Council on Education for Public Health
Adopted on October 24, 2015

REVIEW FOR ACCREDITATION

OF THE

SCHOOL OF PUBLIC HEALTH

AT

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
June 10-12, 2015

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Introduction

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

Established in 1766, Rutgers is one of the oldest higher education institutions in the United States. It enrolls more than 66,000 students and employs 22,000 faculty and staff members. The university offers more than 100 undergraduate majors, more than 200 graduate programs and degrees and houses more than 300 research centers and institutes. Rutgers comprises campuses in New Brunswick, Newark and Camden.

The Rutgers Biomedical and Health Sciences (RBHS) division is academically aligned with the New Brunswick campus and enrolls 7,658 students. The division includes eight schools (including the School of Public Health), a behavioral health network and four centers and institutes.

The School of Public Health was established in 1998 as a collaboration between the University of Medicine and Dentistry of New Jersey (UMDNJ), the New Jersey Institute of Technology and Rutgers. The 2012 New Jersey Medical and Health Sciences Education Restructuring Act transferred UMDNJ, including the School of Public Health, to Rutgers effective July 1, 2013, and UMDNJ was dissolved.

The school was last reviewed by CEPH in 2007 and was awarded an accreditation term of seven years. Since that review, the school has submitted interim reports related to its assessment procedures, joint degrees, administrative structure and graduation rates. The Council accepted all interim reports as evidence of compliance with the relevant criteria. The school has also submitted a number of substantive change notices since its last review related to the addition of new curricular offerings and changes to the curricular requirements for existing degrees. The Council extended the school's accreditation term one additional year to better balance its workload of accreditation reviews.

Characteristics of a School of Public Health

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

a. **The school shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.**

b. **The school and its faculty shall have the same rights, privileges and status as other professional schools that are components of its parent institution.**

c. **The school shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the school of public health should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.**

d. **The school of public health shall maintain an organizational culture that embraces the vision, goals and values common to public health. The school shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the school's activities.**

e. **The school shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the school shall offer the Master of Public Health (MPH) degree in each of the five areas of knowledge basic to public health and a doctoral degree in at least three of the five specified areas of public health knowledge.**

f. **The school shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.**

These characteristics are evident in the School of Public Health at Rutgers. The school is located in a regionally accredited university and has the same rights and privileges as other professional schools on campus. The school has a planning and evaluation process that is inclusive, timely and focused on public health research, teaching and service.

The school's faculty are trained in a variety of disciplines, and the environment supports interdisciplinary collaboration. The school's degree programs are organized with an ecological perspective, and faculty and student connections with public health practitioners and local community members ensure that the school fosters the development of professional public health concepts and values. The school has a clearly defined mission with supporting goals and objectives.

The school has adequate resources to offer the MPH degree in the five core areas of public health knowledge and doctoral degrees in at least three areas. The school offers additional master's and

doctoral degrees in such areas as dental public health and urban health administration. It also offers the MPH in a joint format with programs such as law, pharmacy, biomedical informatics, business, nursing, public planning and public affairs.

1.0 THE SCHOOL OF PUBLIC HEALTH.

1.1 Mission.

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

This criterion is met. The school has a clearly formulated and publicly stated mission with supporting goals, objectives and values. The school developed the mission statement as part of the strategic planning process and published its final iteration in February 2014. Faculty, staff and students participated in the development of the mission statement, objectives and organizational values with opportunity for input from community stakeholders as well. The school plans to have a three-year review, assessment and revision cycle going forward. The school's mission statement is as follows:

> The Rutgers School of Public Health seeks to improve health and prevent disease in diverse populations in New Jersey and around the world through educating students to become well-qualified and effective public health leaders, researchers and practitioners; conducting research to advance public health science and policies; and providing service programs that promote population and individual health.

The strategic plan outlines four goals related to education, research, service and strategic priorities for growth. The goals have a total of 29 attendant objectives, and all school efforts are guided by seven value statements. The values address high-quality performance and work products; creative thinking, innovation and discovery; integrity; respectful treatment of all individuals; diversity of backgrounds and experiences; productive collaboration; and the democratic process, equal opportunity and social justice.

Faculty who met with site visitors were familiar with, and supportive of, the mission, goals, objectives and values. The dean, who joined the school in May 2015, suggested that these are likely to be reviewed and adjusted on an accelerated timeline as his leadership begins to assert its influence.

1.2 Evaluation and Planning.

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

This criterion is met with commentary. The school has actively worked to revise its data collection and monitoring systems over the last two years, which coincides with the integration of UMDNJ and Rutgers.

These systems are intended to monitor performance against the 29 objectives identified in the strategic plan.

The school has assigned responsibility for the collection and reporting of strategic plan performance data. Responsible individuals and units receive support from school administration to ensure that these efforts are successful.

The school has developed three data assessment feedback loops in the spirit of continuous quality improvement efforts. The first loop is within individual departments or equivalent operational units, where data is shared within the unit. The second level is information shared across departments in support of campus-wide improvements. The third level of data feedback and planning occurs across the school, involving the governing bodies within the school. During the site visit, select examples of the use and implementation of the systems were described.

The self-study process was largely led by a Writing Committee composed of members from the Dean's Office, faculty, institute/office directors, campus administrators, fieldwork coordinators, fiscal officers and staff and Academic Affairs staff. Faculty, staff and students provided information and data for specific sub-criteria. The Dean's Office provided document review and editing. Alumni and community representatives provided input during the process about select criteria as needed.

The first point of commentary relates to the lack of a participatory approach to the development of the self-study and mission statement. While faculty and staff reported that students and community members contributed to the development of these documents, this could be not be verified during the site visit. Community members and students queried during the site visit did not report active involvement in the formative stages of document development, though these constituents were provided with the opportunity to comment on the draft.

The second point of commentary relates to many incomplete and/or in-development data collection activities. The dynamic state of change within the school, coupled with the relatively new strategic plan and performance objectives, contribute to this status. Organizational conditions as outlined in the self-study and reported during the site visit revealed that some objective measurement activities were new, in process or under development. At the same time, site visitors were unable to verify that the monitoring, reporting and continuous quality improvement systems were fully functioning as intended or reaching their full potential.

1.3 Institutional Environment.

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

This criterion is met. Rutgers has been accredited by the Middle States Commission on Higher Education since 1921; the most recent review for re-accreditation occurred in 2013 and resulted in a 10-year term. The university responds to more than 30 specialized accrediting agencies in fields such as nutrition and dietetics, pharmacy, physical therapy, nursing and medicine.

The university is organized into 32 schools and colleges that span a number of campuses in New Brunswick, Newark, Stratford and Camden. The university enrolls nearly 47,000 undergraduates and more than 19,000 graduate students. The schools of pharmacy, biomedical sciences, medicine, dental medicine, nursing, public health and health-related professions comprise the Rutgers Biomedical and Health Sciences (RBHS) division. All RBHS deans report to the RBHS chancellor. The chancellor reports to the university president, who in turn reports to the Board of Governors.

The school enjoys the same level of authority and autonomy accorded to other schools and colleges across campus, in decision-making about budgeting and resource allocation, personnel recruitment, selection and promotion and academic standards. The budget is developed in consultation with the chancellor and the senior vice chancellor of finance and administration. Personnel actions are subject to review by the chancellor, the respective campus provost and University Human Resources. Tenured appointments require the approval of a university-wide Promotion Review Committee. The senior vice president for administration oversees the recruitment, selection and advancement of staff. Academic standards and policies are reviewed by the Campus Academic Progression Committees and submitted to the Executive Council for final approval. Proposals for new academic programs are reviewed by the chancellor, the executive vice president for academic affairs and the Board of Governors.

1.4 Organization and Administration.

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

This criterion is met. The school has an appropriate, although somewhat complex and rapidly evolving, organizational and administrative structure that facilitates its educational, research and service goals and objectives. The school is currently based in three campuses: the main campus in New Brunswick and campuses in Newark and Stratford. The dean oversees all three campuses, and each is led by an associate dean. In accordance with the practice of decentralized administration that is characteristic of the parent institution, the Rutgers Board of Governors delegates significant authority to the dean to serve as chief academic and administrative officer for the school. During the visit, the team learned that the new

dean is in the process of making changes to the organizational structure to make it more function-based. The Newark, Stratford and New Brunswick campus associate dean positions will be eliminated and a new associate dean for education established as of July 1, 2015. In addition, the Stratford campus will be closed and its academic program moved to the Camden campus. This change will provide for direct oversight of the programs and faculty at the Newark, New Brunswick and Camden campuses by the dean as well as provide more administrative support for the school's education programs.

