

**Council on Education for Public Health
Adopted on October 16, 2010**

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
NORTHWESTERN 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 Program of Public Health at Northwestern University. The report assesses the program's compliance with the *Accreditation Criteria for Programs of Public Health, amended June 2005*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in May 2010 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 on site in a resource file. The team was afforded full cooperation in its efforts to assess the public health program and verify the self-study document.

Northwestern University (NU), a leading private research university, was established in 1851 to serve the Northwest Territory, an area that now includes Ohio, Indiana, Illinois, Michigan, Wisconsin and part of Minnesota. NU's annual budget exceeds \$1.5 billion with grant support totaling more than \$439 million and 7100 employees. NU enrolls approximately 17,000 full- and part-time students in 12 colleges and schools and grants bachelors, masters, doctoral and professional degrees. NU's three campuses are Chicago, Evanston and Qatar.

The Feinberg School of Medicine (NUFSM) houses the Department of Preventive Medicine (DPM) which is the department where the Programs in Public Health (PPH) reside. The program's history began with providing public health education to clinical (primarily MD) students through a joint degree MD/MPH and has evolved to include joint degrees with other fields as well. Faculty from the department, the medical school and adjuncts deliver the curriculum. Faculty actively participate in governance through standing committees that meet consistently and regularly.

The DPM offered a small and unaccredited MPH degree program from 1975 through 1992. Revitalized in 1995, the predecessor to the current program, the NU MPH Graduate School professional degree program began with the first group of MPH/MD students in September 1996. Initially accredited in 2000 for three years, the program was last reviewed by CEPH in 2003 and was awarded an accreditation term of five years, with the option to extend based on documentation of changes in an interim report. CEPH granted a two-year extension based on the program's 2005 interim report.

Characteristics of a Public Health Program

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

- a. The program 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 program and its faculty shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program 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 public health program 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 public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program 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 program's activities.
- e. The program 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 program shall offer the Master of Public Health (MPH) degree.
- f. The program 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 public health program (PPH) at Northwestern University (NU). Northwestern University is regionally accredited by the Higher Learning Commission of North Central Association of Colleges and Schools. In addition, the medical school which houses the PPH is fully accredited by the Liaison Committee on Medical Education (LCME).

The program enjoys plentiful resources and collegial relationships with the department, medical school and campus. The program's long-time director administers the program through appointed directors, multiple support staff and advice from faculty governance committees. Faculty appointments are made at the departmental level, and programmatic teaching assignments support instructional efforts. Faculty adhere to and abide by the faculty policies of the university, medical school and graduate school. The program and its faculty enjoy the same rights and privileges of all other faculty. In addition, the medical school and NU value the PPH faculty and staff as experts in public health knowledge resulting in high public health representation on multiple projects and committees across the institution. Students reported

that public health principles are increasingly integrated into the medical school curriculum. Institutionally, NU launched undergraduate public health courses taught by the PPH faculty.

The PPH offers one professional Master of Public Health (MPH) degree, two specializations in its academic Master of Science in Epidemiology and Biostatistics (MSEB) degree and joint degrees with medicine, integrated graduate biosciences and anthropology. At the time of the site visit, both specializations of the MSEB degree had suspended enrollment since 2008. NU plans to re-launch the MSEB degree in the summer of 2010.

The program embraces interdisciplinary approaches, describing their unofficial mission as "spanning boundaries and bridging clinical health with public health." Physician faculty strongly influence the program as instructors and through modeling successful integration of public health with clinical interests. This niche benefits MD/MPH students, but sometimes at the expense of the freestanding and other joint degree students who do not fit the program's pathways as neatly as do the medical students. When concerns arise, program administration and faculty respond quickly to remedy any problems. The program's curriculum for all students provides solid grounding in public health theories and skills and assesses students' application of that knowledge during the required field experience and culminating project. The emphasis for all students in the MPH program is the student's growth in public health knowledge so that upon graduation, students will be equipped with the public health knowledge needed to achieve the students' own goals.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.

This criterion is met. The program mission statement encompasses three aspects of public health education: instruction, research and service programs in population health. The mission statement follows:

The mission of Northwestern University Program in Public Health (NU PPH) is to improve the health of the people of Chicago, the United States, and the world by engaging students, faculty and community partners in replicable education, research, and service programs in population health.

The mission statement is disseminated on the program's website and in other student materials. The mission statement, formalized value statement, five goals and 16 objectives were formally reviewed and revised during 2008-2009. The program's Evaluation Committee drafted initial documents and circulated them widely to program committee chairs and members and later to the External Advisory Committee,

students, alumni, faculty and students. The PPH Evaluation Committee performs periodic reviews and provides suggested revisions for the program through an internal and external vetting process.

Five broad goal statements related to each major function (instruction, research and service) provide a context for the program's objectives and activities. Two goals address education, one addresses research, and two more deal with service. These goals reflect a commitment to:

- Developing leaders who span the boundaries between public health and their other professional endeavors;
- Excellence in multidisciplinary public health education focusing on epidemiology and biostatistics;
- Contributing to the knowledge base in population health through nationally recognized research;
- Serving the needs of Chicago, the region, nation and world by collaborating with public and private sectors; and,
- Functioning as a resource on issues of public and community health for the NU medical faculty, affiliated hospitals and clinical practice partners.

A series of objectives supports each of the goal statements related to instruction, research and service. These objectives measure enhanced educational intents through increased enrollment, graduation, competency development and diversity; enhanced research through collaborations with the Community-Engaged Research Center and Clinical and Translational Science Institute; and increased funding for research and participation of students at national conferences. Self-identified areas for service improvement include faculty involvement on university groups, increased number of organizational relationships outside the university and undergraduate education in public health delivered to at least 50 students a year. Specific educational and service objectives that do not neatly align with their respective goals will be addressed in Criterion 1.2.

Value statements developed during the same process as mission, goals and objectives are included in handbooks, all syllabi and on the program's website. Program values are consistent with those of the university's faculty and student handbooks and include professional integrity, compassion, equity and social justice, multidisciplinary collaborative approaches and respect and inclusion of diversity and community.

1.2 Evaluation and Planning.

The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

This criterion is partially met. The PPH Evaluation Committee (EvC) takes the lead in determining data elements and overseeing data collection and analysis using various sources, such as the student surveys. These surveys are conducted twice during the first year and once each at the end of the second and fourth year for each second and fourth years. The program does not conduct student surveys in the third year since students are primarily involved in clinical rotations during this year. Another major source

for the EvC is the data collected by the standing program committees, which report annually on their goals.

The self-study document provided the EvC's strategic plan for 2008-2009. The plan includes an evaluation framework, a list of 22 activities to be accomplished and objectives for the next five years. The site visitors determined that the program successfully completed 11 of the 22 activities and has outlined and/or implemented actions to complete the remaining activities. EvC membership includes two full-time and three part-time faculty, three student members representing the MPH and Master of Science Epidemiology and Biostatistics (MSEB) programs and, ex officio, the former EvC chair who is an emeritus professor. The EvC reviews various data sources annually, semi-annually and quarterly and shares their findings with stakeholders and program leadership in the Executive Committee (ExC). The program's process requires various PPH committees to forward information to the EvC, which coordinates information review by the ExC when a policy decision is required. The ExC acts on the evidence-based information presented and shares the information with the faculty at their semi-annual retreats for discussion and decision making. Data are shared with relevant stakeholders and used for improvements.

The self-study provided a response to the previous accreditation review. The key issues addressed included strengthening the field experience (FE) by requiring more discussion and analysis in the final paper; focusing more on community organizations rather than mainly university orientation to the experience and improving the site selection and preceptor process and program oversight. Site visitors confirmed the use of new criteria in selecting FE sites, more planning in developing the FE placement (a list of preferred sites is used) and newly required process activities (a new form provides for detailed information about the FE with signatures of the student, the field preceptor and faculty advisor).

The site visit team verified that some faculty, students and administration were involved in the self-study process. The EvC designated one member to guide the self-study process. The self-study team consisted of program committee chairs who engaged their respective members in various parts of the process. The EvC sought input from the External Advisory Committee (EAC) during the first half of 2009.

The partially met finding relates to gaps in the program's process in identifying and updating objectives' targets. The EvC is active in gathering data, but neither the self-study nor any interviews provided detail for who determined the appropriateness of the objectives and when the mission, goals and objectives should be revised. The self-study provided trend data on achieving program objectives showing progress on many measures and data are collected and coordinated by the EvC, but not all data seemed logically connected to one another or to the goals they purport to measure. For example, the program specifies in one objective that 70% of students would complete the culminating experience, but this does not match

the program's objective that 80% of students would graduate (since completion of the culminating experience is required for graduation).

Stakeholder involvement in developing the self-study was minimal. While the PPH administration and staff invited others to participate in the self-study process, when site visitors asked each group about their level of awareness and contribution during the self-study, responses were noticeably unenthusiastic and unengaged. Faculty, students and administration reported being given the opportunity to read various drafts of the self-study, but few reported reading the document and even fewer provided comment. EAC members could not recall the actions, if any, they had taken relative to the self-study. Having completed discussions with faculty, students and external constituents regarding information in the self-study, the site visit team believes the minimal input from stakeholders diminished the program's ability to adequately capture in the self-study document the good work being done by the PPH.

1.3 Institutional Environment.

The program shall be an integral part of an accredited institution of higher education.

This criterion is met. Established in 1851 to educate the people of the Northwest Territory, Northwestern University (NU) provides classes on three campuses: Chicago and Evanston, Illinois and Qatar, United Arab Emirates. It serves approximately 17,000 students, of which 46% are graduate students. In addition to undergraduate studies, NU's 10 graduate and professional schools offer more than 100 graduate and professional degrees.

Northwestern University is regionally accredited through the Higher Learning Commission of the North Central Association of Colleges and Schools with the next institutional reaccreditation due in 2014. NUFSM is accredited by the LCME.

The Graduate School (TGS) is a component of NU that is central to the MPH program. Charged with overseeing general graduate work, this office provides general information for students and support for the MPH program, including initial screening of applications and degree program clearance for graduation.

There are clear and well-defined reporting lines for the program from the MPH program director, through appropriate channels, to the university president. Figure 1 depicts the university organization, and figure 2 depicts the NU Feinberg School of Medicine, the school where the department and program reside. Figure 3 shows the Department of Preventive Medicine's organizational structure. The program director has full access to the department chair and to the NUFSM and TGS deans and all levels of college and university administration. The president reports to the board of trustees and administers the university with the help of the provost and multiple vice-presidents. Both TGS dean and the medical school dean

report directly to the provost. The PPH director reports to both TGS dean and the DPM chair, who in turn reports to the NUFSM dean.

