

**Council on Education for Public Health
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REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
TUFTS UNIVERSITY SCHOOL OF MEDICINE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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SITE VISIT TEAM:

Kim Marie Thorburn, MD, MPH, Chair
Sondos Islam, PhD, MPH, MS

SITE VISIT COORDINATOR:

Brittney D. Lilly, MPH

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Tufts University School of Medicine. The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in April 2016 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Tufts University was founded in 1852 and enrolls nearly 10,000 students, with nearly 6,000 enrolled in graduate programs. The university has three campuses in Massachusetts: Boston, Medford/Somerville and Grafton. The Health Sciences Campus is located in Boston and includes the School of Medicine, School of Dental Medicine, the Jean Mayer USDA Human Nutrition Research Center on Aging, the Friedman School of Nutrition Science and Policy and the Sackler School of Graduate Biomedical Sciences. Undergraduate programs, the Graduate School of Arts and Sciences, the School of Engineering and the Fletcher School (International Affairs) are located on the Medford/Somerville campus, a suburban location five miles from Boston. The Cummings School of Veterinary Medicine is located on the Grafton campus, about 40 miles west of Boston.

The School of Medicine is home to 20 clinical departments, one of which is the Department of Public Health and Community Medicine. This department is home to the Public Health and Professional Degree Programs unit, which houses the CEPH-accredited MPH and DrPH degrees. This unit also includes an MS in health communication; MS in pain research, education and policy; MS in development and regulation of medicines and devices; master of biomedical sciences; physician assistant program; and an MD/MBA dual degree program.

The public health program received initial accreditation from CEPH in 1992. Its last accreditation in 2009 resulted in a seven-year accreditation term. The program had to document compliance with faculty resources and workforce development after the review; the Council accepted an interim report in 2011 as evidence of compliance in these areas.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the public health program at Tufts University School of Medicine. Tufts University is accredited by the New England Association of Schools and Colleges' Commission on Institutions of Higher Education. The public health program is an integral part of the School of Medicine and the overall university. There is strong support from university leaders for public health's contribution and value. The program's curricula promote a broad intellectual framework for problem solving and foster the development of professional public health values. A unique feature of this program is its appeal to Tufts health sciences students, as the program has collaborated with other programs to offer several joint degrees. The program plans, develops and evaluates its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a clear mission with supporting goals, objectives and values to guide its activities and measure its success. The Tufts public health program has an overarching mission to:

Prepare students for careers in public health practice through which they will advance societal and environmental conditions that allow all members of society to enjoy the highest attainable standard of health.

The program has also developed unique mission statements for the MPH and DrPH programs. The DrPH mission statement specifically addresses preparing students for leadership roles in public health practice.

The program's values are reflective of public health and are closely linked with those of the university. These values include the following: search for knowledge, teaching and learning, impact, diversity, global orientation and stewardship.

To attain its overarching mission, the program has three teaching goals, two research goals, three service goals and two programmatic goals. Progress toward each goal is measured by at least one objective, with each objective having a defined data tool in place.

Objectives are reviewed annually by comparing trends and assessing relevance. The public health leadership team is responsible for this effort, and, as a result of the self-study, the program will institute more formal faculty involvement during faculty retreats.

Processes for the development, review and revision of the mission, values, goals and objectives include different levels of involvement by constituents. The mission and values are reviewed and revised in conjunction with the preparation of the CEPH self-study. The process is guided by the program director and the Public Health Steering Committee, with input from department faculty. The process for reviewing program goals is guided by program administrators.

Student and external stakeholder involvement in the development and review of the mission, values, goals and objectives is less formal than the faculty processes. Input into these processes is sought from the program's External Advisory Committee. The program also conducted student focus groups to gather input on the mission and values.

The program's mission and values appear on its website. Program goals and objectives are discussed among faculty during retreats and are available to other stakeholders upon request.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program'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 program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met. The program has developed a set of measurable objectives for evaluating its efforts in achieving its mission. The program uses multiple data sources to measure its objectives. Annual data sources include the following: the Student Senate feedback forum; survey of graduating students; survey of alumni one-year post graduation; course content reviews; faculty review forms; applicant data; enrolled student data; and research assistant postings. In addition, the program collects and reviews student course evaluations every semester.

Program administrators maintain oversight of the evaluation processes. The program manager compiles all corresponding data related to the objectives. When targets are not met, the program director leads the effort to address the problem. Program administrators provide evaluation updates to faculty on a routine basis. A number of groups review performance outcomes for the program's objectives, including the following groups: public health program faculty, the public health leadership team, the Academic Affairs Committee, the Admissions Committee, the External Advisory Committee, the Public Health Steering Committee and the Faculty Committee on Diversity.

The self-study provided several examples of program revisions that resulted from ongoing program evaluation efforts. Students and faculty on site emphasized the responsiveness of the program to evaluation findings and outcomes. In addition, objectives have been revised in response to their usefulness to program evaluation as well as program innovation.

The self-study analysis of measurable objectives across the three-year period indicates that most targets were met or nearly met. For the measures with decreasing performance trends, site visitors noted that program administrators are monitoring such trends to ensure the program's effectiveness in serving its various constituencies.

The program manager managed the development of the self-study document with input from other stakeholders. Review teams comprising teaching faculty and administrators took the lead on specific criteria, reviewed documentation and drafted responses. The program took action based on review team

recommendations, when appropriate. The program sought input from the Student Senate and Alumni Council after the initial draft was complete and incorporated this feedback into later drafts.

1.3 Institutional Environment.

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

This criterion is met. Tufts University is accredited by the New England Association of Schools and Colleges' Commission on Institutions of Higher Education. The university has been accredited since 1929, with the most recent reaccreditation review taking place in March 2013, resulting in a 10-year term.

The Tufts University School of Medicine was accredited by the Liaison Committee on Medical Education in 2014 for an 8-year term. Other university programs also answer to professional accrediting bodies such as the Commission on Dental Accreditation, the Accreditation Review Commission on Education for the Physician Assistant and the Accreditation Board for Engineering and Technology.

The Board of Trustees is the ultimate governing authority of the university. The Board appoints the president, who leads and manages the institution and ensures conformity with the purposes and policies determined by the Board. The president's direct report is the provost/senior vice president, who is responsible for the academic administration of the university, serving as the chief academic officer. The provost oversees the university's eight schools, as well as multiple cross-school programs, centers and institutes. Deans of the schools report to the provost; however, all schools, under the leadership of their dean, are responsible for the development and delivery of academic programs; for certification of degrees; for student discipline; for admissions and financial aid; and for recommendation on appointment and promotion of its faculty.

Each dean, working with department chairs and program directors, is responsible for budgeting and allocating resources within his/her respective school. The university's executive vice president has overall responsibility for the administration of university operations, including budgeting and resource allocation within the university.

Within the public health program, faculty recruitment, selection and advancement decisions are made at the departmental level. Hiring decisions for senior staff positions are the responsibility of the Public Health and Professional Degree Programs associate dean in consultation with the Public Health and Professional Degree Programs dean (who is also the department chair) and the program director.

Academic and admissions policies specific to the CEPH-accredited public health programs are approved by the Academic Affairs and Admissions Committees, respectively, and may be referred to the unit's Program Directors' Committee.

1.4 Organization and Administration.

The program 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 program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. The CEPH-accredited public health degrees are part of the Public Health and Professional Degree Programs unit, which is housed in the Department of Public Health and Community Medicine in the Tufts University School of Medicine. The Public Health and Professional Degree Programs unit provides the structure for the teaching functions of the department. The Public Health and Professional Degree Programs unit has a dean who concurrently serves as the Department of Public Health and Community Medicine chair. This individual reports to the School of Medicine dean.

The public health program has a program director who reports to the Public Health and Professional Degree Programs dean. Reporting to the program director are a senior associate director, DrPH associate director and a program manager. Each of the program's concentrations and joint degrees are overseen by a lead faculty member.

The Department of Public Health and Community Medicine provides administrative support to the program in the areas of budget management, registrar functions, admissions, administration of advising, student services, data management and support, career services and alumni relations.

Interdisciplinary coordination is inherent to the department and program. Faculty members represent the core areas of public health, as well as medicine, law, social work, nutrition, biology, nursing and business. The program's joint degrees assure partnerships with other academic units at Tufts, as well as other universities. Finally, the university itself has programs to drive interdisciplinary collaboration. The site visitors heard about several innovative initiatives related to interdisciplinary scholarship from university leadership.

1.5 Governance.

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

This criterion is met. Program administrators and faculty have sufficient autonomy to accomplish the program's stated mission, goals and objectives. Program constituents have clearly defined rights and responsibilities concerning program governance and academic policies. Faculty and students have formal opportunities for input in decisions affecting curricula, admissions and academic policies. Through on-site meetings, site visitors learned that the program's principal governing body is the Academic Affairs Committee. This committee is the approval body for programmatic matters and develops policies related

to curriculum quality and integrity. The committee is inclusive of the public health program director, public health faculty across concentrations, department staff and administrators and external faculty. The committee also has student representation.

The program director leads program planning and evaluation efforts, with input and support from program-level and department-wide faculty committees. The program director is also involved in the program's budgeting processes.

The MPH Concentration Leaders and Track Leaders Committee meets on an ad hoc basis and discusses issues related to the MPH program. This committee includes the public health program director, the senior associate director and the leaders of each concentration.

The program's Admissions Committee is responsible for admissions processes for the MPH program. This committee also develops policies and procedures to recruit students from diverse backgrounds. Inclusive in the committee are public health program faculty, the unit's admissions director, faculty from the unit and an external faculty member.