The school is composed of eight academic departments, each led by a chair appointed by the dean. All faculty are hired through a department and report to a department chair. The core departments of biostatistics, epidemiology, environmental and occupational health, health education and behavioral science and health systems and policy are on the New Brunswick campus. Dental public health, quantitative methods and urban health administration are on the Newark campus. A satellite of the Department of Health Systems and Policy is on the Stratford campus. The school is temporarily suspending admissions beginning in fall 2015 on the Stratford Campus until the school is able to relocate its activities to the Camden campus. However, courses will continue to be taught to existing students on the Stratford campus.

Six centers, one institute, one program and an Office of Public Health Practice report directly to the dean. However, changes are being made to the departmental structure. Beginning July 1, 2015, the Department of Quantitative Methods will be eliminated and its six faculty will be folded into either the Department of Epidemiology or the Department of Biostatistics as appropriate. In addition, five faculty who are in the Department of Preventive Medicine at the New Jersey Medical School will move their primary appointments to the School of Public Health. Another major change will be the transfer of 14 faculty from the Department of Environmental and Occupational Medicine at the Robert Wood Johnson Medical School to the Department of Environmental and Occupational Health in the School of Public Health. These major changes have all been approved at the university level and will serve to increase the faculty size and capacity of the school.

Interdisciplinary collaboration occurs at the levels of the university, the RBHS division, the school and the community through collaborative academic programs, institutes, interprofessional education activities and collaborative projects with agencies across the state. The following are some examples of this interdisciplinary work:

- The school collaborates with the Rutgers New Jersey Medical School, the Rutgers School of Dental Medicine and the Rutgers School of Public Affairs and Administration to offer three non-core concentration areas of public health for the MPH degree.
- Primary faculty hold joint appointments in other Rutgers departments, and conversely, departments in the school have provided joint or adjunct appointments for faculty outside of the school.

- Faculty associated with the school and collaborating institutions are leaders in four joint institutes, centers and programs.
- The school participates in the RBHS initiative on interprofessional education, a large collaborative effort to integrate teaching and experiential/service learning among RBHS students.
- The school has developed a jointly sponsored MS in health outcomes, policy, and economics degree program with the Rutgers Ernest Mario School of Pharmacy.
- The school supports dual concentrations that enable students to obtain a double major in two areas of public health, such as epidemiology and health education and behavioral science.
- Faculty members have conducted numerous research and service projects for New Jersey Departments of Health (NJDOH), Environmental Protection (NJDEP) and Community Affairs (NJDCA).

1.5 Governance.

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

This criterion is met. The school has an inclusive governance structure that allows it to fulfill its mission, goals and objectives. The school is governed by a set of bylaws, and the dean is the chief academic and administrative officer of the school with primary responsibility for achieving the mission. The school has an Executive Council and 15 school-wide standing committees that address such issues as academic progress, admissions, appointment and promotion, curriculum, student affairs and research. Ten of these committees are established through the school's bylaws, and an additional four were established to facilitate governance including the Awards Committee, the Dean's Council, the Doctoral Committee and the External Advisory Committee. A Faculty Affairs Committee will be established following the approval of the amended bylaws.

Each campus has four committees that contribute to school governance: an Academic Progression Committee, an Admissions Committee, a Curriculum Committee and a Campus Executive Committee. Each campus committee reports to its school-wide parent committee with respect to setting and implementing school-wide policies.

Several committees directly advise the dean. The External Advisory Committee is composed of six members of the school's external community. Its current chair is the health officer of the Princeton Regional Health Commission. The dean is an ex-officio member who appoints the chair. The committee does not have a maximum number of members, and the members are selected to provide a broad representation of the community served by the school with a content expert representing each of the school's departments. The primary charge for the committee is to provide guidance to the department chairs regarding curricular issues for application to the community including fieldwork projects, research opportunities for faculty as well as students, service opportunities and linkages to professional

associations in the state. During the site visit, the team learned that members of this committee review department competencies and curricula and make suggestions for change as appropriate.

The Executive Council consists of the dean, department chairs, the secretary of the faculty, an elected faculty representative eligible for AAUP membership from each campus and one officer representative from the school's student government association for each campus. Currently, it also includes campus associate deans for each campus, although these positions will be eliminated as of July 1, 2015. The council advises the dean on matters affecting the operation and policies of the school, develops the procedural code of the school and acts on behalf of the faculty with regard to the duties and powers of the faculty enumerated in the bylaws.

The Dean's Council consists of the dean and associate deans. It provides advice and guidance to the dean regarding schoolwide issues and policies and serves as a subcommittee of the Executive Council.

Seventeen members of the school's faculty serve on 72 university committees. Representation is included on committees such as the Rutgers Faculty Senate Faculty Affairs Committee, the Steering Committee of the Greater New Brunswick Community Health Collaborative, Rutgers Biomedical and Health Sciences Strategic Planning Cancer Control and Prevention Work Group, the President's Diversity Council, the University-wide (UMDNJ Legacy) e-Learning Faculty User Group, the Office of Disabilities Committee and the Institutional Review Board.

Student participation in governance is valued and encouraged. During the site visit, students confirmed involvement in the governance of the school. Student representatives are elected by the School of Public Health student body on each campus to serve as campus officers and to have active roles on campus and school-wide governance committees. With the exception of the Academic Progression Committee, the Appointments and Promotions Committee and the Bylaws and Elections Committee, students may serve and have a vote on all school-wide and campus standing committees, including the Executive Council, Campus Executive Committees and the Curriculum Committees.

The Student Government Association (SGA) was organized in 1988 on the New Brunswick campus, in 2001 on the Newark campus and in 2004 on the Stratford campus. While the SGA is school-wide, it is organized by campus with up to four officers on each campus who are provided with tuition waivers for three academic credits per year for serving in this appointment. The primary activities of the SGA have included student/faculty gatherings at the school or a member's home campus, participation in the orientation program for entering students, hosting social events such as the Fall Festival and an annual dinner/dance, representation on the Campus Executive Committees and school-wide and campus committees, and participation in V.O.I.C.E.S. (Volunteer Opportunities in Community-Engaged Services).

1.6 Fiscal Resources.

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

This criterion is met. The school's budget has been largely consistent throughout the last eight years with small fluctuations that reflect the changing nature of state higher educational systems and federal funding for research, practice and service projects. The budget revenues and expenditures have hovered around $15 million to $16 million during that timeframe, as shown in Table 1.

Regarding sources of funds, the school has seen general trends toward increases in the proportion that comes from tuition, fees and gifts, as well as more dramatic increases in continuing education revenue. The school has seen modest declines in state appropriations, grant revenues and, correspondingly, indirect cost recovery.

The self-study indicates that faculty salaries are in line with national norms for rank and department. The school uses state appropriations, tuition and grant funds to support salaries. No formula is offered for the proportion of each, but in a dynamic academic health sciences center-associated school, a large proportion is expected to come from grant revenue. The school currently exceeds its targets for the ratio of external support to state support, institutional support per student FTE and faculty salaries.

Presently, the Rutgers system reflects largely decentralized budgeting with local control by the school within the parameters set forth by the university. The school keeps its tuition revenue and gets a state allocation toward its budget, which has remained relatively stable in the past decade. The state allocation has historically been based on need and past funding levels. The school keeps the majority (>80%) of its indirect cost recovery.

During the site visit, the dean, president, provost and chancellor all described the coming change to a responsibility centered management (RCM) model as welcome and needed for a research university with the scale and scope of Rutgers. In essence, the RCM budget is one in which the school will pay for all costs out of the totality of its revenue, minus the agreed upon taxes or expenses for university or other services such as central administration and security. The RCM model is common in universities with health sciences centers, and the health science schools and colleges are reported to do well in such a system.

