

REVIEW FOR ACCREDITATION
OF THE
SCHOOL OF PUBLIC HEALTH
AT THE
BROWN UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the School of Public Health at Brown University. The report assesses the school's compliance with the *Accreditation Criteria for Schools of Public Health, amended June 2011*. This accreditation review included the conduct of a self-study process by school constituents, the preparation of a document describing the school and its features in relation to the criteria for accreditation, and a visit in December 2015 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the school and verify the self-study document.

Founded in 1764, Brown University is the seventh oldest college in the U.S. and is located in an urban area of Providence, Rhode Island. The university provides undergraduate and graduate programs. The university has approximately 6,200 undergraduates, 2,000 graduate students, 490 medical students and over 5,000 summer, visiting and online students. There are over 700 faculty members as well.

In 1971 Brown University launched a medical degree program including a Department of Community Health. A public health program, offering the MPH degree through the department, was approved by the university and initially accredited in 2002. The provost and university corporation approved a plan to change the program to a school of public health in 2004. In July 2013, the public health program separated from the Division of Biology and Medicine to become the school of public health, shortly after receiving approval from CEPH for its application to transition its accreditation category. At that time the budgetary authority switched to the new school.

The school is one of three professional schools at Brown University and is divided into four disciplinary departments of behavioral and social health sciences, biostatistics, epidemiology (with environmental health) and health services, policy and practice. Additionally, there are 11 centers and institutes within the school or its two affiliated hospitals. The school enrolls more than 325 undergraduate and graduate students and receives over \$50 million annually in external research funding.

The Brown MPH Program received its most recent reaccreditation term in 2014. The Brown University School of Public Health is under review for its first accreditation.

Characteristics of a School of Public Health

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

- a. The school shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.
- b. The school and its faculty shall have the same rights, privileges and status as other professional schools that are components of its parent institution.
- c. The school shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the school of public health should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.
- d. The school of public health shall maintain an organizational culture that embraces the vision, goals and values common to public health. The school shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the school's activities.
- e. The school shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the school shall offer the Master of Public Health (MPH) degree in each of the five areas of knowledge basic to public health and a doctoral degree in at least three of the five specified areas of public health knowledge.
- f. The school shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the school of public health at Brown University. The New England Association of Schools and Colleges accredits the university. The school operates financially as an autonomous unit and governs most matters of curriculum and policy, with some decisions requiring approval at the university level. The school's dean, like all other university deans, reports directly to the provost.

The school offers programs in a variety of public health areas, and the MPH program functions as an important means for encouraging faculty coordination and collaboration across departments. Centers and institutes housed in the school and nearby hospitals also provide opportunities for research and foster interdisciplinary work. The school's environment encourages a focus on public health values. Despite being a new public health school, it has actively planned and promoted applied public health practice work and service among its faculty, staff and students.

The school has adequate resources, including transitional funds from the university, to support its instructional programs and mission and has evaluation and planning processes in place to assure ongoing program quality.

1.0 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.

This criterion is met. The mission, vision and goals were developed through a series of strategic planning and review processes during the design and planning of the new school. In 2006 the university's public health program began a strategic planning process that was informed by interviews with key stakeholders. The mission remained until the most recent strategic planning process began in 2013. The strategic plan incorporated elements of the financial agreement with the university and identified areas of fundraising. An ad hoc Strategic Planning Committee was established and comprised of nine senior faculty members who were responsible for managing the process, providing input and guidance to the dean in developing a new strategic plan, establishing goals and informing internal and external stakeholders of the plan, as well as providing ongoing counsel to the dean. Several strategic planning sessions were held with state and local stakeholders and faculty and focused on vision, direction and signature; institutional environment, resources and synergies; and research activities, educational programs and implications for faculty recruitment and faculty recruitment targets. The mission and values were circulated to faculty for comment and discussion in 2015. The core leadership team of the school made it known to site visitors that they were especially appreciative of the Rhode Island Department of Health's support and participation in this process.

The school's mission is as follows:

To serve the community, the nation, and the world by training future public health leaders, and discovering and communicating innovative approaches to address public health challenges and to enhance population health and well-being.

The school pursues this mission by working with the broader public health community to:

- Advance knowledge on population health through understanding risk and protective factors throughout the lifespan,
- Develop evidence about effective medical and public health interventions,
- Evaluate and disseminate strategies to encourage healthy behaviors and
- Improve healthcare by identifying effective policies and practices.

The key values of the school are based on the preservation and enhancement of the health and well being of human populations by integrating knowledge, skills and data to advance public health. The school's values statement is as follows:

The promotion of physical and mental health, and prevention of disease and disability through the development of new knowledge relevant to public health, the teaching and application of that knowledge including the translation of data and research findings into information to be used in public health policy and practice.

The school has 10 goal statements covering the areas of instruction, research, strategic planning, service, staff diversity and workforce development, with objectives designed to meet those goals. Several of the goals are focused on processes necessary to becoming a new school, and others are quantitative. As the school continues its transition, school leaders anticipate defining additional metrics. The school also plans to review its goals and objectives and make changes periodically as the transition progresses, and the ad hoc Strategic Planning Committee will continue to meet and advise the dean on strategic planning.

The mission and values, as well as the self-study document, are available to the public on the school's website. The provost confirmed the university's support for the school and said that he maintains close contact with the dean on the strategic planning of the school and interdisciplinary efforts.

1.2 Evaluation and Planning.

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.

This criterion is met. The program has developed a set of goals and objectives for assessing the school's effectiveness in serving its various constituencies and uses the results in ongoing planning and decision making to achieve its mission. The school also has a data collection and analysis plan to track its progress and outcomes. The school's Executive Committee, which is comprised of department chairs and all senior members of the dean's office, monitors the goals and objectives outcomes.

The school has incorporated evaluation and planning into its operational committees (eg, the school's Executive Committee, MPH Executive Committee and Curriculum Committee). The graduate student organization and the Departmental Undergraduate Group (DUG) for the public health concentration are involved in discussions and decisions on specific topics. A bi-weekly meeting of the associate dean for

administration and finance, program manager for faculty and administration, academic program manager and department academic coordinators is used for discussing school operations.

The self-study provided an example: the graduate student council requested designated space for a library, and the request was discussed and approved by the Executive Committee. The dean said that construction would be completed in January 2016. The school feels that its systems empower students and faculty to identify problems and work together to provide solutions.

All outcome measures have a committee or individual responsible for follow-up and planning. University and school systems are used for the data collection and analysis including the faculty activity report, online course evaluations, exit interviews of graduating students, annual reports from program directors, alumni surveys, student progress reports, Collegenet reports on student and other information, and other relevant systems.

In preparing the self-study, a self-study working team was formed. This team, though comprised mainly of faculty members, consulted with administrators, students and community members. Students, alumni and community members who met with site visitors confirmed that they read the document, though some had not provided feedback to the self-study team. A university-required external review of the departments (performed on a regular and rotating basis) and school was completed in October 2014, and reviewers' suggestions were incorporated into the final self-study document. The self-study was comprehensive and complete. The electronic resource file contained useful and necessary documentation to verify the criterion requirements.

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.

This criterion is met. The university was founded in 1764 and is a research university. The university received its most recent ten-year accreditation in 2009 from the New England Association of Schools and Colleges (NEASC). The university also holds accreditations with the Liaison Committee on Medical Education and the Accreditation Board for Engineering and Technology. Since the 1960s and 1970s, the university's health sciences and professions have emerged as important components of the university's overall education and research programs.

In 2004, the university approved positioning its accredited public health program as the basis for a school of public health. The university corporation voted to create the school in 2013 with a founding dean who continues to serve in that role. In April 2013, the school applied to CEPH to conduct a self-study for formal accreditation review. This will be the school's first accreditation review.

The school received its own independent budget beginning in FY2014. The university's budgetary process requires budget development by the dean and her senior team before discussion with the provost and executive vice president for academic finance and administration. The budget is then presented to the University Resource Committee (URC), which reviews all collegiate financial plans, checks for the budget's alignment with university priorities and makes corresponding recommendations to the president. The president presents the resulting operating budget to the corporation for final approval.

In the university chain of administration and accountability, the dean reports directly to the provost, which is the same as all school deans. Strategic planning and alignment with the university is also the responsibility of the school. A capital campaign is currently underway in which the university expects to raise \$100 million in donor gifts to support the school's missions.

Faculty recruitment and selection begins within an individual department under the direction of the associate dean for faculty affairs and the manager of faculty affairs and administration. Requests are then sent to the dean, with advice from the school's Executive Committee. The dean discusses the potential search with the provost, and the search is then prioritized based on the strategic plan or on the need to capitalize on unique opportunities. There are specified university procedures guiding faculty recruitment, selection, promotion and tenure (see criterion 4.2). Descriptions of the procedures are available online in the University Faculty Rules and Regulations and the Handbook for Academic Administration. All university departments follow the same procedures.

Newly proposed degree programs go through a specific standardized procedure including review by the university's Academic Priorities Committee, the Graduate Council, the Faculty Executive Committee and then finalized with a vote at a university faculty meeting before going to the corporation for final approval. All new course proposals are reviewed and approved by the school's Public Health Curriculum Committee (PHCC), which is chaired by the associate dean for academic affairs with faculty and student representation. This committee also approves changes in program content or other substantial change. The MPH Curriculum Committee is responsible for the MPH competencies and learning objectives. The university's graduate school sets the standards and policies for the other masters and doctoral degree programs through the Graduate Council, which is chaired by the dean of the graduate school. The council is charged with reviewing all graduate programs on a regular basis.

Site visitors heard from the provost that the new school is a university priority and confirmed that it has the same level of independence, responsibility and accountability as other university professional colleges and schools. As a new school, the launch is identified as part of the university's financial and strategic priorities.

The school substantially benefits from its own productivity and receives transition funding from the university. During the site visit session with the provost, reviewers discussed the importance of maintaining transitional funding until the school reaches fiscal sustainability. Reduction of transitional funds too soon could harm development of the school's capacity to achieve its mission.

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.

This criterion is met with commentary. The school includes four departments (behavioral and social sciences; epidemiology and environmental health; biostatistics; and health services, policy and practice) and 11 research centers and institutes. The school has approximately 200 faculty, of which 82 (tenured, tenure track, and contractual research faculty) are considered "primary."