The DrPH Steering Committee is responsible for developing program policies and reviewing and evaluating all curricular components of the DrPH degree. This committee includes the DrPH associate director, the public health program director, public health faculty, two DrPH students, department administrators and an external stakeholder.

The DrPH Admissions Committee oversees admissions processes for the DrPH program. This committee includes the DrPH associate director and two public health program faculty members.

The External Advisory Committee is composed of 13 external stakeholders in the fields of public health, health care and related disciplines. The committee advises program leaders on curriculum direction and competencies needed of MPH and DrPH students upon entering the workforce.

The Public Health and Professional Degree Programs Faculty Committee on Diversity ensures adherence to the unit's diversity plan across all programs. The diversity plan affects areas of faculty, staff and student composition, the curriculum and the overall program climate. Among the committee members are a selection of public health faculty, the public health programs manager, the DrPH associate director, one DrPH student, one MPH student and unit staff members.

The department's Faculty Appointments and Promotions Committee oversees faculty recruitment, retention, promotion and tenure, as well as research and service expectations and policies. This

committee involves two department administrators and two faculty members appointed by the dean. Recommendations from the committee are submitted to the School of Medicine dean, who makes the final decision. The program director works with the department chair to ensure the program's needs are considered when determining faculty research and service expectations.

In addition to activities at the program and department levels, public health faculty contribute to the activities of the School of Medicine and university through committee participation. There has been widespread participation from faculty across the program's concentrations (with the exception of epidemiology-biostatistics faculty) in School of Medicine committees such as the Clinical Faculty Appointment and Promotion Committee, the Curriculum Committee, the Global Health Faculty Council and the Advisory Committee for the Teachers and High School Students Pipeline Program. Public health faculty across each of the program's concentrations also serve on university-level committees. Program faculty serve as representatives to the Board of Trustees and participate on committees such as the University Health and Wellness Committee, the University Committee for Teaching and Faculty Development and the Research and Graduate Programs Council.

The Public Health and Professional Degree Programs unit maintains a Student Senate, which represents MPH and DrPH students. Per Senate bylaws, at least 13 Senate seats are reserved for MPH students. The Senate provides an avenue for the student body to organize themselves and serves as a vehicle through which concerns of the student body are shared with faculty, staff and administrators.

1.6 Fiscal Resources.

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

This criterion is met. The program has adequate financial resources to fulfill its instructional, research and service functions. The public health program is a single cost center whose sole source of direct financial resources is the School of Medicine. Revenue streams of tuition and indirect cost recoveries from research grants go directly to the School of Medicine, as required by the university.

The program's budget allocation is robust and has steadily increased over the last six-year period. From FY 2010 to FY 2015, the program's budget has increased by nearly 80%. The program's largest expenditure is faculty salaries and benefits, which have steadily increased over the last six-year period. Other major expenditures include DrPH student support and program operations. Table 1 presents the program's budget for FY 2010 through 2015.

Table 1. Sources of Funds and Expenditures by Major Category, FY 2010 to 2015						
	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Source of Funds						
University Funds ¹	\$1,628,498	\$1,976,633	\$2,076,789	\$2,323,398	\$2,806,829	\$2,929,350
Expenditures						
Faculty Salaries & Benefits	\$1,438,251	\$1,650,907	\$1,812,400	\$1,983,392	\$2,133,021	\$2,375,826
Staff Salaries & Benefits	\$36,232	\$45,054	\$60,020	\$92,928	\$61,071	\$64,384
Operations	\$45,363	\$33,821	\$62,446	\$44,498	\$112,530	\$118,708
Travel	\$17,957	\$13,044	\$20,900	\$25,859	\$28,604	\$41,764
Student Support ²	\$21,575	\$2,600	\$45,889	\$33,022	\$68,703	\$65,536
Student Support DrPH ³	---	---	---	---	\$151,994	\$268,076
Student Employee Stipends	---	\$35,388	\$17,870	\$4,673	\$5,600	\$6,580
Guest lecturers	\$7,275	\$4,325	\$4,884	\$5,150	\$7,745	\$6,275
Professional Services	\$8,139	\$4,775	\$7,229	\$12,229	\$22,106	\$15,351
Total	\$1,574,792	\$1,789,914	\$2,013,768	\$2,201,751	\$2,591,374	\$2,962,500

¹ The program has no related revenue from grants and contracts. Faculty grants and contracts are processed via the Department of Public Health and Community Medicine with support from the grants administration staff. The indirect cost recovery is managed by the School of Medicine to cover overhead.

² Salaries for teaching assistants (including fringe)

³ Stipends and tuition scholarships

The budgetary process starts with the public health leadership team, which develops a proposed budget in conjunction with the Public Health and Professional Degree Programs dean and associate dean. Once reviewed and approved by department administrators, all budgets within the unit are submitted to the School of Medicine's budget and fiscal officer for approval. The School of Medicine's budget is then submitted to the Board of Trustees for final approval. During the site visit, program leaders said that the program's resource needs were typically met. School of Medicine leadership expressed appreciation for the integrity of the budgetary requests.

1.7 Faculty and Other Resources.

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

This criterion is met. The program's faculty and staff resources are sufficient to achieve its instructional, research and service functions. Across the last three years, the program has seen an increase in its student headcount, increasing from 229 students in AY 2013-2014 to 244 students in AY 2015-2016. A critical mass of primary faculty support each of the six concentrations offered. As of AY 2015-2016, the program has a total of 25 primary faculty. Primary faculty headcount and FTE has remained fairly consistent across the last three-year period, with most faculty contributing 1 FTE to the program. For the concentrations in epidemiology-biostatistics; health services management and policy; global health; health communication; and nutrition, the primary faculty headcount has ranged from three to four over the last three years. The generalist concentration's primary faculty headcount has ranged from seven to eight over the last three years.

As of AY 2015-2016, 34 secondary faculty contribute to the instructional, advising, research and/or service functions of the public health program. The individual FTE contributions of secondary faculty members range from .05 to .70 FTE. The total faculty FTE has increased from 28.56 in AY 2013-2014 to 30.21 in AY 2015-2016.

Across the six concentrations in the last three-year period, student-faculty ratios (SFRs) have been as low as 3.6:1 and have never exceeded 9.5:1. The generalist concentration has consistently had the highest SFR of the six concentrations.

In addition to primary and secondary faculty, the MPH and DrPH programs are directly supported by one non-faculty, non-student personnel: the public health programs manager. The manager is a full-time position that dedicates 80% effort to the public health program.

The program receives substantial in-kind support from the Department of Public Health and Community Medicine, the Friedman School of Nutrition, the School of Arts and Sciences, the Cummings School of Veterinary Medicine and the School of Engineering. A number of public health faculty members receive compensation from these schools rather than from the public health cost center, although they play an important role in the program. Several courses accepted for credit within the program are offered and paid for by the other Tufts schools.

The public health program's administrative offices are housed with the department in the Biomedical Research and Public Health Building. Public health program staff, administrators and full-time faculty have private office spaces within this building. The building also contains a student lounge and study rooms for students in the unit. Located across the street from the Biomedical Research and Public Health Building is the Sackler Building, which houses additional study spaces for individuals and groups. The Sackler Building also houses the classroom space used by the public health program. The Sackler Building is equipped with a 200-seat lecture hall and 17 classrooms, seating 24 students each. Also located within the Sackler Building is the Hirsh Health Sciences Library.

While the self-study noted that securing appropriate classroom space is often challenging, site visitors were assured by program staff that the space allocation for this academic year is well managed.

1.8 Diversity.

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

This criterion is met. The program's under-represented groups are defined by the Department of Public Health and Community Medicine. These groups are: 1) racial and ethnic non-dominant groups with

significant populations in the geographic area served by the program (black or African American; Latino or Hispanic; and East and Southeast Asian) and 2) persons for whom access to graduate education represents a significant distance travelled as measured by immigrant or first generation US born, first generation of a family to attend college and member of a family that received (or was eligible to receive) one or more forms of governmental income support. The first group is chosen because the program reaches neighboring populations, and these racial and ethnic groups face health inequities in the Greater Boston area. The second group represents factors that serve as proxies for socio-economic status, and the program has made a commitment to have the public health workforce better reflect the vulnerable populations served.

The program has three goals for achieving diversity and cultural competence. The program seeks to 1) ensure compositional diversity in students, faculty and staff; 2) teach cultural competency and understanding of the social determinants of health and health inequities in the curriculum; and 3) provide a climate of inclusion to all.

The program seeks diverse candidates in its admissions process that reflect the diversity of the geographic area. Over the last three years, the program has seen a steady increase in the number of students from historically under-represented ethnic groups. To date, these groups make up 13% of the student body. The program also seeks to diversify its student population with those who self-identify as Asian. Individuals from this group have made up 14% of the student body over the last two years. Additionally, the program seeks applicants who have diverse travel experience, and to date, 23% of the student body has had such experience.

The program aims to maintain diversity in its staff and faculty complement by ensuring that at least 10% of staff and faculty self-identify as black, African American or Latino. Over the past two years, the proportion of faculty self-identifying as being from one of the aforementioned racial/ethnic groups has ranged from 9-11%. The proportion of staff from these groups has remained constant at 14% over the past two years. The program also aims for 10% of its faculty and staff to self-identify as Asian. Over the past two years, the proportion of Asian staff has ranged from 7-14%, and the proportion of Asian faculty has remained constant at 14%.

The Department of Public Health and Community Medicine includes in its mission the need to address health equity and diversity. It was apparent to site visitors that the program has a strong commitment to social justice. The term was removed from the mission statement in its recent revision; however, site visitors heard about regular discussions among stakeholders regarding its centrality to the work of the department.