Table 1. Sources of Funds and Expenditures by Major Category, 2007 to 2015									
	2007	2008	2009	2010	2011	2012	2013	2014	2015 (YTD)
Source of Funds									
Tuition and Fees	$2,609,700	$2,924,067	$3,106,840	$3,238,450	$3,742,750	$4,243,602	$3,856,293	$4,273,513	$3,184,292
State Appropriation	$3,179,000	$3,182,000	$2,667,000	$2,444,000	$2,252,000	$2,252,000	$2,252,000	$2,252,000	$1,501,333
Grants & Contracts (direct cost recovery)	$9,531,522	$9,294,807	$8,560,031	$8,328,968	$7,120,254	$6,600,250	$6,762,596	$7,022,903	$5,046,043
Indirect Cost Recovery	$934,731	$1,008,171	$901,770	$866,614	$832,290	$983,639	$1,036,233	$795,207	$724,287
Gifts	$18,278	$2,025	$14,200	$10,023	$44,014	$33,339	$65,750	$43,687	$9,255
Continuing Education	$755,704	$917,123	$1,036,806	$883,596	$874,688	$933,393	$1,056,715	$1,129,315	$661,581
Service Income	$298,852	$157,475	$220,212	$189,542	$88,647	$112,672	$72,412	$94,712	$79,906
Other Income	$53,942	$9,382	$9,480	$5,853	$6,165	$6,289	$6,965	$7,515	$8,500
Total	**$17,381,729**	**$17,495,050**	**$16,516,339**	**$15,967,046**	**$14,960,808**	**$15,165,184**	**$15,108,964**	**$15,618,852**	**$11,215,197**
Expenditures									
Faculty Salaries & Benefits	$4,629,653	$4,985,351	$4,793,969	$4,922,247	$4,258,329	$4,233,317	$4,440,623	$5,003,977	$3,795,310
Staff Salaries & Benefits	$4,466,297	$4,596,717	$4,421,680	$4,291,983	$3,645,875	$3,798,984	$3,899,466	$3,592,373	$2,604,149
Fringe Benefits	$1,335,523	$1,314,968	$1,347,292	$1,255,184	$1,013,445	$1,108,816	$1,297,837	$1,354,035	$916,104
Salary, Vacation & Sick Pay Accruals	$13,750	$37,054	$1,023	$78,898	$26,444	($381)	$31,697	$130,569	($108,329)
Grants Subcontracts	$3,130,240	$2,761,278	$2,682,602	$2,681,078	$2,538,441	$1,864,509	$1,419,205	$2,269,706	$1,257,798
Operational Expenses	$1,402,788	$1,694,512	$1,336,989	$1,172,496	$965,129	$825,166	$1,198,564	$1,063,334	$558,349
Travel	$225,656	$283,598	$261,349	$238,711	$181,308	$253,330	$186,309	$202,508	$124,305
Student Support	$225,876	$209,795	$281,422	$206,288	$238,894	$364,716	$350,218	$330,610	$312,061
Equipment	$76,436	$178,828	$87,281	$32,702	$67,612	$109,937	---	$5,439	$5,301
Educational/Teaching Services Purchased from Affiliates	$291,170	$623,816	$537,636	$348,288	$662,814	$721,866	$649,976	$427,526	$458,342
University Taxes & Levies	$900,350	$865,994	$1,124,422	$1,231,766	$1,446,460	$1,137,818	$3,530,379	$1,028,956	$713,617
Total	**$16,697,739**	**$17,551,911**	**$16,875,665**	**$16,459,641**	**$15,044,751**	**$14,418,078**	**$17,004,274**	**$15,409,033**	**$10,637,007**
Excess/Deficit*	$683,990	($56,861)	($359,326)	($492,595)	($83,943)	$747,106	($1,895,310)	$209,819	$578,190

* Deficits in annual budgets absorbed by university

The fiscal resources are set to increase substantially when the planned move/reorganization of 21 secondary faculty come on board as primary faculty, shifting their tenure-track/tenure home. This process will be complete by the end of June 2015. Additionally, the dean has secured new faculty lines for the school, with at least two to four positions being made available in the upcoming year. Additional opportunity for growth exists in the form of development revenue, and the university has recently provided a development officer for the school for the first time.

While the school's budget has been largely flat over eight years, it does not reflect the coming near-term increases in revenue (state lines, tuition, grants and gifts) that come from the addition of a bolus of new faculty and a development officer, nor does it reflect the additional costs that will be borne by the school under the new model.

1.7 Faculty and Other Resources.

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

This criterion is met. The school has the personnel and other resources needed to fulfill its mission, goals and objectives. The faculty complement meets all full-time quantitative faculty requirements in the five core public health knowledge areas for which the school offers doctoral and master's degrees. Primary faculty range from six to 10 individuals in each area. No primary faculty members are assigned to the dental public health and quantitative methods concentrations, and only one supports urban health administration. These concentrations are primarily supported by secondary faculty—five, 31 and eight, respectively. Students who met with the site visit team, including those in the latter three disciplines, were satisfied with their class sizes and the accessibility and availability of their professors. The student-faculty ratios (SFRs) are all in line with 10:1 or fewer students per faculty member by department, even when considering primary faculty only.

The school has established an expenditure-per-student cost based on historical precedent and the current expense per student meets that target. The school has had a consistent number of students by head count ranging from 364 to 390 over the past three years. Many students are enrolled part-time.

Departmental staffing is supported by state and grant sources. Departments have minimal non-grant staff support. It was not readily apparent to site visitors that departments have state-supported administrative assistance at a consistent level across the school. Site visitors confirmed during meetings that the volume of staff support is an area in which faculty would like to see improvement.

The site visit allowed the team to affirm that the school has adequate space with plans for new space to be made available in the near future. Wet and dry labs are generally focused on environmental health and

appear to be adequate. Strength in environmental health research and training of environmental health professionals contributes to the availability of these resources.

The school has a highly geographically distributed faculty and decentralized administrative structure that reflects the complexity of a school that was formerly a collaborative entity between multiple institutions. Central administration is separate from the majority of teaching departments, and physical spaces are often several miles apart.

Computing resources for students are reported to be adequate. Library resources support the research and teaching missions of the school with a high volume of books and journals and ready access to electronic resources. The connection to the Rutgers University library system has been a welcome change for the school.

1.8 Diversity.

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

This criterion is met with commentary. The school has a clearly stated and comprehensive set of applicable diversity polices and targets, inclusive of institutional climate, academic programming, student recruitment and staffing. These policies and activities are intended to address the principal disadvantaged minority groups in New Jersey, identified as black/African Americans and Hispanics/Latinos. Furthermore, the school's values and applicable strategic plan elements highlight the importance of diversity in all its manifestations. The school has clear and measurable diversity targets and plans to develop a more formalized overall diversity plan in the future.

The school's human resource and student diversity numerical targets, reflective of the make-up of the New Jersey population, have largely been achieved. The one exception is Hispanic faculty, which appears to be one to two individuals short of the target. Nonetheless, school leaders expressed a commitment to factor diversity into hiring decisions as future recruitment efforts unfold.

The school recently hired a minority faculty member to support initiatives that emphasize health research and service in minority communities. This further complements existing programming provided by the school's Institute for the Elimination of Health Disparities. Finally, the school has taken an additional step in hiring a new dean who possesses an established track record in health disparities research.

Cultural competence is explored and promoted in the classroom through use of group projects and assignments, which serve to promote practical experiences in communicating across cultural boundaries. Health disparities is a prominent feature in the curriculum, inclusive of environmental justice, social marketing, racial/ethnic differences in disease status and issues such as access to health services.

Several courses explore communications strategies and tactics to support interventions involving diverse cultures.

Of special note are the efforts of the Admissions Committees to consider diversity in admissions decisions. The review of master's-level applications considers many characteristics of applicants, including race, ethnicity and other background information. Special consideration is provided for applicants who show academic promise but are disadvantaged due to access to educational resources, potential biases in testing and other related factors. To address these issues, a small subset of students are admitted as non-matriculated students. Upon initial enrollment, they must complete 12 credits and maintain a B average. At that point, they can fully matriculate as master's students. This strategy has led to the awarding of 39 MPH degrees to African American and Hispanic students. Additionally, students may also begin their academic experience in the general public health certificate program and then, if qualified, transition to the MPH program.

The commentary relates to negative student perceptions of the diversity climate. Fifteen percent of 166 surveyed student respondents reported that the school environment is intolerant of individuals with diverse backgrounds. School administrators expressed concern about this feedback and conveyed a commitment to explore and address the issue. At the same time, students and alumni who met with site visitors did not corroborate the survey findings; to the contrary, they expressed no such concerns.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

This criterion is met. As shown in Table 2, the school offers master's and doctoral degrees in the five core areas of public health, as well as various other concentrations and tracks. Joint degree options include medicine, law, pharmacy, psychology, biomedical science, business, physician assistant and public planning. An occupational and environmental medicine residency program and a preventive medicine residency for physicians are also available.

