Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Self Study Report
Prepared for the Council for Education in Public Health
November 2015

Executive Summary

Our mission as a leading public health school - ranked #14 in the nation by *U.S. News and World Report*'s list of Best Public Health Graduate schools – is to provide the best public health educational experience possible while incorporating our core values of scholarship and leadership, scientific rigor and policy analysis, and training to foster the next generation of public health leaders worldwide.

Over the past seven years we have made tremendous progress by restructuring our MPH and BS programs and curriculum, launching new degrees, hiring new faculty and staff, and offering scholarships to attract top students. In AY2010 we became financially and academically independent from the former Medical Center at GW and now directly report to the GW Provost.

In AY2014 we secured the largest gift in George Washington University history, $80 million dollars from the Milken Institute, the Sumner M. Redstone Charitable Foundation, and the Milken Family Foundation. This gift is helping expand our research, support new faculty initiatives, and sustain important scholarship programs.

We have been busy establishing research centers, awarding scholarships, and convening global leaders, scientists, and policy experts to discuss critical public health issues of the day. We have held symposiums on the Ebola virus, climate change, obesity and nutrition, and HIV/AIDS, to name a few. As the only public health school in the nation's capital, we have the unique ability to attract and bring together experts from academia, government, foundations, NGOs, and the private sector to put their minds to work on developing solutions that will make the lives of many, especially the world's underserved populations, healthier and disease-free.

Our building, which we moved into in 2014, has earned LEED Platinum status and is recognized by leading architecture organizations for its unique, sustainable design that demonstrates how an academic building can truly embody public health values. A central atrium staircase is immediately visible, encouraging walking instead of taking the elevator. All offices have standing desks, and our vending machines feature healthy snacks instead of the usual soda and candy. During this next year we are building out a new Public Health Laboratory in GW's Science and Engineering Hall building that opened in AY2015. This state-of-the-art laboratory will house existing wet lab research conducted by our researchers and enables us to expand those efforts.

We have launched two online degree programs in the last four years, the MPH@GW and the MHA@GW, and are preparing to launch another, HealthInformatics@GW. Our online programs are leading the way, revolutionizing the world of online education and we will continue to position the school for further achievement.

Our school continues to adjust to the demands of today's professional students. Over the last year, we achieved our goal of creating one-year MPH tracks to meet the changing needs of our students and current public health challenges. Additionally, we created a new MPH track in public health nutrition to educate students who want to prevent chronic diseases and premature deaths through the reduction of the twin threats of over- and under-nutrition.

Since our last review we have expanded our doctoral education programs to include a PhD in epidemiology and a new PhD in social and behavioral sciences in public health, in addition to our DrPH offerings.

In some respects, the numbers speak for themselves. In AY2007 we had a total of $17 million in research expenditures, in addition to the research that was underway in our Biostatistics Center. In AY2015 this was $43 million. Likewise in AY2007 we had a total of 1,040 students, compared to 1,783 today.

Despite all of our successes and achievements since our last review, we still have a long way to go. We will soon engage in a new strategic planning process to not only build on our achievements but to create new goals and objectives. The dramatic metamorphosis of our school demands that we reevaluate, recreate, and further drive our ability to deliver the best public health education to the most students possible in today's ever changing academic landscape.

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Glossary

2U	Vendor for online MPH and MHA programs
AA	African American
AAAS	American Association for Advancement of Science
ABRCMS	Annual Biomedical Research Conference for Minority Students
ACB	Active Chilled Beams
ACEHSA	Accrediting Commission on Education for Health Services Administration
ACHE	American College of Healthcare Executives
ACSM	American Council of Sports Medicine
AED	Automated Electronic Defibrillator
APHA	American Public Health Association
APHL	Association of Public Health Laboratories
APT	Appointment, Promotion and Tenure
ARRA	American Recovery and Reinvestment Act
ASPPH	Association of Schools and Programs of Public Health
ASTHO	Association of State and Territorial Health Officials
ATSDR	Agency for Toxic Substances and Disease Registry
Avance Center	Center for the Advancement of Immigrant/Refugee Health
AVP	Assistant Vice President
AY	Academic Year
BECS	Biostatistics and Epidemiology Consulting Service
Bio	Biostatistics
BPHSN	Black Public Health Student Network
BS	Bachelor of Science
CAHME	Commission on Accreditation of Healthcare Management Education
CCAS	Columbian College of Arts and Sciences
CD	Certificate of Deposit
CDC	US Centers for Disease Control
CE	Culminating experience
CEPH	Council on Education for Public Health
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CPR	Cardio Pulmonary Resuscitation
CPWR	Center for Construction Research and Training
CTSA	Clinical and Translational Science Awards
CV	Curriculum Vitae
DC	District of Columbia
DC-CFAR	District of Columbia Center for AIDS Research
DC DOH	District of Columbia Department of Health
DrPH	Doctor of Public Health

DVD and CD	Digital Video and Computer Disk
EDF	Environmental Defense Fund
EEO/AA	Equal Employment Opportunity/Affirmative Action
EIR	Executive in Residence
EIS	Educational Information System
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EOH	Environmental and Occupational Health
EPA	Environmental Protection Agency
Epi	Epidemiology
Epi/Bio	Department of Epidemiology and Biostatistics
ERF	Electronic Resource File
ESIA	Elliot School of International Affairs
EST	Established
EXNS	Department of Exercise and Nutrition Sciences
EXSC	Exercise Science (or Department of Exercise Science)
FA	Financial Aid
FBCP	Foggy Bottom Conservation Plan
FCOI	Financial Conflict of Interest
FDA	Food and Drug Administration
FRIENDS	Membership organization for Foggy Bottom neighborhood
$FEET^2/FT^2$	Square foot
FTE	Full-time equivalent
FY	Fiscal Year
GCAS	Grants and Contract Accounting Services
GH	Department of Global Health
GMA	Grants Management Administrators
GMAT	Graduate Management Admission Test
GRA	Graduate Research Assistant
GRAD2GRAD	GW program for graduating seniors to continue education with a tuition discount
GRE	Graduate Record Examination
GSGS	Graduate Student Graduation Survey
GSEHD	Graduate School of Education and Human Development
GWSPH	George Washington University School of Public Health
GW/GWU	George Washington University
GWID	George Washington University Identification
GWSB	GW School of Business
HANES	Health and Nutrition Examination Survey
HC	Headcount
HCC	Healthcare Corporate Compliance
HEPA	High-efficiency particulate arrestance
HHS	Health & Human Services
HIPPA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology

HLWL	Health and Wellness
HP	Department of Health Policy
HPM	Department of Health Policy and Management
HPSA	Health Policy Student Association
HRSA	Health Resources and Services Administration
HSML	Department of Health Services and Management Leadership
HUD	Housing and Urban Development
HVAC	Heating, ventilation, air conditioning
IDC	Indirect Cost
IDIQ	Indefinite Delivery/Indefinite Quantity
iDXA	Dual-energy X-ray absorptiometry
IELTS	International English Language Testing System
IMF	International Monetary Fund
IOM	Institute of Medicine
IRB	Institutional Review Board
ISCOPES	Interdisciplinary Student Community-Oriented Prevention Enhancement Service
IT	Informational Technology
JD	Juris Doctor
LEED	Leadership in Energy and Environmental Design
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
LMS	Learning Management System
LOA	Leave of Absence
LS	Limited Service
LSAT	Law School Admissions Test
LSPA	Lifestyle Sport and Physical Activity
LTA	Long Term Agreement
MCAT	Medical College Admission Test
MD	Medical Doctor
MeTRIC	DC Metro Tobacco Research & Instruction Consortium
MHA	Master of Health Administration
MOOC	Massive Open Online Course
MPH	Master of Public Health
MS	Master of Science
MSCHE	Middle States Commission on Higher Education
MWCOG	Metropolitan Washington Council of Governments
N/A	Not applicable
NAB	National Association of Long Term Care Administrators Board
NACCHO	The National Association of County and City Health Officials
NACES	National Association of Credential Evaluation Services
NBPHE	National Board of Public Health Examiners
NCD	National Council on Disability
NCEH	National Center for Environmental Health
NGO	Non-Government Organizations

NIAID	National Institute of Allergy and Infectious Diseases
NIH	National Institute of Health
NIMHD	National Institute of Minority Health and Health Disparities
OCLC network	Online Computer Library Center…
OGAC	Office of the US Global AIDS Coordinator
OGC	Office of the General Counsel
ORE	Office of Research Excellence
ORU	Organized Research Unit
OSHA	Occupational Safety and Health Administration
OVPR	Office of the Vice President of Research
PA - C	Physician Assistant -Certified
PACT	Prevention, Assessment, Care & Treatment Laboratory
PAHO	Pan American Health Organization
PCH	Department of Prevention and Community Health
PDF	Portable Document Format
PhD	Doctor of Philosophy
PHMEID	Public Health Microbiology and Environmental Infectious Diseases
PHSA	Public Health Students Association
PI	Principal Investigator
PIVOT	Search engine for grant funding opportunities
PSC	Program Support Center
PSI	Population Services International
RCHN	RCHN Community Health Foundation
RFA	Request for Application
R-fund	Savings account
RTI International	Research Triangle Institute
SAMP	Student Alumni Mentoring Program
SAS	State-of-Art-Statistical Software
ScD	Doctor of Science
SCOPUS	Abstract and citation database
SEAS	School of Engineering and Applied Science
SEH	Science and Engineering Hall
SEIU	Service Employees International Union
SES	Socioeconomic Status
SESS	Society of Exercise Science Students
SFR	Student Faculty Ratio
SLA	Service Level Agreements
SMDEP	Summer Medical and Dental Education Program
SMHS	School of Medicine and Health Sciences
SON	School of Nursing
SOPHAS	Schools of Public Health Application System
SPA	Sponsored Project Administrators
SPH	School of Public Health

Sq ft	Square feet
SS	Synchronous Sessions
STS	Student Technology Services
SWOT analysis	Strengths, Weakness, Opportunities, Threats
TBD	To be determined
TLC	Teaching and Learning Center
TNI	Transforming Neighborhoods Initiative
TOEFL	Test of English as a Foreign Language
UG	Undergraduate
UNICEF	United Nations Children's Fund
UPS	United Postal Service
URP	Under-represented populations
USAID	United States Agency for International Development
VALOR	GW Veterans Accelerate Learning Opportunities and Rewards
VAV	Variable Air Volume
VO2	Volume of Oxygen
VPN	Virtual Private Network
VSTC	Virginia Science & Technology Campus
WES	World Education Service
WHO	World Health Organization
WRLC	Washington Area Research Library

CRITERIA 1: The School of Public Health

1.1 MISSION. *THE SCHOOL SHALL HAVE A CLEARLY FORMULATED AND PUBLICLY STATED MISSION WITH SUPPORTING GOALS, OBJECTIVES AND VALUES.*

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

The Milken Institute School of Public Health (SPH) is committed to excellence in scholarship to advance the health of the populations of our local, national, and global communities. Through a transparent and collaborative process, we created our mission, vision, and values as outlined in 1.1.e, and in alignment with the University Strategic
Vision: https://provost.gwu.edu/sites/provost.gwu.edu/files/downloads/Strategic%20Plan_May13.pdf.

Our Mission
Our mission is to provide the best public health educational experience incorporating our core values of scholarship and leadership, scientific rigor and policy analysis, and training to foster the next generation of thought leaders, practitioners, policy makers and scientists who will transform public health worldwide especially for underserved and poor populations.

Our Vision
As complex global health challenges continue to threaten our health and future, the Milken Institute School of Public Health will be preeminent in training tomorrow's leaders for improving the public's health. We aspire to become one of the top five private schools of public health in the world.

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

The Milken Institute SPH shares with the rest of the university (http://hr.gwu.edu/values) a set of core values that can be applied very specifically to the mission of our School. These are:

Learning: We support opportunities for continuous development that maximize the potential of the individual and strengthen the university.
Communication: We strive to share information and ideas in an open, consistent, and effective manner.
Community: We strive to build a strong community in the service of our shared purpose and mission.
Diversity: We embrace the unique contributions of all members of our community.
Excellence: We commit ourselves to achieving the highest standards in all our endeavors.
Respect: We treat others with courtesy and dignity.
Service: We embrace our responsibility to exceed the expectations of others who depend on our actions.
Sustainability: We value and engage in sustainable practices that enhance current and future resources for our campus, our community, and our world.
Teamwork*:* We encourage collaboration to meet common goals and produce a sense of shared responsibility.

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

The SPH has established the following goals:

1. Raise the prominence and visibility of the Milken Institute SPH as one of the top ten schools of public health in the country;
2. Deepen the culture of excellence in education;
3. Propel the School's interdisciplinary research portfolio to national prominence;
4. Integrate the School's global health initiatives in alignment with GW's institutional global impact goals;
5. Leverage health policy expertise to impact policies and improve public health;
6. Be at the forefront of GW institutional initiatives on citizenship and leadership; and
7. Increase financial strength.

1.1.d. A set of measurable objectives with quantifiable indicators related to each goal statement.

GOAL ONE:
Raise the prominence and visibility of the SPH to one of the top ten schools of public health in the country.

- Objective 1: Recruit and retain a diverse and expert faculty.
- Objective 2: Recruit and enroll top-tier students.
- Objective 3: Establish and implement a robust communications plan.

GOAL TWO:
Deepen the culture of excellence in education.

- Objective 1: Provide state-of-the-art facilities for teaching and learning.
- Objective 2: Expand range of applied learning opportunities to broader community.
- Objective 3: Deepen faculty development for teaching.
- Objective 4: Deploy comprehensive and inclusive systems for ongoing evaluation and feedback.

GOAL THREE:
Propel the School's interdisciplinary research portfolio to national and international prominence.

- Objective 1: Foster a culture of research excellence through capacity building, collaboration, and collegiality across departments, faculty, and staff.
- Objective 2: Provide state-of-the-art physical research facilities.
- Objective 3: Increase externally funded research conducted at the SPH.
- Objective 4: Enhance the scholarly output of SPH faculty, research staff, and students.
- Objective 5: Elevate the visibility of GW SPH research to the school, university, national, and international audiences.
- Objective 6: Cultivate doctoral and Post-doctoral research training platforms.

GOAL FOUR:
Integrate the School's global health initiatives in alignment with GW's institutional global impact goals.

- Objective 1: Expand expertise and leadership in global health.
- Objective 2: Establish collaborative, organized centers for Global Research and Education.

- Objective 3: Develop model curricula for global health research and training.
- Objective 4: Develop a robust infrastructure for global research.

GOAL FIVE:
Leverage health policy expertise to impact policies and improve public health.