The program has a new diversity plan to monitor and address its three diversity goals. A newly formed Diversity Committee provides oversight of the plan, which will include annual review and revisions as needed. The Diversity Committee was operational and had held several meetings by the time of the site visit. The plan assigns monitoring activities to various committees that will report annually to the Diversity Committee. The Program Directors' Committee was assigned to assess the institutional climate of the Public Health and Professional Degree Programs unit using various tools. Based on these results, the committee will develop an annual plan for improving the environment, which will be provided to the Diversity Committee.

The Academic Affairs Committee, with its responsibility for ensuring that the program's academic mission is achieved through the curriculum, is in the process of determining whether adequate focus is given in the curriculum to health equity and the role of discrimination in health inequities. The committee will provide an annual report to the Diversity Committee.

The Admissions Committee is responsible for assuring a diverse student body. Scholarships are provided to support students from under-represented groups, and the program seeks to increase scholarship funding. Site visitors learned that while there has been some procedural progress in increasing scholarship funding, implementation remains a challenge. In addition, the new diversity plan calls for close monitoring of graduation rates and other measures to determine whether changes are needed to improve retention.

The university also has diversity goals stated in its 2014 Report of the Council on Diversity. The university's Office of Equal Opportunity provides policies and guidelines regarding employment practices and anti-discrimination and harassment. These policies are adhered to by the School of Medicine, including the public health program.

The university has formed the Tufts Diversity and Inclusion Working Group to review the recruitment and retention processes of faculty, staff and students. Public health faculty participate in this work. In the site visitors' meeting with university leadership, the commitment to diversity and inclusion was emphasized.

The School of Medicine's Faculty Council on Excellence, Diversity and Inclusion focuses on promoting faculty diversity, inclusion and advancement. The Department of Public Health and Community Medicine has members on this council.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. The program offers the DrPH, MPH and nine joint degrees, as shown in Table 2.

Table 2. Instructional Matrix – Degrees & Specializations		
	Academic	Professional
Master's Degrees		
Epidemiology-Biostatistics		MPH
Global Health		MPH
Health Communication		MPH
Health Services Management and Policy		MPH
Nutrition		MPH
Generalist		MPH
Doctoral Degrees		
Generalist		DrPH
Joint Degrees		
Biological Science		MPH/MS
Medical Science (Physician Assistant)		MPH/MMS PA
Nutrition		MPH/MS
Urban and Environmental Policy and Planning		MPH/MA
Law		MPH/JD
Medicine		MPH/MD
Dental Medicine		MPH/DMD
Veterinary Medicine		MPH/DVM
Bachelor's		MPH/BS or BA

MPH concentrations (with the exception of the generalist) consist of courses in the five core areas of public health; a required course in health care organization budgeting and management; a required course in the methods of public health inquiry; an applied learning experience that encompasses the practicum and culminating experience; and the following: two to four prescribed concentration-related courses, one to four courses of the student's choosing from a list of pre-approved concentration courses and one to five MPH-approved elective courses. The curriculum beyond the core courses ensures appropriate coverage of content knowledge in the specified concentration areas.

The generalist MPH is reserved for students pursuing a joint degree, students with significant practice experience or students with a prior degree in a discipline related to health and human services. The remainder of the courses beyond the core and the applied learning experience are selected by the student in consultation with his/her faculty advisor. Students select courses from the list of approved

concentration and elective courses. During the site visit, students expressed appreciation for the curriculum's design.

The DrPH generalist curriculum consists of 9.5 credit hours of required coursework related to areas such as epidemiological research, biostatistics, health services and management, law and leadership. The remainder of the curriculum consists of 4.5 credit hours of electives, which further supplement knowledge in the aforementioned areas, in addition to the areas of health communication and environmental and occupational health. Students may choose elective courses such as Environmental Toxicology; Quality Improvement Methods in Health and Health Care; Developing Sustainable Communities; Professional Communication; Legal and Institutional Aspects of International Trade; and Humanitarian Studies in the Field.

The program's website serves as a comprehensive resource for all program requirements, competencies and course plans. Guidelines and handbooks for the program are also available on TRUNK, the university's online system.

2.2 Program Length.

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

This criterion is met. The public health program recently transitioned to a unitary credit system, in which one credit is equivalent to four semester-credit hours in the traditional system. Under this new system, the program requires 13 credits for degree completion, which equates to 52 semester-credit hours when using the traditional credit system.

The program is intended to be completed in five semesters, but can be completed within three semester if a higher course load is taken each semester.

Over the past three years, 11 students have graduated with fewer than the number of credits equivalent to 42 semester credit hours. Ten students were allowed to waive one or more MPH courses by transferring credits from prior equivalent coursework. One additional student was allowed to waive one MPH elective course because he/she entered the program with a clinical degree. All MPH course substitution and exemption requests are approved by the program director or concentration leader, depending on the nature of the request.

2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students, regardless of area of specialization or joint degree, are required to complete coursework in the five core areas of public health. The program has a series of courses, mostly with the “PH” designation, that address core knowledge areas. Students in several of the combined degree programs (MD/MPH, DVM/MPH, MS-Nutrition/MPH, BA/MPH and BS/MPH) complete alternate coursework in three to all five core areas.

The program has “mirror” core courses for MD/MPH and DVM/MPH students that are equivalent to and address the same core knowledge competencies as courses taken by standalone MPH students. Core courses taken by MD and DVM students are customized to accommodate clinical students’ scheduling needs and to ensure that students understand the foundational principles of public health and how the discipline relates to their clinical studies. For example, the social and behavioral sciences course taken by MD/MPH and DVM/MPH students focuses more exclusively on the core public health competencies in behavioral sciences. The social and behavioral sciences course taken by standalone MPH students covers additional material in communications. The health services administration course taken by MD/MPH students is conducted as two separate half courses: CMPH 122: Introduction to Health Services in the first year and CMPH 157: Health Care Reform and More: Current Topics in American Health Care Policy in the third year. This schedule allows MD/MPH students to take the first half of the course with their first-year MD degree-only classmates, and it allows the program to complete the health services administration core requirement after the students have worked in health care as third-year medical students, allowing them to be more engaged with the material.

The program has approved several nutrition courses as equivalents to MPH core courses for the following core areas: social and behavioral sciences, biostatistics and epidemiology. These approved nutrition courses are double counted as credit toward both degrees for the MS-Nutrition/MPH students. Standalone MPH students are also permitted to take these courses, though MS-Nutrition/MPH students are more likely to enroll. Site visitors concluded that the approved nutrition courses are comparable to MPH core courses and ensure core competency coverage.

The program offers accelerated BS/MPH and BA/MPH degrees to Tufts undergraduates who have been granted early assurance status into the MPH program. These students take core courses that have different course names and numbers but are equivalent in content to core courses taken by standalone MPH students. For example, undergraduates take CEE 154: Principles of Epidemiology; CEE 158: Environmental and Occupational Health; and CEE 194: Principles of Biostatistics, which are taught on the Medford campus (where undergraduate courses are held) rather than their equivalents on the Boston campus (PH 201: Principles of Epidemiology; PH 204: Environmental and Occupational Health; and PH 205: Principles of Biostatistics). By making core courses available on the Medford campus, the program creates a logistically feasible pipeline into the MPH program for undergraduate students. Site visitors

concluded that the courses taken by BS/MPH and BA/MPH students meet the expectation of the public health core knowledge areas.

This approach, which provides different pathways to core public health knowledge for students in the joint degree programs with medicine, veterinary medicine and nutrition, as well as for students in the accelerated baccalaureate-to-MPH program, may present challenges to consistency. It is particularly important that the program remain attentive to ensuring equivalent rigor in the courses offered on the Medford campus. Similarly, it is important that the program ensure ongoing alignment in the core areas for which there are four parallel courses operating.

Table 3 presents the required core courses for standalone MPH and joint degree students.

Table 3. Required Core Public Health Knowledge Courses for MPH Degree		
Core Knowledge Area	Course Number & Title	Credits
Biostatistics	One of the following:	
	PH 205: Principles of Biostatistics	1
	CEE 194: Principles of Biostatistics	1
	CMPH 132: Biostatistics (MD/MPH only)	1
	NUTR 207: Statistical Methods for Nutrition Research (Policy) and NUTR 307: Regression Analysis for Nutrition Policy	2
	NUTR 209: Statistical Methods for Nutrition Research (Science) and NUTR 309: Statistical Methods for Nutrition Research II	2
Epidemiology	One of the following:	
	PH 201: Principles of Epidemiology	1
	CEE 154: Principles of Epidemiology	1
	CMPH 130: Epidemiology (MD/MPH and DVM/MPH only) NUTR 204: Principles of Epidemiology	1 1
Environmental Health Sciences	One of the following:	
	PH 204: Occupational and Environmental Health	1
	CEE 158: Environmental and Occupational Health CMPH 203: Introduction to Occupational and Environmental Health (MD/MPH only)	1 1
Health Services Administration	One of the following:	
	PH 215: Public Health and Health Care: Politics, Policies, and Programs	1
	PH 228: Advanced Health Care Policy Structures & Functions	1
	CMPH 122: Introduction to Health Services (MD/MPH and DVM/MPH only) and CMPH 157: Health Care Reform and More: Current Topics in American Health Care Policy (MD/MPH and DVM/MPH only)	1 1

Table 3. Required Core Public Health Knowledge Courses for MPH Degree

Core Knowledge Area	Course Number & Title	Credits
Social & Behavioral Sciences	One of the following:	
	HCOM 522: Changing Health Behaviors: Healthy People and Communities	1
	CMPH 118: Social and Behavioral Sciences (MD/MPH and DVM/MPH only)	1
	NUTR 211: Theories of Behavior Change and Their Application in Nutrition and Public Health Intervention and NUTR 218: Communication Strategies in Health Promotions	2

DrPH students are required to take courses in the five core areas of public health knowledge as prerequisites to enrollment. Most DrPH students apply the core courses completed from their MPH degree, as an MPH degree or equivalent health sciences degree is required for admissions. Students may place out of a core or required course if they took an equivalent course at a CEPH-accredited school or program of public health, subject to review by the program's Academic Affairs Committee. A maximum of two graduate-level credits may be transferred from other institutions.