At the time of the site visit, the MSN/MPH program was under revision and temporarily suspended; no students are currently enrolled in the program. Proposals for a new MPA/MPH program in public affairs and an MS/MPH program in biomedical informatics were recently developed, though they have yet to be approved by the Board of Governors. The MPA/MPH program is expected to be approved in fall 2015. Site visitors were informed that the implementation timeline for the MS/MPH in biomedical informatics,

which was originally scheduled to launch during the same semester, has been postponed until further notice.

Table 2. Instructional Matrix

	Academic	Professional
Master's Degrees		
Biostatistics	MS	MPH
Pharmaceutical Biostatistics	MS	
Health Education and Behavioral Science		MPH
Environmental and Occupational Health		MPH
Epidemiology		MPH
Quantitative Health Care Assessment		MPH
Health Systems and Policy		MPH
Quantitative Methods		MPH
Dental Public Health		MPH
Urban Health Administration		MPH
Health Outcomes, Policy and Economics	MS	
Doctoral Degrees		
Biostatistics	PhD	DrPH
Health Education and Behavioral Science	PhD	DrPH
Environmental and Occupational Health	PhD	DrPH
Epidemiology	PhD	DrPH
Health Systems and Policy	PhD	
Joint Degrees		
Arts		BA/MPH
Science		BS/MPH
Allopathic Medicine		MD/MPH
Osteopathic Medicine		DO/MPH
Dental Medicine		DMD/MPH
Law		JD/MPH
Pharmacy		PharmD/MPH
Psychology		PsyD/MPH
Biomedical Science		MBS/MPH MS/MPH
Business		MBA/MPH
Physician Assistant		MSPA/MPH
Public Planning		MPP/MPH

Site visitors reviewed the corresponding plans of study and agreed that most curricula appear appropriate and reflective of graduate-level public health training. Coursework tied to the MPH concentrations in urban health administration and dental public health, however, does not appear to be intentionally created for the MPH degree and the link to MPH competencies is not clearly communicated through syllabi. These programs are largely run by secondary faculty, and the administrators who met with site visitors expressed comfort with this system. The MPH in urban health administration, for example, requires 15 credit hours of core coursework in the school, and the balance of the curriculum is taught by faculty in the School of Public Affairs and Administration or the School of Medicine. Examples of courses include theory and practice of non-profit management, health care management, public financial management, non-

profit budgeting, government budgeting systems and topics in health care finance. The curriculum is approved by the school's Curriculum Committee and is assumed to be a strong curriculum with good enrollment. However, administrative matters pertaining to the concentration are likely to be complex and special attention should be paid to assuring that MPH competencies are communicated to students and that public health content is consistently and effectively woven into the teaching delivered by faculty who do not have primary responsibility in the school.

2.2 Program Length.

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

This criterion is met. MPH students are expected to complete a minimum of 45 semester credits. One semester credit is defined as 15 hours of classroom instruction. In addition to 15 credits of core coursework, students complete 12 to 18 credits of concentration-specific coursework and up to 12 credits of electives, depending on the chosen plan of study. Since its inception, the school has not awarded an MPH degree to a student for fewer than 45 credits.

2.3 Public Health Core Knowledge.

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

This criterion is met. All students enrolled in the MPH and the DrPH degree programs are required to take five core courses, one in each core discipline, as shown in Table 3.

Table 3. Required Courses Addressing Public Health Core Knowledge Areas for MPH and DrPH Degrees

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	PHCO 504: Introduction to Biostatistics	3
Epidemiology	PHCO 502: Principles and Methods of Epidemiology	3
Environmental Health Sciences	PHCO 503: Introduction to Environmental Health	3
Social & Behavioral Sciences	PHCO 505: Health Education & Behavioral Science in Public Health	3
Health Services Administration	PHCO 501: Health Systems and Policy	3

Each course contributes to a core curriculum that provides students with the competencies identified through the ASPPH MPH Core Competency Development Project. To maintain consistency across campuses, all core courses for each discipline have similar competencies or learning objectives. The syllabi for most core courses contain course descriptions, associated competencies and specific learning objectives. The syllabi for different offerings of the course (eg, spring, fall, Newark Campus, Stratford Campus, etc.) are not identical but are, with only a few exceptions, similar. The syllabi indicate that the

coverage of the core areas is appropriate. A challenge mentioned in the self-study is to maintain the equivalency of the core courses across the campuses and offerings. The school plans to continue to coordinate and monitor them to assure that they adequately address the core competencies.

Occasionally, students with an existing graduate degree petition to transfer completed coursework to replace one or more of the core courses. To do so, they are required to demonstrate their proficiency by providing a syllabus with learning objectives for each course for review and approval by the core course instructor and department chair. If approved, the student may skip the core course and replace it with an advanced course in that content area.

2.4 Practical Skills.

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

This criterion is partially met. The primary public health practice experience is fieldwork for MPH students and the practice experience for DrPH students. Fieldwork is required of all MPH candidates, including those seeking dual degrees. Established policies and procedures exist. MPH students' fieldwork is a planned and supervised learning experience during which students conduct a project that allows for the application of principles learned in the classroom.

MPH fieldwork comprises six credits: a one-credit planning phase and a five-credit implementation phase. Students are required to complete 15 credits of core courses and a minimum number of additional credits as defined by their department to achieve eligibility to begin fieldwork, though exceptions may be made with special permission from a faculty advisor. Additionally, a GPA of at least 3.0 is required to register for fieldwork, although department chairs may permit exemptions in extraordinary circumstances. Students are encouraged to attend required fieldwork seminars and one fieldwork presentation session prior to beginning their fieldwork.

Fieldwork sites are selected based on students' interests and career goals. Students may identify their own sites or may consult with faculty advisors and/or one of the school's two fieldwork coordinators. Final selection of a fieldwork site is based on the ability of the site to provide a meaningful practice experience for the student as judged by the faculty advisor; the willingness of the agency to undertake the responsibility; and the ability of the agency to provide appropriate supervision of the student by a professional with an advanced academic degree in a relevant field. Sites are varied to include state, local or federal health agencies or departments; non-profit organizations; hospitals; industry; and schools/institutes/departments within Rutgers or another university.

Site preceptors are selected based on their expertise, desire to work with a student, enthusiasm, availability, experience in practice and appropriate advanced educational background. The fieldwork coordinator meets and/or speaks with each site preceptor to explain the fieldwork process and to discuss the preceptor's role. A fieldwork contract that outlines the project and serves as a written agreement is signed and executed between the student, faculty advisor and site preceptor.

Formal evaluation systems exist for MPH student assessments of field sites and preceptors and reciprocally for preceptors to evaluate students' performance. While the school reports a modest 50% to 60% preceptor compliance with providing written assessments of student performance, interviewed faculty and preceptors report regular weekly check-ins that serve to monitor student performance and preceptor satisfaction. Interviewed preceptors communicated enthusiastic appreciation for the level of student preparation and contributions students make during their fieldwork.

Students pursuing the DrPH degree are required to complete an appropriate practice experience, though this requirement can be waived. In the past, the school has allowed DrPH students with a prior MPH degree to use their MPH fieldwork to satisfy this requirement; however, a new policy has been developed and approved by the school's Doctoral Committee and was approved by the school's Executive Council in May 2015. The new policy addresses procedures and requirements, site selection, competency attainment, project acceptability and other guiding principles that should prove helpful in guiding the DrPH practice experience. At the time of the site visit, the policy was timed to be implemented in 2016-2017.

The Public Health Practice Degree working group was convened in March 2015 to develop and tender recommendations to the dean about a potential degree in public health practice. The working group focused its effort on the consideration of applied skills. The aim is to specifically prepare students for mid-level leadership and management roles upon graduation.

Community stakeholders and alumni who met with site visitors identified practice skills that they felt the school might consider emphasizing in the future. These included continuous quality improvement, advocacy, organizational management, governmental agency budgeting, leadership and use of social media.

The concern relates to the practice of waiving DrPH practice experiences predicated on MPH-level fieldwork. The school updated the practicum policies and procedures for DrPH students on May 21, 2015. The new policy addresses this deficiency; however, a checklist of steps and details to guide the process remains under development and was not available for review at the time of the site visit.