- Objective 1. Build strength in health economics and global health policy.
- Objective 2. Strengthen linkages between policy and management.
- Objective 3. Generate resources to respond to critical policy issues.
- Objective 4: Support faculty in communicating results of research to policy makers.
- Objective 5: Redesign Health Policy curriculum to be responsive to changing workforce demands.
- Objective 6: Increase funding for PhD students in Public Policy and Admin (HP track).
- Objective 7. Convene key stakeholders and decision makers around high priority issues.

GOAL SIX:
Be at the forefront of GW institutional initiatives on citizenship and leadership.

- Objective 1: Recognize and reward university, community and professional service.
- Objective 2: Foster a mindset of interdisciplinary and inter-professional service leadership among faculty, staff and students.
- Objective 3: Expand the School's faculty and staff-led practice-based partnerships, and the options available for the required student practicum experience.
- Objective 4: Engage with local institutions to develop and implement policies and programs to improve health locally.

GOAL SEVEN:
Increase financial strength.

- Objective 1: Establish a forward looking budget process that engages all SPH leadership.
- Objective 2: Raise $25M for construction of new buildings.
- Objective 3: Meet GW Campaign goals.
- Objective 4: Create more opportunities for revenue growth.

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

Until 2010-2011 the School was housed within an administrative unit of the University known as the Medical Center, and the Dean reported to the Vice Provost/Vice President for Health Affairs (VPHA). The Medical Center was comprised of the School of Medicine and Health Sciences (SMHS), the School of Public Health and Health Services (SPHSH) and the School of Nursing (SON). All research funding in the Medical Center was directed through a separate research entity that was headed by the Medical Center's Assistant Vice President for Research, who also reported to the VPHA. Likewise, there were AVPs for Development and Alumni Relations, Communications, and Finance. In May 2010 the GW Board of Trustees directed the University administration to begin a review of the organizational structure of

the GW Medical Center and define a long-term strategy for the three schools. Several factors had driven this request:

- Rapid change and growth within the health care industry and the demands placed on higher education to support these transformations.
- Prior transitions in which the GW Hospital and the GW Medical Faculty were spun off from the university.
- Questions about whether the shared resource model within the Medical Center was adequately supporting the growing needs of each of the three independent schools.

An external health services consulting firm, BDC Advisors, LLC, assisted in the review and made recommendations on alternative structures that would support a sustainable model for the future. After "Phase I" of the process (Organizational Assessment), BDC made a number of recommendations. Relevant to the SPH, they recommended that GW change the reporting relationship of the deans (including public health) to the Provost, thus eliminating the Vice Provost/VP Health Affairs as a separate position. They felt that this new arrangement would eliminate unnecessary complexity and expense, strengthen the role of the three deans, and promote the development of both the SPH and SON as vital independent professional educational programs. The resulting re-organization was intended to further the university's goal to create a vision and a model that would allow GW's health care initiatives to grow and bring parity between its structure and those of peer institutions.

GW accepted this recommendation; between November 2010-May 2011 we carried out "Phase II" (Structure, Vision and Strategy). Across all three schools, faculty were frequently engaged by Deans and by President Knapp to obtain input in restructuring, as well as building a vision and strategy. Functions were reviewed across the organization. A very intensive joint planning process began in June 2011 that resulted in a blueprint for implementation of the reorganization.

At that point, a separate budget was created for the SPH that included its research as well as academic revenues. As of July 1, 2011 the SPH was a separate entity from the Medical Center, with the Dean reporting to the Provost. As of that point, the SPH had full citizenship in terms of representation in university-wide governance process. However, a three-year "shared services" agreement was created such that the SMHS continued to provide services to the SPH until the SPH was able to transition to its own independent staffing for Information Technology, Development and Alumni Relations, Communications, and Classroom Support. With the exception of classroom support, these transitions occurred between 2011 and 2012, at which point these service agreements were terminated. The SPH obtained its own classrooms in Fall 2014 after moving into the new SPH building. Additional agreements continue to cover the SPH utilization of space in the SMHS for laboratories in Ross Hall, as well as the services of the SMHS Himmelfarb Medical Library.

Upon the separation of the Medical Center in 2011, SPH began to establish the foundation for developing a vision for the school that focused on:

- Building on our excellence in teaching and public health practice;
- Growing new efforts in interdisciplinary research and development;
- Updating, and expanding, academic program offerings; and

- Aggressive recruitment efforts to attract interdisciplinary and renowned faculty.

In order to support these efforts, the SPH also began to develop of an administration that would support the academic, research, and operational needs of the school as well as its efforts to raise the visibility and the prominence of the School over the next 10 years.

As a result of the dissolution of the Medical Center, the School dedicated much of the initial stages for establishing its new mission, values, goals, and objectives by seeking internal and external stakeholder engagement.

Internal Engagement: GW Administration

Internally, we worked closely with the Office of the Provost, the GW Budget Office the Office for the Vice President for Research (OVPR), and the Business Management and Analysis Group. The Deans of the three schools established regular standing meetings to discuss industry and organizational challenges as well as shared interests such as the Himmelfarb Library and the development of laboratory infrastructure. A number of other Schools at GW also played an important role in this transition, most notably, the School of Law, the Columbian College of Arts and Sciences and the School of Engineering and Applied Sciences.

Relative to faculty and staff, we worked closely with the Division of Human Resources to build the new structure of the School. This included using market survey data to analyze and identify the structure needed to support the growth of the school. Between 2011-2014 the following administrative and academic offices were developed that did not previously exist at the School:

- Office of Communications and External Relations
- Office of Development and Alumni Relations
- Office of Human Resources
- Office of Faculty Affairs
- Office of Information Technology
- Office of Finance and Administration
- Office of Research Excellence
- Office of Practice

In most cases, these functions were completely new to the SPH and we needed to recruit a completely new cadre of leaders. In 2011 we recruited a new, experienced Associate Dean for Academic Affairs; and in 2012 we recruited Associate Deans for Research and for Public Health Practice, doubling faculty effort dedicated to decanal activities.

Internal Engagement: GW SPH Faculty, Staff and Students

Upon arrival at GW in August 2010, the Dean established a schedule of regular meetings with the SPH Department Chairs. The purpose of these meetings was to develop a joint governance model based on developing the strength within departmental operations and departmental committees, as well as a

schedule for regular faculty meetings to open up channels of communications across departments. In 2009 the SPH had been found to be out of compliance with certain provisions of the University Faculty Code, necessitating a number of changes in process as well as the recruitment of additional tenure track faculty members.

In November 2010 the Dean informed the SPH Faculty of impending transitions that had been approved by the Board of Trustees. Targeted areas for review and assessment by the faculty included:

- opportunities to pilot a school-based research infrastructure for pre- and post- award management;
- defining the roles and responsibilities of Development, Alumni Relations and Communications functions;
- space management;
- designing a permanent academic home for the School; and
- structuring governance issues.

The Trustees charged the School with developing new governance processes in harmony with the University Faculty Code, to be completed by the end of December 2010, and to be reported to the Trustees no later than the end of January 2011. Final governance procedures, created with input from the School's community – department chairs, faculty, students, and staff –were voted on by the faculty and approved by Provost Lerman.

These steps were accomplished primarily via appointment of faculty-driven committees representing all of our departments, (e.g., an *ad hoc* bylaws committee to address both the reorganization and the requirements of the faculty code, as well as a committee that completed the overhaul of our APT criteria.) The new bylaws established the School Executive Committee, procedures for establishment of search committees, and a schedule for the SPH Faculty Assembly meetings. In 2011 new bylaws and new APT criteria were adopted by the SPH Faculty Assembly. An important feature of these new bylaws was to establish broad representation in the SPH governance processes, with engagement not only of regular faculty but also research faculty, at every possible turn and within the limits imposed by the University Faculty Code.

We also took steps to support our Public Health Student Association (PHSA) and to find ways for them to participate in the governance of the school. Nearly every committee now has student representation, whether in voting or nonvoting capacities. The PHSA has steadily grown in strength and autonomy, and has become much more engaged in our ongoing efforts to build the vision and mission of the SPH.

External Engagement: Key stakeholders

In 2010 the SPH had an active Health Services Management and Leadership (HSML) Alumni Association, but an existing Dean's Council that had not met for two years and a defunct SPH Alumni Association. Within the Medical Center, only 0.5 FTE supported all SPH fundraising and alumni relations. We had much room to improve.

The Dean's Council was reactivated and reinvigorated (see below) and networking became a priority. Via the HSML Alumni Association and ongoing alumni events that were hosted by the Medical Center, the SPH was able to reconnect with many alumni. Additionally, because of its location, the SPH has strong connections with numerous alumni, and others, who work in the many federal, state, local, global NGO, community and other health and healthcare entities in the DC area. Many of these individuals are actively engaged in the school as instructors, mentors, practicum supervisors, and employers of our graduates. We began holding events and extending invitations to school functions for these constituents. Our faculty are actively engaged with Academy Health, the APHA, the National Academy of Medicine and other organizations, through which we are able to reconnect with many alumni, who helped provide insights into the developments in public health and healthcare, relevant to our educational programs.

To formally solicit external stakeholder engagement, the SPH Dean's Council had its inaugural meeting February 2011. Council members included prominent alumni, GW supporters and supporters from the broader Washington DC community. Members of the council were expected to contribute to the growth and development of the School and provide valuable guidance and input to the SPH regarding strategic programs, initiatives and philanthropy. They worked to strengthen the School's reputation and relationships not only with alumni, but with individuals who are influential in government and business and organizations in the local, national, and international communities. Members of the Council were committed to help increase the visibility of the SPH; provide assistance in outreach and public relations efforts; engage and assist in ongoing philanthropic endeavors; and serve in an advisory capacity on a number of the SPH initiatives, including finalizing plans for our new building. The Dean's Council met two-three times per year between 2011-2015 and has provided valuable input on the SPH vision, mission and values as well as a broad array of other objectives.

Strategic Planning

The development of the mission and values were further refined within the School's strategic planning processes. Below is a brief overview of the evolution of the strategic planning process since AY 2011 when the School became independent from the Medical Center. The plan has guided our processes for developing new governance structures and for occupying the new building, as well as to envision the ways and areas in which the School would grow.

FIRST STRATEGIC PLANNING PHASE (2011- 2014)

Prior to the Medical Center reorganization, the SPH had been operating using a Strategic Plan developed in May 2008. Our new status within the University, along with changes in our external environment, required renewed strategic planning. A Strategic Planning process has continuously engaged our (growing) faculty even as the SPH was undergoing major developmental transitions.

May 31, 2011: Strategic Planning Retreat, leadership retreat that included all SPH professors and leaders of academic programs. This one-day meeting was held offsite and had the following objectives:

- Serve as the starting point for a strategic planning process;
- Create a common understanding of current obstacles and future opportunities to shape our planning in the months ahead; and
- Provide a forum for collaboration, creativity, and strategic idea generation.

The retreat identified a number of important themes that were carried through in subsequent planning processes. First, while there was strong support for the vision and mission that had been articulated in 2008, there was concern about the capacity of the school to address that mission. Three sets of breakout groups were formed that addressed: (1) Identification of obstacles; (2) improving educational programs; and (3) building research. Subsequent feedback from these groups assured that many perspectives were heard across the faculty. The most important overarching themes were the need to: increase communications and transparency; improve our research infrastructure; address faculty development and mentoring; increase collaboration; improve systems; and better leverage our location as a differentiator.

November 29-30, 2011: Strategic Planning Retreat, Taking Responsibility to Imagine Our Future, inclusive of all SPH faculty. This two-day event continued the work of the May retreat, and utilized an Open Meeting format, supporting the development of shared ideas in a dynamic format. All faculty, including adjunct faculty, were invited. The outcome of this retreat was the prioritization of nine themes that were each developed further by working groups. The working groups, established in December 2011, were each chaired by one of the SPH department chairs or vice chairs; each included representation from every department, and was also inclusive of student and staff representation. They consisted of: distance education (R. Burke); executive education (D. Verme); doctoral education (L. DiPietro); research (A. Greenberg); laboratory science (M. Perry); global health (J. Sherry); school of public health community-building (J. Cawley); and community health (P. Lantz). Final working group reports were completed and distributed in April 2012 to all faculty post-retreat. An *ad hoc* Strategic Planning Steering Committee, that included broad representation from across the SPH, was appointed and met as described below. See ***ERF 1.1.e.: Strategic Planning Steering Committee***.

April 11, 2012: Strategic Planning Committee Retreat. Each strategic planning working group presented a report to the Steering Committee, followed by a discussion about recommended action steps. Working group reports contained the following information: opportunity/problem statement; strengths and weaknesses; stakeholders; objectives; and recommendations. After reviewing these reports, the steering committee developed recommendations for updating the school's vision, mission, and values statements to reflect the input from multiple sources, both internally and externally. These were subsequently reviewed at a meeting of the School Faculty Assembly. The full agenda for this meeting and the working group reports can be found in ***ERF 1.1.e.: Strategic Planning Meeting April 2012***. The final draft Strategic Plan that emerged from this process was completed by August 2012 and the Steering Committee was sunsetted.

***August 2012**:* The University Provost issued a strategic plan that defined overall objectives for GW and established several cross cutting themes. The SPH Executive Committee added the university-wide objectives and themes and somewhat reorganized the SPH Strategic Plan to more clearly align it with the new GW plan.

***December 4, 2012**:* With the hire of a new Associate Dean for Research, as well as several new research-oriented faculty, we held a second strategic planning retreat focused on the development of strategies to organize and build research in the SPH. Conclusions and recommendations from this effort were folded into the SPH strategic plan under the leadership of the Associate Dean for Research and reviewed along with the rest of the plan as described below.

March 19, 2013**:* Over the next several months, initial drafts went through multiple succeeding drafts as they were reviewed and revised by faculty, chairs, administrators, and staff leadership. Strategic Plan Draft 8 was approved by the SPH Faculty Assembly (ERF 1.1.e.: Strategic Plan Draft***).

***May 2014*:** At the semi-annual SPH Faculty Assembly, the Dean presented a State of the School report that reviewed progress toward achievement of the SPH Strategic Plan. At that time, it was clear that many of the objectives established in November 2011 were well underway to completion.

SECOND STRATEGIC PLANNING PHASE (2014-2015)

July 15-16, 2014, Strategic Planning Retreat: The purpose of this retreat was to review outcomes of the first strategic planning process and refine the goals leading toward the advancement of opportunities for collaboration and development, and to advance the mission of the SPH. All faculty were invited, as well as well as key staff and student leadership.

This retreat began with an open-ended survey of all faculty; to identify key themes and issues, as well as interest among the participants in leading discussions of those issues. A second online survey invited the faculty to prioritize the ideas that had been suggested. All at the retreat were assigned to four groups covering the 19 high-priority themes that had emerged from the surveys. At the close of the meeting, each group leader presented a report, including conclusions and recommendations.