In addition to the prerequisite core courses, the program ensures that required courses in this generalist DrPH reinforce knowledge in core areas of public health, as displayed in Table 4. These required courses constitute 9.5 of the 14 credit hours required for the degree.

Table 4. Required Courses Addressing Public Health Core Knowledge Areas for DrPH Degree

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	PH 206 Intermediate Biostatistics	1
	PH 707 DrPH Seminar	.25
	PH 709 Analysis of Clustered Data	.5
Epidemiology	PH 221 Methods of Public Health Inquiry	.5
	PH 225 Qualitative Tools for Public Health Research and Programs	.5
	PH 222 Research Survey Methods	1
	PH 706 DrPH Seminar	.25
Environmental Health Sciences	DrPH Seminar PH 707, 708	.5
Social & Behavioral Sciences	DrPH Seminar PH 705, 706, 707, 708	.75
Health Services Administration	PH 702 Monitoring and Evaluating Health Programs	1
	PH 703 Organizational Management and Theory	1
	PH 704 Leadership for Public Health	.5
	PH 709 Advocacy for Public Health	.5
	PH 708 DrPH Seminar	.25
	PH 210 Law in Public Health	1
Total		9.5

2.4 Practical Skills.

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

This criterion is partially met. The program combines the practicum and culminating experience into the applied learning experience. The culminating experience often draws on the fieldwork. Two seminars (Applied Learning Experience Planning and Implementation Seminars) are usually taken in the final two semesters. Students spend a minimum of 160 hours in the field during a semester.

The applied learning experience is the same for standalone MPH and joint degree students, with the exception of the MD/MPH and DVM/MPH degrees in which the practicum and culminating experience are separated. Students complete a minimum of 200 hours in a practice-based organization in the summer between the first and second years of medical or veterinary school. The culminating experience occurs during the fourth year. Site visitors heard from clinical students that this arrangement successfully assists in maintaining a population-based perspective through clinical training; however, the challenge of fitting a culminating experience into the fourth-year clinical rotation truncated the opportunity. Site visitors concluded however that the experience is still appropriate for clinical joint degree students.

The program's emphasis for the applied learning experience is the application of science to practice. It is viewed as an important step toward a public health career. The Public Health and Professional Degree Programs Office of Career Services plays a key role in identification of potential host sites and organizations, including maintaining a database and hosting biannual applied learning experience preceptor fairs. Placement sites are to provide an opportunity for a population-based project, designate a preceptor and sign off on the proposed project and work plan. For MD/MPH and DVM/MPH students, the expectation is that the site will allow immersion in population-based practice, but an independent project is not required. The list of field sites includes a variety of academic, governmental and non-governmental local, national and international entities.

Preceptors must be engaged in public health practice in a professional setting. The preceptor's responsibilities involve meeting with the student at least one hour per week to supervise the project, provide resources and guidance, help the student understand the organization and evaluate the student's performance. At orientation, the Office of Career Services sends a letter to preceptors outlining their responsibilities. This office and the applied learning experience course directors are program contacts for preceptors, who are provided with a year of Tufts Library privileges for their service. Preceptors who met with site visitors expressed a close working relationship with program faculty.

Faculty involvement in the applied learning experience is as course directors who provide one-on-one assistance as well as additional seminars/workshops during the planning and implementation phases. During the planning phase, student performance is assessed on professionalism, the proposal and the work plan. During the implementation phase, student performance is assessed by the project paper, oral presentation and the preceptor's evaluation. Students must receive passing grades on all components. The products for evaluation of MD/MPH and DVM/MPH students include a poster and attendance at a poster session.

At the conclusion of the practicum, students assess the site and preceptor in a survey. Preceptors are also asked to assess whether their site is a viable placement after the experience. Preceptors and alumni who met with site visitors expressed satisfaction with the project development and implementation process. Several described the iterative process of project development. They explained that the dual goals of student academic development and production of useful material for the host site were achieved.

In general, waivers of the applied learning experience are not granted; however, students may be exempted from the field component if, in the judgment of the Academic Affairs Committee, they can demonstrate an adequate public health field experience within three years prior to matriculation into the program. A prior experience with at least 200 hours at an organization is required to receive a waiver. Students receiving a waiver of the field experience complete a research project. Two waivers of practice experience were granted in the previous three years, one to a DMV/MPH student and the other to an MD/MPH student. Although application of the waiver policy appears to be judicious, this criterion intends that all students complete a practicum experience in which they apply the new skills they have learned in the program. Completing a discrete applied project, rather than counting field experience hours, in these situations may be acceptable, but a research project that does not require significant application outside an academic setting does not meet the spirit of the criterion.

The concern applies to the handling of the practicum requirement for DrPH students. The practicum for DrPH students is supervised by a public health practitioner. Its purpose is to build and enhance self-identified competency weaknesses and gaps. The student works with his/her faculty advisor to identify practicum needs. Depending on the identified competency development needs, a practicum can involve research experience in lieu of field practice, which is not the intent of this criterion. Students may complete multiple practica to ensure attainment of competency goals. Practica begin in the first year of the program and must be completed before admission to candidacy. Practicum sites have included the Massachusetts Health Policy Council, Massachusetts Department of Health and the Shanghai Center for Disease Control, among others. Site and preceptor selection involve an agreement that outlines the competencies to be addressed, the work plan and deliverables. Upon completion, the preceptor evaluates whether the competencies were met.

2.5 Culminating Experience.

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

This criterion is met with commentary. The culminating experience for DrPH students is a dissertation that begins when the student is admitted into candidacy. The dissertation is an independent research project in which students are engaged in the creation of new knowledge that makes a substantial contribution to the field of public health. Dissertations are expected to largely reflect demonstration of the program's competencies. The dissertation should include a policy paper or a chapter that addresses policy issues. Dissertations are expected to be of high quality and result in publication in peer-reviewed literature. Since the degree enrolled its first cohort in AY 2013-2014, no students have completed a dissertation.

The culminating activities for MPH students are completed through the two-part applied learning experience. According to the Applied Learning Experience Implementation Seminar syllabus, the culminating experience requires students to conceptualize, design, implement, evaluate and describe a public health project. The applied learning experience is a well-supported process with embedded checks and balances to ensure production of a quality project that aligns with program expectations. The program produces instructional guidelines and evaluation tools for all major components of the applied learning experience, which include the project proposal, the work plan, the mid-semester review, the final paper and the oral presentation. Students enroll in the applied learning experience as a two-part course: MPH 301: Planning Seminar and MPH 302: Implementation Seminar. These two courses combined, lead students to produce two deliverables to satisfy the culminating experience portion of the applied learning experience: a final paper and an oral presentation. The syllabi for the Planning and Implementation Seminars are detailed and comprehensive, though syllabi vary slightly by course director.

The culminating experience is appropriately sequenced in the curriculum to allow students to gain maximum didactic knowledge before applying it to the culminating paper and presentation. Prerequisites for beginning the Planning Seminar are the Principles of Epidemiology core course and any core course that is related to the student's concentration area. Prior to enrolling in the Implementation Seminar, students must have completed all core courses or be concurrently enrolled in core courses while completing the seminar. Both MPH 301 and 302 are offered in the fall, spring and summer semesters, with at least two sessions of each course offered every semester.

During the Planning Seminar, students determine their public health topic of interest that will serve as the basis for the final paper. Students then identify a practicum placement site through which to carry out their topic of interest. Subsequent to selection of a practicum site, students complete a project proposal outlining the following elements: 1) identification of the public health problem that will be the focus of the

project, 2) the aims to be accomplished in the project, 3) the proposed methods to accomplish the aims, 4) agreed upon work-site deliverables expected by the preceptor and 5) a description of how the project will allow the student to meet two concentration-specific competencies. Prior to proceeding with the project, the student's completed project proposal must receive approval from the preceptor, the Planning Seminar course director and the student's concentration leader.

Building on the proposal, students complete a comprehensive work plan at the conclusion of the Planning Seminar, which will guide the implementation phase of the applied learning experience. Strict guidelines govern the completion of the work plan: the document should be seven to 10 pages in length, double spaced, with one-inch margins and 12-point font. The components of the work plan include an introduction; project description; logic model; background investigation (supported by epidemiologic data and a literature review); detailed description of the placement site (its mission, history and target population); stakeholder analysis; identification of one or two overarching aims with at least three SMART objectives for each (it is recommended that students use NIH's Guide for Preparing and Submitting Grants as a guideline for developing aims); description of the proposed methods to achieve the objectives (eg, secondary data analyses, focus groups, organizational assessment, etc.); description of the activities undertaken to achieve the objectives along with a timeline illustrating the chronological sequence of activities; description of the organizational deliverables; a strategy for evaluating the effectiveness of meeting the project's objectives; a brief discussion of the human subjects protection issues associated with the project; IRB-related documentation; and a reference list. Like the proposal, the work plan is approved by the preceptor, the Planning Seminar course director and the student's concentration leader.