Leadership, governance and management functions are fulfilled at different levels. The dean's office includes associate deans for administration and finance, academic affairs and faculty affairs as well as directors and/or managers of communications, faculty affairs and administration, academic programs, information technology, development and interdisciplinary education. The dean is the chief academic and administrative officer of the school overseeing finances, policy development, academic instruction, faculty affairs, and integration of centers/institutes into the school, central university representation and development.

With oversight from the dean, departments and their faculty are accountable for faculty appointments, promotions and tenure and curricular and program developments. Department chairs serve on the school's Executive Committee, advising on strategic investments in new faculty hires and programs.

Directors of the research centers and institutes participate in a committee chaired by the dean that discusses plans, investment and performance. Stakeholder groups including community partners, faculty and students participate in governance and planning and are strongly supportive of the school, confident in its future, and supportive of its continuing improvement. Collaboration exists across departments and centers/institutes within and outside of the school. The very nature of the faculty appointments in a center and a department facilitate interdisciplinary work.

The commentary relates to the school's organizational structure of four departments and 11 research institutes and centers. The site visit team was impressed with the care, thought and good will that went into crafting a strong culture of collaboration for mission achievement. However, as the school grows, and leadership changes, the school will need more systematic approaches to leadership, governance and

management of the departments in relation to centers, and centers in relation to community partners in order to maintain that culture of collaboration. There are no formal structures or specific guidelines for the collaborations, putting them at risk in the future. For example, during the site visit, faculty said there is a need for the school to expand faculty in all mission areas. Additional tenure-track faculty positions (located in the departments) are more challenging to acquire than research (primary faculty but contractual rather than tenured or tenure-track), teaching and practice-track faculty (not primary faculty), since appointments that are not tenure or tenure-track can be processed and hired at the school-level, without university-level involvement. During the site visit, stakeholders indicated that they are observing some perception of dual classes of faculty because tenure and tenure-track faculty receive additional benefits (eg, sabbaticals) while contract faculty do not. They noted that the unintended consequences could be lower faculty morale and productivity.

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 conduct of school and program evaluation procedures, policy setting and decision making.

This criterion is met. The school is governed according to the rules, regulations and policies of the university. The mission of the school is accomplished through 13 standing committees that are charged with specific tasks and responsibilities that inform school-wide decision-making processes. Each committee is charged with specific tasks, duties and advisory functions.

Collectively, the committees and their members support the development and implementation of the school's strategic vision including informing and shaping key policies for operations, teaching, research and service. Committees appropriately engage administration, faculty, students and staff and extend to a wide-range of community and professional stakeholders.

The school is governed through the work of the following standing committees:

The School of Public Health Advisory Committee meets bi-annually to advise the dean on key issues that may influence the overall mission of the school. The committee is principally comprised of university and school alumni and individuals that assist in leveraging philanthropic support.

The School of Public Health Executive Committee consists of the chairs of each department and associate deans for administration and finance, academic affairs and faculty affairs. This committee advises the dean on basic operations and supports the planning and development of ongoing activities occurring across the school.

The Public Health Faculty Appointments Committee is responsible for conducting reviews and making recommendations regarding non-tenure track appointments and promotions according to the rules set forth by the university's academic standards. The committee is composed of senior-level faculty (full professors) from within the schools of public health and medicine and other relevant departments across the university. Meetings are held on a quarterly basis.

The Public Health Curriculum Committee is responsible for the ongoing review and determination of academic content, courses and programs. One faculty representative from each degree program, along with one MPH, PhD and non-MPH master's student representative, meet monthly during the academic year to recommend and comment on new initiatives and proposals impacting the overall curriculum.

The Graduate Program Steering Committee is a discussion forum for relevant university and school topics. Membership includes the associate dean for academic affairs as chair and directors and staff from departments or programs that provide a graduate degree. Also, MPH and doctoral students representing each of the departments participate in the committee's monthly meetings.

The MPH Executive Committee (also covering the masters in Clinical and Translational Research) is responsible for developing, reviewing and approving all policies associated with the planning and implementation of the MPH program. The committee is chaired by the dean and includes the directors of the MPH tracks and interdisciplinary programs and the associate deans for administration and finance and academic affairs.

The MPH Curriculum Committee includes the MPH program director, faculty from a broad range of disciplines and interests, two MPH students and one alumnus. This committee is responsible for assuring the quality of courses being offered in the MPH program. The committee coordinates content across the various programs and assures that core competencies are developed and achieved through ongoing evaluation and reporting.

The MPH Admissions Committee has the principal role of establishing criteria and approaches for recruitment and admission of students into degree programs. Faculty, from within the school and across the university, plus an MPH alumnus are engaged on a weekly basis from May through June in the review of applications and advising.

The Undergraduate Working Group is composed of faculty from each of the departments teaching required or highly subscribed undergraduate courses, the honors thesis advisor, a representative from the Rhode Island Department of Health and two student representatives. The group is responsible for

monitoring operations of the concentrations and advising program leadership on opportunities to expand or refine the overall program.

Eleven center and institute directors join together for monthly meetings organized to update the dean and associate dean for administration and finance on research opportunities, resources and operational issues.

The Awards Committee meets twice per year to develop procedures and processes for the solicitation and distribution of awards designated for staff, students and faculty.

The Public Health Academic Workgroup (formerly the Community Health Policy Group) is a professional voluntary forum organized in partnership with the Rhode Island Department of Health (RI-DOH). The workgroup includes the dean, the director and senior staff from the RI-DOH and representatives from the university and other local academic institutions. They meet monthly to discuss and develop opportunities for collaborative research and practice to improve population health. The workgroup is co-chaired by a school faculty member and the RI-DOH director.

The Community Advisory Board (CAB) is a multi-sector stakeholder group composed of representatives from the local community. The CAB is the school's link to the community and is organized to promote the exchange of ideas and to create a bridge between the school and community-based organizations regarding health needs and services. The board meets quarterly to define research and program priorities of joint interest to the school and the community.

Each department within the school has its own admissions and curriculum committees. The committees engage faculty and students from within the departments in decisions regarding general department policy, curriculum and strategic planning activities.

The overall governance structure offers an array of opportunities for faculty and students to be involved in key policy decisions impacting the content and quality of programs offered by the school. The breadth of committees and the frequency of meetings allow for active participation in decisions regarding policies impacting student admissions, recruitment, curriculum and service as well as the meeting of student requirements.

The school also has over 25 faculty represented on more than 50 different university committees and initiatives. Their involvement includes participation in various aspects of campus-wide academic affairs, advancement of research, strategic planning and domestic and global relations.

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.

This criterion is met. In July 2013, the university's public health program separated from the Division of Biology and Medicine to become a new school, resulting in a transition of budgetary authority to the dean of the school. At that time, the school prepared and submitted a detailed five-year financial plan that was approved by the university as a separate academic budget. In Table 1 below, FY 2011-13 reflects the budget of the previously accredited public health program, but beginning in FY 2014 the budget reflects the financial information of the school.

The school does not receive an appropriation from the state of Rhode Island. Sources of revenue are tuition (100% of tuition from the master's programs), endowment (current use or directed), university support, indirect cost recovery (ICR), external support for graduate research assistants, reserve funds from public health research centers/institutes and the school's gifts and reserve funds.

The school has a staff member in the university Advancement Office dedicated to fundraising. The self-study notes that the university considers the school one of its top priorities for fundraising, with the president active in that regard. Close to \$11 million in endowment has been raised in the past two years. The university fundraising campaign has set the school's target at \$100 million, which includes \$44 million to fund 10 senior faculty positions, \$50 million to expand existing programs and for new initiatives and \$6 million in current use funds for a total of \$3.7 million per year added to the revenue budget.

In addition, there are current use/directed gifts that provide modest income for the school that are intended to grow as the number of alumni increases. The Public Health Annual Fund was established in 2008 and generates modest amounts of discretionary funds for the school. The school anticipates this will generate more revenue in the future as the number of alumni grows. The school has approximately \$10 million dollars in reserve funds that can be used at its discretion.

The university supports the school and, in addition to specific direct services provided (eg, library, human resources, registrar, operations), provides transitional operating funds to help balance the budget. One of the school's objectives is to balance the budget and decrease the amount of transitional funding the university provides by at least 5% annually. The school anticipates these funds will be generated from increased current use gift funds and endowment.

University leaders commented that the school is important to their strategic planning and that an important area is the teaching of undergraduate courses performed by the school's faculty. In FY 2015, more than 2,400 undergraduates enrolled in courses taught by the school's faculty, and the university is

providing \$3.4 million in funding for that teaching for FY 2016. The university also supports doctoral students for their first three semesters and the summer between the first and second years (although doctoral students are guaranteed five years of support for tuition, health fees, health and dental insurance and a stipend). If the centers are able to supply the five years for funding for all of their students, they may bank the university doctoral funds for future use. Faculty confirmed that they had been able to bank such funds when students were fully funded from other sources (eg, awarded an individual grant or placed on a training grant).

The university also provides professional meeting travel funds for masters and doctoral students who present a paper or poster at a conference. During the site visit, students expressed their gratitude for the opportunity to receive funds for travel.

Most grant and contract funding comes through eight research centers and institutes (\$34 million) plus two research centers at Miriam Hospital and one at Memorial Hospital for Rhode Island (\$14 million). Some of the university's sponsored projects include fellowships in pre- and post-doctoral training programs that support doctoral students and postdoctoral fellows. The school's sponsored research projects provide students with research opportunities. The school receives 44% of the indirect costs from external awards (ICR) and the university retains 56%. In the operating budget, the public health research centers/institutes are given a percentage of the ICR based on the previous fiscal year (31.5% of FY 2015).

The school has contracted with the Rhode Island Department of Health (RI-DOH) for 22 years. The RI-DOH supports five faculty and five to six graduate research assistants every year. The funding supports ongoing projects at the RI-DOH and ensures faculty have protected time for mentoring and advising students.

The school currently has sufficient resources to fulfill its mission. It is faced with the same federal research funding uncertainties as most other educational institutions but has maintained a revenue stream from various grants/contracts including the funding from the RI-DOH. Additional regular research proposal support and diversification of the school's research portfolio has been put in place to maintain funding. Tuition revenue has continued to grow, and the school has experienced positive financial results. The university is supporting the school during the transition from a program to a school including the necessary fiscal resources to keep the school in a sound financial position. The provost confirmed that the transition funding would continue until the school shows financial sustainability.