Figure 1. Northwestern University Organizational Structure As It Relates to the Programs in Public Health

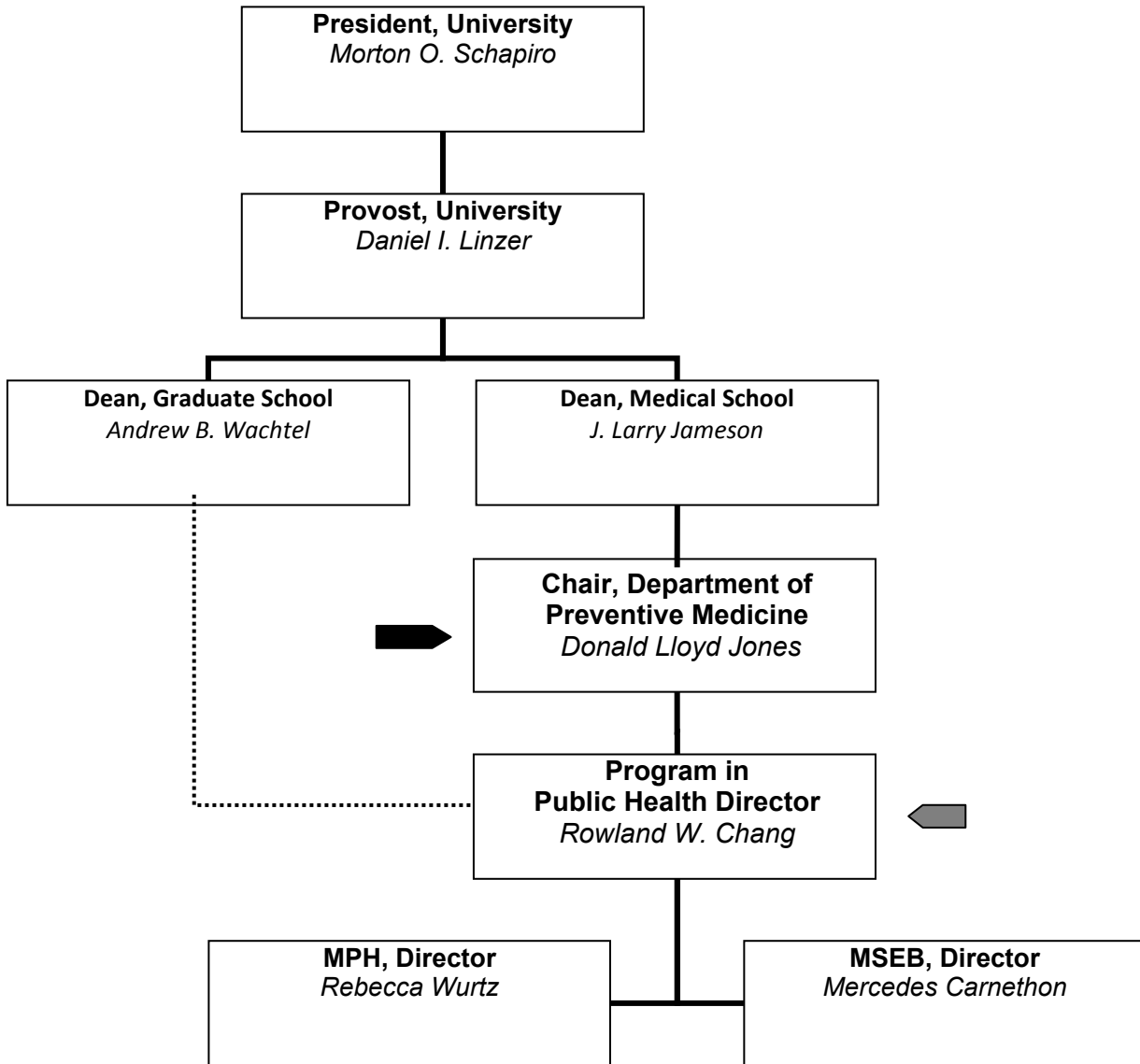


Figure 2. NU Feinberg School of Medicine Organizational Structure

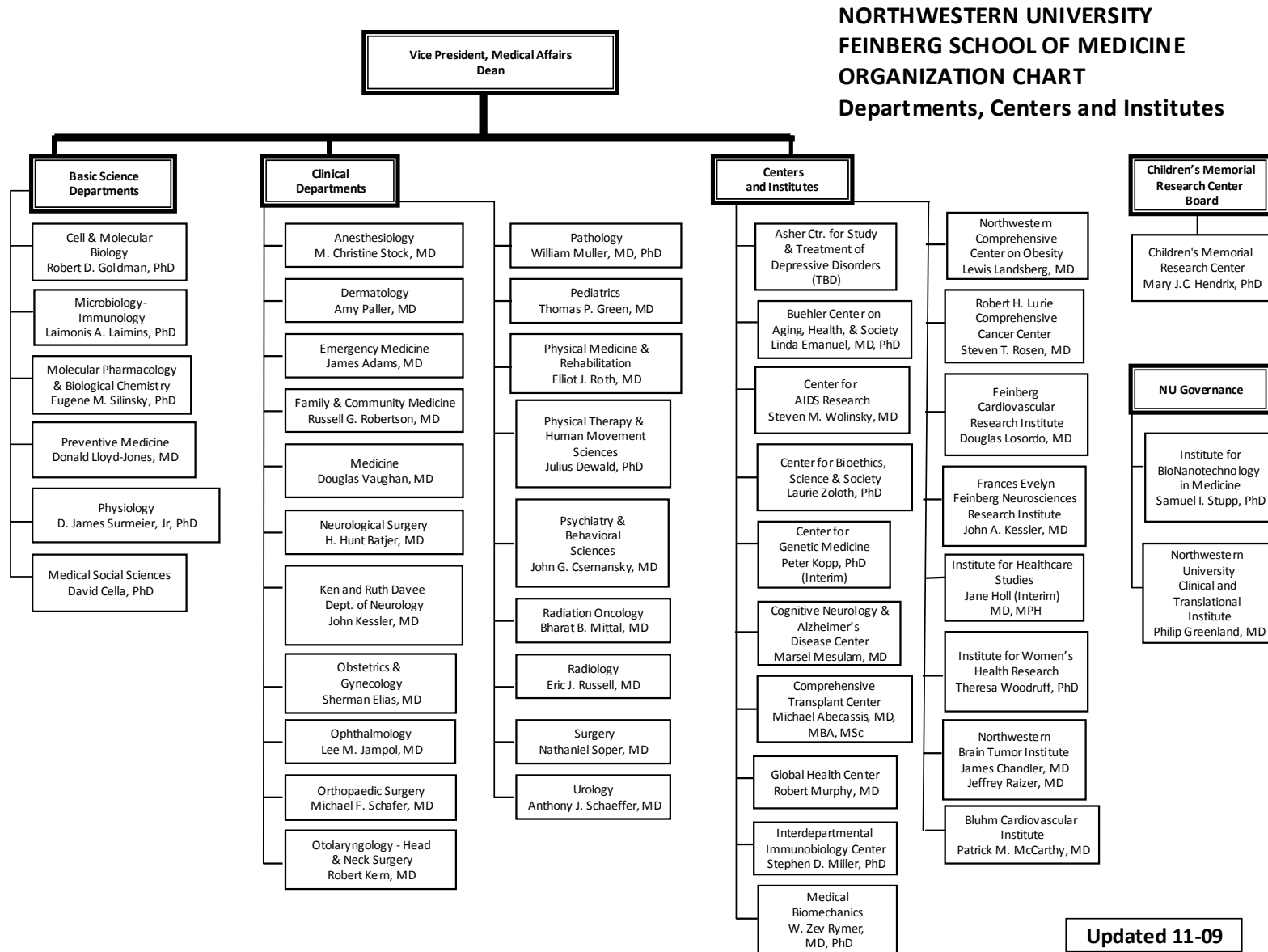
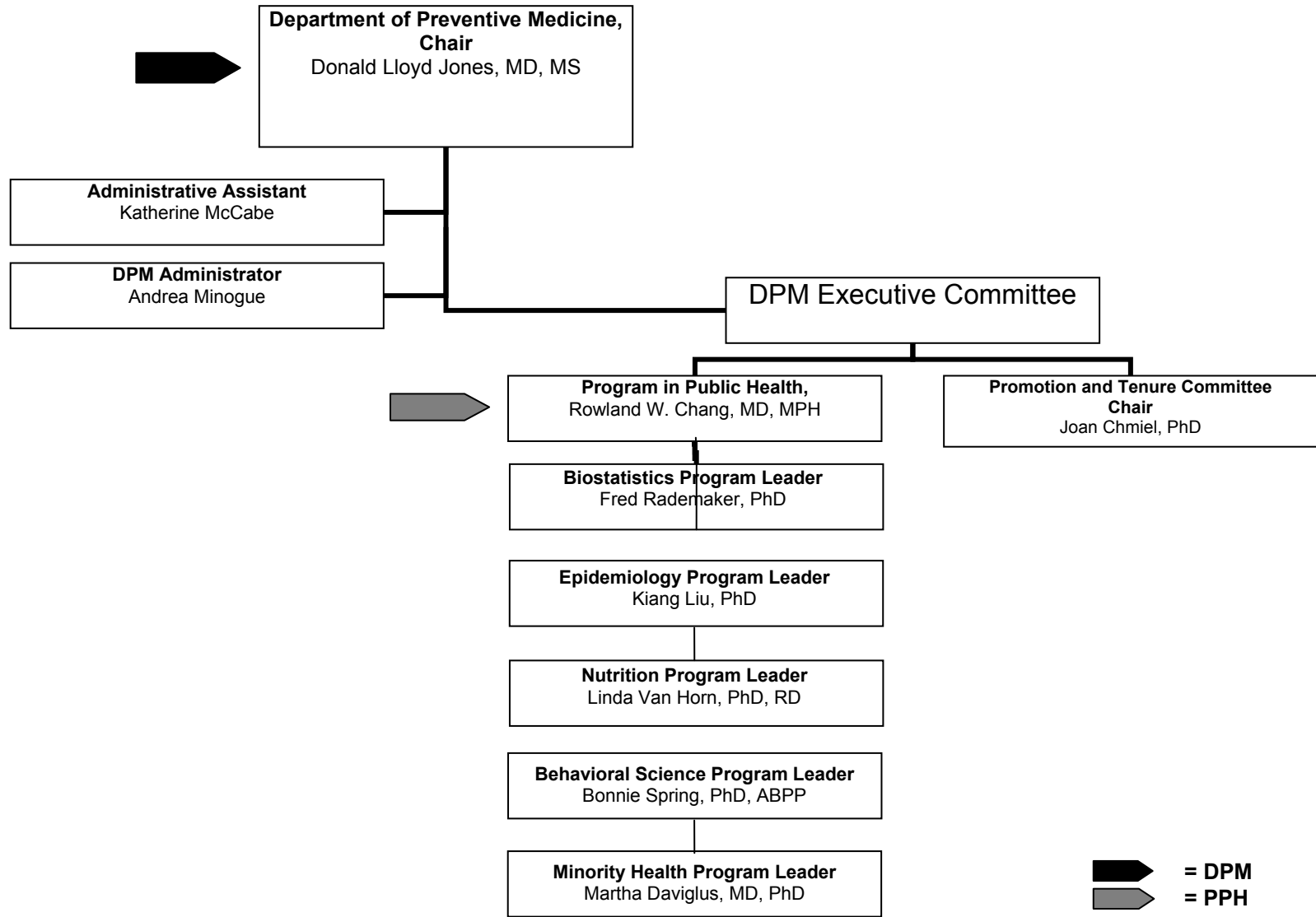


Figure 3. NU Department of Preventive Medicine Organizational Structure



DPM has autonomy regarding the name of the department and its programs. Internal organization of the department is determined by the chair and the faculty. The MPH program budget is part of the overall DPM budget. Indirect cost recovery is determined by a consistent university policy. DPM manages research grants, indirect cost recovery and institutional faculty support.

