and mentoring are high.
- GSPH has been able to attract a strong representation of senior professionals with practice experience among the faculty, including department chairs.

Weaknesses |

- Since faculty appointments by departments are made primarily on the basis of research or practice qualifications and areas, maintaining faculty with particular strength in education and practice is not guaranteed. Strength in these areas needs to be separately monitored at the school level.

Plans |

- FAPTC will continue to evaluate appointments and promotions with rigor and discuss their roles in faculty searches and the potential impacts of faculty qualifications as a whole.
- FAPTC is working on better articulating service and practice expectations, and on promoting the education and practice tracks/concentrations.

The criterion is met.

4.2 FACULTY POLICIES AND PROCEDURES

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.

4.2.A. A faculty handbook or other written document that outlines faculty rules and regulations.

Upon hire, all faculty members are provided with a link to the University of Pittsburgh's Faculty Handbook, maintained and available through the Office of the Provost. This document was written in July 2002 and revised most recently in November 2011. The handbook covers all faculty-related policies that are set at the University level, with topics including employment conditions, leave and sabbatical policies, promotion and tenure, workplace and academic policies, compensation and benefits, and research administration policies.

In addition, GSPH has an *Operations Manual for the Faculty Advancement, Promotion, and Tenure Committee (FAPTC)* that is posted for faculty on the school's intranet. The FAPTC manual is a guide for faculty members to understand policies and procedures with regard to appointments and promotions and is approved through the University's Office of the Provost to ensure congruity with University policies. This document is divided into sections and includes checklists for use by departments in assembling complete packets/dossiers.

4.2.B. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

GSPH coordinates a series of faculty development workshops each year that draws on existing University resources as well as in-house expertise. Many of these workshops are managed by GSPH's educational programs coordinator and the University's Center for Instructional Development and Distance Education (CIDDE) and may also involve the University's Office of Human Resources Faculty and Staff Development Program (FSDP). These are the workshops organized and held for the 2013-14 academic year, along with the presenting unit and the date offered:

- *Introduction to Course Design* | CIDDE | September 25
- *Alternative Use of PowerPoint for Teaching* | CIDDE | October 30
- *Interactive Teaching* | CIDDE | December 11
- *Advising and Mentoring* | GSPH | January 29
- *How to Use Case Analysis Effectively in a Teaching Environment* | CIDDE | Feb 26
- *Digital Vita* | GSPH | March 26
- *Promotion Packets* | GSPH | April 30
- *Fostering Commercialization* | University of Pittsburgh | May 28
- *Systematic Reviews* | GSPH and Health Sciences Library | June 25

There are also formal development opportunities for all faculty members—including those with less than full-time appointments. Among these are FSDP workshops through the University's Office of Human Resources and many more CIDDE-sponsored teaching and mentoring workshops. There are currently 15 different areas covered by FSDP workshops including this partial list: professional development, a certificate program of six workshops on organizational leadership and ethics, diversity education, career development, and online learning.

For example, diversity-themed courses at the time of this writing include: *Cross-Cultural Awareness and Understanding*; *Different Like You!; Is that Really Harassment?*; *Please Respect My Generation*; *Veterans on Campus*; and *Workplace Bullying*. These resources are available to all faculty members who are employed by the University; GSPH faculty members receive notifications from and are encouraged to participate by the dean's office.

In addition to the workshops described above, other resources help GSPH faculty to enhance their teaching and mentoring skills. Most notable is our support of a full-time educational programs coordinator, a position held by Robin Leaf, MEd, since 2009. The educational programs coordinator works with the associate dean for education, EPCC, and the MPH Committee to implement a variety of initiatives, including developing content for faculty orientation, administering the course evaluation portal and policy, and publishing a teaching tip of the week in the GSPH weekly e-newsletter.

In addition to our in-house support, the school has a named CIDDE liaison, who consults with many faculty members on course development and other topics. Other University resources include New Faculty Orientation, Faculty Handbook, and Elements of Good Academic Advising Web page.

Outstanding teachers and mentors are well-rewarded at GSPH. Faculty who teach core courses receive salary and teaching assistant (TA) support. There are a number of school faculty for whom education is a primary professional focus; we very recently developed appointment- and promotion-related criteria for these essential faculty members. As of April 2015, there has been one promotion based on these criteria and several more are in progress. Each year, GSPH recognizes faculty achievement with the Craig Award for Excellence in Teaching, which is endowed by a gift from an alumnus. GSPH nominates individuals for the provost's mentoring and teaching awards, while several faculty members also apply for the provost's Innovation in Teaching awards each year. GSPH faculty are regular recipients of these awards, as shown in **Table 4.2.B**.

Table 4.2.B University Teaching and Mentoring Awards Won by GSPH Faculty

Year	*Award*	*Recipient*
2014	Provost's Award for Excellence in Mentoring	Trevor Orchard, Epidemiology
2014	Innovation in Education Award	John Shaffer, Human Genetics
2011	Provost's Award for Excellence in Mentoring	Jane Cauley, Epidemiology

A number of departments have established mentorship programs that pair incoming junior faculty members with full professors to ease their transition into the faculty community. This arrangement gives junior faculty members the opportunity to get advice and assistance on the many challenges associated with starting and developing a career in academics.