Table 1. Funds and Expenditures by Major Category FY 2011 to FY 2015

Revenue	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Tuition & Fees	\$2,378,822	\$2,860,794	\$3,316,710	\$4,474,542	\$4,701,891
State Appropriation	\$0	\$0	\$0	\$0	\$0
University Funds (Faculty startup & grant incentives)	\$85,388	\$59,643	\$95,433	\$962,849	\$1,449,658
University Funds (Undergrad teaching support)	\$0	\$0	\$0	\$3,105,000	\$3,243,000
University Funds (Transitional support)	\$0	\$0	\$0	\$1,139,000	\$1,082,000
University Funds (Doctoral students)	\$0	\$0	\$0	\$555,768	\$693,503
Grants/Contracts	\$29,765,854	\$29,572,629	\$26,796,438	\$24,803,959	\$24,853,775
Indirect Cost Recovery (ICR)	\$11,533,012	\$11,279,855	\$10,350,599	\$9,160,680	\$9,452,186
Annual Fundraising	\$193,718	\$231,200	\$199,437	\$66,133	\$107,186
Endowment	\$522,338	\$616,603	\$500,577	\$593,478	\$702,451
Other Restricted Gifts	\$344,201	\$394,605	\$507,983	\$209,922	\$227,186
Total Income	\$44,823,333	\$45,015,329	\$41,767,177	\$45,071,331	\$46,512,836
Expenses					
Faculty Salaries & Benefits	\$1,794,178	\$3,028,303	\$3,643,198	\$4,040,514	\$4,054,244
Staff Salary & Benefits	\$628,030	\$720,866	\$805,094	\$952,500	\$1,280,361
Operations	\$156,201	\$175,281	\$200,670	\$426,313	\$497,010
Travel	\$13,282	\$17,868	\$18,000	\$40,120	\$99,323
Doctoral Student Support (graduate school)	\$0	\$0	\$0	\$555,768	\$693,503
Student Support (non-grant TA & RA)	\$506,844	\$653,946	\$795,000	\$796,811	\$563,053
University Share of ICR (10% ICR until FY 2014, then when 56%)	\$1,153,301	\$1,127,986	\$1,079,142	\$5,118,363	\$5,293,224
Other (research support)	\$654,003	\$561,289	\$416,105	\$962,848	\$1,449,658
Other (facilities)	\$2,574,429	\$2,662,410	\$2,707,091	\$3,269,740	\$3,293,995
Other (direct costs-grants & contracts)	\$29,765,854	\$29,572,629	\$26,796,438	\$24,803,959	\$24,853,775
Other (tuition scholarships)	\$672,863	\$795,859	\$1,071,242	\$1,082,099	\$1,260,837
Other (research center support)	\$3,632,899	\$3,553,154	\$3,260,439	\$3,251,450	\$2,847,892
Other (assessment for Division of Biology & Medicine)	\$3,271,449	\$2,145,738	\$974,758	N/A	N/A
Total Expenses	\$44,823,333	\$45,015,329	\$41,767,177	\$45,300,485	\$46,186,875
Public Health Reserves (Transfer for deficit)				(\$229,154)	\$325,961

Measurable fiscal resource objectives include: an average of 25% of tuition scholarships for masters students, which has been met for two of three years presented in the self-study (29%, 24.2% and 25.5% respectively by year); increase the endowment income for student research projects and financial aid to \$125,000 for 2017 (the endowment income for these items was \$113,000 in 2014-15); and increase the endowment to reduce transition funds from the university to the school by at least 5% annually (transition funding dropped 5% in 2014-15 to \$1,082,000 from \$1,139,000 in 2013-14).

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.

This criterion is met. The school employed 82 primary faculty (tenure, tenure-track and contractual research faculty on the school's payroll are considered primary) across five departments between 2013 and 2015, of which 36 were tenured and tenure track, and the rest were contractual research faculty. Public health core knowledge areas are supported by more than the minimum number of required primary faculty including 25-27 in behavioral and social health sciences, 13-14 in biostatistics, five in environmental health, 14-16 in epidemiology and 22-25 in health services, policy and practice.

Other faculty include those teaching and practice-track faculty who have a primary appointment at the school but are not on the payroll, those with a secondary appointment in the school and adjunct. Other faculty FTE is assigned based on teaching a course for 0.25, teaching an independent study for 0.10, significant committee work on dissertations or faculty searches for 0.10 per committee, thesis or field experience advising for 0.05 per advisee and other service to a department can range from 0.05-1.0 depending on the type of service.

Any graduate student enrolled in five or more courses per year is considered 1.0 FTE, and those who enroll in fewer than five are counted at 0.5 FTE. Graduate student-to-faculty ratios (SFR), using primary faculty only, are lower than 5:1 for all of the school's departments and an overall school average lower than 3:1 including all faculty.

All undergraduate students are considered full-time, making the headcount and FTE identical. Undergraduate SFR is lower than 8:1 in the community/public health concentration (FTE of 91, 104 and 124 students and FTE of 15, 17 and 16 faculty for the past three years respectively) and lower than 2:1 in the statistics concentration (FTE of five, six and six students and FTE of four, five and five faculty for the past three years respectively).

The school has 45 non-faculty professional staff to support the instructional, research, administrative and service efforts, with only four providing less than 1.0 FTE. When asked about the adequacy of resources, faculty expressed satisfaction with the level of non-faculty support.

The school occupies 70,600 square feet in an office building off of the main campus including an 81 seat auditorium, 40 seat seminar classroom, 31 seat computer classroom, six 10-20 seat seminar rooms and one 18 seat computer lab. An additional 12,000 square feet will be available beginning in January 2016 including two classrooms, graduate student carrels (each doctoral student has a carrel), computer cluster, a student lounge and library and faculty and staff offices. Site visitors toured and observed the renovations taking place in the additional space. The school is within walking distance of the main campus. A shuttle is provided to the main campus and the hospital and medical complex, which also are within walking distance.

The school provides eight computers for general use, 15 taps/power connections for laptops, a photocopier and printers. The university's central computing group administers the file share space and security. Onsite consulting services are available to all students with personal devices that are used for academics. Students also have access to wireless printers, a poster printer and research computing for storage, access and statistical analysis of sensitive or secure data.

Each faculty member has an office with at least 140 square feet, and part-time teaching faculty are provided with shared office space. The school has access to the bio-behavioral research laboratories with observation rooms for research involving behavioral and psychophysiological measures, wet lab space (in another facility accessible by walking or shuttle), a survey center with 10 call stations, a video production center, an exercise laboratory and a physical activity facility. In addition, the school has 5,000 square feet of laboratory space in another location for molecular medicine, superfund research analytical core facility, genetics and genomics, cell imaging and molecular pathology core research.

Students and faculty have full access to the five on-campus libraries and the off-campus facilities. The content includes books, media, databases, journals and local digital collections. The resources can be accessed through a VPN connection, and an interlibrary loan system provides access to published journal articles throughout a worldwide network of over 25,000 libraries. One library is for teaching and research, and each of the university's academic departments, programs and centers have a library representative to inform library administrators of that unit's specific need.

The school's identified resource outcomes include a minimum of 36 faculty in the tenure track or term appointment faculty lines (met in the past three years with 43, 43, and 42 respectively); 90% of primary faculty annually attend a professional meeting, a university initiated faculty development training or a

session on teaching and learning (met for the years of 2013 and 2014 but not available yet for 2015); 80% of faculty are annually the principal investigator on externally funded research or a training grant (met for the past three years); 95% of faculty have at least one peer-reviewed publication each year (met for 2013 and 2014 but not yet reported for 2015); 75% of core primary faculty will have two or more peer reviewed publications annually (also met for the past two years with the third not reported until February 2016); and the school's square footage of occupied space will increase from 70,600 to 82,600 by 2017 (an aspirational goal).

When faculty were asked if resources were adequate to meet their needs they responded that they were more concerned with having enough faculty than other resources. Students commented at the site visit that they were happy with the provided resources. A formalized measure of student and faculty satisfaction with school resources may be useful for the future.

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.

This criterion is partially met. The school has outlined in the mission and strategic goals the importance and value of building a diverse population of students, staff and faculty. Also, the school is using the university's recently completed comprehensive diversity plan, which has a set of objectives and strategies designed to address diversity targets for the recruitment and retention of faculty and students. The provost said that schools are required to complete individual diversity plans, but site visitors heard from school administrators that there are currently no processes underway to develop a specific diversity plan. The school does have a number of activities (seminars, cultural activities and pipeline partnerships) outlined to engage in diversity efforts and has defined clear metrics and goals for recruitment of students, faculty and staff.

The school has delegated diversity initiatives to the departments that are currently defining and assessing their diversity efforts as part of the departmental review process. At this time the departmental level leadership noted that they did not have explicit plans that aligned with the diversity objectives of the school or university.

The school uses the National Science Foundation workforce report to define under-represented populations. The definition includes those individuals who self-identify as Black, Hispanic, American Indian or Alaska Native, and native Hawaiian or other Pacific Islander and does not include those identifying as multiple race. Currently, of the 36 tenured faculty 65.7% are identified as White, 22.8% Asian, 2% Hispanic, 2% African-American and the remainder are unknown. The school has a goal to increase the number of under-represented faculty by 10%, though no time period for the growth is

indicated. The school's leadership team said they are trying to get to an overall goal of 15% of faculty from under-represented groups and continue to recruit in these areas working with APHA and working with under-represented undergraduates, graduates and postdoctoral fellows to create better pathways to faculty positions.

The school has set a short-term goal of increasing the number of under-represented minority students to 15% and then increasing to 18% over the next five years. Faculty said that when doing admissions, they hear about planning and targets and are sensitive to those applicants from diverse backgrounds. They also noted that they are developing other pipelines into the master's programs such as the Brown-Tougaloo program. The associate dean said the targets from the diversity plan and current diversity data are given to the admissions committees at the first meeting of the year, and they discuss the support of these students throughout their program and into their careers. In 2014-2015 10.3% of graduate students were from under-represented populations. There is also a goal of increasing the number of staff from under-represented groups from 14.8% to 20%, in an effort to mirror the demographics of the state.