The policies for advancement within academic rank are governed by NUFSM rules, and policies for recruitment, selection and appointment of staff are clear. NUFSM approved a new policy for faculty categories and advancement (effective in September 2010) that reflects greater emphasis on teaching and service.

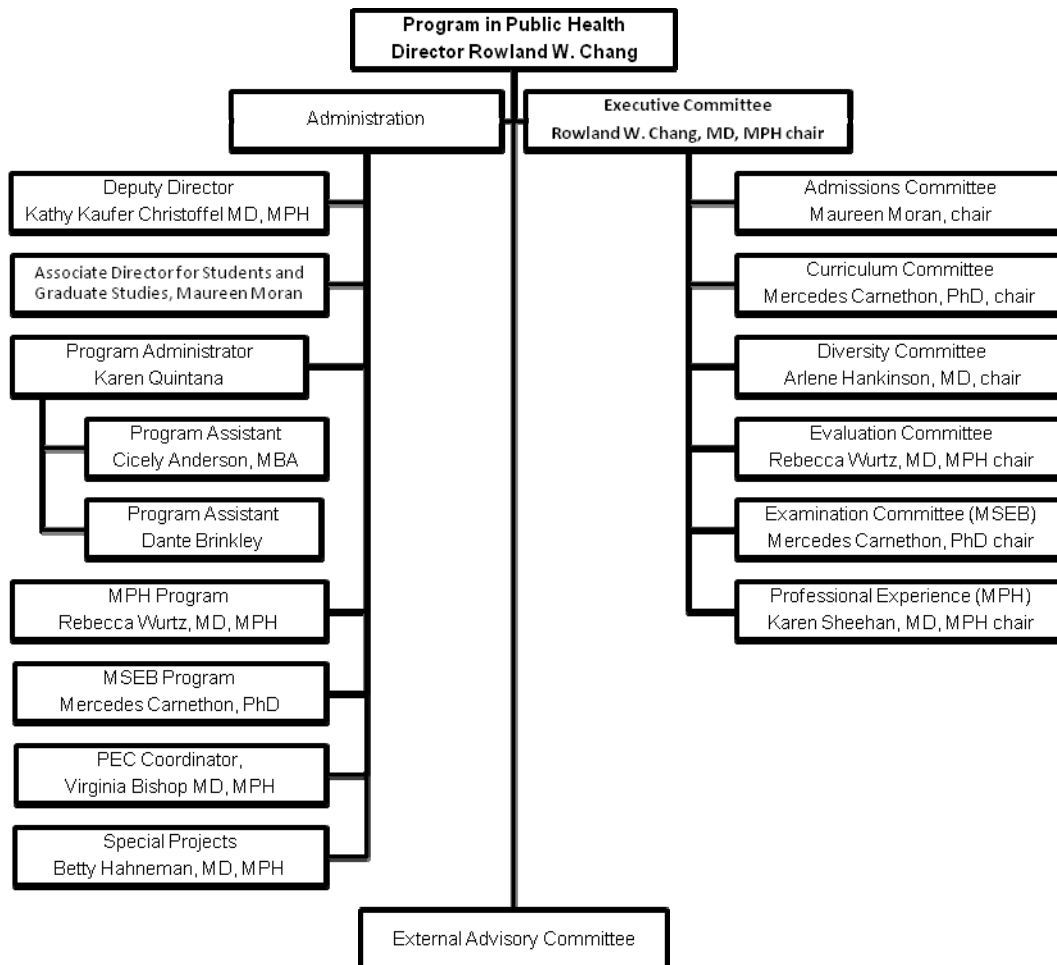
1.4 Organization and Administration.

The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. The program is administratively located in the Department of Preventive Medicine (DPM) in the Feinberg School of Medicine (NUFSM). DPM also offers the Master of Science in Epidemiology and Biostatistics which is structured like the MPH. The MPH and MSEB are the only two degree-granting programs in the department. Figure 4 presents the program's organizational structure. The program is under the leadership of a program director who reports directly to the department chair. The DPM chair's responsibilities in the program include budgeting, faculty and some operational elements. The PPH director makes administrative decisions for the program with input from department chair, NUFSM and TGS deans, and faculty committees. Since the program is financially stable (it generates enough revenue to cover its costs, plus more) the program is allowed to make relatively autonomous operational and resource decisions that are largely supported by the department chair.

The PPM director administers the program and maintains the ethical and academic standards of the university within the PPH. Assisting the PPH director are the PPH deputy director, MPH program director, MSEB program director, associate director for admissions and graduate affairs, associate director for community health and the associate director for special projects. Two committees also advise the director, including the PPH ExC and the PPH EAC. The PPH ExC consists of the chairs of the program's standing committees (Admissions, Curriculum, Diversity, Evaluation, Examination and Professional Experiences). Local academic and practicing public health professionals, including representatives from all of the program's field experience sites, make up the EAC.

Figure 4. NU Programs of Public Health Organizational Structure



Housed within DPM, the PPH enjoys the same independence and status as other programs. The PPH director maintains complete discretion in developing the program's governance structure, including the creation of internal committees, appointment of faculty members and chairs. The PPH director meets regularly with the DPM chair and deans of NUFSM, TGS, and the Weinberg College of Arts and Sciences (as a result of the program's involvement with the undergraduate global health minor program). The site visit team verified through interviews with program, department, school and university administration that the public health program faculty and students actively collaborate across disciplines, especially with students and faculty in medical specialties, anthropology, sociology and biosciences. Faculty from across campus teach in the MPH program, including many faculty from other departments in the medical school who have secondary appointments in DPM. The PPH faculty and leadership enthusiastically pursue partnership and teaching opportunities with other NU departments and programs. PPH views itself as the mechanism for spanning boundaries and establishing professional relationships with programs that typically would not connect with public health.

The program follows TGS's formal grievance procedure outlined for students in the NU Student Handbook. Students file written complaints with the department head, dean or provost. No grievances or formal complaints have been submitted to PPH in the last three years.

PPH adheres to university policies on fair and ethical dealings as outlined in the university and NUFSM faculty and staff handbooks. NU maintains policies on affirmative action, research integrity, investigator guidelines in research, and conflict of interest.

1.5 Governance.

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

This criterion is met. Human resources handbooks, the Graduate School Student Policy Handbook, the Northwestern University Faculty Handbook, the Feinberg School of Medicine Northwestern Faculty Handbook and Northwestern University Staff Handbook spell out governance rights and obligations for administrators, faculty and students.

Site visitors confirmed through faculty and student interviews that committees, the PPH director, degree program directors and/or the ExC may initiate general program policy development. The committee chairs and PPH director present new policies to the ExC where the policies are discussed, ratified or returned for revision. The semiannual retreats provide the forum for policy discussion. The PPH program director communicates new policies via email and by posting them on the program's website.

The program conducts strategic planning during semiannual retreats with the director, degree program directors, committees and faculty at large. The site visit team learned during interviews with faculty and administration that program direction reflects topics and conclusions from the faculty retreats dealing with policies that need changing or need to be established. The administrative group (PPH director, MPH and MSEB directors and administrative staff) meets weekly to discuss program operations.

Applications are reviewed by the program's Admissions Committee who, together with the director, forwards qualified students to the dean of TGS and then president of the university. Students file for their degrees at least three months before graduation. Currently graduation is held in December and June.

The PPH director and the department chair recruit and strive to retain faculty. The departmental Appointments, Promotions, and Tenure Committee determines initial rank with approval of the department chair who forwards them to the dean of NUFSM who in turn sends recommendations to the

provost and university president for action on the case. NU governs academic standards and policies, as well as research and service expectations and policies for the PPH as stated in NU faculty handbooks and TGS Bulletin, now titled the TGS Policy Guide. Human resources handbooks, policy guidelines and handbooks for faculty, students and staff also spell out governance rights and responsibilities. These documents are accessible on line at the university website.

All PPH standing committees' membership includes the PPH director; the associate director of admissions and graduate affairs; at least four faculty members; and one student each from the first and second year MPH/MD classes (for MPH committees), a freestanding MPH student (for MPH committees), and an MSEB student (for MSEB committees).

The PPH committees for 2009 are listed as follows:

- Executive Committee – maintains general oversight of program and its policies and budget. Chaired by the director PPH and includes chair of DPM, PPH directors and chairs of PPH standing committees.
- Admissions Committee – screens applicants, helps with interviews and recruitment of new students. Meetings and members are determined on an ad hoc basis.
- Curriculum Committee – reviews and evaluates all courses, approves syllabi and determines whether courses need to be developed and offered or existing courses revised/eliminated. Meets monthly.
- Diversity Committee – educates NUFSM about public health challenges facing underrepresented minorities and actively recruits minority students into MPH programs.
- Evaluation Committee (MPH, MSEB) – oversees course evaluations. This committee had a substantive role in the development of self-study material. Student evaluation committee members are invited to attend the semi-annual PPH retreats.
- Professional Experience Committee – administers field experiences and culminating experiences.

The PPH also has an Examination Committee for MSEB.

The only ad hoc committee was the Student Advising Review Committee formed to follow through on recommendations from student focus groups in 2007.

Faculty participate in a range of university and school of medicine committees and task forces. Interviews with university administration provided evidence that NU values input from PPH faculty and administration and NU seeks out this input through PPH representation on university committees and task forces.

Students participate in the program committees as explained above and complete annual program assessment surveys (participation to become mandatory in 2009-10). Student-facilitated informal discussions are held at quarterly luncheons for feedback about the program. All students are invited to attend. A faculty member starts the discussion and then leaves. At the end of the luncheon, the faculty member returns to document the feedback specifics that came out of the discussion. The faculty member captures the information and provides written and oral feedback for program administration to consider.