GSPH and the University are committed to providing career development opportunities for all faculty members. GSPH- and CIDDE-sponsored opportunities (described earlier in Criterion 4.2.B) are available for those who do not have regular, full-time positions, including part-time and adjunct faculty. Part-time faculty may also attend FSDP workshops. (Because these sessions are organized by the University's Human Resources office, however, non-employee-status adjunct faculty may not participate in FSDP offerings.)

In addition, faculty members with the research prefix are regularly mentored by the senior faculty member leading the umbrella program under which the research faculty member operates. This is accomplished through regular one-on-one meetings, larger group meetings, and annual reviews with each research faculty member's respective department chair.

Financial support for faculty development in the area of research is primarily decided at the departmental level, because needs are highly variable by field. Support typically includes start-up packages for new faculty, coverage of salary during sabbaticals (tenured faculty only), modest levels of travel support when grant funding is not available, availability of shared equipment, and availability of bridge funding so that research programs do not need to be closed down and re-started when there are gaps in grant funding. Support at the level of the senior vice chancellor and/or the University includes seed funding for junior faculty (Central Research Development Fund and Competitive Medical Research Fund), and capital funds for major equipment.

4.2.C. Description of formal procedures for evaluating faculty competence and performance

Annual faculty reviews are performed for individual faculty members by relevant department chairs. Department chairs and associate deans, in turn, are evaluated annually by the GSPH dean. In late spring, all faculty members are provided with instructions and forms by the associate dean for faculty affairs. These materials are used to complete performance information given to each department chair. A subsequent one-on-one meeting (faculty member and chair) takes place and discussion results are forwarded to the dean for review. Once this process is completed, review documents are routed to the Office of the Provost. This annual review is mandatory and guided by a policy memo from the provost's office.

Faculty performance review documentation for the past academic year (2013-14), which is made up of revised versions of that used in previous years, includes (1) a current curriculum vitae (CV) with current academic year activities marked; (2) a goals statement that incorporates the previous year's benchmarks for research, teaching, and service, and includes coming-year goals; (3) teaching evaluations from all courses taught by the faculty member; and (4) a certifications page confirming the faculty member's discharge of key activities (i.e., annual website update and academic integrity online training module completion).

This process is designed to provide candid, constructive feedback regarding the faculty member's performance for the academic year (July through June) under review, as part of an overall faculty development strategy. Such reviews also provide an opportunity for department chairs to clearly define actions and directions that will help individuals to advance in teaching, research, and service in their respective disciplines—all in alignment with missions and goals of each department and GSPH as a whole.

4.2.D. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

All courses, with the exception of those enrolling fewer than five students, are required to have end-of-term student evaluations. Most use a University-provided system made up of a standard online evaluation to which instructors can add questions. Some faculty use alternative processes. Information from at least two years of quantitative evaluations is available to students and faculty on the school's Course Evaluation Portal. Faculty members must provide qualitative and quantitative evaluations to their chairs, who discuss them with the faculty at annual reviews. The EPCC also reviews evaluations for all core courses and, if warranted, makes recommendations to faculty and/or chairs.

In addition to course evaluations, students have an opportunity to comment on instructional effectiveness and other aspects of the educational experience on annual new student, continuing student, and required exit surveys. Detailed survey questions cover such issues as scope of crosscutting competencies in the core and departmental curricula, diversity issues in core and departmental curricula, and academic rigor.

These data are reviewed annually by the associate dean for education, the educational programs coordinator, EPCC, department chairs and program directors, and departmental student services staff. Formal records of these reviews and action items are tracked as part of the strategic planning process.

4.2.E. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- The school and University have excellent support opportunities for faculty development and instruction in the areas of teaching and mentoring.
- The school and University have clear and readily accessible policy and procedure manuals that all faculty members can use for guidance in planning for career development.
- A concentration in education in GSPH, made up of a specific set of criteria for hire and promotion for faculty members focused on educational activities, has been initiated, is active, and is currently serving as a guide for review of a number of GSPH faculty promotions.
- GSPH provides support for junior faculty members writing a first grant application. University resources like Pitt's Clinical and Translational Science Institute (CTSI) and the Office of Academic Career Development, Health Sciences, for example, offer a multitude of valuable support services.
- The University and GSPH provide substantial support for faculty research, including start-up funds for new faculty, travel funding, bridge funding, and shared equipment.

Weaknesses |

- Junior faculty mentoring takes place at the departmental level, and there is variation in the type and quality of mentoring.
- Communication with adjunct faculty has been limited and could be improved, with the goals of increasing their presence in our community of learning and of improving educational programs for students.

Plans |

- Efforts to promote a greater awareness of school and University policy and procedure documents among all faculty members will be increased.
- Conversations about the roles of teaching, service, and research in faculty performance and evaluation will be held and used to assist chairs and FAPTC in annual reviews, and promotion reviews, respectively.

The criterion is met.

4.3 STUDENT RECRUITMENT AND ADMISSIONS

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.