Service learning activities, applied learning courses and seminars are the school's principal methods for teaching cultural competence and broadening students' understanding of health disparities. In addition, the school has a number of local and global partnerships that serve as a foundation for promoting cultural competence in the field that offer opportunities for engaging faculty, staff and students.

The long-standing Brown-Tougaloo partnership serves as a potential pipeline for recruiting an increasing number of under-represented minority students (Tougaloo is a historically Black college in Mississippi, and the program allows promising students to complete their undergraduate and MPH degrees in five to six years at both institutions). The first student accepted into the program is expected to graduate in spring 2016, and a new jointly offered undergraduate course in community-engaged public health was first offered in the spring 2015.

The concern relates to the overall coherence of the school's diversity efforts and the extent to which current efforts are adequately aligned with achieving diversity goals. The school's current diversity efforts do not take into account, or align with, the strategic recommendations outlined in the university's diversity plan. Some faculty expressed an awareness of the existence of the university's diversity goals but were unaware of the strategies and recommendations that had been developed. In addition departmental-level activities to address diversity concerns are inconsistent and not explicit in provided materials. Faculty confirmed this lack of systematic or standardized activities, and said that colleagues participating in faculty searches are relying on their own devices/resources to secure a diverse applicant pool.

The school has diversity goals and a number of promising activities but needs a systematic approach, that is consistent across departments, for recruiting and retaining diverse faculty, staff and students to achieve their diversity goals.

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.

This criterion is met. As illustrated in Table 2, the school offers a variety of professional and academic master’s degrees including the MPH, which is offered in the five core areas of public health. In addition, the school offers two baccalaureate degrees, an AB in community/public health and ScB in statistics; four PhD degrees in core areas; four different tracks in the academic ScM degree program; an AM degree in biostatistics; and joint degrees with the MPH including the MD/MPH, AB/MPH and the collaborative undergraduate AB/MPH between the school and Tougaloo College. At the time of the site visit, the school also listed an AM degree in behavioral and social health sciences as available. No students have enrolled in the degree in recent years, and the school acted to formally discontinue the degree after the site visit, so the degree is not listed in Table 2.

All MPH students select from one of the school’s seven specialty tracks, complete required core courses and the designated specialty track requirements. Students in the MPH generalist degree complete courses, approved by the MPH program director, to meet individually designed competencies. Within the tracks, students take at least five required courses and one elective from a list of track-approved courses and chosen in consultation with their academic advisors.

When asked about the differences in the master’s degree programs, faculty said that MPH students do broader research projects than other master’s students. They noted that the MPH thesis was of an applied nature and often focused on policy, while ScM students do a thesis that is more narrowly focused and more original research.

Table 2. Instructional Matrix		
	Academic	Professional
Bachelor’s Degrees		
Public Health		AB
Statistics		ScB
Master’s Degrees		
Behavioral and Social Health Sciences	ScM	MPH
Biostatistics	ScM, AM	MPH
Clinical Translational Research	ScM	

Table 2. Instructional Matrix		
	Academic	Professional
Epidemiology	ScM	MPH
Environmental Health		MPH
Global Health		MPH
Health Services		MPH
Generalist		MPH
Doctoral Degrees		
Behavioral and Social Health Sciences	PhD	
Biostatistics	PhD	
Epidemiology	PhD	
Health Services Research	PhD	
Joint Degrees		
Medicine		MD/MPH
Undergraduate with public health concentration		AB/MPH
Brown – Tougaloo Partnership		AB/MPH

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.

This criterion is met. The standard tuition unit includes meeting three days/week for 50 minutes each, two days/week for one hour and 20 minutes each or seminar courses that meet one day per week for two hours and 30 minutes. Out of classroom time for reading, research, labs, projects and other activities are typically two hours outside of class for every hour spent in the class. A semester is approximately 15 weeks. A semester course credit is named a “tuition unit” rather than a number of credits but is considered approximately the equivalent of four semester credit hours. The school does offer some half-tuition unit courses. The school’s academic year consists of the fall and spring semesters. MPH tracks were implemented for the first time in 2014-15.

There is an additional summer program of seven weeks where classes meet for five hours/week for at least 35 classroom hours. This is considered the equivalent of one tuition unit. One summer course, PHP1101 World Food, was offered online for the first time in the summer 2015. The school’s summer program is small and undergraduate and graduate students rarely attend these courses for their degree. MPH students must successfully complete 13 courses (approximately the equivalent of 52 semester-credit hours), perform a practicum and complete a thesis in order to receive their degree. Up to four graduate courses taken previously or concurrently with the MPH program may be counted toward this requirement. Courses taken as part of an undergraduate degree program outside Brown may not be counted. Requests to count up to four of the school’s MPH core or graduate elective courses taken as part of the university’s undergraduate degree program as MPH courses are subject to university rules as well as MPH program director approval, which is based on syllabi review, type of credit given and the student’s grade. Track faculty may also provide input.

The MPH is not offered for fewer than 42 semester credits based on the number of required courses (13), but as previously noted, students may request up to four courses from approved graduate or medical courses toward that requirement. The number of graduates who completed fewer than 10.5 units (42 credits) of coursework in the school includes: one out of 22 in 2012, four of 36 in 2013, six of 33 in 2014 and 10 of 46 in 2015. When administrators were asked about the graduates completing less than 42 credits, they said that it was because of the tuition units they accept for transfer or for cross counting for a joint degree student.

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.

This criterion is met. MPH students, including those in the joint degrees, obtain knowledge in the five core areas of public health through successful completion of five core courses listed in Table 3. Additionally, MPH students are required to complete PHP2040 Applied Research Methods and PHP2070 Public Health/Community Service Internship.

Core Knowledge Area	Course Number and Title	Tuition Units
Biostatistics	PHP2507 Biostatistics and Applied Data Analysis I and PHP2508 Biostatistics and Applied Data Analysis II or PHP2510 Principles of Biostatistics and Data Analysis and PHP2511 Applied Regression Analysis (requires additional large data set course taken as elective)	2
Environmental Health Sciences	PHP1700 Current Topics in Environmental Health or PHP2220E Environmental and Occupational Epidemiology	1
Epidemiology	PHP2120 Methods in Epidemiology Research or PHP2150 Foundations in Epidemiologic Research	1
Health Services Administration	PHP2400 The U.S. Health Care System or PHP2100 Comparative Health Care Systems	1
Social & Behavioral Sciences	PHP1740 Principles of Health Behavior and Health Promotion Interventions or PHP2360 Designing, Implementing and Evaluating Public Health Interventions	1
Total		7

Review of the syllabi for core graduate-level courses demonstrated the essential core knowledge in each public health domain and the relevant associated competencies. Where there is more than one course option for a core knowledge area, the courses are designed to cover the same competencies from

different approaches (eg, one biostatistics option offers a mathematical perspective while the other option offers an applied data analysis). Waivers are not permitted for core courses.

2.4 Practical Skills.

All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students' areas of specialization.

This criterion is met. All MPH students are required to complete an internship/practicum that includes at least 145 contact hours. The school does not grant waivers for the internship/practicum.

The required course PHP2070 Public Health/Community Service Internship covers information on field experiences available to students. The course involves small group meetings with core advisors and large group seminars covering public health concepts and the field experience. It provides an opportunity for students with different backgrounds to share their expertise with one another thereby exposing them to more real world public health issues. All students are required to complete a final project and poster as part of the field experience. Assessment of each student's performance in the PHP2070 internship course is based on the quality of the final project, the poster presentation at the end of the internship, input from the field mentor and observations of the course instructor. Students are encouraged to meet with the coordinator for applied learning experiences and professional development to learn about current public health issues specific to their interests and public health research and internship opportunities.

Students said that they had the flexibility of choosing their own field experiences or using the school's pre-existing relationships with community-based organizations, the Rhode Island Department of Health or other agencies. All MPH students are required to submit a field experience proposal form with their field experience title, organization site, onsite mentor, a brief description of their project activities and goals and a description of their final project. The school's MPH internship guidelines document is available to mentors and gives an overview of the field experience requirements and other important internship information. The coordinator personally meets, with all new local MPH internship mentors to review the goals and objectives of the field experience requirement, to help identify and discuss appropriate public health projects relevant to the organization and to assure that there is appropriate mentorship. For mentors outside of the Rhode Island area, the coordinator communicates by phone and electronically. The coordinator maintains contact with all MPH internship mentors to monitor ongoing student progress during their internship.

MPH internships are available at many different agencies that the school has close connections with including the Rhode Island Department of Health, Rhode Island Department of Corrections, Rhode Island state offices, Lifespan Inc., Care New England, Providence Community Health Centers, Rhode Island Free Clinic, International Institute of Rhode Island and other public health related and non-profit

community based organizations. Examples of practicum experiences include legislative, policy and advocacy intern for the Rhode Island Coalition for the Homeless, developer of an innovative public-private partnership to increase fruit and vegetable access in low income neighborhoods and worksites for Fresh to You, and a community outreach associate for the 4-Safety Program through the Injury Prevention Center at Rhode Island Hospital.

Students and alumni who met with site visitors spoke highly of their practicum experiences.

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.

This criterion is met with commentary. All students in the MPH program are expected to complete a thesis. Students have the option of developing projects involving research, policy development or analysis or program evaluation. Thesis proposals are developed in partnership with an academic advisor and must incorporate an analysis of primary or secondary data. Students identify their thesis topic, advisor and reader before submitting a proposal to the MPH program director for approval.

Once the thesis proposal is approved, each student and advisor is issued an electronic copy of the thesis guidelines that outline all competencies they are expected to attain in the thesis process. The guidelines also are available online and include a description of the thesis process and expected outcomes for completing the thesis. The student's academic advisor approves the completed thesis project and assesses the extent to which the student has demonstrated the appropriate competencies. Students begin thesis work in the first year and work in small groups with their respective core advisors to choose a public health issue for the thesis.

The culminating experiences focus largely on the analysis and application of data (existing datasets or students may develop their own) to current public health problems. The thesis project provides the potential for students to integrate skills of managing, analyzing and communicating data as reflected in the content in the MPH core courses. During the site visit, reviewers confirmed the integration and rigor of the theses based on samples and on-site conversations with students, faculty and program administrators.