1.6 Resources.

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

This criterion is met. The PPH has sufficient resources to support the mission, goals and objectives of its graduate degree programs. These include breadth and depth of faculty expertise; support staff with varied administrative capability; sufficient operational revenues; and other academic services. The program sustains stable revenue that has increased slightly each year since its last accreditation review.

The PPH director prepares the budget with the degree program directors and the program administrator. The PPH director submits the budget to the department chair who approves it and incorporates the director's recommendation into the department budget submitted to the dean of NUFSM. Once approved by the dean, it becomes part of the medical school budget that is forwarded to the university central administration.

The PPH funding comes largely from tuition and fees generated by the two masters degree programs. The program generates additional funds through teaching contributions to another master degree program (masters of science in clinical investigation) offered by the DPM as well as teaching in other schools, which results in an internal reimbursement from the other schools or programs to PPH. The department retains indirect cost recovery from research grants, and this amount is not reflected in the PPH budget. No PPH funding comes from grants/contracts, gifts or endowment, though PPH faculty are involved in research and contract work. From FY 2005 to FY 2009, total PPH funding grew from \$1,481,957 to \$1,574,558 annually.

PPH expenditures for faculty salaries include funding for actual teaching of courses and for faculty contributions to the program. The PPH director and the department chair discuss and negotiate which faculty members teach courses, how much the program will contribute to the department for a faculty member's teaching and how tuition revenue will be used. The relationship between the PPH and DPM was described by faculty leaders in the site visit session "as strong and symbiotic." They share an important role in supporting the research infrastructure and the clinical translational research enterprise in the school of medicine, and in integrating public health across the university at large. Due to the trust

placed in PPH leadership by the DPM chair, financial decision making about how to best allocate tuition dollars in any given year rests primarily with the PPH director.

The major expense for the program consists of faculty and salary support. Faculty salary expenditures have increased from \$556,482 in FY 2005 to \$806,416 in FY 2009. Expenditures for staff support have varied over the same the five-year period, with a notable lower expenditure in FY 2008 due to a vacant position for five months, the hiring of new staff at a lower salary and the conclusion of the program's responsibility to partially fund a receptionist.

While the total PPH funding from FY 2005 to FY 2009 grew by about \$92,000, the major source of program expenditure growth was faculty salaries and benefits, which grew by about \$250,000. During this five-year period, expenditures for operations decreased by about \$25,000 and expenditures for student financial aid decreased by about \$45,000.

Table 1. Source of Funds and Expenditures by Major Category, FY 2005 – 2009					
	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Source of Funds					
Tuition & Fees	1,176,939	1,466,187	1,474,632	1,408,981	1,355,963
University Funds					
Cost sharing for teaching service	19,250	60,965	48,385	9,321	53,587
Special events/program sponsorship	326	192			
Diversity initiative student tuition Subsidy	10,474	3,739			
Diversity initiative activity co-Sponsorship		1,341			
Gifts		208			
Other	23	194	200		
Prior year balance	274,946	131,651	147,247	36,076	164,158
Total Funds	1,481,957	1,664,478	1,670,464	1,455,208	1,574,558
Expenditures					
Faculty salaries & benefits	556,482	684,987	758,852	741,037	806,416
Staff salaries & benefits	118,297	154,284	199,486	84,525	144,801
Operations	55,735	52,152	48,912	39,921	30,230
Travel	600	2,045	874	6,572	2,279
Student support financial aid	77,900	87,082	54,892	5,516	32,654
Student support stipend for FE	38,002	45,214	43,500	39,000	46,782
University tax	118,005	146,459	147,784	140,898	135,596
Net tuition revenue sharing with department	100,000	50,000	90,000		
Loan repayment to NUFSM dean	97,754				
Net tuition revenue sharing with MSCI program	187,332	295,007	290,088	233,581	315,562
Total expenditures	1,350,106	1,517,231	1,634,388	1,291,051	1,514,320

The PPH core faculty headcount in the last three years has remained relatively stable ranging between 50 and 52, well surpassing the minimum number of required faculty for a single MPH concentration. Three full-time staff members provide business and administrative support to the program. In the last 3 years, program administrative staff have been evaluated by students through an annual survey and have ranked each year between 3.6 and 3.8 on a 5 point scale from 1 (very weak) to 5 (very strong). Other administrative support for the PPH includes admissions and registrar services provided by the NU Graduate School.

The DPM is located in a 16,000 square foot suite on the 14th floor of an office building on North Lake Shore Drive in the midst of NU's Chicago campus. In addition to offices for full-time faculty and staff, the department's suite includes a reception area, three conference rooms, a multipurpose room with computers, and a small library. Classrooms are located in the medical school's Lurie and McGaw Buildings and Galter Library, within three blocks from the main building. Classrooms range from a 182-seat auditorium to smaller seminar rooms.

Computer resources are readily available to PPH students. A 24-hour student lounge and work area, which includes computers with statistical package software, adjoins the department suite. In addition, the Barnes Learning Resources Center, located within the Galter Health Science Library, has 50 computer workstations, featuring 25 Macs and 25 Windows personal computers.

All PPH faculty and students have access to the full services of the library technology, and information resources provided by the Galter Health Science Library. Located on the Chicago campus, the Galter Health Science Library subscribes to over 2,000 journals and contains approximately 300,000 print volumes. The Galter Library offers free access to electronic search engines, such as MEDLINE, as well as access to online journals and books. Faculty use Blackboard to post and manage electronic course material for students, and training in the use of Blackboard is available at Galter Library.

Other library resources include a small library in the DPM, which houses current and archived public-health related journals. PPH faculty and students also have access to larger NU libraries, such as the NU Law Library, and the Joseph Schaffner Library that provides library resources for NU's Kellogg School of Management, Medill School of Journalism, and other NU programs.

Other resources provided to PPH include the in-kind contributions for instruction provided by the Biostatistics and Consulting Center, which provides supervision for student-client consultation as part of their MSEB's statistical analyst track requirements. The PPH also has numerous formal and informal relationships with community agencies and health professionals in the community, all of which provide educational support for PPH students.

Outcome measures to assess the adequacy of the program's resources are: educational program expenditures per FTE student; research dollars per FTE core faculty; and extramural funding as a percent of total budget. In the last three years, as the student FTEs increased from 56 in 2007 to 67 in 2009, the program's expenditures per FTE student have decreased from \$29,186 per FTE in 2006-07 to \$22,602 per FTE in 2008-09. During the same three-year period from 2006 to 2009, research dollars per FTE core faculty increased from \$281,703 per faculty FTE to \$328,452 per faculty FTE. Extramural funding as a percent of the total budget also increased, from 63% in 2006-07 to 71% in 2008-09. While these research measures capture the strength of the faculty expertise and generate public health science, indirect cost recovery from faculty research grants do not flow to the PPH, so resources generated by research do not directly impact the PPH.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional masters degree. The program may offer a generalist MPH degree or an MPH with areas of specialization. The program, depending upon how it defines the unit of accreditation, may offer other degrees, professional and academic, if consistent with its mission and resources.

This criterion is met. Consistent with its mission, the program offers the professional Master of Public Health (MPH) degree and the academic Master of Science in Epidemiology and Biostatistics (MSEB) degree with two specializations: investigator and statistical analyst. Table 2 depicts the degrees/specializations offered by the program. The MPH includes courses in the five core areas of public health knowledge as well as additional coursework in research methodology and a mandatory weekly course addressing current topics in public health (see Table 3). The MSEB requires students to complete 14 NU units (42 quarter credits) through epidemiology, biostatistics, data management and research methods in population studies.

	Academic	Professional
MPH		X
MPH/MD		X
MPH/PhD		X
MSEB - Investigator Track	X	
MSEB - Statistical Analyst	X	

Table 3 presents the credits required for the MPH degree.

Table 3. MPH Degree Requirements		
Public Health Curriculum	Qtr Credits	NU Units
Required (core) courses	24	8
Required electives from epidemiology and biostatistics	6	2
Electives	15	5
Field Experience	6	2
Culminating Experience	6	2
Total	57	19

2.2 Program Length.

An MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.

This criterion is met. The MPH degree requires students, including those enrolled in joint degrees, to complete a minimum of 57 quarter credit hours. NU defines its courses by units, where one unit equals three quarter credits or 30 contact hours.

The program implemented this new program of study on December 31, 2007. The program requires all students matriculated since that date to complete 19 units (57 quarter credits).

Students who matriculated prior to December 31, 2007 were required to earn 14 units (42 quarter credits) for graduation. All MPH degrees awarded in the past three years were earned by students under this 14 unit program of study. Currently, 18 students continue under this curriculum. All are expected to graduate by 2012 (five years after matriculation).

2.3 Public Health Core Knowledge.

All professional degree students must demonstrate an understanding of the public health core knowledge.

This criterion is met. The program offers required courses reflecting its stated mission and goals in the five following core areas comprising the discipline of public health: Behavior, Society and Health (PH 301); Introduction to Biostatistics (PH 302); Environmental Health Sciences (PH 303); Introduction to Epidemiology (PH 304); and a choice of Introduction to the Health Services Systems (PH 420) or Health Economics and Healthcare Financing (PH 433) (see Table 4 below). All students obtaining the MPH degree must complete the required five courses (15 quarter credits), plus a methodology and current topics seminars, totaling 24 (eight NU units). Through administration and faculty interviews, the site visit team verified that students may not waive from core course requirements.

Course Title	Qtr Credits	NU Units
PH 301 Behavior, Society and Health	3	1
PH 302 Introduction to Biostatistics	3	1
PH 303 Environmental Health Sciences	3	1
PH 304 Introduction to Epidemiology	3	1
Choose 1: PH 402 Introduction to the Health Services Systems OR PH 433 Health Economics and Healthcare Financing	3	1
Total Core	15	5

The site visit team learned from faculty discussions that the PPH Curriculum Committee (CC) is actively engaged in syllabi review and course development. Each instructor submits his or her syllabus for review prior to each time the course is offered. The CC provides detailed written comments regarding the syllabi, objectives and connection to program competencies. The syllabi for all of these courses were reviewed by the site visitors and were found to meet the basic core knowledge requirements as described in CEPH Criterion 2.1.

2.4 Practical Skills.

All professional 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 the students' areas of specialization.

This criterion is met. All MPH students are required to complete a 200-contact hour practice placement called the Field Experience (FE) which is overseen by the PPH Professional Experience Committee (PEC). MD/MPH students complete their public health FE at a site chosen from the pre-approved list. Freestanding MPH students and other dual degree students propose a site to the PEC for approval. The PEC creates policy and maintains administration and review responsibilities for FE students. The FE coordinator (who is also the culminating experience coordinator) helps each student identify the site and project, reviews the first draft proposal and makes suggestions for revision prior to the final submission to the PEC. The MPH program administrator manages logistics, evaluations and schedule for presentations.