2.5 Culminating Experience.

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

This criterion is met. MPH and DrPH students complete a culminating experience at the conclusion of their coursework. Both models are designed to assess students' ability to integrate and synthesize the knowledge and skills they acquired through the curriculum.

At the conclusion of their fieldwork, MPH students prepare a final report and oral presentation. The written report involves a literature review and includes a problem statement, a description of the methods and results, a discussion of the limitations, implications and recommendations and a brief explanation of how the student's fieldwork contributed to his or her proficiency in related competencies. The final product must be suitable for publication. A corresponding presentation is made before an audience of faculty, preceptors and fellow students.

DrPH students complete a two-day written exam, followed by an oral exam in their major area and original dissertation research on an applied topic. The first component of the written exam incorporates essay questions that assess students' general public health knowledge and skills. The second portion tests students on a variety of concepts in their area of concentration. Students must pass the exam to advance to candidacy. Those who fail may be granted a second opportunity to take the exam; those who do not pass the retake exam are not awarded a DrPH degree. Each candidate works with his or her advisor to establish a dissertation committee and prepare a dissertation proposal. The proposal includes a set of hypotheses or research questions, a literature review and a discussion of methods and expected results. Following the acceptance of the proposal, the student writes and defends a dissertation under the supervision of the dissertation committee. The final product includes an introduction, an outline of the methods and results and a discussion piece.

The sample of reports, exams and dissertations reviewed by site visitors provided evidence that both forms of the culminating experience are integrative and provide an adequate level of rigor to evaluate students' overall knowledge and skills.

2.6 Required Competencies.

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

This criterion is partially met. The school has developed competencies for each of the degrees it offers, which include the professional MPH and DrPH degrees and the academic MS and PhD degrees. A set of

competencies required of all MPH students are presented in the context of each of the five core courses. All DrPH students also complete these same five courses, and they share the same set of core competencies with MPH students. These competencies reflect the full range of knowledge, skills and abilities in the five core areas that both MPH and DrPH students are expected to acquire.

In addition to these overarching competencies shared by MPH and DrPH students, there are competencies for each departmental MPH and DrPH program that are mapped to courses. There are also separate departmental competencies for the MS and PhD degree programs. The departmental DrPH and PhD degrees contain a number of competencies that are appropriately more advanced than those for master's degrees.

Most courses have a set of objectives that are included in the course syllabus, but a few do not. Beginning in 2013, each syllabus was supposed to begin listing the competencies that the course addresses. While most syllabi have achieved this goal, some have not. The competencies for each degree are available on the school's website and are provided in the school catalog.

Competency development was originally guided by the 2006 ASPH MPH Core Competency Development Project followed by a school-wide retreat to instruct faculty on competency development and structure and to review existing core courses and department courses to adapt courses to competency-based learning. Prior to presenting the MPH competency matrix to the school's Curriculum Committee in 2013-2014, each department reviewed its own competencies. Feedback from students, graduates and site preceptors informed these reviews. Departments reviewed evaluation survey results pertaining to the competencies. On course evaluations and the graduate exit survey, students/graduates rate the extent to which a course or the overall program prepared them in their department's competencies, and students rate their perceived level of expertise on their department's competencies in an online self-assessment. External assessment of student proficiency in the professional degree competencies is collected from fieldwork preceptors.

Competencies are periodically reviewed at several levels. Each department is responsible for assuring that its own courses, including core and concentration-specific courses, are consistent with the school's mission, goals and objectives, as well as meet the needs of public health practice in a given core area. Each department reviewed its competencies and curricula during 2013-2014 for relevance to public health practice prior to submitting them to the school's Curriculum Committee for review. In addition, feedback on competencies for graduates in the various MPH concentrations is obtained from site preceptors who are working in agencies that students have selected for their fieldwork. Each department also selects an outside expert and seeks advice regarding relevant competencies for 21st century public health practice. Several of those individuals are invited to serve on the school's External Advisory

Committee. Community stakeholders confirmed that community members, principally through the External Advisory Committee, review department curricula and competencies and make suggestions for change when appropriate. They also stated that these suggestions have resulted in changes that have enhanced the skills students need during their fieldwork experiences. Furthermore, school faculty are involved with national public health workforce development efforts and monitor the school's curricula to ensure that they continue to reflect current public health issues and skills.

In addition to these overall competency review processes, the Department of Health Education and Behavioral Science uses the Seven Areas of Responsibility and the competencies identified by the National Commission on Health Education Credentialing (NCHEC). The department reviews the five required concentration courses taken by all departmental majors to ensure that the Seven Areas of Responsibility for generic introductory-level health educators and the three graduate-level responsibilities are met through course activity.

The concern relates to the absence of a set of doctoral-level competencies that all DrPH students are expected to achieve. As discussed, the core competencies for all DrPH students are the same as those for MPH students. In response to questions concerning this issue, site visitors were provided with a matrix that presented six general competency domains that were extracted from the department-specific DrPH competencies. The related department competencies were then listed under their appropriate general domain. Courses that address each general domain were listed in the matrix. However, for the most part, the courses taken by students differ and address the specific departmental competencies. While the matrix was helpful in showing that there are common elements in the department-specific DrPH competencies, this approach does not meet the CEPH criterion for one competency set for all DrPH students. Site visitors learned that there will be a schoolwide education retreat in September 2015 and that the DrPH programs and the competencies will be reviewed. The school is encouraged to develop a common set of advanced overarching competencies and courses for its DrPH students.

2.7 Assessment Procedures.

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

This criterion is partially met. The school has a number of processes for assessing that students are achieving the competencies for each degree program, including performance in courses, as measured by meetings with advisors each semester, examinations, papers, presentations and evaluation of the capstone. Performance during the fieldwork/practicum is assessed by written and oral preceptor and advisor evaluations of student papers and presentations that include descriptions of how department competencies were addressed in the experience. All doctoral students are evaluated on qualifying exams

and the quality of dissertations. Additionally, course evaluations and the exit survey include self-assessment by students as to how department competencies and learning objectives were met.

Assessment by students of how well core courses and the overall curriculum has addressed the course and departmental competencies is determined from the course evaluations and exit surveys using a 1-4 scale (1=not at all and 4=a lot). The self-study summarizes the results, which indicate that the courses address the competencies very well with the rankings ranging from 3.15 to 4.00.

Students also complete an online self-assessment to rate their perceived level of expertise on their department's competencies using a 1-5 scale (1=none and 5=highly proficient). The self-study summarizes the results of fieldwork preceptor assessments and shows fairly good agreement between the student's assessment of how he or she achieved departmental competencies and the preceptor's assessment of students' demonstration of the competencies.

Degree completion and employment rates are another measure by which the school assesses success of its programs. Targets are set at the CEPH-required thresholds (degree completion of 70% for master's and 60% for doctoral programs and 80% employment/continuing education for all programs).

The self-study provides aggregated graduation and job placement data by degree. MPH graduation rates for the 2009-2010, 2010-2011 and 2011-2012 cohorts were 89%, 84% and 67%, respectively, indicating that most MPH students can complete the program in less than the six years allowed. Degree completion rates for the MS in biostatistics, MS in biostatistics pharmaceutical and MS in health outcomes, policy and economics tracks are not available because these programs have not been in existence for six years. The PhD graduation rate for the 2006-2007 cohort is 72%; 16% of the students in this cohort withdrew. For the 2007-2008 PhD cohort of 11 students, four (36%) have graduated, four have withdrawn and three remain in the program. If the remaining three graduate, the cumulative graduation rate will be 63%.

The concern relates to the low graduation rate of DrPH students. The self-study shows that of the three DrPH students who matriculated in 2006-2007, one graduated in 2013-2014 and two have withdrawn. Nine DrPH students matriculated in 2007-2008. To date, one has withdrawn and five (56%) have graduated. If the three remaining students graduate, the cumulative degree completion rate will be 89%. However, in subsequent years, fewer students have matriculated and the withdrawal rates have been high. For example, three of five in the 2008-2009, two of two in the 2009-2010 and one of two in the 2010-2011 cohorts have withdrawn. Site visitors were provided with aggregate data for DrPH students showing a completion rate of 60% between 1996-1997 and 2006-2007. Nevertheless, DrPH completion rates are below the 60% threshold required by the CEPH criteria. During the visit, the team learned that most doctoral students are enrolled part-time, which likely contributes to high attrition rates. Site visitors

heard from students that they are grateful that the school provides opportunities for them to work while earning their doctoral degrees, so this is a valuable opportunity for the students. However, formal exit interviews are not conducted with students who leave the program, so actual reasons could range from personal circumstances, job transfers or simply insufficient time to complete the dissertation work. Conducting such surveys might provide information of value for addressing the problem.