During the Implementation Seminar, students complete 160 hours at their practicum placement site, as well as the two culminating deliverables: a final paper and an oral presentation. According to the Implementation Seminar syllabus, the paper is assessed on public health conceptualization, technical quality and inclusion of all sections requested. The oral presentation is assessed on content, organization and presentation skills. The Implementation Seminar course director is responsible for directing students on how to integrate core public health concepts into the design, implementation and presentation of their projects. The final paper is 10 to 15 pages in length, double spaced, with one-inch margins and 12-point font. The paper must be of publishable quality and must follow an established layout that includes an extensive discussion in four areas: introduction, methods, results and discussion. The paper is concluded with appendices and a reference list. The oral presentation summarizes the student's project and is delivered as a 10- to 12-minute PowerPoint presentation. Students and faculty serve as the audience for the presentation, and preceptors are also invited.

The course director determines the student's final grade based on the review of the final paper, oral presentation, intermediate assignments, professionalism and the preceptor's assessment of the student,

all of which must be successfully completed to receive a passing grade. The student's concentration leader is responsible for providing the course director with an evaluation of the student's use of knowledge and skills learned in the concentration. An evaluation rubric is used for the oral presentation; the course director evaluates the student on verbal and non-verbal delivery, content and organization, and notes areas of improvement and weakness.

The student's mid-semester review and report form is completed during the Implementation Seminar and is reviewed and signed by the preceptor. This form serves as a check up on the student's progress toward meeting the objectives and activities of the work plan and allows the student to document any changes made to the work plan. The student also discusses any challenges or issues faced in accomplishing the project's objectives.

Instructional documents and forms are available electronically through the university's online system, TRUNK. The TRUNK site contains the following applied learning experience-related documents that can be accessed while a student is enrolled in the Implementation Seminar: mid-course review report form; dress rehearsal and final presentation guidelines; guidelines for final paper; presentation skills evaluation sheet; and the preceptor evaluation of student form. Student deliverables are also submitted on TRUNK.

Students in the joint MD/MPH, DVM/MPH and JD/MPH programs complete the applied learning experience in slightly modified formats. Rather than enrolling in the Applied Learning Experience Planning Seminar, DVM and MD students complete the planning phase through a series of seminars or workshops led by the applied learning experience course director. The course director works individually, or in conjunction with clinical faculty, to develop a proposal and work plan with the student. DVM and MD students carry out the applied learning experience in an academic or research setting. JD/MPH students complete the implementation phase of the experience by enrolling in an independent study led by the JD/MPH track leader. Despite these modified formats, all joint degree students must produce the same final deliverables as standalone MPH students.

Site visitors reviewed samples of students' final papers and concluded that the documents are of professional quality and are pertinent to current public health issues. Papers demonstrated well-planned and rigorous experiences that applied some aspects of other public health disciplines beyond the student's area of specialization. Students who met with site visitors indicated an understanding of their expectation to apply knowledge gained in coursework to the experience.

The commentary relates to the blurred distinction between the activities and deliverables that constitute the practicum versus those of the culminating experience for the MPH degree. As part of the culminating experience, students are expected to demonstrate the ability to synthesize and integrate knowledge from

coursework and other learning experiences. On site, there was variation in students' understanding of which activities constituted the culminating experience portion of the applied learning experience. Some students indicated that it was solely the practicum, others thought it was a combination of the mid-semester preceptor report and the final paper, and others said it was the final oral presentation. Since preparation for the culminating experience and the practicum are interwoven through the applied learning experience seminars and are also evaluated together to determine the student's final grade, it is understandable that students cannot distinguish the two experiences. Students and faculty should have a clear understanding of the culminating experience's function as a means by which faculty judge whether students have mastered and can integrate the knowledge and skills learned throughout the curriculum.

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 program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).

This criterion is partially met. The program's competencies are Tufts-specific and were modified by faculty in 2010 as a result of the lessons learned from the last CEPH accreditation review. The framework for the program's current set of competencies was developed over roughly an 18-month period through a set of faculty meetings, task forces, multiple drafts shared by email, two faculty retreats, feedback from the External Advisory Committee and action by the program's Academic Affairs Committee. The program's current framework uses a three-level structure: domain; competency; and competency-based learning objectives.

The DrPH competencies are distinct from MPH competencies and focus on integration and synthesis of the core areas of public health as they are applied by leaders in public health practice settings. The DrPH program is based on a framework of five competency domains with competency-based learning objectives for each that reflect the knowledge and skills required by a leader in public health (program monitoring and evaluation, policy and intervention development, descriptive epidemiology and community contextual analysis skills).

The program has 16 core and 19 cross-cutting competencies that all MPH students are expected to attain by graduation. Each concentration has an additional five to nine concentration-specific competencies. Each competency is further defined by a set of competency-based learning objectives that are included in the syllabi and that are used by course directors to assess the attainment of the competencies. In addition, the program has 20 learning objectives for the Planning Seminar and 29 for the Implementation Seminar, which are designated as practicum and culminating experience competencies with dimensions addressing capacity to work in the field and capacity to integrate knowledge from across the curriculum.

The MPH generalist concentration is reserved for joint degree students, as well as individuals who have significant practice experience or a prior degree in health and human services. According to on-site discussions, students in the generalist concentration must identify at least one concentration-specific competency to attain through additional coursework beyond the core. However, the self-study document and information on the program's website indicate that more than one concentration-specific competency is required. Students with significant practice experience or a prior degree who pursue the standalone MPH generalist degree will individualize their concentration-specific competencies based on their career goals. The competency framework requires students to attain two to five additional competencies beyond the core that relate to public health practice and that are suitable in the context of their career goals in public health. Students must attain these additional competencies through a curricular plan consisting of three to four concentration-specific courses. The competencies selected and their associated courses must be approved by the Academic Affairs Committee.

For students pursuing the generalist concentration through a joint MPH degree, the program has adopted the following three concentration-specific competencies: 1) articulate a rationale for bringing public health perspectives and methods to the practice of another profession/discipline, 2) identify and utilize applications of public health methods to improve the practice of another profession/discipline and 3) apply the expertise of another profession/discipline to solving public health problems. Joint degree track leaders and the Academic Affairs Committee identify and/or approve a set of required courses, unique to each joint degree, through which these competencies are attained. As an alternative to this model, joint degree students may opt to follow the structure used by standalone MPH generalist students, in which students individualize their concentration-specific competencies and propose a set of courses through which they are attained. Like standalone MPH students, the individualized competencies and courses selected by joint degree students must relate to public health practice and are subject to approval by the Academic Affairs Committee.

In response to the site team's report, the faculty of the program reviewed, refined and enhanced the competencies for all programs in required courses, field and culminating experiences.

Competencies are distributed and discussed with incoming students at orientation and are listed on the program's website. Competency-based learning objectives are listed in course syllabi and are often called "competencies." The program has course reviewers who seek to establish whether the educational activities and required assignments of the course align with competency-based learning objectives. If there is not alignment, the reviewers suggest corrective actions to the course instructor and the Academic Affairs Committee.

MPH syllabi are reviewed every four years. Through this review, changes in specific portions of the core competencies may be made. A more comprehensive overview of the competencies are undertaken as part of the self-study every seven years. Concentration competencies are reviewed annually by concentration leaders, and changes are proposed to the Academic Affairs Committee, if needed. Significant changes were made to the nutrition concentration's competencies in 2012 to reflect the growing need to integrate physical activity and nutritional approaches together. Concentration competencies were reformatted during the 2015 self-study year to provide a more consistent framework across the concentrations; this effort did not include major substantive changes.

The concern applies to the lack of distinction between competencies and competency-based learning objectives, which appear to guide the program. The program's adopted competencies and the learning objectives listed on syllabi are used interchangeably such that learning objectives are often referred to as competencies by program faculty and students. The program uses course reviewers to establish whether the educational activities and required assignments of the course align with competency-based learning objectives; however, there is inconsistency in constituents' understanding of the adopted program-level competencies intended to guide the curriculum. This confusion may be further exacerbated by the fact that there are inconsistencies in the presentation of competencies across various publications.

2.7 Assessment Procedures.

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

This criterion is partially met. The program uses course-level assessments to evaluate attainment of core, concentration and degree-specific competencies for the MPH and DrPH degrees. Course assignments are intended to allow students to integrate knowledge, and the program uses the student's final course grade as an appraisal of competency attainment. Students must receive a passing grade in all courses and maintain an overall B average to graduate.

As a supplement to course-level assessments, students' broad attainment of concentration competencies are evaluated through the applied learning experience, which encompasses the practicum and culminating experience. In the DrPH program, the practicum is intended to address student-identified competency deficiencies. DrPH preceptors rate students' level of competency attainment as demonstrated during the practicum. These ratings are reviewed by students' faculty advisors and the DrPH associate director. Evidence of assessment of competencies through the DrPH culminating experience (the dissertation) could not be observed at the time of the site visit, as no students have completed the dissertation. However, the program uses the comprehensive exam and the qualifying exam as mechanisms to assess student competency attainment prior to the dissertation.

For the MPH program, the self-study document states that: “The applied learning experience project must relate to the student’s public health concentration (for those students in a concentration rather than the generalist track).” Formal assessment tools used during the applied learning experience include the preceptor’s final evaluation of student performance; the student’s evaluation of the applied learning experience; the concentration leader’s evaluation of the project’s alignment with concentration competencies; the oral presentation assessment rubric completed by the Implementation Seminar course director; assessment of the student’s professionalism completed by the course director in both the Planning and Implementation Seminars; and the final paper grading rubric completed by the Implementation Seminar course director.