The commentary relates to the lack of criteria used to assess competencies and determine the extent to which students have demonstrated the application of skills. The guidelines for the thesis do list thesis competencies (which are the same for all students), but do not provide guidance for either students or advisors on the process for incorporating and assessing the competences. The MPH program director

confirmed his evaluation of the competencies in the culminating experience (thesis) for all students, but there is not a specific systematic method for assuring competency integration.

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).

This criterion is met. Each graduate degree program, concentration, track and undergraduate degree program has a defined set of competencies. These competencies have been sufficiently articulated in an instructional matrix that outlines the course activities that address each of the domain areas for each degree.

The MPH programs share five-core competency domains focused on knowledge (including the five core public health areas), research, community service and intervention, communication and advocacy and information management/informatics. All MPH students are expected to meet the competencies outlined in the five domains. In addition, students must meet the competencies specified in their areas of study. Students in the generalist track are expected to meet four self-identified competencies that are agreed upon by their academic advisor and approved by the MPH program director. The generalist students are required to develop an educational plan that outlines their individual means of acquiring the competencies outlined for the program. Students enrolled in the behavioral and social health sciences, biostatistics, environmental health, epidemiology, health services and global health tracks have track-specific competencies.

The community/public health undergraduate concentration (AB) includes 24 competencies in the areas of knowledge, research, community advocacy and information management/informatics. These competencies are focused on community-based program planning, design and communication with diverse audiences. The undergraduate degree includes competencies focused on cultural competence.

The self-study provided matrices that map all core and concentration/track competencies to designated coursework. All of the school's degrees have core competencies and track/concentration specific competencies.

The competencies for each of the degree programs and areas of specialization are reviewed and approved by the department's Curriculum Committee and by the Undergraduate Working Group. The MPH Curriculum Committee and the MPH Executive Committee also review the MPH competencies on an ongoing basis to focus on the changing needs of public health practice. The competencies are

scheduled for periodic evaluation during the departmental review process, and through annual meetings conducted by the Graduate Program Steering Committee and the Undergraduate Working Group. The overall process for developing the competencies for each of the degree programs was informed through organized input involving faculty, students and administration and the use of nationally recognized resources.

The school is able to draw on the expertise of its national and local advisory committees to stay abreast of priorities and changes in practice. The school plans to assess changes in research and practice accomplished in part through its strategic planning and external departmental review processes. The school's Curriculum Committee has the responsibility for conducting periodic reviews to determine the relevance of the defined competencies for each of the degree programs.

The competencies are made available to students in multiple ways and vary from department to department. MPH students receive the competencies by email and can view them on the Canvas website under the internship experience course PHP2070. They are placed in student handbooks for most other degree programs, and the undergraduate competencies are distributed to concentrators. Students, alumni and community participants were aware of the degree program competencies and commented that having more competencies in management would be helpful in preparing students for the workforce. The school continues their work on aligning competencies to the degree program curricula.

The CAB is an important resource for supporting periodic reviews regarding the relevance and appropriateness of the competencies. Many of the agencies that serve as applied learning sites for the students can also play a key role in reviewing, developing and facilitating their alignment with learning activities. Community stakeholders were aware of the overall competency requirements of the students and play a limited role in assuring compliance.

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.

This criterion is partially met. Throughout a student's program, the school uses assessment methods including the following: program monitoring sheets that are completed and signed by advisors, regularly scheduled meetings with core advisors, completion of required courses, practicum evaluation forms, thesis/dissertation advising teams, examinations and culminating activities. The assessments vary by degree program.

The MPH program maintains a progress summary sheet for each student documenting courses taken and how they fulfill the curriculum requirements and a competency sheet. At the end of each term, the

MPH program manager asks course instructors for verification that each student has met the competencies covered in their course. MPH students also have a completed field experience mentor evaluation form and a completed thesis signed off by the thesis advisor, thesis reader and the program director. In the final semester, the MPH program director reviews the academic record of each graduating student for completed requirements, and the core advisors meet with the program director and the instructors of core courses for a final review of each student's academic performance. These same assessments apply to students in the joint degree programs.

For PhD students, at the end of each year, the program director meets with the academic advisors and consults with course instructors to review the progress of each student, including course completion, grades, progress on milestones and dissertation progress. The oral examination and dissertation are the final assessments for the doctoral students and once approved, are submitted to the university's graduate school.

Academic master's students complete a culminating project of either a thesis (ScM) or a capstone project (AM) and maintain a program of study progress form documenting courses taken and a competency sheet. The student's thesis/project advisor, reader and program director approve forms and completed theses or projects before being submitted to the graduate school.

The MPH program met the minimum graduation rates in all but one of the last three years. The class that began in 2009 had a 65.6% graduation rate in five years, and the self-study noted the low number was because one student was given a one-year extension, one is on medical leave and the remaining students will be given a withdrawal because they have not made progress on their degrees and are beyond the five-year limit. In the ScM and AM degree programs students have up to five years to complete their programs. In the behavioral and social health sciences ScM program, the first cohort was admitted in 2011-12, so no students have reached the maximum time to graduation. Biostatistics ScM and AM students meet the 70% rate with 85.7%, 90% and 100% respectively for the past three years. Students in the clinical and translational research ScM began enrolling students in 2012-13 and do not yet have data, and the epidemiology ScM does not have data because it was reactivated in 2012-13.

In the PhD programs students have up to seven years for graduation. The graduation rate in the biostatistics program was 100%, 66.7% and 33% respectively for the past three years. Because the enrollment numbers are low (three, six and three respectively) the impact of losing one or two students can be significant. In the 2009-10 entering cohort, one student transferred to the ScM program and one transferred to the AM program for a 33% graduation rate. The graduation rates for the epidemiology PhD are 100%, 100% and 66.7% respectively for the past three years. The health services research

graduation rates are 100%, 66.6% and 100% respectively for the past three years. No data are available for the behavioral and social health sciences PhD since the first cohort was admitted in fall 2014.

Graduation rates for undergraduates in the community/public health concentration were 100% and 86.8% for the past two years. The data are not yet available for the 2014-15 graduates because of the graduations that take place in December 2015. For undergraduates in the statistics concentration, they are 100% for the past two years and also unavailable data for 2014-15 until after December graduation.

Job placement rates were within the minimum requirement for all degree programs with adequate data in all areas except the undergraduate concentrations. Employment status was unknown for 52%-75% of the undergraduates. The only exception to meeting the 80% threshold was the AM in biostatistics in 2013, which is 75%, but was 100% in both 2012 and anticipated to be 100% in 2014, though the data are not yet available.

The concern relates to the fragmentary data regarding undergraduate employment or enrollment in additional education post-graduation. The school recognizes this and has plans in place to remediate the missing data, to systematize data collection in the future and to improve job placement rates. Administrators confirmed that the low rates are due to the high number of “unknown” job placements and that a systematic way of gathering and reporting data will be necessary for adequate information in the future.

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 pursuing them must be grounded in basic public health knowledge.

This criterion is not applicable.

2.9 Bachelor’s Degrees in Public Health.

If the school offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or

sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is met. The school offers two undergraduate degrees, one in community/public health (AB) that will be discussed in this criterion and one in statistics (ScB), which is identified as an interdepartmental degree and will be discussed in criterion 2.10.

The school's academic program manager and faculty advisors, working with other key administrative divisions of the university, provide students with program support. The program manager communicates with the community/public health concentration students and is the primary contact for inquiries about the degree. She works with the registrar and the dean of the college regarding the website, policies and procedures and student progress toward graduation. The school contributes \$500 each year to the student-led Department Undergraduate Group (DUG) that is advised by two of the school's faculty. The school's Undergraduate Working Group monitors the concentration and includes two student representatives who bring input from the other students and the DUG.

The community/public health concentration spans the school's departments, and required courses cover the core public health knowledge areas, with two required courses focusing on epidemiology, for a total of 5 tuition units (20 credits). The required courses are Health Care in the United States, Introduction to Public Health with a pre-requisite of Introduction to Epidemiology, Essentials of Data Analysis, Community Health Senior Seminar and Fundamentals of Epidemiology. Students also must select one of five different environmental health courses (Current Topics in Environmental Health, Environmental Health and Disease, Environmental Law and Policy, Environmental Health and Policy, or Environmental Justice). Faculty from within the school teach the core courses and advise students. Elective offerings provide students with an array of course options on public health related topics that address the social and environmental conditions that impact health. The community/public health concentration requires students to complete one of two capstone experiences supervised by a faculty advisor. One is the senior seminar project and the other is the writing of an honors thesis (students must qualify to be accepted into the honor's program for the thesis). The school has explicit policies and procedures for fulfilling the capstone requirement.

2.10 Other Bachelor's Degrees.

If the school offers baccalaureate degrees in fields other than public health, students pursuing them must be grounded in basic public health knowledge.

This criterion is met with commentary. The ScB with a statistics concentration is administered by the school's biostatistics department and is supervised by a faculty program committee representing all interested university departments. The degree program graduates between one and four students per year. The school's faculty are involved in teaching and advising students in the program and overseeing the required senior thesis.

The self-study document stated the school did not believe that this degree program fell within the accreditation criteria's definitions of an undergraduate public health concentration (Criterion 2.9), since it is classified by the university as a track within the independent concentration category and since its interdisciplinary governance structure reflects the intent that this program serve as a math-based degree that can be applied to any health or life science data. During the site visit, reviewers heard faculty perceptions that many or most students enrolled in this degree program bring limited awareness of or interest in public health; they do not choose this degree option based on its public health faculty; rather, they choose the degree because of its applied mathematical orientation.

During the site visit, the team verified that the school's biostatistics department organizes the concentration and that department faculty teach the majority of courses and serve as the students' advisors. Since the degree appears to operate functionally as a school degree, this criterion is appropriate for analysis.

The commentary relates to the ScB program's lack of curricular content that assures that students have grounding in basic public health knowledge. The required courses, which are heavily focused on data analysis, do not sufficiently provide a basic understanding of public health. The reviewers were informed that in fall 2015, students were required to complete a new online course that is an introduction to public health. The course is taught one module per month over six months. Faculty said the course is still under development and has yet to be fully assessed to determine if it will meet the breadth of content required.