This strategic planning process identified a number of conclusions and recommendations that were incorporated into the SPH Strategic Plan, including:

- Aging: Support the existing Center for Healthy Aging in its efforts to establish grant support.
- Antibiotics: Establish a Center to study science and policy aspects of antibiotic resistant bacteria in the context of industrial agriculture usage of antibiotics.
- Big Data: Emphasize these skills in recruitment of new faculty.
- Chronic Disease: Recruit a chronic disease epidemiologist.
- Climate and Health: Establish a school-wide climate and health working group.
- DC Health: Identify a faculty leader who can pursue funding and create partnerships.

- Health and healthcare disparities: Consider the establishment of a university-wide working group.
- Global chronic disease: Support the reorganization of the GW Center for Global Health.
- Healthcare system reform: Consider merging the departments of Health Policy and Health Services Management and Leadership. Establish a seminar focused on innovations. Identify potential targeted hires and corporate partners to build capacity.
- Healthcare workforce: Support and strengthen the existing healthcare workforce policy center.
- mHealth: Support and strengthen the existing mHealth collaborative and seek new corporate partnerships.
- Mental health: Support establishment of a mental health and wellness working group.
- Obesity: Work plan to be developed by the new Redstone Center. Recruit a faculty member for the new Sanofi professorship.
- Prevention policy: seek funding for a new prevention policy center.
- Reproductive health: Expand the work of the existing Jacobs Institute for Women's Health to encompass women's health globally.
- Translational research: Consider establishing a PhD in this area. Make this area a target for new faculty recruitments.

The SPH Executive Committee incorporated a number of these recommendations into continued SPH strategic planning. For example, three school-wide Education Task Forces were created:

- Undergraduate Education
- Methods Sequencing (Quantitative and Qualitative)
- Expedited MPH degree options

These Task Forces met throughout the remainder of 2014-15 and provided recommendations to the Executive Advisory Committee.

Strategic Planning Reports were provided and discussed at the following meetings:

- Chairs' Meeting, 7/17/14
- Executive Advisory Committee, 9/24/14
- Executive Advisory Committee, 10/23/14
- Executive Advisory Committee, 12/15/14
- Executive Advisory Committee, 1/9/15

The final stage in completion of this process will be to present a revised strategic plan, reflecting objectives that have been completed or are underway as well as new objectives emerging from the AY2014 retreat. In Spring 2016 we anticipate launching a new round of strategic planning.

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

As articulated above, the new mission, vision, values and goals of the SPH were developed and elaborated by a comprehensive process and were approved by the Faculty Assembly in March 2013. They remain our guiding principles in development of departmental and curricular initiatives.

We present ourselves to the public through the School webpage: http://publichealth.gwu.edu/about. An Annual Report is also published by the Communications Department for distribution to key stakeholders such as donors in the Honor Roll of Donors, leaders of other schools of public health and university leadership. ***ERF 1.1.f.: Annual Reports***

The Provost receives an annual state of the school document describing academic, research and fiscal accomplishments, highlighting important challenges, successes and progress experienced, and the achievement of goals.

Each department must complete a comprehensive academic program review every five to seven years. As part of this activity, mission, vision, values and goals are re-evaluated.

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

This criterion is met.

Strengths:

- Clearly stated mission, vision, values and goals, in alignment with the University's strategic vision.
- Ongoing and inclusive strategic planning since gaining independence from the Medical Center.
- Periodic review of progress towards goals.

Challenges:

- None identified.

Future plans:

- Implementation of strategic planning outcomes, including, most recently, three Education Task Force recommendations.
- Embark on the next phase of strategic planning in Spring 2016.*

*By then SPH should have the report from the CEPH Committee. Any recommendations in it will be a component of the next planning cycle.

1.2. EVALUATION. *THE SCHOOL SHALL HAVE AN EXPLICIT PROCESS FOR MONITORING AND EVALUATING ITS OVERALL EFFORTS AGAINST ITS MISSION, GOALS AND OBJECTIVES; FOR ASSESSING THE SCHOOL'S EFFECTIVENESS IN SERVING ITS VARIOUS CONSTITUENCIES AND FOR USING EVALUATION RESULTS IN ONGOING PLANNING AND DECISION MAKING TO ACHIEVE ITS MISSION. AS PART OF THE EVALUATION PROCESS, THE SCHOOL MUST CONDUCT AN ANALYTICAL SELF-STUDY THAT ANALYZES PERFORMANCE AGAINST THE ACCREDITATION CRITERIA DEFINED IN THIS DOCUMENT.*

1.2.a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole.

Table 1.2.a.1 Evaluation and monitoring process

Goal	Primary Responsibility	Data systems
Raise the prominence and visibility of the Milken Institute SPH to one of the top ten schools of public health in the country.	• Deans • Department Chairs • Executive Director of Communication • AVP, Development	• US News & World Report • USA Today • SOPHAS • Office of Institutional Research • Recruitment Services: Salesforce, PeopleAdmin7 • Media Services: Newswise, Meltwater, EurekAlert!, Google Analytics
Deepen the culture of excellence in education.	• Deans • Chairs and Vice Chairs • Curriculum Committee • DrPH Program Director • UG Program Director • MPH Program Committee • Practice Committee • Director of Admissions	• Student Information Reports (Ellucian Banner) • GW Business Intelligence data warehouse accessed through IBM Cognos • SmartEval course evaluations • GW Faculty Annual Reporting System (Lyterati) • Practicum Reports (Simplicity) • Provost's Student Exit Surveys
Propel the School's interdisciplinary research portfolio to national and international prominence.	• Associate Dean for Research • Department Chairs • Research Committee • Director of Finance • AVP, Development	• Staff/Faculty Data Banner • SCOPUS • OVPR Research Quarterly Reports
Integrate the School's global health initiatives in alignment with GW's institutional global impact goals.	• Dean • Chair of Global Health • OVPR	• Faculty Reports • Academic Offerings Abroad • SOPHAS • SalesForce

Table 1.2.a.1 Evaluation and monitoring process, (continued)		
Goal	**Primary Responsibility**	**Data systems**
Leverage health policy expertise to impact policies and improve public health.	• Dean • Chair of HPM • Executive Director of Communication • AVP, Development	• Lyterati • SCOPUS • Events tracking
Be at the forefront of GW institutional initiatives on citizenship and leadership.	• Deans • Department Chairs • Executive Committee • Ethics Committee	• Faculty Reports • Policy Research Grants • Faculty Recognition
Increase financial strength.	• Director of Finance • Dean and Sr. Associate Dean • AVP, Development • Executive Committee	• Financial Reports (Banner, McBud) • Banner • SOPHAS • SalesForce

The Dean, in collaboration with the Senior Associate Dean, has monitored the progress made toward the School's goals and objectives as well as the strategic plan. In July of every year, the Dean provides an annual performance review to the Provost covering a number of bases, including the GW Strategic Plan, the SPH Strategic Plan, and a number of specific goals related to the university campaign and values. Twice annually, the Dean reviews the progress toward implementation of the Strategic Plan at SPH Faculty Assembly meetings. Each fall the SPH presents a public annual report that highlights a number of aspects of its progress. Most recently, progress reports and updates were presented during the Faculty Assembly meetings (or in one case a special State of the School address) in March 2014, December 2014, March 2015, and September 2015; where leadership and faculty were welcomed to provide commentary on these results. The SPH Dean's Council has been updated several times, most notably in April 2012 and September 2014. Previously the SPH was invited to brief the Board of Trustees Medical Center Committee on these same issues; we sought input from them at an early stage in the process, in May 2012. The most recent date for one of these reports was February 2014. Moving forward, the goals and objectives will continue to be monitored on a semiannual basis by the executive administrative and academic leadership of the school.

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

1. Departmental Level

Each department has a curriculum committee that meets monthly to review program and course offerings, programmatic goals, student concerns and other issues. Program goals and curricular maps are reviewed annually. Departmental chairs review course evaluations as they become available and establish a plan to improve instruction and student experiences accordingly. The Chairs also monitor progress.

All departments have monthly faculty meetings to discuss strategic initiatives, student concerns, research opportunities and instructional offerings. Some departments also conduct annual strategic planning retreats. Every five to seven years, each department undertakes a comprehensive academic review (see below). Full-time faculty members are required to complete an Annual Report, on Lyterati, which is used by each Department Chair as a tool in faculty performance evaluations. Other resources available to the departments include the practicum evaluations completed by students and practicum preceptors. Chairs have access to a large amount of additional information: such as student course evaluations and exit surveys, budget, and grants data.

2. School level

The School has several mechanisms to monitor progress on our goals, including multiple formal governing bodies with specific charges (see Criteria 1.5). The Admissions Committee plays a key role in monitoring progress on portions of Goals 1 and 2. The APT committee is critical to ensure that we have a diverse and productive faculty. Curriculum quality and pedagogy are reviewed regularly through course evaluations, monthly curriculum meetings, and graduation surveys. We collect data regarding classroom, space and library usage to inform scheduling and plan resource allocation. The MPH core courses are evaluated by a school-wide curriculum committee on a rolling basis, roughly once every two years.

The Dean also meets monthly with the six Departmental Chairs. The Associate Deans monitor research productivity, practice activities and student admissions and report to the Executive Advisory Committee, as well as to the faculty senate at each meeting. Each year the departmental chairs review faculty productivity and teaching excellence with the Dean, along with results from the graduating student any alumni surveys conducted both by the University and the School. The Senior Associate Dean and Associate Deans meet monthly to coordinate cross-cutting issues. The Dean conducts annual reviews of the performance of chairs and Associate Deans and Directors.

The School administration and relevant standing committees review student census data, admissions progress and graduation rates on an ongoing basis. The Dean reviews the progress of the School toward meeting its strategic objectives on an annual basis at a faculty assembly meeting.

3. University Level

Each year the Dean provides an annual progress report to the Provost for review.

Once every five to seven years each department at GW undertakes a major self-study review as outlined below, which is required by the Provost.

The GW Self-Study and Review process is designed to regularly assess and evaluate departmental teaching, research, and community activities. This process consists of an internal self-study. The SPH also requires an external review. The objectives of the process are:

- To assess and evaluate a department's mission, goals, and objectives as well as its strengths and weaknesses with respect to the teaching, research, and community/public health practice activities of the department;
- To assess and evaluate the extent to which the department's activities further the missions of the department, School, and University;
- To develop a five-year strategic plan, based on the self-study assessments and evaluations, that will advance the mission, goals and objectives of the Department (within the context of the School and University);
- To provide departmental and other relevant faculty members with the opportunity to express their views about the leadership of the department (especially with respect to the Department's ability to carry out its mission and to achieve its specific goals and objectives); and.
- To provide external input on departmental programs from the perspective of peers who understand the external environment.

The process consists of an internal review by the Department, the result of which is a self-study document presented to the SPH Executive Advisory Committee. The next step is an external review conducted on-site by a three-member team, which typically lasts one-and-a-half days. This committee provides a written report to the Dean, which is reviewed with the departmental chair and presented to the Provost. The table below presents our progress to date:

Table 1.2.b.: Department Reviews

Department	Self-study period	External review	Provost Review
Health Policy	Fall 2013	Jan 13-15, 2014	Dec. 9, 2014
HSML	Fall 2013	Jan 13-15, 2014	Dec. 9, 2014
Epi/Bio	Spring 2013	Jan 22-24, 2014	Dec. 11, 2014
EOH	Fall 2013	Feb 26-28, 2014	Dec. 19, 2014
EXNS	Fall 2014	Nov 5-6, 2014	Oct. 28, 2015
GH	Spring 2015	To be Scheduled	To be Scheduled
PCH	Winter 2015	To be Scheduled	To be Scheduled

Examples of major changes that have occurred because of these evaluation processes:

- Revamp the Office of Student Affairs and add two additional roles; Assistant Dean for Student Services, Assistant Dean for MPH programs
- Launch 2 Online programs
- Create one-year MPH options

- Changed MPH core
- Inclusion of participation in University faculty development programs in annual review
- Developed and implemented first post-doctoral fellowship program
- Funded and launched the Global Center for Prevention and Wellness (recruited director)
- Launch new MPH track in Global Environmental Health (recruited new faculty director)
- Merged two departments: Health Policy and Health Services Leadership and Management
- Hired first Associate Dean for Practice and created Office of Practice
- Inclusion of practice in APT guidelines
- Broaden student educational programs to increase enrollment

1.2.c. Data regarding the school's performance on each measurable objective described in Criterion 1.1.d. must be provided for each of the last three years.

GOAL ONE: Raise the prominence and visibility of the Milken Institute SPH to one of the top ten schools of public health in the country.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 1: **Recruit and retain a diverse and expert faculty.**				
a. U.S. News & World Report; Top 10 Rank for schools of public health.	AY2017/18	16	16	14
b. Establish state-of –the-art laboratory facilities in new GW Science and Engineering Hall.	AY2015/16	Planned	Approved by GW Board of Trustees	Designed
c. Increase endowed professorships.	Ongoing	3	4	5
d. Provide competitive shared resources/cores: • Biostatistics and Epidemiology Consulting Service (BECS) • StrongBox (Shared Data Platform) • Colonial1 (Big Data Analysis/Storage) • Sequencing Core • BSL3 laboratory	 AY2013/14 AY2013/14 AY2015/16 AY2015/16 AY2015/16	 Established Approved _ -	 Ongoing Established Planned Approved Approved	 Ongoing Ongoing Established Planned Planned
e. Develop a formal and comprehensive faculty training and mentoring program: • Faculty Research Advancement • Career Development Program	 AY2014/15 AY2016/17	 Approved -	 Rollout, partial Planned	 Rollout, partial Rollout, partial
f. Increase faculty research through pilot funding and start up packages.	Ongoing	$893,000	$1,024M	$972,000

GOAL ONE: (continued) Raise the prominence and visibility of the GW Milken Institute SPH to one of the top ten schools of public health in the country.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 2: Recruit and enroll top-tier students.				
a. Increase student access to financial aid: • Graduate assistantships (GA's)/ GRA's/ stipends • Graduate student scholarships.	Ongoing	$356,942 $1,121,236	$436,320 1,503,376	$568,344 $2,651,552
b. Improve student support services: • Hire first Career Counselor • Hire first Director of Financial Aid (FA) • Hire first Assistant Dean for Student Services	AY2012/13 AY2014/15 AY2014/15	Approved, Hired - -	- - -	- Approved, Hired Approved, Hired
c. Provide flexible educational programming: • Offer online MPH (Oct census) • Offer executive hybrid MHA (Oct census) • Offer one year MPH options (yes/no) • Offer Hybrid MPH options (yes/no)	AY2012/13 AY2013/14 AY2014/15 AY2015/16	• Launched 6/13 - - -	• 107 students • Launched 4/14 (12 students) - -	• 399 students • 32 students • 60 online students • Residential launched Fall 15 • Full launch Jan 16
d. Increase number of newly enrolled international students.	Ongoing	16	9*	23

**Note- new DrPH students only matriculate in even number years. No new DrPH students enrolled in AY 2013-14.*

GOAL ONE: (continued) Raise the prominence and visibility of the GW Milken Institute SPH to one of the top ten schools of public health in the country.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 3: Establish and implement a robust communications plan.*				
a. Redesign school website.	AY2013/14	Planned	Phase 1, completed	Phase 2, underway
• Increase number of visits to website.	Ongoing	-	425,044	440,173
• Page views.	Ongoing	-	1,680,630	1,812,988
• Pages viewed per session.	Ongoing	-	3.95	4.12
b. Increase social media presence: • Facebook followers • Twitter followers	Ongoing	 821 995	 1,361 1,622	 1,929 2,190
c. Implement communication and media relations plan for School constituents.	AY 2013/14	• Hired Media Relations Director • Purchased-Meltwater, EurekAlert!, and Newswise services	Launched • Faculty/Staff Newsletter • Student Newsletter	Ongoing Ongoing
d. Create and market Annual Report.	AY2012/13	Complete	Complete	Awards: • Marcom, Higher Ed Marketing Report – Gold • Hermes Creative Awards- Platinum

* When the school became independent of the Medical Center, we had to establish many of our own core functions, including communications. In March 2012, the school hired its first Executive Director of Communications. At that point the goal was to quickly establish a standalone communications function for the school. The two areas identified as being critical to the success of the school were digital communications and media relations. By September 2012 a Director of Digital Strategy and a Director of Media Relations were hired. Shortly thereafter a Web development person was added as well as a senior marketing associate. In 2013, the communications office added a Director of Events and just recently another events planner to the staff. The communication team was established from the ground up and established several critical internal and external communication processes including weekly e-newsletters, website redesign, social media strategy, media outreach strategy, google analytics. The team currently supports all faculty research promotion and all department and dean's office communications functions.