4.3.A. Description of the school's recruitment policies and procedures. If these differ by degree (e.g., bachelors vs. graduate degrees), a description should be provided for each.

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

School-wide recruitment efforts are organized through the Office of Student Affairs and Education. Although there is no full-time staff recruiter, primary responsibility for recruitment events lies with the assistant dean for student affairs, with regular communication and input about priorities and new events from the associate dean for student affairs, from departmental student affairs staff, and from the EPCC. Following are some of the school's recruitment activities:

Prospect system
The names of individuals who inquire about GSPH programs or provide contact information at recruitment events are entered into ApplyYourself, a Web tool that is widely used by the University to manage applications. This tool currently serves only a small role as an interim prospect system for GSPH. (We expect to replace it when SOPHAS introduces a prospect system in 2015.) In 2013, a communications plan was developed to engage prospective applicants and maintain communication throughout the year with regularly scheduled electronic messaging that includes:

- Individual e-mail messages to all new prospective applicants upon entry into the prospect system. These messages provide general school-level information, as well as department-specific information (if prospects indicate a department of interest) and details about special programs (e.g., Peace Corps Master's International, Global Health certificate).
- Monthly communications to all current prospects on various topics: Open House (October), SOPHAS application instructions (November), deadline reminders (December), *In the News* (January), student groups (February), city of Pittsburgh (March), Dean's Day recap (April), alumni spotlight (May), historical perspective (June), careers in public health (July), faculty highlights (August), student perspectives (September).
- Special announcements to all current prospects about SOPHAS virtual chats (3-4 times a year) and American Public Health Association (APHA) visit day (annually).

Open House
GSPH holds an open house for prospective applicants every fall term. Attendance has steadily grown over the past five years, from 52 attendees in 2009 to 92 attendees in 2014 (average: 76). Every department participates in the scheduled program. Open house announcements and flyers are mailed/e-mailed to potential applicants listed in the prospect system. Notices are also sent to pre-health and career-services advisors, department heads, and contacts at historically Black colleges and universities (HBCUs), other targeted undergraduate institutions (including Pitt's regional campuses), and state/local public health and health care agencies and organizations. Other marketing efforts have included ads in campus and local newspapers, recruitment fair programs, and a banner on the GSPH building. See ERF for November 2014 Open House advertisement and print ad.

In addition to our in-person event, GSPH actively participates in a series of virtual fairs (July, September, and November) that are organized by SOPHAS and the Association of Schools and Programs of Public Health (ASPPH).

Accepted Applicants Day

GSPH invites all applicants who have been accepted as of mid-March to visit the school during spring term each year. The event schedule includes a morning welcome, informational marketplace, a session for guests (parents or spouses/partners who may also be relocating to Pittsburgh), lunch with department faculty and staff, tours of Pittsburgh, and panel discussions with alumni and current students.

Immediately following the on-campus event, the Office of Student Affairs and Education also works with GSPH departments to organize several virtual events as a way to answer questions and provide similar resources and information to accepted applicants who are unable to visit the school in person.

Graduate school fairs and other recruitment activities

GSPH's emphasis on recruitment fairs has grown steadily, and the school sent representatives to more than 30 local, regional, and national events in 2013-2014 (**Table 4.3.A.1**). The school recruits at numerous graduate fairs, including events held on campus as well as at other institutions in Pittsburgh, elsewhere in Pennsylvania, and across the country. GSPH is a regular, active participant of SOPHAS virtual fairs and APHA annual meetings.

In recent years, GSPH has increased its outreach to underrepresented populations, attending fairs hosted by the National Hispanic Medical Association, National Association of Minority Medical Educators (NAMME), Cheyney University, and the Atlanta University Consortium. GSPH has subscribed to SOPHAS virtual fairs since their inception in academic year 2011-2012; GSPH partners with Pitt's other health- and sciences-focused schools, sending (and receiving) admissions materials to and from other Pitt schools for distribution at fairs that they attend.

Other marketing

To support recruitment activities, GSPH has developed or revised exhibition displays and promotional handouts, including admissions materials, department information cards, and a view book. The school's current website, redesigned to be more informative and attractive to prospective students, was launched in fall 2013. GSPH also maintains listings in several standard national and local online resources and places print advertisement in several career service publications at other institutions.

Guaranteed admissions program

Since 2004, GSPH has worked with the University in its guaranteed admissions program for incoming freshmen who meet specific criteria and maintain a designated academic standard in their undergraduate years. As a participating graduate program, the University identifies incoming freshman who meet its requirements for consideration, based on high school grade point average (GPA) and admission test scores, and matches students to the programs based on their expressed interests. The program is featured in Pitt's undergraduate recruitment materials.

Early admissions program

GSPH offers an early admissions program for the University's undergraduates who are enrolled at the main campus. This program allows a student to complete both a bachelor's and a master's degree in five years. Students can apply to GSPH during their junior year. If accepted, they will become a graduate student during their senior year. Graduate courses taken during the senior year will count towards both the undergraduate and graduate degrees.