Job placement and plans for further education are collected through students' application for diploma/certificate, graduate exit survey and the LinkedIn website. These three means typically provide job placement information for about 80% of the school's graduates each year. For the remaining graduates with unknown status, faculty and the fieldwork coordinators are contacted to track the status of particular graduates, and attempts are often made to contact the graduate by telephone. The self-study shows the proportion of the school's graduates with known job placement information for the last three years. The results show that the proportion of MS, MPH, DrPH and PhD graduates who are employed or continuing their education ranges from 84% to 100%.

In addition to the graduate exit surveys and preceptor surveys that assess how well students have achieved competencies, the school has conducted an online survey with 20 employers about the preparedness of graduates for work in their organizations and to perform the departments' competencies. While only seven employers responded, the majority felt that public health students were "well prepared to very well prepared" in all eight areas surveyed. These areas include leadership and management skills; practical experience with public health research; communication and collaboration skills; understanding of social and environmental determinants of health; practical experience in the field; quantitative skills (eg, biostatistics); subject matter expertise in a chosen discipline; and public health policy development.

The school must continue to develop its data collection and analysis from alumni about their ability to perform competencies in an employment setting. The school recently conducted an alumni survey that asked about the academic experience. While 91% of respondents were satisfied or very satisfied with their overall academic experience at the school and 87% were satisfied or very satisfied with their overall academic experience in their department, the survey did not include questions about competencies or graduates' experiences in the workforce. The school conducted a brief alumni survey in August 2015 to assess graduates' proficiency in their department competencies and plans to include these questions on the 2016 survey and in future surveys.

2.8 Other Graduate Professional Degrees.

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

This criterion is not applicable.

2.9 Bachelor's Degrees in Public Health.

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

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

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

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

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

This criterion is not applicable.

2.10 Other Bachelor's Degrees.

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

This criterion is not applicable.

2.11 Academic Degrees.

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

This criterion is met. Students in each of the school's three academic master's and five PhD programs are required to take courses that address the five core areas of public health, thus providing a grounding in the breadth of public health and epidemiology for those students who complete all the courses.

Students earning an MS in Biostatistics students are required to take three one-credit core courses which provide exposure to the public health areas of environmental health sciences, social and behavioral sciences, and health services administration, including the following: PHCO 0508: Issues in Environmental and Occupational Health, PHCO 0510: Issues in Health Education and Behavioral Science and PHCO 0511: Issues in Health Care Systems and Policy. MS in Biostatistics students are no longer allowed to substitute a three-credit core course for the set of three one-credit courses.

The number of credits required for the MS in Health Outcomes, Policy, and Economics (MS-HOPE) degree program is being increased from 39 credits to 40 credits to include a one-credit core course, which will provide exposure to principles and concepts in environmental health (PHCO 0508: Issues in Environmental and Occupational Health). This is in addition to the already required three, three-credit core courses in Health Systems and Policy (PHCO 0501), Introduction to Biostatistics (PHCO0504), and Principles and Methods of Epidemiology (PHCO 0502).

The Health Systems and Policy core course (PHCO 0501) contains both social and behavioral sciences content as well as health services administration content.

The PhD degree program requires the completion of six to 11 credits of coursework in the core areas of knowledge basic to public health, depending on the department and students' prior public health experience.

2.12 Doctoral Degrees.

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

This criterion is met with commentary. The school offers nine doctoral degrees of at least 72 hours in duration, as shown in Table 2. Admission to the DrPH presumes that applicants hold an MPH; if they do not, then they must take the five core MPH courses. Both PhD and DrPH programs require a dissertation of at least 24 credits of research. The DrPH is distinct in that it also requires a field placement.

The doctoral programs are supported by advanced-level coursework. Research labs and opportunities are available for full-time students, and students report no concerns with doctoral-level mentorship.

Doctoral student funding is limited, and stipend-supported doctoral positions are grant funded. School-based funding is for tuition assistance for teaching assistants and for those positions related to student governance only. The school lists $300,000 in student support, but this total also reflects the grant-funded assistantships and foregone revenue from tuition waivers given to students for teaching.

The commentary relates to the small numbers of students in the DrPH program. Admission rates are low, with only four newly admitted students since 2013-2014. Low enrollment numbers may limit opportunities for student interaction and peer learning.

The PhD program numbers are robust, and the PhD programs appear to be thriving. Sixteen students entered the PhD programs since 2013-2014.

2.13 Joint Degrees.

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

This criterion is partially met. A number of joint degree programs, as shown in Table 2, promote students' cross-disciplinary understanding of public health.

The school provides a framework for BS and BA students across the university to get a head start on their MPH degree by completing up to 15 credits of MPH coursework in their senior year. Similar programs are offered for BS students at William Paterson University and the Richard Stockton College of New Jersey. Approved credits may fulfill certain bachelor's degree requirements, but no substitution of MPH credit is involved. This accelerated format only applies to MPH degrees in the five core areas.

Efficiency for all other joint degree programs is primarily achieved with the substitution of six to 12 credits of approved elective courses for credit toward the MPH component of the degree. Shared electives must be approved by the student's faculty advisor. Students are generally expected to complete all of the required courses, including the culminating experience, within their respective MPH programs. Exceptions may be granted by the school and campus Curriculum Committees and the Executive Council, which review proposals to substitute outside coursework for required MPH courses. Faculty advisors may, on a case-by-case basis, also approve alternative practice experiences that integrate concepts from both of the participating degree programs.

The concern is that the integrity of the MPH curriculum is not fully preserved. Faculty stated that the content of outside coursework and corresponding syllabi are reviewed for comparability before being deemed acceptable for MPH credit. Site visitors reviewed the syllabi of substitute courses, however, and were unable to validate that equivalent or related content is always addressed. In lieu of HSAP 519 Managing Health Care Delivery Organizations, for example, MBA/MPH students in health systems and policy may take the organizational behavior course offered by the School of Business; this business-oriented course does not appear to integrate public health concepts. Neither do several MD, MS and MBS courses that have been accepted by the school as electives, such as anatomy, cell biology and embryology; fundamentals of biochemistry and molecular biology; fundamentals of cell biology;

fundamentals of systems biology; fundamentals of human physiology; fundamentals of pharmacology; and topics in pharmacology. Although the learning objectives addressed in some shared courses may be relevant or applicable to public health practices, specific public health content is not explicitly incorporated into all of the associated syllabi. As a result, some joint degree students may not obtain 42 credits of public health coursework.

2.14 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The research enterprise at the school has declined since 2007, but has been stable recently and funded at around $7 million per year for the last few years among primary faculty. Of the school's 39 primary faculty, 54% have obtained grant funding. The secondary faculty account for an additional $12 million in annualized research expenditures, enhancing the environment for discovery and expanding mentoring opportunities for doctoral students. Indirect cost recovery was almost $800,000 in 2014.

Diverse funding sources sponsor work at the school including the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), New Jersey/New York Hazardous Materials Worker Training Center, the National Institute for Occupational Safety and Health (NIOSH), other CDC institutes and private foundations.

The school has particular strength in environmental health and more specifically in air pollution, hazardous waste and exposure/risk assessment. Additionally, it has strengths in tobacco control,

addiction and health services research. Community-based research by faculty in the school is focused in the areas of cancer, addictions and environmental health. These areas of school strength align with the strategic plans for growth in the RBHS division and the university.

There has been a major push for new proposals in the past year with the school exceeding its goal of 90 proposals in 2014 after two years of not meeting that target. Indeed, in 2012, the total number of proposals was only one-third the number of the target. This increased proposal activity, assuming high quality, should lead to more funded grants and opportunities for doctoral mentorship. While published work is in appropriate journals, the goal of 2.5 publications per year by primary faculty was only met in one of the last three years.

The school has an internal research infrastructure for pre-award assistance and tracking. Internal mechanisms exist for start-up support and pilot funding at both the school and university levels. The programs appear to be abundant.