On the professionalism rubric, students are evaluated in the following categories: dependability and timeliness; interpersonal skills; initiative; negotiation, team building and conflict management skills; ability to give and receive feedback; and ethical behavior.

Students’ evaluation of the applied learning experience does not relate to competencies or the synthesis and integration of knowledge; rather, their evaluation provides general feedback on the process, the practicum site and preceptor. The concentration leader approves the student’s selection of two concentration-specific competencies to address in the culminating experience. Students on site indicated that a reflection on the program’s competencies was required in the paper, but the site visit team was unable to validate this requirement.

On the preceptor’s final evaluation of the student, the preceptor provides ratings on a scale of ‘strongly agree’ to ‘strongly disagree’ on questions such as “The student was able to take on the role of a public health professional and actively participate in public health practice” and “Did the student achieve the outcome(s) as stated?” The evaluation form also asks preceptors to rate students on a series of questions on a scale of ‘unsatisfactory’ to ‘excellent’ in the categories of professionalism and academic skills. In the academic skills section, the preceptor rates the student on his/her public health knowledge and skills. The preceptor also provides a written response to the following question: “Referring to the student’s project proposal and self-identified learning goals/competencies (which the student was asked to share with you), please comment on whether the student demonstrated achievement in up to 5 of these self-identified areas as you would expect of an entry-level public health professional. Please list each competency or learning objective followed by your comments.” The preceptor also provides a written evaluation of the student’s overall performance, strengths and weaknesses. At the end of the evaluation, the preceptor gives the student a final letter grade.

On the final paper grading rubric, the Implementation Seminar course director assigns the student a point value in the categories of organization and follow through; command of content; writing/communication

competence; professionalism of product; and application of learning objectives and a subset of concentration-specific competencies. In this final category, the course director rates students on items that include the following: evidence of the application of concepts and skills learned through advanced coursework (concentration areas), evidence of the application of knowledge and skills from key public health disciplines to the project (needs assessment, quality improvement, evaluation, intervention, etc.) and evidence of the application of a structured approach to conceptualizing and addressing a public health problem, among others. The heaviest weight of the evaluation is given to items related to the goals, objectives and methods of the project.

An evaluation rubric is used for the oral presentation. The course director notes areas of weakness and evaluates the student on verbal and non-verbal delivery, as well as content and organization.

The program aims for 80% of MPH students to graduate within five years of matriculation, and the program has exceeded this goal for the last three years. Graduation rates for all MPH concentrations and joint degrees (with the exception of the MD/MPH and DVM/MPH) for the cohorts entering in AY 2010-2011 through AY 2013-2014 have reached CEPH's 70% graduation threshold. The cohort entering in AY 2014-2015 has an 11% graduation rate to date and has had no withdrawals. For the DVM/MPH and MD/MPH degrees, the graduation rates for cohorts entering in AY 2010-2011 and AY 2011-2012 have reached the 70% threshold. The cohorts entering in AY 2012-2013 through AY 2014-2015 have not produced any graduates, but to date, do not have a withdrawal rate that exceeds 30%. Though the clinical joint degree students experience a slightly higher withdrawal rate than other MPH students, these cohorts are presently on track to reach the 70% graduation threshold. The program notes of these students that if withdrawals occur, they are likely to occur in the first semester when students realize that the workload of a joint degree is higher than he/she is comfortable with, and thus, chooses to focus solely on the clinical degree.

The DrPH program enrolled its first cohort of three students in AY 2013-2014. To date, no students have graduated from the program, but two advanced to candidacy in 2015.

Job placement rates for MPH graduates who could be located, including those from joint degrees, has ranged from 95-100% over the last three years. Across this same three-year period, the program has been able to successfully locate 65-90% of its graduates each year, exceeding CEPH's threshold for an acceptable response rate to mechanisms for collecting job placement information.

The concern relates to the procedures for assessing and documenting the extent to which each MPH student has demonstrated achievement of the program's core competencies beyond coursework. While faculty ensure that course assignments and assessments evaluate students' attainment of competency-

based learning objectives, direct assessment methods for core competencies do not explicitly occur beyond courses. Neither grades alone nor the successful completion of a set of required course are considered sufficient evidence that a student has mastered the necessary content or demonstrated proficiency in the application of skills. The program does engage in assessment of the practicum and culminating experience; however, these assessments are only directed toward concentration-specific competencies.

2.8 Bachelor's Degrees in Public Health.

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

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

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

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

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is met. The public health program offers a DrPH degree, which enrolled its inaugural class in fall 2013. Nine students have enrolled in the program since its inception. Presently, no students have graduated, but five completed coursework in 2015 and two advanced to candidacy in 2015.

The DrPH is a generalist degree, though based on students' professional goals, they may choose to focus on an area of interest through elective courses, the practicum and/or dissertation. Upon review of the DrPH curriculum, site visitors determined that there are sufficient doctoral-level courses for the degree. The program is interdisciplinary in design, incorporating medical and veterinary sciences, nutrition, law and diplomacy, environmental sciences and urban planning.

Tufts offers a rich environment of scholarship and research to its doctoral students through its medical and dental schools, the Friedman School of Nutrition Sciences and Policy and the Tufts Medical Center. DrPH students are encouraged to seek opportunities with potential mentors beyond the Health Sciences Campus. All doctoral students are eligible to apply for education-related travel funding. Awards are made four times a year, with priority given to students who are presenting a paper or poster.

Support for doctoral students includes two full-tuition scholarships and two stipends, awarded on a competitive basis to newly matriculating full-time students each year. Teaching assistant opportunities are available, as well as stipends for four years of study including the dissertation phase. In addition to teaching assistant opportunities, there are employment opportunities with faculty for up to 10 hours per week.

Doctoral students have their own study area within the Department of Public Health and Community Medicine. This area is equipped with computers that have a complete complement of software needed by students including SAS and ENDNOTE. The study area also includes a small library with textbooks on advanced public health topic areas including epidemiology, biostatistics, social and behavioral sciences, health communication, monitoring and evaluation, policy and public health ethics.

2.11 Joint Degrees.

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

This criterion is met. The public health program offers nine joint degrees with its MPH, as shown in Table 2. As of AY 2015-2016, 145 students are enrolled across seven joint degree programs, with the MD/MPH, MS-Nutrition/MPH and DVM/MPH having the highest enrollment at 69, 27 and 21 students respectively. Joint degree students are not required to take the same core courses as standalone MPH students. Comparable course options in the five core areas of public health, offered by other

departments, have been reviewed and approved by the Academic Affairs Committee. The site visit team reviewed syllabi to confirm congruency with public health-required core courses.

Upon review of the joint degree curricula and shared courses beyond the core, site visitors concluded that the curricula of the joint degree programs are comparable to that of the standalone MPH. Processes are in place to review and approve the content of non-public health courses used as double credit. Courses external to the public health program that have been permitted to count as credit toward the MPH degree are aligned with the principles of education in public health.

For the BA/MPH and BS/MPH programs, the courses that bachelor's students apply to the MPH program have been approved by the university as upper-level undergraduate courses that can be used as graduate credit. These courses are taught at Tuft's Medford Campus, where most undergraduate courses are taught. Some courses that apply to the MPH program are created and taught by the same professor who teaches the MPH courses on the Boston Campus. In fact, if a student misses the course on the Medford Campus, he/she can come to the Boston campus for the class. On site, site visitors learned from individuals who had applied the bachelor's courses to the MPH that the undergraduate courses had comparable rigor to graduate courses. Site visitors concluded that the BA/MPH and BS/MPH shared courses are appropriate, and the degrees are equivalent to the standalone MPH degree.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. Research by the program's teaching faculty is robust and reflects the concentrations offered in the program. Much of the research is community-based, with a focus on underserved and/or vulnerable populations, and is designed to have practical application in these populations. Research themes include environmental and occupational health; global health; health communication; health inequality and social determinants; health policy and health care delivery; nutrition and infection; and obesity and chronic disease.

Program faculty are engaged in public health research that often occurs in collaboration with government entities, health agencies and community-based organizations, including projects undertaken as part of USAID's Feed the Future Initiative (which have supported research in Malawi and Uganda). USAID joined program faculty for two evidence reviews: the first examined the evidence base for the use of mid-upper arm circumference to assess adolescents and adults for malnutrition; and the second assisted the President's Emergency Plan for AIDS Relief country team decision making about care and support programming by providing an assessment of the evidence for important outcomes for nutrition assessment, counseling and support interventions.

The university, School of Medicine and the public health program support opportunities that enable and encourage faculty to work on multidisciplinary and interdisciplinary research projects through several internal grant opportunities to which faculty are encouraged to apply including Tufts Collaborates; Tufts Innovates; Tisch College Community Research Center; Tufts Institute for Innovation; the Clinical and Translational Science Institute; and the Lifespan/Tufts/Brown Center for AIDS Research.

There is a solid infrastructure to support faculty research endeavors. Public health faculty rely on the Department of Public Health and Community Medicine's Research Support Office. Faculty receive tailored support by the department-level grants manager and staff. Faculty who met with site visitors said that they were pleased with the level of support for pre- and post-award activities.

Most faculty are expected to generate 40% to 60% of their salary from research. Faculty have been successful in garnering extramural research funding in excess of \$55 million since AY 2012-2013, the majority of which were community-based research studies and included student participation. University leaders acknowledged to the site visit team the strength of community-based participatory research as a conduit to build capacity in community engagement across the university and the greater Boston community.