GOAL TWO: Deepen the culture of excellence in education.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 1: Provide state-of-the-art facilities for teaching and learning.				
a. Open new SPH building providing optimal learning facilities.	AY2014/15	Construction, underway	Building occupied	18 classrooms, 1 case study room, 3 auditoriums; (18,700 ft^2) + faculty and program offices
b. Provide abundant student space for collaborative work and private study.	AY2014/15 AY2014/15	Construction underway	Building occupied	Student space (~7,300 ft^2)
c. Build student library resource space in new building, connected to printing kiosks.	AY2013/14	-	Built (~325 ft^2)	Operative
d. Provide cutting edge technology for distance education.	AY2013/14	Partner with 2U Inc, provide LMS	Ongoing	Ongoing
e. Design and build teaching laboratory in SEH.	AY2016/17	-	Approved	Designed; 3002 ft^2
f. Migrate physical computing laboratories to virtual computing laboratories.	AY2014/15	-	Planned	Pilot complete

GOAL TWO: (continued) Deepen the culture of excellence in education.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 2: Expand range of applied learning opportunities to broader community.				
a. Open convening center in new SPH building.	AY2013/14	Construction underway	Building occupied	4 room center, 220 person auditorium, and overflow room
b. Offer open access symposia, panels, forums in new building.	AY2013/14	-	60	115
c. Strengthen practice Leadership.	AY2012/13	Assoc Dean for Practice hired	Office of Practice created	Ongoing
d. Provide healthy lifestyle classes to community.	AY2013/14	Yoga	Classes offered: • Yoga • Metabolic Effects • Zumba	Additional classes: • Dupont Circle Village Program

GOAL TWO: (continued) Deepen the culture of excellence in education.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 3: Deepen faculty development for teaching.				
a. Hire a Director of Online Learning.	AY 2013/14	Approved	Hired	Ongoing
b. Provide training for online instructors (# faculty trained).	AY2013/14	11	48	99
c. Increase number of faculty completing professional development training.	Ongoing	21	28	11
Objective 4: Deploy comprehensive and inclusive systems for ongoing evaluation and feedback.				
a. Adapt certificate programs to workforce needs.	AY2012/13	Initiated	Ongoing	Ongoing
b. Review and revamp MPH core.	AY2013/14	Planned	Initiated	Completed
c. Review methods course offerings and sequence.	AY2014/15	-	-	Completed
d. Review undergraduate education programs.	AY2014/15	-	-	Completed
e. Revamp Student feedback for practicum.	AY2014/15	-	Initiated	Completed
f. Implement a new course evaluation system.	AY2013/14	Planned	Planned	Pilot SmartEval
g. Complete academic departmental reviews: • Epidemiology and Biostatistics (Epi/Bio) • Health Policy (HP) • Health Services Mgt. and Leadership (HSML) • Environmental and Occupational Health (EOH) • Exercise and Nutrition Sciences (EXNS) • Prevention and Community Health (PCH) • Global Health (GH)	 AY 2013/14 AY 2013/14 AY 2013/14 AY 2013/14 AY 2014/15 AY 2014/15 AY 2014/15	 - - - - - - -	 Partial Partial Partial Partial - - -	 Completed Completed Completed Completed Partial Partial Partial

GOAL THREE: Propel the School's interdisciplinary research portfolio to national and international prominence.				
OBJECTIVES AND OUTCOMES	**TARGET DATE**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 1: Foster a culture of research excellence through capacity building, collaboration, and collegiality across departments, faculty, and staff.				
a. Establish new SPH Office of Research Excellence.	AY2013/14	• Hired Associate Dean of Research. • Established centralized pre and post-award staff within the SPH (4).	Hired Senior Operations Director	Ongoing
b. Establish pre-award shared services model within the Office of Research Excellence.	AY2013/14	-	Hired 1 SPH Pre-award Specialist	Added 1 SPH Pre-award Specialist
c. Implement process to review and support thematic organized research units (ORUs) to support interdisciplinary science.	AY 2013/14	New SPH guidance issued	Reviewed: • 22 ORUs for SPH inclusion	Streamlined: • 7 Chartered & 6 Non-chartered Centers • 4 Programs • 1 Core
d. Increase number of federally funded interdisciplinary ORUs with SPH PIs/leaders.	AY2013/14	2 • NIH (DC CFAR) • NIH (CTSA)	4 • NIH (DC-CFAR) • NIH (CTSA) • NIMHD(AVANCE) • IDIQ (1- HP)	6 • NIH (DC-CFAR) • NIH (CTSA) • NIMHD (AVANCE) • CDC (EBOLA) • IDIQ (2-HP/Workforce Development)

GOAL THREE: (continued) Propel the School's interdisciplinary research portfolio to national and international prominence.				
OBJECTIVES AND OUTCOMES	**TARGET DATE**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
e. Establish a multi-component *Faculty Research Advancement Program*. Initial roll out included: • New Faculty Boot Camp; • Seminar Series; • Facilitating Funds Program; • Mentoring Program; • Scientific Writing Workshops	AY 2014/15	Approved	Planned	• Rollout partial. • Initial SPH investment ~$170K
f. Facilitate and provide pilot funding opportunities to SPH faculty.	AY2012/13 and ongoing	• NIH CTSA Pilot Program ($169K) (http://ctsicn.org/node/155) • DC-CFAR Awards ($50K awarded to SPH faculty) (https://dccfar.gwu.edu/pilot-awards-program)	• DC-CFAR ($130K awarded to SPH faculty) • NIH CTSA Pilot Program ($197K Awarded)	• SPH Springboard Program ($150K Awarded) (http://publichealth.gwu.edu/research/faculty-research-development)
g. Institute a Grants Administration Learning Community to foster collaboration, professional development, among SPH grants management staff.	AY 2013/14	Established: • Target 4 meetings/year, (20 staff) (>80% attendance)	Ongoing: • Target 8 meetings/year, (24 staff) (>80% attendance)	Ongoing: • Target 8 meetings/year, (28 staff) (>80% attendance)

GOAL THREE: (continued) Propel the School's interdisciplinary research portfolio to national and international prominence.				
OBJECTIVES AND OUTCOMES	**TARGET DATE**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
h. Enhance SPH research communications.	AY 2012/13	Established: • SPH Research Accelerator Blog • Weekly tailored PIVOT reports • SPH Research Operations Handbook	Established: • SPH on-line Research Portal • SPH on-line Research Policy-Procedure Portal	Established: • Weekly SPH newsletter with research features • Quarterly *Research Bedrock* synopsis to SPH leadership
Objective 2: Provide state-of-the-art physical research facilities.				
a. Provide Exercise Laboratory facilities in the new Milken Institute SPH Building.	AY2014/15	Construction, underway	Building and laboratories occupied	Accomplished
b. Provide state-of-the-art Public Health Laboratory in GW's new Science and Engineering Hall (SEH).	AY2015/16	Business plan completed.	Approved by GW Board of Trustees to develop 7th floor of SEH for PH wet laboratories.	Planned and designed 30,818 ft^2: research labs, teaching lab, 26 offices and 90 workstations.

GOAL THREE: (continued) Propel the School's interdisciplinary research portfolio to national and international prominence.				
OBJECTIVES AND OUTCOMES	**TARGET DATE**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
c. Establish Public Health and Exercise Laboratory facility management procedures/functions.	AY2015/16	Planned	• Hired SPH Building Manager. • Hired Exercise Lab Manager.	• Established processes for core facilities. • Established equipment procurement procedures. • Developed job description for hiring a PH Lab Manager.
Objective 3: Increase externally funded research conducted at the SPH.				
a. Improve efficiencies in pre-award services.	AY2013/14	Conducted SPH pre-award needs assessment.	Established pre-award shared services model within the SPH Office of Research Excellence.	Ongoing
b. Improve efficiencies in post-award services.	AY2015/16	-	-	Post-award needs assessment completed.

GOAL THREE: (continued) Propel the School's interdisciplinary research portfolio to national and international prominence.				
OBJECTIVES AND OUTCOMES	**TARGET DATE**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
c. Provide competitive shared resources/cores.	AY2013/14-AY2015/16	Established Biostatistical-Epi Consulting Service (BECS): http://publichealth.gwu.edu/projects/biostatistics-and-epidemiology-consulting-service	Established HIPAA secured server Purchased off-shelf, Colonial1: ('Big Data' analysis and storage,http://publichealth.gwu.edu/research/shared-data-platform-strong-box)	Established Strongbox, 150 users: (Shared data analysis/ storage, 10 software packages; VPN and Onsite, http://publichealth.gwu.edu/research/shared-data-platform-strong-box) Approved: • BSL-3 for Public Health Lab • Sequencing Core
d. Increase NIH funding.	AY2013/14	$6.4M	$8.7M	$9.8M
e. Increase direct and indirect funding across departments (from $33M, FY2010). *Note: Does not include Biostatistics Center*	AY2012/13	$38.6M ($33.8M, Direct; $4.8M IDC)	$38.8M ($33.5M, Direct; $5.3M IDC)	$43.1M ($36.5M, Direct; $6.6M IDC)
f. Increase number of active awards across ranks* (# awards). *Number of awards and PI's are for active grants. Some PIs have more than one grant and are counted more than once.	AY2012/13	281 *Professor=144* *Assoc. Prof.=77* *Asst. Prof.=32* *Res. Scientist=28*	285 *Professor=124* *Assoc. Prof.=85* *Asst. Prof.=41* *Res. Scientist=35*	323 *Professor=149* *Assoc. Prof.=85* *Asst. Prof.=52* *Res. Scientist=40*
g. Overall success rates on proposals.	40%	45%	49%	40%

GOAL THREE: (continued) Propel the School's interdisciplinary research portfolio to national and international prominence.				
OBJECTIVES AND OUTCOMES	**TARGET DATE**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 4: Enhance the scholarly output of SPH faculty, research staff, and students.				
a. Demonstrate impact/reach of SPH scholarship through tracking number of publications.	AY2015/16	251	270	254
Objective 5: Elevate the visibility of GW SPH research to the school, university, national, and international audiences.				
a. Establish protocol to disseminate research results in multiple formats.	AY2012/13	Estimated research presence on: • SPH/GW website • research blog • Huff Post blog • Op-eds • Post press releases to Newswise and EurekAlert!	Ongoing	Ongoing
b. Increased documentation of SPH presence in high impact news outlets.	AY2013/14	4,000 media hits	5,466 media hits	2,882 media hits

GOAL THREE: (continued) Propel the School's interdisciplinary research portfolio to national and international prominence.				
OBJECTIVES AND OUTCOMES	**TARGET DATE**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 6: Cultivate Doctoral and Post-doctoral research training platforms.				
a. Transfer the PhD in Epidemiology from CCAS to the School of Public Health. Add focus areas in EOH and Physical Activity.	AY2013/14	-	Complete	21 Students
b. Encourage the transfer of the PhD in Biostatistics to the School of Public Health.	AY2015/16	-	-	Discussion with CCAS
c. Launch a PhD in Social and Behavioral Sciences in PH.	AY2016/17	-	-	Approved by GW Board of Trustees, June 2015.
d. Allocate endowment income to support fellowships that attract top tier doctoral students.	AY2013/14	_	Funded 1 PhD Epi student ($18,172);	$87,810 to Milken Scholars
e. Develop and implement post-doctoral fellowship structure; hire post-docs. (# Postdocs)	AY2013/14	4	6	8

GOAL FOUR: Integrate the School's global health initiatives in alignment with GW's institutional global impact goals.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 1: Expand expertise and leadership in global health.				
a. Hire a renowned scholar to chair Department of Global Health.	AY2012/13	James Tielsch	-	-
b. Other hires actively engaged in global health research and practice.	Ongoing	• Cheng Huang • Mary Ellsberg • Khadi Ndiaye • Amanda Northcross • Rajiv Rimal • Amira Roess • Jack Sandberg • Ron Waldman	• Julie Fisher • Culberto Garza	• Carlos Santos-Burgoa • Manuel Contreras-Urbina • Claire Standley (staff) • Erin Sorrell (staff)
Objective 2: Establish collaborative, organized centers for Global Research and Education.				
a. Sumner M. Redstone Global Center for Prevention and Wellness.	AY2013/14	-	Established with philanthropy	GW Charter planned
b. Reorganize GW Center for Global Health.	AY2015/16	-	Planned	Chartered
c. Center for Social Well-Being and Development.	AY2014/15	-	UNICEF Cooperative Agreement	Ongoing
d. Antibiotic Resistance Action Center.	AY2014/15	-	Planned	Established

GOAL FOUR: (continued) Integrate the School's global health initiatives in alignment with GW's institutional global impact goals.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 3: Develop model curricula for global health research and training.				
a. Review and restructure GH MPH tracks.	AY2013/14	-	Completed	Ongoing
b. Complete Academic Program Review.	AY2014/15	-	-	Partial
c. Increase number of students admitted to Peace Corps International.	AY2015/16	12	8	15
d. Create MPH in Global Environmental Health track (# new students).	2012	Launched	9	7
e. Relaunch MPH in Global Health Epidemiology and Disease Control	AY2016/17			Planned
Objective 4: Develop a robust infrastructure for global research.				
a. Support GW Office of the Vice President for Research (OVPR) task force.	AY2015/16	-	-	OVPR initiates process
b. Cultivate highly engaged international practicum sites (# sites).	20	31*	12	17

*Note: Since Dr. Tielsch arrived, the department's focus has been on quality placements at organizations where we have growing relationships rather than simply increasing volume /quantity. Consequently, we dropped several previous sites as we build sites that will best serve our global health students.

