



RUTGERS

School of Public Health



Self-Study Report

Prepared for the Council on Education for Public Health

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Rutgers, The State University of New Jersey

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RESOURCE FILE

1.0 The School of Public Health

1.1 Mission

- RBHS Strategic Plan
- Rutgers University Strategic Plan Summary
- Rutgers University Strategic Plan

1.2 Evaluation

- Alumni Survey: Survey Instrument
- Alumni Survey: Summary Results
- Current Student Survey: Survey Instrument
- Current Student Survey: Summary Results
- Monitoring Effectiveness In Meeting 2014-2016 Strategic Plan
- Strategic Plan Systems and Responsible Parties

1.3 Institutional Environment

- Rutgers Statement of Accreditation Status

1.5 Governance

- Committee Meeting Minutes (most recent year)
 - School-Wide: Executive Council, Curriculum Committee, Community Health
 - Campus: Executive Committee, Academic Progression Committee, Curriculum Committee
- Rutgers University Committee Membership
- SPH Bylaws
- SPH Student Government Association Bylaws
- Standing and Ad Hoc Committee Membership

1.6 Fiscal Resources

- Table 1.6.b-1 Sources of Funds and Expenditures by Major Category, Fiscal Years 2007-2015 (Template 1.6.1 in Word format)

2.0 Instructional Programs

2.1 Degree Offerings

- Table 2.1.a-1 Instructional Matrix (Template 2.1.1) in Word format
- Course Schedules (for last three years)
- Course Syllabi (except for Core Courses and Doctoral Courses)
- Degree/Concentration Requirements for each Degree Program (plans of study)

2.3 Public Health Core Knowledge

- Table 2.3.a-1 Required Courses Addressing Public Health Core Knowledge Areas for MPH and DrPH Degrees (Template 2.3.1) in Word format
- MPH DrPH Core Course Syllabi

2.4 Practical Skills

- Fieldwork Contract
- Fieldwork Handbook
- Fieldwork Reports for each Department
- Fieldwork Sites and Preceptors, AY2013-AY2015 (Fall 2014)
- Survey Evaluation Forms Related to Fieldwork
 - Evaluation for Fieldwork Site Preceptor Form (sample)
 - Fieldwork Student Survey form

RESOURCE FILE**2.5 Culminating Experience**

- Articles Published on Fieldwork Dissertation Other Related Research
- Presentations by Students at Conferences
- Doctoral Handbook
- Dissertations (samples)
- MS Theses (samples)

2.6 Required Competencies

- Department Competency Matrices

2.7 Assessment Procedures

- Course Evaluation: Survey Instrument
- Course Evaluations: Summary Results
- Student Self-Assessment Survey: Sample Survey Instrument
- Student Self-Assessment Survey: Summary Results
- Graduate Exit Survey: Survey Instrument
- Graduate Exit Survey: Summary Results
- Employer Survey: Survey Instrument
- Employer Survey: Summary Results

2.11 Academic Degrees

- Academic Degree/Concentration Requirements

2.12 Doctoral Degrees

- Doctoral Course Syllabi
- Doctoral Degree/Concentration Requirements
- Doctoral Handbook
- SPH Doctoral Standing Courses

2.13 Joint Degrees

- PsyD Practicum Information (for PsyD/MPH dual degree)
- MPA Degree Capstone Information (for MPA/MPH dual degree)
- MS in Biomedical Informatics Directed Study Information (for MS/MPH dual degree)

3.0 Creation, Application and Advancement of Knowledge

3.1 Research

- 2014-2015 Office of Research and Sponsored Program Research Seminars
- Funded Research Activity of Primary Faculty
- Policies that Support Research, Service, and Workforce Development
- School Sponsored Institutes, Centers and Programs
- Sample Contracts and Agreements with External Agencies

3.2 Service

- Collaborations and Agreements with External Agencies
- Funded Service Activity of Primary Faculty
- School Faculty Staff Service Activities
- Service Awards to Faculty, Staff, Students and Professionals
- V.O.I.C.E.S. Community Service Projects and Events

RESOURCE FILE

3.3 Workforce Development

- Course Evaluation Use by New Jersey Safe Schools Program (sample)
- Course Evaluation Used by OPHP (sample)
- Funded Training Activity of Primary Faculty
- OPHP Flyers-Continuing Education Events (samples)
- SPH Certificate Program Flyers

4.0 Faculty, Staff and Students

4.1 Faculty Qualifications

- Primary Faculty Who Support Degree Offerings
- Primary Faculty Curriculum Vitae
- Secondary and Other Faculty Who Support Degree Offerings
- Secondary Faculty Curriculum Vitae

4.2 Faculty Policies and Procedures

- A&P Guidelines
- Faculty Administrator Performance Evaluation Form
- Faculty Handbook
- Faculty Performance Evaluation Form
- Junior Faculty Mentoring Program and Committees
- Policies Addressing Faculty Rules

4.3 Student Recruitment and Admissions

- Brochures for SPH Degree Programs
- Course Narratives, for the last three years
- Open House Advertisement (sample)
- Open House Flyer (sample)

4.4 Advising & Career Counseling

- Rutgers Career Services Materials
- SPH Career Trends Event flyer

Additional Documents

- RBHS Policies
- Rutgers Policies

Opportunity for 3rd Party Comment

- Email Notice Rutgers Entire Community
- Facebook Posting
- Website Posting

ABBREVIATIONS USED IN SELF-STUDY

AAU: Association of American Universities
ABIH: American Board of Industrial Hygiene
APHA: American Public Health Association
ASPPH: Association of Schools and Programs of Public Health
AY: Academic Year
BCSP: Board of Certified Safety Professionals
BIST: Biostatistics
CDC: Centers for Disease Control and Prevention
CEU: Continuing Education Unit
CINJ: Cancer Institute of New Jersey
CME: Continuing Medical Education
CNE: Continuing Nursing Education
CSBRE: Center for School and Community-Based Research and Education
CTG: Community Transformation Grant
CTS: Center for Tobacco Studies
DNPH: Dental Public Health
DPMCH: Department of Preventative Medicine and Community Health
EMSOP: Ernest Mario School of Pharmacy
ENOH: Environmental and Occupational Health
EOHSI: Environmental and Occupational Health Sciences Institute
EPID: Epidemiology
ERC: The NY/NJ Education and Research Center
FY: Fiscal Year
GSAPP: Graduate School of Applied and Professional Psychology
GSBS: Graduate School of Biomedical Sciences
HDPT: Hazardous Disaster Preparedness Training
HEBS: Health Education and Behavioral Science
HPA or HAP or HPAA: Health Policy and Administration (former department that merged to form UEH)
HRET: Hospital Association Healthcare Research Education Trust
HRSA: Health Resources and Services Administration
HSAP: Health Systems and Policy
IEHD: Institute for Elimination of Health Disparities
INECC: National Institute for Ecology (Instituto Nacional de Ecología y Cambio Climático, Mexico)
INER: National Institute for Respiratory Diseases (Instituto Nacional de Enfermedades Respiratorias, Mexico)
IRB: Institutional Review Board
MOU: Memorandum of Understanding

MWT: Minority Worker Training

NCHEC: National Commission for Health Education Credentialing, Inc.

NIH: National Institutes of Health

NIOSH: National Institute for Occupational Safety and Health

NIEHS: National Institute of Environmental Health Sciences

NJACCHO: NJ Association of City and County Health Officials

NJAPHE: NJ Association of Public Health Epidemiologists

NJAPHNA: NJ Association of Public Health Nurse Administrators

NJCEED: NJ Cancer Education and Early Detection

NJCPHP: New Jersey Center for Public Health Preparedness

NJDCA: New Jersey Department of Community Affairs.

NJDEP: New Jersey Department of Environmental Protection

NJDOH: New Jersey Department of Health

NJEHA: NJ Environmental Health Association

NJGPPH: New Jersey Graduate Program in Public Health

NJIT: New Jersey Institute of Technology

NJMS: New Jersey Medical School

NJPHA: NJ Public Health Association

NJPHTC: New Jersey Public Health Training Center

NJPES: New Jersey Poison Information & Education System

NJSOPHE: NJ Society for Public Health Education

OPHP: Office of Public Health Practice

ORSP: Office of Research and Sponsored Programs

OSHA: Occupational Safety and Health

QNME: Quantitative Methods: Epidemiology and Biostatistics

RBHS: Rutgers Biomedical and Health Sciences

RCM: Responsibility Centered Management

RU or Rutgers University: Rutgers, The State University of New Jersey

RWJMS: Robert Wood Johnson Medical School

SGA: Student Governing Association

SPAA: School of Public Affairs and Administration

SPH or School: School of Public Health

SSB: Stanley S. Bergen Building

TPN: The Prostate Net

UBHC: University Behavioral HealthCare

UEH: Urban and Environmental Health (former department that merged to form URHA)

URHA: Urban Health Administration

UMDNJ: University of Medicine and Dentistry of New Jersey

Degrees/Certifications

BA: Bachelor of Arts

BS: Bachelor of Science

BSN: Bachelor of Science in Nursing

CHES: Certified Health Education Specialist

CIH: Certified Industrial Hygienist

CPH: Certification in Public Health

DMD/DDS: Doctor of Dental Medicine/Doctor of Dental Surgery

DO: Doctor of Osteopathy

DrPH: Doctor of Public Health

GRE: Graduate Record Examinations

JD: Juris Doctor (Doctor of Law)

MBA: Master of Business Administration

MCRP: Master in City and Regional Planning

MD: Doctor of Medicine

MPA: Master of Public Administration

MPH: Master of Public Health

MPP: Master of Public Policy

MS: Master of Science

MSN: Master of Science in Nursing

MSPA: Master of Science in Physician Assistant

MSPB: Master of Science in Pharmaceutical Biostatistics

PharmD: Doctor of Pharmacy

PhD: Doctor of Philosophy

PsyD: Doctor of Psychology

REHS: Registered Environmental Health Specialists

CRITERION 1.1 MISSION

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

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

The Rutgers School of Public Health was established as a teaching, research, and service institution within the former University of Medicine and Dentistry of New Jersey (UMDNJ). As of July 1, 2013, under the New Jersey Medical and Health Sciences Education Restructuring Act, UMDNJ, including the School of Public Health, was transferred to Rutgers, The State University of New Jersey (Rutgers). This legislation, which was signed by Governor Christie on August 22, 2012, integrated all of UMDNJ, except University Hospital and the School of Osteopathic Medicine, into Rutgers, thus dissolving UMDNJ. The UMDNJ units transferred were integrated with and reorganized to form the Rutgers Biomedical and Health Sciences (RBHS), with the School of Public Health as one of its component schools.

The Rutgers School of Public Health mission statement was revised in 2013 in preparation for the merger with Rutgers. The mission states that "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."

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

In fulfilling its mission, the Rutgers School of Public Health is guided by strong values, including

- High-quality performance and work products in all of our teaching, research and service.
- Creative thinking, innovation, and discovery.
- Integrity as exemplified by ethical behavior, honesty, fairness, responsibility, and accountability.
- Respectful treatment of all individuals.
- Diversity of background and experience among our faculty, staff and students as well as the populations we serve.
- Productive collaboration both within our school and with outside individuals and agencies.
- The democratic process, equal opportunity and social justice.

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

Goal statements have been established for each major function of the Rutgers School of Public Health:

Goal 1—EXCELLENCE IN EDUCATION: Prepare current and future public health practitioners and researchers with the competencies necessary to promote the health of diverse populations.

Goal 2—EXCELLENCE IN RESEARCH: Advance public health science and practice through innovative research.

Goal 3—EXCELLENCE IN SERVICE: Develop and sustain public health practice and service programs to improve health through educational engagement, as well community and professional service.

Goal 4—STRATEGIC PRIORITIES FOR GROWTH: Position the School to grow and excel in select areas.

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

Rutgers University launched a strategic planning process in December 2012 with the goal of outlining the University's agenda for the next five years. The University Strategic Plan was approved and published in February 2014. Once the University Strategic Plan was approved, RBHS launched a strategic planning process which was completed in October 2014. The five-year RBHS strategic plan translates university-wide priorities into the unique context for RBHS, defines its aspirations and goals, specifies clinical, research, educational, and clinical service initiatives for the division to pursue, lays out a funding strategy to support these initiatives, and identifies metrics to measure the progress and success of each initiative. Both the University Strategic Plan and the RBHS Strategic Plan are in the Resource File.

Specific objectives and indicators for each of the Rutgers School of Public Health's goal statements are provided below. The following objectives and indicators for the Strategic Plan have been established for AY2014 through AY2016. The School's Strategic Plan may also be found on the School's website at sph.rutgers.edu/about/strategic_plan.html. (Please refer to Criterion 1.1.d for data regarding the School's performance on each measurable objective provided below. As the Strategic Plan covers AY2014 through AY2016, some objectives incorporate AY2014 timelines.) Every three years the objectives will be updated to a new three year timeline.

GOAL 1: EXCELLENCE IN EDUCATION

Objective 1: Review and revise educational programs to ensure graduates have the competencies necessary to function as public health practitioners and/or researchers.

- Review enrollment numbers, graduation rates, exit surveys, and course evaluations to make quality improvement refinements annually.
- Evaluate department competencies for each degree by the end Summer 2014.
- Evaluate core course content and competencies by the end of Fall 2014.
- Review certificate programs for enrollment and quality by the end of Fall 2015.
- Assess employer satisfaction with graduate training through employer key informant interviews by the end of Fall 2014.
- Evaluate education technology uses and needs by conducting a faculty survey by the end of Fall 2014.

Objective 2: Recruit a qualified and diverse student population.

- Recruit students with undergraduate GPAs of at least 3.0 and competitive GRE scores (verbal and quantitative) annually.
- Conduct at least one Open House and participate in at least five other recruitment activities annually.
- Market certificate/degree programs annually to prospective applicants, including through health-related associations and area undergraduate colleges.
- Further develop School website.
- Promote Rutgers public health through the dissemination of a School Report by the end of Spring 2015.
- Teach at least four undergraduate courses annually within Rutgers undergraduate schools to better leverage connections with undergraduate programs and recruit qualified students.
- Develop a joint undergraduate public health program with Rutgers School of Public Affairs and Administration, Rutgers–Newark by the end of Spring 2015.

- Develop a proposed plan by the end of Fall 2014 to recruit more qualified disadvantaged students.
- Develop a proposed plan by the end of Fall 2015 to recruit more full-time students.
- Develop a proposed plan by the end of Spring 2016 to address financial barriers experienced by current public health practitioners to pursue graduate public health education.

Objective 3: Retain and graduate a qualified and diverse student population.

- Develop a diversity plan by the end of Fall 2015 to systematically incorporate diversity within the school.
- Implement diversity plan annually after Fall 2015.
- Maintain a student/faculty ratio at 10:1 or lower (based on FTEs) annually.
- Graduate at least 70% of MPH and MS students within six years and 60% of doctoral students within nine years annually.
- Evaluate the current student population for those coming from disadvantaged groups, by the end Spring 2014 and then annually.
- Develop a proposed plan by the end of Fall 2015 to offer a student assistance program, such as mentoring, to retain disadvantaged students.
- Collaborate with Rutgers University Career Services to offer at least one (1) new career services resource/activity to School of Public Health students by the end of 2015.
- Conduct at least two career-oriented events per year.
- Achieve a job placement rate (including pursuit of additional education) of at least 80% among graduating students annually.

Objective 4: Ensure a well-trained and diverse faculty and staff.

- Develop mentoring plan for junior faculty by the end of Fall 2014.
- Seek to recruit new faculty from underrepresented groups .
- Monitor and promote annually among staff the use of Rutgers professional development opportunities that foster continued learning that aligns with the strategic goals of the School.
- Maintain staff diversity and review bi-annually.

Objective 5: Expand public health practice opportunities, locally and globally, through fieldwork and education programs.

- Review Public Health Practice Working Group recommendations by the end of Fall 2015 to incorporate more public health practice opportunities into the curriculum.
- Implement approved recommendations to incorporate more public health practice opportunities into the curriculum by the end of Fall 2016.
- Maintain at least two public health practice laboratories.

Objective 6: Develop new funding sources that will support doctoral students (grants/contracts, work study, etc.).

- Seek \$100,000 in financial support for doctoral students from university and external sources by the end of Fall 2015.
- Develop a doctoral training grant by the end of Spring 2016
- Increase the number of doctoral students supported by the School through scholarships, grants and contracts, to eight by the end of Spring 2016.

Objective 7: Expand training of students in global public health.

- Develop an MPH concentration in global public health by the end of Spring 2016.

Objective 8: Involve the alumni/ae to enhance their support for the School.

- Communicate with alumni regarding School happenings at least three times per year.
- Offer at least three programs, such as Open Houses, Career Panels, etc., in which alumni participate annually.
- Solicit Fieldwork and mentoring opportunities from new and existing alumni site preceptors three times each year.
- Collaborate with Rutgers University Alumni Association to offer at least one (1) new alumni benefit/resource to School of Public Health alumni by the end of 2015.

GOAL 2: EXCELLENCE IN RESEARCH

Objective 1: Compete successfully for external research funding.

- Submit at least 90 applications annually.
- Increase the amount of grant and contract funding by 5% annually.
- Offer at least one grant-related training opportunity (e.g., IRB and grantsmanship) for faculty and staff annually.
- Mentor junior faculty in grantsmanship skills annually.
- Implement a system to review faculty grant applications prior to submission by the end of Spring 2016.
- Develop a pilot project funding program by the end of Spring 2016.

Objective 2: Foster an environment that values and supports collaborative and interdisciplinary research, including translational and community-based research projects.

- Establish a Biostatistics and Epidemiology Consultation Center to serve the RBHS and Rutgers community, strengthen interdisciplinary education and research and enhance funding opportunities for grants by the end of Spring 2016.
- Conduct a monthly research seminar series targeted toward faculty and students.
- Offer at least one training opportunity annually for faculty and students to enhance their research skills.
- Establish a faculty effort tracking system that covers teaching, research and service efforts by the end of Fall 2015.
- Develop common research themes across departments (e.g., tobacco, air pollution, obesity, cancer disparities) resulting in at least one collaborative grant proposal submitted annually.

Objective 3: Disseminate research findings to public health stakeholders, including scientists, policymakers, practitioners and the public.

- Increase the number of faculty publications to an average of at least 2.5 publications per primary faculty FTE by the end of Spring 2016.
- Use social media to disseminate information about research publications annually.
- Disseminate press materials about research publications with Rutgers Media Relations annually.
- Increase the proportion of doctoral graduates presenting at least one paper at a national or international conference prior to graduation to 75%, by the end of Spring 2016.
- Offer at least one training opportunity by the end of Spring 2016 on writing publications for junior faculty and students.

Objective 4: Encourage grant applications that target underserved or diverse populations, health disparities or global health.

- Increase the total number of applications that target underserved or diverse populations or health disparities to ten each year.

Objective 5: Expand public health research opportunities for students.

- Increase the total number of students supported by the School, such as through research or training programs, to 25 by the end of Spring 2016.

Objective 6: Assess adequacy of facility and lab resources for research, including but not limited to, wet labs, computer-based systems, confidential storage rooms and software.

- Evaluate resource needs, including laboratory space, access to software, etc. by conducting a faculty/staff survey by the end of Fall 2014.

Objective 7: Communicate School research expertise, activities and accomplishments to stakeholders.

- Develop and distribute a School Report by the end of Spring 2015.
- Publicize faculty publications through School communication methods, such as the website, social media, etc., annually.
- Publicize student research projects, activities and accomplishments through School communication methods.

GOAL 3: EXCELLENCE IN SERVICE

Objective 1: Sustain and increase partnerships with health systems and local organizations that serve diverse populations to promote public health and address health disparities.

- Increase the number of partnerships with health departments, community-based organizations and/or health organizations to at least 70 by the end of Spring 2016.
- Sustain partnerships with at least five Bridging the Gaps community partners in New Brunswick, Newark and Camden annually.
- Increase outreach to at least 10 new potential Fieldwork sites or preceptors that serve diverse populations and address health disparities by the end of Spring 2016.

Objective 2: Provide continuing education for public health professionals and the community.

- Train at least 3,000 workers annually in public health topics.
- Offer more than 12 public health-related continuing education programs annually for the K-12 community.

Objective 3: Conduct community-based service, including education and outreach to diverse populations for faculty, staff, students and alumni.

- Sustain the Dominican Republic Outreach Project by continuing to offer the “Public Health Applications in Developing Countries” course annually.
- Conduct the Bridging the Gaps program annually.
- Conduct at least five V.O.I.C.E.S. activities each year.
- Develop a student and faculty service grant program by the end of Spring 2014.

Objective 4: Demonstrate public health professional service among faculty, program staff, students and alumni.

- Request all faculty and program staff to review and update profiles, which includes service activities, annually.
- Post current faculty CVs online by the end of Fall 2014.
- Conduct alumni survey every two years.

Objective 5: Communicate faculty expertise and School service activities and accomplishments to stakeholders.

- Promote faculty public health professional service efforts through marketing and communication programs annually.
- Promote community service efforts through marketing and communication programs annually.
- Publicize student service projects (e.g., V.O.I.C.E.S., SGA, Bridging the Gap) through marketing and communication programs annually.
- Provide at least one media training for faculty and interested students by the end of Spring 2016.

GOAL 4: STRATEGIC PRIORITIES FOR GROWTH

Expand Educational Offerings.

- Explore case-based instruction by the end of Spring 2016.
- Explore offering environmental and occupational health as well as health education and behavioral science-related courses/divisions on Newark Campus by the end of Spring 2016.
- Explore offering additional collaterals (or certificate programs), such as LGBTQ, health communication, Maternal/Child Health, etc. by the end of Spring 2016.
- Integrate those parts of Department of Environmental and Occupational Medicine (RWJMS) and Department of Preventive Medicine (NJMS) that are transferred to the School of Public Health into the teaching, research and service programs of the School by the end of Spring 2016.
- Develop at least two new partnerships across Rutgers schools/units by the end of Spring 2015.

Outcomes Research and Teaching.

- Develop at least one collaborative project with the Institute for Health Outcomes, Policy, and Economics at the Rutgers Ernest Mario School of Pharmacy (EMSOP) by the end of Spring 2016.
- Implement joint MS-HOPE degree program with EMSOP by reviewing applications, and as appropriate initiating instruction, by the end of Fall 2014.

Public Health Practice.

- Develop a Working Group to make recommendations for Public Health Practice efforts by the end of Fall 2014 (see also Goal 1, Objective 5).

Undergraduate Public Health Education.

- Develop an undergraduate public health major in collaboration with Rutgers SPAA on Rutgers–Newark by the end of Spring 2015.
- Increase the number of faculty teaching undergraduate public health courses at Rutgers–New Brunswick to four by the end of Spring 2016.
- Develop an undergraduate honors course(s) by the end of Fall 2016.

Tobacco Control Regulatory Science (also referred to as Tobacco Control Research).

- Develop a long-term plan for sustaining Trinkets & Trash as a research resource and historical archive by the end of Spring 2015.
- Increase the number of tobacco-control related collaborations between the School and other Rutgers units to four by the end of Spring 2016.
- Increase annual grant support for tobacco regulatory science to 1.75 million dollars by the end of Spring 2016.
- Develop one pre/post-doctoral training fellowship in tobacco regulatory science by the end of Spring 2016.

Cancer Epidemiology.

- Develop a cancer epidemiology website by the end of Spring 2015.
- Increase the number of cancer epidemiology collaborations between the School and other Rutgers units or external organizations to four by the end of Spring 2016.
- Increase annual grant support for cancer epidemiology to one million dollars by the end of Spring 2016.
- Develop three pre/post-doctoral training fellowships in cancer epidemiology by the end of Spring 2016.
- Develop a center grant application targeting cancer epidemiology and health disparities by the end of Spring 2016.

Global Public Health.

- Submit at least two grant applications to expand the Center for Global Public Health by the end of Spring 2016
- Develop an MPH concentration in global public health by the end of Spring 2016 (see also Goal 1, Objective 7).
- Develop a Global Public Health seminar series by the end of Spring 2015.
- Assess air pollution exposure and further develop translational research on air pollution effects on human respiratory and cardiovascular health and immunity by the end of Spring 2016.
- Study global climate change and public health and build strategic research partnerships across Rutgers University (e.g., with the Rutgers Climate Institute) by the end of Spring 2016.
- Serve as a regional resource for environmental public health and global climate change by building a website by the end of Fall 2015.
- Explore additional service, teaching and research with global health relevance by the end of Spring 2016.

Health Services and Disparities Research.

- Develop a research program on the effects of health policy interventions, such as the ACA, by the end of Spring 2016.
- Develop a research program on socio-economic issues related to health by the end of Spring 2016.

- Develop at least one collaborative project with the Institute for Health Outcomes, Policy, and Economics at the Rutgers Ernest Mario School of Pharmacy (EMSOP) by the end of Spring 2016.
- Increase the number of health services and disparities research collaborations between the School and other Rutgers units to four by the end of Spring 2016.

Obesity, Nutrition and Physical Activity.

- Develop a Research Working Group with collaborations across Rutgers schools/units by the end of Spring 2016.
- Develop a collateral/concentration/certificate by the end of Spring 2016.

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

The School of Public Health's mission and values were reviewed prior to the integration of the School into Rutgers, The State University of New Jersey. To ensure the School's mission was in line with Rutgers, school administrators, faculty, staff and students revised the mission in 2012 prior to the integration. The Dean's Council first developed a draft revised mission which the Executive Council then reviewed and made suggestions prior to the School's adoption of the new mission in 2012. The Executive Council includes faculty, staff and students and all were able to provide their input on the new mission. The School's Values were also revised. The Interim Dean and the three Campus Associate Deans developed a draft, revised Values in Spring 2014 which was reviewed and adopted by the Executive Council in July 2014.

In Summer 2012, the faculty met to contribute ideas for the strategic goals and objectives for the school. During the 2012-2013 academic year, select School-Wide committees used the ideas collected from the summer faculty retreat to develop a draft Strategic Plan. The Curriculum Committee, which comprises faculty, students and alumni, developed the measurable objectives for Goal 1: Excellence In Education; the Research Dean with input from the Research Committee developed the objectives for Goal 2: Excellence In Research; the Community Health Committee, which comprises external stakeholders, provided input for objectives for Goal 3: Excellence in Service; and the Dean's Council with input from the Department Chairs and Center/Institute Directors developed the objectives for Goal 4: Strategic Priorities For Growth. After a draft Strategic Plan was developed, the New Brunswick and Newark Campus Executive Committees reviewed the draft and provided additional input and recommendations. Comments from faculty and staff on the draft Strategic Plan were sought first and then the Strategic Plan was revised based on these comments, prior to seeking comments from students and the general public. The 2014-2016 Strategic Plan was finalized, distributed and posted on the School's website at the beginning of the Fall 2014 semester.

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

The Rutgers School of Public Health's mission, values, goals, and objectives are made available to the public on the School's website. The mission may be found at sph.rutgers.edu/about/mission.html, values may be found at sph.rutgers.edu/about/values, and the goals and objectives, which are included on our Strategic Plan, may be found at sph.rutgers.edu/about/strategic_plan.html. In addition, the mission

and values are included in the School Bulletin, which is also available on the website at sph.rutgers.edu/academics/catalog/index.html.

Even before it was finalized, the Dean's Office reviewed the Strategic Plan to ensure the School's plan was in line with Rutgers University and RBHS Strategic Plans. For example, while the School's Strategic Plan was being finalized, the Rutgers Biomedical Health Sciences (RBHS) Strategic Plan was also being developed. The School did provide input into the RBHS Strategic Plan, as indicated from the inclusion of the complementary program in Public Health which will address key priorities for Rutgers, New Jersey, and our partners around the world. Before the School's Strategic Plan was distributed, the Plan was slightly modified to maximize the coverage of related initiatives from the RBHS Strategic Plan.

The Executive Council, beginning in Fall 2014, started to review goals and objectives from the Strategic Plan to ensure their continued relevance as well as review progress in meeting the objectives. The Executive Council will review the Strategic Plan at least once per semester.

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

This criterion is met.

Strengths

- The School has a clearly formulated and publicly stated mission with supporting goals and measurable objectives that foster the development of professional public health values, concepts and ethical practice.
- The mission statement of the School of Public Health conforms to the broad goal of CEPH which is "to enhance health in human populations through organized community effort."
- A process is in place to routinely review the Strategic Plan.
- The School's Strategic Plan is consistent with the related RBHS Strategic Plan.

Weaknesses/Challenges

- Identifying resources to support new initiatives depends on state support, tuition revenue and other resources, such as external funding.
- Tracking the progress toward meeting the measurable objectives with the four goal areas requires dedicated staff effort.

Plans

- The mission, values and goals will be publically displayed at each of the School's locations.
- The Strategic Plan will continue to be used to guide initiatives and activities of school leadership, faculty, staff, and students.
- The School will continue to assess and refine the success indicators related to the School objectives.
- The School will broadly disseminate evidence of the School's progress towards its goals and objectives.

CRITERION 1.2 EVALUATION

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

1.2.a Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need to be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

Over the past two years, while the strategic plan has been under development, the School has also been actively updating and revising its data systems that are needed to monitor performance against the new strategic plan. Key data systems/sources are listed below:

- Data on faculty numbers, race, ethnicity, rank, length of service, and tenure status are maintained by the faculty and staff coordinator.
- Data on student applications, applicant qualifications (GPA, GRE), acceptances, enrollment, and graduation are maintained by the Offices of Admissions and Registrar on a common Banner software platform. These data also include course grades and student characteristics such as gender, race, ethnicity, NJ residence status, nationality, visa status, etc.
- Data on financial aid for students are maintained by the RBHS Office of Financial Aid.
- Data on faculty publications are maintained by the faculty and staff coordinator based on annual CVs submitted by faculty.
- Copies of grants and contracts and data on research and service grant/contract applications as well as funding of same are maintained by the School's Office of Business and Finance in conjunction with the University Office of Research and Sponsored Programs.
- Data on the School revenue sources and expenses as well as faculty and staff salaries, fund balances and use of space are maintained by the School's Office of Business and Finance.
- Progress of doctoral students through the steps of doctoral training is tracked by the New Brunswick Campus Office.
- Records of academic partnerships and agreements are maintained by the Director of Planning.
- A survey of employers with recent experience of School graduates was launched in early 2015 through the Dean's Office.
- Pre- and post-test evaluations are used systematically to measure the success of the School's continuing education courses offered by the Office of Public Health Practice. Courses offered and the numbers of students registering are also maintained by that office.

In addition to these regular ongoing data sources, the School sponsors a number of internal evaluation surveys as detailed in Table 1.2.a-1. Copies of evaluation surveys and summary results are provided in the Resource File, under 2.7 Assessment Procedures.

TABLE 1.2.a-1: INTERNAL EVALUATION SURVEY SCHEDULE		
Survey	Schedule	Criterion
Current Student Survey	Every two years	1.2.a, 4.1.d; 4.4.c
Graduate Exit Survey	At graduation	1.2.a; 2.7.a; 4.1.d; 4.4.c
Course Evaluation Survey	End of each course	1.2.a; 4.1.d; 4.2.d; 4.6.c
Self-Assessment of Competencies	Beginning of Fieldwork	2.7.a
Student Fieldwork Survey	End of Fieldwork	2.7.a
Fieldwork Site Supervisor Survey	End of Fieldwork	2.4.a; 2.7.a
Alumni Survey	Every two years	1.2.a; 4.1.d; 4.4.c

Nearly all of the various items included under each of the 29 objectives (under the four goals) in 1.1.d are assigned to a single or small group of individuals and can be evaluated either as completed, as progress made, or as not done. Progress on many can be reported directly by the responsible individuals. For instance, where development of a plan is called for, the individuals can provide the completed plan or state the status of its development. For items that require data, these individuals have responsibility for assuring that the required data are collected and analyzed and will be able to report the results. The coordination required to make this happen will be effected by the Director of Planning under the imprimatur of the Dean or such other person as he may appoint. The Director of Planning will be assisted by the Associate Dean for Academic Affairs and the Chair of the Curriculum Committee for Goal 1, by the Associate Dean for Research for Goal 2, by the Associate Dean for Community Health for Goal 3, and directly by the responsible individuals for the various objectives under Goal 4. A detailed summary of the systems and responsible parties is provided in the Resource File.

To assure that this process moves forward, an annual report of progress on the Strategic Plan will be compiled at the end of each fiscal year, starting in FY2015.

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

Internal evaluation procedures not only allow for the collection of critical evaluation data, but also promote effective flow of information. This is especially important because of the administrative complexity inherent to collaboration. The flow of information is significantly improved with recent changes in survey data collection and the School's website, which now provides a greater volume of information of relevance to all constituents, including the general public.

The feedback loop for information takes place at three levels. The most basic level is within individual units (departments, programs, etc.) followed by information that is relevant across departments. For example, course evaluation outcomes are reviewed by department chairs who subsequently inform faculty of their results. Outcomes that require attention at the department level are discussed in department meetings or are handled between the chair and individual faculty members.

The second level concerns feedback across departments within a campus and may include issues raised by students, such as campus resources or course scheduling problems that are discussed at the Campus Executive Committee, where improvements can be planned. The need for a student lounge on the New

Brunswick Campus is an example of an issue raised by student feedback that has been addressed after consideration by these committees. Each Campus Executive Committee has student representation. The third level of feedback and planning is at the School level. The Dean's Council, the Executive Council, and other standing and ad hoc committees are regularly apprised of evaluation and assessment data and progress in each goal area; School units and stakeholders are broadly represented in these governing bodies (see Criterion 1.5). The Executive Council is involved in directing change and planning; it is informed of all significant activities and developments in the School, including trends in data that require attention. The Executive Council makes decisions based on discussions, as well as any supporting survey or qualitative data. As needed, the scope of work for the strategic plan is revised throughout the academic year. The governing bodies for the School regularly review data and update deadlines, tasks and assignments.

Representatives from each campus of the Student Government Association participate in the Executive Council and other standing and ad hoc committees, and meet each semester with the Dean, the Associate Dean for Student Affairs and the Associate Deans on each campus when they can discuss the findings of the evaluations and their implications for policy. Alumni/ae and external representatives also serve on various governing bodies and committees for the School and provide ongoing input toward meeting the Strategic Plan's goals and objectives.

1.2.c Data regarding the school's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 1.7, 1.8, 2.7, 3.1, 3.2, 3.3, 4.1, and 4.3), the school should parenthetically identify the criteria where the data also appear.

TABLE 1.2.c-1: OUTCOME MEASURES FOR MONITORING EFFECTIVENESS IN MEETING MISSION, GOALS AND OBJECTIVES, AY2012-AY2015				
Outcome Measure	Target	AY2012	AY2013	AY2014
Student/Faculty Ratio	10.0:1	5.8:1	6.48:1	6.61:1
Diversity of Student Body African American/Black Hispanic Asian Female	7% Black 7% Hispanic 12% Asian 50% Female	22% Black 9% Hispanic 31% Asian 70% Female	21% Black 10% Hispanic 32% Asian 71% Female	23% Black 8% Hispanic 23% Asian 71% Female
Amount of Grant and Contract Dollars	Increase by 5% each year	-5.20%	-1.1%	6.20%
Number of Peer-Reviewed Publications per Primary Faculty Member (Full-Time)	2.5/year	2.49 (n=37 FTE)	2.97 (n=35 FTE)	2.30 (n=33 FTE)
Ratio of External Support to State Support	2:1	3.0:1	3.0:1	3.1:1
Overall Student Rating on Course Evaluations (General Questions)	≥4.0 ³	4.33 (core) 4.31 (all other)	4.37 (core) 4.40 (all other)	4.42 (core) 4.31 (all other)
Overall Student Rating on Course Evaluations (Teaching Effectiveness) [Criterion 4.1]	≥4.0 ³	4.38 (core) 4.34 (all other)	4.48 (core) 4.55 (all other)	4.50 (core) 4.35 (all other)

TABLE 1.2.c-1: OUTCOME MEASURES FOR MONITORING EFFECTIVENESS IN MEETING MISSION, GOALS AND OBJECTIVES, AY2012-AY2015				
Outcome Measure	Target	AY2012	AY2013	AY2014
Student Ratings of Academic Program on Graduate Exit Survey	$\geq 4.0^3$	3.96	4.10	3.91
Average Student Rating of Faculty Advising on Current Student, Alumni and Graduate Exit surveys [Criterion 4.1 and 4.4]	$\geq 4.0^3$	4.19 ²	4.25 ²	4.14

¹Faculty FTE include only primary faculty with 1.0 FTE and excludes the primary faculty who serve as instructors through the MOU with the New Jersey Department of Health.

³On a scale of 1 to 5, where 5 is highest.

Data regarding the school's performance on the 2014-2016 Strategic Plan is described in the Resource File (the list is extensive so it was included in the Resource File).

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

While it is believed that a School's self-study assessment is an ongoing process, the formal organization of the self-study in preparation for re-accreditation by CEPH began in June 2012 with the Annual Strategic Planning Retreat. The overall responsibility for this self-study was assumed by the Dean's Office and a writing/review workgroup which consisted of the individuals in the School who had the most detailed knowledge of the various aspects that are described in this document.

The core of the self-study process was the assignment of the various sections outlined in the CEPH document "Accreditation Criteria, Schools of Public Health, Amended June 2011" to members of the writing committee who, in turn worked with cognizant faculty committees. The Writing committee comprised the Dean's Office, faculty, institute/office directors, campus administrators, fieldwork coordinators, fiscal officers and staff, and academic affairs staff. Additional faculty, staff and students provided information and data for specific sub-criteria as needed. Review/editing of each section was done by the Dean and the Dean's Office. Alumni and community representatives provided input during the process informally select specific sub-criteria as needed.

The self-study process contributed to dialog and understanding among all of the constituent groups within the School, leading to their increased appreciation of the School's strengths, opening discussion of the challenges it still faces, and plans to address those challenges as well as to meet its long-term goals and objectives.

Constituents were notified about the opportunity to submit third-party comments using several means. An email was sent to the entire Rutgers community, including faculty, staff and students, announcing the upcoming accreditation site visit and how to submit third party comments. Similar information was posted on the School's website, Facebook page, and LinkedIn Network. Evidence of these announcements are in the Resource File. Additionally, information was shared through the School's

continuing education listserv and sent to New Jersey public health associations, such as the New Jersey Public Health Association and the New Jersey Environmental Health Association.

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

This criterion is met.

Strengths

- Evaluation procedures allow for coordination of data collection across sites; timely feedback to faculty, departments and campuses; and incorporation of outcomes into planning. This has been greatly enhanced by the use of the online survey system available at Rutgers University for non-course evaluation survey.
- Ongoing strategic planning, including regular reviews by the Executive Council, ensure regular assessment of progress to achieve the targeted outcomes.
- The self-study process itself demonstrates extensive and successful efforts to involve a variety of constituents in School policy and procedures related to evaluation and assessment, including those related to this self-study process.
- A process to receive feedback from alumni/ae and their employers has been implemented.

Weaknesses

- Follow-up strategies to improve feedback employers need to be better identified. While ample anecdotal and qualitative data exist to indicate that School graduates enter the workplace well-prepared for their professions, improved efforts are required for identifying core measures of that preparedness and regularly collecting and analyzing outcomes.

Plans

- While the results from the Current Student and Alumni Surveys were made available on the School's website, a mechanism to improve school-wide distribution of and access to data received through the Course Evaluations will be developed.

CRITERION 1.3 INSTITUTIONAL ENVIRONMENT

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

1.3.a Brief description of the institution in which the school is located, along with the names of accrediting bodies (other than CEPH) to which the institution responds.

On July 1, 2013, the University of Medicine and Dentistry of New Jersey-School of Public Health was transferred to Rutgers, The State University of New Jersey (Rutgers University) and was renamed the Rutgers School of Public Health.

Brief Description of the Former UMDNJ

The University of Medicine and Dentistry of New Jersey (UMDNJ) can be traced back to 1954 when New Jersey's first programs of medical and dental education were founded as the Seton Hall College of Medicine and Dentistry, a private College located in Jersey City. In 1962, New Jersey's first public program of medical education was chartered as part of Rutgers University, and in 1966 Rutgers Medical School opened as a two-year basic science institution. One year earlier, the State of New Jersey acquired the Seton Hall College of Medicine and Dentistry, renamed it the New Jersey College of Medicine and Dentistry, and moved the Seton Hall programs of medical and dental education to Newark. In 1969, the Graduate School of Biomedical Sciences was added to the College.

The Medical and Dental Education Act of 1970 consolidated the New Jersey College of Medicine and Dentistry with the Medical School of Rutgers University, creating the College of Medicine and Dentistry of New Jersey. In 1971, Stanley S. Bergen Jr., MD, was appointed the first president and ground was broken for the Newark Campus. In 1976, a School of Allied Health Professions was established, later named the School of Health Related Professions. In 1981, the State Legislature granted university status to what would then be called the University of Medicine and Dentistry of New Jersey. In 1992, the School of Nursing was created, and the School of Public Health was established in 1998.

The 2012 New Jersey Medical and Health Sciences Education Restructuring Act transferred the University of Medicine and Dentistry of New Jersey, including the School of Public Health to Rutgers University effective July 1, 2013. (This legislation, which was signed by Governor Christie on August 22, 2012, integrated all of UMDNJ, except University Hospital and the School of Osteopathic Medicine, into Rutgers University, thus dissolving UMDNJ.)

Brief Description of Rutgers University

Chartered in 1766 as Queen's College, Rutgers, The State University of New Jersey, is the eighth oldest institution of higher learning in the United States. It has a unique history: from its inception as one of the nation's nine colonial colleges, Rutgers grew to become the land-grant college of New Jersey in 1864, and to assume full university status in 1924. Legislative acts of 1945 and 1956 designating it "The State University of New Jersey" qualified it as one of the nation's major public research universities. The University of Newark merged with Rutgers in 1946 (now called Rutgers–Newark, and the College of South Jersey in Camden joined in 1950 (now called Rutgers–Camden).

In the short span of less than 50 years from the mid- to late-20th century, Rutgers rose from a disparate collection of schools, geographically dispersed and operating largely independently, to become one of

the most prestigious educational institutions in the U.S. That advancement was recognized in 1989 when Rutgers was invited to join the Association of American Universities (AAU). Dedicated to a threefold mission, Rutgers is equally committed to excellence in teaching, scholarship, and public service. Driving all of Rutgers' activities is the defining characteristic of a premier research university: the continuous and vigorous creation of intellectual capital—the new discoveries and insights that drive the advancement of human knowledge and contribute to the improvement of the human condition, and the graduates who are able to continue to create this new knowledge and apply it to every area of human endeavor. We firmly believe that these functions are inextricably intertwined: the same intellectual and physical resources that distinguish Rutgers as a comprehensive research university enable it to provide the kind of education that best prepares its students to participate in and contribute to today's intricate and fast-changing, knowledge-intensive world.

As the sole comprehensive public research university in the state's system of higher education, Rutgers University has the threefold mission of

- **providing for the instructional needs of New Jersey's citizens** through its undergraduate, graduate, and continuing education programs;
- **conducting the cutting-edge research** that contributes to the medical, environmental, social, and cultural well-being of the state, as well as aiding the economy and the state's businesses and industries; and
- **performing public service** in support of the needs of the citizens of the state and its local, county, and state governments.

Rutgers is dedicated to teaching that meets the highest standards of excellence, to conducting research that breaks new ground, and to providing services, solutions, and clinical care that help individuals and the local, national, and global communities where they live.

The mission of the university is accomplished through its four divisions (Camden, Newark, New Brunswick, and Biomedical and Health Sciences) and the New Jersey Agricultural Experiment Station, which complement and support one another, permitting the most effective use of state and institutional resources.

Rutgers consists of 32 schools and colleges located with primary campuses in New Brunswick, Newark, and Camden. The university also maintains educational services in many other communities throughout the State. New Brunswick, Rutgers' flagship campus, has five distinct campuses: College Avenue (74 acres), G.H. Cook (170 acres), Douglass (147 acres), Busch (771 acres), and Livingston (935 acres). Rutgers–Newark is housed on 40 acres in downtown Newark, New Jersey's largest city. Rutgers–Camden's 31 acre campus is located on the Camden Waterfront in the heart of the metropolitan Philadelphia region. Rutgers Biomedical and Health Sciences (RBHS) has multiple locations across the state as well. Primary facilities are found in Newark, New Brunswick, Scotch Plains, Somerset, and Stratford. With a network of hundreds of health care and educational affiliates, RBHS has a presence in every one of New Jersey's 21 counties. The New Jersey Agricultural Experiment Station also has offices, faculty, and staff in all 21 of New Jersey's counties and operates three on-campus research farms, five off-campus research stations, four coastal research stations, and a 4-H summer camp. Its off-campus facilities are located on 1,748 acres. In total, the university operates research and instructional facilities on 6,088 acres in 13 counties and 28 municipalities. In Fall 2014, Rutgers enrolled nearly 65,000 students, with almost 45,000 undergraduates and close to 20,000 graduate and professional students.

Rutgers University has been accredited by The Middle States Commission on Higher Education since 1921. As part of a regular decennial review to reaffirm accreditation for Rutgers, the University completed a self-study in preparation for an evaluation visit in 2008 at which time Rutgers University received an accreditation term through 2017-2018.

At its session on March 7, 2013, the Middle States Commission on Higher Education acted to include within the scope of Rutgers University accreditation the change in the established mission of the institution to incorporate the medical and health-related academic programs, including the School of Public Health, transferred to Rutgers University from the University of Medicine and Dentistry of New Jersey by The New Jersey Medical and Health Sciences Education Restructuring Act. The Statement of Accreditation Status by The Middle States Commission on Higher Education is included in the Resource File.

The Act also established Rutgers Biomedical and Health Sciences (RBHS), a major new health sciences education, research, and clinical division at Rutgers University, comprising most of the units of the former UMDNJ, several existing Rutgers units with key health-related missions, and two research units. The creation of RBHS established Rutgers University as one of the largest academic institutions in the United States providing health sciences education, research, service and clinical care. The Rutgers School of Public Health is located within RBHS.

All educational programs of the University have been approved by the academic, governmental, and professional agencies with responsibilities in specific areas of specialization. A list of accreditation agencies to which Rutgers University responds is included as Table 1.3.a-1.

TABLE 1.3.a-1: ACCREDITING AGENCIES OF RUTGERS UNIVERSITY

Accreditors Recognized by U.S. Secretary of Education: Council on Education for Public Health, Academy of Nutrition and Dietetics, Accreditation Council for Education in Nutrition and Dietetics; Accreditation Commission for Midwifery Education; Accreditation Council for Pharmacy Education; American Bar Association, Council of the Section of Legal Education and Admissions to the Bar; American Dental Association, Commission on Dental Accreditation; American Occupational Therapy Association, Accreditation Council for Occupational Therapy Education; American Physical Therapy Association, Commission on Accreditation in Physical Therapy Education; American Psychological Association, Commission on Accreditation; Commission on Collegiate Nursing Education; Council on Accreditation of Nurse Anesthesia Educational Programs; Liaison Committee on Medical Education; National Association of Schools of Dance, Commission on Accreditation; National Association of Schools of Music, Commission on Accreditation; Teacher Education Accreditation Council, Accreditation Committee

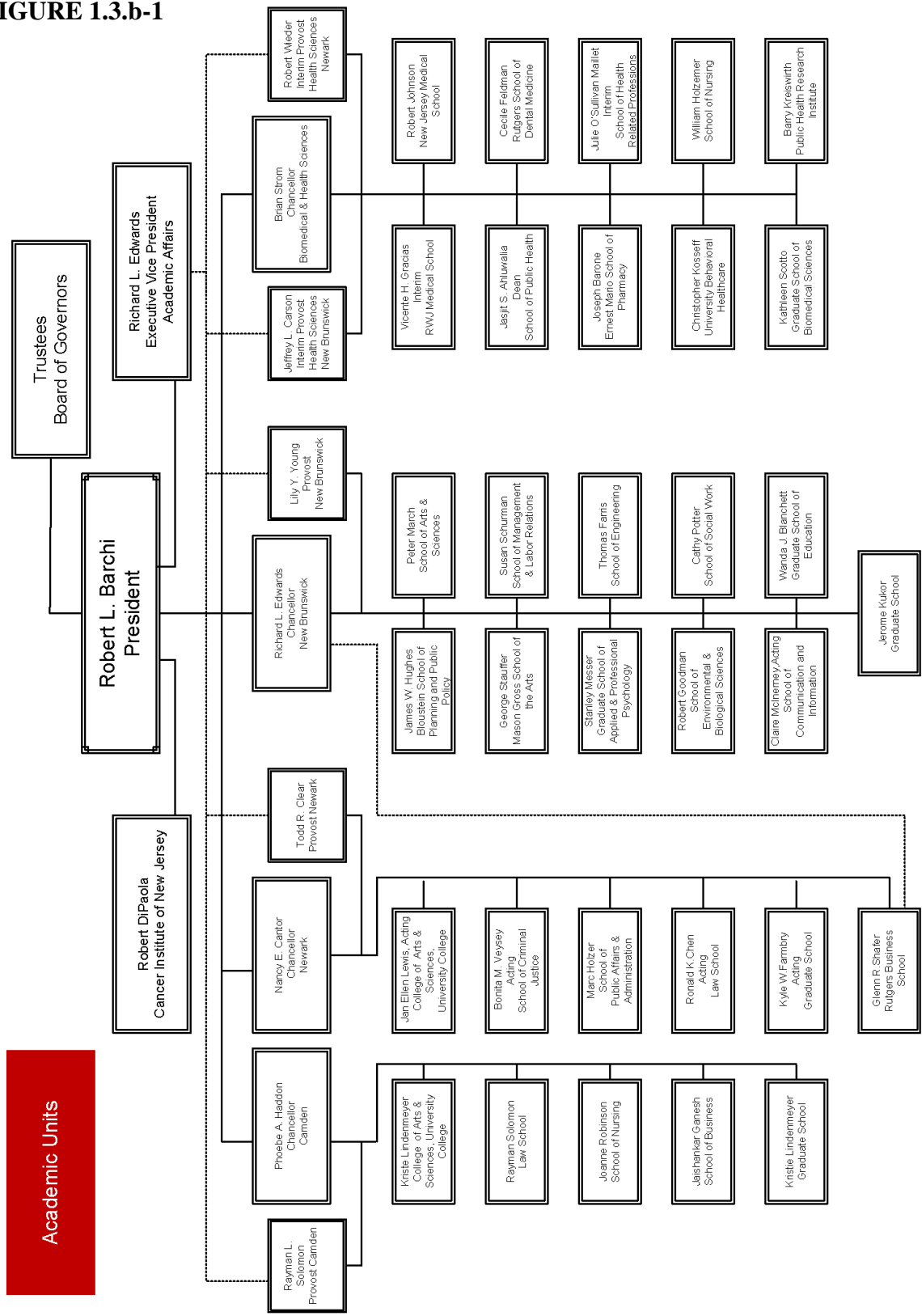
Other Accreditors: AACSB International - The Association to Advance Collegiate Schools of Business; ABET (formerly Accreditation Board for Engineering and Technology); Accreditation Council for Graduate Medical Education; Accreditation Review Commission on Education for the Physician Assistant; American Board of Obstetrics and Gynecology; American Chemical Society; American Library Association; American Registry of Radiologic Technologists; American Society of Landscape Architects; Association of American Law Schools; Association of Nutrition and Food Professionals; Commission on Accreditation for Health Informatics and Information Management Education; Commission on Accreditation for Respiratory Care; Commission on Accreditation of Allied Health Education Programs; Cytotechnology Programs Review Committee, Joint Review Committee on Education in Cardiovascular Technology, and Joint Review Committee on Education in Diagnostic Medical Sonography; Council for Accreditation of Counseling and Related Educational Programs; Council on Rehabilitation Education; Council on Social Work Education; Joint Review Committee on Educational Programs in Nuclear Medicine Technology; National Accrediting Agency for the Clinical Laboratory Sciences; National Association of Schools of Public Affairs and Administration; Planning Accreditation Board.