The school is clearly planning for growth in research. The self-study states that the new dean, who is an internationally known tobacco and health disparities researcher, has negotiated or is in the process of negotiating new lines for the school. The total research volume will also increase dramatically when faculty positions move from the School of Medicine to the School of Public Health, as discussed in Criterion 1.7.

Between 16 and 22 students are supported through research and training programs each year. Over the last three years, nearly 52% of all externally-funded faculty-led research projects involved students. While onsite conversations revealed that part-time students find it particularly difficult to engage in research, those who met with site visitors indicated that they are well-mentored and trained in research. Many research opportunities accommodate non-traditional PhD students, for example, and are aligned with their needs. Other students are introduced to research opportunities through guest speakers who present their research work in class.

3.2 Service.

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

This criterion is met with commentary. The school's service activities derive from its primary mission and goal to "develop and sustain public health practice and service programs to improve health through educational engagement, as well community and professional service." Service is provided by school faculty and students to professional and lay communities in varied settings representing a wide menu of activities. Rutgers has a university-wide policy governing service.

The school emphasizes service to the local community, which is formally recognized by awards given out by the school. Students are recognized for service with the Stanley S. Bergen Jr. Medal of Excellence for distinguished academic achievement and service to the community and university. Other awards given by the school include the Student and Faculty Community Service awards as well as the Distinguished Staff Award.

School faculty are engaged in usual and customary professional service activities such as being board members, officers of professional associations and other efforts that create and deliver value for society. A sample of representative service contributions include work done on behalf of the Council for International Exchange of Scholars/J. William Fulbright Foreign Scholarship Board, the Board of Directors of the North American Association of Central Cancer Registries, the Society for Public Health Education and the New Jersey Chapter of the American Statistical Association, among many others. These national contributions are complemented by activities at the local level, which provide students and staff with opportunities to become involved. Overall, more than 60 local and national agencies receive services from the school.

Service is part of promotion and tenure considerations and is included in individual faculty performance goals. The university's Appointments and Promotion Committee provides indicators for evaluating faculty performance in recognition of contributions to community-based or community research. Evidence of leadership in community initiatives and collaborations are also specifically identified. The committee and the school's administration take these contributions seriously and have reportedly promoted at least one faculty member whose contributions emphasize community service and teaching. The self-study describes service as having approximately 25% weight in promotion considerations, where research (50%) and teaching (25%) make up the balance.

The commentary relates to the limited understanding by students of current opportunities and expectations related to service. Faculty provided abundant examples of potential service opportunities for students; however, students who met with site visitors were generally unable to discuss any involvement in service activities. While they were enthusiastic about making service contributions, they seemed unable to articulate service expectations.

3.3 Workforce Development.

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

This criterion is met. One of the school's strengths is workforce development as evidenced through the breadth and depth of continuing education programs delivered through the Office of Public Health Practice (OPHP). The mission of OPHP is to provide a link between faculty and practice partners in teaching, research and the practice of public health.

OPHP serves as a hub for several major training programs, funded or approved by HRSA, OSHA, the New Jersey/New York Hazardous Materials Worker Training Center and the New York/New Jersey Education and Research Center. Training provided by OPHP provides essential capacity-building assistance for a broad range of public health workers.

Over the last three years, OPHP has delivered an average of 300 individual continuing education courses each year to approximately 5,000 individuals resulting in about 50,000 contact hours per year. Interviewed external stakeholders from the governmental sector specifically praised OPHP for its nimbleness in responding to just-in-time requests; the most recent illustration related to challenges with Ebola. Furthermore, more than 30 collaborative partners have been identified in continuing education efforts, representing stakeholders throughout New York and New Jersey.

The authority for the school to provide certificate programs in public health was approved by the UMDNJ Board of Trustees in June 2004. Subsequently, the school opened enrollment for its first certificate in general public health in fall 2005. One student enrolled on the New Brunswick campus, three students enrolled on the Newark campus and three students enrolled on the Stratford campus. Beginning in fall 2006, the school added three additional certificates: clinical epidemiology, environmental and occupational health, and public policy and oral health administration. Three additional certificates in public health preparedness, global public health and health policy were added in 2006, 2011 and 2014, respectively. Certificate enrollment over the last three years is generally less than 20 students per year.

The admission standards for certificate programs are the same as the MPH and MS degree programs, with the exception of the GRE requirement, which may be waived for certificates. Students may only participate in one certificate or degree program at a time, must earn the 15 credits within a two-year period and must maintain a B average to successfully complete the program. Students who have successfully completed a certificate program may apply for a degree program and are eligible to transfer the 15 credits to a master's program. Alternately, students who withdraw from the MPH or MS degree program prior to completion may apply for admission to a certificate program within two years of separation. Since 2007, 18 students have successfully completed a certificate then proceeded to become master's degree students.

OPHP follows relevant Rutgers policies for development and implementation of continuing education programs. Applicable policies include financial management, human resources, IT, governance and legal matters.

OPHP has established evaluation and effectiveness procedures and conducts needs assessments that inform its activities. Applicable continuing education credits including Certified Health Education Specialist (CHES), continuing medical education, continuing nursing education, the Board of Certified Safety Professionals (BCSP) and the American Board of Industrial Hygiene (ABIH) certification are provided for a broad array of health professionals.

The self-study identified that the OPHP operation is externally funded in its entirety. This places a valuable asset and regional resource at risk in the event of a turn in the funding environment. The presence of organizational baseline financial or other support would send a strong message to Rutgers constituencies of the value the school places on the office.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The school has a clearly defined faculty complement that is able to support its mission, goals and objectives by virtue of its multidisciplinary training and experience. A majority of the 39 primary faculty members earned their terminal degree or MPH from CEPH-accredited programs or schools of public health, or in programs specific to the discipline. The 80 secondary faculty are more generally trained in their own disciplines, such as medicine, statistics and dentistry. As previously discussed, within one month of the site visit, as many as 21 secondary faculty members will join the school as primary faculty, and they are similarly highly qualified.

Additionally, at least 16 secondary faculty work in the state or local health department. These faculty provide opportunities for practice-based learning for students who complete internship opportunities at these sites. While they do not have official classroom teaching responsibilities, affiliated faculty provide a rich opportunity for both teaching and research.

The school has established seven outcome measures by which it assesses the qualifications of its faculty complement. These measures relate to level of degree held by primary faculty, amount of grant and contract dollars, student ratings on course evaluations and student ratings of faculty advising. The school has met or nearly met all targets in the last three years.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The school adheres to well-defined policies and procedures related to faculty issues. The faculty handbook, which is available online, provides a description of the university procedures, policies and support services for faculty.

During the site visit, the team learned that the RBHS division's faculty evaluation procedures are set to change and are under negotiation with the faculty union. Because the evaluation procedures are still under negotiation, faculty could not yet report specific details about the proposed evaluation system; nevertheless, they did not express any concerns to the site visit team.

Tenure and promotion is initiated at the department level and approved at the departmental, school, university and system levels. The school tenure and promotion policies were derived from those of the School of Medicine and have been revised to explicitly value community-based research, teaching and service.

The school has recently begun a faculty mentoring and development program that is building and strengthening. While only a few junior faculty members have participated, the program includes multiple mentors and was discussed with enthusiasm by the faculty. Sabbaticals are possible and encouraged. One was requested and granted in the last three years. Senior faculty have established a teaching mentorship guild for junior faculty.

Evaluation of faculty includes annual performance review by the departmental chair or other senior faculty member if the faculty member's academic rank exceeds that of the evaluator. The process is the same for both tenure-track and clinical appointments.

Student assessments of instruction are done online and typically exceed the target of 4.0 on a 5.0 scale. Neither students nor faculty expressed concerns about the process for evaluation of courses.

The environment of the school and the university is one of positive change and growth, and the current policies and procedures are adequate and functional but subject to change shortly after the site visit. Care should be taken to ensure that the school's bylaws are kept consistent with university and RBHS division procedures.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The school employs a variety of methods to identify and attract promising, well-qualified applicants—particularly currently employed health professionals seeking to develop or enhance their training in public health.

Recruitment strategies include hosting open houses and networking events; participating in career fairs; distributing flyers; advertising through the website, radio, local college newspapers, professional journals and social media platforms; and collaborating with relevant professional organizations. Targeted venues include exhibits at professional meetings and conventions. Current students and alumni have been valuable recruiters of colleagues in their work settings. Tuition assistance and free courses for students in other health-related graduate programs serve as additional recruitment tools. Selected first-year medical students, for example, may sample up to six credits of MPH courses; this opportunity serves as a pipeline into the MD/MPH program.