GOAL FIVE: Leverage health policy expertise to impact policies and improve public health.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 1. Build strength in health economics and global health policy.				
a. Increase number of full time PhD health economists (# faculty health economists).	6	3	4	5
b. Develop collaborations in global health policy across departments in the SPH and across the University.	AY2015/16	Medical Education Partnership Initiative (Africa)	Global Health Security Program	Ongoing
c. Recruit at least one faculty member in the area of applied global health economics/financing.	AY2015/16	-	-	Planned (search open fall 2015)
d. Recruit senior faculty member to direct MPH in Global Health Policy	AY2014/15	-	-	Hired Carlos Santos-Burgoa
Objective 2. Strengthen linkages between policy and management.				
a. Combine departments of Health Policy and Health Services, Management and Leadership.	AY2014/15	-	Departmental reviews	Implemented
b. Strengthen MPH core by linking health policy and management pedagogically.	AY2013/14	Task force convened	Combined two courses into one	Ongoing
Objective 3. Generate resources to respond to critical policy issues.				
a. Research awards from federal IDIQ mechanism.	Ongoing	$3 Million	$0.7 million	$2.4 Million
b. Develop amicus curiae briefs related to public health issues for Supreme Court or federal court cases.	Ongoing	-	• Burwell v Hobby Lobby • Halbig v Sebelius • Pruitt v Sebelius	• King v Burwell • Michigan v EPA
c. Disseminate policy briefs on timely federal and state health policy and public health issues	Ongoing	31	45	48
Objective 4: Support faculty in communicating results of research to policy makers.				
a. Provide ongoing training and support to faculty members for communicating to the public (# receiving formal and informal media training*).	Ongoing	Formal: 8 Informal: 11	Formal: 8 Informal:18	Formal: 8 Informal: 19
b. Respond to policy makers need for expertise (# faculty participating).		28	18	19

* Formal training refers to training conducted by an external, professional media consultant, while informal training is conducted in house with SPH Communications Staff.

GOAL FIVE: (continued) Leverage health policy expertise to impact policies and improve public health.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 5: Redesign Health Policy curriculum to be responsive to changing workforce demands.				
a. Review and update Health Policy core curriculum.	Ongoing	Analysis course (3 cr) added	-	Review Fundamentals course
b. Review and update Health Policy electives.	Ongoing	-	Program review	Add electives to curriculum to increase options
Objective 6: Increase funding for PhD students in Public Policy and Admin (HP track).	AY2014/15	-	-	$130,000 for AY 2016
Objective 7. Convene key stakeholders and decision makers around high priority issues.				
a. Host conferences and public events (# events).	Ongoing	-	60	115

GOAL SIX: Be at the forefront of GW institutional initiatives on citizenship and leadership.				
Objectives and outcomes	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 1: Recognize and reward university, community and professional service.				
a. Include service in annual reviews.	AY2012/13	Yes	Yes	Yes
b. Include service in department APT guidelines.	AY2012/13	Yes	Yes	Yes
Objective 2: Foster a mindset of interdisciplinary and inter-professional service leadership among faculty, staff and students.				
a. Support of student organizations providing service.	AY2012/13	Ongoing	Ongoing	Ongoing
b. Review and modify ISCOPES to better support community engagement and service.	AY2014/15	-	-	Partial
c. Establish a faculty and student advisory board for Office of Practice.	AY 2015-16	-	-	In Progress
d. Collaborate with other university units to develop Interprofessional education vision.	AY2014/15	-	-	Task force convened
Objective 3: Expand the School's faculty and staff-led practice-based partnerships, and the options available for the required student practicum experience.				
a. Increase practica partnerships.	200	136	131	168
b. Design and deploy new system to facilitate practice partnerships.	AY 2015-16	-	Planned	Construction underway
Objective 4: Engage with local institutions to develop and implement policies and programs to improve health locally.				
a. Launch Healthy DC.	AY2015/16	-	-	Planning meetings held with potential partners in DC.
b. Initiate a DC-Health and Nutrition Examination Survey (DC-HANES).	AY2016/17	-	-	Planning

GOAL SIX: (continued) Be at the forefront of GW institutional initiatives on citizenship and leadership.				
Objectives and outcomes	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
c. Local Initiatives:				
• DC Developmental CFAR	2010 - 2015	Ongoing	Ongoing	Ongoing
• DC CFAR	2016 – 2021	-	Planned	Funded
• DC DOH-SPH Public Health-Academic Partnership for HIV Epi and Surveillance	2010-2021	Ongoing	Ongoing	Ongoing
• DC DOH Leadership training	2015-2021	-	Planned	Initiated
• DC DOH Staff Professional Development	2010 -2021	Ongoing	Ongoing	Ongoing
• GW Cancer Institute –Prevention AD	2016-2021	-	-	Planned
• Redstone Center	2015-2021	Proposed	Formative	Initiated
• Center for Healthy Aging	2016-2021	Proposed	Proposed	Funding Requested
• Antibiotic Resistance Action Center	2016-2021	Proposed	Proposed	Initiated
• IVY City Air Pollution community assistance	2014-2016	-	Initiated	Ongoing
• Environmental Health Summit- build consortium of environmental/ occupational health researchers from 9 area universities to focus on DC Metro area issues.	2015-2021	-	-	Initiated

GOAL SEVEN: Increase financial strength.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 1: Establish a forward looking budget process that engages all SPH leadership.				
a. Build and implement a transparent and forward thinking budget process.	AY2014/15	-	-	Launched
b. Establish a school-wide budget committee.	AY2015/16	-	-	Planned
Objective 2: Raise $25M for construction of new buildings.	2018	$2,030,050 (8.1%)	$3,080,125 (12.3%)	$3,140,225 (12.6%)
Objective 3: Meet GW Campaign goals.				
a. Identify thematic areas of giving.	AY2012/13	Academics & Faculty Research; Student FA; Building	Ongoing	Ongoing
b. Establish Redstone Center.	AY2015	-	Proposed and funded	Established and ongoing
c. Restructure Dean's Council into Board of Advisors and Dean's Alumni Council.	AY2015/16	-	-	Proposed and planned
d. Increase donor identification and non-affiliated donor opportunities.	AY2010-AY2021	Ongoing	Ongoing	Ongoing
e. Endow and install Dean.	AY2014/15	Case Statement	Funded	Complete
f. Opening of 950 New Hampshire Avenue.	AY2010-AY2015	Construction	Move offices; grand opening	Move classrooms and exercise labs
g. Dedication of Southby Conference Room.	AY2015	Proposed	Committed	Funded; opened
h. Alumni outreach and events.	AY2010-AY2021	Ongoing	Ongoing	Ongoing
i. Increase faculty and staff giving rate.	AY2010-2021	11.0%	11.2%	14.85%
j. Increase Alumni giving rate.	AY2010-AY2021	4.76%	5.05%	5.1%

GOAL SEVEN: (continued) Increase financial strength.				
OBJECTIVES AND OUTCOMES	**TARGET**	**AY 2012-13**	**AY 2013-14**	**AY 2014-15**
Objective 4: Create more opportunities for revenue growth.				
a. Build student enrollment to sustainable levels.	AY2016/17	1,101	1,156	1,428
b. Build event revenue stream.	AY2012-AY2018	$0 (no building)	$0 (no building)	$77,491
c. Maintain indirect cost recoveries sufficient to support research facilities and administration.	Ongoing	$4.6M	$4.8M	$5.2M

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

Strategic planning and outreach to both internal and external constituencies has been a priority of the Dean since her arrival in August 2010. A large emphasis has been placed on communications and engagement.

An experienced Associate Dean for Academic Affairs was hired in August of 2011. Part of her charge was to begin preparing the school for our self-study while also simultaneously leading the path for the academic agenda of this school. The Associate Dean has dedicated much of the last four years towards strengthening the School's academic infrastructure and preparing us for the self-study process by:

- Partnering with the Provost's Office, the Registrar and other entities in GW's central administrative offices to overhaul data systems to more effectively track trends. This has been especially complex in the context of the former Medical Center (which often did not update data about the SPH in central systems) as well as the reorganization process (which required multiple recoding efforts);

- Leading a process with the SPH Curriculum Committee faculty members to overhaul the School's core MPH curriculum and ensure processes for regular review of the core;

- Restructuring the offices of Student Affairs and Admissions to create operations that meet the increased expectations within governance and service to the School's student population and to streamline processes to increase efficiencies;

- Addressing a number of aspects of our strategic plan: (1) bringing innovative program offerings such as the distance education and online/executive education platforms; (2) developing the one-year MPH track; (3) leading processes to improve undergraduate education; (4) supporting the development and approval of our new PhD programs; and (5) leading processes to reassess our approaches to quantitative and qualitative analyses;

- Supporting our faculty in the creation of the new MPH tracks in Global Environmental Health and Public Health Nutrition, and in obtaining approval for the new PhD in Social and Behavioral Sciences in Public Health;

- Refining the certificate and degree offerings to position the School to meet the ever-changing demands of the industry. This also resulted in elimination of the MPH, Public Health Management track, the MS, Exercise Science, Clinical Exercise Physiology concentration, the BS, Exercise Science, Pre-Dietetics concentration, the Minor in Health and Wellness and 15 certificate tracks;

- Building cross-cutting collaborations with other Schools at the University to further increase the students' accessibility to a larger portfolio of academic/practice offerings;

- Establishing a faculty-driven process to prepare the Self-Study document itself; and
- Engaging student participation as ambassadors of the school, departmental liaisons, participants in new student webinars, and active members of all school committees (exempt APT).

In the spring of 2014, the SPH Dean appointed an accreditation working group representing all academic departments and led by the Associate Dean for Academic Affairs. This group met regularly throughout the year and into the spring of 2015 and served as the liaisons to each department to both gather information and keep all faculty informed at monthly departmental faculty meetings. Other key constituents were included for input and comment throughout, including: student leadership and subject matter experts (online program directors, undergraduate directors, finance director, executive director of communications). The Associate Dean reported progress at all Executive Advisory Committee meetings and faculty assemblies held between January 2014 and the present. The Dean and the Departmental Chairs reviewed the preliminary drafts. In June 2015, the Dean held a half-day retreat for all deans, department chairs, major unit department heads, and the accreditation working group for a review and discussion of the draft document.

Faculty, students, alumni, advisory boards and key university officials have received copies of the self-study report. Public comments have been solicited to a dedicated site: sphaccred@gwu.edu. Constituents were notified through targeted emails, social media and faculty, staff and student newsletters. ***See ERF 1.2.d.: Third Party Comments.***

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

This criterion is met.

Strengths:

- The School strategic planning and monitoring process is ongoing.
- Evaluation occurs at the departmental, school and university levels.

Challenges:

- Multiple systems to collect data are not adequately connected. Despite our best efforts to improve data systems and our access to systems at GW, collating data for departmental reviews and the CEPH Self-Study continues to require a tremendous effort on the part of Deans, departmental representatives, Chairs, Executive Directors, and staff.

Future Plans:

- Start the next Strategic Planning Cycle in Spring 2016. This effort will be informed not only by the CEPH report but also a comprehensive review of our progress under the current strategic plan, an environmental reassessment, engagement of the new Dean's Advisory Board and Alumni Advisory Council, and the involvement of many of our newer faculty members who were not on board in 2014.

1.3. INSTITUTIONAL ENVIRONMENT. *THE SCHOOL SHALL BE AN INTEGRAL PART OF AN ACCREDITED INSTITUTION OF HIGHER EDUCATION AND SHALL HAVE THE SAME LEVEL OF INDEPENDENCE AND STATUS ACCORDED TO PROFESSIONAL SCHOOLS IN THAT INSTITUTION.*

1.3.a. A brief description of the institution in which the school is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

GW Mission Statement: http://trustees.gwu.edu/gw-mission-statement

The George Washington University, an independent, private academic institution chartered by an Act of Congress of the United States in 1821, dedicates itself to furthering human well-being. The University values a dynamic, student-focused community stimulated by cultural and intellectual diversity and built upon a foundation of integrity, creativity and openness to the exploration of new ideas.

The George Washington University, centered in the national and international crossroads of Washington, D.C., commits itself to excellence in the creation, dissemination and application of knowledge.

To promote the process of lifelong learning from both global and integrative perspectives, the University provides a stimulating intellectual environment for its diverse students and faculty. By fostering excellence in teaching, the University offers outstanding learning experiences for full-time and part-time students in undergraduate, graduate and professional programs in Washington, D.C., across the nation, and abroad. As a center for intellectual inquiry and research, the University emphasizes the linkage between basic and applied scholarship, insisting that the practical be grounded in knowledge and theory. The University acts as a catalyst for creativity in the arts, the sciences and the professions by encouraging interaction among its students, faculty, staff, alumni and the communities it serves.

The George Washington University draws upon the rich array of resources from the National Capital Area to enhance its educational endeavors. In return, the University, through its students, faculty, staff and alumni, contributes talent and knowledge to improve the quality of life in metropolitan Washington, D.C.

Governing Documents:

- The Charter of the George Washington University
- Bylaws of the George Washington University

GW History

GW is the largest institution of higher education in the District of Columbia. We have more than 20,000 students—from all 50 states, the District and more than 130 countries—studying a broad range of disciplines: from forensic science and creative writing to international affairs and computer engineering, as well as medicine, public health, the law and public policy.