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

Figure 1.3.b-1 provides the organizational chart of the Academic Units of Rutgers, The State University of New Jersey that illustrates the School's equal status with other Rutgers schools and colleges. The relationship of the School of Public Health within Rutgers Biomedical and Health Sciences (RBHS) is illustrated Figure 1.3.b-2. All reporting lines are identical for the deans of all of the RBHS schools.

As with other RBHS schools, the dean reports to the president through the RBHS Chancellor on all budgetary and academic issues. (The dean does not report to the two provosts for health sciences.) The president reports to the Board of Governors, which has ultimate authority for governing the University.

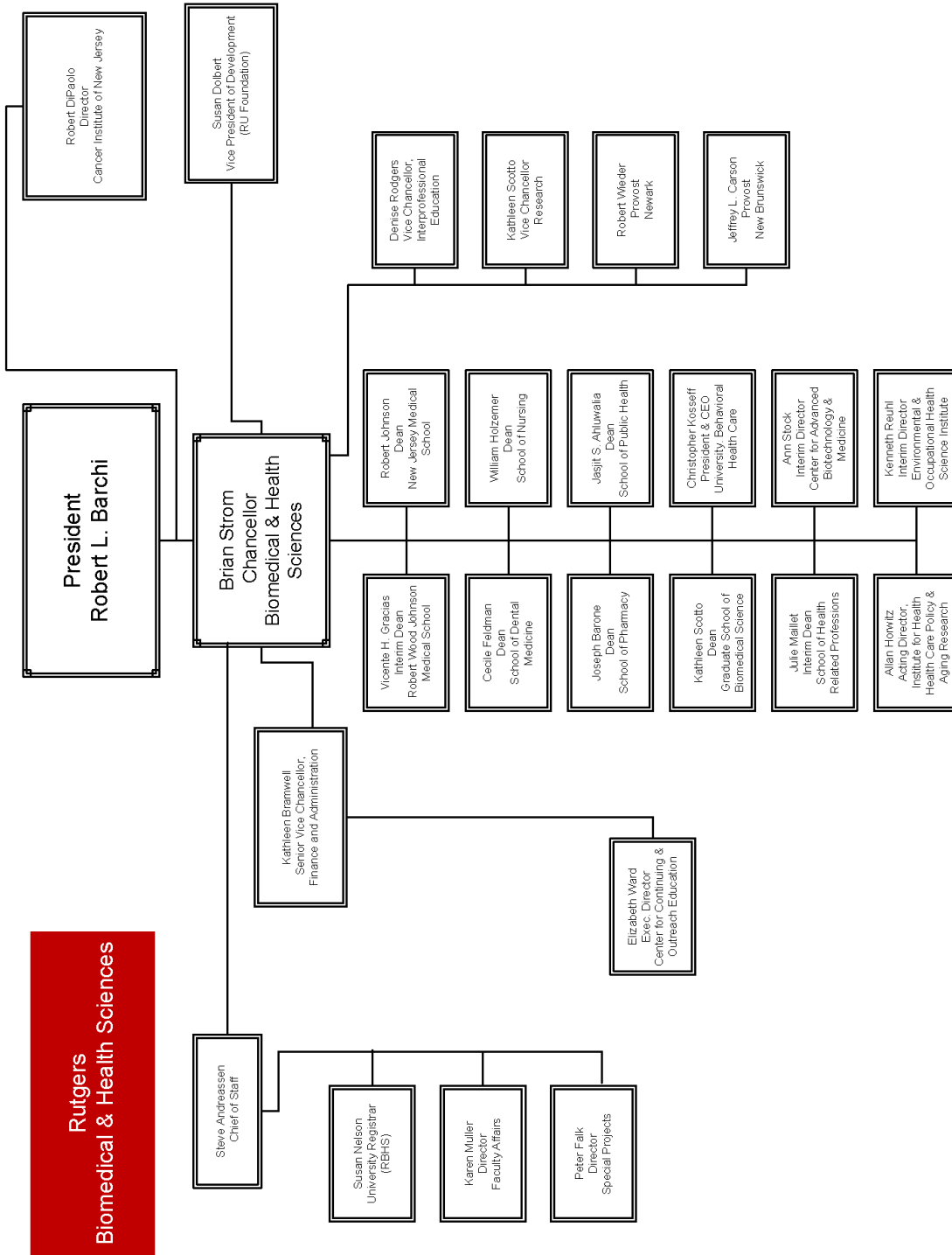
FIGURE 1.3.b-1



Updated 1-31-15
Academic Units

Rutgers, The State University of New Jersey

FIGURE 1.3.b-2



1.3.c Description of the school's level of autonomy and authority regarding the following:

- budgetary authority and decisions relating to resource allocation**
 - lines of accountability, including access to higher-level university officials**
 - personnel recruitment, selection and advancement, including faculty and staff**
 - academic standards and policies, including establishment and oversight of curricula.**
-

Budgeting Authority and Resource Allocation

The budgeting process that has been used to date for the School of Public Health was inherited from the former UMDNJ. Under this process, the School budget is developed by the Office of Business and Finance with input by the department chairs, with supervision by the Dean. The budget is developed under parameters provided by the University including the extent of the University subsidy, the amount of University tax to be assessed, and projections of salary increases negotiated with the unions, fringe rates, indirect overhead rates, and allowable tuition increases. The budget is reviewed and adjusted as necessary in meetings with the Rutgers Biomedical and Health Sciences Senior Vice Chancellor, Finance and Administration and finalized in a meeting with the Chancellor of Rutgers Biomedical and Health Sciences (RBHS).

Lines of Accountability

From its founding as Queen's College in 1766 until it was reorganized as The State University of New Jersey in 1956, Rutgers University was governed by a Board of Trustees. In 1956, state law created the Rutgers University Board of Governors as the governing body of the university and kept the Board of Trustees in an advisory capacity with certain fiduciary responsibilities. The Board of Governors consists of 11 voting members, six appointed by the Governor, with the consent of the State Senate, and five elected by the Rutgers Board of Trustees. The Rutgers Board of Trustees consists of 59 voting members, including 28 charter members, three of whom are current students, elected by the Board of Trustees themselves; 20 alumni trustees also elected by the Board of Trustees; and 11 public trustees, six of whom are appointed by the Governor.

The Rutgers president implements board policies with the help and advice of senior administrators and other members of the university community. The Chancellor of Rutgers Biomedical and Health Sciences reports directly to the president along with the Chancellor's for Rutgers–New Brunswick, Rutgers–Newark, and Rutgers–Camden. Also reporting to the President is the Director of the Rutgers Cancer Institute of New Jersey, executive vice presidents for academic affairs and for development and alumni relations and six senior vice presidents (Risk Management, Ethics and Compliance; Administration; External Affairs; General Counsel; Finance and Treas.; Research and Economic Development). The deans of the Rutgers schools and colleges report to their respective chancellors as well as to the six senior vice presidents in their specific areas of responsibility; however the annual evaluation of each Dean is conducted by his/her Chancellor.

The Dean of the School of Public Health reports directly to the Chancellor of Rutgers Biomedical and Health Sciences.

Personnel Recruitment, Selection and Advancement

Personnel actions including appointments and promotions of faculty and hiring of staff are initiated in the departments and schools based on their needs and resources. Faculty positions are widely advertised in conformance with University policy, but selection rests with the schools subject to review by the Chancellor and University Human Resources. In reviewing faculty appointments, the RBHS Chancellor routinely seeks the advice of the RBHS deans (including the Dean of the School of Public Health) at one of their biweekly meetings. Appointment and promotion policies within a school are set by its Bylaws developed by faculty committees and implemented by the faculty under the direction of the Dean. All faculty appointments within RBHS are forwarded to the Chancellor's Office for approval. The Chancellor is assisted in this task by two Provosts (one for the Newark Campus and one for the New Brunswick Campus) whose responsibility is mainly in the area of reviewing and coordinating faculty personnel actions. Tenured appointments require the approval of a university-wide Promotion Review Committee. The Senior Vice President for Administration provides oversight for the recruitment, selection and advancement of staff.

Academic Standards and Policies

Based on Rutgers academic standards and policies as noted in Criterion 1.5.b, each school is responsible to develop and implement the academic standards and policies established by the school. All new educational programs proposed by a school are reviewed by the RBHS Chancellor before the program is forwarded to the Rutgers Board of Governors through the Executive Vice President for Academic Affairs. The oversight of the curricula, however, remains with the faculty of each school's degree programs including the recommendation for the addition or deletion of degree programs, concentrations or certificate programs.

1.3.d Identification of any of the above processes that are different for the School of Public Health than for other professional schools, with an explanation.

The above processes are consistent for seven of the eight RBHS schools, including the School of Public Health. The only RBHS school that follows a modified process is the Rutgers Graduate School of Biomedical Sciences (GSBS) due to its unique structure. This school is organized by divisions that are campus-based and has no primary faculty appointments awarded by the school. All GSBS faculty hold a primary faculty appointment with one of the other seven RBHS schools.

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

Not Applicable. On July 1, 2013, the University of Medicine and Dentistry of New Jersey-School of Public Health was transferred to Rutgers, The State University of New Jersey (Rutgers University) and was renamed the Rutgers School of Public Health.

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

Not Applicable.

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

This criterion is met.

Strengths

- The School of Public Health is one of 32 schools and colleges at the Rutgers, The State University of New Jersey and enjoys the same status and autonomy as all other schools and colleges.
- The School has formal relationships within the University's governance structure and is subject to the policies and standards of the University.
- The School is well positioned to create a strong collaborative interprofessional education experience for future students due to the strong commitment of the RBHS Interprofessional Education (IPE) effort.
- The School retains and manages its own resources.
- The recruitment and selection of candidates for faculty and staff positions occur at the School level.
- The faculty of the School of Public Health is in full control of the School's academic standards, policies and programs.
- In general the students are pleased with the move to Rutgers and applications were up sharply this year, particularly in the core departments (Table 4.3.d-1)
- The School has successfully managed its merger into Rutgers and has recruited a new Dean, Dr. Jasjit S. Ahluwalia who began his tenure on May 7, 2015.

Weaknesses/Challenges

- The School of Public Health was born and built within the UMDNJ structure and now is adapting to a new environment in Rutgers University. Even when part of the former UMDNJ, the School and many of its faculty had cooperative relationships with Rutgers programs and faculty. While not starting de novo, the challenge now is to learn how to work most effectively within the Rutgers structure, to form additional partnerships with our Rutgers colleagues that will strengthen the School, and to establish a base that will allow the new dean and the faculty and staff to grow the school and excel.
- The merger is still an ongoing process at a practical administrative level. Currently, several important administrative support activities, such as student records, registration, and personnel records, are conducted on two different systems. Legacy UMDNJ units (that merged into Rutgers) continue to use the old UMDNJ systems, and there will be future challenges as these are switched over or otherwise integrated into unified systems for all of Rutgers. That said, much progress has been made in key areas including budgeting, research administration, parking and facilities planning.

Plans

- The School will develop new initiatives that build upon the strengths of Rutgers University, such as:
 - Supporting RBHS' effort to submit a Clinical and Translational Science Award grant application;
 - Studying global climate change and public health and build strategic research partnerships across Rutgers University; and
 - Develop at least one collaborative project with the Institute for Health Outcomes, Policy, and Economics at the Rutgers Ernest Mario School of Pharmacy (EMSOP).
- The School and its faculty and staff will need to work with patience and perseverance as additional administrative systems are integrated across the University

CRITERION 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.

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

Figure 1.4.a-1 illustrates the organizational structure of the Rutgers School of Public Health. The School's Dean's Council, Executive Council and the External Advisory Council are described in Criterion 1.5.c.

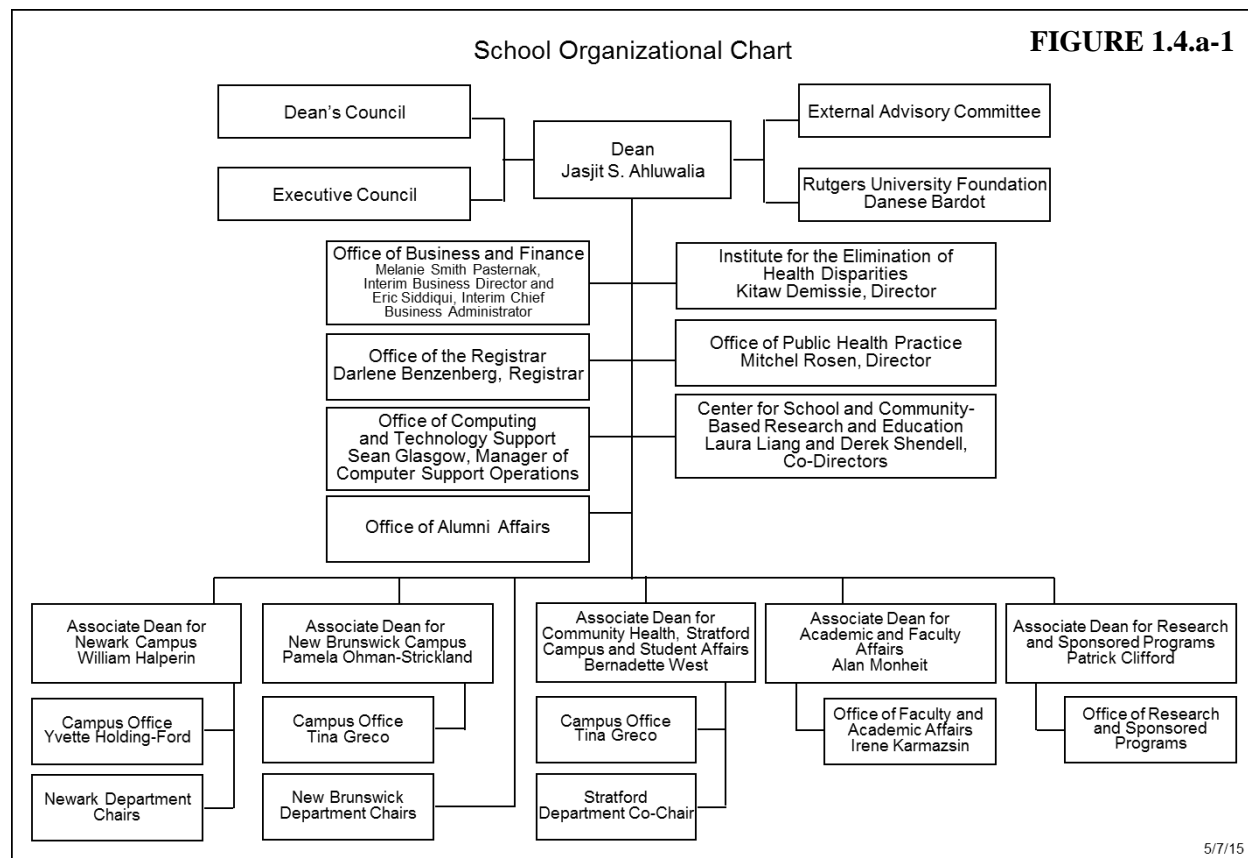
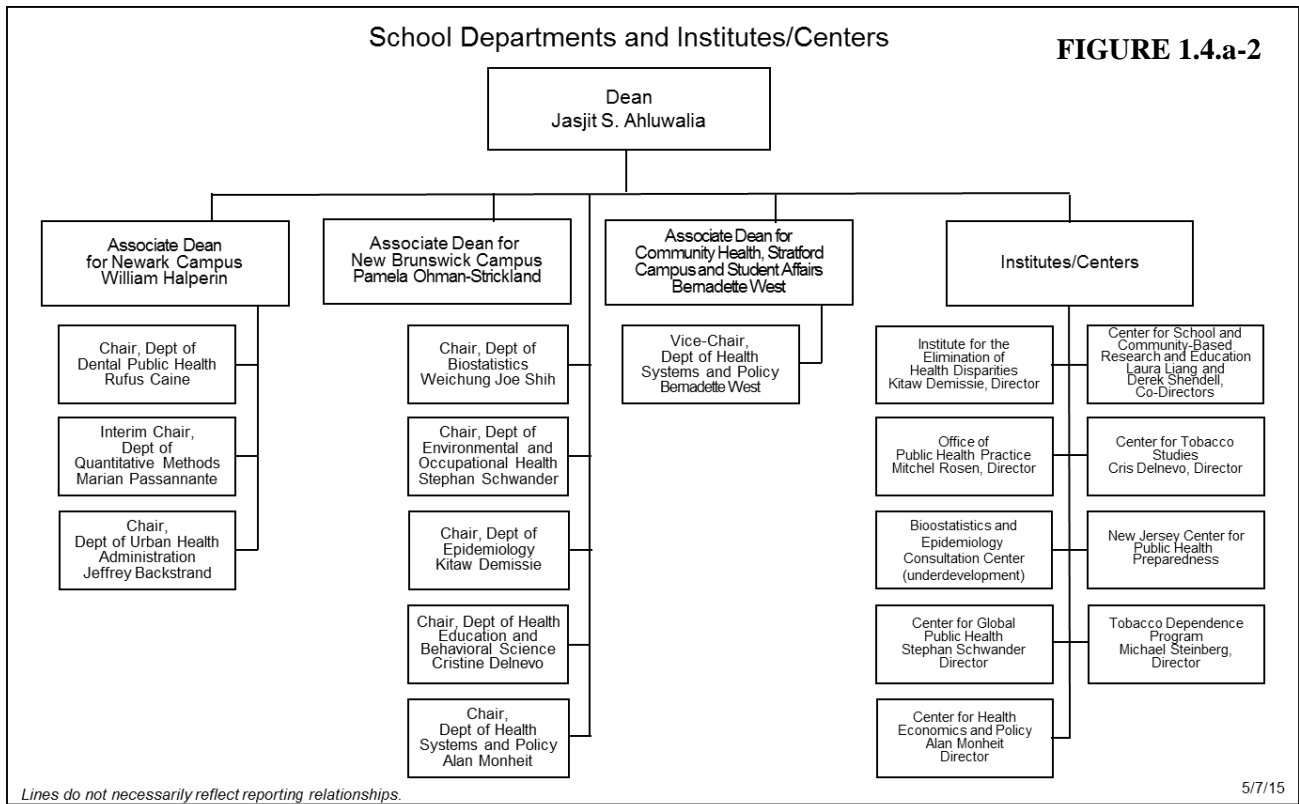
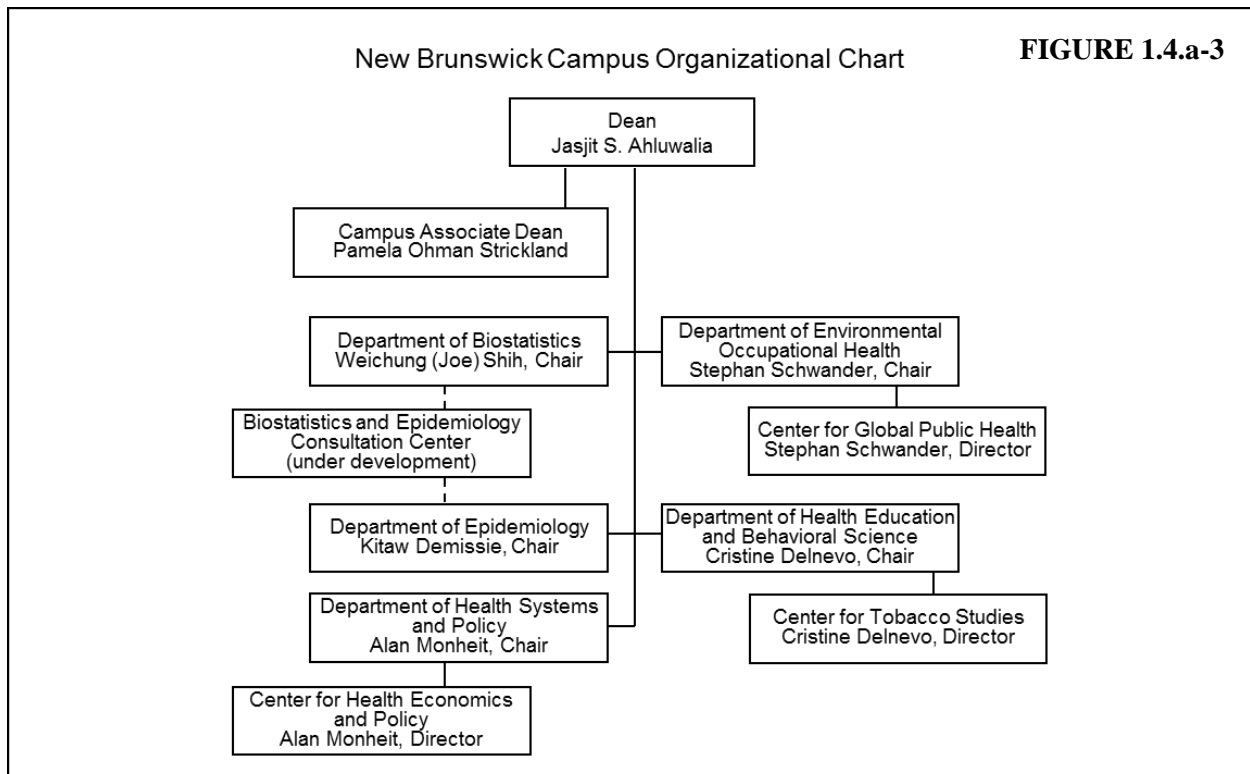
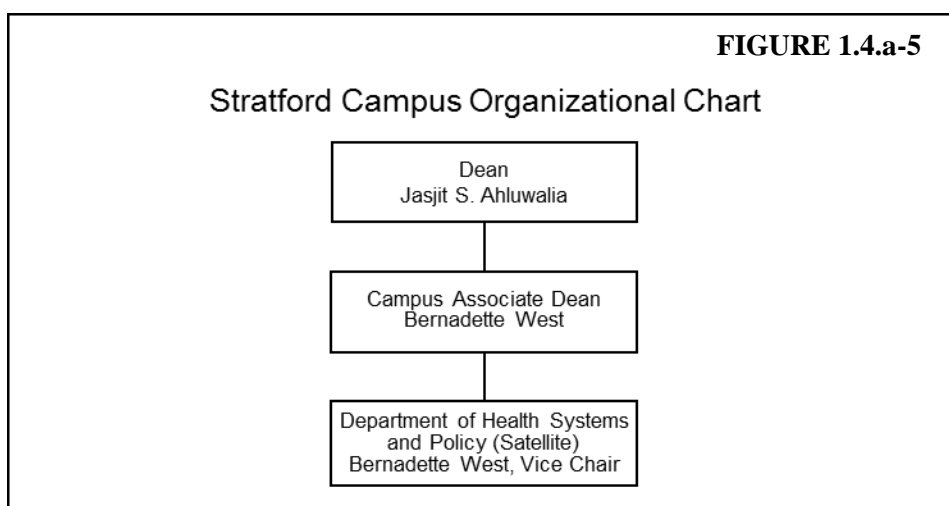
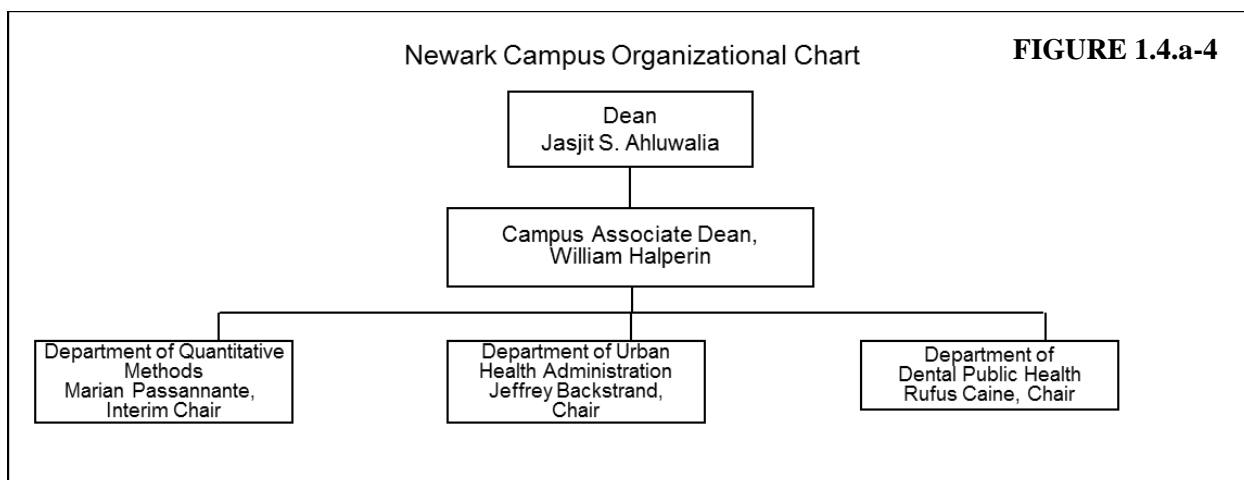


Figure 1.4.a-2 illustrates the organizational structure for the departments and institutes and centers. School Core Departments that serve as the home for nearly all primary appointments are based at the New Brunswick Campus.



Figures 1.4.a-3, -4 and -5 illustrate the organizational structure for each campus. The Biostatistics and Epidemiology Core is under development through the Rutgers Biomedical and Health Sciences. The core is envisioned as a Rutgers-wide consulting center and the two noted departments will be involved.





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

Figure 1.4.a-1 provides the organizational structure of the Rutgers School of Public Health. The School is based on three campuses, each led by a Campus Associate Dean. One Campus Associate Dean also serves in a School-wide capacity as noted in Figure 1.4.a-1 as Associate Dean for Community Health and Student Affairs. In addition, the School-wide leadership is provided by an Associate Dean for Research, and an Associate Dean for Academic and Faculty Affairs. All Associate Deans serve as members of the School's Dean's Council and provide advice and guidance to the Dean.

Dean (Jasjit S. Ahluwalia, Dean, effective May 7, 2015)

In accordance with the practice of decentralized administration that is characteristic of the parent institution, the Rutgers Board of Governors delegate significant authority to the Dean to serve as chief academic and administrative officer for the School. The Dean reports to the President of Rutgers University through the Chancellor for Rutgers Biomedical and Health Sciences (Figure 1.3.b-2). A primary responsibility of the Dean is to implement the mission of the school, including the fiscal planning for the School to meet the School's mission. Consequently, the Office of Business and Finance reports directly to the Dean and manages the School's financial and space resources. In coordination

with principal investigators, this office also supervises the administrative aspects of grants and contracts within the school and relates to the University Office of Research and Sponsored Programs for grant submission and official reports to funding agencies. A Director of Development Officer who works for Rutgers University Foundation is assigned to the School of Public Health and has a dotted line relationship to the Dean. In addition, the Director for the Institute for the Elimination of Health Disparities, the Director of the Office of Public Health Practice and a Co-Director of the Center for School and Community-Based Research and Education report to the Dean. The responsibilities for these three units are described in the Resource File, under 3.1 Research.

Dean's Council and External Advisory Committee

The responsibilities of these three bodies are described in Criterion 1.5.c.

Associate Dean for Academic and Faculty Affairs (Alan Monheit)

The Associate Dean for Academic and Faculty Affairs reports to the Dean and provides oversight for the recruitment of faculty and policies that may have an impact on the faculty.

Associate Dean for Research (Patrick Clifford)

The Associate Dean for Research reports to the Dean and oversees the research policy for the School. He disseminates information about funding opportunities to the faculty and is also the primary liaison to the Institutional Review Board for Rutgers University as well as the research deans at the other Rutgers Biomedical and Health Sciences schools.

Associate Dean for Community Health (Bernadette West)

The Associate Dean for Community Health reports to the Dean and provides linkages for the faculty and students to the external community, especially to local health departments and community service agencies. Guidance is also provided to the student volunteer group, V.O.I.C.E.S. (Volunteer Opportunities in Community-Engaged Service).

Associate Dean for Student Affairs (Bernadette West)

The Associate Dean for Student Affairs reports to the Dean and coordinates policies concerning student services within the School and with other offices in the University. The Office also provides overall support to the Student Government Association.

Campus Associate Deans

The Associate Campus Deans for the New Brunswick, Newark, and Stratford Campuses serve under the direction of the Dean and are the chief academic officers for their campus (see Figures 1.4.a-3, -4, and -5). Through the departments located on their campus, the Associate Campus Deans provide the academic and administrative leadership for the educational, research and service programs based on their campus. In addition they supervise the campus office that serves students on their campus.

The School of Public Health is temporarily suspending admissions beginning Fall 2015 on the Stratford Campus (admissions for New Brunswick and Newark campuses proceed as usual). The School will not accept or review applications for the Stratford Campus during this temporary suspension; however, the School will continue to offer courses and advise current students on the Stratford Campus. The School intends to reinstate the process for accepting applications once the School is able to relocate onto the Rutgers University–Camden Campus.

Department Chairs

The School's mission and goals are implemented through Departments that are Campus-based. There are five Core Departments required at a minimum by the School's Bylaws: Biostatistics, Epidemiology, Environmental and Occupational Health, Health Education and Behavioral Sciences, and Health Systems and Policy. Other non-Core Departments, such as Dental Public Health, may be created on any Campus with the recommendation of the Executive Council to the Dean; approval is required by the RBHS Chancellor and the Rutgers Board of Governors. Divisions or Sections within Departments may be established on the recommendation of the Department Chair, the Dean, and the Chancellor to the Rutgers Board of Governors following review by the Chair with Department faculty.

The School's academic programs are based within one of the eight departments. Each department is led by a Chair, appointed by the Dean with approval by the RBHS Chancellor and the Rutgers Board of Governors. There are five core departments that reflect the required curricular concentrations of the Council on Education for Public Health and are all based at the Rutgers School of Public Health. The Core Departments also serve as the academic home for the primary faculty appointments within the School and include the following chairs and departments: Weichung Shih, Biostatistics (BIST); Stephan Schwander, Environmental and Occupational Health (ENOH); Kitaw Demissie, Epidemiology (EPID); Cristine Delnevo, Health Education and Behavioral Science (HEBS); and Alan Monheit, Health Systems and Policy (HSAP). Non-Core Departments are sponsored by collaborating schools within Rutgers and include the following chairs and departments: Rufus Caine, Dental Public Health (DNPH) [sponsored by Rutgers School of Dental Medicine]; Marian Passannante (Interim Designate), Quantitative Methods (QNME) [sponsored by Rutgers New Jersey Medical School]; and Jeffrey Backstrand, Urban Health Administration (URHA) [sponsored by Rutgers School of Public Affairs and Administration].

Each Department Chair has general administrative responsibility for, as well as participates in, the educational, research, and service programs of the Department. The Department Chairs make recommendations regarding appointments, reappointments, promotions, changes in faculty status and other personnel issues. They assign course instructors and coordinate course schedules. Department Chairs are responsible for identifying teaching faculty and appropriate field sites to meet the educational goals of their Departments and to coordinate the research and service activities of the Department. Department Chairs have a major role in the organization and administration of the School, focusing on specific concentration areas, and also teach in the School. All new courses and certificate programs are initiated at the department level.

All School faculty are hired through a specific Department and report to the Department Chair. Primary faculty consist of faculty who have a primary appointment of 50% or more commitment at the School, regardless of rank. Non-primary faculty include all Rutgers persons having secondary faculty appointments at the School of any sort (including part-time, clinical, adjunct, etc.), as well as all faculty from other Rutgers schools holding joint faculty appointments at the School. Faculty who hold primary appointments at a sister Rutgers school are appointed to a School of Public Health Department at the same academic rank that they hold at their primary school; however, their appointment is coterminous with their primary faculty appointment. For example, Dona Schneider has a tenured appointment as Professor of Urban Studies and Community Health at Rutgers Edward J. Bloustein School of Planning and Public Policy and Professor (Coterminous) of Epidemiology at the School of Public Health. Similarly, Marian Passannante has a tenured appointment as Professor of Preventive Medicine and Community Health at Rutgers New Jersey Medical School and is Professor of Quantitative Methods at the School of Public Health.

1.4.c Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

One of the School's major strengths is its ability to facilitate interdisciplinary collaborations. Joint efforts between schools within Rutgers and external organizations are common and have had a long history.

At the University Level

- Since the establishment of the School of Public Health, the School has collaborated with the Rutgers New Jersey Medical School, the Rutgers School of Dental Medicine and Rutgers School of Public Affairs and Administration to offer three non-core concentration areas of public health for the MPH degree.
- The School collaborates with several other degree-granting units at Rutgers and other universities to offer articulated and dual degree programs.
- The School's primary faculty hold joint appointments in other Rutgers departments, and conversely, School's departments have provided joint or adjunct appointments for faculty outside of the School.

Within Rutgers Biomedical and Health Sciences

- Faculty associated with the School and collaborating institutions are leaders in four joint Institutes, Centers, and Programs. The collaborative efforts between the School and other Rutgers school/colleges/units are common and have effective implementation procedures in place.
 - Collaborations with Rutgers Cancer Institute of New Jersey (CINJ) include a Cancer Prevention and Control Research Program co-led by Cristine Delnevo (SPH), a Biometrics Shared Resource directed by Weichung Shih (SPH) and a Breast Cancer High School Education Program managed by Dr. Laura Liang (SPH).
 - Collaborations with the Center for Environmental Exposures and Disease housed at Rutgers Environmental and Occupational Health Sciences Institute (EOHSI) include a Biostatistics Facility Core directed by Pamela Ohman Strickland (SPH) and a Community Outreach and Education Core co-directed by Dr. Laura Liang (SPH).
 - Collaborative research projects between the School's Center for Health Economics and Policy and Rutgers Institute for Health, Health Care Policy and Aging Research includes research to examine the impact of state legislation and the Affordable Care Act on expanded dependent coverage for young adults, and the early impact of New Jersey's health insurance market place on enrollee transitions among sources of health insurance coverage.
 - Michael Steinberg (RWJMS) directs the Tobacco Dependence Program that collaborates with the School of Public Health, RWJMS and CINJ.
 - 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 Interprofessional Education Faculty Advisory Committee (IPEFAC) was formed under the direction of Denise V. Rodgers, MD, FAAFP, and Vice Chancellor for Interprofessional Programs, RBHS in Fall 2013. Marian R. Passannante (SPH) represents the School of Public Health on this Committee. Committee members have participated in national Interprofessional Education Institutes sponsored by IPEC, the Interprofessional Education Collaborative and meet monthly with Dr. Denise Rodgers. The IPEFAC has four sub-committees: IPE Case-based Learning, IPE Simulation and Standardized Patient Learning, IPE Research and Scholarly Activities (Co-Chaired by Dr. Passannante), and IPE Faculty Development. IPE Educational Sessions have been and will continue to be developed that will include all RBHS schools as well as the Rutgers School of Social Work. A recent community-based IPE Grant Proposal to HRSA was developed that included many of the RBHS schools. Dr. Bernadette West (SPH) is the representative for the

School on this grant. In addition to the IPEFAC, Dr. Rodgers has formed an IPE Student Council, with representatives for all RBHS Schools (including the School of Public Health) and the Rutgers School of Social Work. Ms. Nicole Perez is the School of Public Health student representative on the IPE Student Council.

- Several faculty members participated in the RBHS Strategic Planning process, which resulted in the inclusion of the complementary program in Public Health which will address key priorities for Rutgers, New Jersey, and our partners around the world.
- The School has developed a jointly sponsored MS in Health Outcomes, Policy, and Economics degree program with Rutgers Ernest Mario School of Pharmacy.

Within the School of Public Health

- The School supports dual concentrations that enable students to obtain “double major” in two areas of public health, such Epidemiology and Health Education and Behavioral Science
- The School-Wide Curriculum Committee, which comprises representatives from each campus and department, has overall responsibility for the master’s degrees and courses offered by the School.
- Several departments require courses outside of their department and, students are supported when they desire to take courses outside of the School.
- The School’s Strategic Plan includes several interdisciplinary and collaborative efforts as Strategic Priority Areas (See Criterion 1.1).

Throughout New Jersey and beyond

- Faculty members have conducted numerous research and service projects for NJ Departments of Health (NJDOH), Environmental Protection (NJDEP), and Community Affairs (NJDCa).
- George Rhoads, Interim Dean, serves as the Chair of the Improving Birth Outcomes Data Working Group for the Infant Mortality Collaborative Improvement and Innovation Network at NJDOH.

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

This criterion is met.

Strengths

- The School has an organizational structure in place that supports its mission and values.
- The decentralized, campus structure maximizes the development of educational programs, service opportunities, and research collaborations.
- The primary faculty have their faculty appointments in one of the five core departments based in the School.
- The School’s academic partners fully support the non-core departments.
- The School’s organizational setting maximizes interdisciplinary collaboration across Rutgers.

Weaknesses/Challenges

- None.

Plans

- New degree concentrations may be developed based on the strengths of the School’s partners to meet the mission of the School, such as Global Public Health and Nutrition.

CRITERION 1.5 GOVERNANCE

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

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

An Executive Council and 10 School-wide standing committees are established through the School's Bylaws. Unless codified in the bylaws, each committee creates its own rules of procedure that are reviewed and approved by the Executive Council. In addition, four standing committees have been established 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.

Campus committees that mirror the School-wide committees may be established based on need; approval by the Executive Council is required. Campus Committees for the Newark and New Brunswick Campuses have been established for the School-wide Academic Progression Committee, Admissions Committee, Curriculum Committee, and Executive Council (which is named the Campus Executive Committee). Each campus committee reports to its School-wide parent committee with respect to setting and implementing school-wide policies and the Campus Executive Committee for campus issues. The school-wide standing committees and the New Brunswick, Newark Campus and Stratford Campus Committees are listed in Table 1.5.a-1.

TABLE 1.5.a-1: SCHOOL-WIDE AND CAMPUS COMMITTEES

<u>School-wide Standing Committees</u>	<u>Campus Standing Committees</u>
<ul style="list-style-type: none"> • Academic Progression Committee • Admissions Committee* • Appointments and Promotions • Awards Committee • Bylaws and Elections Committee • Committee on Committees • Community Health Committee • Curriculum Committee • Dean's Council • Doctoral Committee • Executive Council • External Advisory Committee • Faculty Affairs • Research Committee • Student Affairs Committee 	<ul style="list-style-type: none"> • Academic Progression Committee • Admissions Committee <ul style="list-style-type: none"> • Curriculum Committee <ul style="list-style-type: none"> • Campus Executive Committee

Student participation is valued and encouraged, and students may serve on any standing committee at the School or campus level, with the exception of: the Academic Progression Committee, the Appointments and Promotions Committee, and the Bylaws and Elections Committee.

The Dean may appoint additional standing and ad hoc committees as necessary with advice and consent of the Committee on Committees and the Executive Council. Faculty holding secondary appointments at the School may serve on any standing committee of the School and have voting privileges, with the exception of the Appointments and Promotions Committee and the Bylaws and Elections Committee.

School-Wide Standing Committees and Their Charge

The Academic Progression Committee considers matters of academic standing of the public health students. This Committee has the responsibility of monitoring and designating the academic status of all students in the School and of approving the Academic Rules and Regulations which provide the guidelines under which the Committee functions, and describe the requirements for promotion and award of degrees. The Committee consists of the Associate Dean responsible for Academic Affairs, who serves as Chair, and the Chairs of the Campus Academic Progression Subcommittees. The other Campus Associate Deans, Associate Dean for Student Affairs, the Fieldwork Coordinators and the Registrar serve ex officio, without vote.

The Admissions Committee has the responsibility within legal boundaries of setting the requirements for admission to the School subject to review by the Faculty. The Committee carries out this function through approval of Department recommendations. The membership of the Committee consist of the Associate/Assistant Dean responsible for Admissions and the Chairs of the Campus Admissions Subcommittees.

The Appointments and Promotions Committee has the responsibility of reviewing and making formal recommendations to the Dean regarding: all appointments and promotions of Faculty; and ensuring the consistency of standards for academic rank. The Committee also reviews and makes recommendations for the designations of Emeritus Faculty, Distinguished Professor and other similar honors. The Committee, with the approval of a majority of the membership of the Faculty, establishes guidelines for faculty appointments and promotions, and conducts periodic review and makes necessary modification of the guidelines. In addition, the Committee reviews and makes recommendations to the Dean regarding requests for Faculty Renewal Leave. The membership of the committee consists of seven (7) full-title primary faculty members of Associate Professor or Professor rank, with one (1) from each of the Core Departments of the School *elected* by the full academic rank faculty of their department and two (2) appointed by the Dean.

The Bylaws and Elections Committee is responsible for 1) insuring that the Bylaws of the School are in conformity with the Policies and Procedures of the University, (2) insuring that the procedures of the School are in accordance with the Policies and Procedures of the University and with the Bylaws of the School, (3) supervising all elections and other ballots conducted among the Faculty, and (4) reviewing and evaluating the role, activities and progress of standing and ad hoc committees and, in the event of uncertainty about a matter, for determining the scope of responsibility of standing and ad hoc committees. In addition, this Committee is responsible for framing a formal statement of amendments to the Bylaws. The Committee consists of nine full-title Faculty members, including the Secretary of the Faculty. Five members are *elected* by the Faculty and three are *appointed* by the Dean, ensuring representation across all campuses.

The Committee on Committees consists of the Dean (or Dean's designee) as Chair, the Secretary of the Faculty and the faculty representative from each campus who has been *elected* to serve on the School's Executive Council. The elected members serve a three-year term with the term to begin on March 1, in order to provide time for the Committee to take action on committee appointments that take effect on September 1. The Committee on Committees selects the chairs and members of standing and ad hoc

committees except where another selection process is specified in the Bylaws. The Committee on Committees is responsible for ensuring continuity of membership and expertise among standing committee members, reviews and evaluates the role, activities and progress of standing and *ad hoc* committees and, in the event of uncertainty about a matter, for determining the scope of responsibility of standing and *ad hoc* committees.

The Curriculum Committee consists of the Campus Associate Deans; Chairs of the Campus Curriculum Subcommittees; one faculty member from each campus, *elected* by the faculty of that campus; and two students, one from the Masters' degree programs and one from the doctoral degree programs. All student representatives are *elected* by their classmates. A designee of the School's Alumni Association is an ex officio member without vote. The Curriculum Committee makes recommendations to the Dean in the following areas: educational goals and learning objectives for each program of study, content of courses to assure broad understanding of the areas of knowledge basic to public health, methodology of teaching, culminating experience and evaluation of courses. No course can be offered without the review and approval of the Curriculum Committee.

The Doctoral Committee consists of all faculty members who are primary advisors or dissertation chairs for doctoral students. The Chair is appointed by the Dean and the work of the committee is facilitated by five discipline coordinators who represent the five Core Departments. These coordinators are appointed by the Committee Chair in consultation with the Department Chair from among the members of the Department. The Doctoral Committee sets policy for the doctoral programs, reviews the applicants and makes admission decisions, proposes curricular changes as necessary, sets the comprehensive examinations and approves the composition of the dissertation committees.

The Executive Council consists of the Dean, Campus Associate Deans for each Campus, 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. The Associate/Assistant Deans not serving as campus academic officers, Directors of University-recognized Centers or Institutes, and Department Vice-Chairs shall serve ex officio without vote. Other individuals may be invited to attend meetings without vote on the approval of the Dean and the Executive Council. The Dean or designee serves as Chair, without vote, except in case of a tie.

The Dean's Council provides advice and guidance to the Dean regarding School-wide issues and policies and serves as a subcommittee of the Executive Council. Council members include the Dean (or the Dean's designee), who shall be the Chair, and the Associate/Assistant Deans. The Dean may appoint additional members.

The Faculty Affairs Committee reviews and recommends policies governing faculty other than appointments, promotion and tenure. The Committee may appoint ad hoc committees and make recommendations on faculty grievances and matters involving faculty rights, unless the grievable matter is covered by a faculty contract. The Committee consists of three tenured senior faculty members *elected* by the faculty and be chaired by the Associate for Academic and Faculty Affairs.

The Research Committee consists of the Associate Dean for Research who shall serve ex-officio without vote, two members *appointed* by the Dean, and four members *elected* by the faculty. The Committee is responsible for encouraging research activities by faculty and students and serve in an advisory capacity to the Office of Research and Sponsored Programs and the Dean on matters of general policy related to research.

The Student Affairs Committee consists of five members and three alternates, with two members and one alternate *elected* from the faculty, two members and one alternate *elected* by the students, and one administrative faculty member and one alternate *appointed* by the Dean. The members select the Chair. This Committee has the responsibility for hearing allegations of misconduct against students and ensuring the due process rights of students. The Committee makes determinations of fact and makes recommendations to the Dean for disciplinary action regarding infractions of rules, regulations and standards of the University. The Committee carries out these functions through review of Campus Subcommittee recommendations.

The External Advisory Committee is composed of members of the School's external community; the chair is appointed by the Dean. The Dean serves as an ex officio member of the committee, without vote. While the Committee does not have a maximum number of members, the members are selected to provide a broad representation of the community served by the School of Public Health with a content expert representing each department. 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 both the faculty as well as the students; service opportunities; and linkages to professional associations in the State.

Ad Hoc Committees and Their Charge

The Awards Committee is charged with reviewing the current recognitions awarded by the School and the collaborating universities and recommending if additional awards should be approved by the Executive Council. This Committee is responsible for establishing the criteria for each School award, announcing awards to the faculty and student body, reviewing the nominations received for each award and forwarding all recommendations for awards to the Dean for review and approval. The Committee consists of members selected as follows: Chair selected by the Committee on Committee, three faculty representatives and two students selected by their peers.

The Community Health Committee consists of the Assistant/Associate Dean responsible for Community Health, the Chairs of the Campus Community Health Subcommittees, the Fieldwork Coordinators, representatives from supporting community institutions, two students elected by their peers and a alumnus/a representative. The Assistant/Associate Dean responsible for Community Health serves as Chair. The Community Health Committee advises the Dean on all aspects of the operation of the School's involvement in community health initiatives, and nurtures and contains liaisons between the School and community agencies. The Committee provides information to the faculty and Dean concerning the conduct of the community service and research programs with regard to their objectives and quality, involvement of the School faculty and students, and resources. The Committee carries out this function through discussion and recommendation of School policies that promote involvement in Community Health and through approval of Campus Subcommittee recommendations.

Faculty holding secondary appointments at the School may serve on any standing committee of the School and have voting privileges with the exception of the Appointments and Promotions Committee and the Bylaws and Elections Committee. All faculty may vote at faculty meetings in proportion to their time commitment to the School. Student representatives may serve on any standing and campus committee except the Academic Progression Committee, the Appointments and Promotions Committee and the Bylaws and Elections Committee.

The current membership for the standing and ad hoc committees is the Resource File. (Minutes of committee meetings for the last academic year are available in the Resource File).

1.5.b Description of the school's governance and committee structure's roles and responsibilities relating to the following:

- general school policy development
 - planning and evaluation
 - budget and resource allocation
 - student recruitment, admission and award of degrees
 - faculty recruitment, retention, promotion and tenure
 - academic standards and policies, including curriculum development
 - research and service expectations and policies.
-

The School's administrative and governance structures were designed to support the development and implementation of School-wide policies and are described in the School of Public Health Bylaws, initially approved by the UMDNJ Board of Trustees in March 2000 and by the Rutgers Board of Governors in Spring 2013. A copy of the School Bylaws is in the Resource File. Since the School has three campus locations, a structure supportive of School-wide governance and implementation of policies and procedures is essential.

According to Article I, Section 1.1 of the School Bylaws, the Dean is "the chief academic and administrative officer of the School with primary responsibility for implementing the mission of the School."

The chief academic officer for each Campus is the Assistant/Associate Dean who reports directly to the Dean (see Figures 1.4.a-3, -4 and -5). He or she provides the academic and administrative leadership for all educational, research and service programs for the Campus as well as School-wide responsibilities as delegated by the Dean. Campus Associate Deans include Pamela Ohman Strickland for New Brunswick, William Halperin for Newark, and Bernadette West for Stratford. Through the departments located on their campus, they provide the academic and administrative leadership for the educational, research and service programs based on their campus. They advise the Dean with respect to the budgets for their campuses and the supervision of the Department Chairs. The Associate Dean for the Stratford Campus also has School-wide responsibilities assigned by the Dean and at the present time serves as the Associate Dean for Community Health and Student Affairs. (The School of Public Health is temporarily suspending admissions beginning Fall 2015 on the Stratford Campus [admissions for New Brunswick and Newark campuses proceed as usual]. The School will not accept or review applications for the Stratford Campus during this temporary suspension; however, the School will continue to offer courses and advise current students on the Stratford Campus. The School intends to reinstate the process for accepting applications once the School is able to relocate onto the Rutgers University–Camden Campus.) The Chairs of Core and non-Core Departments serve at the pleasure of the Dean and are selected from among the faculty with primary appointment or holding a joint faculty appointment with the School; they are appointed by the Dean with the approval of the Chancellor.