Beyond research required with the applied learning experience, students are encouraged to be proactive and to identify and seek out faculty with similar research interests and use academic advisors, formal and informal networks and Tufts internal publications to become familiar with faculty research projects across

the university. Program faculty are likewise encouraged to include students on research projects whenever possible, and research assistantship positions are posted on the Tufts online jobs database, to which all public health students have access.

The program has identified three outcome measures to assess research success. The program aims for 60% of full-time faculty to have funded research. In AY 2012-2013, the program exceeded this target, with 72% of faculty having funded research. Though performance in subsequent years has been trending downward, the program only fell 1% below its target in AY 2014-2015, with 59% of faculty having funded research. The program's second outcome measure is that 90% of full-time faculty will have publications or equivalent professional work annually. The program's performance in this objective has ranged from 85-92% across the last three years. The program's third outcome measure is for 40% of students to participate in research. Performance on this objective across the last three years has ranged from 38-55%.

3.2 Service.

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

This criterion is met. The Department of Public Health and Community Medicine expects full-time faculty to allocate 10% time (pro-rated for part-time faculty) to service. Faculty provide service to the university, profession and/or community, with professional and community service particularly encouraged. Service is considered during annual faculty reviews and is required for promotion at all levels. Leadership roles in professional activities is expected for advancement to senior professor levels. The School of Medicine is currently reviewing faculty service requirements in part to ensure that there is recognition of health advocacy and community service for public health program faculty.

All program faculty are involved in professional or community service, and some members contribute to both. The list of faculty service included in the self-study shows wide-ranging participation in local, national and international activities, including consultation and technical assistance, governance, committee membership, training and editorial boards.

The program measures the proportion of faculty involved in various types of service and of students who participate in service activities to evaluate the success of its service efforts. Targets have been met for the last three years with the exception of full-time faculty undertaking public health service during AY 2014-2015. Faculty service measures did decline during the three-year analysis. Site visitors learned that this trend has been noted by program leadership who tied it to the increasing time that faculty members were giving to obtaining research grant support and decreased grant support for research-based service.

Student service outside of curricular requirements is encouraged through volunteer activities coordinated through the Career Services Office or other mechanisms. Two student awards recognize service participation. Students can also apply for a one-year fellowship through the Boston chapter of the Schweitzer Fellowship, which provides mentorship for community service and leadership development.

Two student organizations lead service activities: the Public Health and Professional Degree Programs Student Senate and the student chapter of the Massachusetts Public Health Association. Through these organizations, students have participated in service activities such as the Boston Walk for Hunger and events focused on community engagement and health promotion.

The Career Services Office is developing more structured and sustained service opportunities with local partners for students and faculty. Along with several one-time events, an ongoing service opportunity is being planned with the Boston Chinatown Neighborhood Center. Site visitors learned that students have been expressing interest in more integration of service activities with the work of faculty, which led to the programs underway by the Career Services Office.

3.3 Workforce Development.

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

This criterion is met. Public health faculty have participatory roles in the Department of Public Health and Community Medicine's specialized workforce development program in health communications, which consists of a summer institute and a certificate program. The focused effort is based on an initial needs assessment in 2008 and a recognition of the department's strengths compared with other public health programs in the Boston area. In 2013, a more formal assessment of graduates of health communications programs identified social media use and program evaluation as areas of interest for further training. The topics provided by the summer institute reflect the results of continuing needs assessments. In 2014, the institute began offering online opportunities.

Workforce development partners include media companies that assist in case-study development for courses. Course evaluations are used for ongoing assessment of the summer institute and include questions to identify further needs. Faculty also complete environmental scans to identify needs, using job postings and content at relevant national conferences. The summer institute is attended by both students and practitioners, generally with slightly more practitioners in attendance. Site visitors learned that practitioner attendees come from a variety of backgrounds and worksites, including governmental public health and the nonprofit sector. The self-study notes that the department was also asked by a local health products manufacturer to provide the institute for its employees. During the site visit, several faculty members explained that they are sought after by governmental and other public health entities to

provide workforce training in their areas of expertise. According to the self-study, faculty may meet the 10% service requirement by participating in workforce development.

In 2014, the Department of Public Health and Community Medicine also began providing a certificate program in digital communication. It includes topics such as messaging and campaigns on digital media. The certificate involves one week of on-campus instruction and four online courses. Students can begin the certificate in any semester and must complete four credits to receive the certificate. The department also offers a Health Literacy Leadership course, which is attended by professionals.

The program's Alumni Association hosts an annual meeting that includes a topical program theme. Topics have included public health advocacy and leadership, social media in the workplace and health reform, among others. Alumni may also enroll in three courses offered by public health program for a 25% tuition reduction.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program has a faculty complement that is well qualified in their areas of teaching and research. The cadre of primary and secondary faculty are strongly multidisciplinary and interdisciplinary and supplement research experience with years of public health practice experience, which is a strength of the program. Half of the primary faculty had practice careers in government, health care systems or other entities working in public health prior to coming to the program. Site visitors learned of the extensive practice backgrounds of several faculty with whom they met. These faculty discussed how they use their networks to serve students and support their instructional responsibility.

The program has a mission that focuses on advancing societal and environmental conditions that allow all members of society to enjoy the highest attainable standard of health. This mission is consistent with the faculty strengths and has also resulted in a strong collaborative relationship within the program, the unit, the department and the university, as well as with the community-at-large. These sustained networks also contribute to the goals and objectives of the program.

To assess the qualifications of its faculty complement, the program has set a target that 90% of courses will be taught by instructors with terminal degrees and/or five years of practice experience in the subject matter of the course. The program has exceeded this target in each of the last three years.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The program has well-defined policies and procedures in place and is governed by the Tufts University School of Medicine Faculty Handbook, which outlines faculty rules and regulations and is posted online. In addition, the Course Directors' Handbook provides faculty with information relevant to management of their courses and any faculty policies specific to the Public Health and Professional Degree Programs unit.

The Department of Public Health and Community Medicine, in which the program resides, does not offer tenure. Faculty appointments are made to one of three academic tracks: the unmodified track, the research track and the clinical track. The principal ranks in the unmodified track are assistant professor, associate professor and professor. The equivalent ranks in the research track are assistant research professor, associate research professor and research professor. In the clinical track, the ranks are assistant clinical professor, associate clinical professor and clinical professor. Additional ranks include those of instructor and lecturer.

Recruitment of vacant or new full-time positions is conducted via a four- to six-faculty ad hoc search committee, with the relevant public health concentration leader as a member. Once a finalist is identified, the committee chair presents the candidate to the Department of Public Health and Community Medicine chair for approval. In addition to recruitment through formal searches, faculty may also be identified from other schools within the university and given a secondary appointment. Hiring of adjunct faculty is the prerogative of the public health program director and associate directors, who identify suitable candidates and request an appropriate faculty appointment at the instructor or assistant professor level.

Appointments and promotions through the level of assistant professor are submitted to the department's Faculty Appointments and Promotion Committee. Approved appointments and promotions from this group are then submitted by the department chair to the School of Medicine dean for final approval. Appointments or promotions to the ranks of associate professor or professor begin with approval by the Faculty Appointments and Promotions Committee and recommendation from the chair of the department, followed by an evaluation by the School of Medicine's Clinical Appointment and Promotion Committee and approval by the School of Medicine dean. In the case of the rank of professor, the university president and provost must give final approval.

In recent years, the school's Clinical Appointment and Promotion Committee began to value the contributions of public health scholarship in the promotion process. Faculty on site discussed clear

policies and processes regarding promotion, and they said that they were pleased with the level of mentorship and support received from program leaders.

The primary evaluative method for resident faculty is the annual review. Annual evaluations are conducted in May through June of each year. Faculty complete a faculty review form documenting research, teaching and service activities for the current year; cataloguing professional publications, presentations and faculty development activities; and identifying goals for the upcoming academic year. Teaching performance is measured by student course evaluations. Before the start of the annual review process, the department chair meets with the public health program director and associate directors for their assessment of each faculty member in the teaching domain. Formal evaluation of secondary faculty is the responsibility of the faculty member's home department. Feedback is provided to the chair of that department upon request and with the consent of the faculty member. Public health program evaluation of secondary faculty is restricted to evaluation of teaching in the public health program. Adjunct faculty are evaluated solely from student course evaluations, with feedback provided by the program director or an associate director.

Student evaluations of courses are conducted via anonymous online surveys. Evaluations are administered by Tufts Technology Services, in conjunction with the Registrar's Office during the last three weeks of each semester. Once the activation period closes, copies of the evaluations are emailed to the Public Health and Professional Degree Programs dean, the program director, associate directors and the program manager. Within two weeks, course directors are sent links to their evaluation reports.

A wide range of faculty development activities exist on the Tufts Health Sciences Campus and across the university, including the Center for the Enhancement of Learning and Teaching, the Academic Leadership Development Program, the Tufts Innovates Seed Grants Program and the Tufts Clinical and Translational Science Institute. In addition, faculty development funds are budgeted for each faculty member on an annual basis. Full-time faculty receive \$1,500, and part-time faculty receive \$750 to spend on personal development. Additional support for faculty development include the provision of time to attend professional meetings or to pursue additional academic training, attend continuing education programs and to participate in the activities of local and/or national health-related organizations. Junior faculty are encouraged to participate in the Department of Public Health and Community Medicine's monthly junior faculty meeting led by the Public Health and Professional Degree Programs dean (also the department chair) and the associate dean. The purpose of this meeting is to provide advice and peer support to junior faculty members in areas such as grantsmanship, professional development and preparing for promotion.

4.3 Student Recruitment and Admissions.

The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various

learning activities, which will enable each of them to develop competence for a career in public health.