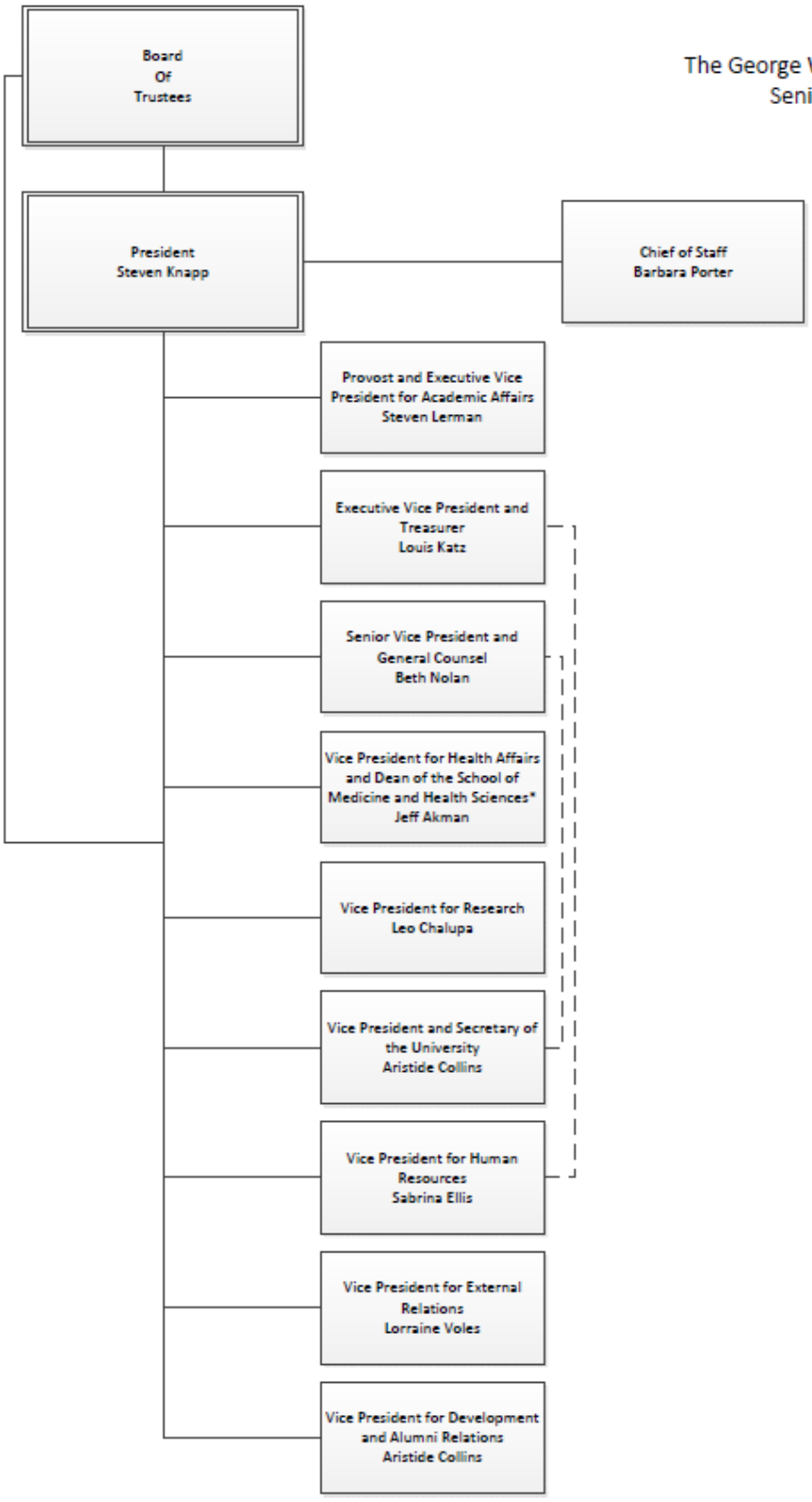
GW comprises three campuses—Foggy Bottom and Mount Vernon in Washington, D.C., and the GW Virginia Science and Technology Campus in Ashburn, Va.—as well as several graduate education centers in the metropolitan area and Hampton Roads, Va. Within its 10 schools are full-time 2,260 faculty.

In addition to The Milken Institute School of Public Health, GW has nine other schools which are (in order of their establishment):

- Columbian College of Arts and Sciences
- School of Medicine and Health Sciences
- GW Law
- School of Engineering and Applied Science
- Graduate School of Education and Human Development
- School of Business
- Elliott School of International Affairs
- College of Professional Studies
- School of Nursing

Information regarding the accrediting bodies for all ten schools can be found at: https://academicplanning.gwu.edu/accreditation-gw.

1.3.b. One of more organizational charts of the university indicating the school's relationship to the other components of the institution, including reporting lines.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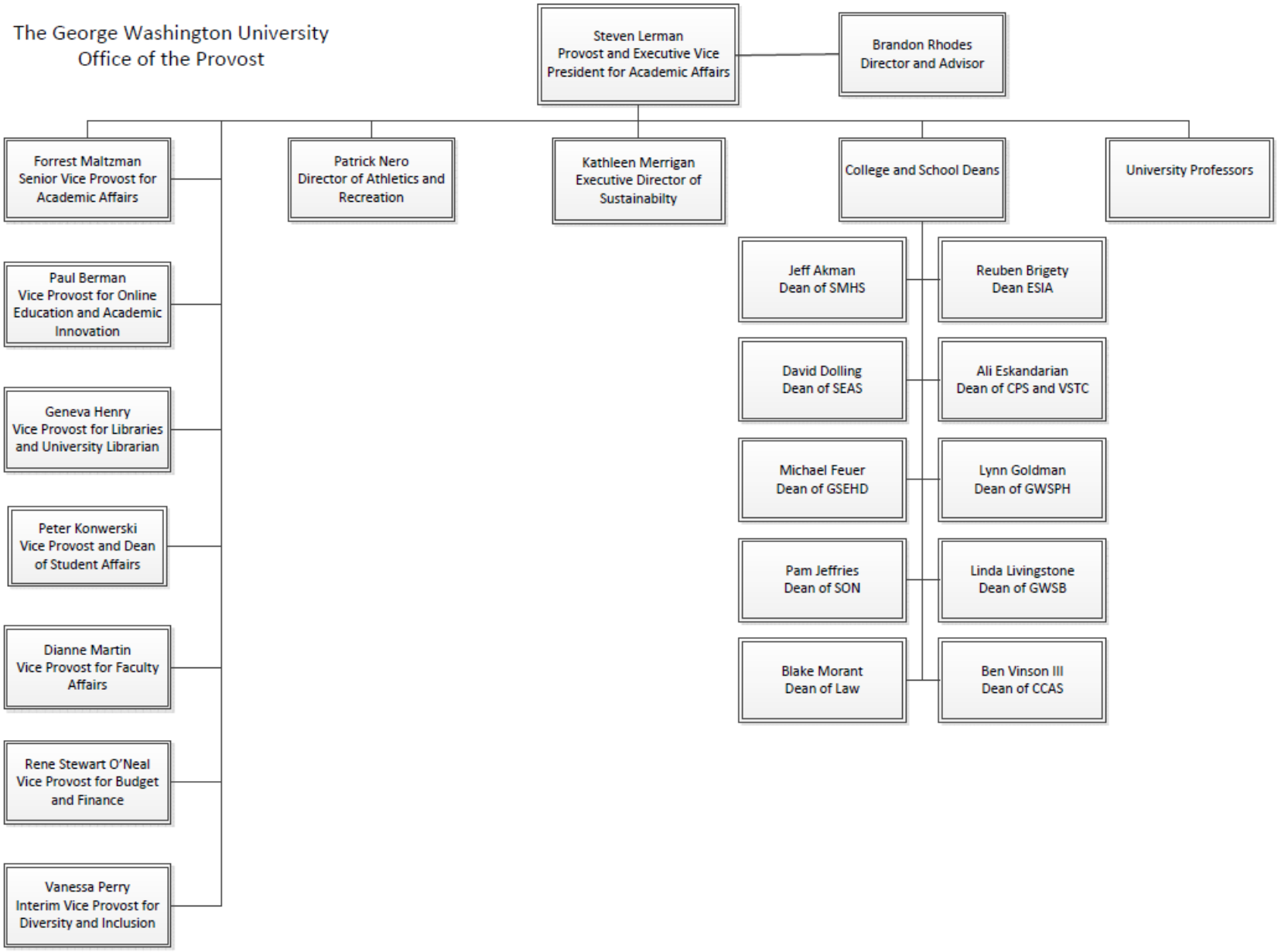
Vice President and Secretary of the University
Aristide Collins
Vice President for Human Resources
Sabrina Ellis
Vice President for External Relations
Lorraine Voles
Vice President for Development and Alumni Relations
Aristide Collins
*In his role as Dean of the School of Medicine and Health Sciences, Jeff Akman reports to Steven Lerman
2015-06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Dean of GSEHD
Lynn Goldman
Dean of GWSPH
Pam Jeffries
Dean of SON
Linda Livingstone
Dean of GWSB
Blake Morant
Dean of Law
Ben Vinson III
Dean of CCAS

1.3.c. Description of the school's level of autonomy and authority regarding the following: budgetary authority and decisions relating to resource allocation; lines of accountability, including access to higher-level university officials; personnel recruitment, selection and advancement, including faculty and staff; and academic standards and policies, including establishment and oversight of curricula.

Financial Oversight

The central division of the Executive Vice President and Treasurer (EVPT) oversee all of the financial resources of the University. There exist two budget models for the various schools at the George Washington University. Most of the schools are considered "open units", and as such, are managed collectively by the Executive Vice President and Treasurer's Office which makes planning, resource allocation and other budgetary decisions on behalf of those units.

The Schools of Public Health, Medicine, and Law are considered "closed units". They have a higher degree of autonomy due to the size and scope of each of these schools. They also have more responsibility for managing their revenues and expenses. The Executive Vice President and Treasurer's Office supervises the SPH Finance Director and certain decisions related to resource allocation must be approved by that office. Thus, while the closed units have a higher degree of autonomy, these three schools still work very closely with the Executive Vice President and Treasurer's Office on all aspects of budgetary authority and resource allocation.

While the School of Public Health is able to recruit and advance staff and faculty through the decentralized authority given to the School, we do adhere to all University policies related to selection and promotion for both staff and faculty. All decisions require coordination and approval through the University Human Resources Division as well as the Office of Faculty Recruitment and Personnel Relations. Key positions within the School maintain reporting lines to the President, Provost, Treasurer and the division of University Human Resources (HR).

The SPH is free to make investments in equipment or personnel and is responsible for funding these investments from its revenue and for responsibly managing its financial reserves. Like all of the closed unit schools the SPH pays allocation fees to the central GW Administration for services such as Registrar, Office of General Counsel, Accounting, Research Administration, etc. The operation and financing of school buildings, along with the negotiation and payment of leases, are the responsibility of all closed unit schools. Additionally, the closed unit schools fund deficits and build reserves based on their annual operating results. Finally, the Himmelfarb Medical Library and the SPH Research Laboratories are operated in SMHS facilities and the SPH reimburses the SMHS for them via Shared Service Agreements. There are multiple other interdepartmental transfers as well, to handle issues such as facilities rentals, security and housekeeping.

Faculty Recruitment and Advancement

The departmental faculty determine the need for additional faculty and department chairs request searches from the Dean annually. The Dean reports to the Provost and annually makes a request to the Provost to approve SPH requests for faculty searches. Faculty Affairs functions are administered by a staff person of the School who coordinates with Provost Office staff. All SPH faculty are recruited and hired in accordance with University policy as defined by the Office of Faculty Recruitment and Personnel Relations. An overview of the complete hiring process and other documents related to faculty recruitment and hiring can be found in ***ERF 1.3.c.: Overview of Recruitment, Selection and Appointment Process for Faculty and Librarians*** and ***Faculty Diversity Advocate and Degree Verification Policy***. Searches that are approved are carried out by faculty search committees in accordance with SPH by-laws and the University Faculty Code. Requests for faculty appointments, promotion and tenure (APT) are initiated by Department Chairs to departmental APT committees, which report their decisions to a school-wide committee that advises the Dean regarding her recommendations to the Provost. The SPH Faculty Affairs Office assures that all faculty searches and hires adhere to university and SPH policies.

Staff Recruitment

As is true for all units in GW, Human Resources (HR) Client Partners who directly report to the central University HR Office lead HR efforts in the School. Staff positions are also recruited and hired in accordance with University policy: http://hr.gwu.edu/hiring-process.

Academic Oversight

The SPH departments and freestanding programs each have a curriculum committee. These departmental and programmatic committees provide the first layer of curriculum review and improvement, approval of e new programs and courses and changes to existing curriculum within the department. Other more significant program changes, such as the development of new programs or courses, curricular changes to requirements for existing programs, significant course changes such as credit levels, etc. must be reviewed and approved by the SPH Curriculum Committee and finally by the Provost's Office prior to implementation. The GW Council of Doctoral Programs, the Provost, and the Board of Trustees must review and approve new doctoral programs.

1.3.d. Identification of any of the above processes that are different for the school of public health than for other professional schools, with an explanation.

As mentioned in Criteria 1.3.c., the Schools of Public Health, Medicine, and Law are considered closed units while the rest of the schools are open units. A brief explanation of the closed unit model has already been provided in Criteria 1.3.c. To our knowledge there is no significant different between these processes among those three professional schools.

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

Not applicable.

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

Not applicable.

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

This criterion is met.

Strengths:

- The School of Public Health has the same organizational standing as all other Schools and Colleges of the University.
- The "open" budgetary model provides a higher level of financial autonomy than does the "closed" model.
- The university exercises strong oversight for critical financial and HR functions while allowing the SPH the same degree of autonomy as similar professional schools (law and medicine) at GW.
- All programs of the School that are eligible for accreditation by an outside body are accredited.