The School has an Executive Council and 15 standing committees, as described in Criterion 1.5.c. The Executive Council advises the Dean on matters affecting the operation and policies of the School, develops the Procedural Code for the School, and acts on behalf of the faculty with regard to the duties and powers of the faculty enumerated in the School's Bylaws. However, the faculty retains the right to review and accept or reject decisions of the Executive Council. In addition, the Executive Council receives and ratifies: all actions of the Committee on Committees; requirements for admission as developed by the Admissions Committee; guidelines for appointments and promotions as prepared by the Appointments and Promotions Committee; Academic Rules and Regulations as formulated by the

Academic Progression Committee; candidates for graduation as recommended by the Campus Executive Committees; other policies concerning the faculty as prepared by the Faculty Affairs Committee; curriculum changes for academic programs approved by the Curriculum Committee; policies to ensure due process rights of students by the Student Affairs Committee; and policies related to research as presented by the Research Committee. The Executive Council meets at least eight times during the academic year.

The following example illustrates how committees may function. Initiatives in the area of curriculum usually arise at the Department level, where they are discussed formally and informally by faculty and students. The issues then move to the Campus Curriculum Committee which forwards a seasoned proposal to the School-wide Curriculum Committee. Based on the recommendation of this committee, the proposal is forwarded to the Executive Council where additional opportunity for student and administrative input occurs. Some curriculum issues affecting the entire degree program have arisen in the Executive Council and have been resolved and moved forward by that group. This process was particularly relevant for the core courses offered on each campus as they were brought into alignment across the School.

The External Advisory Committee provides expert advice and input from external stakeholders to the Dean and Department Chairs regarding curricular issues relevant to employers and to the community, research needs and opportunities, and service linkages. An effort is made to have representation on the committee from all of the core disciplines of public health as well as representation from senior officials in public health practice in New Jersey.

The Dean may approve ad hoc committees as needed to assist in the orderly conduct of faculty affairs. No ad hoc committee shall exist beyond one year after it was established without review by the Executive Council. A list of the current ad hoc committees and their charge is contained in Criterion 1.5.c.

General School Policy Development

The need for new or amended policies may be first identified by almost any of the individuals or committees in the School. These ideas for policy development typically are referred to one of the Campus Executive Committees which are chaired by the Campus Associate Deans. The cognizant executive committee may season the proposal and/or the Associate Dean may bring the matter to the Dean's Council. The Campus Executive Committee may formally refer the proposal to one of its subcommittees or to the School's Executive Council for action. Simultaneously, knowing that the matter is under consideration, the Dean's Council may recommend an appropriate path for consideration. Approval by the School's Executive Council and endorsement by the Dean is the final common pathway for policy enactment, but most policy proposals are reviewed by one of the standing committees before being brought to Executive Council. Occasionally a simple matter may be referred by the Dean to Executive Council for quick action.

Suggestions for major initiatives that may affect the school can also arise from the RBHS Chancellor's Office or other sources, and these usually will also be reviewed by appropriate committees in the School and brought to the Executive Council for approval. An example is the development of an undergraduate major in public health to be jointly sponsored by the School for Public Affairs and Administration at Rutgers–Newark and the School of Public Health. The Dean's Council encouraged the Newark Executive Committee to develop plans for this initiative, and these plans were presented in broad outline to the School's Executive Council where they were approved in principle. Detailed negotiations with the School for Public Affairs and Administration are moving forward and a final curriculum and other details of the

new undergraduate major will be brought back to Executive Council for final approval. This extended process assures that many stakeholders within the school are aware of new initiatives and provides an opportunity to be sure that initiatives are consistent with the School's strategic plan.

Planning

Planning activities are guided by the School's strategic plan and information received, both formally and informally, from faculty, students, and administrators. The Executive Council approves the final Strategic Plan. This information may take the form of student surveys, an analysis of faculty research trends, administrative budgetary reports, or observations of interested parties. Input to the planning process is accomplished through a variety of avenues that involve faculty and administration, in consultation with students when appropriate. Specifically, planning is generated through the following sources:

- Strategic planning process for the University;
- Faculty meetings and retreats;
- Department meetings
- Standing and ad hoc committee recommendations;
- Department Chairs' meetings;
- Executive Council meetings;
- External and internal School reviews;
- Feedback from students and alumni;
- Community assessments;
- External Advisory Committee; and
- ASPPH Initiatives.

Budget and Resource Allocation

Under the decentralized university structure, individual schools are responsible for their own financial affairs and possess the authority to control budget and resource allocation.

The Dean and Assistant/Associate Deans are responsible for School-wide budgetary policies and space allocation. For example, faculty academic base salaries and administrative supplements are allocated by the Dean and Assistant/Associate Dean for each Campus. Department Chairs control funds for support staff, supplies, laboratories, travel, and other equipment. Institute and Center Directors control funds to support special projects and research.

Within the School of Public Health, the budget and resource allocation is guided by the School's strategic plan. One illustration of the School's strong control over its own destiny is that all tuition money received by Rutgers is returned directly to the School. This gives the School the flexibility to innovate and enrich curriculum development and staff support on a timely basis. This policy provides resources for each department to utilize to support faculty, for students to attend professional meetings, such as the American Public Health Association meetings, and for special projects. In addition, it allows for obtaining support staff assistance on an as-needed basis for special projects.

Student Recruitment, Admission and Award of Degrees

The School operates with considerable administrative autonomy in the areas of student recruitment and admission. In general, recruitment and admission criteria for students are discussed and set by the School-wide Admissions Committee based on the recommendations from the Campus Admissions Committees, the Campus Executive Committees, and the Executive Council with implementation by the Dean and the Campus Assistant/Associate Deans.

The campus offices coordinate all inquiries about applications to the School, as well as process all applications received. Applications are primarily received through SOPHAS, the central administration process supported by ASPPH; however, applications for dual degree and certificate programs are received directly at the campus offices. The formal admission process begins when an application has been received with all required supporting documents. For all master's degrees and certificate programs, the campus office that receives the application forwards the applicant's file to the appropriate department for consideration by the department's faculty. The Campus Admissions Committees with the appropriate departments review all applications and decisions are confirmed by the campus Executive Committees. An overall review of the Campus decision is conducted by the School-wide Admissions Committees to assure consistency across the School with the admission process.

Each applicant to a doctoral program is required to submit a full application, including identification of an area of proposed research. These materials are reviewed by the entire Doctoral Committee for quality and compatibility with the interests of the faculty. After review by the Doctoral Committee and upon identification of a School of Public Health faculty member willing to serve as the applicant's advisor and competent to supervise a dissertation in the area of research interest of the applicant, the Doctoral Committee may recommend admission of that student. The academic progress of all doctoral students is monitored by a single, School-wide Doctoral Committee.

Faculty Recruitment, Retention, Promotion and Tenure

The School closely follows the procedures for faculty recruitment, retention, promotion and tenure established by Rutgers University. All faculty recruitment, retention, promotion and tenure policies of Rutgers are followed and are noted in Criterion 4.2. Rutgers is an equal-opportunity and affirmative-action employers and follow the guidelines established by the American Association of University Professors.

With regard to faculty recruitment, the Schools' eight departments are the focal point for determining faculty needs and members of the departments. In addition, faculty from the sister schools serve on search committees for new positions. This unusual relationship, where a faculty member of one institution sits on faculty committees of the other institution, is made possible through joint appointments of the faculty members to these institutions.

The Appointments and Promotions Committee follows the faculty appointment and promotion guidelines developed by the School; a copy is in the Resource File, under 4.2 Faculty Policies and Procedures. Following a review of the final candidates selected, the School's Office of Academic and Faculty Affairs forwards the completed forms to the Rutgers Office of Affirmative Action/EEO for review. The candidate selected is forwarded to the Dean to determine if the faculty action should move forward for consideration. Any negative decisions would be resolved by the Associate Dean for Academic and Faculty Affairs and the Department Chair. If resolution is not reached, the Dean would provide the final review and decision. If the faculty action is supported by the Dean, the recommendation is forwarded by the Dean to the Chancellor for presentation and approval by the Rutgers Board of Governors. Specific guidelines regarding this process are addressed under Criterion 4.2.

Academic Standards and Policies

The duties and powers of the faculty in regard to academic matters are delineated in the School's Bylaws and include the following:

- design, approval, implementation, evaluation and revision of the curricula subject to Board of Governors approval, and establishment and promulgation of the academic calendar;

- establishment of requirements for admission; development of criteria and procedures for selection of students; and, via a committee of the Faculty, recommendation of students for admission;
- establishment of standards for examinations, grading, academic standing, honors in courses and attendance;
- establishment of requirements for degrees and certificates;
- recommendation through the Dean and the President to the Board of Governors of those candidates who have fulfilled the requirements for degrees and certificates;
- establishment of regulations and procedures under which the Faculty operate;
- review of the actions of the standing committees;
- encouragement of research, educational, teaching and community service activities of Faculty members and of students;
- recommendations to the Board of Governors of amendments to these Bylaws and University Policies and Procedures through the Dean and the Chancellor; and
- for those programs leading to joint degrees with other academic units within the University or with other institutions, the duties and powers delineated in the first five areas above shall be held by the Faculty of those degree programs.

The academic standards and policies of the School are proposed by the School-wide Academic Progression Committee with input from the Campus Academic Progression Committees and approved by the Executive Council. A matriculated student who has attained nine credits and has a GPA of less than a 3.00 (B), is placed on academic probation. Once a student is on academic probation, special permission from the Department Chair is required for that student to register for more than one course the following semester. The student may remain on academic probation for 9 more credits or one calendar year, whichever comes first, in order to achieve a GPA of 3.0; however, no student is permitted to remain on probation for more than one calendar year unless they are making good progress towards an overall GPA of 3.0. A student placed on probation receives written notification from the student's Campus Office. Non-matriculated students in academic difficulty cannot be placed on probation; however, they are notified that a 3.0 grade point average is required for a review for matriculation. Non-matriculated students who perform failing work are generally not allowed to register in subsequent semesters.

Research and Service Expectations and Policies

All School of Public Health faculty members are expected to engage in academic inquiry and provide service on University committees and to the community, although the distribution of these activities will vary widely among the faculty. These engagements are encouraged and facilitated by Department Chairs, Assistant/Associate Deans, and the Dean. School-wide policies to promote research are developed by the Research Committee working through the Executive Council and the Dean. Likewise, service activities are promoted at the Department level, as well as by the Dean and the Assistant/Associate Deans, and supported by the development of opportunities and policy recommendations from the Community Health Committee. The involvement of students in research and service projects is a high priority.

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

The School of Public Health is governed by bylaws that describe the rights and obligations of administrators, faculty and students in the governance of the School. The School's Bylaws were initially approved in March 2000 by the UMDNJ Board of Trustees and by the Rutgers Board of Governors in May 2013 prior to the merger with Rutgers University. As noted in the School's Bylaws, Article I, Section 1.1, the Dean is "the chief academic and administrative officer of the School with primary responsibility for implementing the mission of the School." The rights and responsibilities of the department chairs, faculty, staff and students in the governance of the School are clearly delineated in the bylaws. Faculty participates in all official actions of the School; their concurrence is required for any proposed bylaw changes. A copy of the School Bylaws is contained in Resource File and is posted on the School's website at sph.rutgers.edu/about/mission.html.

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

School faculty sit on numerous university committees and, as such, contribute to university activities. A list of the School's faculty who serve on Rutgers university committees is available in the Resource File.

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

Student Roles in Governance

Student representatives are elected by the School of Public Health student body on each campus to serve as campus officers and 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 and Campus Executive Committees, and the Curriculum Committees, as well as committees that are University-wide.

Student Organizations

The Student Government Association (SGA) was organized in 1988 on the New Brunswick Campus, the Newark Campus in 2001 and the Stratford Campus in 2004. While the SGA is School-wide, it is organized by campus with up to four officers on each campus who are provided tuition waivers for three academic credits/year for serving in this appointment. The SGA Bylaws were approved by the Executive Council and are included in the Resource File. The primary activities of the Association have included student/faculty gatherings at the School or a member's home; participation in the orientation program for entering students; hosting social events, such as the Fall Festival and annual dinner/dance; representation on the Campus Executive Committees, and School-wide and Campus committees; participation in V.O.I.C.E.S. (Volunteer Opportunities in Community-Engaged Services). The Association's community-based service activities are described in Criterion 3.2.d (website: www.umdjnspshsga.org).

V.O.I.C.E.S. (Volunteer Opportunities in Community-Engaged Service) is a student and faculty community service organization at the School of Public Health dedicated to working together with community groups across New Jersey to identify public health needs and design useful service. The V.O.I.C.E.S. webpage may be accessed at sph.rutgers.edu/service/voices/index.html. Faculty leadership for V.O.I.C.E.S is provided by the Assistant Dean for Community Health. The activities that have been sponsored by V.O.I.C.E.S are described in Criterion 3.2.d.

The Alumni Association was organized in 1987. Since joining Rutgers it is going through some reorganization to become affiliated with the overall Rutgers Alumni Association, and discussions have taken place to explore whether the School could coordinate with another RBHS unit to share an alumni coordinator. New alumni officers were elected this year. The alumni assist the School in multiple ways, often serving as site preceptors for student fieldwork or as contacts for possible employment. Each year at the American Public Health Association annual meeting, the School hosts an evening reception and periodically an early breakfast for alumni/ae (staff, students and faculty are also welcome). These networking events are useful because they facilitate face-to-face communication with out-of-state alumni/ae, thus maintaining personal connections. Alumni/ae also participate as panelists and speakers at annual career events and participate as lecturers in courses. The Rutgers Foundation maintains a mailing list of the alumni and raises modest funds from this source each year.

Student Roles in Evaluation

Students routinely participate in the evaluation of the School as well as the various programs as noted in Criterion 2.7, by completing the Current Student survey, Graduate Exit survey, course evaluations, and fieldwork assessments. In addition, students provide input to the evaluation process through their participation on standing and ad hoc committees.

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

This criterion is met.

Strengths

- Proven mechanisms of governance and cooperation, established under the previous NJGPPH accredited by CEPH, were refined and expanded when the School of Public Health was established as a school of public health.
- The Executive Council has proven to be an effective mechanism to provide School governance and oversight.
- Standing committees, as well as ad hoc committees, have broad representation from each campus, department and the student body, as appropriate.
- The School has the flexibility to establish academic policies so long as they are not in conflict with the overall policies of the Rutgers.
- Faculty hiring, retention and promotion are critical elements in governance, and the School has administrative structures in place to help carry them out effectively.
- Students and alumni/ae have proven to be able recruiters of School graduates in their work settings.
- The School is geared to the needs of working professionals who seek upward mobility by obtaining graduate training in public health.

Weaknesses/Challenges

- The Alumni Association needs to be strengthened.
- Scholarship and fellowship support is limited.
- Because of competing demands, including, but not limited to, the need to compete for grant funding (faculty) and work obligations (students), faculty and students vary in the degree to which they are able to contribute to School governance and other University service.

Plans

- While progress has been made to develop and enhance alumni/ae connections, increased efforts to engage School alumni/ae, especially those who are living in New Jersey, Pennsylvania or New York, will be pursued.
- Continue to enhance the School's website to provide improved access to University and School policies, procedures, and updates affecting the School community.
- School governance documents will likely need to be adjusted and updated if preventive medicine faculty from Robert Wood Johnson Medical School and New Jersey Medical School, as well as population health faculty from the Cancer Institute of New Jersey move their primary appointments to the School of Public Health. Such moves are under discussion.

CRITERION 1.6 FISCAL RESOURCES

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

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

As of July 1, 2013, under the New Jersey Medical and Health Sciences Education Restructuring Act, UMDNJ, including the School of Public Health, was transferred to Rutgers, The State University of New Jersey (Rutgers). This legislation, which was signed by Governor Christie on August 22, 2012, integrated all of UMDNJ, except University Hospital and the School of Osteopathic Medicine, into Rutgers, thus dissolving UMDNJ. The UMDNJ units transferred were integrated with and reorganized to form the Rutgers Biomedical and Health Sciences (RBHS), with the School of Public Health as one of its component schools.

The amount of subsidy from the University has been fairly constant and over recent years has been \$2.2 million each year. Other sources of unrestricted revenue include tuition, which is entirely retained by the school, indirect overhead (82% retained), and miscellaneous sources. (Currently, the School retains the indirect at the school-level.) Major expenses include the salaries of faculty and staff that are not covered by grants and contracts, computer support, rent, debt service, University taxes, and a number of other operational costs. Within the school, the management of financial resources and responsibility for faculty and staff salaries (excluding those on grants and contracts) is administered centrally.

Since the merger with Rutgers University, the budgeting process has been little changed except that the RBHS Chancellor has imposed a 2% annual tax for strategic initiatives at the RBHS level and has requested that each school allocate 5% of its budget for school-based strategic initiatives each year. In developing the FY2015 budget, the School was not able to fully meet the request for the 5% allocation within its available revenues.

Rutgers University is currently preparing to move to a Responsibility Center Management (RCM) budgeting system under which the School of Public Health will retain all of its revenue and will be responsible for all of its expenses including charges for space and services provided by the University. RCM is widely used among universities and academic health centers, and a number of senior administrators at Rutgers have prior experience with it. The details of the implementation at Rutgers have not yet been disseminated, but in concept it is only a modest change from the current arrangement under which the University charges will replace the University tax that was previously imposed. Inherent in the RCM system is the reduction of unnecessary uses of University resources since this will directly translate into reduced charges. The details of the new RCM system have not yet been finalized, but we do not anticipate any decrement in the current support to the school.

Legislative Appropriations

With the transition of the former public health program to school status, UMDNJ initially provided \$1 million in FY1999 to establish the School. This allocation increased to \$3,131,000 in FY2003 and then to \$3,529,084 in FY2006. After the collapse of the financial markets in 2007-2008 and subsequent State budget shortfall, UMDNJ incurred major reductions in State appropriations, which were passed on to all the units. This shortfall has been appreciably offset by tuition and indirect cost recoveries which have increased from \$3,544,431 in FY2007 to \$5,068,720 in FY2014. The bulk of this increase is attributable to higher tuition charges which rose by 28-36% from FY2010 to FY2015, but higher fees and increases in student registrations have also contributed.

From FY2007–FY2013, State appropriations received by UMDNJ were allocated to the various schools, healthcare units and central administration, as determined by the UMDNJ Senior Vice President of Finance and recommended by the President to the Board of Trustees, which approved the allocations. Historically, the School had relied primarily on State appropriations passed down by UMDNJ, to assist with the faculty and staff salaries, which was the original intent of the University’s commitment to the school. Any increase or decrease of State appropriation was generally passed on to the units proportionately. Through June 2013, UMDNJ had maintained a steady flow of State funding to the School, which was continued by Rutgers in FY2014 as indicated in Table 1.6.b-1.

Formula for Funds Distribution

As previously noted, the University has not followed a formula to distribute funds to schools, health care units and administrative areas. The distribution of funds has been based primarily on need and historical levels. However, when the University received a reduction in the State appropriation, the percent of reduction has been shared proportionately across the units. Within the School, faculty salaries and major expenses not covered by grants are handled centrally and the departments receive modest allocations of flexible money. Departmental initiatives or needs that exceed the allocation are discussed by the Chair, the Office of Business and Finance, and the Dean.

Distribution of funds for administrative expenses at the school level and to support a campus effort are assessed annually, and funds are allocated accordingly as approved by the Dean.

Tuition Generation and Retention

Rutgers Biomedical and Health Sciences does not have a standard per credit tuition assessed by each of its schools. Each RBHS school forwards a recommendation regarding the proposed tuition increase for the coming year to the Rutgers Board of Governors following an open hearing with students on each campus. The percentage of increase recommended by each school is not required to be consistent across the schools of RBHS.

Tuition and fee rates are determined at the start of the fiscal year. Due to the School’s commitment to provide affordable higher education to New Jersey residents, the In-State tuition rate is almost two-thirds of the Out-of-State rate, and is very competitive with regional graduate schools. All tuition and fees generated by the School during the year are retained by the School, with the exception of FY2011, when a one-time tax of 10%, equal to \$329,000, was imposed. Tuition and fees are passed on to the partner schools as purchase of educational services based on the percentage of their teaching effort to the total campus teaching activity. Tuition revenue has steadily increased over the years from \$2,609,700 in FY2007 to \$4,273,513 in FY2014 and surpasses the state appropriation.

Gifts

Gifts to the School are received through the NJ Health Foundation and Rutgers University Foundation and include monies from private sources that have a philanthropic intent and, consequently, are not under the control of the donor except for general guidelines. These two foundations are independent, not-for-profit organizations that accept and administer private contributions from alumni, friends, corporations and other foundations, and are the fundraising arms of the University. Information about these foundations is available online at www.njhealthfoundation.org and support.rutgers.edu. Revenues from gifts have increased from \$18,278 in FY2007 to \$43,687 in FY2014. These funds have supported student stipends, travel, unfunded research and various community outreach projects.

Grants and Contracts

Key support for the faculty research effort is obtained through grants and contracts which are awarded to the School. Grants and contracts are received through federal, state, county and private corporations, as well as through the New Jersey Health Foundation and Rutgers University Foundation for support received from foundations. The School recently has received grants and contracts from the National Cancer Institute, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Environmental Health Sciences, the Health Resources and Services Administration, the New Jersey Departments of Health and the New Jersey Department of Community Affairs, to name a few.

Indirect Cost Recovery (ICR)

All indirect costs received for grants and contracts are allocated to the School in which the Principal Investigator holds a primary appointment. After the merger with Rutgers, the School has shared in the indirect cost with collaborating partner schools at the same rate as the original contract rate, based on the direct costs incurred at School. Through FY2015, central administration retained approximately 18.16% of the indirect cost recovered. According to a recent directive and in line with the Responsibility Center Management (RCM), starting in FY2016, 100% of indirect costs generated will be retained by the School of Public Health. Distribution of ICR to core departments is at the discretion of the Dean.

Taxes or Levies Imposed by the University

The School of Public Health is assessed an annual debt service of \$331,000 on the campus building in Piscataway. Rental for other space totaled \$215,226 in FY2014. Other assessments include a library allocation cost of approximately 1% of tuition revenue, and 18% of indirect cost recoveries on grants and contracts (\$144,410 in FY2014). Other charges in past years included a tax for strategic and operational costs initiated in FY2009, a one-time tax of 10% of tuition revenue in FY2011. In FY2013 only, a tax of \$2,401,000 was imposed on the School of Public Health as its share to fund the deficit at University Hospital in Newark. As Rutgers moves towards fully implementing the Responsibility Center Management model, these changing assessments are expected to be replaced by charges for central university cost pools that will be tied to specific services received by the School.

Continuing Education Fees

Continuing education courses sponsored by the School of Public Health are offered through the Office of Public Health Practice (OPHP) and are described in Criterion 3.3. All fees received for these continuing education courses are retained by the School to support the development and expenses incurred for delivery of the courses, such as the space rental in the School's facility, and are reflected in Table 1.6.b-1. When Continuing Medical Education (CME) is offered, these credits are awarded by the Center for Professional Education and Outreach; a small fee is assessed for this service. The School has been approved as a Certified Health Education Specialist (CHES) provider; no external fees are required for this service, and the Office of Public Health Practice is designated as an official OSHA training institute.

Continuing education revenues have increased consistently from \$755,704 in FY2007 to \$1,129,315 in FY2014, an increase of over 49% in seven years.

Student Support

Limited funding for student support expenditures, as noted in Table 1.6.b-1, is available through three primary categories. Restricted awards are received from donors and earmarked for specific student awards; and grant and contract funding for student positions, including salary or stipend, tuition and insurance. Unrestricted support reflects the support awarded through assistantships provided to students who serve as teaching assistants for one of the MPH core courses, web courses and MD/MPH students in Newark. Each teaching assistant receives a tuition waiver for nine credits each semester. SGA officers receive tuition waiver for three credits annually for his/her contribution to the School. Tuition support for students employed by the school has been included with staff salaries and benefits.

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

Table 1.6.b-1 provides a summary of all sources of support and expenditures for the School of Public Health during the previous eight, fiscal years (FY2007-FY2015).

Table 1.6.b-1 Sources of Funds and Expenditures by Major Category, Fiscal Years 2007-2015

Source of Funds	2007	2008	2009	2010	2011	2012	2013	2014	YTD Feb 2015
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 (ICR)	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 Revenue	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 Services purchased from Affiliates:									
Rutgers University	119,558	177,133	268,925	149,390	235,189	119,066	227,908	20,590	178,769
Robert Wood Johnson Medical School	-	-	-	-	42,097	5,338	136,385	10,304	12,000
New Jersey Medical School	138,232	389,362	211,390	148,898	298,676	529,859	232,236	292,918	214,240
Rutgers School of Dental Medicine	31,717	57,321	57,321	50,000	86,852	67,603	53,447	103,714	53,333
New Jersey Institute of Technology	1,663	-	-	-	-	-	-	-	-
Total Teaching Services Purchased	291,170	623,816	537,636	348,288	662,814	721,866	649,976	427,526	458,342
University Taxes & Levies:									
ICR paid to University	169,747	183,084	163,761	157,377	151,144	178,629	188,180	144,410	126,040
Library Allocation	27,552	29,351	36,444	42,000	35,471	40,000	44,000	46,000	30,667
Debt Servicing	331,000	331,000	331,000	331,000	331,000	331,000	331,000	331,000	220,666
Rent	372,051	322,559	414,217	413,389	311,845	300,189	273,879	215,226	141,364
Strategic & Operational Allocation	-	-	179,000	288,000	288,000	288,000	292,320	292,320	194,880
Extraordinary Items	-	-	-	-	329,000	-	2,401,000	-	-
Total 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 Expenditures	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) of Revenue over Expenditures	683,990	(56,861)	(359,326)	(492,595)	(83,943)	747,106	(1,895,310)	209,819	578,190

Note: Deficits in annual budgets have been absorbed by the University.

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

While the former UMDNJ-School of Public Health was first accredited by the Council on Education for Public Health as a collaborative school of public health in 2001 with Rutgers University and the New Jersey Institute of Technology, the Rutgers School of Public Health became a single institution school of public health effective July 1, 2013, when seven of UMDNJ's eight constituent professional schools, including the School of Public Health, were transferred to Rutgers, The State University of New Jersey under legislation signed by New Jersey Governor Christie in August 2012. UMDNJ ceased to exist after June 30, 2013.

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

The School of Public Health has a number of outcome measures available to determine the adequacy of the School's resources as noted in Table 1.6.d-1. The FY2014 Institutional Support, including state support and tuition revenue, per full time equivalent student was \$29,934 reflecting a gradual increase over the last three years.

TABLE 1.6.d-1: OUTCOME MEASURES FOR ADEQUACY OF RESOURCES, FY2012-FY2014				
Outcome Measure	Target	FY2012	FY2013	FY2014
Ratio of External Support to State Support	2:1	3.0:1	3.0:1	3.1:1
Amount of Grant and Contract Dollars	Increase by 5% each year	-5.20%	-1.1%	6.20%
Institutional support, including state support and tuition revenue, is adequate for the number of students enrolled in the School	Institutional support per student FTE is >\$24,000	\$27,878	\$28,411	\$29,934
Adequacy of faculty salaries to remain competitive with other schools of public health	Rank of faculty salaries within 5% of median salary of all schools	Asst Prof: +2.87% Assoc. Prof.+7.5% Prof.: -3.4%	Asst Prof: +0.8% Assoc. Prof.+13.2% Prof.: -2.7%	Asst Prof: -2.1% Assoc. Prof.+5.8% Prof.: --6.3%

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

This criterion is met.

Strengths

- The School maintains a very favorable student-to-faculty ratio.
- School faculty salaries are competitive with other school of public health.
- Rutgers (as did the former UMDN) allows the School of Public Health as well as other RBHS schools to retain 100% of all tuition and fees generated.
- Continuing education revenue reached a new high in FY2014.

Weaknesses/Challenges

- The State appropriation provided to the School has plateaued at a marginal level.
- Resources to provide student support have been very limited. Under the new Dean, one doctoral fellowship has been already been secured through the Rutgers Graduate School of Biomedical for an MD/PhD student. This fellowship will provide an annual salary and support tuition costs for the student. A new Director of Development joined the Rutgers University Foundation on May 4, 2015 who has been assigned to help support the School of Public Health. In addition, an NCI R25 training grant is being planned which, if funded, may provide graduate and postdoc research opportunities in tobacco control.
- There is no ability to increase wet laboratory capacity with the current space available to the School.
- The School's space has remained the same in the past five years, while faculty has grown.

Plans

- Negotiations to secure an increased share of the University's State appropriation for the School of Public Health will continue to be pursued.
- The School will expand the number of students admitted to the various degree and certificate programs as faculty resources permit.

CRITERION 1.7 FACULTY AND OTHER RESOURCES

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

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

Table 1.7.a-1 shows that all of the faculty in the Departments of Dental Public Health and Quantitative Methods have their primary appointment in partner schools, Rutgers School of Dental Medicine and Rutgers New Jersey Medical School. All but one of the faculty in the Department of Urban Health Administration have their primary appointment in Rutgers School of Public Affairs and Administration. A number of faculty contributing to the teaching programs in the core departments also have primary appointments in another school, mainly Rutgers Robert Wood Johnson Medical School. Overall, there were 39 primary faculty (with 1.0 FTE) and 79 partner faculty contributing to the teaching program. This excludes 16 instructor-level faculty in the Department of Epidemiology who are assigned to the NJ Department of Health since they do not participate in the teaching effort of the School.

TABLE 1.7.a-1: HEADCOUNT OF PRIMARY AND PARTNER FACULTY						
Department/Specialization	SPH PRIMARY			SPH OTHER ¹		
	Fall 2012	Fall 2013	Fall 2014	Fall 2012	Fall 2013	Fall 2014
Biostatistics (BIST)	6	6	6	--	--	--
Dental Public Health (DNPH)	--	--	---	6	5	5
Environmental & Occupational Health (ENOH)	5	5	6	20	15	15
Epidemiology (EPID)	7	6	9	12	13	13
Health Education & Behavioral Science (HEBS)	10	9	10	7	9	8
Health Systems & Policy (HSAP) ²	7	6	7	7	6	5
Quantitative Methods (QNME)	--	--	--	26	25	25
Urban Health Administration (URHA)	--	1	1	9	9	8
TOTAL	35	33	39	87	82	79

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

Based on the faculty who are participating in the education, research, and service activities of the School of Public Health and the Fall 2014 student enrollment, the student/faculty ratio range is 3.2:1 to 6.45:1. Tables 1.7.b-1, 1.7.b-2, and 1.7.b-3 contains the distribution by specialty area, for Fall 2012, Fall 2013, and Fall 2014 respectively.

**TABLE 1.7.b-1. FACULTY, STUDENTS AND STUDENT/FACULTY RATIOS
BY DEPARTMENT OR SPECIALTY AREA (FALL 2012)**

Dept	University-based Faculty Head Count (HC)		University-based Faculty FTE		Other Faculty HC	Other Faculty FTE	Total Faculty HC	Total Faculty FTE	Students HC	Students FTE	SFR by Primary Faculty	SFR by Total Faculty
	Primary	Other	Primary	Other								
BIST	6	--	6.00	--	3	0.750	9	6.750	26	11.40	1.9:1	1.69:1
DNPH	--	6	--	4.20	--	--	6	4.200	17	10.33	1.72:1	2.46:1
ENOH	5	20	5.00	2.05	10	1.600	35	8.650	39	25.96	5.19:1	3:1
EPID	7	12	7.00	3.00	8	2.200	27	12.200	81	46.63	6.66:1	3.82:1
HEBS	10	7	10.00	1.50	7	2.350	24	13.850	60	45.58	4.56:1	3.29:1
HSAP	7	7	7.00	1.85	11	2.570	25	11.420	70	45.40	6.49:1	3.98:1
QNME	--	25	--	8.22	5	0.500	30	8.720	50	26.78	1.07:1	3.07:1
URHA	--	9	--	2.80	--	--	9	2.800	24	14.67	1.63:1	5.24:1

**TABLE 1.7.b-2. FACULTY, STUDENTS AND STUDENT/FACULTY RATIOS
BY DEPARTMENT OR SPECIALTY AREA (FALL 2013)**

Dept	University-based Faculty Head Count (HC)		University-based Faculty FTE		Other Faculty HC	Other Faculty FTE	Total Faculty HC	Total Faculty FTE	Students HC	Students FTE	SFR by Primary Faculty	SFR by Total Faculty
	Primary	Other	Primary	Other								
BIST	6	--	6.00	--	3	0.750	9	6.75	24	11.96	1.99:1	1.77:1
DNPH	--	5	--	3.70	--	--	5	3.70	22	15.89	3.18:1	4.29:1
ENOH	5	20	5.00	2.05	10	1.600	35	8.65	40	22.8	4.56:1	2.64:1
EPID	6	12	6.00	3.00	10	1.850	28	10.85	92	53.74	8.96:1	4.95:1
HEBS	9	9	9.00	1.70	8	3.700	26	14.40	64	37.73	4.19:1	2.62:1
HSAP	6	6	6.00	1.65	10	1.420	22	9.07	73	41.07	6.85:1	4.53:1
QNME	--	25	--	8.22	4	0.400	29	8.62	43	19.44	0.78:1	2.26:1
URHA	1	9	1.00	2.80	--	--	10	3.80	26	15.56	1.56:1	4.09:1

**TABLE 1.7.b-3. FACULTY, STUDENTS AND STUDENT/FACULTY RATIOS
BY DEPARTMENT OR SPECIALTY AREA (FALL 2014)**

Dept	University-based Faculty Head Count (HC)		University-based Faculty FTE		Other Faculty HC	Other Faculty FTE	Total Faculty HC	Total Faculty FTE	Students HC	Students FTE	SFR by Primary Faculty	SFR by Total Faculty
	Primary	Other	Primary	Other								
BIST	6	--	6.00	--	3	0.75	9	6.75	37	27.62	4.6:1	4.09:1
DNPH	--	5	--	3.70	--	--	5	3.70	19	14.11	3.81:1	3.81:1
ENOH	6	15	6.00	1.55	9	1.45	30	9.00	37	23.51	3.92:1	2.61:1
EPID	9	13	9.00	2.50	10	1.85	31	12.35	95	58.07	6.45:1	4.7:1
HEBS	10	8	10.00	1.20	6	2.05	23	12.25	59	31.96	3.2:1	2.61:1
HSAP	7	5	7.00	0.40	9	0.87	21	8.27	58	33.84	4.83:1	4.09:1
QNME	--	25	--	6.92	6	0.60	31	7.52	57	26.44	3.82:1	3.52:1
URHA	1	8	1.00	2.60	--	--	9	3.60	28	18.56	5.16:1	5.16:1

Notes: The Departments of Dental Public Health (DNPH), Quantitative Methods (QNME), and Urban Health Administration (URHA) are sponsored by partner institutions and have no Primary Faculty salaried by the School except for one faculty in (URHA). The Core Faculty for these concentrations (except for one faculty in URHA) have their primary appointments at the partner institutions.

MS in Health Outcomes, Policy, and Economics students (HC and FTE) have been equally distributed among the three participating departments (Biostatistics, Epidemiology, and Health Systems and Policy) for Fall 2014.

Key:

HC = Head Count

University-Based Primary Faculty = full-time faculty with 1.0 FTE who support the teaching programs

FTE = Full-time-equivalent

University-Based Other Faculty= primary (less than 1.0 FTE) and secondary faculty

Other Faculty = adjunct and part-time faculty

SFR = Student/Faculty Ratio based on FTE's

BIST = Biostatistics

DNPH = Dental Public Health

ENOH = Environmental & Occupational Health

EPID = Epidemiology

HEBS = Health Education & Behavioral Science

HSAP = Health Systems & Policy

QNME = Quantitative Methods

URHA = Urban Health Administration

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

TABLE 1.7.c-1 ADMINISTRATION AND SUPPORT STAFF FTE AND (HEADCOUNT) BY FUNCTION (as of 1/1/15)					
Function	Administrative		Support Staff		Total
	State ¹	Grants	State	Grants	
School-Wide Support					
Dean's Office	2.00 (2)		1.00 (2)		3.00 (4)
Office of Academic Affairs	1.00 (1)				1.00 (1)
Office of Business and Finance	3.00 (3)		1.25 (2)	1.25 (2)	5.50 (7)
Office of Development ²	1.00 (1)				1.00 (1)
Office of Research and Sponsored Programs ²	1.00 (2)		0.25 (2)		1.25 (4)
Office of the Registrar ²	0.20 (1)		1.00 (1)		1.20 (2)
Computing and Technology	1.00 (1)		1.50 (2)	1.00 (2)	3.50 (5)
Evaluation/Assessment			0.50 (1) ³		0.50 (1) ³
Marketing and Communication	0.50 (-) ³				0.50 (-) ³
Office of Public Health Practice		4.00 (4)		12.00 (16)	16.00 (20)
Center for School and Community-Based Research and Education				3.50 (4)	3.50 (4)
School-Wide FTE and (Headcount) Total	9.70 (11)	4.00 (4)	5.50 (10)	17.75 (24)	36.95 (49)
New Brunswick					
Campus Office	1.61 (2) ³		2.50 (4)		4.11 (6)
Departments					
Biostatistics	0.50 (1) ³				0.50 (1)
Environmental & Occupational Health	0.50 (1) ³		0.25 (1)	3.46 (6)	4.21 (8)
Epidemiology	0.50 (-) ³			10.26 (16)	10.76 (16)
Health Education & Behavioral Science	0.60 (1)				0.60 (1)
Center for Tobacco Studies				6.14 (8)	6.14 (8)
Health Systems & Policy	0.50 (-) ³			4.04 (6)	4.54 (6)
New Brunswick FTE and (Headcount) Total	4.21 (5)		2.75 (5)	23.90 (36)	30.86 (46)
Newark					
Campus Office	2.00 (2)		1.50 (2)		3.50 (4)
Newark FTE and (Headcount) Total	2.00 (2)		1.50 (2)		3.50 (4)
Stratford					
Campus Office	0.20 (-) ³		0.10 (1)		0.30 (1)
Stratford FTE and (Headcount)Total	0.20 (-)		0.10 (1)		0.30 (1)
SCHOOL FTE AND (HEADCOUNT) TOTAL	16.31 (18)	4.00 (4)	9.85 (18)	41.65 (60)	71.81 (100)

¹State support includes the State appropriation and tuition revenue.

²Staff support provided by Rutgers central administration (1.0 Office of Development, 0.50 Office of Research and Sponsored Programs; 0.20 Office of the Registrar).

³Notes shared staff where individuals have been counted once for the headcount. Evaluation/Assessment and Marketing and Communication share a 1-FTE person; Departments of Biostatistics and Epidemiology share a 1-FTE person, Departments of Environmental & Occupational Health and Health Systems & Policy share a 1-FTE staff person, and the New Brunswick and Newark campus offices share a 1-FTE staff person.

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

To understand the designation of space at Rutgers, it is important to know that space in Piscataway is considered part of the New Brunswick Campus. The School has about 21,544 square feet (ft²) of space in its main building in Piscataway and 8,560 ft² at 335 George Street in New Brunswick, for a total of 30,104 ft² on the New Brunswick Campus. These two buildings are three miles apart. At the main building, there is approximately 13,890 ft² of office space, 2,100 ft² of wet laboratory space, 4,000 ft² of classroom space, 370 ft² for a student lounge, and 625 ft² of common space. At 335 George Street, there is approximately 8,150 ft² of space and 420 ft² of common space.

At Newark, 6,475 ft² is allocated to the School on the 7th floor of the Stanley S Bergen Jr. Building. There is approximately 2,038 ft² of office space, 2,442 ft² of classroom space, 368 ft² for a student lounge, and 1,627 ft² of common space. The building also houses Rutgers School of Health Related Professions and School of Nursing as well as the RBHS senior leadership. Consequently, there is shared space available to the School in the building as needed. Space is also available, as needed, at Rutgers New Jersey Medical School and Rutgers School of Dental Medicine buildings that are both located in close proximity.

The Stratford Campus has 897 ft² of space in the University Educational Building, a facility that also houses Rutgers School of Health Related Professions and comprises approximately 2,250 ft² of office space, 527 ft² of classroom space, and 1,120 ft² of common space. The building is located outside of Camden.

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

Wet Laboratories

The Department of Environmental and Occupational Health has three wet laboratories within the School of Public Health's building on the Piscataway Campus.

One laboratory contains two NUAIR Biological Safety Cabinets, two Napco CO₂ Incubators, a Fisher Scientific CO₂ Incubator, a Nikon microscope, a VanGuard microscope, two -70°C Revco freezers, two -20°C freezers, three refrigerators, a Precision Reciprocal Shaking Bath Model 25, a New Brunswick Scientific Shaker, an Ultrasonic Processor, an Isotemp220 water bath, a Precision Water Bath 181, two Eppendorf Centrifuges, a Millipore water purification system, two GeneAmp PCR Systems (model 2400 and 9700), a VWR pH Meter, three balances, three Mini Vortexers, and an Isolator fume hood. These are used for studies of the toxic effects of environmental chemicals, investigations into mechanisms of carcinogenic/on-carcinogenic metabolisms, and the identification of functional genetic polymorphisms.

The second laboratory houses two 2B Technology POM ozone analyzers, one 2B Technology NO and NO₂ analyzer, one NH₃-Free environment for acidic aerosol analysis, one Borgwaldt LXe smoking machine. This laboratory is mainly used for collecting air pollution samples and measuring some toxic species of air pollutants. This lab has also been used to conduct electronic cigarette research, including the measurement of smoking topography and physicochemical properties of electronic cigarette exhaust.

The third laboratory contains three computers for lab personnel, laser printers and internet access, one bright field microscope (Zeiss AxioStar) with optical analysis software on attached computer, one

inverted microscope (Zeiss), gel photographic equipment, high voltage power supplies, a temperature-regulated sonication water bath, two refrigerated microcentrifuges, one Cytospin 4 cytocentrifuge, one Fisher multiskan FC ELISA reader with own computer, one Thermo Scientific Nanodrop 2000c spectrophotometer, two rocker plates, one stirrer hotplate, one water bath, one regular and one high-precision electronic weighing scale, one pH-meter, one dark field bacterial colony counter, three vortexers, two high-precision electronic weighing scales, and three electronic pipettors. Larger equipment in the third lab includes two biosafety cabinets, one fume hood, two CO₂ incubators, two bacterial culture incubators, five refrigerators four with -20°C freezer compartments, two -86°C freezers, and an ELISPOT analyzer (C.T.L. ImmunoSpot, S5MA006-2.5-3008) with Immunocapture 6.3, and ImmunoSpot 5.0 professional DC/ImmunoSpot 5 software), to analyze cytokine protein expression experiments. The image analysis system is equipped with its own integrated PC (Intel® Core™ 2DUO CPU, E8400 @3.00 GHz, 3.00 GHz, 1.98 GB of RAM) for optical image analysis and data processing. This lab is used to conduct immunotoxicity research on human primary immune cells and cell lines for research. Overarching goal of the lab is the study of human host immune responses to *Mycobacterium tuberculosis* and how they are affected by cell exposure to air pollution particles (PM_{2.5} and PM₁₀), nanoparticles (Ag, Zn, CNT, MWCNT) and electronic cigarette vapor. Exposure measurements performed in this laboratory are relevant to understanding health consequences of toxic chemical exposure and pollution regulations. A cold-storage room (at 4°C), a dark room, and a glass-washing room/facility are also available on the same floor on a shared basis with RWJMS researchers.

The School of Public Health faculty also has wet laboratory space assigned at Rutgers Environmental Health and Occupational Health Sciences Institute. Special equipment includes a state of the art shared Analytical Center that provides analyses in a variety on environmental media for the School's environmental health researchers as well as training on instrumentation for students. Analytical equipment includes GC/ITMS, GC/MS, HPLC, ICP/MS, AA, and many standard analytical tools. Additionally, there is a controlled environmental facility used to stimulate exposures in normal indoor or outdoor environments (e.g., diesel exhaust exposure condition similar to an urban bus terminal).

Dry Laboratories

The School of Public Health has a hands-on training laboratory for the Office of Public Health Practice. This facility is used to simulate asbestos removal and lead paint abatement, industrial hygiene sampling, and hazardous waste cleanup. Students are able to dress-out in personal protective equipment, and conduct abatement or clean-up operations in a safe and structured environment. The laboratory provides students an opportunity to implement the knowledge and practice the skills they have received in class. An outside area is also available for a simulated hazardous waste site for the final exercise of the 40-Hour Initial Hazardous Waste course. Equipment available includes a full range of respiratory protection; all levels of personal protective clothing; sampling instruments; labware, and waste drums.

In addition, each of the five Core Departments has a dry laboratory allocated in the School's Piscataway building. This space is utilized by the department faculty and students to host seminars and Department courses as well as to conduct research projects and provide doctoral student carrels.

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

School of Public Health students have access to computer facilities on the New Brunswick, Newark, and Stratford Campuses. Each facility is designed to accommodate computer assisted classroom instruction

and student lab work. All students are provided with an email account and access to the Rutgers computer network. Single sign-on is used for lab authentication and email access. On each campus, students have access to dedicated computer facilities as well as Rutgers shared computing resources. The dedicated facility at the School of Public Health building on the New Brunswick (located in Piscataway, NJ) is equipped with 24 high powered workstations. The University shared computing environment has no less than 15 workstations at each of the School's locations. All workstations adhere to University minimum system requirements and include Windows 7 operating system, course related statistical software, printer access, and the Microsoft Office Suite. The Office of Computing and Technology employs two full-time staff members as well as two-three part-time student assistants that are available for student assistance and computing lab maintenance (see Table 1.7.c-1). Over 100 workstations are supported, as well as University wireless access for client owned devices. Computer facility and support are also available through the libraries as noted in Criterion 1.7.f.

All faculty and staff are equipped with computers; laptops are available for use while traveling. In accordance with HIPAA security guidelines, all network clients are required to authenticate to the network via an Active Directory domain. The domain provides access to shared and personal data space, automatic security updates, and virus definitions. The Office of Computing and Technology provides support for over 170 faculty, administration and staff workstations. In addition, four Windows 2008 servers are supported for authentication, web hosting, file/print services, network applications and anti-virus management.

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

With holdings of over four million volumes, the Rutgers University Libraries rank among the nation's top research libraries. Comprised of twenty-six libraries, centers, and reading rooms, the Rutgers libraries provide the resources and services necessary to support the university's mission of teaching, research and service. The University libraries have access to *Scopus*, of the world's largest full-text and abstract databases which can search 53 million records from 5,000 publishers in seconds.

There are two large research libraries on the Rutgers–New Brunswick Campus, where the School of Public Health building is located: The Library of Science and Medicine, which houses the primary collections of behavioral, biological, earth and pharmaceutical sciences, and engineering; and the Archibald S. Alexander Library, which provides extensive humanities and social sciences collection. There are also several specialized libraries and collections including Alcohol Studies, Art, Stephen and Lucy Chang Science Library, East Asian, Mathematical Sciences, Music, Physics, and Special Collections and University Archives. The Scholarly Communication Center supports the development and integration of scholarly/scientific/educational information into the mainstream through a wide range of innovative digital services, while the Margery Somers Fosters Center is a resource center and digital archive on women, scholarship, and leadership. Total volumes housed in the libraries equals 3,522,239; with 18,819 current print subscriptions and 24,056 current electronic subscriptions.

A reading room for graduate students is located in the Alexander Library. In addition to study space, the Graduate Reading Room includes graduate reserve materials, a non-circulating collection of standard works in the social sciences and humanities, and locked carrels for students working on dissertations.

The George F. Smith Library of the Health Sciences (Newark) house the largest print collection of the library system and supports the disciplines of medicine, nursing, dentistry, public health, and health related professions. The library also provides multi-media resources in slides, videocassettes, and other digital media formats. Over 50 public access computer workstations are available, as well as networked printers and photocopy machines. A wireless network for the use of laptop computers has been installed for faculty, student and staff use.

The John Cotton Dana Library at Rutgers–Newark supports all undergraduate and graduate programs offered at Rutgers University-Newark with an emphasis on business, management, and nursing.

The Robeson Library houses a broad liberal arts collection, which supports all undergraduate and graduate programs offered on the Camden/Stratford campus. Students and Faculty also have access to the Rowan SOM Health Sciences Library located on the Stratford campus. The Library has 27 individual study carrels and over 20 tables. The Rowan online catalog, Voyager, provides access to the combined resources of the Rowan Libraries. The catalog is accessible via the Library's home page.

The Libraries provide numerous electronic resources to the Rutgers community. Students, faculty, and staff can also access a wide variety of electronic indexes and abstracts, full-text electronic journals, research guides, and library services online, both from campus and remotely. The Libraries provide hundreds of CD-ROM titles in addition to online resources.

Rutgers University students, faculty, staff and alumni are entitled to borrow materials from any of the Rutgers University Libraries. The Rutgers Delivery Service and Interlibrary Loan Service allow library users to request books and journal articles located at distant Rutgers libraries or outside the university.

Librarians, many with advanced subject expertise, are available at all of the major libraries to assist with research projects, classroom instruction, and research strategies. In addition to individual instruction at the reference desk, librarians also provide in-class teaching at instructors' requests. Librarians are available to help with both online and print-based reference and subject searches.

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

As a member of the Big Ten Conference, Rutgers is also part of the Committee on Institutional Cooperation (CIC). The CIC was established by the presidents of the Big Ten Conference members in 1958 as the athletic league's academic counterpart. The CIC is a consortium of 15 research institutions, including the Big Ten member universities plus the University of Chicago. Through the CIC, the member research institutions have advanced their academic missions, generated unique opportunities for students and faculty, and served the common good by sharing expertise, leveraging campus resources, and collaborating on innovative programs. With Rutgers being new to the CIC and the School of Public Health being new Rutgers, the School has not yet taken advantage of CIC membership, but it holds promise for the future.