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.

This criterion is met. The school offers a PhD degree in four of the core areas of public health including behavioral and social health sciences, biostatistics, epidemiology and health services research. The school offers master's degrees in three of the five core areas including behavioral and social health sciences (ScM), biostatistics (AM and ScM) and epidemiology (ScM). The school also offers the ScM in clinical and translational research.

As of fall 2015, all graduate-level academic degree students are required to take an introduction to epidemiology, either in PHP2120 Introduction to Methods in Epidemiological Research or PHP2150 Foundations in Epidemiologic Research Methods. Also newly required for all academic degree students is a broad exposure to public health in an online course, Public Health 101. It is being offered in six monthly modules. While it is not offered for credit, faculty said that the students complete approximately four hours per week of course work for one month in each module, which meets the requirements for equivalence to a three-credit course. The modules include course lectures, discussion groups, homework and examinations. The syllabus links competencies to course objectives within the required course. The Public Health Curriculum Committee will review the new public health course after its first full implementation cycle. The site visit team reviewed the Public Health 101 online course syllabus and found that it does provide a broad introduction to public health including competencies and modules in the core areas of health care administration and services, epidemiology and biostatistics, behavioral and social sciences, environmental health, global health and a general overview of public health ethics, systems thinking, history and policy and law.

The culminating experience for the PhD students is a dissertation in the form of three publishable papers reviewed and approved by the student's doctoral committee. The papers are presented at an oral defense before submission to journals for potential publication. The graduate school specifies policies and procedures for the dissertation and passing criteria for qualifying exams. This information is available on the university's graduate school website.

For master's degrees, ScM students are required to complete a thesis. The thesis is completed under the auspices of one to two advisors who approve and sign off on the thesis. The thesis is based on an existing data set or one developed by the student. They also confirmed that the capstone includes a practicum, product and paper. The written component must be completed with clear and professional writing about the experience, agency or intervention in a broader public health context of intervention development, implementation and evaluation.

The Clinical and Translational Research ScM is considered an applied degree and, as such, students develop a portfolio to meet thesis requirements. The portfolio is developed throughout the student's studies.

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.

This criterion is partially met. The school offers the PhD in biostatistics (BIO), epidemiology (EPI), health services research (HSR) and behavioral and social health sciences (BSHS). All programs require exams, a dissertation of three publishable papers and completion of an online course of six modules on the core

areas of public health (newly released in the fall 2015). Additionally, students complete a series of required and elective course requirements. Competencies are provided in student handbooks for the specific concentration.

Students in the BIO PhD program are required to complete 24 courses, but only 16 are required if a student has a prior master's degree, since up to eight credits are transferrable. EPI PhD students are required to take 13 courses including nine core, two methods electives and two other specialty electives. The EPI students also are required to take non-credit courses in SAS data management and responsible conduct of research.

The HSR doctoral students, regardless of specialty area, take 13 courses, and can waive the introductory courses if they can verify that equivalent courses were taken. Specialty areas in this program include pharmaceutical health services research, health economics or the sociological/organizational determinants of health care utilization.

BSHS PhD students are required to take 16 courses in the concentration core, statistics and methods, diversity and specialty content. Students entering with relevant graduate coursework for the degree may count up to four courses, since a minimum of 12 courses is required. They may take courses in other departments with the approval of their advisor and the graduate program director. The program is developing a pro-seminar, and the research methods course is being revised to better support doctoral students. The BSHS doctoral program began in the fall 2014, so all students are in relatively early stages of their studies.

Current PhD enrollment is BSHS six, BIO 16, EPI 22 and HSR 16. The school enrolled 17 new students in fall 2015, and four students graduated in 2014-15.

Each doctoral degree program works on degree requirements and student preparation with faculty, the department Curriculum Committee, the department chair and the school's Graduate Program Steering Committee. The university's Graduate School did a review of the school's doctoral programs in the fall 2015. There is a full-time academic program manager who directs the doctoral programs and advises students along with the directors of the tracks. Department coordinators provide additional staff support.

The school has 11 interdisciplinary research centers/institutes that are located in the public health building or in nearby hospitals where students work with faculty investigators on research and often receive funding support through them. Students have fully equipped and secured office space, printers, copiers, computer hardware and software, and Internet access. They have computer and staff support. Administrators provided a tour of a newly constructed student lounge, doctoral student carrels and

meeting places that were added to the existing space. Students confirmed that they have extensive computing resources with multimedia capabilities. Other services provided to doctoral students include: teaching training on course design, grading, evaluation and year-long teaching certificate programs; a writing center that offers workshops on, and assistance with, the dissertation process; and the international office to facilitate integration of international students and scholars into the school and university. At the site visit faculty informed reviewers that the school also requires PhD students to take a grant-writing course.

The university guarantees doctoral students five years of financial support (tuition, stipends, health insurance and fees). The university provides three semesters and one summer of the five-year funding, and centers/institutes, departments and/or the school provide the balance. All four concentrations are treated the same and enroll approximately four to six students per year. At the site visit, students confirmed that they also have been successful in receiving funding through individual training grants.

Travel funds of \$650 are available for students in the second through fifth years of study. A sixth year can be considered, if accompanied by a letter from the graduate study or research advisor. For those doctoral students presenting original work at academic conferences, the school provides one-time grants of up to \$400 in travel related expenses. Some funds are provided for international travel and research and summer research outside the university. Students commented that the funding was generous and travel funds were an extra bonus. Also, if students successfully submit a grant, they are given a monetary bonus.

The concern relates to the lack of advanced courses for doctoral students. The self-study states that the reason for the lack of advanced courses is the university's funding model for doctoral education. Each of the four doctoral degree programs receive support from university funds for four students per year for three semesters and one summer of support per student, but the school is expected to provide the additional funding, as the school does not admit self-pay students. The self-study states that the doctoral programs are encouraged to admit those applicants who already have a related master's degree, and they can then apply up to eight units of previous graduate work to program tuition-unit requirements to encourage earlier degree completion. This allows doctoral students to take full advantage of the university course offerings, but this does not provide them with advanced, in-depth learning in their topic specific area. Any courses that are considered "advanced" are also available to master's students. For example, a review of the BSHS PhD revealed that the program is developing a pro-seminar course and revising their research methods course to be specifically for doctoral students, but other than independent studies, do not have doctoral level courses. During the site visit, students confirmed that they did not have advanced courses, but they could do independent studies for more advanced work. Faculty also confirmed the limited number of advanced courses with the exception of some biostatistics and epidemiology courses

and concentration seminars. Program faculty also noted that a journal club had been set up for all PhD students. There seems to be little difference between doctorate and master's research degree courses, and not having advanced coursework in content areas limits the ability of PhD graduates to compete in the academic job market. A plan needs to be in place for dealing with the financial issues and to provide more advanced coursework for doctoral students.

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.

This criterion is met with commentary. The school offers three joint degrees: AB/MPH, MD/MPH and the AB/MPH degree in cooperation with Tougaloo College. Students in the AB/MPH program complete six of the 13 required MPH courses during their undergraduate studies and finish the remaining courses during one additional year of study at the school. This program differs from the standard MPH in that students receive both an AB in public health and an MPH in five years. The length of the program, admissions process and pre-requisites for applying to the program differ from the standard MPH program.

Brown-Tougaloo partnership students take the standard 13 courses outlined for the MPH students. Students have the option of completing the joint degree over a period of five to six years. The MPH requirements must be completed at the school but up to four MPH electives, preapproved by the student's academic advisor and the MPH program director may be taken outside of the school as long as they are graduate level courses.

The MD/MPH students have the same courses and requirements outlined for the MPH degree. In addition students complete the degree requirements for the MD. Students in this program are allowed to apply up to four graduate/medical courses to the MPH degree with approval by the MPH program director. The MPH program uses a progress-tracking sheet for each MPH student to ensure they are meeting degree requirements.

The commentary relates to the MD/MPH dual degree program counting of up to four graduate or medical courses for the 13-course MPH. Courses may include those that were taken previously or concurrently with enrollment in the MPH program. Requests for cross-counted courses for the MPH are submitted for review and approval by the MPH program director who does a review of transcripts, a review of the specific course syllabus and has a discussion with the student. Upon review of individual student program assessment sheets for MD/MPH students in the generalist track, site visitors discovered some students receiving credit for medicine clerkships (eg, pediatrics or psychiatry) as electives. During the site visit, reviewers were provided clerkship syllabi and descriptions and did not find public health objectives or public health related content. Additionally, program administrators said that neither public health faculty nor other instructors make a connection between the clerkships and public health for students. The

clerkships did not appear to cover any aspects of public health and by counting the three to four clerkships as MPH courses; students take a limited number of public health courses beyond the MPH core. This would limit a student's public health expertise. A more rigorous process and plan is required for review and approval of graduate/medical courses to be counted toward the MPH. Courses need to clearly include public health content and objectives making the connections to public health transparent and useful for public health work.

2.14 Distance Education or Executive Degree Programs.

If the school offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the school and within the school's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the school and university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the school offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The school must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The school must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is not applicable.

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.

This criterion is met. The school has high expectations for research productivity and provides resources and incentives for research activities including salary offset for tenured and contract faculty. The school conducts extramural research primarily through its 11 research centers and institutes generating approximately \$50 million annually. A committee of center and institute directors meets monthly with the dean as chair, and serves as the administrative umbrella for the research enterprise. The school notes that there are a substantial number of research collaborations among the faculty.

In addition to engaging faculty in research, the research enterprise provides opportunities for master's and doctoral students to participate in research and intervention studies, access to data sets for coursework, mentoring on research methods and technical support, access to research tools and experience in the practical aspects of public health research. Students have the opportunity for summer or academic year research assistantships, faculty-supervised independent study, training with local

partners and student thesis and doctoral dissertation projects. All doctoral students are expected to complete a dissertation and are typically funded partially in the form of research assistantships from research and training grants. Students are encouraged to apply for their own research funding.

Master's students in the clinical and translational research track are expected to participate in research, and their final project includes a research manuscript and poster presentation. Other ScM students are expected to do a research thesis. Undergraduate public health concentrators can do an honors research thesis, if they meet the requirements of the honors program.