Tuition scholarships
GSPH has a number of modest scholarships (**Table 4.3.A.2**) that are meant to attract highly qualified students to its programs. Scholarship amounts vary and typically cover partial tuition costs. Beginning in Fall 2015, GSPH has established Pitt Public Health Scholars Awards, which provides 50% tuition support to ten (10) incoming students enrolled in MPH, MS, or MHA programs.

Partnerships with other colleges and Universities
In addition to the programs offered for Pitt's own undergraduates, GSPH partners with other undergraduate institutions and arranges for several presentations and exchange events during the year. Participating regional institutions include Chatham University, Slippery Rock University, Washington and Jefferson University, Mercyhurst College, Allegheny College, and the University of Pittsburgh's regional campus in Greensburg. Events include GSPH participation in graduate school fairs held at these institutions and presentations to pre-professional health programs. Special attention is given to regional schools with pre-professional programs, HBCUs, and other institutions with high minority-student enrollments. We periodically host visits by minority high school students and by minority undergraduates enrolled at the Meyerhoff; University of Maryland, Baltimore County; and Morgan State. We also host visits by McNair Fellows.

GSPH promotes its own events to these schools—particularly the fall semester Open House, for which GSPH subsidizes travel costs (gift cards for gas and lunch) for students from these institutions who attend. Through the Office of Student Affairs and Education, it provides travel grants to support campus visits by qualified accepted minority applicants.

Summer programs
GSPH offers several experiential programs that introduce undergraduates to public health, and which have been important recruiting tools.

- The Summer Institute for Training in Biostatistics (SIBS) is an eight-site undergraduate program funded by National Heart, Lung, and Blood Institute (NHLBI) for the purpose of attracting prospective students to the field of biostatistics. The Pittsburgh SIBS program emphasizes collaborative research, cardiovascular health, and underserved/minority populations. It has been extremely successful, not only in attracting students to the study of biostatistics and related fields, but in attracting them to study at GSPH.
- The Pittsburgh Summer Edge in Global and Public Health is a program for University of Pittsburgh undergraduates. It introduces undergraduates interested in public health to cutting edge problems and methods in public health and allows them to do internships in research or practice settings.

Department-level recruitment and marketing efforts
- The Department of Biostatistics recently competed successfully to attend a "Recruiting and Retaining Graduate Students in the Statistical Sciences and Mathematics" workshop at Statistical and Applied Mathematical Sciences Institute (SAMSI) in North Carolina. Diversity is especially challenging in the field of biostatistics, and this activity demonstrates this department's commitment to putting diversity in the forefront of its recruiting efforts. The workshop addressed current and successful strategies for supporting U.S. students, especially members of underrepresented groups (see www.samsi.info/workshop/recruiting-and-retaining-graduate-students-statistical-sciences-and-applied-mathematics-jun).
- Over the past few years, the Department of Infectious Diseases and Microbiology (IDM) has developed an ongoing relationship with the University of Texas at El Paso (UTEP) to recruit doctoral students and support them on the department's T32 (Pitt AIDS Research Training

Program, or the PART Program). To help solidify this connection, several faculty have traveled to the UTEP campus to develop more concrete relationships with UTEP faculty and students and to give presentations about ongoing research and graduate opportunities at GSPH. In academic year 2013-2014, the department hosted four UTEP students who visited Pitt's campus to meet with department faculty and students.

- The Department of Epidemiology recently initiated a coordinated post-admission recruiting program that includes letters from faculty members and phone calls from current students.
- The Department of Health Policy and Management schedules interviews (either in person, by Skype, or by telephone) with all admitted students to promote the school and its programs, answer questions, and encourage the student to matriculate.
- The Office of Student Affairs and Education and the Department of Health Policy and Management have also provided introductory presentations to freshmen and sophomores in "living and learning communities" (thematic dormitories) specializing in health professions.

4.3.B. Statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

General requirements

Detailed admission requirements are listed on the school website and on department webpages. All applicants must have completed at least a bachelor's degree, or the equivalent of a U.S. bachelor's degree from a foreign institution. If they do not already have a graduate degree, applicants must submit scores on the verbal, quantitative, and analytical portions of the Graduate Record Examination (GRE). There is no school-wide minimum GRE score, but individual programs have varying requirements. Applicants must have also completed prerequisite courses in social sciences and mathematics; other prerequisites differ by department and program, with many programs also requiring a substantial biology background.

There are additional requirements for international applicants. If the applicant is from a country where English is not the official language or does not have U.S. degree, then he or she must submit a valid Test of English as a Foreign Language (TOEFL) score. The minimum total TOEFL score is 80, though 100 is preferred. Except in special circumstances (described on the website), international applicants are also required to submit a completed evaluation by World Education Services (WES), which verifies credentials on official transcripts from international institutions (since September 2010).

Admissions review process

The Office of Student Affairs and Education coordinates the admissions process, but all evaluation is done at the department and program level. Individual programs review their applicants and make written recommendations to admit, provisionally admit, reject, or defer them. Review processes vary by program and may include interviews. Admission recommendations undergo subsequent review by the department chair and assistant dean for student affairs. Unless the assistant dean notes a discrepancy between the departmental decision and admissions policies, the applicant is notified of the decision.