This criterion is met. The program has established policies and practices to guide its admissions efforts. The Public Health and Professional Degree Programs director of admissions and the program's Admissions Committee review applications and make decisions on candidates pursuing the standalone MPH degree and all joint degrees with the exception of the MD/MPH, DVM/MPH and DMD/MPH degrees. These joint degrees follow a slightly different process, which may include review by the Public Health Program Admissions Subcommittee (DVM/MPH), a combined Admissions Committee in the partnering non-public health school (DMD/MPH) or a joint decision by the School of Medicine dean and the Admissions Committee (MD/MPH).

The program seeks MPH candidates with a GRE score above the 25th percentile, a personal statement that reflects a commitment to public health and an undergraduate GPA that demonstrates academic ability. The program aims for 90% of its matriculating students to possess at least a 3.0 GPA, and desires for the mean GPA of matriculating students to reach at least a 3.3. The program has met the target for mean GPA for the last three years, but the program has fallen just short of its target related to individual GPAs in the last two years.

The Admissions Committee operates a DrPH Admissions Subcommittee, which reviews and makes admissions decisions regarding DrPH applicants. The subcommittee seeks candidates with an MPH degree or a master's degree from a comparable field.

Organized by the director of admissions, recruitment activities include graduate fairs, open houses, on-campus recruitment for degree programs and exhibit tables at conferences.

Across the last three years, the number of MPH applicants to the program has ranged from 613 to 960. The largest number of candidates apply to the generalist concentration, followed by the epidemiology-biostatistics concentration. The program is selective in its admissions processes, selecting an average of 55% of its applicants over the last three years. Of the MPH candidates accepted, about 27% have enrolled over the last three years.

The program has seen an increase in applicants to its DrPH program over the last three years, with a 35% increase from AY 2014-2015 to AY 2015-2016. Across the last three years, the program has accepted three to six students per year and has enrolled two to four students.

4.4 Advising and Career Counseling.

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

This criterion is met. The registrar assigns a faculty advisor to each student based on his/her concentration upon matriculation into the program. The advisee load is based on teaching load, other administrative responsibilities, number of students in the concentration and advisor commitment. Track leaders serve as advisors for joint degree students, if a student chooses a concentration other than the generalist. The DrPH associate director serves as the DrPH student advisor. Beginning in AY 2016-2017, DrPH advisors will be assigned based on students' academic interests. Upon approval of the student's dissertation committee, the chair will become the student's advisor for the remainder of the program. Students may request a change of advisor by submitting a Change of Concentration/Advisor form to the unit's Office of Student Services.

Advisors receive a file that includes the student's resume, personal statement and transcripts. The student receives an email with information about the advisor and with guidance on advisor/advisee responsibilities. Both the advisee and advisor are encouraged to make initial contact. The Registrar's Office hosts an annual training for advisors. As a result of the analysis in preparation for the site visit, the program developed a new website called Advisor Resources, with links to resources and information for advisors. Faculty who met with site visitors expressed satisfaction with the resources available for their advising responsibilities. Academic advisors are expected to provide assistance with career counseling and mentoring, but primary responsibility for these services rests with the unit's Office of Career Services.

The Career Services Office offers classes on resume development, cover letter writing, informational interviewing, networking and salary negotiation. The office is also instrumental in the applied learning experience, as its staff provide instruction in professionalism and other career development during the Planning Seminar. Counselors in the office specialize in the public health field. One-on-one coaching is also available. Job opportunities are posted on a website called Career Connector, and the office also hosts recruitment events. Program alumni also have lifetime access to the services of the office.

Graduating students are surveyed on their satisfaction with advising and career services, answering both quantitative and qualitative questions. The program aims for 80% of students to be satisfied or very satisfied with both academic advising and career services. Though the program has not achieved its targets in either category during the past three years (50-66% in academic advising and 65-77% in career services), performance in these areas have improved since AY 2012-2013. Upon analyzing qualitative survey responses, program administrators note that students desire greater outreach from their advisors; communication of current information on course offerings and course schedules from advisors; and more clarity in advising processes for joint degree students. The program responded with a number of changes and additions to the services, which included piloting an advisor incentive program in April 2015; developing a document outlining advisor/advisee responsibilities and guidance; and creating a webpage for advisors where they can quickly find current information on course offerings and schedules.

In contrast to survey results, site visitors heard enthusiasm from students and alumni about advising and career services. It was repeatedly stated during the site visit that faculty were very accessible and responsive.

Students with concerns are encouraged to resolve them at the lowest possible level. Such concerns may be brought to their advisor, the program director, one of the associate directors or the Public Health and Professional Degree Programs associate dean. The Student Senate also hosts an annual spring feedback session from which concerns are summarized and presented to the associate dean. The program has responded to these concerns with appropriate changes.

The Public Health and Professional Degree Programs unit has a grievance policy for individual students that is included in the student handbook. The grievance is presented in writing to the chair of the unit's Grievance Committee, who forwards a copy to the associate dean. The associate dean appoints a third ad hoc member to the committee, which then conducts an investigation and issues a decision. There is right of appeal to the Public Health and Professional Degree Programs dean and further to the School of Medicine dean. There have been no student grievances in the past three years. Though students who met with site visitors were unaware of the program's formal grievance process, they assured site visitors that the program was very responsive to student concerns through open-door practices.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Tufts University School of Medicine Public Health Program

April 4-5, 2016

Monday, April 4, 2016

- 8:30 am Site Visit Team Request for Additional Documents
Anthony Schlaff, MD, MPH; Director, Public Health Program
Paul Hattis, MD, MPH, JD; Senior Associate Director, Public Health Program
Janet Walton, MA; Public Health Programs Manager
- 8:45 am Resource File Review and Executive Session
- 9:30 am Break
- 9:45 am Meeting with Program and Department Administration
Cynthia Dantas, Director, Career Services
Janet Forrester, PhD, MS; Associate Director, Public Health Program
Janice Gilkes, Director, Enrollment Services
Robin Glover, MBA; Associate Dean, Public Health and Professional Degree Programs
Paul Hattis, MD, JD, MPH; Senior Associate Director, Public Health Program
Emily Keily, Director, Admissions
Aviva Must, PhD, MS; Dean of Public Health and Professional Degree Programs and Chair, Department of
Public Health and Community Medicine
Anthony Schlaff, MD, MPH; Director, Public Health Program Director
Janet Walton, MA; Public Health Programs Manager
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
Odilia Bermudez, PhD, MPH; Associate Professor, Concentration Leader Global Health
Marcia Boumil, JD, LL.M.; Professor, Track Leader JD/MPH
Virginia Chomitz, PhD, MS; Assistant Professor, Concentration Leader Nutrition
Misha Eliasziw, PhD; Associate Professor, Concentration Leader Epi-Bio
Janet Forrester, PhD; Associate Professor, Associate Director DrPH
Susan Koch-Weser, ScD; Assistant Professor, Concentration Leader Health Communication
Amy Lischko, DSc, MSPH; Associate Professor, Concentration Leader Health Services Management and Policy
David Leader, DMD, MPH; Associate Professor, Track Leader DMD/MPH
Mark Woodin, DSc, MS; Senior Lecturer, Department of Civil and Environmental Engineering; Path Leader
Bachelor's/MPH
Marieke Rosenbaum, DVM, MPH; Assistant Professor, Track Leader DVM/MPH
- 12:00 pm Break
- 12:15 pm Lunch with Students
Maya Nussenzweig; President, Student Senate
Jessica Sweeb; Vice President, Student Senate
Omar Yaghi; At-large Representative
Kacey Ingalls; MPH Epi/Bio Representative
Charlotte Prowley; MPH Global Health Representative
Katherine Chyka; MPH Health Communication Representative
Courtney Houston; MD/MPH Representative
Yinan Jia; MS-Nutrition/MPH Representative
Ji Young Lim; DrPH Representative
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Odilia Bermudez, PhD, MPH; Associate Professor, Concentration Leader Global Health
Virginia Chomitz, PhD, MS; Assistant Professor, Concentration Leader Nutrition
Sue Gallagher, MPH, MD; Assistant Professor, Health Communication

Beth Rosenberg, ScD, MPH; Assistant Professor, Generalist
Margie Skeer, ScD, MPH, MSW; Assistant Professor, Health Communication
Thomas Stopka, PhD, MHS; Assistant Professor, Epi-Bio
Christine Wanke, MD; Professor, Global Health

2:30 pm Resource File Review and Executive Session

4:00 pm Meeting with Alumni, Community Representatives, Preceptors
Elizabeth Frenette, MPH '10
Char Kasprzak, MPH '09
Robert Kim, MPH '13
David Meyers, MPH '14
Amy Sam, MPH '13
Rachel Colchamiro; MA Dept. of Public Health/Director of Nutrition Services
Sujata Ghosh; MA Dept. of Children & Families/Policy Analyst
Phillip Gonzalez; Community Catalyst/Program Director
Alex Pavoll; Tufts Medical Center/Quality Analytics Manager
Ruth Palombo; Tufts Health Plan Foundation/Senior Health Policy Officer
Karen Van Unen; South End Health Center/Chief Operating Officer

5:00 pm Adjourn

Tuesday, April 5, 2016

8:30 am Meeting with Institutional Academic Leadership/University Officials
Harris Berman, MD; Dean, Tufts School of Medicine
David Harris, PhD; Provost, Senior Vice-President, Tufts University
Anthony Monaco, MD, PhD; President, Tufts University
Joyce Sackey, MD; Dean, Global Health and Multicultural Affairs

9:15 am Executive Session and Report Preparation

12:30 pm Exit Interview