Policies regarding research are available on the website of the university's office of the vice president for research, which includes conflict of interest, human subjects research and technology transfer. The school uses its own policies for the review of research as part of the promotional process. The school has an expectation that faculty will offset a percentage of their salary from grants. Faculty in the research track are substantially supported by grants and contracts.

Department faculty conduct a range of research with local, state, national and international health and community-based organizations. The school collects information on faculty research on an annual basis. The outcome measures for faculty include 80% of primary faculty as the principle investigator on externally funded grants or contracts each year (met with 81.2%, 84.1% and 83.1% respectively for the past three years), 95% of primary faculty will have at least one peer reviewed publication (met with 96% in 2013, 100% in 2014 and is not yet available for 2015) and at least 75% faculty have two or more peer reviewed publications (met with 91% for 2013, 97% for 2014 and not yet available for 2015). The school participates in a number of community-based research projects. The school possesses the infrastructure to support this enterprise in a research culture that is considered collaborative and translational.

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.

This criterion is met with commentary. The school's relationship with the Rhode Island Department of Health began in the 1980's and faculty have contributed to the agency's programs and activities since that time. There is a formal contract for that relationship. Faculty in the school's research centers and institutes contribute to high-quality studies in areas such as alcohol and addiction, tobacco use and cessation, HIV/AIDS, aging and health services research, international health and health behavior interventions. The CAB is instrumental in providing opportunities for faculty and student service. The Public Health Graduate Student Council has a service subcommittee, with the objective of establishing relationships with community groups and organizations.

Community and professional service is explicitly listed as one of the three criteria considered by ad hoc committees in their deliberations for reappointments and promotions. Faculty service activities are formally tracked through the faculty activity report (FAR), completed annually by each faculty member. The FAR is reviewed in a one-on-one meeting between the faculty member and the department chair, and the chair then sends a letter to the dean evaluating the faculty member's service. The university's Tenure and Promotions Committee review tenure-track faculty. Non-tenure track faculty have a similar process, but the chair's letter instead goes to the Public Health Faculty Appointment Committee that considers service when making recommendations for reappointment.

According to the self-study, 17.8% of faculty provided services to various professional organizations in 2013 and 32.3% in 2014, an increase of almost 15% within one year. Within the past three years, faculty served as fundraisers, workgroup/committee chairs, policy reviewers, conference program planners, board members, panel members and various leadership roles. Faculty also provided service to eight local and national public health and non-profit organizations. Some faculty members also serve as facilitators and instructors. The program has identified five measures by which it evaluates the success of its service efforts including 100% of MPH will have applied learning placements (met 2012-2015), CAB will hold quarterly meetings (not met 2012-13, but met 2013-14 and 2014-15), the Community Policy Group will hold six meetings per year (met the past three years), 50% of faculty completing the activity report will participate in community service (this is not met for the two years provided of 17.8% in 2013-14 and 32.3% in 2014-15) and 50% of students participate in community service (no data available for the three years reported).

The commentary relates to the absence of data and tracking for students' involvement in community service. The school must be able to evaluate the success of its service efforts with appropriate data. The school was unable to report any measure pertaining to student participation in community service for each of the last three years. The school stated that it has been challenging to document all of the students' service activities. Except for a survey that was conducted by the student government in March 2015, there has been no unified or organized tracking of student service. While the student council president said that student government plans to perform the survey annually, the school needs a consistent and concrete plan put in place detailing an organized structure that allows students to systematically document their service activities. The school must make every effort to ensure the appropriate tracking of students' involvement in service activities and authenticate its success while engaging in such activities.

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 criterion is partially met. The school has been engaged in various annual continuing education programs. The Public Health Research Day, which is held in mid-April, is designed to bring together faculty, students and community-based researchers, as well as representatives of community-based agencies, to review research findings, learn about data sources and other research resources and to identify opportunities for future collaborations. The poster session is typically followed by a keynote lecture. The Rhode Island Public Health Institute (RIPHI) partners with the university and the Rhode Island Department of Health (RI-DOH) to develop innovative public health programs, conduct translational and policy research and train students and public health practitioners.

The school has actively supported the RIPHI, which is a non-profit community based organization, in conducting workforce-training assessments. In 2011, the then public health program collaborated with Yale University for a Public Health Training Center Grant (PHTG) through the Health Resources and Services Administration (HRSA). With the RIPHI, they formed a three-way collaboration on public health training, serving Rhode Island and Connecticut. The three institutions also completed two assessments to determine the continuing education needs of the public health workforce in Rhode Island. The first assessment was done in collaboration with the RI-DOH to identify areas of need in continuing education. The RIPHI also did an assessment with the Community Health Workers Association of Rhode Island to determine the public health training needs of community health workers in Rhode Island.

The university recently became a participant in the New England Public Health Training Center, a six-state consortium to develop and implement online learning opportunities, faculty-student collaborations, and field placements that will ultimately strengthen the competency of the New England public health workforce. It is funded through the HRSA and housed at Boston University.

Interactions with RI-DOH and public health faculty and students in leadership positions of outside organizations informed the development of the school's summer institute for clinical and translational research certificate program. The institute is geared toward physicians and other doctors to improve research and writing skills. Additionally, the school collaboratively offers a curriculum in population health with Hasbro Children's Hospital that is designed to prepare fellows for an academic career and to meeting American Board of Pediatrics requirements. The evidence based medicine center offers a two-day mini-course of hands on exercises and the use of software tools developed at the center that is for junior faculty and fellows of university affiliated clinical departments.

Continuing education at the university is in the School of Professional Studies, and the school collaborates with them on workforce development programs. The CAB members at the site visit were complementary of the work that the school has been doing for the community, though they did not realize they could look to the school for workforce development.

The first concern relates to the absence of cohesive policies and procedures that support continuing education. In meeting with faculty, the site visit team found that while individual programs provided training or hosted community events, there is no formalized process in place to support these activities. Faculty recognized that their contribution should be formalized and tangible improvements made to the process. The alumni and community members said that they look to the RI-DOH for training, and it could be both the RI-DOH and the school's responsibility for training. Though the self-study lists a number of conducted community needs assessments, there was limited evidence that the data as yet have translated into concrete training opportunities for the public health workforce. The school should take action to use the community needs assessments it has already undertaken to develop tailored training programs for the public health workforce.

The second concern relates to the inadequate tracking of workforce development activities in the overall evaluation plan. Although two outcome measures are listed for workforce development (the school will host at least three major workforce development events per year and will meet with a broad array of community leaders on workforce development), these measures were not listed in this section and no outcomes data were provided. This section requires that a list of the continuing education programs, including number of participants served for each of the last three years, should be provided. Though a list of programs was included, data were only provided for the Summer Institute for Clinical and Translational Research (9, 13 and 11 for the past three years respectively). The school must put in place appropriate data collection systems to be able to track the success of its workforce development activities.

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.

This criterion is met. The school's faculty are well qualified and accomplished with sufficient expertise in the concentrations and degree programs to carry out the school's mission and goals. The school has approximately 200 faculty members; 82 faculty members are considered primary, meaning that their primary appointment is approved through the university. Of the primary faculty, 36 are tenured or tenure-track. The remaining primary faculty are term contract appointments focusing on research, clinical or practice activities. The additional 120 faculty are teaching or research associates, adjunct or secondary from other colleges and schools. All faculty have appropriate degrees and qualifications in disciplines appropriate to their areas of instruction, research and service activities.

The school integrates faculty with adjunct appointments for the public health practice community who complement the primary faculty and integrate perspectives from the field of practice. Among the faculty, many individuals have prior or current public health practice experience and hold leadership positions in diverse sectors and bring a wealth of experiences into the teaching of core and concentration courses. They also participate in school administration, for example serving on the Community Advisory Board.

The school noted in the self-study that the long-term budget projections include an increase in the number of tenured and tenure-track faculty by 10 in the next six years. This will ensure students continue to have access to highly talented faculty with expertise in various areas of public health research and practice.

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.

The criterion is met. The school adheres to the university rules governing recruitment, appointment, reappointment, promotion and tenure. The university has additional procedural information in the Handbook for Academic Administration. Departments within the school also have handbooks for appointments and promotions, and academic affairs provides checklists for faculty related actions. The school's Public Health Appointment Committee reviews the senior level appointments and promotions of non-tenured faculty. Tenure-track faculty are reviewed by the Tenure, Promotions and Appointments Committee (TEPAC), which has university-wide membership.

Center and institute directors or their designees meet with junior faculty to review publications, grant preparation progress, collaborations with other faculty and to determine if there is a need for additional resources. Centers and institutes often provide startup resources for new faculty and may provide bridging funding for faculty when needed.

Department chairs meet annually with faculty of all ranks to review their FAR as part of the annual salary review, and junior faculty are reviewed by the full senior faculty of their department during that same time. Service activities also are reviewed at this time.

Individual departments have mentoring programs and during the site visit, junior faculty reported excellent opportunities for mentoring and skill building in research, teaching and community engagement. Tenure-track faculty have a "grant incentive program" that can include a deposit of a percentage of a faculty member's salary and fringe to be offset by external funds and sent to a separate account to support research or career development activities for her/himself or for their students. A similar program exists for contract faculty. The school also offers a variety of programs to enhance teaching including workshops

and teaching observations. Part-time faculty have access to professional development funds through their home centers/institutes.

Tenure-track faculty have an eight-year timeframe, usually divided into two four-year appointments. They are reviewed annually on research, teaching and service. In year three of the initial appointment a faculty dossier is compiled and submitted to the university's TEPAC for reappointment review with the presence of the department chair. Reappointment can be for one, two or four years. In year seven, the department's tenured faculty decide whether to move forward with a faculty member's tenure promotion. The corporation gives the final approval.

Non-tenured faculty can be a teacher scholar, research scholar, professor of public health practice, clinical or adjunct. Clinical faculty designate those individuals with experience and can be currently employed with the RI-DOH or other community based organization. Now that a practice track has been approved, it is an option for faculty that would otherwise have a "clinical" appointment. Non-tenured faculty promotions closely resemble the tenure-track faculty process with a dossier that includes external recommendations. The Public Health Faculty Appointments Committee reviews the faculty promotions. Criteria of expected activities for each faculty type are listed in the specified department faculty handbook. All faculty paid by the school annually submit the online FAR. The departments report to the dean, who in turn reports to the provost. The provost makes recommendations to the corporation for tenure positions only.