Since its most recent accreditation, GSPH has implemented several changes to the application process. As a CEPH-accredited school of public health, it transitioned to ASPPH's centralized application service (SOPHAS) in September 2006, began using the paperless application review system (WebAdmit) in September 2012, and instituted the SOPHAS Express system for non-degree applicants in November 2013. Through discussion with our departments, the Office of Student Affairs and Education has tailored the preprocessing and sorting capabilities of WebAdmit to meet individual department- and program-specific needs. Information technology support for the dean's office generates weekly applications and

admissions reports to student affairs staff, which is in turn disseminated to admissions staff, faculty, and department chairs to regularly track the school's progress for processing applications.

4.3.C. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the school. If a school does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the school. In addition, references to website addresses may be included.

The University of Pittsburgh maintains an online bulletin for all degree programs. The GSPH section is available at: www.bulletins.pitt.edu/graduate/publichealth.htm. Grading information and the academic calendar can also be located on the University's website.

In addition, GSPH has an admissions catalog. Program handbooks, maintained at the department level, contain detailed requirements for each program. These handbooks are accessible on the departmental sections of the website. There is an academic handbook that describes the school's overall academic regulations. Many individual departments and programs also have brochures and/ or flyers, which are available in the ERF.

4.3.D. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

Data on the school's applications, acceptances, and enrollments from 2011 through 2014 are shown in **Data Template 4.3.1**. Note that the MS program in Health Services Research and Policy is new as of fall 2014.

Data Template 4.3.1 Applicants, Acceptances, and Enrollments, 2011-2014

		2011-12	*2012-13*	*2013-14*
BCHS-DrPH	Applied	22	26	18
	Accepted	8	4	4
	Enrolled	2	2	1
BCHS-MPH	Applied	249	292	264
	Accepted	166	187	179
	Enrolled	19	36	36
BCHS-PhD	Applied	23	33	48
	Accepted	4	8	12
	Enrolled	2	3	4
BIOST-MPH	Applied	24	33	47
	Accepted	3	4	5
	Enrolled	1	0	0
BIOST-MS	Applied	82	100	111
	Accepted	60	57	69
	Enrolled	13	9	14
BIOST-PhD	Applied	93	98	135
	Accepted	49	52	25
	Enrolled	8	11	8

EOH-DrPH	Applied	10	5	4
	Accepted	1	2	2
	Enrolled	0	1	1
EOH-MPH	Applied	39	59	45
	Accepted	33	46	34
	Enrolled	8	16	7
EOH-MS	Applied	7	13	7
	Accepted	3	4	4
	Enrolled	0	1	0
EOH-PhD	Applied	24	24	23
	Accepted	7	3	2
	Enrolled	4	3	1
EPIDEM-DrPH	Applied	28	39	16
	Accepted	11	4	2
	Enrolled	4	1	1
EPIDEM-MPH	Applied	242	291	347
	Accepted	119	138	181
	Enrolled	20	18	19
EPIDEM-MS	Applied	44	55	62
	Accepted	19	31	33
	Enrolled	0	2	5
EPIDEM-PhD	Applied	135	161	143
	Accepted	47	48	50
	Enrolled	16	6	12
HPM-MHA	Applied	102	64	92
	Accepted	71	27	49
	Enrolled	21	11	21
HPM-MPH	Applied	125	125	118
	Accepted	99	51	68
	Enrolled	13	13	12
HSRP-MS	Applied	0	0	0
	Accepted	0	0	0
	Enrolled	0	0	0
HSRP-PhD	Applied	33	33	54
	Accepted	7	5	15
	Enrolled	2	1	3
HUGEN-PhD	Applied	16	30	27
	Accepted	8	18	14
	Enrolled	3	4	5
HUGEN-MS	Applied	15	17	11
	Accepted	11	11	6
	Enrolled	6	3	4
GNCSLG-MS	Applied	73	87	87
	Accepted	28	16	28
	Enrolled	8	11	10
PHGEN-MPH	Applied	22	14	18
	Accepted	19	12	17
	Enrolled	3	1	4

IDM-MPH MIC	Applied	54	63	47
	Accepted	45	48	36
	Enrolled	9	7	6
IDM-MPH PEL	Applied	35	42	48
	Accepted	21	27	36
	Enrolled	6	7	3
IDM-MS	Applied	33	39	30
	Accepted	23	26	26
	Enrolled	12	13	4
IDM-PhD	Applied	57	52	46
	Accepted	8	7	2
	Enrolled	3	3	2
MMPH-MPH	Applied	42	32	38
	Accepted	34	27	31
	Enrolled	9	14	15

4.3.E. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, by concentration, for each degree, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.

Data Template 4.3.2 gives enrollment data as of September for each of the past three years. The total number of enrolled students includes all students who are considered "active" in the degree program, which includes students who are not enrolled in classes during the specific term queried but who have been enrolled in classes during the past three terms. The full-time-equivalent (FTE) number is calculated according to the University's stated formula, which defines full-time status as nine or more credits and then assigns a value of 0.4 FTE to each part-time student. Students who are active in a degree program but not enrolled are not counted in the FTE calculation.