FE final reports must be at least 5 pages. Students display posters and provide oral presentations in a formally scheduled forum where university students and faculty are invited. The program's Professional Experience Committee (PEC) review all reports and, if needed, return papers for better analysis. These changes began in the 2003-2004 academic year. The site visitors confirmed this process through interviews with students, alumni, faculty and administration.

The program has developed close relationships with ten local sites: Consortium for Lowering Obesity in Chicago's Children, Erie Family Health Center, Broadway Youth Center, Chicago Youth Programs, Health and Medicine Policy Research Group, Heartland Alliance, Westside Health Authority, Chinese Mutual Aid Association, Logan Square Neighborhood Association and the Chicago Department of Public Health. The program's EAC includes representatives from each of these sites. The EAC members told the site visit team that the ongoing relationship is collaborative and contributes to public health operations in their agencies. One member stated, "We know that the program will send students to us every summer. The program knows that we are committed to having their students and that we will provide oversight and mentorship."

The FE/CE coordinator also teaches the required Topics in Public Health (PH 310 - 315) seminar that meets weekly for one hour. All MPH students (both freestanding and joint) enroll in this course creating a weekly class where almost all MPH students come together and discuss public health practice. It is through her weekly seminar that the FE coordinator learns more about each student and is able to match the student with an appropriate FE site. Students and alumni reported to the site visit team their high level of satisfaction with the FE experience and process.

The FE is designed to introduce students to ongoing public health work, provide students with a hands-on opportunity to participate in public health work and provide background for the CE. The PEC's policies address methods for approving preceptors, supervision of students, site evaluation for appropriateness, preceptor qualifications, proposal process and field experience evaluation. The student submits a final five-page analytic paper and poster. The PEC reviews the paper and poster and provides detailed feedback to the student. When complete, the chair of the PEC submits the student's final grade for the FE. The FE papers and projects reflect that the FE is a valuable experience for the students. Forty-nine FE projects completed in the past three years address topics as broad as uninsured children, illegal abortions, HIV testing, mental health in senior citizens, STDs in juvenile detention inmates, obesity, HPV vaccine, family planning and more. PPH students have also completed international FE in Mexico, Jamaica, Bolivia, Argentina and Liberia.

NU PPH allows waivers for the FE. Students may apply to the PEC to waive the FE by showing the following:

- The student's prior experience must meet the PEC's criteria for a FE;
- The student must have spent at least 200 contact hours in the experience;
- The student must be able to satisfactorily state the public health relevance of the experience;
- Experiences which are largely research-based will not qualify for the waiver.

If the PEC accepts the students request for a waiver, the student must write the final analytic paper and participate in the poster session as is required of all FE students. The PEC approved three students' waiver requests during the past three years.

2.5 Culminating Experience.

All 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. All MPH students complete a final structured culminating experience (CE) totaling two units (six quarter credits). The program's goals for the CE include:

- Provide the student the opportunity to complete a discrete piece of work related to public health;
- Provide the structure that allows the student to take responsibility for and to succeed in the development, conduct and completion of the project; and
- Provide experience in reporting both written and verbal presentations.

The PEC, the FE/CE coordinator and the program administrator administer and coordinate the CE much as this same group administers, coordinates and oversees the FE. In addition, each student is required to establish a CE Advisory Group consisting of a faculty mentor plus one or two additional people. The student works with his or her Advisory Group to develop the CE. The PEC writes policy, approves CE proposals and evaluates the final CE. The FE/CE coordinator assists students in defining their project, establishing their committee, and solving problems. The program administrator catalogs sites and manages the logistics for students' presentations.

The CE must include a public health practice activity or public health-relevant research project involving no less than 200 contact hours, a paper at least 20 pages, and a 20-minute oral presentation. The PEC has established policies addressing site selection, approving preceptors, identifying advisory groups and the proposal and presentation process. The CE may be completed at the same location where the student completed the FE, or the student may choose a different site for his or her CE.

Students work with their advisory group and propose their CE project through formal channels to the PEC. The proposal includes a signed CE proposal form, 3-5 page proposal, other relevant documents (eg, IRB approval letter) and human subjects training certificate. The proposal must describe the project and address the problem being studied or hypothesis being tested, methods, student's role, expected products, dates and times for project, timetable for various steps of project and planned student-mentor interactions (at least weekly meetings). The PEC judges the proposal based on appropriateness of topic, feasibility, relevance to public health and relevance to student's career goals.

Students present their final oral presentations in May when faculty, advisory groups, relevant stakeholders, fellow students, family and friends are invited to attend. Examples of recent CE projects include such topics as *Motivations for Further Childbearing Among HIV-Positive Mothers in Jos, Nigeria*; *Investigating Asymptomatic Plasmodium Infection in Rural Southwest Cameroon*; and *Perspectives of Pediatricians on Care of Children and Youth with Special Health Care Needs*.

During discussions with the site visit team, alumni reported high satisfaction with the CE process, their ability to apply their knowledge to real public health issues and their understanding of the multiple factors influencing public health practice. Many students described the PEC's critical review of the final paper. They indicated understanding that the PEC expected students to submit their CE paper for publication, or at least presentation. Many alumni had achieved that expectation with published journal articles and national presentations on their CE.

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 educational programs.

This criterion is met. The program identifies core public health competencies for all MPH students to achieve:

1. Critically evaluate epidemiologic, prevention and health promotion, clinical outcomes and health services research studies;
2. Formulate a testable hypothesis relevant to public health practice and select and implement appropriate methods to test the hypothesis in an ethically appropriate fashion with contemporary information and computing resources;
3. Locate and interpret vital statistics and other population-based data;
4. Identify population needs for primary, secondary and tertiary prevention and describe population-based, organizational and individual behavioral change approaches designed to restore, improve and maintain health;
5. Identify challenges and opportunities that the economics and organization of health services create for maintaining and improving the public's health;
6. Describe the differences and overlap between clinical medicine and public health and identify ways in which the two disciplines can work in synergy recognizing the advantages of interdisciplinary team work in achieving health objectives;
7. Develop advocacy strategies for public policies that advance health goals;
8. Demonstrate leadership potential as exemplified by effective writing, public presentation and teaching;
9. Describe the history and traditions of public health and their relevance to current and future practice.

The program reviewed its standing competencies during the self-study process and determined that the competencies continued to illustrate the type of public health professional they intended to produce. As with all program decisions, the process for review originated in a faculty committee (the Evaluation Committee) and underwent an iterative process where multiple stakeholders (including students, faculty, staff, larger NU community and external community advisors) were involved through discussion groups, email and surveys. The CC creates the course matrix listing that depicts which courses contribute to students' knowledge in each competency area. The CC reviews all syllabi prior to the course delivery and reviews all course evaluations after course delivery. The program expects that instructors will revise and update course content to assure that students receive the most current information.

The PPH program's MSEB degree lists 11 program competencies, including three additional competencies for each specialization track (investigator and statistical analyst). These competencies

were developed by a designated group of epidemiology and biostatistics faculty working with the CC as part of the degree program's reorganization as a four quarter program. The CC also generated the matrix showing how courses support the MSEB degree program's competencies.

1. Define and calculate measures;
2. Understand the basic terms;
3. Describe the major epidemiologic research study;
4. Describe major sources of confounding;
5. Apply criteria to support;
6. Apply appropriate statistical approaches;
7. Use a computer-based statistical analysis package;
8. Carry out basic sample size;
9. Interpret results;
10. Communicate written and oral findings;
11. Protect the interests of human subjects.

The MSEB Investigator Track has these additional competencies:

1. Design an epidemiologic study;
2. Critically review the scientific literature;
3. Write a clear description of the rationale.

The MSEB Statistical Analysis Track includes these additional competencies:

1. Develop a statistical analysis plan;
2. Use more than one computer-based statistical analysis package;
3. Build and manage relational databases.

The program communicates the degree plan competencies through the handbooks, during student orientation, and through the FE proposal process when students explicitly identify their level of competency-attainment and their site preceptor evaluates them on the same.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

This criterion is partially met. The PPH utilizes numerous methods to assess students in the MPH and MSEB degree programs. Both programs provide competency-based education and measure the acquisition of student competencies through course-based measures, such as tests, papers, presentations and projects. All students are required to complete required courses with a grade of B or better. In addition, both programs evaluate student performance on other required components of the educational programs. The MPH program evaluates students' performances on the FE and CE. The program's evaluation of a student's CE includes the mentor's evaluation and the program assessment of the student paper, poster and oral presentation. The MSEB students are similarly evaluated on their performance on the CE: students in the MSEB statistical track are evaluated on the consultative experience and master's examination, and students in the MSEB investigative track are evaluated on the thesis paper.

MPH students also complete a competency self-assessment at the end of each academic year which measures their progress on acquiring the program competencies. The EvC collects and aggregates the self-assessment data. The program reports that MD-MPH students judge that their competencies increase over time. The program did describe one example when it asked faculty members to add material to courses, based on the findings from students' self-assessments indicating they had not acquired a competency. However, in general the student self-assessment data does not seem to be well-analyzed or integrated in program operations. Students, for example, reported in the meetings with site visitors that they did not receive copies of their self-assessments or review them with faculty to determine which courses or projects they should take or what they could do to address their competency weaknesses. The program uses this data as a snapshot of current student knowledge. The data, if coded and analyzed accordingly, could provide the program with rich measures of aggregate student growth in each of the nine areas. Students generally did not view the self-assessment tool as an important part of their educational experience. One student labeled it just a "bureaucratic activity." Also, data from the student self-assessments are not disaggregated among the different cohorts of MPH programs, to assess any variance among particular student groups in acquiring competencies. The MSEB degree program does not use student self-assessment tools at this time.

The program evaluates student achievement through a number of outcome measures. One measure is the percentage of students with no grade below a B in core courses. In 2006-2007, 100% of students attained that goal, whereas in 2007-2008 and 2008-2009 it was 95%. Numbers of student travel grants for presentations is another measure, of which there have been three in each of the last three years. The program also tracks student publications in peer-reviewed literature based on the CE project, in 2006-2007 there were two; in 2007-2008, there were three; and in 2008-2009, there were none. There are no goals for these measures.

The program targets graduating at least 85% of freestanding MPH students within five years of matriculation; the outcomes were as follows: 80% graduating in 2007; 50% in 2008; and 70% in 2009.

The program tracks graduation separately for joint degree students: the target is that at least 80% of each entering MPH/MD cohort will complete both degrees. The program reached this target in 2006-2007 (83%); 2007-2008 (83%) and 2008-2009 (91%).

The partially met finding next relates to the fact that the PPH did not conduct an alumni survey for a number of years and additionally does not conduct an employer survey. Even though most MPH students go into a medical residency program after graduation, residency directors can still provide useful

information about the alumni's public health skills and effectiveness in using those skills as residents. In addition, the assessment process lacks depth in reviewing all students served by the program.