The school has done a thorough job of developing and implementing faculty-related policies and procedures, and performance expectations for promotion, tenure and development. To support the effort overall, there are online systems (FAR) for tracking faculty scholarly, research and service activities.

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.

This criterion is met. Recruitment activities include school and department websites, admissions representatives attending national meetings and recruitment fairs (including those of other universities and colleges) and personal contact with interested individuals; a booth at the APHA annual meeting; outreach to university affiliated hospitals; and a master's degree program recruitment day for applicants. The school has a target to enroll 200 master's students by FY 2020.

The school participates in Undergraduate Activities Night each year on Labor Day to target newly arrived first-year students. They have a table for community/public health and statistics concentration advisors to

interact with students. The school also participates in the undergraduate concentration fair in October that is directed at sophomores. Sophomore students are targeted because they cannot register for coursework in their fifth semester until they have declared a concentration. Students take two introductory courses that act as service courses for public health and are feeder courses to the undergraduate public health concentration. The undergraduate statistics concentration calls for a first year seminar, and the size of the course is capped for entering students.

Each graduate degree program has a separate admissions committee, but undergraduates do not. Undergraduates are instead required to get the approval of a concentration advisor.

The application for graduates is online and must include official transcripts of undergraduate and graduate academic work, GRE scores, three letters of recommendation, a personal statement, a resume and TOEFL or IELTS scores for international students from non-English speaking countries. The four PhD programs follow the university deadline of January 5th, typically accepting eight to 10 students per concentration.

In the MPH program, the BSHS applications are reviewed and accepted from January to the end of May, if space is available. BIO and EPI deadlines are in February. Admissions committees make admissions decisions and in some programs a couple of separate reviewers present applications to the full committee. Admissions decisions are discussed with the appropriate department chair or director of interdisciplinary programs.

The undergraduate concentrations' admissions are not capped. Students are not allowed to register for their fifth semester until a concentration course plan has been discussed and approved by their advisor or academic program manager. Students provide a list of courses that meet concentration required courses for approval. The concentration declaration process is interactive, but there is not a rejection option. Students can also declare a second concentration, and this goes through the identical process as for choosing the primary concentration.

For the AB/MPH Brown/Tougaloo partnership application, the MPH application is separate and made in the sophomore or junior year via the Brown graduate school website. The MPH Admissions Committee then reviews the application. An undergraduate concentration advisor and the MPH academic program manager review requirements with students and eventually a joint meeting of the student, undergraduate degree representative and the MPH program representative is set up to discuss the student's course plan prior to applying to the program.

The university provides an online bulletin with a link to the school's website as well as a listing of courses. The school has adequate recruitment and admissions policies and procedures for the programs offered. The MPH degree program student enrollment from 2013-2016 was 13, 14 and 10 respectively. The undergraduate program in community/public health enrollment was 91, 104 and 124 respectively, and the undergraduate program in statistics enrollment was five, six and six. The ScM program enrollment was 52, 55 and 58 and the PhD enrollment was 43, 54 and 60, respectively, for the past three years. (The BSHS PhD program did not begin until 2014-2015 resulting in some of the increase.)

Targets for this criterion include less than 5% of students will leave their program for academic reasons and this was met with 2%, 1.2% and 0.5% respectively for the past three years. The school also has a target employment rate of 90%, and achieved 94.6%, 91.3% in the previous two years, but data for 2014-15 will not be available until May 2016 (12 months following graduation).

The school is looking for ways to expand the sources of degree applicants, provide more financial incentive and increase diverse applications. The faculty expressed their belief that the expansion of degree applicant pools will happen once they are an accredited school.

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.

This criterion is met. The school has academic advising and career counseling resources in place and works proactively with students, faculty advisors and the university CareerLAB to expand these services and resources further.

All faculty are expected to be available for advising assignments of undergraduate and graduate students. Students are encouraged to approach any faculty member, regardless of track, for an informal and short- or long-term advising relationship. The university handbook for concentration advisors is available to all faculty on the undergraduate college website and detailed advising materials are available to students through a website called ASK (Advising Sidekick).

MPH students are assigned to an academic advisor by the program director, based on best fit to the student's public health interests. In 2012-13 advising was changed and formally incorporated into the public health internship course (a required first and full year course) of regularly scheduled meetings with five to six students and a core advisor (two times during orientation, five during the fall semester and four during the spring semester). Additionally, all students have access to the program director, manager, coordinator and field mentors for advising.

ScM and PhD students have an academic advisor assigned at the time of admission plus a thesis/project/dissertation advisor and a capstone advisor. Advisors meet a minimum of twice per semester with their advisees and are expected to officially inform the graduate program director of any potential concerns as well as each student's progress.

Students who met with the site visit team expressed satisfaction with the advising currently in place. They felt that the school has an open door policy, and students can easily speak with their advisors, other faculty and the dean at any time. The self-study included data on its alumni survey of 2015, which showed that 70.7% said that faculty advising/mentoring was very or extremely helpful. Only 5.4% said faculty advising was not useful. Also, 63% of bachelor's degree graduates and 75.6% of MPH graduates said advising/mentoring was very or extremely useful.

All students at Brown have access to the resources of the CareerLAB and during orientation week they are introduced to the available services. The CareerLAB regularly advertises events for students to explore career opportunities and job searching skills. The CareerLAB also offers seminars covering such areas as career planning, networking and job search strategies. Through the school, students have the opportunity to learn from alumni about different career options and employers. In the spring 2015, a panel of MPH alumni, from a variety of career paths presented information about their respective jobs, the everyday tasks and activities involved, and the skill sets that were required of each type of job. Each department sponsors a monthly seminar and students meet in small groups with speakers. Career opportunities are circulated to students by individual department faculty. The school relies heavily on the faculty advisors for career advising and preparation because there is not a school career-counseling program at this time.

Undergraduate students talk with concentration advisors about positions in the public and private sector after graduation or between graduation and advanced degree application. The school asks about satisfaction with advising in their graduate exit survey, but until 2015 they had not asked about the development of job skills for placement of undergraduates. As noted in criterion 2.7, there are potential challenges in post-graduation placement for AB graduates and data on job skills preparation may help with future job placements.

Graduate alumni described satisfaction with the school's preparation for their careers. They indicated that the school pushed them not just to be academics, but also to be able to make a difference in the world. Some were invited to return and provide lectures, and others have been appointed as faculty.

The policies and procedures for students to communicate their concerns to the school are described in the Graduate School Handbook. The handbook provides information on topics such as grading

standards, graduate credit, student loans and grievance procedures. In the past three years, there have been no formal grievances filed, though there was one complaint for the MPH program related to progress through the program that was brought before the dean and the MPH Executive Committee.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Brown University
School of Public Health

December 7-9, 2015

Monday, December 7, 2015

- 8:30 am Site Visit Team Request for Additional Documents
Karen Scanlan
Diane Schlacter
- 8:45 am Team Resource File Review
- 9:00 am Meeting with Core Leadership Team
Alison Field
Constantine Gatsonis
Joseph Hogan
Christopher Kahler
Linda Laliberte
Don Operario
Karen Scanlan
Patrick Vivier
Terrie Fox Wetle
Ira Wilson
- 10:30 am Meeting with Community Stakeholder
Nicole Alexander-Scott
- 11:00 am Break
- 11:15 am Meeting with Self-study Committee
Linda Laliberte
Karen Scanlan
Diane Schlacter
Terrie Fox Wetle
- 11:45 am Break
- 12:00 pm Lunch with Students
Megan Cole
Jessica Emerson
Behar Erar
Tammy Jiang
Jennifer Knight
Harold Lee
Elliott Liebling
Mya Roberson
Jessica Roydhouse
Ida Sahlu
Sylvia Shangani
Marie Sullivan
Mun Sang Yue
Jamie (Yi) Zhang
Anderw Zullo
- 1:30 pm Break
- 1:45 pm Meeting with Instructional Programs Group 1 (Undergraduate, MPH and Clinical & Translational Research)
Joann Barao
Roe Gutman
Annie Gjelsvik
Akilah Keita

Mark Lurie
Don Operario
Patrick Vivier

3:00 pm Break

3:15 pm Team Executive Session and Resource File Review

5:00 pm Adjourn

Tuesday, December 8, 2015

8:30 am Meeting with Faculty Related to Research, Service, Workforce Development

Joann Barao
Nancy Barnett
Richard Besdine
Stephen Buka
Ani Eloyan
Joseph Hogan
Chanelle Howe
Stephen McGarvey
Vincent Mor
Amy Nunn
Deborah Pearlman
David Savitz
Christopher Schmid
Kali Thomas
Thomas Trikalinos
Tongzhang Zhen

9:45 am Break

10:00 am Meeting with Instructional Programs Group 2 (Doctoral and Master's Programs)

Kate Carey
Abigail Harrison
Tao Liu
Eric Loucks
Brandon Marshall
Vincent Mor
Don Operario
Christopher Schmid
David Williams
Zhijin (Jean) Wu

11:15 am Break and Resource File Review

12:00 pm Lunch with Alumni and Community Stakeholders

Bradley W. Brockmann
Ellen Cynar
Leonard Green
Jane Hayward
Ana P. Novais
Patricia Phillips
Marvin Ronning
Angela Sherwin
Larry Warner

1:30 pm Break

1:45 pm Tour of Public Health Building

Karen Scanlan
Terrie Fox Wetle

2:15 pm Break and Resource File Review

3:00 pm Meeting with Faculty and Key Staff Related to Faculty, Student Recruitment, Advising

Joann Barao
CiCi Bauer
Joseph Braun
Kate Carey

Annie Gjelsvik
Roe Gutman
Mark Lurie
Akilah Keita
Brandon Marshall
Adam Sullivan
Thomas Trikalinos

4:00 pm Break

4:15 pm Executive Session and Resource File Review

5:30 pm Adjourn

Wednesday, December 9, 2015

8:30 am Meeting with University Leadership
Richard Locke

9:30 am Executive Session and Report Preparation

12:30 pm Exit Interview
Joseph Hogan
Linda Laliberte
Don Operario
Karen Scanlan
Terrie Fox Wetle