Important trends and comments

- The Biostatistics MPH program is only offered to individuals with an MD or similar advanced clinical degree. The MS is the preferred degree for most students.
- All DrPH programs were revised in 2012 to clearly target practice and differentiate from the PhD. As these programs have focused more clearly on advanced training for applied public health professionals, we have found that, while the target audience is smaller, it is composed of individuals who are very clear about career goals and motivations for pursuing the degree. All three of these programs (BCHS, EPIDEM, and EOH) have modest but healthy enrollments.
- Overall doctoral enrollment has decreased slightly as federal funding has declined.

Data Template 4.3.2 Student Enrollment by Program, 2011-2014								
Program	*Sept. 2011*		*Sept. 2012*		*Sept. 2013*		*Sept. 2014*	
	HC	*FTE*	*HC*	*FTE*	*HC*	*FTE*	*HC*	*FTE*
BCHS-DrPH	15	10.6	10	7.6	8	5.2	5	3.8
BCHS-MPH	100	54	93	56.4	92	54.8	89	52.8
BCHS-PHD	10	8.2	15	11.8	16	12	19	13.4
BIOST-MPH	3	1.4	2	1.4	1	0.4	0	0
BIOST-MS	30	17.6	30	20.4	32	19.4	32	21.6
BIOST-PHD	71	67.8	70	60.2	63	53	55	47.2
EOH-DrPH	6	3.6	8	4.6	10	4.2	10	6.8
EOH-MPH	20	13.6	29	22	26	20.2	20	16.2
EOH-MS	2	0.8	2	1.4	1	0	1	0
EOH-PHD	16	15.4	17	17	17	16.4	14	10.4
EPIDEM-DrPH	10	5.2	8	5.4	6	4.8	13	11.2
EPIDEM-MPH	43	34	45	34.6	47	34.6	59	48.2
EPIDEM-MS	8	1.6	5	1.8	11	6.8	13	9.6
EPIDEM-PHD	86	63.4	74	56.4	67	49.6	66	45.4
HPM-MHA	45	35	34	27.6	40	29	47	36
HPM-MPH	36	24	39	27	30	21.2	33	26.4
HSRP-MS	0	0	0	0	0	0	0	0
HSRP-PHD	7	6.4	8	7.4	10	9.4	13	12.4
HUGEN-MS	7	4.8	7	3.8	7	4.6	6	3.6
HUGEN-PHD	30	21	32	25.4	36	34	32	27.4
GNCSLG-MS	23	14.6	22	15.2	23	15.4	22	14.2
PHGEN-MPH	25	15	16	7.4	13	5.2	18	7.6
IDM-MPH MIC	16	11.6	21	17.2	16	14.2	17	14
IDM-MPH PEL	11	10.4	14	13.4	13	10.2	14	13
IDM-MS	27	22.2	30	19.6	20	13.6	12	7.6
IDM-PHD	18	18	19	17	18	18	17	16
MULMPH-MPH	42	13.8	40	13.8	46	19.6	42	13.6

4.3.F. Identification of measurable objectives by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures for each of the last three years.

Table 4.3.F Qualifications for newly matriculating students, AY2012 through AY2014				
	Cohort	*2011-12*	*2012-13*	*2013-14*
Mean undergraduate QPA*	Doctoral students	3.5 (n=17)	3.5 (n=22)	3.4 (n=26)
	Master's students	3.3 (n=131)	3.4 (n=125)	3.4 (n=140)
Mean verbal GRE percentile**	Doctoral students	66 (n=65)	62 (n=60)	68 (n=52)
	Master's students	63 (n=188)	62 (n=194)	58 (n=172)
Mean quantitative GRE percentile**	Doctoral students	65 (n=64)	70 (n=59)	70 (n=52)
	Master's students	57 (n=189)	61 (n=192)	56 (n=167
Mean TOEFL score†	Doctoral students	94 (n=15)	95 (n=16)	99 (n=10)
	Master's students	94 (n=26)	92 (n=29)	94 (n=25)
**Mean undergraduate QPA is computed for U.S. citizens.*				
***Mean GRE percentiles (verbal, quantitative) are computed for students who submitted GRE data.*				
†*Mean TOEFL score is computed for students with TOEFL data.*				

4.3.G. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- We have established systems for recruiting and admissions, including regular tracking of application/admissions process, with regular dissemination to admissions-related faculty/staff.
- Recruitment efforts, especially outreach to targeted undergraduate institutions, have increased in recent years.
- Departments have devoted time to building connection with prospects and accepted applicants.
- We have a sufficient number of well-qualified applicants and enrollees.

Weaknesses |

- Marketing resources are limited, and it is difficult to judge whether they are being used efficiently.
- Recruitment efforts depend on existing staff and volunteers; there is no dedicated staff recruiter position.
- Limited scholarship funds are available for MPH and MS students

- The existing prospect system uses a University-supported content management system; it is not connected to SOPHAS and therefore must be managed separately.