Challenges:

- None

Future Plans:

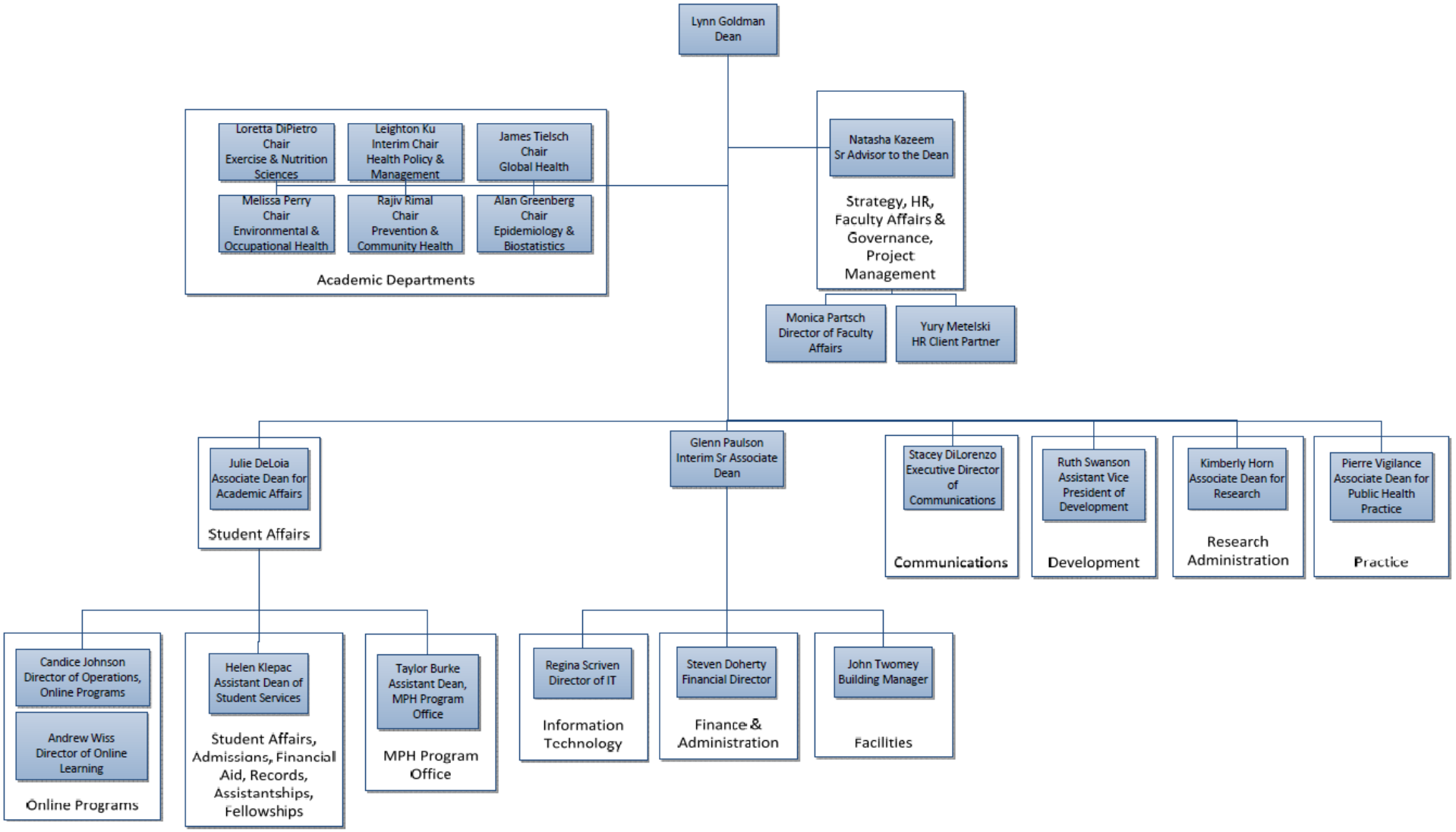
- None

1.4 ORGANIZATION AND ADMINISTRATION. *THE SCHOOL SHALL PROVIDE AN ORGANIZATIONAL SETTING CONDUCIVE TO PUBLIC HEALTH LEARNING, RESEARCH AND SERVICE. THE ORGANIZATIONAL SETTING SHALL FACILITATE INTERDISCIPLINARY COMMUNICATION, COOPERATION AND COLLABORATION THAT CONTRIBUTE TO ACHIEVING THE SCHOOL'S PUBLIC HEALTH MISSION. THE ORGANIZATIONAL STRUCTURE SHALL EFFECTIVELY SUPPORT THE WORK OF THE SCHOOL'S CONSTITUENTS.*

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

The Milken Institute SPH has four Associate Deans and six academic department Chairs reporting to Dean Goldman in addition to several operational department heads.

Milken Institute School of Public Health
Office of the Dean



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

Dean. Lynn R Goldman, MD, MS, MPH, Professor of Environmental and Occupational Health and the Michael and Lori Milken Dean, is responsible for the oversight of all academic, student, operational, research, financial and service functions of the SPH. The Dean represents the School to the University, alumni, donors, regulatory bodies, and governmental institutions at local, national and international levels. The Dean ensures the continued success of the School. The Dean reports to the provost of the university.

Senior Associate Dean. Glenn Paulson, PhD, Professor of Environmental and Occupational Health, is serving as the interim Senior Associate Dean for AY2015/16. In this role he ensures that the School has a sound administrative and financial infrastructure that effectively supports its research, educational and public health missions, through coordination of finances and management of resources, capital expenditures, physical infrastructure and business and finance functions. He oversees all fiscal affairs of the School, including preparation and oversight of the operating budget, monitoring cash flow and expenditure plans, fund management and grants and contracts management. This position reports to the Dean of the School.

Associate Dean for Academic and Student Affairs. Julie A. DeLoia, PhD, Professor of Exercise and Nutrition Sciences, provides leadership and vision for the school's educational mission as the Milken Institute SPH continues to solidify its reputation for excellence in innovative and integrative public health curriculum. The position provides leadership, management and coordination to ensure excellence in all areas of undergraduate education and graduate education, and doctoral training, including our online programs. Major areas of responsibility include oversight of all academic programs and curriculum, accreditation of several programs within the School, student support and student performance, and recruitment and admissions. The Associate Dean has been intimately involved in the programming aspects of the new academic building the School occupied in 2014. Dr. DeLoia reports to the Dean of the School and serves on the SPH Leadership Group, the SPH Curriculum Committee and the SPH Admissions Committee as well as a number of university-wide academic committees.

Associate Dean for Research. Kimberly Horn, EdD, MSW, Professor of Prevention and Community Health, provides vision and leadership for the SPH's research mission as it promotes and builds its extramural funding base, expands its reputation for scholarly excellence, and maintains its commitment to practice-based and interdisciplinary research. The Associate Dean is expected to be both a catalyst and guiding force with the SPH Research Committee as the SPH plans and develops major new research initiatives and externally funded research centers. Current areas of research focus in the SPH include: health policy, health law, global health interventions and partnerships, violence prevention, HIV/AIDS epidemiology and treatment, obesity reduction, health information technology, health quality, health services and outcomes research, occupational safety, children's environmental health, cardiac disease,

and healthy aging. Dr. Horn reports to the Dean of the SPH and serves on the SPH Leadership Group and the Research Committee, as well as a number of university-wide research committees.

Associate Dean for Practice. Pierre Vigilance, MD, MPH and Professor of Global Health, is responsible for facilitating the continued development of the practice mission and service learning programs within the SPH. The Associate Dean provides leadership for the development, implementation, and evaluation of all practicum/internship/residency/and service learning activities. This position oversees ISCOPES. Dr. Vigilance reports to the Dean of the SPH and serves on the SPH Leadership Group as well as the Practice Directors Committee. Dr. Vigilance often represents the SPH with the Metropolitan Washington Council of Government health committees, the local chapter of the APHA and other efforts involving our practice partners.

Department Chairs. Department Chairs work closely with department faculty on all aspects of the work of the department including student admissions, program management, fiscal management, grant application and research production. Each Department Chair is responsible for faculty development, provides input into the appointment, tenure and promotion decisions and conducts annual evaluations of all faculty. The Department Chairs manage the teaching, service, and research activities of the department and are responsible for their department budgets. The Dean and the Senior Associate Dean meet with the Department Chairs on a monthly basis. The Department Chairs report directly to Dean Goldman.

Senior Advisor. Natasha Kazeem. The Senior Advisor reports directly to the Dean and represents the Dean in key meetings, as well as accompanies the Dean to major events/meetings, and facilitates the pre and post interactions to ensure successful outcomes and effective communications across the School. The Senior Advisor prioritizes events and issues for the Dean and handles issues that impact operations while managing the Dean's commitments, as well as develops recommendations to improve operational performance, analyzes business operations, processes and services to evaluate performance and determine areas of potential cost reduction, program improvement or policy change. This position directs, plans and implements objectives and activities to ensure continuing operations and maximization of productivity while providing counsel and coaching to assist leadership, departments and teams with annual and long-term planning, group problem solving and process and service improvement.

Assistant Dean for Student Services. Ms. Helen Klepac is responsible for directing and overseeing the overall activities related to student recruitment, retention and completion of degree, as well as providing services for undergraduate and graduate learners. The Assistant Dean assists in enrollment forecasting and participates with the leadership team in developing long-term growth strategies. She also works with University offices to help bring efficiencies to the admissions and enrollment processes, including financial aid, student accounts and registration. The Assistant Dean reports to the Associate Dean for Academic and Student Affairs.

Assistant Dean for MPH Programs. Taylor Burke, JD, LLM, Associate Professor of Health Policy and Management, serves as the Assistant Dean for MPH Programs. In this role, Professor Burke serves as the academic lead advocate for the MPH program as a whole and chair of a newly formed MPH committee. He also serves on the Curriculum Committee and the Admissions Committee on an *ad hoc* basis. He is responsible for leading periodic reviews of the MPH curriculum and managing MPH administrative staff members. He reports to the Associate Dean for Academic and Student Affairs.

Financial Director. Steven Doherty, the SPH Financial Director (FD) is responsible for developing and directing the budget process and overall business planning of the School and interacts with the relevant University financial offices in collection and generation of financial data. The FD works with department administrators on oversight and reporting on the financial performance of the School compared to the annual budget; review of income and expenditures for accuracy; quarterly projections; explaining major variances; and, when needed, developing corrective actions. The Financial Director manages all financial reporting for the School. This position directs salary administration functions, reviews contracts to ensure compliance and budgets, and assesses business plans for contracts. The Financial Director develops financial analyses for new business opportunities, both internal and external, and ensures that appropriate systems and policies/procedures are in place to manage the School's business in compliance with institutional policies and regulations, as well as any external financial requirements. The Financial Director reports to an official in the VPFA's office and has a functional reporting line to the Interim Senior Associate Dean.

Executive Director of Communications. Stacey DiLorenzo works with the GW External Relations Office to place features, news stories, and advertisements in local, regional and national media, conducts background research and prepares and implements strategic plans to accomplish the Milken Institute SPH communication and promotional goals, manages all internal communications, oversees all web content for the School, and manages all social media strategies. The Executive Director works with faculty members to develop editorial articles on issues for general media as well as professional publications, works in conjunction with faculty to design conferences and workshops around important issues, works with faculty to identify and secure prominent media personalities and communications scholars to serve as guest lecturers for classes and special programs, and provides faculty media training. Her team creates projects designed to attract prospective students, faculty peers from other institutions, and medical professionals as well as the production of SPH periodicals, publications and research reports. Ms. DiLorenzo reports to the Dean of the School.

Assistant Vice President of Development and Alumni Relations. Ruth Swanson works closely with the Dean, her senior leadership team, faculty, the School's development and alumni relations staff, the Dean's Advisory Board and senior members of GW's Department of Alumni Relations to establish programs for the identification, cultivation and solicitation of high priority donor prospects. The position coordinates and supports fundraising efforts of the Milken Institute's Dean's Advisory Board and those of other campaign-related volunteers. The AVP, Development and Alumni relations is responsible for

developing and executing annual and long-term development plans to create philanthropic strategies that advance the SPH priority programs and significant fundraising goals, and oversees data management for the pool of prospects to ensure the accurate capture of prospect tracking, stage progression, contact reports, proposals, philanthropic capacity/inclination and biographical data.

The Assistant Vice President reports directly to the Associate Vice President for Development and Campaign Director within the division of Development and Alumni Relations and has a functional reporting line to the Dean of the School.

1.4.c. Description of the manner in which interdisciplinary coordination, cooperation, and collaboration occur and support public health learning, research and service.

Instructional Activities

Public health, by its very nature, is interdisciplinary. Within the School, there are many avenues of collaboration and cooperation. Learning across disciplines is facilitated through: 1) courses that are taught by faculty from more than one department (examples: PubH 6001, PubH 6006, PubH 6437); 2) academic programs sponsored by more than one department (MPH in Global Environmental Health, MPH@GW, BS-PH) or more than one school (joint degree programs); 3) courses taught by faculty in department other than the department offering the course or program (PubH 6277, PubH 6552, PubH 6561); and 4) seminars and symposia that are open to all of the SPH community.

The School provides public health education to the broader university by offering undergraduate courses in Health and Wellness (HLWL) as well as Lifestyle and Physical Activity (LSPA), opening our graduate level courses to non-SPH majors, and through joint degrees and certificate programs. At the undergraduate level, we also offer a minor in Public Health to non-majors (~70 students/year). The Master of Public Policy (Health Policy Track), conferred by the Trachtenberg School of Public Policy includes both required and recommended courses from the School of Public Health (http://tspppa.gwu.edu/health-policy), as does the PhD in Health Policy (https://tspppa.gwu.edu/phd-field-health-policy). The Master of Science in Biostatistics, offered by the Columbian College of Arts and Sciences is jointly administered and taught with the Milken Institute SPH Department of Epidemiology and Biostatistics.

Interdisciplinary Scholarship

Currently, our SPH has eight Chartered Centers; five Unchartered Centers; four Programs and one Core. All these ORUs are described on our website: http://publichealth.gwu.edu/research/centers-institutes.

By nature, the Centers and Institutes are actively engaged in the conduct of integrative multidisciplinary or interdisciplinary scholarship, including research and/or educational activities, and require involvement of faculty from multiple SPH departments and, for Institutes, at least two GW colleges or schools.

Thesis committees for doctoral students often include faculty members from more than one department as well.

Governance and Oversight

All of the Standing Committees of the school (See Criteria 1.5) include representation from all departments and students (except for APT, which does not include students).

Faculty Recruitment and Appointments

Search committees for faculty recruitment include subject matter experts regardless of departmental affiliation. Major searches, such as for an endowed professorship, a chair or a dean, include faculty from many departments as well. Many faculty hold secondary or joint appointments in a second department, which helps facilitate both communication and interdisciplinary research.

Service Activities

Our students and faculty are involved in service at many levels; through formal service organizations such as ISCOPES (http://smhs.gwu.edu/iscopes/), service learning at the undergraduate level, and participation in funded projects such as the Avance Center (http://avancegw.org/our-work/adelante/). More information about service activities that support public health are enumerated in Criteria 3.2.

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

This criterion is met.

Strengths:

- The School actively promotes collaboration through learning, scholarship and service.
- The new physical building enables cross-departmental experiences.
- The School is committed to providing a structure by which interdisciplinary academic scholarship, research and teaching can flourish.
- SPH and GW Centers and Institutes support interdisciplinary scholarship.
- SPH has developed partnerships within the University and externally in order to increase the exposure of our faculty and students to some of the most current public health challenges.
- The School has promoted collaboration through established taskforces, teams and committees both internal and external to the School.

Challenges:

- None identified.

Future Plans:

- Create a formal Antibiotic Resistance Action Center
- Explore additional collaborative degree offerings with The School of Medicine and Health Sciences and the School of Nursing on healthcare informatics.

1.5 GOVERNANCE. *THE SCHOOL ADMINISTRATION AND FACULTY SHALL HAVE CLEARLY DEFINED RIGHTS AND RESPONSIBILITIES CONCERNING SCHOOL GOVERNANCE AND ACADEMIC POLICIES. STUDENTS SHALL, WHERE APPROPRIATE, HAVE PARTICIPATORY ROLES IN THE CONDUCT OF SCHOOL AND PROGRAM EVALUATION PROCEDURES, POLICY SETTING AND DECISION MAKING.*

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

The minutes for the 2014-2015 academic year for each Standing Committee can be found in ***ERF 1.5.a.: Committee Meeting Notes***. Unless otherwise noted, chairs are elected annually by committee members.