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

As shown in Table 1.7.i-1, the School is very adequately resourced in terms of faculty/student ratio and staff/student ratio. Moreover, school revenue per student, after subtracting direct grant expenditures, has risen from \$25,061 in FY 2006 to \$36,719 in FY 2014. The School occupies high-quality space all of which has been built or extensively renovated in the last 20 years. In merging with Rutgers, the School benefits from the many resources associated with a major state University including its extensive library and electronic journal resources and the opportunity for students to take a wide variety of courses in allied disciplines related to public health.

TABLE 1.7.i-1: OUTCOME MEASURES FOR ADEQUACY OF RESOURCES, FY2012-FY2015					
Outcome Measure	Target	FY2012	FY2013	FY2014	FY2014 (Fall 2014)
Student/Faculty Ratio	10.0:1	5.8:1	6.48:1	6.61:1	4.48:1
Student/School Staff Ratio	10.0:1	11.42:1	10.53:1	10.68:1	11.46:1

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

This criterion is met.

Strengths

- The School maintains a very favorable student-to-faculty ratio.
- The students have open access to the libraries of Rutgers libraries.
- While Rutgers provides a central support for informational systems, the School has supported expanded computer services for its faculty, students and staff.

Weaknesses/Challenges

- The geographic dispersion of the school across three campuses and within New Brunswick between two buildings that are 3 miles apart creates certain inefficiencies and reduces interdisciplinary communication among the faculty.

Plans

- More advanced videoconferencing and distance-learning technology are increasingly available at realistic prices and may help to compensate for the distances between the School's facilities.
- Dr. Jasjit S. Ahluwalia, the new Dean, is currently negotiating with the RBHS Chancellor for additional space for the School. School administrators have toured available space at Rutgers to determine whether the space would meet School needs. The additional space will be used to move the continuing education program (Office of Public Health Practice) out of the main School of Public Health building which will enable the School to begin offering daytime courses. Currently, the OPHP uses the classroom space for continuing education program during the day.

CRITERION 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.

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

Rutgers is The State University of New Jersey and fully embraces diversity as a major goal. The School of Public Health is totally committed to being inclusive, not only because it is the right thing to do, but also because public health professionals are needed who can relate to each of the many different cultural groups that together comprise the United States. The following will summarize the policies, practices, and plans that are used to promote diversity on our campuses.

Description of Underrepresented Populations

The principal disadvantaged minority groups in New Jersey are black/African-Americans and Hispanics/Latinos. Native Americans and Hawaiian/Pacific Islanders each constitute less than 1% of the state population, and the School occasionally has students in these categories. Asians are somewhat overrepresented in state population and make up a disproportionate number of applicants and enrolled students in the School.

In judging whether a particular group is underrepresented the School uses the population distribution of the various groups in New Jersey as a benchmark for staff, and the distribution of the state population with baccalaureate degrees as a benchmark for students, faculty and graduates. Based on these benchmarks, table 1.8.e-1 shows no substantial underrepresentation of disadvantaged groups among staff, students, or graduates. Persons of Hispanic background are underrepresented among faculty, 3% versus 7%.

Goals for Achieving Diversity and Cultural Competence

As noted in the preceding paragraph and in Table 1.8.e-1, the School has done quite well in attracting African –American students and staff, and Asian-American students and faculty. Moreover, the three major minority groups (persons of African, Asian, and Hispanic/Latino ancestry) are well represented among our graduates indicating that the school’s success with minority students is good. During the self-study we have identified the need for additional Hispanic/Latino and African-American faculty. In addition, the School is aware that the Hispanic/Latino population is rapidly increasing in New Jersey and the nation, but remains under-represented among college graduates. As a result of the self-study, the School will develop a plan by December 2015 to augment our recruitment of students of Hispanic/Latino background.

Cultural competence is promoted by the diversity of the student body at the School, and views from different backgrounds routinely inform class discussions. The extensive use of group projects and assignments, promotes practical experience in communicating across cultural boundaries. In addition, health disparity is a ubiquitous topic in the curriculum, whether it be environmental justice, social marketing, race/ethnic differences in disease occurrence or access to health services. Issues of communicating with different cultural groups as well as with disabled person are also covered in specific courses.

Policies that Support a Climate Free of Harassment and Discrimination

Rutgers policy 60.1.8 [policies.rutgers.edu/sites/policies/files/60.1.8%20-%20current.pdf] states that it is university policy to provide equal employment opportunity to all employees and applicants for employment Regardless of their race, religion, color, national origin, ancestry, age, sex, sexual orientation, gender identity, disability, genetic information, marital status, military service, and any other category protected by law. Rutgers policy 60.1.12

[policies.rutgers.edu/sites/policies/files/60.1.12%20-%20current.pdf] prohibits discrimination and harassment based on race, religion, collar, and the other characteristics listed above. The School of Public health endorses and abides by these policies, and on a few occasions over the past decade has disciplined faculty, staff, and/or students for infractions thereof.

Policies that Support a Climate for Working and Learning In A Diverse Setting

See policies listed in previous paragraph. In addition to these university-wide policies, the School makes a conscientious effort to create an environment that is comfortable for persons of all ethnic backgrounds. Print marketing materials and website materials are selected to portray the diverse composition of the School's students, staff, and faculty. The School regularly participates in special events, such as Hispanic Heritage Month and Black History Month, as well as organizing special service projects on Martin Luther King Day.

Policies and Plans to Develop, Review, and Maintain Curricula and Other Opportunities, Including Service Learning [Related To] Diversity

The importance of cultural diversity in human health receives extensive attention in the School's curricula. Disparities in disease occurrence and in access to care, environmental justice, cultural misunderstanding and the importance of building trust across cultural gaps, are all concepts that arise repeatedly in examples used in the core and advanced courses. Several faculty members including the Chairs of the Department of Epidemiology and of Health Education and Behavioral Science as well as the new Dean have research programs that focus on these issues. A number of students are engaged in these projects and a substantial proportion of Fieldwork projects and some doctoral theses focus on health problems in minority communities.

Competencies related to diversity are included in the core courses and departmental courses in Health Education and Behavioral Science and in Health Systems and Policy and are part of the MPH curriculum. As such they are reviewed periodically by the curriculum committee, most recently in the previous academic year. This committee which has a responsibility to see that this important part of the School's curricular offerings remains robust. Other opportunities for students to gain competence in these areas are through service learning with V.O.I.C.E.S, Bridging the Gaps, or the Dominican Republic Outreach Program.

Policies and Plans to Recruit, Develop, Promote and Retain a Diverse Faculty

As documented in Policy 60.1.8, Rutgers is an Equal Opportunity/Affirmative Action employer [policies.rutgers.edu/sites/policies/files/60.1.18%20-%20current.pdf]. Open faculty positions are filled through a national search process that includes advertising in professional journals as well as reaching out to likely sources of minority candidates. Search committees are reminded of the importance of maintaining a diverse faculty and the department of human resources reviews the roster of eligible candidates to assure that there are valid reasons when a qualified minority candidate is passed over. For tenure track positions the School is committed to providing a generous start-up package and to identifying an adviser and a mentoring committee. Faculty mostly have light teaching loads, rarely exceeding one 3-credit course per semester. This combination of support and guidance is intended to make it possible for talented individuals to be successful in obtaining outside funding for their research

which, along with good teaching and publications, is expected for tenure. In addition to the developmental resources offered within the School, there are several sources of pilot funding available to junior faculty in Rutgers Biomedical and Health Sciences and Rutgers also offers several generic faculty development programs including one designed specifically for women.

Policies and Plans to Recruit, Develop, Promote and Retain a Diverse Staff

The same diversity policies described above for faculty, also apply to staff, although advertising for most staff positions is local. Rutgers is one of the largest universities in the country and as such, offers many opportunities for staff to advance their careers within the organization. The School and University both support career development of staff, providing tuition support for staff who wish to take academic courses as well as a range of free courses focused on staff development and training for supervisors. The School of Public Health is fortunate to have retained many staff members for one or more decades, including several of our minority staff members. Over the years, some of these individuals have advanced from secretarial or student assistant jobs to senior administrative positions within the School.

Policies and Plans to Recruit, Develop, Promote and Graduate a Diverse Student Body

New Brunswick and Newark Campus Offices maintain ties with Rutgers undergraduate schools with high minority enrollment, including Rutgers–Newark and Rutgers–Camden. They also attend the Rutgers fair each year for minority students interested in health and science careers.

At the Admissions Committees for both New Brunswick and Newark, committee members and the chairs make a special effort to consider diversity in admissions decisions. The review of master's level applications is a holistic process that considers all aspects of the applicant, including race, ethnicity and other background information. Special consideration is given for applicants that show academic promise but are disadvantaged due to access to educational resources, potential biases in testing, etc. To address these issues, a small subset of students have been admitted as non-matriculated students. Upon initial enrollment, they must complete 12 credits, including the Introduction to Biostatistics core course, and must maintain a B average. At that point, they can be fully matriculated as master's students. This strategy has led to a number of successfully completed MPH degrees among African-American and Hispanic students. Students may also begin their career at the School in the general public health certificate program and then, if qualified, can transition to the MPH program.

Regular Evaluation of the Effectiveness of the Above Listed Measures

The race/ethnicity and gender distribution of faculty, staff, and students are compiled annually and reported to CEPH and to ASPPH. These reports are coordinated by the Director of Planning and are reviewed by the Dean. Special note is taken of progress in diversifying the teaching faculty.

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

Concern about diversity is mentioned in a number of places in the School's published Values (see Criterion 1.1.b) which include respectful treatment of all individuals, diversity of background and experience, and equal opportunity and social justice. Goal 1 in the Strategic Plan specifically targets promoting the health of diverse populations and Objective 4 under that goal is to, "seek to recruit new

faculty from underrepresented groups." The School was pleased to welcome Adana Llanos, a superb minority candidate who joined the faculty in 2013. Under Goal 2, Excellence in Research, Objective 4 is to encourage grant applications that target underserved or diverse populations. The School has an Institute for the Elimination of Health Disparities, which has always been chaired by a person of color and is doing groundbreaking work in dissecting the causes of racially disparate outcomes in cancer treatment. The School is taking a substantial further step in this direction by recruiting Jasjit S. Ahluwalia as its new Dean. Dr. Ahluwalia has an extensive track record of research that addresses these issues. Diversity of students and faculty at the Rutgers School of Public Health has been a priority over the years and the School remains in the top quintile of US Schools of Public Health for minority enrollment. As a result of the self-study, the School will place extra emphasis on the recruitment of Hispanic/Latino faculty and students and of African-American faculty.

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

As noted in Criterion 1.1.e, the School of Public Health's mission and values were revised prior to the integration of the School into Rutgers, The State University of New Jersey. Demonstrating the importance of diversity in both its mission and values was of high priority to the School when these statements were revised. Several constituent groups were involved in the revision efforts, including the Dean's Council and the Executive Council which includes faculty, staff and student representation.

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

The Strategic Plan calls for the school to develop a plan to systematically incorporate diversity in the School. The Executive Council, beginning in Fall 2014, started to review goals and objectives from the Strategic Plan to ensure their continued relevance as well as review progress in meeting the objectives. The Executive Council will review the Strategic Plan annually.

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

The School and Rutgers in general continue to include faculty and staff diversity as goals for current employment, recruiting, retention, and promotion. As noted in 1.8.a, the School uses the population distribution of the various groups in New Jersey as a benchmark for staff, and the distribution of the state population with baccalaureate degrees as a benchmark for students, faculty and graduates. These targets are shown in Table 1.8.e-1. All of the targets are met except for Hispanic/Latin faculty. Faculty of African descent, although meeting the target, are relatively few in number.

TABLE 1.8.e-1: OUTCOME MEASURES FOR DIVERSITY, AY2013-AY2015

Outcome Measure	Target	AY2013	AY2014	AY2015
Staff Diversity				
% African American	13%	---	---	26%
% Hispanic	9%	---	---	7%
% Asian	19%	---	---	19%
Faculty Diversity - Primary Faculty Only				
% African American	7%	---	---	10%
% Hispanic	7%	---	---	3%
% Asian	12%	---	---	25%
Student Diversity – Fall Enrollment				
% African American	7%	21%	23%	22%
% Hispanic	7%	10%	8%	7%
% Asian	12%	32%	30%	36%
Graduates Diversity				
% African American	7%	21%	26%	Data Not
% Hispanic	7%	10%	13%	Yet
% Asian	12%	36%	26%	Available

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

This criterion is met.

Strengths

- The Rutgers School of Public Health is one of the most diverse among schools of public health.
- Rutgers University has a set of policies that promote diversity and prohibit discrimination.
- Diversity is prominently featured in the School's Values and in its Strategic Plan.
- Diversity has been a hallmark of the School that was considered in expanding its teaching sites at its founding and is being pursued actively today in the development and expansion of diversity research.
- The School has a solid record of recruiting minority faculty members, including one of its three recently appointed tenure-track faculty.

Weaknesses/Challenges

- Although cultural competency is studied in a few courses, the School could probably improve its instruction in this area.
- An anonymous survey conducted in the Spring 2014 suggested that a small minority of students felt that the School's cultural environment was not as welcoming as it should be.

Plans

- The School will explore this survey finding in a few focus groups and will also test somewhat different wording to see if more information can be obtained by a new student survey this Fall.
- Faculty search committees convened in the coming year will be specifically apprised of the shortage of Hispanic/Latin and Black faculty members. Plans will be developed to enhance the recruitment of Hispanic/Latin students and review the existing opportunities for all students to enhance their cultural competency and determine how such opportunities might be enhanced.
- The development of a diversity plan will be completed and implemented.

CRITERION 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 masters degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

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

The Rutgers School of Public Health offers six degree programs, 14 dual degree programs and four articulated degree programs. Of the 14 dual degree programs, two have been developed and are awaiting approval by the Rutgers Board of Governors. These include a Master of Public Health/Master of Science in Biomedical Informatics (MPH/MS) dual degree and a Master of Public Health/Master of Public Affairs (MPA) dual degree. An undergraduate degree in public health, in collaboration with Rutgers University–Newark is under development. Table 2.1.a-1 shows the instructional matrix detailing the School's degree programs and areas of specialization. The School also has several dual concentrations within the MPH curriculum, including cross-department options. Links to these options are on the School's website: sph.rutgers.edu/academics/degrees/index.html. An Occupational and Environmental Medicine Residency Program and a Preventive Medicine Residency for physicians are also available.

Campus Locations of Degree Concentrations

The New Brunswick Campus offers MPH, DrPH and PhD degree options in the core areas of knowledge basic to public health: Biostatistics, Environmental and Occupational Health, Epidemiology, Health Education and Behavioral Science, and Health Systems and Policy. Also offered on the New Brunswick Campus is an MS in Biostatistics and an MS in Health Outcomes, Policy, and Economics. The Newark Campus offers MPH degree options in Dental Public Health, Quantitative Methods, and Urban Health Administration and an MS in Biostatistics (Pharmaceutical Biostatistics track). The Stratford Campus offers one degree option in Health Systems and Policy.

The School of Public Health is temporarily suspending admissions beginning Fall 2015 on the Stratford Campus (admissions for New Brunswick and Newark campuses proceed as usual). The School will not accept or review applications for the Stratford Campus during this temporary suspension; however, the School will continue to offer courses and advise current students on the Stratford Campus. The School intends to reinstate the process for accepting applications once the School is able to relocate onto the Rutgers University–Camden Campus.

BA/MPH and BS/MPH Articulated Degrees

The School offers four articulated bachelors degree programs; two programs with Rutgers University–New Brunswick, a BS/MPH with William Paterson University and a BS/MPH with The Richard Stockton College of New Jersey.

Undergraduate students enrolled in a BA or BS degree program at Rutgers–New Brunswick on the New Brunswick Campus may apply and be admitted by the School of Public Health in their third (Junior) year of study. If admitted, students may complete their undergraduate degree with up to five graduate level courses from the School of Public Health, and subsequently complete the MPH course of study within the School. All MPH degree programs of study on the New Brunswick Campus (Biostatistics, Environmental and Occupational Health, Epidemiology, Health Education and Behavioral Science, and Health Systems and Policy) participate in the BA/MPH and BS/MPH articulated degree programs. The BS/MPH degree at the William Paterson University of New Jersey is offered in partnership with that university's College of Science and Health. Students may apply to the School of Public Health and be admitted to the MPH degree program in Health Education and Behavioral Science on the New Brunswick Campus. Students apply at the end of their third (junior) year and can take up to 12 credits of graduate coursework in their senior year.

An additional BS/MPH degree is offered in partnership with the School of Health Sciences at The Richard Stockton College of New Jersey. Students may apply to the School of Public Health and be admitted to the MPH degree program in any department within the School. Students apply at the end of their third (junior) year and can take up to 9 credits of graduate coursework in their senior year.

TABLE 2.1.a-1: INSTRUCTIONAL MATRIX

Degree/Specialization	Academic	Professional			
Articulated Bachelors Degrees		BA/MPH	BS/MPH		
		Rutgers	Rutgers	William Paterson	Stockton College
Biostatistics		X	X		X
Dental Public Health					
Environmental & Occupational Health		X	X		X
Epidemiology		X	X		X
Health Education & Behavioral Science		X	X	X	X
Health Systems & Policy		X	X		X
Quantitative Methods					
Urban Health Administration					
Masters Degrees	MS	MPH			
Biostatistics	X	X			
Biostatistics-Pharmaceutical Biostatistics track	X				
Dental Public Health		X			
Environmental & Occupational Health		X			
Epidemiology		X			
Epidemiology-Quantitative Health Assessment track		X			
Health Education & Behavioral Science		X			
Health Systems & Policy		X			
Quantitative Methods		X			
Urban Health Administration		X			
Health Outcomes, Policy and Economics	X				

TABLE 2.1.a-1: INSTRUCTIONAL MATRIX		
Degree/Specialization	Academic	Professional
Doctoral Degrees	PhD	DrPH
Biostatistics	X	X
Environmental & Occupational Health	X	X
Epidemiology	X	X
Health Education & Behavioral Science	X	X
Health Systems & Policy	X	
Joint Degrees (Dual Degrees)		MPH
Allopathic Medicine (MD)		X
Osteopathic Medicine (DO)		X
Dental Medicine (DMD)		X
Joint Degrees (Dual Degrees)		MPH
Law (JD)		X
Pharmacy (PharmD)		X
Psychology (PsyD)		X
Biomedical Informatics (MS)		X ¹
Biomedical Science (non-thesis; master of biomedical science degree)		X
Biomedical Science (thesis; master of science in biomedical science)		X
Business (MBA)		X
Nursing (MS)		X ²
Physician Assistant (MSPA)		X
Public Planning (MPP)		X
Public Affairs (MPA)		X ¹

¹Dual degree program has been developed and is awaiting approval by the by the Rutgers Board of Governors.

²The MSN/MPH dual degree is under revision; no students are currently enrolled in the program.

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

The School Catalog describes all of the degree programs of the School. The Catalog is accessible on the School's website (sph.rutgers.edu/academics/catalog/index.html) and on Rutgers Catalogs website (catalogs.rutgers.edu/generated/sph_current/index.html). The plans of study for each degree are available on the School's website and are provided in the Resource File. See below for direct links to the webpages on which the plans of study are published.

- [MPH curriculum in Biostatistics](#)
- [MPH curriculum in Dental Public Health](#)
- [MPH curriculum in Environmental and Occupational Health](#)
- [MPH curriculum in Epidemiology](#)
- [MPH curriculum in Quantitative Health Care Assessment in Epidemiology](#)
- [MPH curriculum in Health Education and Behavioral Science](#)
- [MPH curriculum in Health Systems and Policy](#)
- [MPH curriculum in Quantitative Methods \(Epidemiology major\)](#)
- [MPH curriculum in Quantitative Methods \(Biostatistics major\)](#)

- [MPH curriculum in Urban Health Administration](#)
- [MS curriculum in Biostatistics](#)
- [MS curriculum in Biostatistics \(Pharmaceutical Biostatistics track\)](#)
- [MS curriculum in Health Outcomes, Policy and Economics](#)
- [DrPH curriculum in Biostatistics](#)
- [DrPH curriculum in Environmental and Occupational Health](#)
- [DrPH curriculum in Epidemiology](#)
- [DrPH curriculum in Health Education and Behavioral Science](#)
- [PhD curriculum in Biostatistics](#)
- [PhD curriculum in Environmental and Occupational Health](#)
- [PhD curriculum in Epidemiology](#)
- [PhD curriculum in Health Education and Behavioral](#)
- [PhD curriculum in Health Systems and Policy](#)

The Course Schedule comprises the academic offerings for a particular semester and is accessible to students only online. Course schedules for the last three years are available in the Resource File.

Course syllabi are also accessible online at sph.rutgers.edu/academics/syllabi.html and available in the Resource File.

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

This criterion is met.

Strengths

- The School offers a wide variety of graduate-level professional and academic degree programs to meet the diverse needs of graduate students, including:
 - The MPH degree in the five core areas of knowledge basic to public health as well as three additional content areas;
 - The DrPH degree in four of the five core areas of knowledge basic to public health;
 - The PhD degree in the five core areas of knowledge basic to public health;
 - The MS in Biostatistics degree (general track and pharmaceutical biostatistics track); and
 - The MS in Health Outcomes, Policy, and Economics degree which is offered jointly with Rutgers Ernest Mario School of Pharmacy.
- The School collaborates with other schools at Rutgers University, as well as with Rowan University to offer many dual degree programs. Twelve dual degree programs have been established with two additional programs pending approval by the Rutgers Board of Governors.
- Four articulated degree bachelor degree programs are offered through the School with Rutgers, William Paterson University, and The Richard Stockton College of New Jersey.
- A combination of these degree programs is offered on the School's campuses: Newark, in the northeastern corner of the state; New Brunswick, the nucleus of the School, in the center of the state; and Stratford in the southwestern corner. However, the School of Public Health is temporarily suspending admissions beginning Fall 2015 on the Stratford Campus (admissions for New Brunswick and Newark campuses proceed as usual). The School will not accept or review applications for the Stratford Campus during this temporary suspension; however, the School

will continue to offer courses and advise current students on the Stratford Campus. The School intends to reinstate the process for accepting applications once the School is able to relocate onto the Rutgers University–Camden Campus.

- The School allocated priority for resources to develop strong departments in the five core areas of knowledge basic to public health that are based at the School.

Weaknesses/Challenges

- The School has limited resources to expand curriculum in emerging or other important public health areas (e.g., maternal and child health and global health).

Plans

- A Master of Public Health/Master of Science in Biomedical Informatics (MPH/MS) dual degree and a Master of Public Health/Master of Public Affairs (MPA) dual degree have been developed and are awaiting approval by the Rutgers Board of Governors. Both are expected to start in Fall 2015.
- An undergraduate degree in public health is in development. This undergraduate degree is being developed jointly with Rutgers School of Public Affairs and Administration and the Rutgers College of Arts and Science (both at Rutgers–Newark) which have experience in undergraduate education. Fall 2016 is the expected start date for initial enrollment.
- An MPH in Global Public Health degree is in development with funding from the Rutgers Centers for Global Advancement and International Affairs. Fall 2016 is the expected start date for initial enrollment.
- MPH in Nutrition degrees are being explored; one with the Department of Nutritional Sciences at the Rutgers School of Environmental & Biological Sciences in New Brunswick, and the second with the Department of Nutritional Sciences at the Rutgers School of Health Related Professions in Newark. (No expected start date is available yet for either.)
- An MS in Clinical Epidemiology degree is being explored. (No expected start date.)
- Teach at least four undergraduate courses annually within Rutgers undergraduate schools to better leverage connections with undergraduate programs and recruit qualified students.
- Offer more course during the day, in addition to the evening courses, to attract a larger full-time student body population.

CRITERION 2.2 PROGRAM LENGTH

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

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

The School offers its courses of instruction on a traditional semester system that requires 15 contact hours of classroom instruction per credit for all degree programs. A three-credit course requires at least 45 contact hours. Fall and Spring Semesters are approximately 14 weeks in length with an additional final exam period, while Summer sessions may range from seven to 14 weeks with classes meeting once or twice weekly.

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

The MPH degree requires that a student complete a minimum of 45 semester credits, including core courses, Fieldwork, required department courses and electives (see Table 2.2.b-1).

Students seeking the MPH degree must maintain an average grade of "B" or better with no more than nine (9) credits bearing grades less than "B." The maximum timeframe for MPH students to complete the degree is six years. Full-time students can complete the degree requirements within two years and part-time students may take up to six years to complete the coursework; all MPH students are advised to complete the required core course requirement as their initial coursework.

TABLE 2.2.b-1: MPH DEGREE REQUIREMENTS	
Public Health Curriculum	Credits
Core Courses	15
Fieldwork	6
Required Department Courses	12-18
Electives	6-12
TOTAL	45

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

No MPH degrees, including MPH dual degrees, have been awarded for fewer than 45 semester credits in the last three years, or at any time in the School's history.

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

This criterion is met.

Strengths

- The School requires 45 semester credit hours for all MPH degrees, which exceeds the requirements of the Council on Education for Public Health for program length.

Weaknesses/Challenges

- Future MPH level core competencies as well as cross-cutting competencies are likely to increase in number and complexity. The incorporation of these additional competencies into the current 45 semester credit structure, without increasing the number of required credits, may be challenging.

Plans

- None.

CRITERION 2.3 PUBLIC HEALTH CORE KNOWLEDGE

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

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

All professional degree students must demonstrate an understanding of the areas of knowledge basic to public health, as described in Criterion 2.6.a.

School Core Requirements

All students enrolled in the MPH and the DrPH degree programs are required to take five core courses, one in each core discipline: biostatistics, epidemiology, environmental health science, health education and behavioral science, and health systems and policy (see Table 2.3.a-1). These five courses constitute a core curriculum organized to provide 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 identical competencies.

TABLE 2.3.a-1: REQUIRED COURSES ADDRESSING PUBLIC HEALTH CORE KNOWLEDGE AREAS FOR MPH AND DRPH DEGREES		
Core Knowledge Area	Course Number and Title	Credits
Biostatistics	PHCO 0504 Introduction to Biostatistics	3
Epidemiology	PHCO 0502 Principles and Methods of Epidemiology	3
Environmental Health Sciences	PHCO 0503 Introduction to Environmental Health	3
Social and Behavioral Sciences	PHCO 0505 Health Education and Behavioral Science in Public Health	3
Health Services Administration	PHCO 0501 Health Systems and Policy	3

All students, regardless of campus, are required to complete the five core courses. Advisors generally recommend that the core courses be completed before taking any required concentration courses. Seven of the departments require the respective core as a prerequisite for advanced courses. 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 chairperson. If approved, they may skip the core course and replace it with an advanced course in the content area.

Course syllabi for the public health core courses are also accessible online at sph.rutgers.edu/academics/syllabi.html and available in the Resource File.

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

This criterion is met.

Strengths

- The School offers a consistent set of competencies for each core discipline across the three campuses.
- A recent review of the core courses confirmed that the School provides MPH and DrPH students with skills, knowledge and attitudes recommended by the ASPPH MPH Core Competency Development Project.
- Final exams and/or culminating assignments in each core course assure that students attain a broad understanding of the knowledge basic to public health.

Weaknesses/Challenges

- Students who enter the MPH programs vary in their prior education and work experience, which makes it difficult to create standard core courses that fit everyone's learning goals.

Plans

- Continue to coordinate and monitor the equivalency of the core courses offered on the three campuses to ensure they adequately address the expected MPH core competencies.
- Consider how the current core courses fit into the Framing the Future initiative of ASPPH.

CRITERION 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.

2.4.a Description of the school's policies and procedures regarding practice experiences, including the following:

- selection of sites**
- methods for approving preceptors**
- opportunities for orientation and support for preceptors**
- approaches for faculty supervision of students**
- means of evaluating student performance**
- means of evaluating practice placement sites and preceptor qualifications**
- criteria for waiving, altering or reducing the experience, if applicable**

While students have several opportunities for public health practice experiences, the primary public health practice experience is Fieldwork for MPH students and the Practice Experience for DrPH students.

Policies and Procedures Regarding Fieldwork for MPH Students

Fieldwork is a carefully planned and supervised learning experience during which the student conducts a project that enables him/her to apply principles learned during the coursework. The purpose of Fieldwork is to provide the student with an opportunity to:

- Carry out a project representative of expected work in their discipline;
- Demonstrate competence in practice/evaluation/research relevant to the student's discipline;
- Gain exposure to an organization's environment, culture and purposes;
- Develop professional judgment and contacts; and
- Help clarify career goals.

Fieldwork is required of all MPH candidates, including those seeking dual degrees, such as the MD/MPH. Fieldwork is comprised of six credits: a one-credit planning phase (Fieldwork I) and a five-credit implementation phase (Fieldwork II). Before students are eligible to begin Fieldwork, they are required to complete the 15 credits of core courses and a minimum number of additional credits as defined by their department. Exceptions may be made with special permission from the faculty advisor. A GPA (grade point average) of at least 3.00 is also 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 is described in the School Catalog (catalogs.rutgers.edu/generated/sph_current/pg9.html) and information is available on the School's website (sph.rutgers.edu/academics/fieldwork/index.html). For specific details regarding Fieldwork policies, the Fieldwork Handbook is also available on the School's website (sph.rutgers.edu/academics/fieldwork/index.html) and is available in the Resource File. While the policies are consistent, each campus tailors sections of the Handbook to address logistical issues specific to the campus.

Selection of Sites

Fieldwork sites are chosen based primarily on students' interests and career goals. Students may identify their own sites or may consult with faculty advisors and/or the campus Fieldwork Coordinators

to find appropriate sites. Fieldwork Coordinators also conduct outreach to identify potential sites. For example, Fieldwork Coordinators contact community-based organizations, government agencies, industry, alumni, and attend local- and state-wide public health meetings to solicit interest.

Final selection of a Fieldwork site is based upon 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. Students may, with approval from their faculty advisor, conduct their fieldwork projects where they work. However, they may not do a project that is part of their routine job responsibilities within their specific work setting, or under the direction of their current supervisor. Sites may include, but are not limited to: state, local or federal health agencies or departments; non-profit organizations; hospitals; industry; and Schools/institutes/departments within Rutgers or another university.

Preceptor Selection and Qualifications

Site preceptors are selected based on their expertise, desire to work with a student, enthusiasm for the field, time available, experience in practice, and appropriate advanced educational background; many School alumni/ae serve in this role. The faculty advisor may also serve as the site preceptor if the Fieldwork project is completed within the School or with one of the academic partners. The site preceptor is required to hold a higher-level health related degree (e.g. MPH, MSN, MD, PhD, DrPH, etc.); however, there is no minimum amount of experience required. The Fieldwork Faculty Advisor must approve the selection of a site preceptor. This determination is based on the information submitted by the student and Fieldwork Coordinator. The Fieldwork Coordinator meets and/or calls each site preceptor to explain the Fieldwork process, discuss the preceptor's role and to develop ideas for possible future Fieldwork projects. A Fieldwork contract, which outlines the project and serves as a written agreement is executed between the student, faculty advisor, and site preceptor. See the Resource File for an example of a fieldwork contract/proposal form.

Faculty Supervision

Fieldwork students are supported and supervised at all stages by a faculty advisor, site preceptor and the Fieldwork Coordinator. Students meet regularly with their faculty advisor to discuss progress on their Fieldwork project. When needed, faculty and site preceptors will meet together with the student, especially in the planning stages of a project. The faculty advisor:

- serves as the liaison, along with the Fieldwork Coordinator, between the University, student and the Fieldwork site;
- advises the student regarding the objectives and substance of the Fieldwork project;
- assists the student in the selection of Fieldwork site and in the development of the Fieldwork proposal and contract;
- approves and signs the Contract and Proposal form;
- helps clarify the student's learning needs and the role of the site preceptor;
- reviews and assists students with IRB application;
- provides resource materials to the student as required;
- discusses any issues that may arise in connection with the Fieldwork placement with the Site Preceptor, student and Fieldwork Coordinator;
- provides supervision and substantive review of the student's written Fieldwork report;
- approves the student's final paper and presentation for the Dean's Review;
- attends the Dean's Review in which their student is presenting; and
- evaluates the student at end of the Fieldwork experience

Evaluating the Student

Fieldwork is graded as pass or fail. To successfully complete Fieldwork, students must:

- Attend an in-person presentation on human subjects research training;
- complete and pass an on-line course, CITI (Collaborative Institutional Training Initiative), and learn how to submit an application in eIRB (e.g. complete eIRB training in-person or online);
- obtain Institutional Review Board approval for their project (if applicable);
- prepare a final report written in a quality suitable for publication or presentation;
- provide an oral presentation of approximately 10 to 15 minutes in length at the conclusion of Fieldwork. Students follow the format for APHA scientific sessions; and
- complete an online self-assessment of departmental competencies.

Copies of previous Fieldwork project reports are maintained in the Fieldwork Coordinator's office and archived at the School, and are available for students to review. Sample Fieldwork project reports are available in the Resource File.

Evaluating Practice Placement Sites

The Fieldwork experience, including the site selection, is thoroughly evaluated at the School of Public Health. Data from the Graduate Exit Survey indicates that the Fieldwork experience is important to students and is a valuable component of their graduate training ("Your Fieldwork/research provided you with the experience and rigor you needed" was rated 4.13 on a 5-point scale from AY2012-AY2014). In addition to these two surveys, Fieldwork is assessed separately with a Fieldwork Student Survey and an Evaluation for Fieldwork Site Preceptors survey. (While strongly encouraged, these surveys are not required to successfully complete Fieldwork.) Student discussions with their advisors and Fieldwork Coordinators, as well as the advisors' and coordinators' general familiarity with the sites and site preceptors, also provide a less formal but important means of evaluating both sites and supervisors. Through this feedback as well as the surveys, sites and preceptors can be removed from the list of potential locations shared with students. (Copies of the survey forms are available in the Resource File.)

The outcomes in Table 2.4.a-1 show data for students responding to the Fieldwork Student Survey (N=196) since AY2012. As can be seen, faculty advisors, Fieldwork Coordinators and site preceptors were all rated high for responsiveness to questions, knowledge about the topic/subject, accessibility for consultation and the overall guidance they provided. The orientation process and overall experience were all rated highly as well. When asked whether they would recommend the site or the site preceptors to others, 90% of respondents indicated that they would recommend the site and 88% said they would recommend the site preceptor.

The Fieldwork placement process is intended to assure application of relevant skill sets. Therefore, students are asked to report the skills that they applied during Fieldwork on the Fieldwork Student Survey. This question on application of skills is intended to ensure that the experience is not too narrowly focused for individuals, and that the Fieldwork experience is representative of a breadth of skills overall. Table 2.4.a-2 shows select skill sets that were demonstrated during the Fieldwork experience among 155 students. This represents a subset of the total number (N) as some students did not complete this section.

Site preceptors are also asked to assess students through the Evaluation for Fieldwork Site Preceptors survey. Site preceptors who served in Fall 2011 through 2012 completed and returned the survey via the postal mail. Due to a low response rate from the mail survey, site preceptors began to complete the survey online starting with those who served in 2013. On both surveys, site preceptors rated the

students' personal qualities, management skills, leadership skills, public health practice skills, and general skills on a scale of 1 to 5 (1=poor and 5=excellent). See Table 2.4.a-3 for data from the Evaluation for Fieldwork Site Preceptors survey. The online survey asked three additional questions with 93% of respondents noting that the student's potential contribution to the public health profession was worthwhile to outstanding. Eighty-three percent of respondents reported they were somewhat to very likely to hire the student to work in their organization if they were able and more than half reported the Fieldwork experience benefited their organization "A Lot to A Great Deal".

Waiving the Experience

All MPH degree students are required to complete a Fieldwork project or its equivalent. No waivers are granted.

TABLE 2.4.a-1: MEAN OUTCOMES FOR FIELDWORK STUDENT SURVEY, FALL 2011-SUMMER 2014 (On a scale of 1 to 5, 1=disagree strongly and 5=agree completely)				
Item	New Brunswick (N=127)	Newark (N=40)	Stratford (N=29)	Overall (N=196)
The faculty advisor:				
responded to questions	4.81	4.90	4.93	4.83
was knowledgeable about the topic/subject	4.85	4.43	4.93	4.79
was accessible for consultation	4.77	4.73	4.97	4.78
provided adequate overall guidance	4.77	4.79	4.97	4.81
The Fieldwork coordinator:				
responded to questions	4.92	4.97	4.86	4.91
was knowledgeable about the topic/subject	4.79	4.47	4.64	4.72
was accessible for consultation	4.88	4.93	4.82	4.88
provided adequate overall guidance	4.89	4.83	4.78	4.86
The site preceptor:				
responded to questions	4.72	4.72	4.86	4.75
was knowledgeable about the topic/subject	4.85	4.86	4.79	4.85
was accessible for consultation	4.65	4.52	4.69	4.65
provided adequate overall guidance	4.67	4.62	4.62	4.67
The Fieldwork orientation process was effective.	4.43	4.24	4.48	4.40
The Fieldwork experience was integral to your training.	4.60	4.47	4.62	4.57
The Fieldwork experience was a positive experience.	4.57	4.23	4.59	4.51
The Fieldwork program provided the intended practice experience.	4.67	4.37	4.75	4.63
The Fieldwork program effectively addressed placement and other needs.	4.41	4.20	4.48	4.39

TABLE 2.4.a-2: SUMMARY OF SELECT SKILL SETS REQUIRED BY SITES DURING FIELDWORK EXPERIENCE, FALL 2011 – SUMMER 2014

Competency	Percent of Students Who Reported Using Skill Set in Fieldwork (N=155)
Collect, summarize and interpret data or information.	71.4%
Define a problem or issue to be addressed	68.9%
Use current technology in data collection, exchange, storage, retrieval and analysis.	54.6%
Apply research design to address or investigate the problem	54.6%
Prepare and deliver oral presentations. (Note: This item does not include the final presentation at the School which all students prepare and deliver.)	52.6%
Evaluate limits and gaps in existing information based on data integrity, comparability, etc.	51.5%
Include goals, implementation steps and process and outcome measures in your plan.	48.5%
Consider and apply qualitative information (observation, anecdotal data, etc.) in decision making	48.0%

TABLE 2.4.a-3: MEAN OUTCOMES FOR EVALUATION FOR FIELDWORK SITE PRECEPTORS, FALL 2011-FALL 2014
(On a scale of 1 to 5, 1=unsatisfactory and 5=exceptional)

Student's	Item	MAIL SURVEY MEAN (N=24)	ONLINE SURVEY MEAN (N=87)
Personal Qualities	Dependability	4.46	4.39
	Written Communication	4.33	4.25
	Oral Communication	4.21	4.28
	Willingness to Learn	4.71	4.55
	Applies Ethical Standards to Practice	4.67	4.61
Management Skills	Organizational Skills	4.33	4.23
	Ability to Supervise	4.14	4.29
	Participates Constructively in Problem Solving	4.43	4.32
Leadership Skills	Creativity/Resourcesfulness	4.32	4.16
	Adapt to New Situations	4.33	4.25
	Oral Communication	4.19	4.28
	Initiative	4.46	4.33
	Accepts Positive Direction	4.57	4.44
	Teaches/Demonstrates Effectively	4.27	4.35
	Sets and Understands Goals	4.24	4.33
	Relates Well With Others	4.53	4.44
Public Health Practice Skills	Application of epidemiology principles	4.27	4.25
	Application of environmental health knowledge	4.22	4.15
	Application of statistical procedures	4.32	4.03
	Application of health education and behavioral theory	4.33	4.19
	Application of public health administration principles	4.40	4.21
General Skills	Use of community resources	4.27	4.30
	Budgeting	4.86	4.36
	Public Relations	4.55	4.28
	Program Development	4.60	4.27
	Needs Assessment	4.45	4.29
	Program Implementation	4.45	4.35
	Program Evaluation	4.00	4.33
	Advocacy	5.00	4.26
	Use of Professional Literature	4.48	4.31
	Use of Technology	4.69	4.29
	Research Skills	4.30	4.29

Policies and Procedures Regarding Practice Experience for DrPH Students

Students pursuing the DrPH degree are also required to complete an appropriate practice experience. 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 that will be reviewed for approval and then implemented in AY2016. The new policy has already been approved by the School's Doctoral Committee and will be presented to the School's Executive Council in June 2015.

The DrPH practice experience will be a carefully planned and supervised learning experience during which the DrPH student participates in a practice experience to further develop their department's competencies. The proposed DrPH practice experience will be a three-credit course, replacing one three-credit elective. The minimum number of credits for the DrPH remains at 72 credits, including 24 credits of dissertation research. The DrPH practice experience may or may not be connected to the doctoral dissertation, may be unpaid or paid, and requires involvement from at least one faculty member. Students may register for a DrPH practice experience after completion of at least half of their required courses.

Selection of DrPH Practice Experience Sites and Acceptable Projects/Practice Experiences (for proposed policy)

Sites and projects will be individually selected and tailored to a student's interests, career goals, and needs. Initial identification of potential sites and proposed practice projects will be the responsibility of the student and the student's advisor. Once a candidate site (including project and proposed preceptor) has been identified, the student and student's advisor will prepare a proposal detailing the site and proposed DrPH practice project; estimated schedule; measurable outcomes suitable for evaluating the DrPH Practice Experience for initial approval by the student's advisor; and, whether a student oral presentation or summary report would be delivered at the end. The plan will include a description of how this practice opportunity will provide for the application of knowledge and skills acquired in the student's DrPH program. In addition, it will identify the proposed preceptor and detail his/her qualifications as well as outlining his/her plans for supervising the student.

The aforementioned proposal will be presented by the student and the student's advisor to the school's DrPH Practice Experience Committee for review and approval. Approval will be based on review of the proposal and proposed site including consideration of its role and relevance to public health and the student's program of study as well as the appropriateness of the proposed preceptor and likelihood of him/her successfully serving as a preceptor. The Committee will review measures detailed in the proposal to gauge the success of the practice opportunity and the proposed schedule of activities and meetings of the student with the preceptor and advisor and meetings of the preceptor and advisor.

Preceptor Selection and Qualifications (for proposed policy)

Preceptors for the DrPH Practice Experience must be trained at the doctoral level (MD, PhD, DrPH, ScD, DEnv, DO) and/or have an MPH with substantial practical experience. Preceptors will provide a CV and statement declaring their willingness to take on the responsibility of serving as a preceptor. These files will be reviewed for approval by the student's advisor and then shared with the DrPH Practice Experience Committee for confirmation.

Opportunities for Orientation and Support for Preceptors (for proposed policy)

There will be an initial preceptor orientation through the DrPH Practice Experience Committee to describe the practicum's overview, process and goals, the preceptor's responsibilities, and expectations of both the student and the preceptor. Preceptors will also be briefed on the requirements for its completion and receive a written summary of a DrPH practice experience expectations. Preceptors will

be provided with contact information for the student's advisor and be encouraged to ask questions and voice concerns, both initially and during the DrPH Practice Experience.

Faculty Supervision (for proposed policy)

The preceptor, the student, and the student's advisor will hold regularly scheduled meetings to review progress and discuss any questions or issues that have arisen; one meeting or conference call per month will be recommended, given the DrPH Practice Experience (3.0 credit hours) may take place over one or more semesters. The preceptor and student's advisor will meet at least twice to discuss the student's progress and consider solutions to issues that may have arisen; it is recommended for one meeting midway through the DrPH Practice Experience and one meeting before the final month of the Practice Experience.

Evaluating the DrPH Student (for proposed policy)

The DrPH Practice Experience will be graded as pass or fail, based on the student's successful completion of his/her DrPH Practice Experience proposal. The grade will be assigned by the faculty advisor after consultation with the preceptor.

Evaluating DrPH Practice Placement Sites (for proposed policy)

The DrPH Practice Experience, including the site selection, will be thoroughly evaluated at the School of Public Health. Similar to how Fieldwork for MPH students is evaluated, the DrPH Practice Experience will be evaluated through a DrPH Practice Experience Student Survey. Site preceptors will also be asked to assess DrPH students through the Evaluation for DrPH Practice Experience Site Preceptors survey.

Waiving the Experience

Previous to the new proposed policy, students pursuing the DrPH degree could waive the practice experience requirement if they had a prior MPH degree which required a practice experience, similar to the School's MPH Fieldwork. In addition, School faculty felt that some of the part-time doctoral students, who did not have a prior MPH degree but have full-time jobs working in their field of doctoral study, receive so much practical experience that a further practice experience requirement would make no pedagogical sense. Exceptions to the current DrPH Fieldwork requirement can be granted for students, who do not hold an MPH and meet the following criteria:

- The student must have the equivalent of at least six months of full-time work experience in an area relevant to their doctoral curriculum AFTER they have completed at least 24 credits of didactic coursework required for the doctoral degree. No more than 12 of these 24 credits may be transferred in. (Part-time experience may be counted on a pro rata basis, e.g. 12 months half-time.)
- The work must utilize competencies from the doctoral curriculum that are above the Masters level.
- The student must be supervised by or work closely with a doctorally trained individual in their workplace.
- The student must submit a written application for the waiver that describes how their experience meets the above criteria, preferably giving examples of work products that demonstrate the relevance of the experience to their discipline and their career goals.
- The application must be approved by their departmental doctoral coordinator and by the chair of the doctoral committee.

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

A variety of organizations and agencies serve as Fieldwork sites for Rutgers School of Public Health students. As long as a site can provide a valuable practice experience for students, and is somehow involved in public health services, the site may serve as a Fieldwork site. In the past two years, MPH students have conducted their Fieldwork in over 125 sites. Some examples of Fieldwork sites are:

- Federal agencies, such as the Environmental Protection Agency
- State, county and local health departments and social service agencies
- Non-profit and nongovernmental organizations
- Managed care organizations
- Educational settings
- Hospitals, neighborhood health centers and community clinics
- Environmental health consulting companies
- Commercial/for-profit settings, such as pharmaceutical companies

A list of MPH Fieldwork sites and preceptors for students, AY2013-AY2015 (Fall 2014) is available in the Resource File.

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

All MPH students are required to complete Fieldwork or its equivalent. No waivers have been granted at any time. Three DrPH students received a waiver since Fall 2011: one had already earned a MPH degree that required a fieldwork experience, and two received a waiver based on the criteria noted in 2.4.b: Policies and Procedures Regarding Practice Experience for DrPH Students.

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

Occupational and Environmental Medicine Residency Program at Rutgers Robert Wood Johnson Medical School (RWJMS)

Residents participating in the Occupational and Environmental Medicine Residency Program at Rutgers Robert Wood Johnson Medical School (RWJMS) also enroll in the School of Public Health. The residency program is designed to satisfy the didactic and practicum requirements for certification in Occupational Medicine by the American Board of Preventive Medicine, which requires applicants to have achieved the MPH degree or its equivalent. If the applicant already has an MPH degree or its equivalent, the resident must still enroll in the School of Public Health for any ACGME-required specialty coursework not previously undertaken.

The residency program provides experience in clinical and administrative aspects of Occupational Medicine and Environmental Medicine. The residents' clinical responsibilities include practical experience in an occupational medicine program, participation in the medical surveillance program for

persons exposed to toxic wastes, examination of persons referred to the Environmental and Occupational Health Sciences Institute's Clinical Center for evaluation of occupational or environmental exposures, participation in research activities, and experience in teaching medical students.

The practicum experience is a series of placements (one day a week), that affords continuity of experience during which the resident gains practical administrative, clinical, and research experience in occupational medicine under the supervision of occupational medicine physicians who have a history of effective participation in teaching programs. The practicum provides the resident with a variety of experiences using independent medical judgment on worker placement, medical surveillance, disability, disease prevention, and health promotion. Table 2.4.d-1 includes the number of residents and practicum rotations for the past three years.

TABLE 2.4.d-1: NUMBER AND TYPE OF PRACTICUM ROTATIONS, AY2012-AY2014		
Academic Year	Number of Residents	Practicum Rotation
2012	4	<ul style="list-style-type: none"> • EOHSI Clinic • Meridian Occupational Health • CRC Employee Health New Brunswick
2013	3	<ul style="list-style-type: none"> • EOHSI Clinic • Meridian Occupational Health • CRC Employee Health New Brunswick • RWJ Emergency Medicine
2014	3	<ul style="list-style-type: none"> • EOHSI Clinic • Meridian Occupational Health • CRC Employee Health New Brunswick

Preventive Medicine Residency Program at Rutgers New Jersey Medical School (NJMS)

Rutgers New Jersey Medical School's Department of Preventive Medicine and Community Health offers postgraduate residency training in Preventive Medicine and Public Health, which is another choice of the sub-specialty of under Preventive Medicine. The specialty requires two years of training after one or more years of clinical residency. The two years consist of academic coursework leading to an MPH degree at the Rutgers School of Public Health; and supervised practicum rotations offering experience in preventive medicine and public health. Successful completion of this training allows residents to apply for certification by the American Board of Preventive Medicine.

Each resident will have a variety of practicum and field assignments in order to attain the competencies required by the American College of Preventive Medicine that include participation in didactic sessions, resident seminars, MPH courses, and the practicum rotations. The practicum experience trains residents to develop, implement, and refine screening programs for groups to identify risks for disease or injury, and opportunities to promote wellness; to design and implement clinical preventive services for individuals, to implement community-based interventions to modify or eliminate identified risks for disease or injury and to promote wellness; and, to diagnose and manage diseases/injuries/conditions in which prevention plays a key role.

Physicians trained in preventive medicine pursue a variety of career opportunities such as work within federal, state or local public health agencies; work in the managed care or pharmaceutical industry; accountable care organizations, academic positions in schools of public health or medicine, or research careers in other settings and clinical practices where preventive medicine and public health research skills are valued.

Residents in preventive medicine, occupational medicine, aerospace medicine and public health or general preventive medicine programs completing their academic year in the School of Public Health may be awarded six Fieldwork credits for their Resident Practicum Experience. These students must still complete the Culminating Experience (final paper, oral presentation and self-assessment of competencies) as part of the MPH graduation requirement. Table 2.4.d-2 includes the number of residents and practicum rotations for the past three years.