A final measure is employment at graduation, which was 100% in 2007; 95% in 2008; and 100% in 2009. The majority of PPH students are joint MD-MPH students who graduate from the program and immediately begin residency programs, which means their excellent job placement rate may mask job placement problems that other non-MD-MPH students experience. For example, four MSEB students who graduated in 2009 are all listed as unemployed. PPH does not assess why the students are unemployed and whether there are program strategies needed to specifically address what may be program factors impacting job placements. For example, the program may assess whether strategies are needed to strengthen career planning and placement activities.

2.8 Academic Degrees.

If the program also offers curricula for 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 PPH program offers one academic degree, a 42-quarter credit MSEB, which was introduced in 2005. The initial degree program structure spanned seven quarters, but the program suffered from low enrollment. PPH reports that only four students have graduated at this point. Thus, the PPH made a decision not to admit students into this degree program in the 2009-2010 academic year, in order to restructure it so that, beginning in 2010-2011, students can complete the 14-unit (42 quarter credit) degree on a full-time basis in four quarters. The revised curriculum will include the same curriculum as it did previously, and will add new MSEB courses during the day and allow MSEB students to draw elective courses from the regular PPH courses offered in the evening. The required curriculum includes two required three-course sequences, one in epidemiology and one in biostatistics. The curriculum also provides basic public health knowledge and an orientation to population-based approaches through required courses on Public Health Ethics and Practical Issues in Population Studies. There are two tracks for the MSEB, and for each track there is a different CE requirement. The investigator track must complete a masters thesis, which is typically either a scientific manuscript suitable for publication in a peer-reviewed journal or an NIH-style grant proposal suitable for submission to a funding agency. In the statistical analyst track students are required to complete a consultative experience in the Biostatistics Consulting Center and a master's comprehensive examination.

2.9 Doctoral Degrees.

The program may offer doctoral degree programs, if consistent with its mission and resources.

This criterion is not applicable.

2.10 Joint Degrees.

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

This criterion is met. The PPH program has an MD/MPH joint program and joint MPH-PhD programs with the integrated graduate biosciences program (which includes coursework on microbial pathogenesis, molecular epidemiology or cancer biology) and /with the department of anthropology. These joint programs are governed by formal agreements, and the templates for the joint degree programs are delineated clearly. In addition, there is flexibility for students from other doctoral programs (eg, sociology and education) and professional degree programs (school of law) to develop a joint MPH program by following the curriculum for the freestanding MPH degree.

The MD/MPH joint program provides the largest cohort of MPH students. The core curriculum for the MD/MPH joint program is identical to the other MPH program core curricula, with the exception of two courses: Medical Decision Making (MDM) II substitutes for the Introduction to Epidemiology; and MDM-III counts as an MPH elective. In addition, six quarter credit units from the medical school curriculum can be applied toward the MPH electives. Public health knowledge has been assessed and approved by the PPH for four different medical school courses. Thus, total sharing of credits with the medical school accounts for 12 quarter credit units in the MPH-MD program.

For the joint MPH/PhD program, students are required to take all of the required MPH courses, including the MPH FE and CE. Students may satisfy up to three units or nine quarter credits of MPH electives through non-MPH electives, presumably courses taken in the PhD program, with the approval of the MPH CC. While no written policy exists regarding the maximum number of courses that can be shared and counted toward both degrees, faculty and students reported three courses, or nine units, had typically been used for credit sharing.

2.11 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program'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 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 program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication, and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess teaching and learning methodologies and to systematically use this information to stimulate program improvements.

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

The program 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 DPM has a long-standing tradition of population health research that was initiated by its founding chair in 1972. Faculty appointments are made at the department level. Full-time PPH faculty, then, are full-time DPM faculty. DPM faculty are not required to teach, so there are DPM faculty who are not involved in the PPH programs. DPM faculty research expertise includes cardiovascular disease epidemiology, preventive cardiology, vascular medicine, genetic epidemiology, cardiovascular nutrition, health services research, behavioral medicine and vascular biology.

The PPH's research outcome measures provide a summary of annual research funding and data on faculty research success as measured by the number of peer-reviewed publications. Total research funding has significantly increased in the last three years, from \$8,310,256 (FY 07) to \$10,076,134 (FY 08) to \$11,118,153 (FY09). Peer-reviewed publications over the same time period have decreased slightly from 117 (FY 07) to 108 (FY 08) and 110 (FY09). PPH core faculty receive much of their research funding from federal government sources, such as the National Heart, Lung, and Blood Institute; the National Cancer Institute, the National Institute of Mental Health and the National Institute of Allergy and Infectious Diseases. DPM also houses several large NIH- and American Health Association-funded studies, in which both PPH faculty and students participate.

Currently, NU, DPM and PPH exhibit energy and growing involvement around community research, as PPH faculty become leaders on the campus and participate in the new Community-Engaged Research Center (CERC). One of CERC's new programs, for example, is the Alliance for Research in Chicagoland Communities (ARCC's), which is directed by a PPH primary faculty member. ARCC's mission is to "grow equitable and collaborative partnerships between Chicago area communities and NU for research that leads to measurable improvement in community health." ARCC supports community-based participatory research and has seeded two rounds of community grants. An example of seed-funded project is NuFit: Nutrition and Fitness Peer Education, Dr. Bishop's research project. While there continues to be strong faculty commitment to conducting longitudinal observational studies, faculty members also are engaged in smaller, community-based research and projects that focus on community health outcomes.

Students have many opportunities to work with faculty members on research, although few actually work on faculty grants or projects. Instead, many MPH students do research projects that grow out of their own interests or community field placements to fulfill their CE. When the MSEB program re-launches, the

program director intends to have formal agreements with multiple primary investigators on multiple grants to use MSEB students as research assistants. At the site visit, students reported that there were opportunities to do research with faculty and that the faculty were approachable. Given that the MD/MPH program takes four years to complete, there does not seem to be enough time to undertake substantial research with faculty in addition to the substantial work of the FE and CE for those students. Freestanding students, who are typically academic researchers in their own right, begin to include public health focus in their research. For future students who matriculate in the restructured MSEB, PPH faculty reported that they intend to involve as many of these MSEB students as possible as research staff and collaborators on ongoing faculty research studies.

3.2 Service.

The program 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 partially met. The self-study document indicates an emphasis on community service in the mission statement, and it is listed among the PPH's core values. The PPH surveys its faculty to inventory individual community service activities outside university committees.

This criterion is partially met because the program lacks focus on addressing community service outside the university setting. Two of the three objectives under the service goal consider community service as activities done for the university. These two objectives measure university internal service activities while CEPH interpretation of this criterion states, "Service is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through teaching and research. Participation in internal university committees is not within the definition of this section. Service as described herein refers to contributions of professional expertise to the public, including professional practice...." However, the survey inventory noted above defines that faculty are involved in a broad range of community services beyond working with organizations for teaching or research reasons. Examples of such services include: clinical care in community settings, service to government agencies and consultation with elected officials or candidates and public or private organizations. The self-study distinguishes service by core/non-core faculty. In discussions with core and non-core faculty, selected non-core faculty stated that they engage in various community service activities, but not on behalf of the PPH. Surprisingly, no core faculty identified such activities for themselves.

The only relevant service measure is maintaining relationships with seven community organizations while attempting to add three more such relationships as well as three with international public health entities. These university-oriented measures continue the misunderstanding of what community service means under this criterion. The opening of the Northwestern University Clinical and Translational Science (NUCATS) Institute Community-Engaged Research Center (CERC), led by PPH faculty, provides a major

opportunity for community research, but its existence should not be considered part of the service mission as such, and instead objectives should be established to measure the work it will accomplish doing community service.

The program estimates through informal surveys of students serving on program committees that more than 70% of the PPH students are involved in community service. Site visitors did not find data from the PPH to confirm this estimate. Students mentioned during conversation with the site visitors that they engaged in some past and current community service activities but not as representatives of the program. The report cites the 200 hour requirement for a field experience in a community setting as an example of providing community service. These hours are for educational purposes and are not considered community service under this criterion. The self-study reports that a majority of the MD/MPH students are volunteers in community clinics and health fairs targeted to the underserved, but the program collects no data regarding this assumption. In addition, site visitors did not find program administration or faculty intending to plan to use any formal methods for collecting additional service information.

The program's measures for community service success include maintaining existing relationships with 7 community organizations, and establishing 3 additional relationships with local communities and 3 ongoing relationships with international public health entities. The program data provided for these measures, however, again do not provide documentation of strong MPH program service relationships or service as required under this criterion. For example, to document the establishment of community relationships, the self study report notes that the program "added representatives from 7 affiliated community-based organizations to EAC." These data suggest a possibility of but do not provide documentation that the MPH program provides service to the organizations. The other program measure for community service success is to "support community-based participatory research through our leadership in the NUCATS Institute CERC." While the opening of the Community-Engaged Research Center (CERC), led by PPH faculty, provides a major opportunity for community research, its existence does not provide sufficient documentation to meet the service mission as such, and instead objectives should be established to measure the work it will accomplish doing community service.

3.3 Workforce Development.

The program shall engage in activities that support the professional development of the public health workforce.

This criterion is partially met. This criterion is partially met because the PPH faculty focuses primarily on providing public health education to other health professionals connected to the university through seminars, continuing education programs, lectures, workshops and visiting faculty opportunities and focuses less on public health practitioners outside the university. For the public health practitioner, the PPH has developed limited continuing education efforts. Discussion with faculty and EAC members

confirmed that activities specific to supporting professional development of public health practitioners are not routinely conducted. The faculty sponsors four seminars a year for the DPM seminar series, which is delivered on the NU campus. The most recent seminars covered obesity, exercise patterns for children in Chicago and increasing physical activity and healthy eating in African-American families. The administration and faculty reported that they knew only of faculty and students attending these seminars, and that there exists no plan for inviting members from the public health community. Information about types of attendees/participants and the number of students involved in these efforts was requested by the site visitors, but site visitors were told it was not collected.

Of more concern to the site visit team was site visitors' perceptions that program constituents were unfamiliar with CEPH's expectations and definitions relating to continuing education for public health practitioners. Site visitors noted this misunderstanding in conversations with every group of stakeholders that was interviewed, including students, faculty, program administration and other university administrators.

The self-study lists 25 distinct continuing education programs provided from 2006-2009. Efforts focused more on increasing public health content in the general medical student classes, although the program collected no data on participants. Since 2005, NU added a one-month module, Public Health and Medicine, in the first year medical students' Patients, Physicians and Society course. Public health-related case material is also included in the first year medical students Problem-based Learning cases. The PPH is involved with the Association for Prevention Teaching and Research (ATPR) in expanding access to undergraduate public health education and supporting the Educated Citizen and Public Health project, and PPH faculty will offer an undergraduate PH sequence in 2010. These planned efforts continue to focus on the students of the university.