The Admissions Committee oversees the school's admissions procedures, which are conducted in the fall and spring. Eligibility requirements for each degree program are documented on the school's website and published in the school catalog. Prospective students are invited to submit official transcripts, standardized test scores, a personal statement, a record of relevant work experience and two to three letters of recommendation. General master's degree requirements include a bachelor's degree, a minimum GPA of 3.0 and above-average standardized test scores. Applications are forwarded to the appropriate department for consideration by faculty. Promising applicants with weak academic credentials may be offered the opportunity to take up to 12 credits of coursework; those who achieve a GPA of 3.0 or better are later reviewed for matriculation.

Doctoral degree requirements include a minimum GPA of 3.2, past research or advanced practice experience and strong standardized test scores. Qualified students with limited experience in the field they plan to pursue are often counseled to obtain an MPH before matriculating into the doctoral program. Applications are forwarded to the Doctoral Committee for consideration.

Nearly 45% of those who applied to the school in 2014-2015 qualified for admission. The enrollment to applications ratio across all degree programs is around 17%. Half of those who applied to one or more of the master's degree programs qualified for admission; more than a third of those who were accepted followed through with enrollment. Approximately 26% of applicants to the doctoral programs qualified for admission, and over 28% of those who were accepted enrolled. At the time of the site visit, the student headcount per degree program ranged from one to 68, yielding a schoolwide total of over 380 students.

Beginning in fall 2015, the school will temporarily suspend admissions to the Stratford campus. Admissions to the New Brunswick and Newark campuses will proceed as usual. The process for

accepting applications will be reinstated in the next five years, when the school transitions to the Camden campus. In the meantime, the school will continue to support the 16 students who remain on the Stratford campus.

The school has identified three outcome measures by which it evaluates its success in enrolling a qualified student body. These measures include undergraduate GPA, verbal GRE score and quantitative GRE score of matriculated students. The school has exceeded its targets in each of the last three years at both the master's and doctoral levels.

4.4 Advising and Career Counseling.

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

This criterion is met with commentary. Academic advising and career counseling services are available to students from the time of enrollment to graduation.

Entering students are invited to attend an orientation session, where they have an opportunity to meet department representatives and register for courses. Students are assigned faculty advisors with similar areas of interest and are encouraged to meet with them throughout the year to discuss curricular and/or career-related issues. At a minimum, students must meet with their faculty advisors once each semester to review their course selections.

Academic advisors and other faculty members share advice about career options, job search strategies and networking approaches. More formal services, including job fairs, one-on-one career counseling, resume critiques, employer information sessions and mock interviews, are facilitated by fieldwork coordinators and career specialists at University Career Services. A recent resume-building workshop was tailored specially for public health students. Fieldwork coordinators disseminate job, fellowship and internship announcements via student and alumni listservs. Students can also search for opportunities on the school's Career Services website and CareerKnight, RaptorLink and CareerShift, the university's online career management systems and job databases. Guidance on preparing resumes, CVs and cover letters may also be found on the Career Services website. The school hosts special events that highlight career opportunities in public health, including the Career Trends in Public Health alumni panel. An annual public health symposium features speakers on current topics in the field and is followed by opportunities for networking among students, alumni and invited speakers. The Student Government Association has also held career events that provide an opportunity for students to interact with public health professionals and discuss career opportunities in the field.

Grievance procedures are articulated on the school's website and introduced during the new student orientation. Complaints may be routed through the Student Government Association or other student

representatives to the Executive Council or the Campus Executive Committee. More personal issues may be brought to the attention of the student's faculty advisor or department chair. If attempts to mediate a student's concerns fail, a formal grievance may be filed with the campus assistant or associate dean and/or the university ombudsperson. No formal grievances have been filed in the reporting period.

Students and graduates alike highly rate their level of satisfaction with faculty advising. Average scores on the most recent student, exit and alumni surveys all exceed 4.0 on a 5.0 scale, where 5.0 indicates the most favorable perception. On-site discussions with current students confirmed their satisfaction with the accessibility of their faculty advisors and the guidance they receive.

The commentary relates to the level of student satisfaction with career counseling. The average score on the most recent student survey was less than 3.15 on a 5.0 scale. Similarly, the average score on the alumni survey was 2.82. Job placement and career support are among the top requested services. According to the self-study, the aforementioned satisfaction surveys were conducted before fall 2014, when the full breadth of University Career Services was launched. Most students who met with the site visit team take advantage of faculty ties to the field and appreciate the job opportunities that fieldwork coordinators distribute, though some also identified the need for more school-specific services. The school acknowledged that it lacks a career office and dedicated staff to meet the needs of a growing number of younger, less experienced students. The school plans to improve its career counseling services by strengthening its partnerships with University Career Services and expanding its outreach to a variety of employers. Such collaborations are expected to encourage more professionals to submit jobs announcements, attend job fairs and conduct information sessions on campus.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

Rutgers, The State University of New Jersey
School of Public Health

June 10-12, 2015

Wednesday, June 10, 2015

8:30 am	Site Visit Team Request for Additional Documents Laura Liang
8:45 am	Executive Session
9:30 am	Meeting with Core Leadership Team Jasjit S. Ahluwalia George G. Rhoads Patrick Clifford Pamela Ohman-Strickland William E. Halperin Alan Monheit Marian Passannante Bernadette West
10:45 am	Break
11:00 am	Meeting with Self-study Committee Jasjit S. Ahluwalia George G. Rhoads Patrick Clifford Alan Monheit Bernadette West Irene Karmazsin Teri Lassiter Laura Liang Eric Siddiqui Melanie Smith Pasternak
11:45 am	Break
12:00 pm	Lunch with Students Daphney Dupervil Maxine Langenfeld Prashanta Patel Lixiao Su Enid Sun Patrick Ney Kazumi Patel Kapil Sardiwal Uma Bruen Susan Gabriel Joetta Khan Sylvia Twersky Tina Young
1:30 pm	Break
1:45 pm	Meeting with Faculty Related to MPH, MS and Joint Degrees Jasjit S. Ahluwalia George G. Rhoads Jeffrey R. Backstrand Rufus Caine Jr. Cristine Delnevo Kitaw Demissie

Marian Passannante
Stephan Schwander
Weichung (Joe) Shih
Bernadette West
N. Richard Boyd
Teri Lassiter
Shou-En Lu
Kimberly A. McGuigan

3:00 pm Break

3:15 pm Executive Session

5:00 pm Adjourn

Thursday, June 11, 2015

8:30 am Meeting with Faculty Related to Research, Service and Workforce Development
Jasjit S. Ahluwalia
George G. Rhoads
Patrick Clifford
Cristine Delnevo
Bernadette Hohl
Teresa Janevic
Howard Kipen
Adana Llanos
Qingyu Meng
Alan Monheit
Mitchel A. Rosen
Bernadette West

9:45 am Break

10:00 am Meeting with Faculty Related to Doctoral Programs
Jasjit S. Ahluwalia
George G. Rhoads
Patrick Clifford
Cristine Delnevo
Kitaw Demissie
M. Jane Lewis
Alan Monheit
Dirk Moore
Marian Passannante
Weichung (Joe) Shih
Stephan Schwander

11:15 am Executive Session

12:00 pm Lunch with Alumni and Community Stakeholders
Karen Benjamin
Carolyn Daniels
Genie Drobit
Donna Drewes
Margy Jahn
Laurie Navin
Larry Radican
Christopher Rinn
Lisa Slater
Joan Staunton
Kevin Sumner
Michael Swerdlow
Peter Tabbot
Christina Tan

1:30 pm Break

1:45 pm	Meeting with University Leadership Robert L. Barchi Brian L. Strom Jeffrey Carson
2:15 pm	Executive Session
3:00 pm	Meeting with Faculty Related to Faculty Issues, Student Recruitment and Advising Jeffrey R. Backstrand N. Richard Boyd Darlene Benzenberg Tina Greco Irina Grafova Yvette Holding-Ford Irene Karmazsin Teri Lassiter Laura Liang Adana Llanos Shou-En Lu Alan Monheit Marian Passannante Derek Shendell
4:00 pm	Executive Session
5:30 pm	Adjourn

Friday, June 12, 2015

9:00 am	Executive Session and Report Preparation
12:30 pm	Exit Interview