TABLE 2.4.d-2: NUMBER AND TYPE OF PRACTICUM ROTATIONS, AY2011-AY2014 PREVENTIVE MEDICINE RESIDENCY PROGRAM		
Academic Year	Number of Residents	Practicum Rotation
2012	2	<ul style="list-style-type: none"> • OB/GYN/Women's Health/WIC (UMDNJ/Rutgers) • Internal Medicine (UMDNJ/Rutgers) • Pediatrics (UMDNJ/Rutgers) • Family Medicine (UMDNJ/Rutgers) • Tuberculosis – Global TB Institute (UMDNJ/Rutgers) • Newark Health Department • Veteran's Administration
2013	4	<ul style="list-style-type: none"> • OB/GYN/Women's Health/WIC (UMDNJ/Rutgers) • Pediatrics (UMDNJ/Rutgers) • Newark Health Department • NJ Department of Health • Veteran's Administration • Internal Medicine (Rutgers) • Occupational Medicine (Rutgers) • SHRP – School of Health Related Professions (Rutgers) • Quality Improvement (University Hospital) • Tuberculosis – Global TB Institute (Rutgers)
2014	3	<ul style="list-style-type: none"> • SHRP – School of Health Related Professions (Rutgers) • Quality Improvement (University Hospital) • Veteran's Administration • Pediatrics (Rutgers) • Tuberculosis – Global TB Institute (Rutgers) • NJPIES (Poison Center) • Newark Health Department • NJ Department of Health

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

This criterion is met with commentary.

Strengths

- The Fieldwork program is strong and rigorous as demonstrated by its policies and procedures as well as the feedback that is received from the participating students and preceptors.
- The network of ties that faculty members and the Fieldwork Coordinators have with national, state and local organizations, and the range of agencies and organizations employing School alumni/ae have created an impressive list of potential sites and projects for students. This list is updated each semester.

- The Fieldwork Coordinators conduct regular outreach to identify new opportunities for students.

Weaknesses/Challenges

- Finding additional Fieldwork sites and projects that align with students' interests as the number of students grows is always a challenge, but faculty and Fieldwork Coordinators continuously seek out new possibilities.
- For New Brunswick and Stratford Campuses, the IRB submission and approval processes for research and non-research projects has been challenging for students and faculty advisors; IRB training needs/resources, RBHS IRB policies, and enhanced faculty oversight are areas of focus.
- The DrPH Practice Experience has not yet been fully reviewed and approved by the School's Executive Council.

Plans

- Converting the standardized Student Fieldwork Survey to online will allow the School to more easily monitor survey compliance, completion and submission of the survey by students, as well as enable Fieldwork Coordinators and faculty quicker access to results.
- Implement and evaluate the DrPH Practice Experience requirement.
- Continue to monitor the response rates for the Evaluation for Fieldwork Site Preceptors survey now that the survey is online.
- Offer additional Fieldwork/informational seminars and resources online using Rutgers course management system.
- Review Public Health Practice Working Group recommendations to incorporate more public health practice opportunities into the curriculum and implement approved recommendations.
- Maintain at least two public health practice laboratories.

CRITERION 2.5 CULMINATING EXPERIENCE

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

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

The final report and oral presentation for Fieldwork comprises the culminating experience for the MPH degree program. As described in Criterion 2.4.a, students are required to submit a final report and give an oral presentation on that report (the culminating experience) to the School's faculty, fellow students and site preceptors. The culminating experience is completed at the conclusion of their Fieldwork. As the practice experience and culminating experience are integrated for the School, the faculty advisor closely monitors the student's progress in completing Fieldwork, and must approve the final report and oral presentation in advance. The faculty advisor ensures that the student applies skills from across the curriculum and demonstrates synthesis and integration of knowledge.

The final report must be of a quality suitable for publication or for presentation to a professional audience. A number of graduates have published their Fieldwork results, in addition to other work they were involved in as students. A list of articles co-authored by Fieldwork students and a list of presentations conducted by students at conference are available in the Resource File. Limited resources are available to help support a student's expenses for presentation at a professional meeting and some students or recent graduates present their work at the APHA annual meeting every year.

Copies of student Fieldwork project reports are maintained in the campus Fieldwork Coordinators' office and are available for students to review.

For the DrPH degree program, candidates are required to complete qualifying written and oral examinations in their major area. DrPH students also complete and defend original dissertation research on an applied topic. The qualifying written and oral examinations are completed at the conclusion of their DrPH coursework and the defense of their original dissertation is completed at the conclusion of their research. The qualifying examination is composed of a two day written exam followed by an oral exam seven to twenty days later.

As a student is nearing completion of their approved coursework, his/her faculty advisor in consultation with the Department Chair, is responsible for proposing a Qualifying Examination Committee and providing guidance for the student's preparation for that exam. Each student's committee comprises at least four (4) faculty members from the School of Public Health, one of whom will be responsible for questions on general public health. Written exams are given once each year. Students indicate their intention to sit for the exam at least four months in advance by informing the Doctoral Committee Chair and their faculty advisor in writing. If at any time prior to commencing the exam the student wishes to postpone it, they may do so. Students are encouraged to meet individually with each member of the examining committee three to six months prior to the exam to go over the faculty's expectations.

There are four possible outcomes from the qualifying exam: (1) the student may be given an unconditional pass and advanced to candidacy; (2) the student may be given a conditional pass; to advance to candidacy, the student must complete satisfactorily all additional work stipulated by the examining committee; (3) the student may be failed and asked to retake all or part of the qualifying exam within one year; (only one reexamination is allowed); and (4) the student may be failed and separated from the Program.

Within one year of advancing to candidacy, the student is expected to work with the adviser to establish a dissertation committee and present a dissertation proposal. The proposal includes clearly stated hypotheses or research questions, a literature review of the topic under study, a discussion of methods, and as applicable, expected results. Following the acceptance of the proposal students complete the work on their dissertation with guidance from the committee, and they defend it in an oral presentation to the committee and interested members of the public.

Copies of dissertations are available in the Resource File. Additional information regarding the DrPH degree program is available in Criterion 2.12

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

This criterion is met.

Strengths

- The School requires a rigorous written and oral report on a public-health topic with which the student has first-hand experience from their Fieldwork.
- The Fieldwork final report, and its oral presentation to faculty, students and site preceptors, are rigorously reviewed and must be of a quality suitable for publication or presentation at professional meetings.
- DrPH students complete a full thesis on an applied research topic.
- A number of students have had their work published in peer-reviewed journals.

Weaknesses/Challenges

- Funds to support student attendance at professional meetings are quite limited.
- In order to support themselves, students often get jobs before their thesis is completed and too frequently do not have the time to see their work through to publication.

Plans

- Additional assistance to support student travel to present their work at professional meetings will be sought, including a fund created with the Rutgers Foundation with alumni donations directed towards student support.
- A process to ensure that students, graduates, and faculty inform the School about student publications on a consistent basis will be put in place.

CRITERION 2.6 REQUIRED COMPETENCIES

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

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

Competencies for the five core courses and for each School's department degree program are reviewed periodically by each department's faculty. MPH department competencies and curricula were also recently reviewed by the School-Wide Curriculum Committee. All MPH and DrPH curricula require a common public health core of five courses (15 credits). Core public health courses are offered on the School's three campuses with identical competencies for each course, although the teaching faculty for each core course may be different (see Table 2.3.a-1 for a list of the core courses.)

A description of each of the five common public health core courses (15 credits) for MPH and DrPH students and the course-specific competencies are provided below.

PHCO 0501: Health Systems and Policy

Against the background of changes in population health, this course introduces the history, organization, financing and regulation of medical and public health services in the United States. Special emphasis is placed on the social and behavioral factors that shape health, inequalities in health and health services. A central theme in this course is the tension between the need for health care organizations to position themselves for success in the changing economic environment and the basic public health principles of access, equity, quality care, health promotion and prevention. Upon completion of the course, the student shall be able to:

Upon completion of the course, the student will be able to:

- Recognize social, economic and cultural factors that impact health care access and utilization;
- Identify research skills useful in assessing the pros and cons of current health policy issues;
- Understand health service options for vulnerable population groups;
- Identify the historical and current political factors that influence health care access and population health in the US and developing countries;
- Understand systems thinking to analyze health system and related policy issues; and,
- Identify public health methods of ensuring community health safety and preparedness.

PHCO 0502: Principles and Methods of Epidemiology

This course introduces students to the study of disease and ill health through their patterns of occurrence in human populations. The approaches of epidemiology in estimating the burden of disease, in making inferences about cause of disease, and in evaluating primary, secondary and tertiary prevention strategies are presented. Upon completion of the course, the student will be able to:

- Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.
- Describe a public health problem in terms of magnitude, person, time and place.

- Apply the basic terminology and definitions of epidemiology.
- Identify key sources of data for epidemiologic purposes, such as vital statistics and disease registries.
- Recognize specific features of different study designs and identify their respective strengths and weaknesses.
- Calculate basic epidemiologic measures.
- Recognize the variable quality of epidemiologic reports and understand that not all associations are causal.
- Draw appropriate conclusions from straightforward epidemiologic reports.
- Communicate epidemiologic information to lay audiences.
- Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.
- Identify the principles and limitations of public health screening programs.
- Describe the propagation of infectious epidemics and approaches to their control.

PHCO 0503: Introduction to Environmental Health

This course explores the way in which particular characteristics of our environment potentially affect health. The course will examine health problems associated with biological, chemical, physical, and radiological agents, how they impact food safety, infectious disease, air quality (indoors/outdoors), water quality, and land resources in community and occupational settings. Also, policies intended to improve public health through mitigation of environmental impacts will be reviewed. Upon completion of the course, the student will be able to:

- Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety.
- Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.
- Specify current environmental risk assessment methods.
- Describe generic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.
- Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.
- Explain the general mechanisms of toxicity in associated with various environmental exposures.
- Develop a testable model of environmental insult.
- Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues.

PHCO 0504: Introduction to Biostatistics

This course provides an introduction to biostatistical concepts and methods commonly encountered by public health professionals. Students are also expected to complete several computer-based exercises for this course. Upon completion of the course, the student will be able to:

- Describe the roles biostatistics serves in the discipline of public health.
- Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.
- Apply descriptive techniques commonly used to summarize public health data
- Describe basic concepts of probability, random variation and commonly used statistical probability distributions.
- Apply common statistical methods for inference.
- Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.
- Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.

- Interpret results of statistical analyses found in public health studies.
- Develop written presentations based on statistical analyses for both public health professionals and educated lay audiences.
- Use statistical software to manage data and perform analyses.
- Understand the appropriate study designs for answering particular research questions, taking into account population characteristics.

PHCO 0505: Health Education and Behavioral Science in Public Health

The overall goal of this course is to introduce the student to learning and behavioral science principles, theories and practices that provide the framework for the practice of health education. Students will be introduced to health education in a public health context, will be required to perform tasks frequently requested of health educators and will be introduced to nationally endorsed competencies of certified health education specialists. Upon completion of the course, the student will be able to:

- Provide examples of the role of social and community factors in both the onset and solution of public health problems.
- Identify the causes of social and behavioral factors that affect health of individuals and populations.
- Identify and apply basic theories concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
- Integrate ethical principles in public health education program planning, implementation and evaluation.
- Specify multiple targets and levels of intervention for social and behavioral science programs.
- Describe a process to identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.
- Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.
- Describe the merits of social and behavioral science interventions.
- Describe the steps and procedures for the planning, implementation, and evaluation of public health education program and interventions.
- Identify critical stakeholders for the planning, implementation and evaluation of public health education programs and interventions.
- Describe the role of a health educator and behavioral scientist in addressing public health problems.
- Critique health education materials for appropriateness to target audience needs.

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

Competencies for each of the degrees offered by the Rutgers School of Public Health listed in the Instructional Matrix (Table 2.1.a-1) have been developed for each department. These competencies reflect the full range of knowledge, skills, and abilities that a student is expected to acquire as a result of completing the requirements for a particular degree.

DEPARTMENT OF BIOSTATISTICS

The Department of Biostatistics offers the MS, MPH, PhD, and DrPH degrees. These degrees are offered on the New Brunswick Campus. The dual degrees of MD/MPH, DO/MPH, PharmD/MPH, PsyD/MPH, MPH/MSPA, and the articulated degree programs of BA/MPH and BS/MPH offered in partnership with Rutgers–New Brunswick, are also offered through the department.

Upon graduation, a student completing the MPH curriculum in Biostatistics will be able to:

- Apply basic probability theory and standard statistical methods to problems relevant to biomedical, clinical and public health research;
- Use statistical computer packages to organize, analyze, and report collected data;
- Review and critique statistical methods and interpretations presented in published research studies, presentations, or reports;
- Integrate relevant scientific background to design experimental and observational studies in biomedical, clinical, and public health research; and
- Communicate the results of statistical analyses both in writing and orally to investigators and lay community members.

Upon graduation, a student completing the MS curriculum in Biostatistics will be able to:

- Apply probability and statistical methods to design experimental and observational studies in biomedical, clinical, and public health research;
- Use probability and statistical theory to evaluate and identify appropriate methods of analysis;
- Conduct appropriate statistical analysis of data to solve medical and public health problems;
- Use a variety of statistical computer packages; and
- Communicate the results of statistical studies both in writing and orally to investigators and lay community members.

Upon graduation, a student completing the PhD curriculum in Biostatistics will be able to:

- Develop new statistical methodologies to solve new biomedical, clinical and public health research problems;
- Apply new and existing probability and statistical models to address public health or medical problems;
- Review and critique statistical methods and interpretations presented in published research studies, presentations or reports;
- Integrate relevant scientific background to design experimental and observational studies in biomedical, clinical and public health research;
- Conduct complex statistical analyses for a broad range of applications;
- Use statistical computer packages to organize, analyze and report collected data;
- Communicate the results of statistical studies both orally and in writing to senior statisticians and other investigators; and
- Provide leadership for a team working on statistical analysis.

Upon graduation, a student completing the DrPH curriculum in Biostatistics will be able to:

- Apply basic probability theory and standard statistical methods to problems relevant to biomedical, clinical and public health research;
- Conduct complex statistical analyses for a broad range of applications;
- Use statistical computer packages to organize, analyze and report collected data;
- Communicate the results of statistical studies both orally and in writing to senior statisticians and other investigators, and lay audiences;
- Design experimental and observational studies in biomedical, clinical and public health research;
- Critically analyze statistical methodology in scientific literature; and

- Provide leadership for a cross-disciplinary team working on the design and/or analysis of a research study.

DEPARTMENT OF DENTAL PUBLIC HEALTH

The Department of Dental Public Health offers the MPH degree on the Newark Campus. The dual degrees of MD/MPH, DMD/MPH, MPH/MS, and MPH/MBS are also offered through the department.

Upon graduation, a student completing the MPH curriculum in Dental Public Health will be able to:

- Describe the epidemiology of oral disease, syndromes, and target disorders;
- Conduct critical analyses of the scientific literature in dental public health;
- Design and utilize a surveillance system to monitor oral health;
- Apply clinical decision analyses for the diagnosis, treatment, prevention and prognosis of oral diseases;
- Apply the systems model approach to health care delivery systems; and
- Perform program planning and resource allocations in dental public health programs.

DEPARTMENT OF ENVIRONMENTAL and OCCUPATIONAL HEALTH

The Department of Environmental and Occupation Health offers the MPH, PhD, and DrPH degrees on the New Brunswick Campus. The dual degrees of MD/MPH, DO/MPH, PharmD/MPH, PsyD/MPH, MPH/MSPA, and the articulated degree programs of BA/MPH and BS/MPH offered in partnership with Rutgers–New Brunswick, are also offered through the department.

Upon graduation, a student completing the MPH curriculum in Environmental and Occupational Health will be able to:

- Describe the major environmental/occupational health problems to the general public as well as specific communities within that population;
- Explain the basic mechanism of toxicology and dose-response regarding environmental/occupational toxicants;
- Describe the federal and state regulatory programs that relate to environmental (community) and worker (occupational) protection;
- Develop a testable model of environmental/occupational exposures (one or more agents) and adverse health outcomes (causing injury, disability, other measure of morbidity or mortality); and
- Specify current quantitative risk assessment approaches and methods for a particular hazard or risk in a community.

Upon graduation, a student completing the PhD curriculum in Environmental and Occupational Health will be able to:

- Design a testable hypothesis and execute research activity to investigate the effects of a toxicant, or toxin, or hazard event in a community;
- Explain the importance of differences of susceptibility and vulnerability to environmental toxicant/toxins based upon age, gender, race, ethnicity, genetics and socioeconomic status in different populations;
- Provide an informed expert opinion to government and/or community leaders regarding the extent or level of risk associated with a particular environmental or occupational hazard or condition;
- Be able to teach a course in Environmental and Occupational Health;
- Obtain grant funding from private and/or governmental agencies to initiate an ENOH research program
- Explain basic principles in environmental and occupational health sciences including toxicology, quantitative risk assessment, epidemiology, and exposure science; and
- Develop and/or apply novel and cutting-edge research methods in the laboratory and/or in the field.

Upon graduation, a student completing the DrPH curriculum in Environmental and Occupational Health will be able to:

- Describe the direct and indirect human and ecological health and safety effects of various environmental and occupational exposure agents;
- Determine what risks are present in a particular community and develop a basic risk assessment plan for the identification, characterization, management, and remediation of that risk;
- Diagnose and apply appropriate approaches for assessing, preventing, and controlling environmental hazards that pose risks to health and safety;
- Develop an intervention/prevention plan to ameliorate a particular environmental or occupational risk in a community workplace, respectively;
- Obtain grant funding from private and/or governmental agencies to initiate an ENOH research program;
- Provide an informed expert opinion to government and/or community leaders regarding the extent or level of risk associated with a particular environmental or occupational hazard or condition;
- Be able to teach a course in environmental and occupational Health; and
- Understand environmental and occupational policies and regulations at both the federal and state levels.

DEPARTMENT OF EPIDEMIOLOGY

The Department of Epidemiology offers the MPH, PhD, and DrPH degrees, as well as the MS in Health Outcomes, Policy, and Economics (joint degree with Rutgers Ernest Mario School of Pharmacy). These degrees are offered on the New Brunswick Campus and the PhD degree is also available on the Newark Campus. The dual degrees of MD/MPH, DO/MPH, PharmD/MPH, PsyD/MPH, MPH/MSPA, and the articulated degree programs of BA/MPH and BS/MPH offered in partnership with Rutgers–New Brunswick are also offered through the department.

Upon graduation, a student completing the MPH curriculum in Epidemiology will be able to:

- Critique epidemiologic literature, assess its strengths and weaknesses and determine if conclusion(s) are supported;
- Use epidemiologic techniques to quantitatively assess patterns and changes in disease occurrence;
- Formulate a specific hypothesis and determine an appropriate study design and analysis plan;
- Design, implement and assess ordinary data collection systems for public health research;
- Design and implement basic quality control methods during data entry and analysis;
- Appropriately analyze and interpret epidemiologic data, including large national and state level datasets; and
- Communicate and present study findings to professional audiences.

Upon graduation, a student completing the MPH curriculum in Quantitative Health Care Assessment in Epidemiology will be able to:

- Critique and perform a qualitative and quantitative (through meta-analysis) appraisal of the health services, health economics and policy literature;
- Formulate a specific hypothesis in health services, economics and policy and determine the appropriate observational or experimental study design and analysis plan;
- Perform health economic evaluations of alternative strategies utilizing a variety of techniques including decision analysis and Markov models;
- Apply economic concepts on analyses of the US health care sector for efficiency of utilizing health care resources and equity with which health care is distributed;
- Apply quantitative and qualitative research methods in the analysis of publicly available household surveys as well as administrative datasets;

- Assess community health needs, disparities and the health care delivery system within the context of social, cultural, political, legal and economic forces;
- Evaluate the performance of health care systems for its organizational design, team effectiveness, communication, power, and complexity; and
- Communicate and present study findings to professional audiences.

Upon graduation, a student completing the PhD curriculum in Epidemiology will be able to:

- Critique epidemiologic literature, assess its strengths and weaknesses and determine if conclusions(s) are supported;
- Conduct independent epidemiologic literature reviews and summarize studies using qualitative and quantitative techniques;
- Quantitatively assess patterns and changes in disease occurrence using epidemiologic techniques;
- Formulate specific hypotheses and determine an appropriate study design and analysis plan using quantitative data analysis techniques;
- Analyze and interpret epidemiologic data appropriately, including data from large national and state level datasets;
- Design and implement studies to investigate causes of disease;
- Design and implement clinical trials as applied to public health research and interventions;
- Design reliable and valid measurement instruments;
- Design, implement and assess ordinary data collection systems for public health research, including quality control for data entry;
- Apply principles of intervention and prevention in public health settings;
- Develop skills to effectively work on multidisciplinary teams, including scientists and non-scientists;
- Communicate and present study findings to professional audiences;
- Originate, design and implement new studies in the field that are worthy of publication and grant support;
- Demonstrate competency in teaching epidemiologic research methods at the graduate level; and
- Maintain high public health ethical standards; anticipate and follow Institutional Review Board expectations and requirements.

Upon graduation, a student completing the DrPH curriculum in Epidemiology will be able to:

- Conduct independent epidemiologic literature reviews and summarize studies using qualitative and quantitative techniques;
- Utilize epidemiologic skills for the design, development and implementation of research studies or programs with direct public health application;
- Formulate specific hypotheses and determine an appropriate study design and analysis plan using quantitative data analysis techniques;
- Design and implement studies to conduct outbreak investigations;
- Develop expertise in evaluation of public health programs and conduct of public health surveillance;
- Design reliable and valid measurement instruments;
- Design, implement and assess ordinary data collection systems for public health research, including quality control for data entry;
- Apply principles of intervention and prevention in public health settings;
- Demonstrate sufficient skills in cultural competence;
- Develop skills to effectively work on multidisciplinary teams, including scientists and community and other stakeholders;
- Integrate principles of community-based participatory research in the design of public health programs;
- Develop skills in translating epidemiologic research findings for public policy;

- Demonstrate knowledge of public health law, jurisdiction and public health ethics, including anticipating and following Institutional Review Board expectations and requirements;
- Develop proficiency in communicating with public media and policy makers, especially in regards to risk assessment;
- Demonstrate skills in budgeting a major public health program; and
- Demonstrate competency in teaching epidemiologic research methods at the graduate level.

DEPARTMENT OF HEALTH EDUCATION and BEHAVIORAL SCIENCE

The Department of Health Education and Behavioral Science offers the MPH, PhD, and DrPH degrees on the New Brunswick Campus. The dual degrees of MD/MPH, DO/MPH, PharmD/MPH, PsyD/MPH, MPH/MSPA, and the articulated degree programs of BA/MPH and BS/MPH in partnership with Rutgers–New Brunswick and BS/MPH in partnership with William Patterson University, are also offered through the department.

Upon graduation, a student completing the MPH curriculum in Health Education and Behavioral Science will be able to:

- Understand the importance and use of public health policy in health behavior change and health promotion;
- Use various techniques to conduct needs assessments of diverse populations;
- Utilize health behavior theories and models for understanding health behaviors;
- Design, implement, conduct and evaluate health education/promotion programs in diverse settings
- Develop and critique health education materials, methods and program;
- Apply management techniques in health education and health promotion settings; and
- Understand public health research as it pertains to the principles of behavioral science research.

Upon graduation, a student completing the PhD curriculum in Health Education and Behavioral Science will be able to:

- Design and conduct research investigations related to health behavior;
- Demonstrate proficiency in the application of univariate and multi-variate analytic techniques;
- Demonstrate ability to critically analyze and interpret the scientific literature;
- Establish a program of focused research; and
- Demonstrate proficiency in behavioral/environmental models of behavior change.

Upon graduation, a student completing the DrPH curriculum in Health Education and Behavioral Science will be able to:

- Critically analyze scientific literature;
- Develop, implement and be able to supervise health-based program;
- Design and conduct research or evaluation investigations related to health behavior;
- Demonstrate proficiency in program evaluation and related data analysis strategies; and
- Demonstrate proficiency in behavioral/environmental models of behavior change.

DEPARTMENT OF HEALTH SYSTEMS and POLICY

The Department of Health Systems and Policy offers the MPH, PhD, and DrPH degrees on the New Brunswick and Stratford Campuses. The dual degrees of MD/MPH, DO/MPH, JD/MPH, PharmD/MPH, PsyD/MPH, MBA/MPH, MBS/MPH, MPP/MPH, MS/MPH, MSN/MPH, MPH/MSPA, and the articulated degree programs of BA/MPH and BS/MPH offered in partnership with Rutgers–New Brunswick, and BS/MPH in partnership with The Richard Stockton College of New Jersey, are also offered through the department.

Upon graduation, a student completing the MPH curriculum in Health Systems and Policy will be able to:

- Use economic theories, concepts and methodologies in the analysis and evaluation of current health care issues and problems;
- Assess community health needs, disparities and the health care delivery system within the context of social, cultural, political, legal and economic forces;
- Apply quantitative and qualitative research methods in the analysis of health service and policy issues;
- Assess and delineate public health policies and practices recognizing legal and ethical implications for individuals and populations; and
- Describe principles of management theories in the delivery of health services and evaluation of health system performance.

Upon graduation, a student completing the Master of Science in Health Outcomes, Policy and Economics will be able to:

- Design, evaluate, interpret and communicate the results of non-randomized, observational research for applications in health outcomes, health economics and health policy research;
- Evaluate the reliability, validity and generalizability of individual biomedical research studies and evidence syntheses for translational applications in health care policy decision-making;
- Use statistical and business software to analyze health outcomes, health care costs, health policy and health economics; and
- Work independently and as part of a team to conduct health outcome and economic research projects.

Upon graduation, a student completing the PhD curriculum in Health Systems and Policy will be able to:

- Apply economic theories and demographic methods to the analyses of basic issues and trends in the population's health; health care use, spending, and delivery; health insurance status; and with regard to specific health policy interventions;
- Construct conceptual and empirical models describing the behavior of individuals and households regarding their health status and their access to and use of health care services and private and public health insurance;
- Apply relevant statistical techniques and software to the analyses of large data sets; and
- Critically evaluate both proposed and implemented health policy interventions and the empirical research seeking to assess the impact of policy interventions in the health care sector.

DEPARTMENT OF QUANTITATIVE METHODS: EPIDEMIOLOGY AND BIOSTATISTICS

The Department of Quantitative Methods on the Newark Campus offers the MPH degree in two specialty areas: Epidemiology and Biostatistics, and the MS in Biostatistics (Pharmaceutical Biostatistics track). The dual degrees of MD/MPH, DMD/MPH, and MS/MPH are also offered through the department.

Upon graduation, a student completing the MPH curriculum in Quantitative Methods will be able to:

- Use epidemiologic concepts to identify and evaluate public health and clinical problems;
- Develop research protocols to assess public health problems, clinical questions and evaluate public health programs;
- Critically evaluate epidemiological data and findings;
- Communicate results from epidemiologic studies;
- Demonstrate proficiency in the use of a variety of software packages used in epidemiology (e.g., JMP, SAS and Epi-Info);
- Utilize behavioral and social sciences concepts to determine the relationships between health, culture, and community;

- Describe important epidemiologic challenges on the local, national, and international level;
- Conceptualize public health or clinical research questions using quantitative methods;
- Identify the principles and limitations of public health screening programs;
- Understand basics of infectious disease pathology, diagnosis, treatment and identification of risk factors (For Epidemiology majors only); and
- Conceptualize public health or clinical research questions using advanced quantitative methods techniques (For Biostatistics majors only).

Upon graduation, a student completing the Master of Science in Biostatistics (Pharmaceutical Biostatistics track) will be able to:

- Develop research protocols to assess public health problems, clinical questions and evaluate public health programs;
- Critically evaluate epidemiological data and findings;
- Communicate results from epidemiologic studies;
- Demonstrate proficiency in the use of a variety of software packages used in epidemiology (e.g. JMP, SAS and Epi-Info);
- Conceptualize public health or clinical research questions using quantitative methods;
- Identify the principles and limitations of public health screening programs;
- Conceptualize public health or clinical research questions using advanced quantitative methods techniques;
- Demonstrate an understanding of the mathematical underpinnings of biostatistical methods, sufficient to defend the selection of statistical methods, to modify them to meet varying circumstances, and to understand and apply new methods derived in the future;
- Compare the advantages and disadvantages, including the risks and benefits, of using various computerized systems for clinical research data bases;
- Be well-prepared to conform to regulatory and ethical requirements in clinical investigations; and
- Demonstrate an understanding of the role of the statistical consultant.

DEPARTMENT OF URBAN HEALTH ADMINISTRATION

The Department of Urban Health Administration offers the MPH degree on the Newark Campus. The dual degrees of MD/MPH, DMD/MPH, and MS/MPH are also offered through the department.

Upon graduation, a student completing the MPH curriculum in Urban Health Administration will be able to:

- Identify the health status of U.S. urban populations and their related determinants;
- Identify the structure and function of health-related systems in U.S. cities;
- Demonstrate skills in policy and program planning, development, and evaluation;
- Apply leadership skills to create health partnerships and build coalitions to improve public health;
- Apply leadership and management principles to administer health-related organizations;
- Utilize budgeting, human resource management, and financial management in health-related organizations; and
- Apply quality improvement principles and methods to enhance health outcomes and the performance and productivity of health organizations.

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

Each competency is achieved through specific learning experiences, such as class activities, that support the development of appropriate skills, knowledge and attitudes. Table 2.6.b-1 illustrates the various ways that competencies are addressed through students' participation in program requirements.

Competency matrices that identify the required coursework and experiences (eg, Fieldwork, culminating experience or other degree requirement) for each of the degree concentrations may be found in the Resource File.

TABLE 2.6.b-1: LEARNING EXPERIENCES THAT DEMONSTRATE COMPETENCY ACHIEVEMENT				
Learning Experiences	MPH	MS	DrPH	PhD
Course Activities	X	X	X	X
Course Exams	X	X	X	X
Fieldwork/Practice Experience	X		X	
Thesis/Capstone		X		
Seminar/Journal Club			X	X
Qualifying Written Exam		X	X	X
Qualifying Oral Exam			X	X
Dissertation			X	X

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

During 2013-2014, each department presented their MPH competency matrix to the School-Wide Curriculum Committee for review of the competencies, required courses, and how the competencies are addressed by the required courses. Based on this committee's review, several departments made changes (or is making changes) to their competencies, their curriculum, or both. For example, the Department of Urban Health Administration noted which of their department courses are collaborative courses taught by the Rutgers School of Public Affairs and Administration. The Department of Health Education and Behavioral Sciences revised their MPH competencies to better reflect current workplace standards and the intent of the department's required curriculum.

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

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 their MPH competency matrix to the School-Wide Curriculum Committee in 2013-2014, each department reviewed their department 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 to what extent did a course or the overall program, respectively, prepare them

in their department's competencies and students rated their perceived level of expertise on their department's competencies on an online self-assessment. External assessment of student proficiency in the competencies is conducted through the Fieldwork Evaluation for Site Preceptors Survey.

The competencies for each degree are available on the School's website and are provided in the School Catalog. See below for direct links to the webpages on which the competencies are published.

- [MPH curriculum in Biostatistics](#)
- [MPH curriculum in Dental Public Health](#)
- [MPH curriculum in Environmental and Occupational Health](#)
- [MPH curriculum in Epidemiology](#)
- [MPH curriculum in Quantitative Health Care Assessment in Epidemiology](#)
- [MPH curriculum in Health Education and Behavioral Science](#)
- [MPH curriculum in Health Systems and Policy](#)
- [MPH curriculum in Quantitative Methods](#)
- [MPH curriculum in Urban Health Administration](#)
- [MS curriculum in Biostatistics](#)
- [MS curriculum in Biostatistics \(Pharmaceutical Biostatistics track\)](#)
- [MS curriculum in Health Outcomes, Policy and Economics](#)
- [DrPH curriculum in Biostatistics](#)
- [DrPH curriculum in Environmental and Occupational Health](#)
- [DrPH curriculum in Epidemiology](#)
- [DrPH curriculum in Health Education and Behavioral Science](#)
- [PhD curriculum in Biostatistics](#)
- [PhD curriculum in Environmental and Occupational Health](#)
- [PhD curriculum in Epidemiology](#)
- [PhD curriculum in Health Education and Behavioral](#)
- [PhD curriculum in Health Systems and Policy](#)

Beginning in Fall 2013, course instructors identified which MPH competences for their department are addressed in the course by listing them on the course syllabus.

2.6.f A description of the manner in which the school periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

Each department is responsible for assuring that its own core courses and department courses are consistent with the School's mission, goals, and objectives, as well as meets the needs of public health practice in their core area. During the 2013-2014 Academic Year, each department reviewed their competencies and curricula to ensure it meets the needs of public health practice and then presented their MPH competencies and curriculum to the School-Wide 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 our 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.

The School of Public Health Bylaws notes that there shall be a periodic review of the School and the stewardship of the Dean, as well as a review and evaluation of each Department and of the Chair's performance, at least once every five (5) years. The findings of each review shall be reported to the Chancellor and the Board of Governors.

HEBS-National Commission on Health Education Credentialing, Inc.

The Department of Health Education and Behavioral Science (HEBS) also uses the Areas of Responsibility and the competencies identified by the National Commission on Health Education Credentialing, Inc. (NCHEC). The HEBS 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.

Recommendations from the Public Health Community

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. Current core course content reflect competencies identified through the ASPPH MPH Core Competency Project, a recent process described in Criterion 2.3.a.

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

This criterion is met.

Strengths

- A review of the core courses to establish core competencies through a faculty retreat resulted in a consistent set of core competencies for all students.
- The School provides students with a clear understanding of specific competencies required for each degree program and concentration.
- As of Fall 2013, course syllabi are structured to identify how courses meet department MPH competencies.
- Feedback from Fieldwork site preceptors has been reassuring that graduating students are competent in a relevant set of skills.
- Periodic review of competencies with outside experts on the school's External Advisory Committee helps to keep the curriculum current.

Weaknesses/Challenges

- Specific course learning activities are not consistently linked to competencies.

Plans

- Training opportunities in competency development and how to link learning objectives to overall competencies will be provided for faculty.
- Future faculty retreats will assist core course instructors on linking competencies to student assessment.
- More regular review of core courses and departmental competencies will be instituted and will continue to include reviews by outside experts as well as School faculty.

CRITERION 2.7 ASSESSMENT PROCEDURES

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

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

The School of Public Health uses multiple methods of assessing student performance, including faculty advisement, evaluation of student fulfillment of course requirements and participation in Fieldwork.

Faculty Advisement

Students meet with their advisors either in person, by telephone, or through electronic mail prior to the beginning of each semester to determine progress toward completion of the degree and selection of the coming semester's courses. Periodic meetings with advisors occur throughout the semester and students are notified of academic requirements and other academic information.

Fulfillment of Course Requirements

Instructors are required to identify and describe course objectives and grading criteria as a part of the course syllabus. Evaluation of student achievement of course content varies by type of course. In quantitative/analytical courses, student performance is usually evaluated by written examinations. In qualitative courses, term papers and presentations by individual students or by groups of students are also widely used to measure student performance. Course syllabi are available in the Resource File.

Fieldwork

Fieldwork provides students with an opportunity to apply the knowledge and skills they have learned in didactic courses in a practice setting. Students are required to submit a final report that is written in a form suitable for publication. They also make a 10-15 minute oral presentation based on their Fieldwork experience that is formatted similar to an oral presentation at an APHA annual meeting. Students identify which of their department's competencies will be addressed through their Fieldwork on the Fieldwork contract and then include a section in their final report describing how these department competencies were addressed and met during Fieldwork. Fieldwork is closely supervised by a campus Fieldwork Coordinator in collaboration with a faculty advisor and site preceptor. To register for Fieldwork II, a campus Fieldwork Coordinator's signature is required on a student's registration card. (See Criterion 2.4 for more information on student Fieldwork, including other Fieldwork evaluation criteria.)

Evaluation Surveys Related to Competencies

In addition to course requirements and Fieldwork, the School uses several procedures for monitoring and evaluating student progress in achieving the expected competencies. These procedures entail inclusion of competencies on course evaluations, the Fieldwork Evaluation for Site Preceptors Survey and the Graduate Exit Survey; they also include an online self-assessment of competencies, and a section in the Fieldwork paper explaining how Fieldwork contributed to the proficiency of the identified competencies. Samples of all evaluation instruments and summary results are in the Resource File.

Table 2.7.a-1 shows how well the average course (Course Evaluation) and the overall departmental curriculum (Graduate Exit Survey) address the competencies as judged by the students. Course evaluations include a list of the competencies associated with the Department within which the course falls. Students are asked to rate on a 1-4 scale (1=not at all; 4=a lot), the extent to which the course increased their ability in the identified department competencies. (Core course evaluations include the core course competencies.) The Graduate Exit Survey asks students to use the same 4-item scale to rate the extent to which the department's curriculum increased their ability in their department's competencies. Table 2.7.a-1 highlights the mean score rating for all 4-point competency items from these two surveys for each department, as well as for the core courses.

TABLE 2.7.a-1: ACHIEVEMENT OF DEPARTMENT COMPETENCIES AS NOTED BY STUDENTS ON COURSE EVALUATIONS AND GRADUATE EXIT SURVEY, AY2012-AY2014 (On a scale of 1 to 4; with 4 being the highest)		
Department	Course Evaluations (N=2439)	Graduate Exit Survey (N=156)
Core Courses	3.63	
Biostatistics	3.43	4.00
Dental Public Health	3.15	3.75
Environmental & Occupational Health	3.49	3.38
Epidemiology	3.44	3.33
Health Education & Behavioral Science	3.54	3.51
Health Systems & Policy	3.35	3.46
Quantitative Methods	3.46	3.33
Urban Health Administration	3.59	3.47

The School also assesses students' proficiency in their department competencies. Students complete an online self-assessment to rate their perceived level of expertise on their department's competencies using a 1-5 scale (1=None; 5=Highly Proficient). External assessment of student proficiency in the competencies is through the Fieldwork Evaluation for Site Preceptors Survey. Table 2.7.a-2 highlights the mean score rating for all 5-point competency items from these two surveys for each department. It is of interest that the average assessment by the site preceptor is higher than the students' self-assessment, suggesting that the students do not greatly exaggerate their acquired skills relative to outside professional opinion.

TABLE 2.7.a-2: COMPETENCY ACHIEVEMENT AS NOTED BY STUDENTS AND SITE PRECEPTORS ON SELF-ASSESSMENT AND FIELDWORK EVALUATION, AY2012-AY2014 (On a scale of 1 to 5; with 5 being the highest)		
Department	Self-Assessment By Students (N=296)	Fieldwork Evaluation By Site Preceptors (N=79)
Biostatistics	3.60	4.67
Dental Public Health	4.30	---
Environmental & Occupational Health	4.10	4.13
Epidemiology	4.01	4.19
Health Education & Behavioral Science	4.13	3.94
Health Systems & Policy	4.11	3.66
Quantitative Methods	4.05	4.85
Urban Health Administration	3.97	4.33
Overall Average	4.03	4.25

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

Superior academic performance is required to complete the School's academic programs. To graduate from the School, students must pass all required courses and achieve a grade point average (GPA) of 3.0 (certificate and masters students) or 3.2 (doctoral students). Moreover, students must satisfactorily complete Fieldwork or its equivalent (MPH); a written examination and research paper, or capstone experience (MS); or dissertation (DrPH and PhD). Completion of these standard requirements for the School's certificates and degrees are, in themselves, evidence of considerable student achievement. Additional improvement outcomes reflecting student achievement include graduate rates and employment of graduates. Data on these are shown in Table 2.7.b-1 which provides aggregated evidence of student achievement at the Rutgers School of Public Health.

TABLE 2.7.b-1: OUTCOMES BY WHICH STUDENT ACHIEVEMENT IS MEASURED, AY2012-AY2014				
Outcome Measures	Target	AY2012	AY2013	AY2014
Duration of Study				
Proportion of MS Graduates Who Completed the Degree in Six Years	70%	100%	100%	0% ¹
Proportion of MPH Graduates Who Completed the Degree in Six Years	70%	90%	81%	78%
Proportion of DrPH Graduates Who Completed the Degree in Nine Years	60%	100%	100%	----
Proportion of PhD Graduates Who Completed the Degree in Nine Years	60%	78%	88%	60%
Employment/Job Placement				
Proportion of MS Graduates Employed or Pursuing Further Education	80%	100%	100%	---
Proportion of MPH Graduates Employed or Pursuing Further Education	80%	84%	82%	90%
Proportion of DrPH Graduates Employed or Pursuing Further Education	80%	100%	100%	100%
Proportion of PhD Graduates Employed or Pursuing Further Education	80%	100%	91%	100%

¹There was only one MS in Biostatistics student in this cohort and this student unfortunately did not complete the program.

Data on graduation rates for each degree conferred based on the maximum allowable time to graduate is presented in Table 2.7.b-2 through Table 2.7.b-7. Data on employment/job placement for each degree conferred is presented in Table 2.7.b-8 through Table 2.7.b-11.

TABLE 2.7.b-2: STUDENTS IN MPH DEGREE¹, BY COHORTS ENTERING BETWEEN 2008-09 AND 2014-2015							
	Cohort of Students	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
2009-2010	# Students entered	90					
	# Students withdrew, dropped, etc.	3					
	# Students graduated	0					
	Cumulative graduation rate	0%					
2010-2011	# Students continuing at beginning of this school year	87	85				
	# Students withdrew, dropped, etc.	5	0				
	# Students graduated	30	0				
	Cumulative graduation rate ²	33%	0%				
2011-2012	# Students continuing at beginning of this school year	52	85	96			
	# Students withdrew, dropped, etc.	1	0	5			
	# Students graduated	28	20	0			
	Cumulative graduation rate	64%	24%	0%			
2012-2013	# Students continuing at beginning of this school year	23	65	91	109		
	# Students withdrew, dropped, etc.	0	4	3	2		
	# Students graduated	10	33	22	0		
	Cumulative graduation rate	76%	62%	23%	0%		
2013-2014	# Students continuing at beginning of this school year	13	28	66	107	102	
	# Students withdrew, dropped, etc.	0	1	4	6	4	
	# Students graduated	10	14	35	22	0	
	Cumulative graduation rate	87%	79%	59%	20%	0%	
2014-2015	# Students continuing at beginning of this school year	3	13	27	79	98	104
	# Students withdrew, dropped, etc.	0	0	0	0	0	0
	# Students graduated	2	4	7	40	25	0
	Cumulative graduation rate ³	89%	84%	67%	57%	25%	0%

¹The maximum allowable timeframe for MPH students to complete the degree is six years.

² As reported to CEPH in 2009, the School of Public Health bases its graduation rates on the population of students who complete at least 15 credits. This enables the School to distinguish between those students who are, in fact, able to marshal the effort required and those who, because of home or work circumstances or lack of the substantial motivation required, are not able to make this commitment. In the School's population of working professionals, where a previous track record at other academic institutions is often some years earlier, it is not easy to make this distinction before students start taking courses.

³The cumulative graduation rate for AY2014-2015 includes those students who have already graduated (in October 2014 and January 2015) as well as those students who expect to graduate in May 2015.

TABLE 2.7.b-3. STUDENTS IN MS-BIOSTATISTICS DEGREE¹, BY COHORTS ENTERING BETWEEN 2010-11 AND 2014-2015					
	Cohort of Students	2011-2012	2012-2013	2013-2014	2014-2015
2011-2012	# Students entered	0			
	# Students withdrew, dropped, etc.	0			
	# Students graduated	0			
	Cumulative graduation rate	0%			
2012-2013	# Students continuing at beginning of this school year		2		
	# Students withdrew, dropped, etc.		0		
	# Students graduated		0		
	Cumulative graduation rate		0%		
2013-2014	# Students continuing at beginning of this school year		1	4	
	# Students withdrew, dropped, etc.		1		
	# Students graduated		0		
	Cumulative graduation rate		0%	0%	
2014-2015	# Students continuing at beginning of this school year		1	4	12
	# Students withdrew, dropped, etc.		0	0	0
	# Students graduated		0	0	0
	Cumulative graduation rate		0%	0%	0%

¹The maximum allowable timeframe for MS in Biostatistics students to complete the degree is four years.

TABLE 2.7.b-4: STUDENTS IN MS-BIOSTATISTICS (PHARMACEUTICAL BIOSTATISTICS TRACK) DEGREE¹, BY COHORTS ENTERING IN 2014-15		
	Cohort of Students	2014-2015
2014-2015	# Students entered	2
	# Students withdrew, dropped, etc.	0
	# Students graduated	0
	Cumulative graduation rate	0%

¹The maximum allowable timeframe for MS in Biostatistics (Pharmaceutical Biostatistics) students to complete the degree is five years.

TABLE 2.7.b-5: Students In MS-HOPE Degree¹, By Cohorts Entering In 2014-15		
	Cohort of Students	2014-2015
2014-2015	# Students entered	9
	# Students withdrew, dropped, etc.	0
	# Students graduated	0
	Cumulative graduation rate	0%

¹The maximum allowable timeframe for MS-HOPE students to complete the degree is five years.

TABLE 2.7.b-6: STUDENTS IN DRPH DEGREE¹, BY COHORTS ENTERING BETWEEN 2006-07 AND 2014-15										
	Cohort of Students	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
2006-2007	# Students entered	3								
	# Students withdrew, dropped, etc.	0								
	# Students graduated	0								
	Cumulative graduation rate	0%								
2007-2008	# Students continuing at beginning of this school year	3	9							
	# Students withdrew, dropped, etc.	0	0							
	# Students graduated	0	0							
	Cumulative graduation rate	0%	0%							
2008-2009	# Students continuing at beginning of this school year	3	9	5						
	# Students withdrew, dropped, etc.	1	0	0						
	# Students graduated	0	0	0						
	Cumulative graduation rate	0%	0%	0%						
2009-2010	# Students continuing at beginning of this school year	2	9	5	2					
	# Students withdrew, dropped, etc.	0	1	0	1					
	# Students graduated	0	0	0						
	Cumulative graduation rate	0%	0%	0%	0%					
2010-2011	# Students continuing at beginning of this school year	2	8	5	1	2				
	# Students withdrew, dropped, etc.	0	0	0	0	1				
	# Students graduated	0	0	0	0	0				
	Cumulative graduation rate	0%	0%	0%	0%	0%				
2011-2012	# Students continuing at beginning of this school year	1	8	5	1	1	3			
	# Students withdrew, dropped, etc.	1	0	2	1	0	0			
	# Students graduated	0	0	0	0	0	0			
	Cumulative graduation rate	0%	0%	0%	0%	0%	0%			
2012-2013	# Students continuing at beginning of this school year	1	8	3	0	1	3	1		
	# Students withdrew, dropped, etc.	0	0	0	0	0	1	0		
	# Students graduated	0	1	0	0	0	0	0		
	Cumulative graduation rate	0%	11%	0%	0%	0%	0%	0%		
2013-2014	# Students continuing at beginning of this school year	1	7	3		1	2	1	1	
	# Students withdrew, dropped, etc.	0	0	1		1	0	1	0	
	# Students graduated	1	1	0		0	0	0	0	
	Cumulative graduation rate	33%	22%	0%		0%	0%	0%	0%	
2014-2015	# Students continuing at beginning of this school year	0	6	2		0	2	0	1	4
	# Students withdrew, dropped, etc.	0	0	0		0	0	0	0	0
	# Students graduated	0	3	0		0	0	0	0	0
	Cumulative graduation rate	0%	56%	0%		0%	0%	0%	0%	0%

¹The maximum allowable timeframe for DrPH students to complete the degree is nine years.

TABLE 2.7.b-7: STUDENTS IN PHD DEGREE¹, BY COHORTS ENTERING BETWEEN 2006-07 AND 2014-15										
	Cohort of Students	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
2006-2007	# Students entered	18								
	# Students withdrew, dropped, etc.	0								
	# Students graduated	0								
	Cumulative graduation rate	0%								
2007-2008	# Students continuing at beginning of this school year	18	11							
	# Students withdrew, dropped, etc.	0	0							
	# Students graduated	0	0							
	Cumulative graduation rate	0%	0%							
2008-2009	# Students continuing at beginning of this school year	18	11	10						
	# Students withdrew, dropped, etc.	1	0	0						
	# Students graduated	1	0	0						
	Cumulative graduation rate	6%	0%	0%						
2009-2010	# Students continuing at beginning of this school year	16	11	10	8					
	# Students withdrew, dropped, etc.	0	1	2	0					
	# Students graduated	2	0	0	0					
	Cumulative graduation rate	19%	0%	0%	0%					
2010-2011	# Students continuing at beginning of this school year	14	10	8	8	7				
	# Students withdrew, dropped, etc.	2	0	0	0	0				
	# Students graduated	4	0	0	0	0				
	Cumulative graduation rate	28%	0%	0%	0%	0%				
2011-2012	# Students continuing at beginning of this school year	8	10	8	8	7	5			
	# Students withdrew, dropped, etc.	0	1	2	0	1	0			
	# Students graduated	3	1	0	1	0	0			
	Cumulative graduation rate	56%	9%	0%	13%	0%	0%			
2012-2013	# Students continuing at beginning of this school year	5	8	6	7	6	5	6		
	# Students withdrew, dropped, etc.	0	2	0	1	0	1	0		
	# Students graduated	1	0	0	0	1	0	0		
	Cumulative graduation rate	61%	9%	0%	13%	14%	0%	0%		
2013-2014	# Students continuing at beginning of this school year	4	6	6	6	5	4	6	3	
	# Students withdrew, dropped, etc.	0	0	0	1	0	1	0	0	
	# Students graduated	0	1	1	0	0	0	0	0	
	Cumulative graduation rate	61%	18%	10%	13%	14%	0%	0%	0%	
2014-2015	# Students continuing at beginning of this school year	4	5	5	5	5	3	6	3	8
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0	0	0
	# Students graduated	2	2	1	3	0	0	0	0	0
	Cumulative graduation rate	72%	36%	20%	50%	14%	0%	0%	0%	0%

¹The maximum allowable timeframe for PhD students to complete the degree is nine years.

TABLE 2.7.b-8: Destination of MPH Graduates by Employment Type, AY2012-AY2014

	AY2012	AY2013	AY2014
Graduates	85		93
Employed	62.4%	65.8%	67.8%
Continuing education/training (not employed)	21.2%	16.4%	22.6%
Actively seeking employment	7.0%	4.1%	3.2%
Not seeking employment (not employed and not continuing education/training, by choice)			1.0%
Unknown	9.4%	13.7%	5.4%
Total	100%	100%	100%

TABLE 2.7.b-9: Destination of MS¹ Graduates by Employment Type, AY2012-AY2014

	AY2012	AY2013	AY2014
Graduates	1	2	0
Employed		100%	N/A
Continuing education/training (not employed)	100%		
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown			
Total	100%	100%	N/A

¹Only includes graduates from the MS in Biostatistics degree as the other MS degree programs first enrolled students in Fall 2014.