Plans |

- Continue to improve admission review process (e.g., further decreases in the time-to-decision for applications) and data systems.
- Continue to develop school-wide tuition scholarships for top-ranked MPH and MS applicants.
- Explore targeted expansion of specific degree programs that meet expected workforce needs.
- Involve more alumni for outreach to accepted applicants.

This criterion is met.

4.4 ADVISING AND CAREER COUNSELING

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

4.4.A. Description of the school's advising services for students in all degree programs, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Our approach to student advising is to try to ensure that each student has a network of multiple advisors and mentors. Every student has a program director, a faculty advisor assigned by his or her department (in some cases also the program director), and a departmental student services staff member. This team is a go-to resource for mentoring and advising; in most cases we encourage students to get their logistical advising from the student services staff (class schedules, requirements) and their mentoring (what competencies to aim for, what classes to take) from the faculty advisors. Program directors are also involved in logistical advising and mentoring. In addition, we encourage students to network and develop a broader web of mentors. For doctoral students, this is an explicit part of their Independent Development Plan (IDP), a career planning tool that they are required to complete with their advisors. (This requirement was implemented in fall 2014.)

All student handbooks are available on department web pages; the school-wide academic handbook is available on the GSPH website. The advising section of the academic handbook includes concrete information on the advising system, in addition to discussions of grievance-resolution procedures and tips on building professional skills and a mentoring network. Detailed information on essay/thesis/dissertation requirements and graduation logistics is in the academic handbook and on the graduation webpages.

Nearly all faculty participate in essay/thesis/dissertation mentoring, and many participate in academic advising. Orientation to these responsibilities takes place within each department. It is also addressed at new-faculty orientation, at faculty workshops, and in focused sessions at a faculty retreat.

Other features of GSPH's advising systems include:

- A two-day school-wide orientation covers general information, departmental sessions, a picnic, and community-building activities that give new students an opportunity to meet each other. Each department also has multiple orientation activities during the first few weeks of the fall term.
- Enrollment forms must be signed by faculty advisors to ensure at least a minimum level of contact between students and advisors each term. In addition, some departments have more formal schedules and/or tracking systems for advising meetings.
- An important change since our previous reaccreditation is the professionalization of our departmental student services staff. At one time, student services functions within departments were mostly performed as needed by secretarial staff. Now each department has one or more full-time professional student services staff members, many of them with advanced degrees relevant to their positions. This group meets monthly, along with the staff of the Office of Student Affairs and Education, to plan events, exchange information, and discuss best practices.
- Tracking of student completion of requirements is done primarily by departmental student services staff, with input from program directors and from the school-wide Office of Student Affairs and Education. Official records are maintained in the University's PeopleSoft database, but each department maintains an independent system of checklists or databases that is more user-friendly and accessible to faculty and students. Departmental systems are also able to track non-credit requirements like seminar attendance and academic integrity module completion. Over the

past five years, these departmental systems have been greatly strengthened, contributing to the development of high-quality mentoring and improved tracking of requirements.

- To counter tracking difficulties for students completing complex combinations of degrees, we have successfully implemented a system in which department student services staff consult with the assistant dean for student affairs and/or associate dean for education on requirements for any student who wishes to complete two or more degrees or who is transferring credits from outside the institution.
- Essay/thesis/dissertation mentors are typically different from the students' initial academic advisors. These mentors provide students with another opportunity to expand their networks. Essays are read by at least two faculty, theses by at least three, and dissertations by at least four. At least two different departments must be represented on each essay, thesis, or dissertation committee. Dissertation committees typically work with students for an extended period and meet at least annually, while thesis and essay committees may be involved only at the end of the process.

4.4.B. Description of the school's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to specific needs in the school's student population.

The career services office is housed within the Office of Student Affairs and Education. Currently, the office is staffed by a director (hired in 2007) and one assistant. The career services office assists students and alumni through skill building, employer development, and networking opportunities.

Skill building activities include group workshops [see ERF for listing of workshops offered over the past three years], individual career counseling, web resources, and social media feeds.

Workshops are offered throughout the year and address a variety of topics (e.g., resumes and CVs, interview preparation, networking). Content for the majority of workshops is developed and presented by the director, though content experts are invited to present on specialized topics. Resume and CV workshops have been differentiated for masters' and doctoral students and for those whose future employment interests involve academia or industry. The director provides individual career counseling during weekly walk-in hours and scheduled appointments, which may include reviews of job-search documents or mock interview practice sessions.

Tailored workshops are also offered for specific constituencies within the school. Examples of these include presentations for careers in toxicology; infectious diseases and microbiology; discussions on salary negotiation; and presentations for trainees for specific grants (e.g. presentation for postdoctoral fellows in cardio-epidemiology). Also, a special session is held each year for new students in the Department of Health Policy and Management.

The career services office has a resources section on the My Public Health intranet. Among the resources available is a job search toolkit that contains a comprehensive list of employers by area of interest, national and local job sites, advice on how to locate job openings, and links to other online career development guides. Also on the intranet is an "explore your career options" page for students, with resources like an annual report compiled by career services and educational programs staff that documents the most recent cohort of graduates and their employment outcomes. The office communicates with students and alumni on its Facebook page. Job postings, workshop announcements, links to articles, and general tips are regularly posted.