The self study shows documents from 2004 and 2005 where faculty provided workshops for public health and the general community on recruiting minorities to research studies and cultural sensitivity. However, there was no follow up to these two isolated efforts and no plan to continue such activities with the public health practitioner community.

In 2009 the program polled EAC members to provide input about the educational needs in their agencies and organizations. The program administration indicated to site visitors that they will prioritize these suggestions during the 2010-2011 academic year. One suggestion from the EAC identified a need for public health training for boards of community and health care organizations. The program has initiated an answer for this need, but the effort is in its developmental stages and needs more work to complete. The program provided no detailed strategy to the site visit team either in the self-study document or through interviews regarding how the PPH will respond to the remaining suggestions from the EAC. The

site visit team concluded that this one action does not constitute a fully developed plan for continuing education.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The PPH maintains a large faculty with excellent, multidisciplinary training and substantial depth and breadth of public health expertise to fully support the program's mission, goals and objectives. Of the 52 core faculty members, 50 have terminal degrees; 19 hold MD degrees and 14 of the MD-trained faculty also have an MPH or other master or doctoral degree. The 31 non-MD core faculty have PhD or DrPH degrees in a range of disciplines, including biostatistics, epidemiology, sociology, health services research, public policy, communications, psychology, molecular genetics and political science. In addition, PPH is supported by 22 "other" faculty members, who have secondary, adjunct or emeritus appointments in DPM and who teach or actively participate in program administration. These faculty members, 13 of whom have medical degrees, also bring diverse disciplinary perspectives, including law, economics and occupational and environmental health.

Consistent with the program's goal to provide a multidisciplinary public health education, the PPH faculty complement includes three or more core faculty in each of the five core academic areas: biostatistics, epidemiology, environmental health sciences, health services administration and organization, and social and behavioral sciences. Over the last three years, the full-time equivalent student count has increased from 56 to 67. There were 105 students in the MPH program in 2009.

The number of PPH faculty members who have MD degrees and other public health degrees and the number of physician faculty who also do public health research provides an important resource to support the first goal of the PPH: to enable students to become leaders who can span the boundaries between public health and medical professional endeavors. In addition, numerous faculty members provide an important bridge to the world of public health community practice. For example one faculty member who teaches a required course for all MPH students and functions as the FE/CE coordinator also directs the school-based health clinics at the Jose de Diego and Roberto Clemente Community Academies. Other faculty members also draw on their experiences in the public health workforce before they joined the faculty to help students boundary span between medicine and public health (eg, one core faculty member was the deputy medical director of the Illinois Department of Public Health and served as the president of the Chicago Board of Health).

The school assesses the qualifications of its faculty complement on the basis of the faculty members' degrees and experience in their respective fields, their research activities and community engagement. The department chair meets annually with each DPM faculty member to assure continued performance at a level consistent with university standards. In addition, the PPH director meets with each faculty member at the start of the academic year to review the previous year's performance and plan for the new year.

The program provided three outcome measures to assess faculty performance: course evaluations for core courses; student annual assessment of the curriculum and faculty approachability. While specific targets were not presented, the program noted that all core courses were rated at or above the middle of the scale (ie, a rating of three on a five point scale) on the course evaluations. The program also reported that for the past three years, students' assessment of the curriculum is consistently above three on a five point scale, and faculty approachability was above four on a five point scale.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The NUFSM and TGS faculty policies and procedures govern the PPH faculty and are published in the university's faculty handbook and in the medical school's handbook, which are both available on-line. Most PPH faculty have primary appointments in the NUFSM and can be appointed at the lecturer, instructor, assistant professor, associate professor and professor levels. The medical school's handbook lists four academic career tracks for faculty: investigator, investigator-clinician, clinician-investigator and clinician, and the tracks vary on the basis of the emphasis on research and clinical activity. All faculty members are expected to contribute teaching and institutional service. The investigator track (tenure-eligible) is designed for scientists who do not have clinical or other service responsibilities and will spend the great majority of their time performing original, independent research. The investigator-clinician track (tenure-eligible) is designed for physicians or other health care professionals who will devote the great majority of their time to original, independent research, and in addition to teaching responsibilities, have clinical or other service responsibilities. The clinician-investigator track (non-tenure-eligible) is designed for physicians or other health care professionals who will spend at least half of their time in clinical or other service activities, and in addition to teaching responsibilities, will also pursue original research. The clinician track (non-tenure-eligible) is designed for physicians or other health care professionals who will spend the great majority of their time in clinical activities including the teaching and training of health professionals. Scholarly activity is encouraged and often involves work with clinical trials, or the analysis and reporting of clinical experience, etc. During the site visit, an "approved proposal" describing new faculty tracks was distributed to the site visit team. The proposal simplifies the faculty track system and describes the new tracks as the investigator track, the

clinical scholar track and the clinical associate track. This proposal becomes effective in September 2010.

The annual evaluation process with the DPM chair usually involves self-reporting, goal setting and counseling regarding career progression and departmental expectations for the faculty member. NU encourages faculty to participate in faculty development activities to improve their existing skills or acquire new skills in teaching, research, patient care, communication and management.

Promotion and tenure review policies, clearly delineated in the medical school's handbook, describe the following four standards for faculty evaluation: education, research, clinical and community service and professional leadership. Each department's Promotions and Tenure Committee advises the department chair on promotion and tenure decisions.

The department chair recommends full-time faculty candidates for the award of tenure or promotion to full professor, and ad hoc committees selected for each case perform the review. Ad hoc committees seek written evaluations of candidates from external referees, some of whom can be selected from names provided by the candidate's department chair and/or section head. The Clinical Council, Education Council or Research Council, as appropriate for the candidate's primary performance area reviews the ad hoc committee's report as well as the full faculty dossier. The reviewing council recommends an action to the dean. After receiving advice from these review bodies, the dean either makes a decision not to award promotion and/or tenure or recommends promotion and/or tenure to the provost. In cases where the provost accepts the recommendation for promotion and/or tenure, the provost makes a recommendation to the Board of Trustees.

The medical school's standing Appointments and Promotion Committee reviews all other candidates for promotion actions. This committee recommends action on promotions to the dean who, in turn, either makes a decision not to promote or recommends promotion to the provost. In cases where the provost accepts the recommendation for promotion, the provost makes that recommendation to the Board of Trustees.

Students evaluate courses and teaching effectiveness through web-based course evaluations at the end of the course. The program withholds student grades until the course evaluation is completed. Students also evaluate teaching and teaching effectiveness through an annual program review survey. The Curriculum Committee reviews all data from course evaluations, and the committee chair meets with instructors whose evaluations indicate problems. The self-study report states that data from the annual review are "compiled and shared with program stakeholders, including faculty and students in a variety of venues" such as in committee meetings and education retreats. The program, however, did not provide

documentation or examples of how the data are actually used by specific committees, such as the EAC, to make recommendations or changes to improve the program.

4.3 Faculty and Staff Diversity.

The program shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

This criterion is met with commentary. Of the 74 total core and "other" faculty of PPH, 47.3% are male, 52.7% are female, 2.7% are Black, 2.7% are Hispanic/Latino and 12.2% are Asian/Pacific Islander. In 2009, 13 of the 74 faculty members or 17.6% of the faculty are minorities. Underrepresented minority faculty members (Black and Hispanic) equate to 5.4% of the current and other core numbers. This number has been stable over the past three years.

The PPH staff includes one Black male, one Black female and one Hispanic/Latino female, or 100% from underrepresented minorities.

Northwestern University has a clearly stated non-discrimination policy available on the provost's website that states, "Northwestern University does not discriminate or permit discrimination by any member of its community against any individual on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, gender expression, parental status, marital status, age, disability, citizenship or veteran status in matters of admissions, employment, housing or services or in the educational programs or activities it operates." NU also established a Faculty Diversity Committee in 2004 that provides best practices and guidelines for recruiting and retaining minority and female faculty.

The PPH has undertaken great efforts to recruit underrepresented minorities. Efforts have included providing tuition waivers for three minority faculty members at the medical school to pursue MPH degrees; identifying and recruiting current minority faculty in clinical departments with public health degrees; and sponsoring workshops about minority community-based research. In addition, the program created a committee in 2004 to advise the program on diversity issues and minority recruitment. PPH also has sponsored seven Visiting Professors of Minority Health. PPH lists outcome measures as the proportion of minority faculty and the proportion of tenured women.

Although both proportions have improved, and PPH has expended much effort to recruit faculty from underrepresented minorities, the commentary relates to their limited success in achieving a diverse faculty. Self-assessment of this criterion in the self-study document consider the program efforts as partially met. Such an assessment signals how seriously the program considers their need to work on improving their results in recruiting minority faculty.

4.4 Student Recruitment and Admissions.

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

This criterion is met with commentary. The PPH adheres to Northwestern University's graduate and medical school policies on student recruitment. Information on the TGS website for the PPH is extensive and provides good explanations for potential recruits. Recruitment occurs through several routes including the internet, Graduate School Bulletins, pamphlets and information sent to NUFSM applicants. Recruitment for the MD/MPH is coordinated with the medical school admission process. The program is marketed through information shared with the National Association of Health Professional Advisors pre-med advisors reference manual and through several conferences, including the National Association of Medical Minority Educators annual conference. For joint-degree students the PPH admissions committee makes the joint degree admission decision following medical school admission.

The program provides informational sessions to undergraduates in the Northwestern Honors Program in Medical Education, a seven year combined BS/MD program. The site visit team noted through conversation with faculty and students that only few faculty could give specific examples of being involved in recruiting students whom they taught.

The program recruits from within the university student populations for students to join the joint degree programs (MPH/MD and PhD/MPH). The basic science doctoral graduate program for the PhD/MPH draws from the Integrated Graduate Program in the Life Sciences, Anthropology and others. Recruiting students from diverse backgrounds means recruiting them into these university programs first. The Master of Science in Epidemiology and Biostatistics (MSEB) recruits students who are postdoctoral students, faculty seeking additional research training and pre-doctoral students seeking applied research training. Freestanding MPH students are persons from professional backgrounds but are mostly from outside the university.

The program manages the PPH application along with the applicant's graduate school application. Program administration did not clarify any particular recruitment strategy for these joint degree programs. The program reported marketing the freestanding MPH through outreach to fellowship trainees, other health professionals, junior faculty and through the EAC, although the EAC members provided no examples of this marketing during the site visit team's meeting. The Associate Director for Admissions and Graduate Affairs reviews applicants and then refers strong candidates to the program Admissions Committee for action.

Recruitment to the MSEB program has been problematic due to low enrollments. Of 12 applicants to the program for 2007-2008 only 3 were enrolled and for 2008-2009 of 11 applicants none were enrolled. This has led the PPH to address new recruitment strategies in getting applicants that are prepared for enrollment. The PPH proposes to include face-to-face meetings with post doctoral training program grant directors in the medical school, mailing recruitment materials to career planning and placement offices in local institutions (eg, NU undergraduate campus, University of Chicago, University of Illinois) and making presentations to pre-medical clubs and career offices in these local institutions.