TABLE 2.7.b-10: Destination of DrPH Graduates by Employment Type, AY2012-AY2014

	AY2012	AY2013	AY2014
Graduates	1	1	1
Employed	100%	100%	100%
Continuing education/training (not employed)			
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown			
Total	100%	100%	100%

TABLE 2.7.b-11: Destination of PhD Graduates by Employment Type, AY2012-AY2014

	AY2012	AY2013	AY2014
Graduates	11	11	6
Employed	100%	81.8%	100%
Continuing education/training (not employed)		9.1%	
Actively seeking employment		9.1%	
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown			
Total	100%	100%	100%

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

Job placement data are collected through a variety of sources. Both the Application for Diploma/Certificate form, which is completed by students when they are ready to graduate, and the Graduate Exit Survey, which is completed by students after they graduate, ask students for information about their employment status (including employer and job title) and/or plans for further education. The response rate for the Graduate Exit survey was 50.9% in AY2012, 63.6% in AY2013, and 38.5% in AY2014. The School's network on

LinkedIn is another resource for collecting job placement information, in particular employment status updates. 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. Table 2.7.c-1 shows the proportion of the School's graduates with known job placement information for the last three years.

TABLE 2.7.c-1: PROPORTION OF GRADUATES WITH KNOWN JOB PLACEMENT INFORMATION			
Degree	AY2012	AY2013	AY2014
MS	100% (N=1)	100% (N=2)	----
MPH	91% (N=77)	86% (N=73)	94% (N=87)
DrPH	100% (N=1)	100% (N=1)	100% (N=1)
PhD	100% (N=11)	100% (N=11)	100% (N=6)

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

The only certification that is required for School of Public Health graduates is for residents in the Occupational and Environmental Medicine Residency Program that is based at Rutgers Robert Wood Johnson Medical School (see Criterion 2.4.d). For AY2012-AY2014, four students elected to take the examination for certification in Occupational Medicine by the Board of Preventive Medicine. Three passed the examination.

Some graduates may elect to take the Certified Health Education Specialist (CHES) exam through the National Commission for Health Education Credentialing, Inc. (NCHEC). The data the School receives from NCHEC is by average score by major, names are not identified; therefore the School is unable to verify the exact number of School of Public Health graduates who pass/take the exam. The School estimates three graduates took and passed the exam in 2012 (the latest year with available data).

A small number of graduates have taken the Certification in Public Health (CPH) examination and reports to the School from the National Board of Public Health Examiners have indicated that all have passed.

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

Multiple data sources indicate how well School of Public Health students are prepared to perform the competencies in a practice setting. In particular, both graduates (on the Graduate Exit Survey) and Fieldwork site preceptors consider School of Public Health students to be prepared to perform the competencies and skills required for their specialty (see Criterion 2.4 and Table 2.7a-2). While the recent alumni survey did not include a question specific to performing competencies in an employment setting, 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 School conducted an online survey with 20 employers about the preparedness of our graduates for work in their organizations and to perform the departments' competencies. While only seven employers responded, the majority felt School of Public Health students were "well prepared to very well prepared" in all of the eight areas surveyed:

- 100% of respondents felt School of Public Health students were "very well prepared" in:
 - Leadership and management skills;
 - Practical experience with public health research;
 - Communication and collaboration skills; and
 - Understanding of social and environmental determinants of health.
- 71% of respondents felt School of Public Health students were "well prepared to very well prepared" in:
 - Practical experience in the field;
 - Quantitative skills (e.g., biostatistics); and
 - Subject matter expertise in chosen discipline.
- 60% of respondents felt School of Public Health students were "well prepared to very well prepared" in:
 - Public health policy development.

Further, 71% of the employers who responded also felt School of Public Health students were "proficient to highly proficient" in the competencies set for the individual students' departments. A sample of the online employer survey is in the Resource File.

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

This criterion is met.

Strengths

- The School's graduation rate exceeds the requirements of the Council on Education for Public Health. In addition, these rates are even more impressive when considering the School's student population is non-traditional, including substantial representation from disadvantaged groups and part-time students.

- Job placements of the School's graduates in the health field continue to be at a high level.
- Procedures for monitoring and evaluating student progress in achieving expected outcomes are in place.
- Survey mechanisms have been put into place and are online, which enable fast turn-around of data and monitoring of survey participation.

Weaknesses/Challenges

- The School has a lower response rate on its exit surveys and alumni surveys. These surveys serve as just one method of data collection regarding what graduates are doing and satisfaction with their School experience.
- The National Commission on Health Education Credentialing (NCHEC) will not share the names of those who take or pass the Certified Health Education Specialist (CHES) due to confidential issues. Thus, it is difficult to verify the exact number of School of Public Health graduates who pass/take the exam.

Plans

- School surveys will continue to be available online.
- For AY2015 graduates, a Class of 2015 listserv was created for graduates using alternate emails, as Rutgers emails are soon decommissioned after a student graduates. This Class of 2015 listserv has been used to send reminders to graduates about completing the exit survey as well as disseminating information about Commencement and Convocation. If successful in increasing response rates, the School will establish an annual graduating class listserv.
- A new Director of Development was recently hired who will help the School develop closer ties with alumni. In addition, a new Alumni Association Governing Board was recently established and the School will work with board members to disseminate future alumni surveys.

CRITERION 2.8 OTHER GRADUATE PROFESSIONAL DEGREES

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

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

Not Applicable.

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

Not Applicable.

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

Not Applicable.

CRITERION 2.9 BACHELOR'S DEGREES IN PUBLIC HEALTH

2.9.a Identification of all bachelor's-level majors offered by the school. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.

Not Applicable.

2.9.b Description of specific support and resources available in the school for the bachelor's degree programs.

Not Applicable.

2.9.c Identification of required and elective public health courses for the bachelor's degree(s). Note: The school must demonstrate in Criterion 2.6.c that courses are connected to identified competencies (ie, required and elective public health courses must be listed in the competency matrix in Criterion 2.6.d).

Not Applicable.

2.9.d A description of school policies and procedures regarding the capstone experience.

Not Applicable.

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

Not Applicable.

CRITERION 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.

2.10.a Identification of other baccalaureate degrees offered by the school and a description of the requirements for each. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Not Applicable.

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

Not Applicable.

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

Not Applicable.

CRITERION 2.11 ACADEMIC DEGREES

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

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

As referenced in Table 2.1.a-1 (Instructional Matrix), the School offers three academic degrees, the Master of Science (MS-Biostatistics) degree in Biostatistics, including a general track and a pharmaceutical biostatistics track; the Master of Science in Health Outcomes, Policy, and Economics (MS-HOPE); and the Doctor of Philosophy in Public Health (PhD).). The plans of study for each academic degree are available on the School's website and are provided in the Resource File. See below for direct links to the webpages on which the plans of study are published.

- [MS curriculum in Biostatistics](#)
- [MS curriculum in Biostatistics \(Pharmaceutical Biostatistics track\)](#)
- [MS curriculum in Health Outcomes, Policy and Economics](#)
- [PhD curriculum in Biostatistics](#)
- [PhD curriculum in Environmental and Occupational Health](#)
- [PhD curriculum in Epidemiology](#)
- [PhD curriculum in Health Education and Behavioral](#)
- [PhD curriculum in Health Systems and Policy](#)

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

Public Health Orientation Requirements

All students enrolled in the MS and the PhD degree programs are required to take core courses that provide an orientation to public health (see Table 2.11.b-1).

MS Degrees

Initiated in 2004, the [MS in Biostatistics](#) degree addresses the shortage of biostatisticians working in the tri-state area (New Jersey, New York and Pennsylvania). This degree program offers a biostatistics curriculum that has been designed to prepare students for careers in applying statistical methods in a biomedical, clinical or laboratory research setting, and for students who plan to enter the PhD program in biostatistics. The MS in Biostatistics requires a minimum of 30 semester credits, including 6 credits of public health core courses, excluding the biostatistics core course; required courses in statistical theory, regression methods, categorical data analysis; and electives selected from the experimental design, biocomputing, applied longitudinal data analysis, life data analysis, genetic statistics, sampling methods, clinical trials, and non-parametric statistics. Students must successfully complete the 30 credits, pass a

written qualifying examination, and prepare and present a research paper (thesis) to an open audience. One MS degree was awarded in AY2012 and two in AY2013. (None were awarded in AY2014).

The MS in Biostatistics degree (Pharmaceutical Biostatistics track) was approved by the then UMDNJ Board of Trustees in 2013 prior to the merger with Rutgers University. The Pharmaceutical Biostatistics (MSPB) track is offered through the School's Department of Quantitative Methods: Epidemiology and Biostatistics on the Newark Campus. The MSPB program offers an opportunity for training in biostatistics to students in northern New Jersey and New York City. The aim is to produce thoroughly-trained biostatisticians capable of applying the range of statistical analyses that are relevant to research and development in the field of pharmaceuticals. Additionally, students in this degree program will graduate equipped with basic knowledge of the regulatory context within which pharmaceutical R&D occurs, so that they will be prepared to perform statistical planning and consulting more effectively within the real world constraints faced by the pharmaceutical industry and other organizations involved in drug development. MSPB program requires a minimum of 36 semester credits, including a base curriculum of nine credits of public health core courses, 21 credits of statistical and epidemiological methodology, and six credits of background relevant to drug development. All students must also complete a capstone project.

Approved by the Rutgers Board of Governors in April 2013, the MS in Health Outcomes, Policy, and Economics (MS-HOPE) degree is jointly offered by the School of Public Health and the Ernest Mario School of Pharmacy. The MS-HOPE degree program builds on existing strengths within the two schools and trains professionals to conduct and evaluate research in health economics, patient outcomes and clinical effectiveness, cost effectiveness analysis, health technology assessment and health policy. It promotes collaborative research, training, service, and public education in these emerging areas. The program responds to industry needs and increased demand for trained professionals. The MS-HOPE program requires a minimum of 39 semester credits, including a base curriculum of 9 credits of public health core courses, 12 credits of statistical and epidemiological methodology, 6 credits of health economics and policy, 6 credits of electives and 6 credits for a capstone project. Nine students were admitted in Fall 2014.

TABLE 2.11.b-1: REQUIRED COURSES ADDRESSING PUBLIC HEALTH ORIENTATION FOR MS DEGREES					
Core Knowledge Area	Course Number and Title	Credits	MS Biostatistics	MS Biostatistics (Pharmaceutical Biostatistics track)	MS-HOPE
Biostatistics	PHCO 0504 Introduction to Biostatistics	3		X	X
Epidemiology	PHCO 0502 Principles and Methods of Epidemiology	3	X	X	X
Environmental Health Sciences	PHCO 0503 Introduction to Environmental Health	3			
	PHCO 0508 Issues in Environmental and Occupational Health	1	X ¹	X ¹	
Social and Behavioral Sciences	PHCO 0505 Health Education and Behavioral Science in Public Health	3			
	PHCO 0510 - Issues in Health Education and Behavioral Science	1	X ¹	X ¹	

TABLE 2.11.b-1: REQUIRED COURSES ADDRESSING PUBLIC HEALTH ORIENTATION FOR MS DEGREES					
Core Knowledge Area	Course Number and Title	Credits	MS Biostatistics	MS Biostatistics (Pharmaceutical Biostatistics track)	MS-HOPE
Health Services Administration	PHCO 0501 Health Systems and Policy	3			X
	PHCO 0511 Issues in Health Care Systems and Policy	1	X ¹	X ¹	
Total Credits Public Health Orientation Courses			6	9	9

¹Students may take one of the 3-credit PHCO core courses (PHCO 0501, PHCO 0503 or PHCO 0505 in lieu of three 1-credit courses.)

PhD Degree

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. The PhD degree is conferred with Rutgers Graduate School in all five core disciplines: Biostatistics, Environmental and Occupational Health, Epidemiology, Health Education and Behavioral Science, and Health Systems and Policy.

TABLE 2.11.b-1: REQUIRED COURSES ADDRESSING PUBLIC HEALTH ORIENTATION FOR PHD DEGREE							
Core Knowledge Area	Course Number and Title	Credits	PhD Biostatistics	PhD Environmental & Occupational Health	PhD Epidemiology	PhD Health Education & Behavioral Science	PhD Health Systems & Policy
Biostatistics	PHCO 0504 Introduction to Biostatistics	3		X	X	X	X
Epidemiology	PHCO 0502 Principles and Methods of Epidemiology	3	X	X	X	X	X
Environmental Health Sciences	PHCO 0503 Introduction to Environmental Health	3		X ¹			
	PHCO 0508 Issues in Environmental and Occupational Health	1	X	X ¹	X	X	X
Social and Behavioral Sciences	PHCO 0505 Health Education and Behavioral Science in Public Health	3				Prerequisite course	
	PHCO 0510 Issues in Health Education and Behavioral Science	1	X	X	X	X	X
Health Services Administration	PHCO 0501 Health Systems and Policy	3					X
	PHCO 0511 Issues in Health Care Systems and Policy	1	X	X	X	X	
Total Credits Public Health Orientation Courses			6	9-11	9	9	11

¹PhD in Environmental and Occupational Health students must take the 3-credit PHCO Introduction to Environmental Health core if they have no prior public health experience.

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

The culminating experience for the MS in Biostatistics degree includes the qualifying exam and a research paper. A capstone project serves as the culminating experience for both the MS in Biostatistics (Pharmaceutical Biostatistics track) degree and the MS in Health Outcomes, Economics, and Policy degree.

For the PhD degree in all departments, the culminating experience includes qualifying written and oral examinations in major areas, as well as the completion and defense of original dissertation research.

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

This criterion is met.

Strengths

- Academic degree students obtain an orientation to public health through a minimum of six credits of coursework in the core area of knowledge basic to public health.
- Students receive strong mentoring and advisement in the doctoral degree program that ensures that the students understand how their curriculum contributes to achieving the goals of public health.
- The administration provides light teaching loads (3 credit hours per semester) to tenure line faculty to support research activity that leads to numerous opportunities for students to participate in public health-related research.

Weaknesses/Challenges

- The majority of students are part-time, thus their academic coursework may occur over many years before completion of the degree.
- Limited stipends are available to support MS and PhD students.

Plans

- The merger of the School of Public Health into Rutgers University may provide opportunities to obtain doctoral and master level stipend support from the University.

CRITERION 2.12 DOCTORAL DEGREES

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

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

The Rutgers School of Public Health offers nine doctoral degree programs. The Doctor of Public Health (DrPH) is sponsored by four core departments: Biostatistics, Epidemiology, Environmental and Occupational Health, and Health Education and Behavioral Science on the New Brunswick Campus. The Doctor of Philosophy in Public Health (PhD) is sponsored by all five core departments: Biostatistics, Epidemiology, Environmental and Occupational Health, Health Education and Behavioral Science, and Health Systems and Policy on the New Brunswick Campus. The PhD and DrPH degrees are also available on the Newark Campus in Epidemiology through the Department of Epidemiology on the New Brunswick Campus in collaboration with the Department of Quantitative Methods on the Newark Campus.). The plans of study for each doctoral degree are available on the School's website and are provided in the Resource File. See below for direct links to the webpages on which the plans of study are published.

- [DrPH curriculum in Biostatistics](#)
- [DrPH curriculum in Environmental and Occupational Health](#)
- [DrPH curriculum in Epidemiology](#)
- [DrPH curriculum in Health Education and Behavioral Science](#)
- [PhD curriculum in Biostatistics](#)
- [PhD curriculum in Environmental and Occupational Health](#)
- [PhD curriculum in Epidemiology](#)
- [PhD curriculum in Health Education and Behavioral](#)
- [PhD curriculum in Health Systems and Policy](#)

The primary goal of the doctoral programs is to create new knowledge regarding the biological, physical, environmental, socioeconomic, and behavioral factors that impact on the health of a region, community, group, and individuals. A secondary goal is to increase the number of doctoral-level public health professionals capable of conducting original public health research, teaching in universities, and providing leadership to solve public health problems.

The PhD and DrPH degree programs require a minimum of 72 credit hours for completion. (No PhD or DrPH degrees have been awarded for fewer than 72 semester credit hours in the last three years, or at any time in the School's history.) Students seeking either doctoral degree must maintain at least a 3.2 GPA overall and a 3.2 GPA in the set of required courses specified by their Department with no more than nine (9) credits bearing grades less than "B." The maximum timeframe for MPH students to complete the degree is six years. Candidates for either doctoral degree are required to complete qualifying written and oral examinations in major and minor areas, if applicable, as well as complete and defend original dissertation research. In addition, students pursuing the DrPH are required to complete a practice experience. Doctoral students in the Department of Biostatistics are also required to

complete a preliminary exam prior to taking the advanced level of Biostatistics theory and methods courses.

The DrPH and the PhD awarded by the School are both competitive, but differ somewhat in approach, emphasis and requirements. DrPH candidates in most cases enter with an MPH degree. Those who do not enter with the MPH have the option of completing MPH requirements prior to fulfilling the core requirements for the doctoral degree. PhD candidates may enter with a masters level degree in a relevant discipline (MA, MS or MPH).

Typically, the research emphasis of the DrPH candidate is on applied problems relevant to public health practice or programs (e.g., cancer screening, birth defects, aging, etc.) and evaluating risk assessment methodologies. By contrast, the PhD research focuses on adding to the basic knowledge and theory in a field of public health. DrPH students must take all the core courses in public health (15 credits) or transfer the core courses from a previously earned MPH degree program. PhD students take the 3-credit core courses in epidemiology and biostatistics (or equivalent) and at least one credit in each of the other core disciplines.

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

Teaching and Research Assistantships, which are limited, are the primary mechanisms for support of doctoral work at the Rutgers School of Public Health. Other traineeships and funding for doctoral students are limited; however, some departments may offer support for doctoral students through staff roles on research grants. In conformance with its wish to promote skill development for working professionals, the School allows doctoral students to complete their doctoral studies as part-time students. This makes it possible for students to work at least some of the time. A number of New Jersey employers will defray tuition costs for their employees who are pursuing relevant further education.

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

Table 2.12.c-1: PHD DOCTORAL STUDENT DATA					
For Year 2013-2014	BIST	ENOH	EPID	HEBS	HSAP
# newly admitted in 2013-14	2	1	2	4	1
# currently enrolled (total)	5	13	19	8	4
# completed coursework during 2013-14	3	8	18	11	4
# advanced to candidacy (cumulative) during 2013-14	3	8	18	11	4
# graduated in 2013-14	1	0	2	0	0
For Year 2014-2015	BIST	ENOH	EPID	HEBS	HSAP
# newly admitted in 2014-15	2	2	1	1	0
# currently enrolled (total)	7	14	22	9	5
# completed coursework during 2014-15	4	8	18	3	4
# advanced to candidacy (cumulative) during 2014-15	4	8	18	3	4
# graduated in 2014-15	3	0	4	0	0

Table 2.12.c-2: DRPH DOCTORAL STUDENT DATA

For Year 2013-2014	BIST	ENOH	EPID	HEBS
# newly admitted in 2013-14	0	0	0	0
# currently enrolled (total)	10	1	5	4
# completed coursework during 2013-14	6	1	3	4
# advanced to candidacy (cumulative) during 2013-14	6	1	3	4
# graduated in 2013-14	2	0	0	0
For Year 2014-2015	BIST	ENOH	EPID	HEBS
# newly admitted in 2014-15	2	0	0	2
# currently enrolled (total)	8	1	4	7
# completed coursework during 2014-15	6	1	3	4
# advanced to candidacy (cumulative) during 2014-15	6	1	3	4
# graduated in 2014-15	3	0	1	2

KEY: BIST=Department of Biostatistics
 ENOH=Department of Environmental & Occupational Health
 EPID=Department of Epidemiology
 HEBS=Department of Health Education & Behavioral Science
 HSAP=Department of Health Systems & Policy

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

The required and recommended coursework and respective syllabi for each of the School's doctoral programs is listed in the Resource File. Common to all doctoral degrees in the School are requirements for coursework in the core areas of knowledge basic to public health, advanced coursework in areas relevant to their concentration, completion of qualifying written and oral examinations in major and minor areas (if applicable), and completion and defense of original dissertation research.

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

This criterion is met.

Strengths

- The School has succeeded in designing an educational experience that makes an important contribution to meeting New Jersey's need for researchers and health professionals with doctoral training in the five core areas.

Weaknesses/Challenges

- The School has a limited number of doctoral level stipends available for students to support their academic training. **Plans**
- Funding requests to provide doctoral fellowships to full-time students will continue to be pursued.
- Opportunities for students to pursue the PhD and DrPH degrees at Newark may be expanded.
- Departments with limited coursework specific to doctoral students are enhancing their coursework for doctoral-level education.

- Collaborate with the Rutgers Graduate School of Biomedical Sciences (GSBS), Rutgers Graduate School–New Brunswick, and the Rutgers University Foundation to secure doctoral student funding. Under the new Dean, one doctoral fellowship has been already been secured through GSBS for an MD/PhD student. This fellowship will provide an annual salary and support tuition costs for the student.

CRITERION 2.13 JOINT DEGREES

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

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

The Rutgers School of Public Health has worked with other degree-granting units of Rutgers University, as well as Rowan University in South Jersey, to develop several dual (or joint) degree programs to meet the needs of students in other professional and academic programs who are seeking interdisciplinary training with public health. As referenced in Table 2.1.a-1 (Instructional Matrix), fourteen dual degree programs in which the MPH degree is granted along with a separate degree in another discipline are offered through the School including two dual degree programs that pending approval by the Rutgers Board Governors. This large number of dual degrees illustrates both the willingness of the faculty at the School of Public Health and the partner schools to be responsive to the needs of graduate students, as well as the interdisciplinary nature of public health itself.

Students in dual degree programs must be admitted to each degree program separately and must fulfill the academic requirements for each program. The dual degree student receives a diploma from each school, and the standard policies regarding transfer credit, eligibility, registration and other matters apply. While the dual degree programs vary in the number of credits required, all participating students must complete the MPH core courses, the required department courses and a practice experience (Fieldwork or its equivalent). The remaining credits required for each degree are electives. Generally, dual degree MPH students are allowed to use appropriate coursework in the non-public health school to fulfill public health electives.

Proposed dual degree programs usually arise at the Department level, where they are discussed formally and informally by faculty and students. The issues then move to the Campus Curriculum Committee which forwards a seasoned proposal to the School-wide Curriculum Committee. Both the Campus and School-Wide Curriculum Committees are responsible for reviewing the proposed dual degree program, including reviewing any proposed shared courses that will substitute for a department required course. Shared courses are carefully examined to ensure it is of equal quality and content to the School of Public Health course. Based on the recommendation of this committee, the proposal is forwarded to Executive Council where additional opportunity for student and administrative input occurs. A similar process of review and approval would occur in the partner school of the dual degree program.

BA/MPH and BS/MPH Articulated Degrees

The School's four articulated bachelors degree programs are covered in detail in Criterion 2.1.a. Articulated degree students can take between 9 and 15 credits of graduate coursework in the School of Public Health as an undergraduate; these credits are applied to both their undergraduate and MPH degrees.

MPH Dual Degrees

The School offers twelve dual degrees, including one program which is under modification, in which the MPH degree is granted along with another degree; for example, the MD/MPH. Two additional dual degrees have been approved by the School's faculty but are waiting approval by the Rutgers Board of

Governors. The dual degree programs vary in the number of credits that students must complete for both degrees to be awarded. All students participating in a dual degree program involving the MPH degree must complete the MPH core courses, the required department courses for their area of specialization and Fieldwork. The remainder of the credits (electives) required for each degree program includes course credits transferred across schools.

The instructional matrix displaying the dual degrees is provided in Criterion 2.1 (Table 2.1.a-1) and includes the following dual degree programs:

- MD/MPH Doctor of Medicine/MPH
- DO/MPH Doctor of Osteopathic Medicine/MPH
- DMD/MPH Doctor of Dental Medicine/MPH
- JD/MPH Juris Doctor/MPH
- PharmD/MPH Doctor of Pharmacy/MPH
- PsyD/MPH Doctor of Psychology/MPH
- MBS/MPH Master of Biomedical Science/MPH (non-thesis based)
- MS/MPH Master of Science in Biomedical Science/MPH (thesis based)
- MBA/MPH Master of Business Administration/MPH
- MSN/MPH Master of Science in Nursing/MPH (currently under modification)
- MSPA/MPH Master of Science in Physician Assistant/MPH
- MPP/MPH Master of Public Policy/MPH
- MS/MPH Master of Science in Biomedical Informatics/MPH (pending approval)
- MPA/MPH Master of Public Affairs/MPH (pending approval)

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

Dual degree programs allow students to obtain two degrees in a timeframe that is less than what would be required if they were to enroll in both degrees sequentially. This is accomplished by counting selected required courses for the complementary degree as electives, typically, for the MPH degree. In select circumstances, the School of Public Health may accept an equivalent course for a required department course. All MPH only and dual degree students complete 15 credits of core coursework. In addition, MPH only students complete 24 credits of program specialization courses and six credits of Fieldwork. The 24 credits of program specialization courses comprises 12-18 credits of department required courses and 6-12 credits of electives. Dual degree students complete 12-21 credits of program specialization courses and six credits of Fieldwork. See Table 2.13.a-1 for an outline of how each dual degree program differs from the standalone MPH program.

Dual degree students in the PsyD/MPH and the MSN/MPH (under modification) programs may—on a case by case basis—substitute the practicum of their non-MPH program for their MPH Fieldwork (practical skills). (Currently, there are no students enrolled in the MSN/MPH dual degree.) The School allow these other practicum experiences to substitute for the Fieldwork requirement because the other practicum experience is as substantive as the MPH Fieldwork requirement; requires at least as much time as the MPH Fieldwork; involves public health issues and skills; and meets the department competencies of the MPH Fieldwork. These dual degree students must complete the culminating

experience in the School of Public Health. The School's culminating experience comprises a final paper, an oral presentation and the self-assessment of competencies.

Shared credits with partner schools for the dual degrees predominantly fulfill School of Public Health electives with approval from the student's faculty advisor.

TABLE 2.13.a-1: DUAL DEGREE PROGRAM CREDIT REQUIREMENTS

Dual Degree Programs	Public Health Curriculum				
	Core Course Credits	Program Specialization Course Credits (includes electives)	Fieldwork Credits	Shared Credits with the Partner School	Total Credits
MPH Alone	15	24	6	---	45
MD/MPH	15	18	6	6	45
DO/MPH	15	18	6	6	45
DMD/MPH	15	18	6	6	45
JD/MPH	15	12-18	6	6-12	45
PharmD/MPH	15	15	6	9	45
PsyD/MPH ¹	15	15-21	6 ¹	3-9	45
MBA/MPH	15	15	6	9	45
MBS/MPH	15	15	6	9	45
MPA/MPH ² <i>pending approval</i>	15	12	3	15	45
MPP/MPH	15	18	6	6	45
MS/MPH ³ (Biomedical Informatics) <i>pending approval</i>	15	15	6	9	45
MS/MPH (Biomedical Science)	15	15	3	12	45
MSN/MPH ⁴	15	12	6	12	45
MSPA/MPH	15	15	6	9	45

¹Six credits of appropriate PsyD practicum experience may be used toward the MPH Fieldwork requirement, with approval from the MPH faculty advisor. Students still complete the MPH culminating experience (final paper, oral presentation and self-assessment of competencies). Information about the PsyD practicum experience is the Resource File.

²Three credits of the MPA applied field experience may be used toward the MPH Fieldwork requirement, with approval from the MPH faculty advisor. Students take 3 credits of MPA capstone and 3 credits of MPH fieldwork, as well as complete the MPH culminating experience (final paper, oral presentation and self-assessment of competencies). Faculty will work jointly with students in the dual MPA/MPH program to ensure that students engage in a single coordinated final project that meets the requirements for both the MPA and the MPH. Information about MPA capstone is the Resource File.

³Three credits of the MS Directed Study Project may be used toward the MPH Fieldwork requirement, with approval from the MPH faculty advisor. Students take 3 credits of MS directed study and 3 credits of MPH fieldwork, as well as complete the MPH culminating experience (final paper, oral presentation and self-assessment of competencies). Faculty will work jointly with students in the dual MS/MPH program to ensure that students engage in a single coordinated final project that meets the requirements for both the MS and the MPH.

⁴The MSN/MPH degree program is currently under modification; no students are enrolled.

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

This criterion is met.

Strengths

- The School collaborates with several other schools to offer a wide variety of dual degree programs.
- For all dual degree programs offered by the School, requirements for admission and the scope and depth of the curriculum are the same as those required for the MPH degree alone (see Criterion 2.1).
- Given the collaborative nature of the program, the opportunity exists for students to identify elective courses in many disciplines that support core MPH skills.
- The School has engaged faculty in partner dual degree programs to identify course sequencing to assist interested students who wish to pursue dual degrees to better plan their course of study.

Weaknesses/Challenges

- Some dual degree programs have low enrollment.

Plans

- The marketing of current dual degree programs will be expanded.
- Two additional dual degree programs, an MS/MPH and an MPA/MPH are pending approval by the Rutgers Board of Governors. The MS/MPH is with the Rutgers School of Health Related Professions (the MS is in Biomedical Informatics). The MPA/MPH is with the Rutgers School of Public Affairs and Administration (the MPA is a Master of Public Affairs).

CRITERION 2.14 DISTANCE EDUCATION/EXECUTIVE DEGREE PROGRAMS

2.14.a Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The School presently does not offer any degree programs or certificates through distance learning.

2.14.b Description of the distance education or executive degree programs, including an explanation of the model or methods used, the school's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the school, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

Not Applicable.

2.14.c Description of the processes that the school uses to verify 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 or degree and receives the academic credit.

Not Applicable.

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

Not Applicable.

CRITERION 3.1 RESEARCH

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

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

The research program at the School of Public Health is a central part of its mission and its research goal is to *"advance public health science and practice through innovative research."* The School's mission and goals place strong emphasis on both the discovery and practical application of knowledge relevant to improving the public's health. The School's commitment to research, both basic and applied, is also consistent with the mission of the parent institution (Rutgers University, and more specifically, Rutgers Biomedical and Health Sciences).

Organization of the School Research Program

All tenured and tenure-track faculty at the School of Public Health are expected to engage in research relevant to the broad field of public health. Faculty have considerable freedom in choosing research projects and most initiatives emanate from individual faculty or from the centers and institutes associated with the School.

Since 2003, the School has had its own Office of Research and Sponsored Programs (ORSP) which has sought to promote research within the school. The Office has been headed by an Associate Dean for Research whose office is located immediately adjacent to the business office of the School. Prior to the merger with Rutgers, grant submissions were done directly from ORSP, but within Rutgers this function is carried out centrally. ORSP continues to monitor and promulgate research opportunities, NIH policies, generic issues related to IRB approvals, and other developments and policies at Rutgers that impact faculty research efforts. The Office assists faculty in answering questions about grant development and oversees the distribution of some pilot research funds that have been available. The close location of the Associate Dean for Research to the school business office allows close coordination between research policy and the financial aspects of grants and contracts. ORSP and the business office work in close collaboration with Rutgers central administration to:

- Facilitate the grant application process;
- Ensure compliance with applicable federal, state, University, and sponsor requirements for all externally funded projects, including research, education and training, and service activities;
- Identify new governmental sources of financial support for research and other activities and, jointly with the Development Officer, identify new sources of private sector and foundation funding;
- Inform faculty about funding opportunities;
- Educate potential grantors about the School's research capabilities; and
- Publicize faculty research successes and research interests.

Policies, Procedures and Practices

Most research activities are regulated by Rutgers university-wide policies. The policies most directly relevant to the School's research programs are listed in Resource File, under Additional Documents. These policies, and all other Rutgers policies, are available at policies.rutgers.edu. RBHS policies are

available at academicaffairs.rutgers.edu/additional-resources/rbhs-policies. The specified policies are available in the Resource File.

The School also relies on basic, long-established Rutgers University processes and transmittal forms for the review and submission of grant applications. For example, University procedures require the involvement of and budget approval by Rutgers Central Administration's Grants and Contracts Office, even before the University's ORSP reviews a grant application. The School's ORSP and the Office of Business and Finance work collaboratively and have taken steps to enable faculty to focus on the substance of grant applications by facilitating administrative aspects of proposals.

All School faculty and staff must follow the ORSP grant application procedures. Principal Investigators work with the Office of Business and Finance to develop the grant budget before submitting it for review and approval by the School's ORSP and Office of Business and Finance, as well as the Rutgers Office of Grants and Contracts. The research plan and methods are not reviewed by SPH-ORSP unless requested by the Principal Investigator. Rutgers University also requires the submission of the following forms that must be submitted to SPH-ORSP prior to the submission of a grant application. These forms are in addition to the required grant application forms for the funder.

- 1) Endorsement Form: provides a summary of selected administrative information. This form accompanies other supporting documentation (i.e., technical narrative and financial budgets) which is transmitted to various administrative departments within Rutgers University in order to obtain proper approval for projects requesting outside funding.
- 2) Financial Disclosure Form: Every individual on the budget of a grant, subcontract, or clinical trial agreement, whether or not they will be receiving money if the grant proposal is successful, must sign this form to disclose actual or perceived conflicts of interest that may arise in research to ensure the integrity, objectivity and freedom of inquiry of investigators.
- 3) Assurances by Principal Investigator Form: is signed by the principal investigator to provide his/her necessary compliance and assurances. As the signature of the Principal Investigator is no longer required as a part of a submitted application to the National Institutes of Health, this relatively new compliance requirement is now implemented to secure and retain written assurance from the Principal Investigator.

For the last few years, the School's ORSP has sponsored a monthly Faculty Research Seminar and all faculty and students are encouraged to attend and participate. A list of 2014-2015 Faculty Research Seminars is in the Resource File.

The School's Research Committee, is responsible for nurturing and maintaining the research activities of the School and its faculty, including: 1) where appropriate, coordinating research conducted by faculty and students of the School; 2) maintaining appropriate records and documentation of Committee procedures and actions; and 3) serving as a resource on research for the faculty and/or students. The Research Committee carries out these functions both on its own and, when appropriate, through the creation and activities (including specific recommendations) of campus research subcommittees and School-wide ad hoc research subcommittees.

Much of the School's research is conducted under the auspices of one its institutes, centers for programs. A detailed description of each of these School units is in the Resource File.

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

Collaborative Research Activities

With funding from the National Institute of Environmental Health Sciences (Grant No. R01ES020382), the School is studying the impact of urban air pollution on the human immune system's ability to resist *Mycobacterium tuberculosis*, the bacterium that causes tuberculosis (TB). Air pollution exposure and lung cell biology among study subjects from Iztapalapa, a municipality of México City, are being assessed in collaboration with the National Institute for Respiratory Diseases (INER) and the National Institute for Ecology (INECC) in Mexico City, as well as other academic partners.

The US-Ibadan (Nigeria) Partnership for Prevention Sciences Training, Urban Environmental Quality and Community Health is enabling the School of Public Health to collaboratively train current and prospective Nigerian health professionals seeking enhanced awareness, knowledge and skills in environmental and occupational sciences, exposure assessment, and epidemiology.

Through the Thai Fogarty International Training and Research Program in Environmental and Occupational Health Center, funded by the Fogarty International Center at the U. S. National Institutes of Health, the School collaborates with Chulalongkorn University in Thailand to provide training and research in environmental and occupational health.

Joint/Collaborative Institutes, Centers and Programs

The School of Public Health led in the development of Rutgers Institute for the Elimination of Health Disparities in 2001 and continues to serve as the administrative home. The Institute focuses on research that will lead to a better understanding of the social, economic and cultural causes for the significant disparities that exist between racial and ethnic groups and seeks to identify strategies to address and eliminate them. With its headquarters in Newark at the School of Public Health, the Institute facilitates collaboration among the Schools and units of Rutgers University across the State which are involved in programs working toward the elimination of health disparities.

Rutgers Environmental and Occupational Health Sciences Institute (EOHSI) was established in 1986. The Institute sponsors research, education, and service programs in a setting that facilitates interaction among experts in the areas of environmental health, toxicology, occupational health, public policy, and health education. In this interdisciplinary environment, investigators pursue individual research interests as well as problems that are most effectively tackled as a team effort. EOHSI includes more than 50 faculty from Rutgers–New Brunswick and RBHS including the Robert Wood Johnson Medical School and the School of Public Health. Their work includes epidemiology, laboratory toxicology, exposure assessment, occupational health, environmental health science education, and risk management.

The Rutgers Cancer Institute of New Jersey is a joint venture between Rutgers University and the New Brunswick Affiliated Hospitals. The mission of the Cancer Institute is to incorporate the latest research into diagnosis, treatment, and prevention of cancer. The School's component of the Cancer Institute is the research and clinical base for prevention, outreach, and epidemiology. The remaining Cancer Institute faculty are clinicians and basic scientists, whose main mission is diagnosis and treatment of organ-specific tumors, and hold faculty appointments in RWJMS. The School of Public Health also serves

as a key academic base for training health professionals at the masters and doctoral levels in the several public health disciplines that are relevant to cancer prevention and treatment.

Formal research agreements with health agencies and community-based organizations

All grant-funded research projects with health agencies and community-based organizations have written agreements. Sample copies of these formal agreements are available in the Resource File. Non-funded collaborations and consultations by faculty members with health agencies and community-based organizations typically do not have formal written agreements.

3.1.c A list of current research activity of all primary faculty identified in Criterion 4.1.a., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following information organized by department, specialty area or other organizational unit as appropriate to the school: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement.

Funded Research Activity of Primary Faculty (CEPH Data Template 3.1.1), in the Resource File, illustrates the diversity of project-oriented research and funding sources that faculty have had over the last three fiscal years. Approximately 54% of primary faculty (with 1.0 FTE) received research funding during this time.

Faculty research on the New Brunswick Campus has focused on such areas as air pollution, health disparities, hazardous waste control, tobacco control regulatory science, chronic disease, health economics and health policy, alcohol treatment, and exposure and risk assessment. Similarly, research on the Newark Campus has embraced several issues germane to the larger community, including efforts to reduce HIV, tuberculosis, and other infectious diseases and, as previously mentioned, a major emphasis on health disparities. On the Stratford Campus, research has been more applied, focusing on community health needs assessments.

3.1.d Identification of measures by which the school may evaluate the success of its research activities, along with data regarding the school's performance against those measures for each of the last three years. For example, schools may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators.

Considering the limited size of the primary faculty, nearly all of whom have teaching responsibilities; the School has a robust research program Areas of emphasis include air pollution, cancer, tobacco and e-cigarettes, nanoparticle exposure, immunology, health disparities, social epidemiology, maternal and child health, public health preparedness, alcohol treatment, and health services research among others. Since 2011, faculty publications have appeared in the New England Journal of Medicine, Lancet, Annals of Internal Medicine, JAMA Pediatrics, JAMA Dermatology, Pediatrics, Cancer, Cancer Causes and Control, Human Molecular Genetics, American Journal of Epidemiology, Epidemiology, American Journal

of Preventive Medicine, Psychology of Addictive Behaviors, Journal of General Internal Medicine, Ethnicity and Disease, Health Services Research, etc. As shown in Table 3.1.d-1, several grant applications have targeted underserved and diverse populations and 16 to 22 students have been supported each year through research and training programs.

TABLE 3.1.d-1: OUTCOME MEASURES FOR RESEARCH ACTIVITIES OF PRIMARY FACULTY, FY2012-FY2014				
Outcome Measure	Target	FY2012	FY2013	FY2014
Total Number of Applications Submitted	90	29	63	114
Amount of Grant and Contract Dollars	Increase by 5% each year	-5.20%	-1.1%	6.20%
Number of Peer-Reviewed Publications per Primary Faculty Member (Full-Time) ¹	2.5/year	2.49 (n=37 FTE)	2.97 (n=35 FTE)	2.30 (n=33 FTE)
Total Number of Applications Submitted that Target Underserved or Diverse Populations, or Health Disparities	10/year	4	6	8
Total Number of Students Supported by School, such as Through Research or Training Programs,	25 (by the end of Spring 2016)	22	22	16

¹Faculty FTE include only primary faculty with 1.0 FTE and excludes the primary faculty who serve as instructors through the MOU with the New Jersey Department of Health.

3.1.e Description of student involvement in research.

The School encourages the involvement of students in research; both doctoral and masters students are involved with faculty on research endeavors. In addition, all Master of Public Health degree students are required to participate in Fieldwork and some students conduct research as part of their Fieldwork experience. (Research conducted as part of Fieldwork placements is discussed in Criterion 2.4.) Over the last three years, students have been involved in several faculty research projects. The Funded Research Activity of Primary Faculty (CEPH Data Template 3.1.1), in the Resource File, illustrates the involvement of students in research.

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

This criterion is met.

Strengths

- The School of Public Health has an independent Office of Research and Sponsored Program to facilitate the grant submission process for School faculty.
- Over its history, about 37% of the total external awarded funding (research and non-research) for the School's primary faculty has come from the National Institutes of Health (NIH), 12% from other federal agencies (such as the Centers for Disease Control, HRSA, DOL-OSHA, and VA), 29% from various state and local governmental agencies, and the remaining 22% from other sources including foundations, non-profit organizations, and industry.
- At the end of FY2014, 16 years after it was launched, the School's primary faculty had successfully secured over \$153 million in research and other grants, cooperative agreements, and contracts.

- Well-designed institutional policies and procedures have contributed to the School's success in undertaking a broad spectrum of original research projects.
- Most of the faculty are actively engaged in research, and most have received support from external sources. Over the last three fiscal years, the total amount of external support for the School's primary faculty is over \$20 million.
- The sociodemographic and environmental factors that combine to make graduate public health training in New Jersey timely also help form the mandate for the School's research agenda.

Weaknesses/Challenges

- An imbalance of research awards received exists among the School's departments.
- External forces (e.g., level or declining federal and state funds for public health research and a decrease by the State in the financial commitment to Rutgers University) have limited the increase of University support to the School and, consequently, the growth in the number of primary faculty; this has impacted the potential growth in external funding for research.
- The School's space has remained the same in the past five years, while faculty has grown.

Plans

- Reassignment of faculty at the Department of Environmental and Occupational Medicine at Rutgers Robert Wood Johnson Medical School, the Department of Preventive Medicine at Rutgers New Jersey Medical School and the Cancer Prevention and Control Program at the Rutgers Cancer Institute of New Jersey into the School of Public Health as primary faculty is being strongly considered by the RBHS Chancellor and the cognizant RBHS deans. If effected, these reassignments could add substantially to the School's research strengths and funding.
- Outcomes research, tobacco control regulatory science, cancer epidemiology, global public health, health services and disparities, alcohol treatment, and obesity, nutrition and physical activity are among the issues shaping the school's research agenda.
- Under the new Dean, several additional faculty lines have been negotiated with the Rutgers Biomedical Health Sciences Chancellor to expand the School's faculty. The School has already begun to advertise several faculty positions.
- Sponsor a grant-writing workshop for faculty and staff to enhance their grantwriting skills.
- Implement a system to review faculty grant applications prior to submission.
- Develop a pilot project funding program.
- Establish a Biostatistics and Epidemiology Consultation Center to serve the RBHS and Rutgers community, strengthen interdisciplinary education and research and enhance funding opportunities for grants.
- Continue to conduct a monthly research seminar series targeted toward faculty and students.
- Offer at least one training opportunity annually for faculty and students to enhance their research skills.
- Establish a faculty effort tracking system that covers teaching, research and service efforts.
- Increase the proportion of doctoral graduates presenting at least one paper at a national or international conference prior to graduation.
- Offer at least one training opportunity on writing publications for junior faculty and students.
- Increase the total number of applications that target underserved or diverse populations or health disparities.
- Increase the total number of students supported by School, such as through research or training programs.
- Publicize faculty publications and student research projects through School communication methods, such as the website, social media, etc., annually.

CRITERION 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.

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

The School of Public Health service activities derive from its own 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.” In addition, much of the School’s service grows out of research, and indeed, research is often one of the School’s service activities. The School of Public Health provides service, including research, as described in Criterion 3.1, including direct service by School faculty and students to communities across New Jersey and beyond.

Policies

All service activities are regulated by Rutgers university-wide policies. A list of Rutgers policies most directly relevant to the School’s service program is included in the Resource File, under 3.1 Research (with policies related to research activities). These policies, and all other Rutgers policies, are available at policies.rutgers.edu. RBHS policies are available at academicaffairs.rutgers.edu/additional-resources/rbhs-policies. The specified policies are available in the Resource File, under Rutgers Policies and RBHS Policies.

Procedures and Practices

The School’s community service activities are encouraged by the Associate Dean for Community Health as well as the Community Health Committee, which is charged with advising the Dean on aspects related to the School’s involvement in community health education. The purpose of this Committee is to nurture and maintain liaisons between the School and community agencies. The Committee also provides information to the faculty and Dean concerning the conduct of community service and research programs with regard to their objectives and quality. Members of the Committee include faculty, fieldwork coordinators, and community, student and alumni/ae representatives. (See Resource File, under 1.5 Governance, for a list of Committee members.)

The School of Public Health recognizes outstanding service activities of faculty, students and staff when appropriate. Each year, a School of Public Health student is recognized by the University with the awarding of 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. The School also periodically recognizes community service through several additional awards: the Community-Campus Partnership Award is given to recognize a faculty partnership effort (research or service) with a local community, and the Dean’s Special Recognition in Public Health Award. These awards are presented annually at the School Convocation. In 2013, the School also presented a Public Health Leadership Award to recognize innovation and leadership in public health. A list of the recipients of these awards over the last three years is included in the Resource File.

Projects and individual faculty members have also been recognized by outside agencies for their service to the community. In April 2013, the School’s Community Living Education Program was recognized by

Community Access United and the Union County Board of Chosen Freeholders with the Community Education Partnership Award. In November 2013, the NJ Association of Community Providers gave their Advocate of the Year Award to the Community Living Education Program in recognition of their work. Dr. Sandra Echeverria's "Fun in the Park" program with Robert Wood Johnson University Hospital's Community Health Promotions Program was selected by The NJ Hospital Association Healthcare Research Education Trust (HRET) as one of the winners of its 2012-13 Community Outreach Awards and earned the top spot in the "Preventing Disease and Injury" category.

Contracts and Agreements with External Agencies

The School of Public Health has contracts or agreements with several external agencies and institutions (a full list is included in the Resource File), including:

- Federal agencies, such as the Centers for Disease Control and Prevention (CDC);
- State, county and local health departments and social service agencies;
- Non-profit and nongovernmental organizations;
- Educational settings; and
- Neighborhood health centers and community clinics.

Samples of the agreements are available in the Resource File, under 3.1 Research.

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

When the School of Public Health was founded, the criteria for appointments at the various faculty levels and for tenure were initially adopted largely from the two medical schools. The Appointments and Promotion Committee has specifically amended the list of "Indicators for Evaluating Faculty Performance" to recognize "contributions to community-based or community research....," "evidence of leadership in community...service programs," and "participation in community initiatives and collaborations." The Committee and the School's administration take these contributions seriously and have promoted valued faculty members whose contributions emphasize community service and teaching, but who have devoted somewhat less attention to research.

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

Faculty find their service activities to be both professionally stimulating and an excellent way to keep abreast of trends and problems in their fields. Through service activities, teaching is enriched and kept relevant. Members of the School faculty are involved in service initiatives at the international, national, state and local levels outside the university. At the end of 2013, the School surveyed faculty, staff and students about their involvement in service. Funded Service Activity of Primary Faculty (CEPH Data Template 3.2.2), in the Resource File, illustrates the diversity of service projects and funding sources that faculty have had over the years.

Examples of School-Sponsored Service Activities

The **Trinkets and Trash Collection** monitors and collects current and historic examples of tobacco products, promotional items, tobacco marketing materials and advertising. It is intended to serve as a source for scholarly research; provide a historic record of tobacco industry products, marketing and

promotion; and serve as a tool for advocacy and educating the general public. The website, www.trinketsandtrash.org, features a search engine and archive of downloadable images of the newest products and promotions, along with images of older, more familiar items and some rare antiques. Detailed information about the content of many items in the collection is also maintained in offline databases as part of ongoing surveillance and research activities. In addition, Trinkets and Trash develops and disseminates monthly Surveillance Updates, page-long summaries describing and linking readers to images of the latest tobacco advertising activities, and uses Twitter to highlight tobacco marketing news and new additions to the collection in real time. Examples of the collection are on display at School of Public Health in Piscataway.

The **Asian Risk Assessment Initiative** has been based at the Rutgers School of Public Health since 2001. The initiative offers a month-long environmental risk assessment course (originally funded by the Asian Development Bank and now self-sustaining) taught each year in Bangkok, Thailand at Chulalongkorn University. The School also continues to assist faculty at six of Thailand's other universities in furthering development of Toxicology and Risk Management and environmental health assessment. They continue to expand their collaborative research partnerships. Two studies have been initiated in Southern Thailand looking at lead and arsenic contamination in children in two villages. This collaboration continues and additional support is being sought via NIH and the Thai government. In 2007, the School with Rutgers University and Chulalongkorn University was awarded an NIH Fogarty ITREOH grant (International Training and Research Program in Environmental and Occupational Health). This provided funding for the Thai Fogarty Center. The center, located at Chulalongkorn University, provides training and research opportunities relating to environmental and occupational health and exposure to pesticides. The ITREOH site is at thaitreoh.rutgers.edu. The initiative has supported 26 students for MPH and PhD degrees from 7 countries and trained a total of over 700 students in the risk class. A \$1 million USAID grant started in September 2013 for five years to further this work in the Philippines, additional applications are now in review at USAID for the Mekong Region as a whole.

The School of Public Health participated in the **Barbershop Initiative**-- a national program created by The Prostate Net (TPN), a national patient education and advocacy organization founded by Virgil H. Simons. Funded by the CDC, implementation of an enhanced version of The Prostate Net's Barbershop Initiative™ model in NJ began in September 2007 and continued with additional funding through June 30, 2012. The intent of the program has been to access medically underserved minority men in NJ through barbershops to increase their awareness and knowledge about prostate cancer and its detection. Barbers who served as respected emissaries in their communities were trained to serve as lay health educators to then train their patrons. This five-year venture was undertaken together with the NJ Cancer Education and Early Detection (NJCEED) lead agencies in conjunction with the county cancer coalitions and two designated outreach coordinators (one based at the Atlantic County Healthy Living Coalition for southern counties and one at the Essex County Cancer Coalition for the northern counties.)