Employer development activities include Pitt Bridges, an online password-protected job and internship database, and a career services Twitter feed, where jobs are retweeted. Career services staff also disseminate information about full- or part-time positions, as well as available fellowships/training opportunities.

Other activities include informing current students about student and summer employment opportunities and memberships in professional associations such as ASPPH and APHA. Pitt Bridges allows external recruiters to post jobs and review material from students who have uploaded their resumes and CVs into the system. Postings within Pitt Bridges include permanent positions, fellowships, postdoctoral positions, and on-campus jobs. On Twitter, the office retweets job postings, internships, and fellowships from more than 200 organizations.

Networking opportunities include career fairs and other specialized events, a career services-sponsored LinkedIn group for the school, and combined alumni/student activities. The office participates in an annual career fair organized by the University's career and placement office, as well as other on-campus job fairs. Through LinkedIn, current students are invited to network with alumni and other professionals. Alumni are involved in various ways, ranging from participating as an alumni mentor to students in the formal Alumni-Student Mentoring Program, by sending job openings to the office, or receiving services from the office as an alumnus. The office organizes an annual Student-Alumni Networking breakfast in which students have the opportunity to network with local alumni in a formal setting.

4.4.C. Information about student satisfaction with advising and career counseling services.

Students describe their satisfaction with advising and career counseling services annually on the new student and continuing student surveys, as well as on the required exit survey. Exit survey data, which are the most complete and informative, are used to formally measure outcomes in these areas for the strategic plan. In addition, the career services office also collects satisfaction data from student users who schedule appointments or stop by during weekly walk-in hours.

Survey results for advising outcomes are provided in **Data Template 1.2.C Table 1.2.2**. In general, 70 to 75 percent of students say that they are "satisfied" or "very satisfied" with academic advising. Satisfaction levels with essay/thesis/dissertation advising are about 75 percent.

Satisfaction with career services and counseling—based on the exit survey and internally collected data—is included in the strategic plan (**Data Template Table 1.4.5**); for convenience it is also provided here in **Table 4.4.1**.

Table 4.4.1 Student Satisfaction with Career Counseling Services

	2011-12	*2012-13*	*2013-14*
% of students who visited the Pitt Public Health Career Services office for assistance (exit survey)	72%	69%	64%
% of students who rated their individual career counseling session as "excellent" or "good"	Not available	100%	100%
% of attendees at career services workshops who gave a rating of 4 or 5 on a 1-5 scale	91%	89%	93%

4.4.D. Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

Our experience is that very serious grievances (inappropriate faculty behavior, significant conflicts over academic integrity or essay/thesis/dissertation expectations) are quite rare—perhaps one a year. These typically present verbally to whomever the student feels most comfortable with, so in that sense there is no standard procedure. Thus we do not have any written formal grievances to document in the ERF. Concerns unresolved at the department level are brought to the attention of the associate deans for education and student affairs and, if necessary, to the dean. We try to ensure that students know that many individuals are available to them as resources if there is a problem—faculty, program directors, department chairs, associate or assistant deans, and student services staff. The school also maintains an anonymous digital comment box available on the student feedback page of the intranet and advertised weekly in the school's e-newsletter.

These same venues/mechanisms are available to students for less serious issues and general feedback. Issues brought up (a few per year) include facilities requests and concerns, grading disputes, and concerns about expectations or teaching quality in particular courses. In addition, the Office of Student Affairs and Education frequently invites students to share any concerns with the staff, including the assistant/associate dean for student affairs and the associate dean for education. Students may request in-person meetings. They may also share any concerns in annual fall surveys (i.e., new student survey, continuing student survey), an exit survey (mandatory for graduation), or at a student town hall scheduled in the fall and spring terms with associate deans and staff. Only the exit survey is mandatory; participation rates for other surveys and meetings are relatively low. Student Government Association (SGA) representatives also solicit student feedback and share this information with members at GSPH Council. Students are encouraged to complete course evaluations in a timely manner, which provide feedback and identify problems to both the instructors and department chairs.

Incoming students learn about these resources during orientation. They are reminded throughout their graduate program vis-à-vis the various student handbooks, weekly e-newsletter, flyers, and verbal invitations.

4.4.E. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

Strengths |

- All students have at least two assigned sources of departmental advising: a program director or faculty advisor and a departmental student services coordinator; students are also strongly encouraged to develop broader mentoring networks.
- Students must meet regularly with advisors to enroll in classes.
- Departmental tracking systems are strong and facilitate good mentoring and tracking.
- The career services office has developed a broad set of workshops and online resources to meet the specific needs of public health students. It has also started to provide tailored content to smaller niche groups within the school (e.g., specific departments, student organizations).
- The career services office has systematically expanded its use of social media to disseminate job postings and other opportunities as widely as possible.

Weaknesses |

- Various feedback mechanisms, like our digital comment box and student town hall, have low rates of participation.

This criterion is met.