The commentary relates to the following: 1) the PPH did not provide information about or an assessment of why the MSEB had low enrollment and was not successful with the previous curricular structure, and 2) PPH provided no documented plan or assessment about the ways the changes will make the program stronger and viable in the future. In discussions with the site visit team, faculty reported during the site visit their thoughts regarding weaknesses of the MSEB in the past may have been related to the fact that students were not provided with financial support and that faculty did not make enough effort to involve students in their research projects, which they are trying to change in the future. However, the site visit team was not provided with any data regarding the MSEB assessment, nor was any process for making evidence-based decisions in any of the faculty or administration on-site interviews.

Successful applicants to the MPH/MD including those in the Honors Program in Medical Education must also apply to TGS to be formally admitted to the PPH program.

The PPH application for the Integrated Graduate Program (IGP) and the PhD/MD is managed along with the applicant's graduate school application. Program administration did not clarify any particular recruitment strategy for these joint degree programs. The freestanding MPH is marketed through outreach to fellowship trainees, other health professionals, junior faculty and through the External Advisory Committee although no examples were given during the site visit team's meeting with the EAC members. Applications are processed by TGS personnel and forwarded to the PPH Admissions Officer. Criteria for admission include: status as a health care professional (have a masters or above-level professional degree), interest in serving in public health, GRE scores above the 50th percentile, command of written and spoken English, 2 letters of recommendation and evidence of successful undergraduate experience. Applicants who meet the initial criteria are invited to interview before two members of the program admissions committee. If both agree, the applicant is recommended for admissions. If split, all applicant information and interviewers comments are reviewed by the entire admissions committee within five business days and results sent to program admissions officer who sends recommendations to TGS for final decisions and to notify applicants of decision.

Table 5. Quantitative Information on Applicants, Acceptances, and Enrollments by Program Area, 2006 to 2009				
		Academic Year 2006 to 2007	Academic Year 2007 to 2008	Academic Year 2008 to 2009
MD/MPH	Applied	18	14	20
	Accepted	18	14	20
	Enrolled	15	14	18
Freestanding MPH	Applied	26	24	24
	Accepted	3	7	10
	Enrolled	2	4	8
PhD/MPH	Applied	24	23	35
	Accepted	3	8	7
	Enrolled	1	2	1
MSEB	Applied	<i>New program</i>	12	11
	Accepted		9	9
	Enrolled		3	0

The program's MD/MPH track consistently enrolls 14-18 students. The freestanding MPH and PhD/MPH enrollments remain smaller due to applicants not being accepted into the PhD program or not meeting the MPH freestanding requirements. In the case of MSEB enrollment is zero for 2009. With the exception of the MSEB, the number of students enrolled in 2009 program by head count and type is 53 part-time (29 FTE) in MD/MPH, 30 part-time (17 FTE) in freestanding MPH and 17 FTE in PhD/MPH. No student was in the "unsatisfactory standing" in the past 3 years.

4.5 Student Diversity.

Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

This criterion is met. The PPH adheres to the university policies on non-discrimination. The Diversity Committee is now a standing program committee that developed from a Task Force established in 2001. The self-study provides evidence of commitment and action to recruit under-represented minorities verified by onsite interviews. The main vehicle for PPH student diversity is through dual degree applicants who first apply to the NUFSM. NUFSM has special relationships with three HBCU and Hispanic-Serving Institutions' undergraduate programs to recruit qualified underrepresented minority applicants. Examples of strategies include: providing tuition waivers for minority faculty in NUFSM to pursue an MPH; co-sponsoring community training on cultural sensitivity tailored to graduate students and faculty and establishing a visiting minority faculty program. A new recruitment effort includes using the MPH Student Field Experience Poster Session for a PPH Open House to which local underrepresented minority students are invited from universities in the Chicago area. Now in its second year, the Diversity Committee reports that they doubled the number of contacts with minority students who are interested in public health. The profile of 27 new enrollments for 2008-2009 included 13 males

and 14 females with two Black, two Hispanic/Latino, 11 White, 11 Asian/Pacific Islander and one international.

The ability to provide scholarships to minority faculty in NUFSM is successful in enrolling freestanding students of color. However, it should be noted that focusing on recruits with master or above-level degrees to enter the freestanding MPH program may inhibit recruitment of undergraduate minority students. The pool of potential underrepresented minority students is relatively small for the PPH recruitment requirements.

4.6 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 partially met with. Two faculty members serve as advisors for each entering cohort, one for MPH/MD and the second for all other students. The main contact is early in the program and afterwards more informally through emails, meetings as requested, and for some there are faculty initiated social events. Other faculty act as informal advisors for students as needed which was confirmed by the site visit team. A PPH faculty member is part of the Culminating Experience Advisory Group who is charged with coaching the student through drafts of his or her paper.

Site visitors learned in discussion with students that freestanding MPH students do not feel as well advised as do the internal joint degree program participants. The freestanding students told site visitors that they felt less informed about program processes as their full-time MD/MPH peers.

Advisement continues to be rated low on student evaluations. In spring 2007 the PPH charged an MPH Task Force to determine root causes of low evaluation scores and identify action steps to mitigate the concerns raised. The task force invited all MPH students to participate in the focus group, and 21 out of 79 (27%) actually participated. The demographic characteristics of the focus group participants reflected the diversity of students. The Task Force attempted to get perspectives from a variety of students in the program MD/MPH, freestanding and MPH/PhD students. The focus group report covered many areas including faculty approachability, advising and communications. The report recommended more intensive advising in a one-on-one format and in group orientation sessions as well. Students consider faculty approachable but students are required to initiate contact. The report recommended that advisors be knowledgeable about both the PhD and MPH program administration to be effective for the life sciences and social sciences students. The site visit team confirmed that the program is taking action to improve student advising and connection with faculty through changes to the program's website, increased opportunities for informal discussions (quarterly lunches) and a newly developed flowchart to help students plot course selection. There will be an on-line database of students and their status regarding course work, program engagement, satisfaction, and other items. Follow up activity and results to the

Task Force recommendations were not reported in the self-study but the program supplied additional information as requested by the site visit team which explained how the recommendations were addressed. It is clear that the PPH is making a positive effort to improve student advisement and career counseling.

The program provides information on careers in public health through its various courses. The Topics in Public Health course provides interaction with practitioners who discuss career path options. The faculty member who teaches the Topics in Public Health classes also coordinates the FE and CE and described her classroom activities which guide students in their career considerations. Faculty are willing to meet with students to talk about career options and choices.

The partially met finding relates to the need to show improvement in the students' evaluations of program advising as a result of the proposed actions being taken in 2009-2010. While the program shows sincere efforts to address advisement challenges posed by a diverse student body, it is premature to declare success. With two groups of students evaluating the advising system fewer than three points where one is very weak and five very strong, there is evidence for needed change in the system. The site visitors learned through interviews with faculty and administration that how faculty advisors are measured in their performance for advising students and who monitors the advising system revealed that the advising process is not well-structured. Students stated that, although they were told about having an advisor, it was not clear to them the role they could expect advisors to play in their academic success. Many faculty did not view advising as something that needed a lot of attention or planning, instead stating that they would make themselves available to their students. Site visitors also noted that the 2009-2010 student handbook needs editing revisions, as accurate written materials are particularly important when practices relating to personal contact with advisors are more limited.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Northwestern University Public Health Program

May 24 - 25, 2010

Monday, May 24, 2010

- 9:00 am Meeting with Administration and Staff to Discuss Agenda and Requested Information
Rowland Chang
Betty Hahneman
Rebecca Wurtz
Karen Quintana
- 9:15 am Meeting with Program/Department Administration
Donald Lloyd-Jones
Rowland Chang
Katherine Kaufer Christoffel
Betty Hahneman
Maureen Moran
Rebecca Wurtz
Mercedes Carnethon
Karen Sheehan
Arlene Hankinson
Art Kohrman
- 10:30 am Break
- 10:45 am Meeting with Public Health Core Course Teaching Faculty
Elizabeth Durkin (Behavioral Science)
Joel Shalowitz (Health Services Management)
Robert Golub (Epidemiology)
James Sinacore (Biostatistics)
Peter Orris (Environmental Health)
Virginia Bishop (Topics in Public Health)
- 12:15 pm Lunch with Students
Jordan Kenik (MD/MPH 1st Year)
Rahul Ganatra (MD/MPH 2nd Year)
Bruce Henschen (MD/MPH 2nd Year)
Jill Jin (MD/MPH 4th Year)
Bronwyn Rae (Freestanding)
Eric Oreilind (Freestanding)
Lauren Slubowski (MPH PhD)
Yuna Rapaport (MD/MPH 1st Year)
- 1:45 pm Break
- 2:00 pm Meeting with Full-time Teaching Faculty
Alan Dyer
Philip Greenland
Spencer Huang
Joseph Kang
Denise Scholtens
Martha Daviglius
- 3:00 pm Meeting with Part-time Teaching Faculty
Jennifer Cartland
Marie Crandall
Joe Feinglass
Phil Fontanarosa
Elizabeth Hahn

D. James Kyriacou
Maryann Mason
Lewis Smith

4:00 pm

Break

4:15 pm

Meeting with Alumni

Christina Cordero
Pablo Denes
Clara Felice
Brian Patterson
John Flaherty
Kimberly Dilley
Courtney Noble
Chad Achenbach

5:15 pm

Meeting with External Advisory Committee (EAC)

Bernard Turnock (University of Illinois at Chicago, School of Public Health)
Joseph Harrington (Chicago Department of Public Health)
Lee Francis (Erie Family Health Center)
Linda Rae Murray (Cook County Department of Public Health)
Patricia Canessa (Salud Latina/Latino Health)
Adam Becker (Children's Memorial Hospital)

6:15 pm

Adjourn

Tuesday, May 25, 2010

7:15 am

Breakfast at Omni Hotel with Medical School Officials

Larry Jameson (Dean)
Jeffrey Glassroth (Vice Dean)
Raymond Curry (Executive Associate Dean for Education)
Warren Wallace (Associate Dean for Admissions)
John Franklin (Associate Dean for Minority and Cultural Affairs).

9:30 am

Meeting with University Officials

Daniel Linzer (Provost)
Simon Greenwald (Associate Dean of The Graduate School)
Gregory Light (Director, Searle Center for Teaching Excellence)
William Leonard, PhD (Director, Weinberg College of Arts and Sciences Global Health Minor)

10:30 am

Review of Documents and Prepare Report

12:00 pm

Working Lunch in Executive Session

1:30 pm

Exit Interview

Department Chair
Program Director
Associate Program Directors
MPH Committee Chairs

3:00 pm

Adjourn