Choose Your Cover—Going Outdoors in NJ To Fight Melanoma is a statewide collaborative initiative to promote risk education, early detection and skin cancer screenings at outdoor venues and increase awareness about the need for protection from UV rays, the easiest way to eliminate the most common risk factor for melanoma. Screenings were first initiated at three beaches in 2008. Faculty developed a pilot evaluation of the initiative in 2009 which screened 1,917 beach-goers. Of these, 555 (29%) were referred for a variety of skin lesions including presumptive basal cell carcinomas (4%), squamous cell carcinomas (2%), and melanomas (3%). The initiative was expanded statewide in 2010 and annually since then with expanded venues around NJ, individuals who were engaging in outdoor activities at beaches, lakes, pools, parks and other outdoor recreational sites around NJ. Individuals have been offered free skin cancer screenings and education on a first-come, first-served basis. Faculty

members have been working with the State on a large-scale evaluation to analyze pre- and post-measures provided by screened participants to assess whether there are changes in knowledge, attitudes, and perceived willingness to adopt sun safety behaviors as a result of participating in the events. During Chose Your Cover events between 2008 and 2013, 8,200 individuals were screened.

Guided Physical Activity for Latino Diabetics. Funded in FY2014, faculty in the Department of Epidemiology work with the Community Health and Prevention Program of Robert Wood Johnson University Hospital to provide services to low-income residents of New Brunswick, a large majority of whom are Latino individuals with a high risk of diabetes. Residents receive free access to the Health and Wellness Center in New Brunswick. In addition to the membership incentive, participants receive culturally relevant support mechanisms to increase physical activity, including a peer-led buddy system, a guided tour of the Wellness Center, and periodic monitoring of changes in physical fitness. The program aims to build awareness of the importance of physical activity for diabetes management as well as overall health. The project aims to build a strong university/community partnership.

Contributions of Professional Expertise to the Public Including Professional Practice

Many faculty and staff contribute their professional expertise to the public including professional practice. For example, faculty members serve as members of committees for professional associations, such as the American Public Health Association. Faculty members have consulted on toxic tort cases. Faculty members assist with data analysis that contributes to public health initiatives around the state as well as in the adjoining states of Pennsylvania and New York. Faculty members are involved in the identification, investigation, and control of reportable communicable diseases as regional epidemiologists, as well as monitoring the health impacts of exposures on the populations. Faculty members serve as editors as well as reviewers for journals. They provide program input in the planning of public health symposia and conferences. Faculty members give invited lectures and serve as moderators and panelists on panels for professional meetings. They serve as judges for various public health related awards and competitions. Faculty and staff have authored news articles and provided radio and TV interviews on relevant public health issues including such topics as lead and tobacco.

Service as Consultants with Public or Private Organizations on Issues Relevant to Public Health

Faculty and staff members have served as consultants with public and private organizations on relevant public health issues. Public organizations include state, national and global organizations: the NJ Departments of Health and Environmental Protection, the Food and Drug Administration, the Centers for Disease Control and Prevention, the National Institute of Allergy, Immunology & Infectious Diseases, the Environmental Protection Agency, the World Health Organization, the Ministries of Health in Latin America and Eastern Europe, the Pan American Health Organization, and the World Bank. Private organizations include the March of Dimes, the NJ and New York City Audubon Societies, the NJ Health Officers Association, and the Newark Promise Neighborhood Project, and Merck.

Service Providing Testimony or Technical Support to Administrative, Legislative or Judicial Bodies

School faculty and staff members have provided testimony and technical support to administrative, legislative and judicial bodies. They have testified on behalf of plaintiffs in federal and state courts regarding various environmental exposures, including exposure to tobacco. They have given technical support to various organizations including the National Vaccine Injury Panel, the Nuclear Regulatory Commission, the US Department of Labor, the Environmental Protection Agency's Science Advisory Board for Environmental Justice and the NJ Department of Banking and Insurance, the NJ Department of Justice, the NJ Commission on Environmental Education, and the NJ Child Labor Advisory Board.

Service as Board Members and Officers of Professional Associations

School faculty and staff have served as board members and officers of professional associations including the American Epidemiological Society, the American Public Health Association, CDC's Advisory Committee on Childhood Lead Poisoning Prevention, 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, the NJ Chapter of the American Statistical Association. They have served on the editorial boards of prestigious journals including *Health Affairs*, *Inquiry: The Journal of Health Care Organization, Provision, and Financing*; the *Journal of Nutrition Education and Behavior*; and *Health Economics*.

Service as Members of Community-Based Organizations, Advisory Boards and Other Groups

School faculty and staff serve as members of community-based organizations, community advisory boards and other groups, including the NJ Chronic Disease Advisory Council, the New York City Panel on Climate Change Health Working Group, New Brunswick Tomorrow, CAMConnect, Wynona's House, Impact Ministries, Camden Healthy Futures, Newark Youth Policy Board, Circle of Life Children's Center, Sustainable Jersey Initiative, Big Brothers Big Sisters of Essex, Hudson & Union Counties, New Jersey, Planned Parenthood, Sea Girt Watershed Committee, and GreenFaith.

Other School Faculty and Staff Service

School faculty and staff members engage in other service activities that contribute to the health of the community including volunteering for community-based HBV screening and awareness events, the local food pantry in New Brunswick, Cathedral Kitchen in Camden, providing information on immunizations for local organizations, and providing public health information to high school and college students.

A listing of faculty and staff service activities is in the Resource File.

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

TABLE 3.2.d-1: OUTCOME MEASURES FOR SUCCESS OF SERVICE PROGRAMS, AY2012-AY2014				
Outcome Measure	Target	AY2012	AY2013	AY2014
Number of partnerships with health departments, community-based organizations and/or health organizations	Increase to at least 70 partnerships by the end of Spring 2016	Not data available as measure was established in AY2014	Not data available as measure was established in AY2014	61
Number of Bridging the Gaps community partners	At least five partners annually	7	7	12
Number of workers trained in public health topics	3,000 workers annually	5,320	7,098	1,305
Number of public health-related continuing education programs for the K-12 community	More than 12 programs annually	25	29	13
Sustain the Dominican Republic Outreach Project	Offer HSAP 0619 course annually	offered Spring and Fall (10 students)	offered Spring (7 students)	offered Spring (10 students)
Number of service activities completed by V.O.I.C.E.S.	≥5 activities/events annually	10 activities/events	32 activities/events	17 activities/events

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

Service learning opportunities provide valuable service to local communities as well as public health practice experience for students. Therefore, the School provides students with many opportunities to be involved in service activities. The School of Public Health has developed a number of community service projects designed to involve students, faculty and staff in health-related service to the communities of New Jersey. Below are descriptions of these initiatives.

HSAP 0619: Public Health Applications in Developing Countries

Community service has been incorporated into the public health curriculum. The elective course Public Health Applications in Developing Countries (HSAP 0619) provides students with a “learn and serve” opportunity. Drs. Lois Grau and Bernadette West, Department of Health Systems & Policy, first offered this course in 2003 and it has been offered ever since at least once a year. The course involves planning for and completing a trip to the *bateyes* of the Dominican Republic. *Bateyes* are populated by Haitian sugarcane cutters who typically do not receive any benefits of Dominican residency, including health care and education. Students participate in parasite worming projects, primary care clinics, food distribution, and other service projects in the *bateyes*. Students have also presented posters on the DR Project. Since the Project’s inception, over 170 students and eight faculty members have worked in the *bateyes* providing health education and promotion programs as well as primary care. The project works closely with Blanco, a local Haitian community leader, and residents of Costambar (a community on the north coast). Together the collaboration works with “Blanco’s Kids” – a group of approximately 40 orphaned and single-parent children who had little food and no access to education or health care. The collaboration has worked to build two small homes and a school. Funds have also been raised to purchase a farm so the children can live and attend school in a safe environment.

V.O.I.C.E.S.

As a student and faculty community service organization at the School of Public Health, V.O.I.C.E.S. (Volunteer Opportunities in Community-Engaged Service) is dedicated to working with community groups in cities across the state to identify public health needs and design useful service projects to address these needs. The mission is to provide a forum for public health students and faculty on all three campuses to reach out to their communities by organizing and participating in volunteer community service projects with a public health focus. The organization allows students to gain practical public health experience, interact with other students with similar interests, and incorporate social responsibility into their academic experience. At the same time, it provides mentoring opportunities for faculty. V.O.I.C.E.S. enables students and faculty to positively impact the communities in which they live, both locally and globally. The organization is led by student directors selected each year who meet on a regular basis to plan service opportunities for students, faculty, and staff. Involvement of students and faculty in service in their local communities has increased each year through the efforts of V.O.I.C.E.S. The number of V.O.I.C.E.S. activities/projects has also increased each year since its founding, from four in 2003 to seventeen in AY2014. In 2013, Newark Campus students initiated a chapter of V.O.I.C.E.S. on the Newark Campus. A description of the many community service projects and events V.O.I.C.E.S. has conducted over the past three years is in the Resource File.

Student Government Association

The Student Government Association (SGA) was organized in 1988 on the New Brunswick Campus, the Newark Campus in 2001 and the Stratford Campus in 2004. Their primary annual service activities have

included hosting Career Fairs, Health and Wellness Day, Charity Dinners for Blanco's Kids (Dominican Republic Outreach Project) as well as blood drives. The Association's governance is described in Criterion 1.5.e.

Bridging the Gaps

Bridging the Gaps is a consortium of universities from around Pennsylvania that was established in 1988 to encourage service learning among health professions students. In 2007, the School brought Bridging the Gaps to then UMDNJ—now Rutgers—and has continued to play a leadership role in organizing participation in the program. The School has increased the number of community sites from one in 2007 to twelve in 2014 with interdisciplinary teams of students from public health, medicine, other health-related professions, biomedical sciences, and social work. Community sites are located around the state in Camden, Newark, Trenton, New Brunswick and Elizabeth. The number of student participants has increased as well from 2 in 2007 to 23 in 2014. Community sites have included the Camden Coalition of Healthcare Providers, Project HOPE, UrbanPromise, the IDEA Performing Arts Center, Urban Promise, and Covenant House in Camden; Elijah's Promise, Francis Parker Memorial Home, Amandla Crossing, Hyacinth Foundation and the SKN Foundation in New Brunswick; the Greater Newark Conservancy, YouthBuild, Prevent Child Abuse NJ, Jerome and Harris Community Health Center in Newark; the Henry J. Austin Health Center in Trenton; and Bridgeway in Elizabeth, NJ.

For this community internship, students work seven weeks during the summer. Four days a week on service projects of benefit to the community and once a week, students participate in workshops on various community issues related to urban health including violence, food insecurity, homelessness, environmental health and healthy homes, oral health, and approaches to working with vulnerable youth. At their sites, students worked with youth, adult, and senior populations, providing health education, and community outreach. Some work with summer camp programs and youth training initiatives, local farmer's markets, food pantries, transitional housing, and outreach to homeless populations. The School organizes a final Symposium to which the community is invited. Students prepare panel discussions around the challenges to healthy living in their respective cities as well as posters on their projects. Students also participate in the larger Philadelphia Symposium in September.

What's Your Passion

In 2013, the School of Public Health received a small grant from the Community Foundation of NJ to help support small student/faculty community service projects. Students were required to identify a community project, partner agency and faculty member to work with. Projects included:

- Chemotherapy "Help" Bags -- a project undertaken with Rutgers Cancer Institute of New Jersey and Girl Scout Troup 60959 (Branchburg Brownies);
- Bicycle Safety Training for immigrant workers and their children developed with Case Freehold; and
- "Understanding the ACA" developed with March of Dimes.

Fieldwork Projects

Local service needs are met by the School's students as they perform their fieldwork. Fieldwork, although primarily a learning experience for the student, provides service to a worksite and also helps staff members of the host agency stay current in their practices. In addition, the fact that many students in the School are currently experienced health professionals who are in a position to directly apply new knowledge and skills enhances their service contributions. The School receives frequent compliments from organizations where students have completed their fieldwork. (See Criterion 2.4 for more information on Fieldwork.)

Students continue to be engaged in community service activities beyond the classroom. A 2014 survey of students found that 25% of students reported participating in V.O.I.C.E.S. community initiatives and 44% reported participating in service activities on their own outside of School. These activities included AmeriCorp, Doctors Without Borders, NYC Marathon Medical Team, and volunteer projects for local soup kitchens, blood drives, and park clean-ups.

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

This criterion is met.

Strengths

- Faculty are supported to pursue individual service interests and are expected to do so; promotions are based in part on their level of service.
- The faculty is engaged in the full spectrum of public health service at all levels from local communities in New Jersey to state and federal agencies and organizations, as well as organizations outside of the US. The continuing requests for participation of faculty in professional and community affairs and their ready response attests to the value the School places on service.
- Practice opportunities in the classroom and through Fieldwork, as well as through the service projects of V.O.I.C.E.S., have encouraged civic engagement among students and offer them many opportunities to become involved in their communities. Involvement in such activities has increased each year.
- Following graduation, alumni/ae continue to participate in the community service projects organized for students.
- The School's commitment to community-level work is also evidenced in the HSAP 0619: Public Health Applications in Developing Countries course.
- The School sponsors an elective course in which travel to the Dominican Republic, where they see firsthand that health needs in a third world and participate in several to help meet those needs.

Weaknesses/Challenges

- Funding for service initiatives has been and continues to be a challenge.
- In 2013, the School received a small grant from Community Foundation of NJ to support student and faculty service efforts, but the sustainability of the project is limited.

Plans

- Continue to submit proposals for additional external support for V.O.I.C.E.S. and the Community Health Committee in order to support faculty/community collaborations.
- Establish new partnerships with additional community agencies to support student and faculty service activities.
- Continue to pursue opportunities to expand faculty and student service projects with communities will
- Sustain partnerships with at least five Bridging the Gaps community partners in New Brunswick, Newark and Camden.
- Increase outreach to at least 10 new potential Fieldwork sites or preceptors that serve diverse populations and address health disparities.

- Continue to offer the “Public Health Applications in Developing Countries” course.
- Continue to conduct the Bridging the Gaps program annually.
- Conduct at least five V.O.I.C.E.S. activities each year.
- Promote faculty public health professional service efforts and community service efforts through marketing and communication programs.

CRITERION 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.

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

The Rutgers School of Public Health has a robust continuing education program that provides training and education that meet the varying needs along the spectrum of public health professionals. The vast majority of the School's continuing education activities are accomplished through the Office of Public Health Practice (OPHP). The mission of the OPHP is to provide a link between our faculty and practice partners in teaching, research, and the practice of public health. The continuing education activities are designed to strengthen the cooperation between OPHP and state and local public health practitioners.

The OPHP houses several major programs, funded or approved, that provide training for a broad range of public health workers. These programs are:

- New Jersey Public Health Training Center (HRSA)*;
- Atlantic OSHA Training Center (OSHA);
- New Jersey/New York Hazardous Materials Worker Training Center (NIEHS); and
- New York/New Jersey Education and Research Center (CDC/NIOSH).

*As of September 2014, the New Jersey Public Health Training Center (PHTC) became part of the Region 2 PHTC, partnering with Columbia Mailman SPH, University of Puerto Rico SPH, the University of the Virgin Islands, and the New York State Association of County Health Officials.

Each program includes needs assessments to identify the training needs of worker populations. The following describes the needs assessment process.

New Jersey Public Health Training Center

Funded in 2010, the NJPHTC expanded upon the training developed through the NYNJ PHTC. Training needs assessments have been conducted for each of the primary public health disciplines in the state, which include: Health Officers, Public Health Nurses, Health Educators/Risk Communicators, Registered Environmental Health Specialists (REHS) and Epidemiologists. Assessments with each discipline were facilitated through the respective membership organizations for each group: NJ Association of City and County Health Officials (NJACCHO), NJ Society for Public Health Education (NJSOPHE), NJ Public Health Association (NJPHA), NJ Environmental Health Association (NJEHA), NJ Association of Public Health Nurse Administrators (NJAPHNA), and the NJ Association of Public Health Epidemiologists (NJAPHE). The initial assessments were conducted using a combination of audience response technology, online surveys, dialogue with leadership of discipline-specific professional organizations, and one-to-one communications with members the public health workforce. The majority of assessments were conducted between May 2010 and September 2011, in some cases with disciplines participating in more than one assessment. Instruments were based largely on the Public Health Core Competencies (and also the Quad Council Competencies for Public Health Nurses), however some were more 'skill-based' instruments, and based on competencies of the specific discipline. Since these initial assessments, and in response to HRSA prompts for ongoing assessments, qualitative data has been gathered through participation in Board meetings with NJSOPHE, NJEHA and NJAPHNA. These sessions garnered valuable

information. Additional assessments are also planned with NJACCHO, and public health nurses via the NJ Association of Public Health Nurse Administrators.

For the 2010-11 assessments, the instrument was based on the Quad Council's 'Core Competencies for Public Health Nurses,' which are aligned with the Public Health Core Competencies. Forty nurses participated. A subsequent assessment, using the same instrument, was conducted in June 2012, via Survey Monkey, with 75 nurses participating. This was followed by a more qualitative assessment in Spring 2013 with Board members of NJAPHNA. These assessments, coupled with qualitative data gathered through organization leaders and committee members and one-to-one dialogue, helped shape future NJPHTC offerings. Registered Environmental Health Specialists (REHS), via the NJEHA, took part in similar training needs assessment processes as described above. An assessment took place at the group's annual meeting in September 2011, in which 70 REHS participated. Note that rather than being based on the Public Health Core Competencies, an instrument was specially created based on the specific, required skills sets of REHS, extracted from NJ's REHS training curriculum. Training needs for epidemiologists were assessed in December 2011, with the instrument based on the CDC's Applied Epidemiology Competencies. Training needs identified were specific software knowledge, such SAS, and Epi Info, and communicable disease updates. Health Educators/Risk Communicators were assessed on two occasions to maximize input, with the assessment based on both the Public Health Core Competencies and the health educator Areas of Responsibility established by the National Commission for Health Education Credentialing. Assessments were conducted utilizing an audience response system, Survey Monkey, and a qualitative assessment through the NJSOPHE Board and committee members. Additional qualitative data has also been gathered through group dialogue with Board members of NJSOPHE and NJEHA, also conducted in Spring 2013. These sessions garnered valuable information, and continued to help shape our training efforts into 2014. Further assessment activities are likely in 2015.

Assessments conducted with Health Officers have identified a need for local health department accreditation preparation. The OPHP has provided multiple workshops on strategic planning, quality improvement, and Public Health Accreditation Board documentation to prepare health officers and health departments for submitting documentation for accreditation. Public Health Nurses have identified a need to learn more about Management of Medical Needs Shelters. The OPHP provided a Public Health Nursing Summit with peer learning to teach lessons learned from Superstorm Sandy response teams. Epidemiologists have identified a need for statistical analysis training for improved outbreak management. The OPHP developed a two-part hands-on workshop in SAS and Epi-Info to meet this identified need. Registered Environmental Health Specialists identified a need for proper inspection protocols for Body Art establishments. The OPHP developed two regional conferences co-sponsored with NJDOH and other partners to provide best practices in body art establishment inspection procedures.

In the upcoming years, the Region 2 PHTC will conduct needs assessments for the public health workforce on an annual basis. OPHP will have primary responsibility for the needs assessment of the workforce in NJ.

Atlantic OSHA Training Center

New Jersey/New York Hazardous Materials Worker Training Center

New York/New Jersey Education and Research Center

These three Centers have a similar focus on occupational safety and health. Although the training content and target audiences are different, the focus on occupational safety and health is the common element. Needs assessments are done on a less formal basis for these training programs. The NIEHS and NIOSH programs utilize ongoing informal discussions with key informants to identify the current

training needs of the workforce. Additionally, each program has an advisory board that meets annually to provide input into the types of training needed. The instructors in each of these programs also provide insight into training needs. Most instructors are working in the field of occupational safety and health, and have an understanding of workforce needs. Finally, at the conclusion of each course, participants are asked if other types of training are needed.

A specific outcome from the needs assessment with a key informant group/partner in OPHP's training was the development of training courses for the New York City Department of Health and Mental Hygiene. A need was identified for inspectors to be trained in Basic Industrial Hygiene Sampling. The OPHP developed this course for their field inspectors based on their Post Superstorm Sandy experience. After the initial course, it was determined that additional sampling skills were needed by inspectors. The OPHP developed an Intermediate Industrial Hygiene Sampling course to meet these needs.

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

Through the OPHP, the School sponsors continuing education opportunities for a broad range of public health professionals. OPHP has been directed by Dr. Mitchel Rosen since 1999 when the Office was established within the School. Table 3.3.b-1 illustrates the number of courses and number of participants trained during the past four academic years through courses offered directly by the OPHP. The OPHP courses are primarily supported by federal training grants awarded by NIOSH, NIEHS, HRSA, and CDC through the School's centers. In addition, online courses and the number trained are included in Table 3.3.b-2. Samples of flyers for OPHP courses and programs are in the Resource File.

TABLE 3.3.b-1: NUMBER OF COURSES OFFERED AND NUMBER OF TRAINEES, AY2012-AY2015			
Academic Year	Number of Courses	Number Trained¹	Total Contact Hours
2012	295	5,382	46,845
2013	385	7,098	60,090
2014	314	5,480	52,783
2015 ²	158	3,508	26,619
TOTAL	1,152	21,468	186,337

¹The number trained is approximately 75% public health professionals.

²July 1-December 31, 2014

Through the NIEHS New Jersey/New York Hazardous Waste Worker Training Center, training is provided to hazardous materials workers throughout Federal Region II. The Center, directed by Dr. Mitchel A. Rosen, provides training to an average of 9,500 workers in Region II each year, and is comprised of academic, union, and governmental agencies, including CUNY School of Public Health at Hunter College, University at Buffalo, Universidad Metropolitana (Puerto Rico), the New York District Council of Carpenters, the New York Committee on Occupational Safety and Health, and the NJ State Police. (Note: The courses and training provided by the partners are not included in Table 3.3.b-1 or 3.3.b-2.) In addition to the courses provided to hazardous materials workers who respond to emergencies or clean-up of contaminated sites, there are two other initiatives. The Minority Worker Training (MWT) Program provides training and job skills to unemployed or underemployed minority youth in New York City in a

17-week program. The Hazardous Disaster Preparedness Training (HDPT) Program provides training to workers who will respond to events of national significance.

In 2013, the Center received funds to develop a 5-week training program for unemployed or underemployed veterans. The project included environmental, safety, and construction trades training for 17 veterans. At the conclusion of the program, nine were employed in jobs related to the training.

In 2013, the Center received Superstorm Sandy supplemental funds to develop safety and health training to respond to and prepare for hurricanes and other disasters. These funds have enabled the Center to expand the types of courses provided, and includes training for volunteers, homeowners, and other responders. Additionally, in 2014, the OPHP received two Superstorm Sandy supplemental projects through the Assistant Secretary of Preparedness and Response. The first, awarded to the School and the NJDOH, is to develop a research project around the hazards that tree workers face during disasters. The second, awarded to SUNY Stony Brook and the School, is to identify the efficacy of a brief resiliency training program for emergency responders affected by Superstorm Sandy.

The NIOSH New York/New Jersey Education and Research Center, based at Icahn School of Medicine at Mount Sinai, provides graduate training for occupational medicine residents, industrial hygienists, ergonomists, and safety professionals through Mount Sinai, Hunter College, New Jersey Institute of Technology, Rutgers Robert Wood Johnson Medical School, Rutgers School of Public Health, and New York University. The School of Public Health is responsible for the Continuing Education Program, the Outreach Program, and the Interdisciplinary Program. Dr. Mitchel Rosen serves as the Program Director. The occupational and environmental medicine residents are also partially supported through this Center for their academic program.

In 2014, the OPHP provided mold awareness training to supervisors in the New York City Housing Authority. Twenty sessions were provided reaching over 400 of NYCHAs supervisory staff.

In 2014, the OPHP developed and offered a three-day Basic Industrial Hygiene Sampling course for the field inspectors of the New York City Department of Health and Mental Hygiene (NYCDOHMH). In addition, the OPHP developed a three-day Intermediate Industrial Hygiene Sampling course for NYCDOHMH field inspectors to further their sampling skills.

Since 2006, the OPHP has conducted its “Historical Perspectives on Occupational Safety and Health” tours. The goal of the tour was to provide a means to integrate the practice of occupational safety and health within the four academic disciplines represented by the NIOSH Education and Research Center for Region II. Faculty and students participated in the tour, including faculty from the School of Public Health, Dr. Mitchel Rosen and Dr. Iris Udasin, as well as the occupational and environmental medicine residents enrolled in the MPH degree program. Additional students include occupational medical residents from Icahn School of Medicine at Mount Sinai, industrial hygiene students from Hunter College, ergonomics students from New York University, and safety students from the New Jersey Institute of Technology. Academic credit was provided by the participating universities for their students.

The HRSA NJ Public Health Training Center’s (NJ PHTC) overarching aims were to 1) address through training and education the professional needs of the statewide New Jersey public health workforce, the impending shortage of public health workers and the leadership training needs of public health professionals, and 2) further strengthen high need/low resource communities through enhancing the essential public health competencies of public health professionals. Through existing relationships, the NJPHTC broadened the scope of training available to the existing public health workforce. The NJPHTC

also expanded collaborative projects that involve students, faculty and community based organizations. These collaborations focused on public health issues in medically underserved communities.

Through the previous collaboration with the NYNJPHTC, including the Mailman School of Public Health at Columbia University and the School of Public Health at the University at Albany, State University of New York, OPHP has participated in five online training courses. These legacy courses are available for enrollment, and the total number of course completions are divided equally between the three schools. The numbers presented in Table 3.3.b-2 are the course numbers attributed to Rutgers.

TABLE 3.3.b-2: ON-LINE PUBLIC HEALTH COURSES AND NUMBER TRAINED, AY2012-AY2015

On-Line Course	Number Trained ¹				Total Contact Hours			
	AY12	AY13	AY14	AY15*	AY12	AY13	AY14	AY15 ²
Orientation to Public Health	1,764	1,928	1,921	1,000	1,764	1,928	1,921	1,000
Case Studies:								
Pharmaceuticals in Our Waters: A Public Health Perspective	28	13	15	4	28	13	15	4
Move It: A Case Study in Policy Change and Health Promotion Program Planning	45	7	44	32	45	7	44	32
Exploring Cross-Cultural Communication	434	567	593	331	434	567	593	331
Evaluating Public Health Programs	164	277	236	129	164	277	236	129
Program Development and Evaluation	254	463	460	203	254	463	460	203
Health Literacy & Public Health: Introduction	423	578	601	397	423	578	601	397
Health Literacy & Public Health: Strategies	303	440	401	193	455	660	602	290
Introduction to the Logic Model	129	192	189	110	129	192	189	110
Mastering the Role of Supervision	45	66	61	39	136	199	183	117
Messenger Chronicles: Be Prepared	22	30	28	13	22	30	28	13
Messenger Chronicles: Flex Time Fiasco	21	26	20	12	21	26	20	12
Messenger Chronicles: Introduction & 4C's	81	229	221	107	81	229	221	107
Messenger Chronicles: Managing Stress & Time	33	41	48	26	33	41	48	26
Messenger Chronicles: Moving Toward Synergy	31	22	17	13	31	22	17	13
Understanding Preconceptual Health	37	22	27	29	73	45	54	58
Practicing Cross-Cultural Communication-Hep. A	178	247	223	132	178	247	223	132
Practicing Cross-Cultural Communication-Bamboo	64	100	88	80	64	100	88	80
Practicing Cross-Cultural Communication-Flood	59	93	93	62	59	93	93	62
Practicing Cross-Cultural Communication-CHWP	91	140	182	86	91	140	182	86
TOTAL	4,205	5,482	5,468	2,998	4,484	5,856	5,818	3,189

¹The number trained is approximately 95% public health professionals.

²July 1-December 31, 2014

In September 2014, the Region 2 Public Health Training Center (R2PHTC) was established with Columbia University/Mailman SPH as the “central office”, and Rutgers School of Public Health as a Local Performance Site. Each Local Performance Site in collaboration with its “central office” provides at a minimum a local needs assessment, marketing, outreach, education, training, and program evaluation. The purpose of the Regional PHTC is to improve the nation’s public health system by strengthening the

technical, scientific, managerial and leadership competencies of the current and future public health workforce.

The Region 2 PHTC provides the following statutory requirements:

1. Establish or strengthen field placements for students in public or nonprofit private health agencies or organizations;
2. Involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities;
3. Specifically designate a geographic area or medically underserved population to be served by the center that shall be in a location removed from the main location of the teaching facility of the school that is participating in the program with such center; and
4. Assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.

The Atlantic OSHA Training Center provides training for professionals responsible for the safety and health of employees. Established in 2003, the training is provided throughout Region II. Collaborators include the University at Buffalo and Universidad Metropolitana in Puerto Rico. Dr. Mitchel Rosen serves as the Center Director and Dr. Koshy Koshy serves as the Training Manager. This program provides construction, general industry, and maritime safety training to a wide range of professionals.

OPHP received five years of funding from the United States Department of Labor (USDOL) Occupational Safety and Health Administration (OSHA) through the Susan Harwood Training Grant Program to develop, deliver, and evaluate targeted safety training programs in construction and general industry. Nearly 2,500 students were trained through this program in the last five years. Alliances were developed with community advocacy groups including Habitat for Humanity, Sustainable South Bronx, and Non-traditional Employment for Women to recruit students and host training throughout New Jersey and New York. The 2011 award focused on construction focus-four hazards, which includes the four major causes of fatalities in construction (falls, electrocution, caught-in and struck-by). Training was delivered to 711 construction workers in English and Spanish. The 2012 grant focused on construction fall hazards, the leading cause of fatalities at construction sites, training 705 students. Chemical safety (hazard communication) training was offered to 660 students as part of the 2013 program. Employers without a hazard communication program and failing to provide workers training on safe handling of chemicals to which they may be exposed are the leading causes of OSHA violations in the general industry. Human Performance Initiative (HPI) was used to develop an Injury and Illness Prevention Program (IIPP) training for the 2014 award that was provided to 399 students. The 2015 award will focus on safety and health training for temporary workers.

Mid-Atlantic Asbestos Training Center prepares a broad range of workers with the proper procedures for sampling and evaluating asbestos dust as well as how to safely work on abatement projects. The Training Manager is Dr. Koshy Koshy.

State and Local Departments of Health Personnel. In response to Superstorm Sandy, and with funding from the NJ Department of Health (NJDOH), OPHP administered and supervised the development and implementation of a 4-hour Mold Awareness and General Safety Training for local health departments. The training reached over 500 public health professionals throughout NJ. The training provided important information that health departments can provide to their residents when they have been impacted by a hurricane or other storms, as well as information on how to prepare before the storm impacts the community.

The OPHP provided hands-on, interactive training for the NJDOH, in varied quality improvement processes (Plan-Do-Study-Act, Process Mapping/Flow Charting, Rapid Cycle Improvement, and others), demonstrating their application to routine and ongoing department functions. This training initiative took place over a time period that allowed participants to learn, apply, and then *observe* the benefits of quality improvement efforts. Trainees reflected a number of Offices within NJDOH, and encompassed several Program Areas, including:

- Division of Family Health Services (5 Programs);
- Office of Vital Statistics and Registry (6 units);
- Healthcare Facilities Evaluation and Licensing (3 Programs);
- Office of Local and Public Health (1 unit);
- Office of Healthcare Quality and Assessment (3 Programs); and
- Office of Management and Administration (1 unit).

Participants received approximately 20 hours of quality improvement training through classroom or webinar sessions.

In 2013-14, the OPHP and the Rockaway Township Division of Health developed a checklist of restaurant health and safety concerns and surveyed establishments in their jurisdiction. The surveyed restaurants included those deemed to provide comprehensive retail food preparation and service. During routine food establishment inspections, REHSs completed the checklist to identify whether workplace safety issues were present.

In 2013-14, the OPHP partnered with the Rutgers School of Management and Labor Relations (SMLR) to develop and deliver a two-week Community Health Worker (CHW) training program. The School of Public Health was responsible for development of the curriculum, as well as delivering the training to the target audience. The CHW training program was established to address the significant imminent public health workforce shortages projected for New Jersey. Addressing those shortages includes establishing and strengthening career paths across a wide range services, including critical public health roles that do not require graduate-level education. Establishment of the CHW program prepared individuals to fill critical roles in a population that is aging as rapidly as its work force and which will increasingly require outreach for chronic disease-related and other services. Training was provided to over 100 unemployed or underemployed individuals.

In October 2014, the OPHP was contacted by the NJDOH to develop and implement a training program to prepare the public health and health care workforce to protect themselves from the threat of Ebola. The OPHP provided training to over 270 professionals on the proper procedures to don and doff personal protective equipment. The program was established as a train-the-trainer program, and those professionals trained over 750 additional healthcare workers throughout NJ.

In support of “Accreditation Readiness” for local health departments, the OPHP received a subcontract from the NJ Association of County and City Health Officials (NJACCHO) to provide training associated with accreditation preparation activities for Local Health Departments (LHD). The OPHP conducted five training sessions reaching over 160 participants from 73 different LHDs. This project was funded from May to September 2014.

In April 2014, OPHP and the NJACCHO received funds from the Robert Wood Johnson Foundation (RWJF) and the National Network of Public Health Institutes (NNPHI) to initiate the Gaining Ground project. Gaining Ground is designed to enhance performance and quality improvement of governmental

health departments and advance national accreditation by the Public Health Accreditation Board. It is expected that this project will increase the number of health departments in New Jersey that have increased readiness to apply for accreditation, as well as the number of health departments that have indicated intent to apply for accreditation. This project is funded for two years.

NJ Prevention Network. In 2011-13, the OPHP provided evaluation and technical assistance services to the NJ Prevention Network, a recipient of the Federal Center for Disease Control and Prevention (CDC), Community Transformation Grant (CTG). The OPHP provided expertise in evaluation, capacity building, needs assessment, and General/Cross-Cutting Assistance and Services.

General Public. The OPHP provided Mold Awareness and General Safety training for homeowners and volunteers who responded to Superstorm Sandy. Immediately after the storm hit NY and NJ, OPHP provided information for volunteers, homeowners, and workers on ways to protect themselves while dealing with the aftermath of the storm. OPHP provided three webinars on safety and health issues faced while conducting storm clean-up, response and mold removal activities. The OPHP provided training to over 1400 residents in NYC and 350 residents in NJ.

The New Jersey Safe Schools Program offers courses for teachers, supervisors and administrators working with students ages 16-21 in school-sponsored SLE, or structured learning experiences, as well as in specific topic areas highly relevant to young adult worker and student/minor safety and health on the job. Participants receive State of NJ professional development units, or PDUs.

In the last three years, the New Jersey Safe School Program held a total of 77 courses (63 SLE, 14 topic-specific), with a total enrollment of 1,541. Each course was 0.5-3 days in duration, with 2.5-12.0 PDUs (6-12 for SLE, 2.5-3 for topic-specific courses). The total number courses conducted either as open enrollment or in-service (i.e., a school district was targeted and hosted the training), by academic year are summarized below:

- For AY2012: 521 participants in 25 SLE courses;
- For AY2013: 777 participants in 29 SLE courses and eight topic-specific courses; and
- For AY2014: 714 participants in 9 SLE courses and 12 topic-specific courses.

An example of the training evaluation from the New Jersey Safe Schools Program is provided in the Resource File (Course Evaluation Form Used by New Jersey Safe Schools).

Funded Training Activity of Primary Faculty (CEPH Data Template 3.3.1) is in the Resource File.

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

The authority for the School of Public Health to provide University certificate programs in public health was approved by the then UMDNJ Board of Trustees on June 15, 2004. The certificate programs provide flexibility to enable the School to assist professionals in the field of public health and to provide career development opportunities in public health practice. The certificate programs may also serve as a recruitment tool for the School.

The School opened enrollment for its first certificate, *General Public Health*, in Fall 2005 and had one student enrolled on the New Brunswick Campus, three students enrolled on the Newark Campus and three students 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, *Public Health Preparedness, Global Public Health, and Health Policy* were added in 2006, 2011, and 2014 respectively. Specific attention has been given to advertising the availability of all certificate programs. The number enrolled in the certificate program is included in Table 3.3.c-1. Flyers describing the programs are in the Resource File; the programs are also described on the School's website at sph.rutgers.edu/academics/certificate_programs/index.html.

TABLE 3.3.c-1: NUMBER OF STUDENTS ENROLLED IN CERTIFICATE PROGRAM, AY2012-AY2015				
Certificate	AY2012	AY2013	AY2014	AY2015 (Fall 2014 only)
General Public Health	20	17	17	10
Clinical Epidemiology	2	2	4	1
Environmental and Occupational Health	1			1
Global Public Health				
Health Policy				
Public Health Preparedness				
Public Policy and Oral Health Administration				1
TOTAL	23	19	21	13

Requirements of the Certificate Programs

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 maintain a "B" average to successfully complete the program. Students who have successfully completed a certificate program may apply for the MPH degree program or the MS degree program (a new application for the degree program is required) and may transfer the 15 credits to the MPH degree program or the MS degree program, if applicable for the degree and concentration selected. 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; previously earned applicable credits of grade "B" or better may apply to a certificate program.

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

The OPHP follows all relevant Rutgers policies for development and implementation of continuing education programs. There are many policies that impact operations of the continuing education programs, including financial management, human resources, IT, and governance and legal matters. Each of these policies are followed. Specific policies that directly support workforce development activities of the School are listed with policies related to research and service activities in the Resource File, under 3.1 Research. These policies, and all other Rutgers policies, are available at policies.rutgers.edu. RBHS policies are available at academicaffairs.rutgers.edu/additional-resources/rbhs-policies. The specified policies are in the Resource File.

Procedures

Continuing education programs are developed and presented by the School's faculty as well as experts from the community and other universities/schools through the OPHP. The continuing education courses are either supported through grant/contract support or course fees.

New courses are designed based on needs assessments, feedback received on course evaluations, and experts in the field. Once a course is developed, it is posted on the OPHP website, through which attendees can register. Data are collected on each attendee, including name, work setting, job title, and other demographic information. The information is scanned into a database and reports are developed as needed. OPHP utilizes the classrooms at the School's facility in Piscataway to offer the courses as well as classrooms across the State and regionally, often located in community colleges and local health departments. If the course requires demonstration with equipment, the course is frequently conducted in the special hands-on training room in the School's Piscataway facility. Courses utilize a variety of delivery modalities, including lecture, small group activity, hands-on, and distance-based.

Evaluation

Workforce development programs are evaluated in several ways including registration data, tests and student course evaluations. Registrations, tests and course evaluations all provide evaluation data, with summaries of training data prepared monthly and more detailed analyses prepared annually. All trainee registration forms include the standard demographic data, with more detailed information on education and job history (no high school certificate, high school certificate, some college or vocational education training, college/vocational education graduate, some graduate school, graduate degree obtained); job title (scientist, engineer, etc.); job setting (local health department, hazardous waste site, generation facility, transportation, etc.); primary job duty (clean-up; treatment, storage and disposal facility treatment, storage and disposal facility, etc.) and work sector (public sector, private industry, etc.).

An example of the training evaluation from the hazardous materials training is provided in the Resource File (Course Evaluation Form Used by OPHP). Trainees complete course evaluations with 4-point ratings (1=poor, 4=excellent) to evaluate trainers, facilities, activities, materials, equipment and the course overall. They are asked to provide comments and recommendations. Trainees are also asked to categorize how well course objectives were met and to assess the appropriate level of technical instruction. In the 2014 report, the data are consistent with previous years, all items were rated as "good" or higher on a 4-point scale. Mean ratings ranged from 3.5 for "Instructors' knowledge of topics" to 3.6 for "overall instructors' rating;" the overall Rating was 3.6. Ninety-five percent of trainees responding stated that the course objectives were completely met and 96% believed the level of technical instruction received was on target.

Because trainees often come from widely scattered worksites, impact assessment has been limited to mail and telephone surveys. These are administered among a sample of trainees at least 6 months post-course to determine any changes in employment; the value of course modules to work circumstances; if incident(s) occurred since training which would have led to illness or injury in the absence of training; and recommendations for courses based in practical experience post-training.

Additionally, the OPHP lead a national impact evaluation pilot of OSHA Education Center programs. The evaluation included a post-course survey and 3-month follow-up survey to determine how the course impacted workplace practice. At the conclusion of the training, participants were asked to list any "change(s) that are expected to be made that affects safety at your workplace due to the training you received". Three months later, a survey was sent to identify if those changes were made. Almost 80% indicated the change was made based on what was learned in the initial training. The survey found that

17% of participants encountered barriers that prohibited trainees from making changes to workplace practice.

Continuing Education Credits

The School offers continuing education courses that meet the standards of professional organizations that provide continuing education credits. The OPHP offers courses that are approved for credits in the following areas: Continuing Medical Education (CME), Certified Health Education Specialist (CHES), American Board of Industrial Hygiene (ABIH), Continuing Nursing Education (CNE), Board of Certified Safety Professionals (BCSP), NJ Licensed Health Officers, and Registered Environmental Health Specialists. The OPHP complies with the guidelines of the Rutgers Center for Continuing and Outreach Education for CME and CNE applications. In addition, as an approved provider of CHES credits, OPHP meets the criteria developed by the National Commission for Health Education Credentialing, Inc. The OPHP submits continuing education applications for the other disciplines directly to the organization responsible for approving the credits.

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

During the last three years, the School has partnered with many organizations to meet the continuing education needs for the State and region. Samples of Agreements are available in the Resource File, under 3.1 Research.

- | | |
|--|--|
| <ul style="list-style-type: none"> • Columbia University, Mailman School of Public Health • Community Colleges in New Jersey • CUNY School of Public Health at Hunter College • Icahn School of Medicine at Mount Sinai • Local Health Departments • NJ Association of County and City Health Officers • NJ Association of Public Health Epidemiologists • NJ Association of Public Health Nurse Administrators • NJ Department of Health • NJ Environmental Health Association • NJ Institute of Technology • NJ Public Health Association • NJ Society for Public Health Education • NJ State Police • World Cares Center • New York City Housing Authority • New York City Department of Health and Mental Hygiene | <ul style="list-style-type: none"> • New York Committee on Occupational Safety and Health • New York District Council of Carpenters • New York University • Port Authority of NY and NJ • Rutgers Center of Alcohol Studies • Rutgers NJ Agricultural Experiment Station, Office of Continuing Professional Education • Rutgers New Jersey Medical School • Rutgers Robert Wood Johnson Medical School • Rutgers Center of Alcohol Studies • SUNY Stony Brook • Universidad Metropolitana • University at Buffalo • University of Albany School of Public Health • National Institute for Occupational Safety and Health • National Institute of Environmental Health Sciences • Occupational Safety and Health Administration |
|--|--|

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

This criterion is met.

Strengths

- The School, primarily through the OPHP, provides a significant number of continuing education programs for public health and other professionals.
- The OPHP initiates and administers a broad range of professional development activities for and with the public health community. They also provide many opportunities for organizations (i.e., local health departments) to develop additional capacity in areas such as quality improvement, evaluation, and survey methods. The OPHP is considered a “go to” provider of continuing education for the public health community in New Jersey.
- The OPHP faculty and staff have developed strong relationships with public health organizations in New Jersey and the region including local health departments.
- The professional development programs provided consistently receive outstanding evaluations.

Weaknesses/Challenges

- A major challenge is to maintain the critical financial support required to sustain the OPHP support staff. The OPHP is fully self-supported through federal and state grants/contracts as well as tuition revenue; in the past year most established projects have been renewed but at a reduced support level.

Plans

- Review certificate programs for enrollment and quality.
- Increase the number of partnerships with health departments, community-based organizations and/or health organizations.
- Train at least 3,000 workers annually in public health topics.
- Offer more than 12 public health-related continuing education programs annually for the K-12 community.
- Providing professional development programs to meet the needs of public health professionals will remain a priority for the School.
- Additional funding sources to support workforce development initiatives will continue to be pursued.
- OPHP will continue to develop relationships with the public health organizations in NJ to identify training needs within the public health professional community in New Jersey, and provide training to fulfill those needs.
- The OPHP will continue to provide technical assistance to the state and local health departments to increase capacity of their organizations.
- OPHP will work with local health departments to prepare them to be accreditation ready, by providing training and workshops on strategic planning and accreditation readiness.

CRITERION 4.1 FACULTY QUALIFICATIONS

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

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

The Rutgers School of Public Health has 39 primary faculty (with 1.0 FTE) who support the teaching, research, and service mission of the school. In addition, there are 16 instructor-level faculty in the Department of Epidemiology who are assigned to the New Jersey Department of Health who are not included with the faculty FTE for the Self Study since they do not participate in the teaching effort of the School. More than ninety percent of the School's primary faculty are full-time. Approximately forty-percent have tenure or are tenure-track assistant/associate professors. Primary faculty come from a wide range of academic backgrounds including biostatistics, epidemiology, health economics, behavioral science, environmental health science, and more. A detailed listing describing the School's primary faculty members is in the Resource File (CEPH Data Template 4.1.1). The qualifications of School faculty are shown separately for primary faculty and faculty with primary appointments at partner institutions (secondary and other faculty). Curriculum Vitae for the primary faculty are in the Resource File organized by home department.

4.1.b If the school uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the school e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, and i) contributions to the school.

The School benefits from the participation of more than 80 secondary faculty and 80 adjunct volunteer and per diem faculty. A detailed listing describing the School's secondary and other faculty members is in the Resource File (CEPH Data Template 4.1.2). These individuals bring a broad perspective on public health practice to the School's teaching programs, the research initiatives in the School and, in some instances, to the School's service efforts. They come from other schools/units within Rutgers University, other institutions of higher education, state and local health departments, environmental and other government agencies, voluntary health agencies, the pharmaceutical industry, as well as other industrial

settings. Several secondary faculty support the non-core departments, Departments of Dental Public Health, Quantitative Methods: Epidemiology and Biostatistics, and Urban Health Administration. These non-core departments are sponsored by Rutgers School of Dental Medicine, Rutgers New Jersey Medical School, and Rutgers School of Public Affairs and Administration, respectively. Other adjunct faculty include, for example, consultants on health literacy, health education and health promotion and global public health. Some are in clinical practice; others are practicing Certified Industrial Hygienists, health inspectors, and regulatory officers. Curriculum Vitae for the secondary faculty are in the Resource File organized by home department.

The School benefits from the contributions of these individuals. Their participation may take the form of overseeing a non-core department within the School, teaching a course, lecturing in classes, supervising Fieldwork, participating in career fairs, and/or providing advice to University-based faculty on curriculum and breaking developments in public health practice.

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

The School faculty integrates perspectives of public health practice into the curriculum by the very nature of their research, service, and teaching. For example, Department of Environmental and Occupational Health faculty are engaged in basic and applied research in the areas of occupational health prevention, air pollution measurement and control, drinking water assessments, pesticide safety and industrial hygiene and global public health. The majority of the School's faculty have substantial experience in public health practice, having worked in or with local, state, and federal health or environmental agencies, including the New Jersey Department of Health, New Jersey Department of Environmental Protection, U.S. Geological Survey, U.S. Environmental Protection Agency, Centers for Disease Control and Prevention and/or private industry. Others have served as consultants on a wide range of health and environmental projects in such areas as hazardous waste removal, tobacco control, environmental education, and infectious disease, to name just a few. A listing of public health activities for primary faculty is in the Resource File (Primary Faculty Who Support Degree Offerings, CEPH Data Template 4.1.1). Faculty involvement in community research is included in the Resource File, under 3.1 Research; involvement in community service is included in the Resource File, under 3.2 Service.)

Faculty work in these areas provides a welcome balance between theory and practice, and constantly enriches the classroom experience with case studies and relevant examples. Community-based partnerships offer a steady source of "hands-on" experiences, along with fieldwork opportunities for School of Public Health students. Faculty also serve on many external advisory committees and panels at the local, state, national, and international levels, as well as being exposed to real-world practice opportunities and challenges.

The participation of adjunct volunteer and per diem faculty, discussed in Criterion 4.1.b and listed in Data Template 4.1.2, provides an ongoing source of practicing professionals who bring to the School a constantly refreshed source of what is happening in public health. They also share strategies on how to deal with public health problems, especially within New Jersey, and provide another source of Fieldwork opportunities.

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

The School has established the following criteria against which to measure the qualifications and productivity of its faculty.

OUTCOME MEASURES FOR QUALITY AND PRODUCTIVITY OF FACULTY, AY2012-AY2014				
Outcome Measure	Target	AY2012	AY2013	AY2014
Percentage of Primary Faculty Above Instructor Level with a Doctoral Degree	100%	100%	100%	100%
Number of Peer-Reviewed Publications per Primary Faculty Member (Full-Time) ¹	2.5/year	2.49 (n=37 FTE)	2.97 (n=35 FTE)	2.30 (n=33 FTE)
Amount of Grant and Contract Dollars	Increase by 5% each year	-5.20%	-1.1%	6.20%
Overall Student Rating on Course Evaluations (General Questions)	$\geq 4.0^2$	4.33 (core) 4.31 (all other)	4.37 (core) 4.40 (all other)	4.42 (core) 4.31 (all other)
Overall Student Rating on Course Evaluations (Instructor-Related Questions)	$\geq 4.0^2$	4.38 (core) 4.34 (all other)	4.48 (core) 4.55 (all other)	4.50 (core) 4.35 (all other)
Overall Student Rating of Faculty on Graduate Exit Survey	$\geq 4.0^2$	4.17	4.19	4.13
Average Student Rating of Faculty Advising on Current Student, Alumni and Graduate Exit surveys	$\geq 4.0^2$	4.19 ³	4.25 ³	4.14

¹Faculty FTE include only primary faculty with 1.0 FTE and excludes the primary faculty who serve as instructors through the MOU with the New Jersey Department of Health.

²On a scale of 1 to 5, where 5 is highest.

³AY2012 and AY2013 includes data from Graduate Exit Survey only as the Current Student and Alumni surveys were conducted in AY2014.

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

This criterion is met.

Strengths

- Virtually all of the faculty holding titles at the assistant professor level and above have a terminal doctoral degree in a field that is directly relevant to their teaching and research.
- Research productivity, as measured by grants and publications, teaching evaluations, and service commitments, provides evidence that the faculty is qualified, productive and actively engaged in the field of public health. Faculty has earned substantial outside recognition over the past few years.

- The faculty also cover a range of areas within their disciplines. For example, several faculty in the Department of Biostatistics have worked extensively with clinical trials data (including Phase 1 and 2 trials), while others have worked with observational data including longitudinal analysis techniques. In the Department of Environmental and Occupational Health, the faculty cover areas as diverse as toxicology, exposure assessment, risk assessment and occupational health. The Department of Epidemiology faculty are publishing in areas that include pharmaco-epidemiology, maternal and child health, cancer, asthma, and infectious disease issues. Faculty in the Department of Health Systems and Policy have studied the impact of state and federal health insurance expansions of dependent coverage for young adults, the relationship between nurse staffing and neonatal outcomes, and how neighborhood characteristics affect the health of older adults."
- Primary faculty have exceeded the target set by the School for obtaining outside grants and contracts in AY2014.

Weaknesses/Challenges

- The average number of peer-reviewed publications per primary faculty member decreased from AY2013 to AY2014
- Although overall faculty strength is excellent in each department, expertise in the various disciplines of public health is unevenly distributed across the three campuses. While concentration of disciplines on particular campuses provides the critical mass that is needed to mount a teaching, research, and service program in the concentration, the lack of faculty strength in particular areas on other campuses means that concentrations in those areas cannot be offered. The School has addressed this problem by offering concentrations where faculty strength is sufficient, but this can be frustrating to students.
- The large number, geographic dispersion, and multidisciplinary character of the faculty make all-school events challenging to plan and orchestrate.

Plans

- Reassignment of faculty at the Department of Environmental and Occupational Medicine at Rutgers Robert Wood Johnson Medical School, the Department of Preventive Medicine at Rutgers New Jersey Medical School and the Cancer Prevention and Control Program at the Rutgers Cancer Institute of New Jersey into the School of Public Health as primary faculty is being strongly considered by the RBHS Chancellor and the cognizant RBHS deans and directors. If effected, these reassignments could add substantially to the primary faculty strength of the School. The faculty being considered for assignment to the School of Public Health are contributors to outstanding programs in cancer and in environmental health that were identified as top priorities for investment in the RBHS Chancellor's Strategic Plan. Thus, the reassignments have the promise to substantially raise the profile and funding of the School and to add significantly to the numbers and strength of the primary faculty.
- Under the new Dean, several additional faculty will be added to the School's faculty. The School expects to add approximately 10 faculty and 5 staff over the next three to five years. The School has already begun to advertise a few faculty positions.

CRITERION 4.2 FACULTY POLICIES AND PROCEDURES

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

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

The Faculty Handbook is intended to help RBHS (Rutgers Biomedical Health Sciences) faculty members (formerly UMDNJ) locate useful information about this large and complex organization. The handbook provides a brief description of Rutgers' policies, procedures and support services, and uses hyperlinks to facilitate electronic access to more detailed information available on the University website. The Faculty Handbook, only available online, maybe accessed at rbhs.rutgers.edu/facultyaffairs/Resources/facultyhandbook/index.htm.

The RBHS rules and regulations that are applicable to School of Public Health faculty are broadly similar to those in comparable institutions of higher education, such as substantial control of admission criteria, curriculum and graduation of students, academic freedom, criteria for promotion and tenure, sabbatical (termed "renewal leave" at RBHS), equal employment opportunity, and grievance procedures. A list of Rutgers and RBHS rules and regulations that address faculty are available in the Resource File, under 4.2 Faculty Policies and Procedures, and are available online at policies.rutgers.edu.

Tenure is only first considered at the rank of Associate Professor; however, appointment at the Associate Professor level does not guarantee tenure.

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

The School and University provide a number of resources to support faculty development and advancement.

Mentoring

A mentoring committee has been established for each junior faculty member which is comprised of two to three members jointly agreed upon by the junior faculty member and the department chair. The members of each committee provide subject expertise and experience and participate actively with the faculty member in locating opportunities for research, funding, and teaching development. Each mentoring committee meets at least once per semester, with meeting minutes submitted to the Office of the Academic and Faculty Affairs. The Junior Faculty Mentoring Program and mentoring committees for junior faculty is included in the Resource File.

Rutgers Biomedical and Health Sciences (RBHS), which comprises the School of Public Health, recently established a Faculty Mentoring Committee involving a cross-section of distinguished faculty members from RBHS and other parts of Rutgers University. This committee will serve as a focal point for developing RBHS' mentoring capacity and increasing career development resources for faculty. The Faculty Mentoring Committee held its organizational meeting on March 13, 2015. The short-term goals of the committee are to conduct an internal needs assessment survey, review current practices within each of the component schools of RBHS and national programs, and to reach out to existing mentoring

programs in each school or institute. In the long-term, the committee will establish best practices, develop a variety of mentor training sessions and faculty workshops, develop metrics for assessing success, and disseminate this information to the schools. Dr. Kitaw Demissie, Department of Epidemiology serves as a co-Chair.

Renewal Leave

The university allows and encourages tenure and tenure-track faculty to take a renewal leave that is available every seventh year of service. Faculty must apply for this leave, which is available at full salary for six months or at half salary for a full year. Typically, faculty members will work with their department chair and the Associate Dean for Academic Affairs in shaping a proposal for their renewal leave. No proposal has been turned down by School's senior administration since the founding of the School of Public Health. While the renewal leave program within School is restricted to primary faculty at the School, faculty with tenure and tenure track appointments in Quantitative Methods and Dental Public Health have access to this program through their primary appointments at other RBHS schools. During the last three years, one faculty member has had a renewal leave (Dr. Cristine Delnevo).

Master Educators Guild and Related Resources

The University has established a Master Educators Guild that is composed of experienced teachers with the purpose of raising the standard and recognition of teaching excellence within RBHS. At the School of Public Health, eleven faculty members (Drs. Boyd, Delnevo, Demissie, Grau, Lewis, Ohman-Strickland, Passannante, Rhoads, Robson, West, Zhang) have been selected as members of the Guild, and are called upon to assist junior faculty with questions about teaching. Faculty development opportunities are sponsored through the Guild, as well as by the School and its departments and by other units at the University. Many presentations and short courses on teaching methods, distance learning, course management systems, and the like are sponsored by various units at the University and are open to part-time and per diem faculty as well as full-time faculty. In the last few years, the School has sponsored three female faculty to attend a one-year course development and leadership program designed specifically to assist female faculty.

Other Sharing of Teaching Information

The three Campus offices collect syllabi for all of the regularly taught courses in the School, and junior or adjunct faculty who will teach established courses are encouraged to refer to these and discuss their implementation with more experienced faculty. Moreover, faculty frequently cross lecture in each others' courses, promoting the sharing of ideas about syllabi, examples and cases to use, and teaching techniques. Outside experts, often adjunct faculty, also participate in the teaching program and introduce fresh ideas. When appropriate, department chairs and other senior faculty may provide teaching guidance to the part-time, adjunct faculty. In some instances these individuals are eligible to apply for seed grant funds as well.

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

All faculty at the School of Public Health are evaluated annually by their supervisor in the areas of teaching, research, service, and clinical activities, as applicable. For primary faculty in the School of Public Health, these evaluations are carried out by the Department Chair; if the Chair is not a full professor then the Associate Dean for Academic and Faculty Affairs may participate. Evaluations are completed in August and early September for the preceding academic year and include an opportunity

for individual faculty members to set goals for the upcoming year. The RBHS standard form used for these evaluations, the Faculty Performance Evaluation Form, is included in the Resource File. Faculty administrators, such as Department Chairs, the Directors of Institutes, and Associate Deans are also evaluated by their supervisors using a more extensive form that includes consideration of their effectiveness in their administrative role. This RBHS form, the Faculty Administrator Performance Evaluation Form, is included in Resource File.

Faculty members in the Departments of Dental Public Health and Quantitative Methods: Epidemiology and Biostatistics who have a primary appointment in the Rutgers School of Dental Medicine or the Department of Preventive Medicine and Community Health at New Jersey Medical School, respectively, are evaluated using the same RBHS faculty evaluation forms. Faculty in the Department of Urban Health Administration are evaluated by his/her Department Chair at the School of Public Affairs and Administration under the procedure in use at that School. The Chair of the School of Public Health department in which they teach may provide input to those evaluations. The Chairs of the Department of Quantitative Methods: Epidemiology and Biostatistics and Urban Health Administration also review student course evaluations for core and department courses taught by both adjunct and coterminous faculty, attends classes when necessary and provides informal and formal feedback to faculty regarding ways to enhance teaching in the School of Public Health.

Typically, the evaluations of faculty center on their contributions to the teaching program, including curricular developments and innovations, student evaluations of courses, and informal feedback that the Chair receives from students and colleagues. Research productivity is evaluated mainly through publications and success in obtaining grants, as well as invitations to present research findings or research honors bestowed. Faculty are also expected to demonstrate a service commitment that may include service on committees within the School, service at the national and state level in their discipline, and community service. The School places considerable emphasis on assisting communities in New Jersey with public health problems and typically gives significant credit in the evaluation process to those faculty who are heavily involved in this function. The estimated weight given to teaching, research and service components are approximately 25%, 50%, and 25% respectively.

When the School of Public Health was founded, the criteria for appointments at the various faculty levels and for tenure were initially developed based on the Robert Wood Johnson Medical School criteria. The Appointments and Promotion Committee has specifically amended the list of “Indicators for Evaluating Faculty Performance” to recognize “contributions to community-based or community research...,” “evidence of leadership in community...service programs,” and “participation in community initiatives and collaborations.” The Committee and the School’s administration take these contributions seriously and have recently promoted, and are moving to promote, valued faculty members whose contributions emphasize community service and teaching, but who have devoted somewhat less attention to research. The Appointments and Promotions Guidelines are included in the Resource File.

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

Since Spring 2006, an online course evaluation system has been used to enable students to evaluate courses offered through the School of Public Health. Course evaluations are completed by students each semester (Fall, Spring, and Summer) for courses with an enrollment of three or more students. The course evaluations are optional; however, faculty strongly encourage students to complete them.

Students are instructed to complete the course evaluation through their school-supplied online course evaluation account. Anonymity is preserved using the online course evaluation system because incoming responses are not attached to any identifying information. A roster of completion status using students' names is created but the survey responses are not linked to student names.

Each student is provided with a standard set of questions on the course overall as well as on the course instructor(s). Questions are ranked on a five-point scale, from strongly disagree to strongly agree. Questions include an assessment of the course instruction and assignments, and the effectiveness of the teaching faculty. Summary scores are provided to the faculty and appropriate school administrators. In the course evaluations, students are asked to rate the extent they agree or disagree with statements regarding the course in general (e.g., course instruction, content and materials were clearly related to course objectives). Table 4.2.d-1 describes the mean ratings per department as well as for the School overall. The average score for the School overall exceeded 4.0 for the academic years 2012-2014.

Students are also asked to rate the extent to which they agree or disagree with statements regarding the course instructor (e.g., the instructor was prepared for class and presented material in an organized manner.) Table 4.2.d-2 describes the mean ratings per department as well as for the School overall for the questions regarding the course instructor. The average score for the School overall has exceeded 4.0 for the academic years 2012-2014.

In a small school of public health, teaching effectiveness is also evaluated informally by feedback that students provide to their advisors and department chairs, and/or by complaints that may occasionally be lodged with these individuals. Effectiveness of teaching introductory courses is also measured by the apparent level of student preparedness for more advanced courses. While these approaches are more informal than student course evaluations, they add an important dimension and, over the last three years, have led to the provision of teaching advice and/or changes in faculty teaching responsibilities in several instances.

TABLE 4.2.d-1: STUDENT COURSE EVALUATIONS MEAN RATINGS BY DEPARTMENT FOR GENERAL QUESTIONS, AY2012-AY2014				
Department	Target	AY2012 (N=544)	AY2013 (N=450)	AY2014 (N=451)
Biostatistics	≥4.0 on a scale of 1 to 5, where 5 is highest	4.0	4.0	4.3
Dental Public Health		3.9	4.6	3.8
Environmental & Occupational Health		4.3	4.6	4.6
Epidemiology		4.3	4.4	4.2
Health Education & Behavioral Science		4.5	4.3	4.4
Health Systems & Policy		4.4	4.1	4.3
Quantitative Methods		4.4	4.6	4.6
Urban Health Administration		5.0	4.4	4.1
OVERALL		4.3	4.4	4.3

TABLE 4.2.d-2: STUDENT COURSE EVALUATIONS MEAN RATINGS BY DEPARTMENT FOR INSTRUCTOR-RELATED QUESTIONS, AY2012-AY2014				
Department	Target	AY2012 (N=544)	AY2013 (N=450)	AY2014 (N=451)
Biostatistics	≥4.0 on a scale of 1 to 5, where 5 is highest	4.0	4.4	4.2
Dental Public Health		4.1	4.9	4.1
Environmental & Occupational Health		4.4	4.7	4.6
Epidemiology		4.3	4.4	4.2
Health Education & Behavioral Science		4.5	4.4	4.4
Health Systems & Policy		4.4	4.2	4.4
Quantitative Methods		4.4	4.7	4.5
Urban Health Administration		5.0	4.5	4.3
OVERALL		4.3	4.6	4.4

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

This criterion is met.

Strengths

- The University has a well-developed set of policies and procedures related to conditions of employment for faculty and the benefits they receive.
- Faculty development programs are encouraged and supported by both the School and the University.
- The School evaluates faculty effectiveness continually through reviews by students.
- Course evaluations have been stable and high in all departments in all three years, with the vast majority of rating above 4.0 on a 5-point Likert scale, demonstrating that the School has a talented teaching faculty that provides courses that are highly-regarded by School of Public Health students.

Weaknesses/Challenges

- Sub-optimal funding at the School limits the amount of conference travel support, pilot funding for initiatives, and bridge funding between research grants that would be desirable.

Plans

- In-service training programs will be offered to enhance faculty expertise in utilizing distance learning strategies in the classroom.
- Although a variety of continuing learning opportunities are available through Rutgers, the School of Public Health faculty utilization of them has been at a low level. Increased use will be promoted.
- Offer at least one training opportunity on writing publications for junior faculty and students
- Implement and evaluate the Junior Faculty Mentoring Program.

CRITERION 4.3 STUDENT RECRUITMENT AND ADMISSIONS

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

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

As a matter of policy, the Rutgers School of Public Health:

- requires a baccalaureate degree from an accredited college or university in the United States or Canada, usually with at least a B-level grade in the natural and social sciences and an above-average GRE score;
- focuses on those with a previous degree in health or in the natural and social sciences;
- encourages and seeks out applicants who are currently employed health professionals who wish to update and upgrade skills; and
- seeks minority representation.

The School uses multiple approaches to recruit able students. These include hosting Open Houses, approaches to the media and advertising, developing relationships with relevant professional organizations, holding recruitment events, providing free tuition courses for students in other Rutgers health-related graduate programs; reaching out through current students, faculty and alumni; contacting undergraduate programs; and developing an attractive and informative website. Specific examples include the following recruitment activities.

In 2012, the School began hosting Open Houses at the New Brunswick Campus, at the School of Public Health building located in Piscataway, NJ, for prospective applicants to learn about the programs available at the School, as well as meet faculty, staff, student and alumni. (In April 2015 a School Open House was held at the Newark Campus). The School has held eight Open Houses (two per year) since 2012, averaging 56 attendees. A copy of the flyer for the most recent Open House is in the Resource File. The School has used various means of advertising the Open House to prospective applicants, including radio advertising, targeting individuals who had recently taken the GRE in the tri-state area, advertising in local college newspapers, and distributing Open House flyers to undergraduate schools through out the state.

The School places advertisements in appropriate professional journals, and disseminates news releases describing the School's activities to newspapers. News releases about the School of Public Health have appeared in media outlets that range from the US News & World Report, the Chicago Tribune, the Philadelphia Inquirer, the Star-Ledger, local papers like the Home News Tribune, as well as the Rutgers Daily Targum. Radio interviews about School-related research could be heard on NBC Philly radio and CBS radio. The School is also described in the Peterson's Annual Guide to Graduate Study, which receives broad national distribution.

The School receives a large number of web-based inquiries at sph.rutgers.edu. With the merger of the School of Public Health into Rutgers University, the School redesigned the website which is now more user-friendly and is routinely updated.

Programmatic information about the School of Public Health and the MD/MPH and DO/MPH is provided to incoming medical students at the two Rutgers medical schools and at the Rowan School of Osteopathic Medicine. The allopathic medical schools at Rutgers both have provided MPH tuition reimbursement to two or more students to pursue the MD/MPH dual degree. In addition, the School of Public Health allows up to ten first-year medical students to “sample” courses (up to 6 credits) in an effort to recruit them into the MD/MPH program.

Opportunities for residents and fellows studying at Rutgers sister schools are created. Post-doctoral Fellows in Radiology Residents at NJMS is one example of a group of students that have taken advantage of these opportunities.

Information about the School is also provided through exhibits at local public health meetings, conventions, and professional meetings, such as the annual meetings of the American Public Health Association. Each of the campus offices participate in local college career and graduate school events (see Table 4.3.a-1). The campus offices also reach out to career counselors at area undergraduate programs. The School has historically had very limited scholarship support that could impact student recruitment for degree or certificate programs.

TABLE 4.3.a-1: LOCAL COLLEGE CAREER AND GRADUATE SCHOOL EVENTS IN WHICH THE SCHOOL OF PUBLIC HEALTH HAS PARTICIPATED

- Annual New Jersey Public Health Symposium at the School of Public Health
- The College of New Jersey Opportunity Fair
- The Office for Diversity and Academic Success in the Sciences at Rutgers, Annual Fall Motivational Workshop Rutgers–Camden, Graduate School Fair
- Rutgers Environmental Sciences and Engineering Club Fair
- Rutgers–New Brunswick Graduate, Law and Health Professions School Fair
- Rutgers–New Brunswick Graduate and Professional School Expo
- Rutgers–Camden Graduate School Fair
- Rutgers Law School–Camden Dual Degree Event
- Rowan University School of Osteopathic Medicine Dual Degree Event
- University Day at the State House in Trenton

The School has BA/MPH and BS/MPH articulated degree programs with Rutgers and BS/MPH articulated degree programs with William Paterson University and The Richard Stockton College of New Jersey in which undergraduate students with strong academic credentials may take MPH core courses as undergraduates, apply them to their baccalaureate degrees, and upon graduation, matriculate into the MPH program with advanced standing.

The School maintains close relationships with the New Jersey Public Health Association, the New Jersey Society for Public Health Education, and the New Jersey Chapter of the American Statistical Association, co-sponsoring conferences with these organizations, or serving as invited speakers. For example, (Department of Health Systems and Policy faculty has served as a keynote speaker and as panelists regarding the impact of the Affordable Care Act. These collaborations increase public and professional awareness of and interest in the School. In addition, a number of officers of these organizations have graduated from the School or have positions as faculty or staff within the School.

Each year, several deserving students receive tuition assistance, a policy that also enhances recruitment. The School offers a scholarship program for new students who have completed a US federal service

program, such as AmeriCorps, Peace Corps, United States Public Health Service or a branch of the uniformed services, to honor those who have provided service to the nation.

Current students and alumni have proven to be valuable recruiters of colleagues in their work settings, with several inquiries a year resulting from these direct contacts.

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

The School of Public Health considers applicants without regard to religion, race, color, national origin, ancestry, age, sex, sexual orientation, disability or handicap, marital status, or veteran status and complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Older Americans Act of 1975, the Americans with Disabilities Act of 1990, and the Student Right to Know and Campus Security Act of 1990.

The School's Campus Offices follow up on all admissions inquiries and send out application and supporting materials, as appropriate. They collect and monitor the receipt of the relevant documents (application, transcript, and letters) and assemble completed applications for faculty review. The documentation required is summarized in Table 4.3.b-1.

TABLE 4.3.b-1: ADMISSION DOCUMENTATION REQUIREMENTS FOR MATRICULATED STUDENTS	
Undergraduate Degree ¹	Required from an accredited school in the US or Canada (all transcripts must be official; sent directly from an accredited institution)
Graduate Record Exam (GRE) ^{2,3}	General Exam
In lieu of GRE ² (MS in Health Outcomes, Policy and Economics applicants must submit GRE scores, no exceptions are made)	MCAT, GMAT, DAT, or Pass USMLE, Step I; or have U.S. or Canadian Medical Board Certification; or have a doctorate from an accredited school in the US or Canada; LSAT for JD/MPH applicants or the LSAT can be substituted in all departments except biostatistics and epidemiology.
Essay on Statement of Goals	Required
Letters of Recommendation	Two letters are required for Master's degree applicants. (At least one of these letters should be from a university/college faculty member if the applicant completed their undergraduate education, or equivalent, within the past five years.) Three letters are required for doctoral degree applicants.
Waivers for Undergraduate Degree Transcript	MD, DO, PhD, DDS, DMD, DVM, EdD, DrPH, ScD, PharmD from an accredited US or Canadian school
TOEFL	Official copy required for students educated outside the United States in Non-English speaking countries, or a passing score in the English Portion of the ECFMG
Work Experience	Relevant work experience is preferred
Prerequisite Courses	By Department of Specialization

¹For students who obtained an undergraduate degree in a country other than the US or Canada, a course-by-course evaluation of their transcripts is required unless an advanced degree has been earned in the U.S. Among agencies providing this service is the World Education Services Inc. (WES). It is the responsibility of the student to obtain this evaluation.

²Students being considered for certain articulated programs are exempt, but need to submit a transcript of all academic work completed.

³In the case of a doctorally-trained applicant, who is a faculty member at Rutgers, a Letter of Appointment by the Board of Governors or other employment official may replace the transcripts and GRE scores.

The application requirements for the School's degree programs are available on the School's website and are provided in the School Catalog. See below for direct links to the webpages on which the application requirements are published.

- [For MPH, MS, Dual Degree Applicants](#)
- [For Doctoral Applicants](#)
- [For Certificate Applicants](#)
- [For Foreign Applicants](#)
- [For Visiting Applicants](#)

Masters degree (MPH and MS) and certificate applicants identify the department(s) or certificates that are of interest to them and the applications are reviewed by faculty in each department identified and may also be reviewed by the Chair of the School-wide Admissions Committee. At least two faculty members review each application. Generally, they are in agreement and their judgment stands. If there is disagreement, one or more additional members of the Campus Executive Committee join the discussion to reach a decision. Applicants may be accepted by one department and rejected by another and admission letters are specific as to the department(s) and the degree (or certificate) for which acceptance is offered.

The Admissions Committee looks for MPH and certificate applicants who have an appropriate undergraduate or previous graduate education with a GPA of 3.0 or better, a coherent statement of goals that evidences realistic expectations, GRE scores above the median (or acceptable scores on another standardized test listed in the above Table), and positive letters attesting to the candidate's capability and other attributes. Candidates working in public health agencies and those from disadvantaged backgrounds are given special consideration. MPH degree applicants who have promise as public health professionals but whose academic credentials are weak may be offered non-matriculated status in the School. Such students are allowed to take 12 credits of coursework and are then reviewed for matriculation, if they have achieved a GPA of 3.0. For the MS in Biostatistics and MS in Health Outcomes, Policy, Economics, special attention is paid to the strength of the quantitative background and the appropriateness of the goal statement.

Applications for doctoral degrees are only accepted in the five core areas of public health. They follow a similar process except that they are referred to the School-wide Doctoral Committee for consideration. Criteria for acceptance are more stringent, and the committee usually looks for a GPA of 3.2 or higher, past research or advanced practice experience and strong GREs. An important consideration is whether the particular area of interest of the candidate matches the expertise of the faculty and whether there is a faculty member who is willing to serve as an initial adviser. 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.

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

Recruitment materials, including Open House advertising and degree brochures, are in the Resource File. The academic calendar is publicized on the School website at sph.rutgers.edu/academics/academic_calendar.html and in each Course Narrative which is made available each semester. Course Narratives for the last three years are available in the Resource File. The School Catalog describes the academic offerings of the School. The Catalog is accessible on the School's website (sph.rutgers.edu/academics/catalog/index.html) and on Rutgers Catalogs website (catalogs.rutgers.edu/generated/sph_current/index.html). The School's grading policy is available in the School Catalog at catalogs.rutgers.edu/generated/sph_current/pg229.html.

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

Detailed information on applications, acceptances and enrollments by program area appears in Tables 4.3.d-1 (master's degrees) and 4.3.d-2 (doctoral degrees). Applications for the Master of Public Health have decreased from AY2012 to AY2014.

Table 4.3.d-1: QUANTITATIVE INFORMATION ON APPLICANTS, ACCEPTANCES, AND ENROLLMENTS FOR MASTER'S DEGREES				
		AY2013	AY2014	AY2015
MPH in Biostatistics	Applied	11	5	25
	Accepted	4	0	13
	Enrolled	2	0	1
MPH in Dental Public Health	Applied	54	36	31
	Accepted	23	26	13
	Enrolled	7	18	8
MPH in Environmental & Occupational Health	Applied	24	32	49
	Accepted	14	13	18
	Enrolled	5	4	7
MPH in Epidemiology	Applied	139	149	183
	Accepted	64	82	102
	Enrolled	15	17	29
MPH in Health Education & Behavioral Science	Applied	78	78	87
	Accepted	37	30	36
	Enrolled	18	14	14
MPH in Health Systems & Policy	Applied	126	100	111
	Accepted	61	57	43
	Enrolled	25	23	13
MPH in Quantitative Methods	Applied	31	41	35
	Accepted	13	24	18
	Enrolled	6	17	11
MPH in Urban Health Administration	Applied	66	36	58
	Accepted	30	22	24
	Enrolled	13	10	10
BA/MPH (Environmental & Occupational Health)	Applied	1	-	-
	Accepted	1	-	-
	Enrolled	1	-	-

Table 4.3.d-1: QUANTITATIVE INFORMATION ON APPLICANTS, ACCEPTANCES, AND ENROLLMENTS FOR MASTER'S DEGREES				
		AY2013	AY2014	AY2015
BS/MPH (Environmental & Occupational Health)	Applied	-	2	4
	Accepted	-	2	4
	Enrolled	-	1	1
BS/MPH (Epidemiology)	Applied	-	1	1
	Accepted	-	1	1
	Enrolled	-	1	0
BS/MPH (Health Education & Behavioral Science)	Applied	1	2	3
	Accepted	1	2	3
	Enrolled	0	0	2
BS/MPH (Health Systems & Policy)	Applied	-	-	1
	Accepted	-	-	1
	Enrolled	-	-	0
MD/MPH (Epidemiology)	Applied	4	-	-
	Accepted	1	-	-
	Enrolled	1	-	-
MD/MPH (Health Education & Behavioral Science)	Applied	1	-	-
	Accepted	1	-	-
	Enrolled	1	-	-
MD/MPH (Health Systems & Policy)	Applied	1	-	-
	Accepted	1	-	-
	Enrolled	1	-	-
MD/MPH (Quantitative Methods)	Applied	3	1	6
	Accepted	3	1	6
	Enrolled	3	1	6
DMD/MPH (Dental Public Health)	Applied	-	-	1
	Accepted	-	-	1
	Enrolled	-	-	1
JD/MPH (Health Systems & Policy)	Applied	1	-	-
	Accepted	1	-	-
	Enrolled	1	-	-
PharmD/MPH (Biostatistics)	Applied	-	-	1
	Accepted	-	-	1
	Enrolled	-	-	0
MBA/MPH (Health Systems & Policy)	Applied	2	1	4
	Accepted	1	0	1
	Enrolled	1	0	1
Master of Biomedical Sciences/MPH (Epidemiology)	Applied	-	-	1
	Accepted	-	-	1
	Enrolled	-	-	1
Master of Biomedical Sciences/MPH (Health Systems & Policy)	Applied	4	4	4
	Accepted	4	2	3
	Enrolled	3	1	2
Master of Biomedical Sciences/MPH (Quantitative Methods)	Applied	-	3	2
	Accepted	-	3	2
	Enrolled	-	3	2
MS in Physician Assistant/MPH (Epidemiology)	Applied	-	1	-
	Accepted	-	1	-
	Enrolled	-	1	-

Table 4.3.d-1: QUANTITATIVE INFORMATION ON APPLICANTS, ACCEPTANCES, AND ENROLLMENTS FOR MASTER'S DEGREES				
		AY2013	AY2014	AY2015
MS in Physician Assistant/MPH (Health Education & Behavioral Science)	Applied	1	1	-
	Accepted	1	1	-
	Enrolled	1	1	-
MS-Biostatistics	Applied	14	23	51
	Accepted	10	18	38
	Enrolled	1	4	11
MS-Biostatistics (Pharmaceutical Biostatistics)	Applied	<i>Students were first enrolled in Spring 2015.</i>		2
	Accepted			2
	Enrolled			2
MS-HOPE (Health Outcomes, Policy, and Economics)	Applied	<i>Students were first enrolled in Fall 2014.</i>		18
	Accepted			10
	Enrolled			9

In many instances, persons interested in the doctoral program have preliminary conversations with faculty who may encourage or discourage applications depending on the candidate's credentials. Doctoral students are accepted only in the five core areas of public health with epidemiology being the most popular discipline. Applications to the PhD doctoral program rose to 146 in Fall 2014, but the acceptance rate was necessarily reduced and enrollment headcount remained similar to past years at eight students (See Table 4.3.a-2).

Table 4.3.d-2: QUANTITATIVE INFORMATION ON APPLICANTS, ACCEPTANCES, AND ENROLLMENTS FOR DOCTORAL DEGREES				
		AY2013	AY2014	AY2015
DrPH in Biostatistics	Applied	4	4	9
	Accepted	3	2	6
	Enrolled	1	1	3
DrPH in Environmental & Occupational Health	Applied	1	2	4
	Accepted	0	0	1
	Enrolled	0	0	0
DrPH in Epidemiology	Applied	5	3	8
	Accepted	0	0	0
	Enrolled	0	0	0
DrPH in Health Education & Behavioral Science	Applied	9	10	15
	Accepted	3	3	2
	Enrolled	1	0	0
DrPH in Health Systems & Policy	Applied	1	<i>The DrPH in HSAP program was discontinued in 2013.</i>	
	Accepted	0		
	Enrolled	0		
PhD in Biostatistics	Applied	18	17	41
	Accepted	4	9	19
	Enrolled	1	1	3
PhD in Environmental & Occupational Health	Applied	14	5	18
	Accepted	7	3	9
	Enrolled	3	1	4

Table 4.3.d-2: QUANTITATIVE INFORMATION ON APPLICANTS, ACCEPTANCES, AND ENROLLMENTS FOR DOCTORAL DEGREES				
		AY2013	AY2014	AY2015
PhD in Epidemiology	Applied	17	22	46
	Accepted	0	3	4
	Enrolled	0	3	3
PhD in Health Education & Behavioral Science	Applied	9	13	19
	Accepted	2	8	2
	Enrolled	1	3	0
PhD in Health Systems & Policy	Applied	17	25	33
	Accepted	1	9	7
	Enrolled	0	1	1

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

TABLE 4.3.e-1: STUDENTS ENROLLED IN EACH DEGREE PROGRAM BY AREA OF SPECIALIZATION (FALL 2011 - FALL 2014)								
Degree Program	Fall 2011		Fall 2012		Fall 2013		Fall 2014	
	Number	FTE	Number	FTE	Number	FTE	Number	FTE
Master of Public Health								
Biostatistics	6 (3)	3.22	6 (2)	4.11	5 (1)	3.11	3 (2)	2.67
Dental Public Health	16 (11)	11.89	17 (7)	10.33	22 (13)	15.89	19 (12)	14.11
Environmental & Occupational Health	16 (9)	12.56	22 (12)	16.67	23 (7)	14.67	22 (10)	15.22
Epidemiology	59 (25)	41.44	47 (22)	33.22	59 (34)	44.67	64 (33)	48.44
Health Education & Behavioral Science	54 (22)	37.67	47 (14)	28.78	48 (16)	29.67	40 (14)	22.56
Health Systems & Policy	61 (30)	42.44	62 (27)	42.89	65 (26)	39.22	48 (16)	29.33
Quantitative Methods	39 (15)	25.33	50 (6)	26.78	43 (9)	19.44	57 (12)	26.44
Urban Health Admin	26 (13)	18.33	24 (9)	14.67	26 (6)	15.56	28 (11)	18.56
Master of Science								
Biostatistics	2 (1)	1.33	4 (1)	1.67	4 (1)	2.67	16 (12)	13.33
Health Outcomes, Policy, & Economics	<i>Students were first enrolled in Fall 2014.</i>						9 (4)	7.33
TOTAL MASTERS	279 (129)	194.22	279 (100)	179.11	295 (113)	184.89	306 (126)	198.00
Doctor of Public Health								
Biostatistics	8 (1)	3.78	7 (1)	2.56	8	2.56	7 (3)	4.33
Environmental & Occupational Health	3	1.00	2	0.67	1	0.11	1 (4)	0.11

TABLE 4.3.e-1: STUDENTS ENROLLED IN EACH DEGREE PROGRAM BY AREA OF SPECIALIZATION (FALL 2011 - FALL 2014)								
Degree Program	Fall 2011		Fall 2012		Fall 2013		Fall 2014	
	Number	FTE	Number	FTE	Number	FTE	Number	FTE
Epidemiology	4	2.33	5	2.22	5	1.00	3 (1)	0.33
Health Education & Behavioral Science	6 (1)	2.89	5 (1)	1.56	3	0.67	7 (3)	2.78

PhD in Public Health								
Biostatistics	5	1.00	6 (1)	1.67	4 (1)	2.22	6 (3)	3.78
Environmental & Occupational Health	7 (4)	4.56	12 (6)	7.22	11 (4)	6.67	12	7.11
Epidemiology	21	7.22	23 (1)	8.11	21 (1)	5.00	22	5.78
Health Education & Behavioral Science	5 (10)	3.44	5	2.22	10 (3)	6.00	9 (2)	5.56
Health Systems & Policy	4	0.33	4	1.11	4	0.44	4	1.00
TOTAL DOCTORAL	63 (16)	26.56	69 (10)	27.33	67 (9)	24.67	71 (16)	30.78

Please note the headcount of full-time students is provided in the parentheses.

As shown in Table 4.3.e-1., enrollment by headcount in the Master's degree programs has increased by nearly 10% from Fall 2012 to Fall 2014, but enrollment by FTE has remained fairly steady. Enrollment in the doctoral degree programs has also seen an increase after a slight decrease in Fall 2013.

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

TABLE 4.3.f-1: OUTCOME MEASURES FOR STUDENT RECRUITMENT AND ADMISSIONS, AY2012-AY2015					
Outcome Measure	Target	AY2012	AY2013	AY2014	AY2015 (Fall 2014)
Undergraduate GPA Enrolled Students (Matriculated)	3.0	3.25 (Master's) 3.40 (Doctoral)	3.25 (Master's) 3.23 (Doctoral)	3.21 (Master's) 3.27 (Doctoral)	3.21 (Master's) 3.21 (Doctoral)
Verbal GRE Enrolled Students (Matriculated)	Mean = 151 (roughly 50th percentile based on current scale)	Data only available for prior scale.	152 (Master's) 150 (Doctoral)	151 (Master's) 152 (Doctoral)	161 (Master's) 229 (Doctoral)
	Mean = 460 (roughly 50th percentile based on prior scale)	502 (Master's) 534 (Doctoral)	478 (Master's) 549 (Doctoral)	482 (Master's) 536 (Doctoral)	506 (Master's) 541 (Doctoral)
Quantitative GRE Enrolled Students (Matriculated)	Mean = 152 (roughly 50th percentile based on current scale)	Data only available for prior scale.	150 (Master's) 157 (Doctoral)	152 (Master's) 152 (Doctoral)	165 (Master's) 243 (Doctoral)
	Mean = 660 (roughly 50th percentile based on prior scale)	609 (Master's) 661 (Doctoral)	590 (Master's) 661 (Doctoral)	590 (Master's) 664 (Doctoral)	613 (Master's) 662 (Doctoral)

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

This criterion is met.

Strengths

- The Rutgers School of Public Health has enjoyed a steady stream of good applicants for its degree programs that has enabled the School to admit well-qualified students. As a school that serves working professionals through the provision of evening classes, many of the applicants and matriculants have public health experience. The mean undergraduate GPA has been well above the target of 3.0 and mean verbal GRE scores above the 50th percentile. Mean quantitative GRE scores appear to be a bit below the 50th percentile under the prior scoring system, but very close or above the median under the current scoring system. The large majority of these individuals are residents of New Jersey, with a modest but increasing number of international students, and a rather small number of out-of-state students mainly from New York.
- Public health graduate training is much more accessible to students in the northern and central counties of New Jersey. Many New Jersey students cannot afford the tuition rates at private universities in New York City or Philadelphia.
- The BA/MPH and BS/MPH articulated degree program with the Rutgers–New Brunswick has been in existence for many years and has provided a great opportunity for select students to complete their MPH in a shortened amount of time.
- The School has enjoyed a positive reputation, as evidenced by a sharp increase in the number of applicants in the current academic year. More applications were received for the doctoral program and nearly as many for the master's programs with only the Fall 2014 applications reported, than in any previous fall academic year.
- Most doctoral candidates are employed full-time in the health care sector and take advantage of the School's evening course structure to further their careers by pursuing doctoral studies on a part-time basis.

Weaknesses/Challenges

- The large majority of students in the School are from New Jersey. While this is consistent with the mission, and is undoubtedly appropriate for a state-funded school of public health, it would be academically desirable to attract strong out-of-state students, especially for the doctoral programs. New Jersey is a relatively expensive place to live and traineeship funding would be highly desirable to attract such students.
- Providing quality doctoral training for part-time students is challenging and requires ongoing attention to maintain quality.

Plans

- Pursue several approaches to augment recruitment of qualified United States students into the School's degree programs.
- Now that the School is part of Rutgers University, the School will seek to expand the BS/MPH and BA/MPH articulated degree programs to interested highly qualified undergraduate students in graduate public health training throughout Rutgers .
- Continue to pursue funding for doctoral degree students both from within the University and from external sources. Under the new Dean, one doctoral fellowship has been already been

secured for an MD/PhD student. This fellowship will provide an annual salary and support tuition costs for the student.

- Explore moving to a web-based application review system.
- Develop proposals to recruit more qualified disadvantaged students and more full-time students.
- Develop a proposal to address financial barriers experienced by current public health practitioners to pursue graduate public health education.

NOTE: The School of Public Health is temporarily suspending admissions beginning Fall 2015 on the Stratford Campus (admissions for New Brunswick and Newark campuses proceed as usual). The School will not accept or review applications for the Stratford Campus during this temporary suspension; however, the School will continue to offer courses and advise current students on the Stratford Campus. The School intends to reinstate the process for accepting applications once the School is able to relocate onto the Rutgers University–Camden Campus.

CRITERION 4.4 ADVISING AND CAREER COUNSELING

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

4.4.a Description of the school's advising services for students in all degree programs, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Students admitted to the School of Public Health are assigned an academic advisor early in their time at the School. All entering students are also invited to attend an orientation session, which is held several weeks before classes begin on each campus. The orientation begins with an introduction to the campus followed by sharing of general University learning resources, review of practical matters such as parking, receipt of I.D. cards, and campus tours. At the conclusion of the day, students have an opportunity to meet with departmental advisors to select their initial courses.

Academic advising is conducted by University-based faculty. In the five core departments, these are primary faculty members in the School of Public Health, and in the noncore departments they are faculty members whose primary appointments are in the partner schools. Advisors are selected from the department's faculty who teach regularly in the School and are key members of their departments. Thus, they are individuals who have considerable familiarity with the School overall, and are intimately familiar with the offerings and requirements of their department and the way their department relates to the rest of the School and the general field of public health. When new faculty are assigned advising roles, they begin with only a few students and are mentored by more experienced colleagues. They are also helped by recurring discussion of curricular issues at departmental meetings and by the well developed curricula in the various departments. Every Departments Chair is actively involved in advising. Advisors for doctoral students are assigned by matching the interest of the student to a faculty member who is knowledgeable in the area of interest to the student.

Students are encouraged to make appointments to meet with their academic advisors about curricular or career issues at any time; they are required to do so at least once each semester to review their course selections, communicate with their advisor, and receive their Pin Number for registration.

Students have the option of requesting a change in their advisor at any time during their academic career with the School. Toward the end of the MPH degree program, a faculty advisor is selected to supervise the Fieldwork. This choice is mutually agreed upon between the student and the departmental faculty and may or may not be the same individual who has been the academic advisor up to that time. This arrangement has the advantage of giving students an opportunity to benefit from the advice and mentoring of more than one faculty member.

In addition to academic advising, students have access to the student affairs offices on each campus where the staff may assist with advice and information about many practical issues that affect student life. The School of Public Health is fortunate that the campus administrators on the three campuses have been with the School since the inception of instruction on their respective campuses and are very knowledgeable about campus resources and approaches that have worked to resolve student problems in the past (parking, housing, babysitting, financial aid, etc.).

4.4.b Description of the school's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to specific needs in the school's student population.

Career counseling at the Rutgers School of Public Health is provided through several resources. Faculty, especially academic advisors, share advice about career options, approaches to applying for jobs, and contacts in the field. More formal job placement and career counseling services are available from the Fieldwork Coordinators and Career Specialists at University Career Services for New Brunswick and Stratford students. These individuals provide students with one-on-one career counseling, assistance with resume preparation and career networking advice. Materials from University Career Services are in the Resource File.

Fieldwork Coordinators have historically been the central resource on each campus for receiving public health job announcements, fellowship and internship opportunities, and have been primarily responsible for disseminating these to the students and recent graduates via the student and alumni listservs. Students can also search for opportunities using CareerKnight, RaptorLink, and CareerShift – Rutgers' online career managements systems and job databases. More recently, employer information sessions and on-campus interviewing has been made available to students in New Brunswick.

In addition, the dedicated "[Career Services](#)" section on the School website was refreshed in time for the Rutgers-UMDNJ integration in July 2013. The Career Services webpage directs students and alumni to public health job announcements from the private and public sectors in the state, across the nation, and around the world. Employers and others who want to promote positions to our students/alumni may complete a job posting form and submit it to the Fieldwork Coordinators who in turn, disseminate the opportunities via the listservs. Guidance on preparing resumes, CVs and cover letters may also be found on the website. Students and alumni continue to take advantage of and benefit from the resume and cover letter critique services offered by the Fieldwork Coordinators, and starting in 2014, the Career Specialists on the New Brunswick and Camden campuses. One recent graduate, Mutiat Otunba, MPH '13, wrote, "I just got offered a healthcare analyst position at Huron Consulting Group today. The feedback you provided me on my resume and behavioral interviewing tips really helped me out. Thank you so much for taking the time to help me".

The School also hosts special events that highlight career opportunities in public health. In Spring 2014, the New Brunswick Campus hosted a well-attended *Career Trends in Public Health* panel with alumni speakers who presented a variety of career paths and provided advice to our students. (The event's flyer is in the Resource File.) Greg Sobel from Rutgers University Career Services in New Brunswick also conducted a resume-building workshop that same semester tailored for public health students. Annually, there is a public health symposium that is held in the Spring during Public Health Week and attracts students, alumni/ae, faculty and some undergraduates. This late afternoon and evening event features speakers on current topics in the field, including potential careers, and is followed by opportunities for networking among the students, alumni/ae and invited speakers. The Student Government Association has also held career events where employers (often represented by alumni/ae) are invited to talk about careers in their agencies and to meet one-on-one with interested students. In Fall 2013, the Director of Rutgers Camden Career Center, Jim Marino, presented to the Stratford students, providing useful tips on job searching, resume-building, and interviewing and introduced many of the new resources that are now available to students on that campus. The services and resources offered by the Rutgers Camden Career Center and University Career Services in New Brunswick include, but are not limited to: resume critiques; workshops on interviewing, resume writing, job search

strategies, interviewing techniques, salary negotiations, and effective networking; career counseling; job/career fairs; and access to online tools such as CareerShift for job postings, Candid Careers, and Career Services guides.

On the Newark Campus, the Student Government Association has hosted a career night event during the spring semester (2013 and 2014) which provides an opportunity for students to interact with public health professionals and discuss career opportunities in the field. This event allows students to network with those in traditional and non-traditional public health positions from the public and private sectors, as well as those in academia. Each year, 10 to 15 public health professionals have volunteered their time to participate in this activity where at least 50 students have been in attendance. In addition to the career night, employment opportunities, fellowship and internship opportunities, and career events are e-mailed to the student body on a weekly basis.

4.4.c Information about student satisfaction with advising and career counseling services.

Students appear to be quite positive about the advising that they receive from faculty in the School. Students and graduates alike rate their level of satisfaction with faculty advising as high (see Table 4.4.c-1). These ratings are very close to the ratings of other School attributes. The Assistant/Associate Deans receive very few complaints about advisers not being available or not helpful, and the success of graduates in getting jobs and advancing their careers is good.

TABLE 4.4.c-1: STUDENT SATISFACTION WITH FACULTY ADVISING (On a scale of 1 to 5; with 5 being the highest)	
Survey	Overall Mean
2014 Current Student Survey (N=167)	4.02
2014 Alumni Survey (N=218)	4.31
AY2012-AY2014 Graduate Exit Survey (N=156)	4.10

The desire for expanded career counseling and job placement services, however, was reflected in the 2014 Current Student and Alumni Surveys. The 165 respondents on the Current Student Survey rated their level of satisfaction with career services at the School a 3.23 (for New Brunswick Campus), 3.21 (for Newark Campus), and 3.0 (for Stratford) on a 5-point Likert scale (where 5 was the most favorable score). Similarly, graduates rated their satisfaction with career services a 2.82 on the Alumni Survey. Both of these surveys were conducted before the full breadth of University Career Services was offered to public health students in October 2014. As the School continues to partner with University Career Services, one goal is to collaborate on increasing the number of health-focused employers who submit jobs into the Rutgers database, attend the Rutgers job fairs in New Brunswick, and conduct information sessions and on-campus interviewing. Another goal is to extend Rutgers career services to Newark-based students. The Fieldwork Coordinators have students every semester who seek their assistance to look for a job or internship; however they are not overwhelmed by demand for this service.

4.4.d Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

Student suggestions and complaints related to the School are brought to the attention of the faculty and administration in several ways. Suggestions may be routed through student representatives to the School Executive Council or the representative(s) on the Campus Executive Committee(s). Sometimes general complaints/suggestions are shared by the officers of the Student Government Association. Issues that have been brought to the attention of School's administration during the past two years have led to the creation of a dedicated student lounge on the New Brunswick and Newark Campuses.

The student grievance policy may be found on the School website and in the School Catalog at catalogs.rutgers.edu/generated/sph_current/pg231.html. Students may find this information through the [Policies](#) section under the Academics tab as well as under the [Current Students](#) section on the website. Individual students often go to their advisor or their Department Chair when they have a more personal issue. The most common problem is a perception of a grading inequity. Students are encouraged to try to resolve the issue with their instructor; if that fails they can appeal to the Campus Assistant/Associate Dean who will review the issues and try to assess whether the assigned grade was fair. Often, the student is somewhat mollified by having an external review and a discussion about the grade, even if no change is made. Sometimes a solution can be reached that is acceptable to both the instructor and the student. The Assistant/Associate Dean can change the grade administratively if he/she believes there is a compelling reason to do so.

Students can also discuss their problems with the Student Ombudsman, Dr. Irina Grafova (New Brunswick and Stratford Campuses) and Dr. Teri Lassiter (Newark Campus). Under University policy the ombudsperson "is to serve as a designated, confidential resource for students seeking information or solutions to problems. The unique nature of the ombudsperson is one of neutrality, impartiality and independence from the School's and University's established administrative structures." The Ombudsman makes a presentation at each orientation session prior to each semester to assure that the students know about the availability of the ombudsperson service. It is also prominently displayed on the "[Office of Student Affairs](#)" under the Student Life tab on the school website. Over the last three years, three issues were brought to the attention of an Ombudsman. One was related to a grade a student received in a course which was resolved, and two are related to timeliness of grading and the issue being addressed presently.

Although there is no formal count, the Assistant/Associate Deans estimate they annually receive, in aggregate, one to three complaints from students who bring grade complaints and occasionally other issues which they are able to resolve in a timely manner. There have been no formal grievances by students over the last three years, or, indeed, since the inception of the School in 1998. A full description of the ombudsperson's role is in on the School's website: sph.rutgers.edu/student_life/student_affairs/ombudsperson.html.

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

This criterion is met.

Strengths

- Academic advising is built into the administrative arrangements for students in the School from the time of admission through to graduation. The faculty who provide this advice are experienced individuals who have key teaching roles.
- The School has a number of strategies in place to help students develop their careers and to locate employment after graduation. Discussion of job possibilities and desired professional direction is inherent in academic advising and is discussed with every student as they move through their coursework and select their Field work.
- The Fieldwork Coordinators orient young students to the job market, help them with their resumes and encourage them to apply for suitable openings. The larger University Career Services offices offer additional, helpful programs and resources.

Weaknesses/Challenges

- The School lacks its own, staffed career office that would be useful to the growing number of younger students and recent graduates. While the current mix of faculty advice, Fieldwork Coordinator guidance and recent availability of University career resources could potentially meet the main need, public health expertise and training among the University Career Specialists would be beneficial. This is an issue that the School may be able to address over time as the partnership with University Career services develops more fully.
- Rutgers University Career Services is not in a position to make resources available to School of Public Health alumni at this time. Job placement and career services support is the top request service from School alumni, but the current lack of dedicated staff cannot meet the demand.

Plans

- The need to expand career services to alumni will be continue to be discussed with University Career Services in New Brunswick. Piloting access to online services and fee-for-service counseling will be explored.
- The opportunity to extend University Career Services to the Newark campus will be examined.
- Collaborate with Rutgers University Career Services to offer at least one new career services resource/activity to School of Public Health students.
- Conduct at least two career-oriented events for students per year.