Table 1.5.a.1: Standing Committees

STANDING COMMITTEES		
APPOINTMENT, PROMOTION, AND TENURE COMMITTEE		
Charge	***Composition***	***Current Membership***
The Committee on Appointments, Promotions, and Tenure shall be organized and shall operate consistent with the provisions of Title IV of the *Faculty Code* and Section B of the *Procedures for the Implementation of the Faculty Code* with regard to criteria and procedures for appointment, promotion, and tenure of faculty.	Six tenured members of the regular, active-status faculty of the School: one elected by the regular, active-status faculty of each department. 3-year staggered terms. Chair elected annually by committee members.	Avi Dor, PhD (HPM), Chair Loretta DiPietro, PhD (EXNS) Doug Evans, PhD (PCH) Jeanne Jordan, PhD (Epi/Bio) Lance Price, PhD (EOH) James Tielsch, PhD (GH)

Table 1..a.1: STANDING COMMITTEES, (continued)		
CURRICULUM COMMITTEE		
Charge	***Composition***	***Current Membership***
The Curriculum Committee shall function consistent with Section D of the *Procedures for the Implementation of the Faculty Code* to provide for faculty participation in decisions of the School relating to the addition, revision, or elimination of curricular offerings. It shall monitor the quality of education and assess the attainment of the stated goals and objectives of the School.	Six members of the regular, active-status faculty of the School, one elected by the regular, active-status faculty of each department; one student selected by the PHSA, without vote; Associate Dean for Academic Affairs, *ex officio*, without vote. 3-year staggered terms for faculty Student is selected annually. Chair elected annually by committee members.	George Gray, PhD (EOH), Chair Sarah Baird, PhD (GH) Leonard Friedman, PhD (HPM) Manya Magnus, PhD (Epi/Bio) Todd Miller, PhD (EXNS) Amita Vyas, PhD (PCH) *Ex-Officio*: Julie DeLoia, PhD, Associate Dean for Academic Affairs Taylor Burke, JD, LLM, Assistant Dean for MPH Programs *Student Representative:* Ariel Sherman

Table 1.5.a.1: STANDING COMMITTEES, (continued)		
GRADUATE STUDENT ADMISSIONS COMMITTEE		
Charge	***Composition***	***Current Membership***
The Graduate Student Admissions Committee shall provide for faculty participation in decisions relating to the admission of graduate students to the School. It shall determine school-wide admissions policies, advise as to recruitment and admissions procedures, and regularly review progress towards meeting admissions goals.	Up to two members per department are elected by the active-status faculty of the department, for a maximum total of 12; one vote per department. One student, non-voting, selected by the PHSA. Associate Dean for Academic Affairs, *ex officio*, without vote. One representative each for DrPH Admissions and for MPH Programs are also serving without vote and will be incorporated into the Bylaws. One-year terms. Chair elected annually by committee members.	Jane Hyatt Thorpe, JD (HPM), Co-Chair Melissa Napolitano, PhD (PCH), Co-Chair Jay Graham, PhD (EOH) Heather Young, PhD (Epi/Bio) Geoffrey Hudson, PhD (EXNS) Khadi Ndiaye, PhD (GH) Leah Masselink, PhD (HPM) *Ex-Officio*: Julie DeLoia, PhD, Associate Dean for Academic Affairs Helen Klepac, MA, Assistant Dean for Student Services Marsha Regenstein, PhD, Program Director for DrPH Taylor Burke, JD, LLM, Assistant Dean for MPH Programs *Affiliated Staff*: Tracie Seward (Admissions) *Student Representative*: Rebecca Longhany

Table 1.5.a.1: STANDING COMMITTEES, (continued)		
EXECUTIVE ADVISORY COMMITTEE		
	Composition	***Current Membership***
The Executive Advisory Committee shall advise the Dean on all matters affecting the organization, operation, and welfare of the School.	• Chairs of each SPH department • Dean and Associate Deans of the School • Three members of the regular, active-status faculty elected by the regular, active-status faculty of the School, serving staggered three-year terms. • President of the Public Health Student Association, elected annually.	*Chairs*: Melissa Perry, ScD (EOH) Alan Greenberg, MD (Epi/Bio) Loretta DiPietro, PhD (EXNS) James Tielsch, PhD (GH) Leighton Ku, PhD (HPM) Rajiv Rimal, PhD (PCH) *Deans*: Lynn Goldman, MD, MPH, Dean, Chair of Committee Glenn Paulson, PhD, Interim Senior Associate Dean Julie DeLoia, PhD, Associate Dean for Academic Affairs Kim Horn, EdD, Associate Dean for Research Pierre Vigilance, MD, MPH, Associate Dean for Public Health Practice Taylor Burke, JD, LLM, Assistant Dean for MPH Programs *Elected Faculty Representatives:* Anne Markus, PhD, JD (HPM) Monique Turner, PhD (PCH) Kate Applebaum, ScD (EOH) *Public Health Student Association President 2015-16:* Amanda Quintana

Table 1.5.a.1: STANDING COMMITTEES, (continued)		
RESEARCH		
Charge	***Composition***	***Current Membership***
The Research Committee shall provide for faculty participation in decisions relating to the research activities of the School.	Six faculty members, one elected by the active-status faculty of each department; the Associate Dean for Research, *ex officio*, without vote; one student representing each of the two doctoral programs of the SPH (PhD and DrPH), elected by the doctoral students; non-voting. *One-year terms.* *Chair elected annually by committee members.*	Lance Price, PhD (EOH), Chair Leighton Ku, PhD (HPM) Irene Kuo, PhD (Epi/Bio) Kimberly Robien, PhD (EXNS) Kathleen Roche, PhD (PCH) John Sandberg, PhD (GH) *Administrative Appointment:* Kimberly Horn, EdD, Associate Dean for Research *Student Representatives:* Maliha Ali, DrPH candidate Heather Hussey, PhD candidate
STUDENT ACADEMIC APPEALS		
Charge	***Composition***	***Current Membership***
The Student Academic Appeals Committee shall provide for faculty participation in decisions relating to appeals by students of grades and decisions that alter a student's academic status.	Six members elected by the regular, active-status faculty of the School. 3-year terms, staggered. Chair elected annually by committee members.	George Gray, PhD (EOH), Chair Mark Edberg, PhD (PCH) Heather Hoffman, PhD (Epi/Bio) Cheng Huang, PhD (GH) Holly Mead, PhD (HPM) Amanda Visek, PhD (EXNS) *Ex-Officio:* Julie DeLoia, PhD, Associate Dean for Academic Affairs

Table 1.5.a.2 Ad Hoc Committees

AD HOC COMMITTEES		
PRACTICE COMMITTEE		
Responsibilities	***Composition***	***Current Membership***
The committee began reporting to the Faculty Assembly on September 24, 2013. It will have a formal charge if it becomes a standing committee under the Bylaws. In the meantime, it oversees the design and execution of practice programs at the SPH.	Associate Dean for Public Health Practice; Practice Directors of all departments; one System Support representative.	Pierre Vigilance, MD, MPH, Associate Dean for Public Health Practice, Chair of Committee Ann Goldman, MA, MPH (Epi/Bio) Toni Thibeaux, MPH (Epi/Bio) Peter LaPuma, PhD, MBA, MS (EOH) Sabrina McCormick, PhD, MA (EOH) Loretta DiPietro, PhD, MPH, MS (EXNS) Kimberly Robien, PhD, MS (EXNS) Shaneka Thurman, MS (GH) Ronald Waldman, MD, MPH (GH) Lara Cartwright-Smith, JD, MPH (HPM) Mary-Beth Malcarney, JD, MPH (HPM) Karyn Pomerantz, MPH, MLS (PCH) Tamara Henry, EdD, MA (PCH) Kelley Vargo, (MPH@GW) Sarah Kennedy, (MPH@GW) Brandon Stumbo, IT Systems Support

Table 1.5.a.2.: AD HOC COMMITTEES, (continued)		
STUDENT AFFAIRS ADVISORY BOARD		
Responsibilities	***Composition***	***Current Membership***
In March 2013, the Faculty Assembly approved the following proposal: In response to strategic objectives to enhance the student experience and build a stronger academic community, the SPH proposes a Student Affairs Advisory Board responsible for the following: • Providing a forum for students and faculty to discuss concerns which impact the student experience; • Suggesting ways to improve procedures and customer service in the SPH Student Affairs Office and in University student support offices; • Identifying opportunities to enhance student learning; • Developing strategies for improving student life.	17 voting members: 2 undergraduate students, 7 graduate students, one doctoral student and 7 members of the faculty reflecting the diversity of the SPH. The Assistant Dean of Student Services serves as an *ex officio member in a non-voting capacity.* Members of the Board are appointed by the Dean for one-year terms from among students and faculty who are nominated by their peer groups.	Peter LaPuma, PhD (EOH) Brenda Trejo (EOH Student) Ann Goldman, MA, MPH (Epi/Bio) Abbey Wolverton (Epi/Bio Student) Jerry Danoff, PhD (EXNS) TBD (EXNS Student) Uriyoan Colon Ramos, ScD (GH) Rosalind Fennell (GH Student) Lara Cartwright-Smith, JD, MPH (HPM) Rachel Gunsalus (HPM Student) Bart Bingenheimer, PhD (PCH) Zannah Herridge Meyer (PCH Student) Laura Longman (BSPH Student) Arvin Singh (MPH@GW Student) Jessica Fung Deerin (PhD Student) *Maya Gerstein* (DrPH Student) *Ex-Officio:* Helen Klepac, Assistant Dean for Student Services

1.5.b. Description of the school's governance and committee structure's roles and responsibilities relating to the following: general school policy development; planning and evaluation; budget and resource allocation; student recruitment, admission and award of degrees; faculty recruitment, retention, promotion and tenure; academic standards and policies, including curriculum, development; and research and service expectations and policies.

General school policy development: Any of the Standing Committees can recommend changes to school policy. Departments often suggest changes as well. Faculty and staff members on university-wide committees will communicate the impact of broader changes for discussion by school leadership. These suggestions are vetted by the Dean and discussed with the Executive Advisory Committee. As appropriate, some policy changes may need to go through the Faculty Assembly for discussion and approval. Task forces are created *ad hoc* when needed. (Current example is the *ad hoc* committee to examine yearly student and faculty awards.)

Planning and Evaluation: Each Standing Committee has responsibilities to discharge (see School bylaws) and must report to the Executive Advisory Committee and to the Faculty Assembly. As noted earlier, the School undertakes a number of periodic evaluations at the School, departmental and program levels. Any major changes resulting from any planning effort requires a financial review to determine resource allocation.

Budget and resource allocation: The overall resource allocation is the responsibility of the Dean of the School, who works closely with the Finance Director, Senior Associate Dean, and the Senior Advisor to the Dean on these matters. Each year the School leadership (Chairs, Associate Deans, Executive Directors) provides the Dean with budget requests for the upcoming year, which are evaluated by the Dean and Finance Director.

Student Recruitment: Student recruitment is a joint effort of the academic departments and the Graduate Admissions Committee. The Graduate Admissions Committee determines policy and standards for admission to all programs and works closely with individual faculty members on best practices for applicant engagement and yield. Our admissions team ensures completeness of applications before sending them to the faculty for review. The University provides relevant data to the School through the Graduate Enrollment Management committee for graduate students and the Undergraduate Admissions for the bachelor degree programs.

Admission and award of degrees: Degrees are conferred three times per year, in January, May, and August. Each School is responsible for certifying that its students have met all degree requirements. GW uses DegreeMap, an online advising and degree auditing system, as a tool to track each student's progress toward the degree requirements for the student's individual program of study. DegreeMap applies the student's individual academic history to those requirements. Faculty advisors monitor the student's academic progress throughout their program. Upon receipt of the application for graduation, the SPH Office of Student Affairs conducts the final degree audit of the student's record and submits the graduation clearance to the GW Office of the Registrar. The GW Office of the Registrar posts the degree awarded to the transcript and orders the diploma.

Faculty recruitment, retention, promotion, and tenure: Within the framework of university and SPH policy, academic departments determine policies and credentials for hiring individual faculty members. Details of how searches are conducted are included in the ***ERF 1.3.c.: Overview of Recruitment, Selection and Appointment Process for Faculty and Librarians***. Each department has its own Appointment, Promotion, and Tenure Committee, which reviews all candidates and recommends rank and tenure status of the hire to the Chair of the department, who then makes his/her recommendation to the School APT Committee and the Dean. Final hiring decisions are made by the Provost upon recommendation by the Dean. Tenure decisions are made by the Board of Trustees upon recommendation by the Provost. All faculty participate in an annual review with the department chair, to review progress toward tenure/promotion. Pre-tenure faculty are offered a dossier review prior to being put forward for a tenure decision.

Academic standards and policies, including curriculum development: Curriculum development occurs both at the academic department level and the Dean's level. All departments have curriculum committees that are responsible for periodic and regular course/program/curriculum evaluation, which supports curriculum revision. Changes are reviewed first at the department level and then by the school-wide curriculum committee. Significant changes must also be approved by the Office of the Provost and, ultimately, CEPH. Major initiatives, such as launching a new learning modality such as distance education, or re-imagining the MPH core, typically originate in the Dean's office. Such initiatives would receive input from departmental committees, and then go through the school-wide Curriculum Committee and Executive Advisory Committee before being sent to the Provost for review and approval.

Research and service expectations and policies: The academic department chairs, working with the Dean, establish expectations for research and service. The Chair counsels faculty members individually regarding the expectations for each one. Overall policies for faculty service and research are included in the department and school APT guidelines.

Some examples of ad hoc task forces include:

- As a result of the strategic planning retreat in July 2014, three education task forces were created; 1) undergraduate education; 2) accelerated MPH and 3) Methods courses.
- For departmental Academic Program Reviews, each department created a taskforce during the process.
- For the MPH core review, separate task forces were created for each of the major courses to review and revamp. The major outcome was combining two courses.
- For CEPH, the School created a writing task force.
- When we moved into the new building, the School had a "Next Day Committee".
- For planning in the new Science and Engineering Hall, the SEH building task force was created.
- When the MPH@GW and MHA@GW programs were created and launched, we had *ad hoc* teams work on curriculum and program.
- In response to emergent needs related to research issues, we developed:
    - SPH Conflict of Interest and Ethics Committee (Chaired by Dean Horn)
    - SPH Student IRB Liaison Working Group
    - SPH Global Research Task Force (led by Dean Horn)
    - SPH ORU Directors Committee (underway, led by Dean Horn)

In response to an uptick in student suicides/attempted suicides, the School led a University Mental Health Workgroup (working w/ leadership from Office of the Provost, Office of the President).

In response to the Ebola Crisis, a university-wide Ebola Work Group was created.

International Travel Protocol Work Group (GH faculty and staff with international experience coordinators from across the University).

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

The rights and responsibilities of faculty are covered under the GW Faculty Code: http://www.gwu.edu/~facsen/faculty_senate/pdf/2004Code.pdf

PH Bylaws: http://publichealth.gwu.edu/pdf/milken_faculty_bylaws.pdf

SPH Guidelines for Appointment, Promotion and Tenure are found here: http://publichealth.gwu.edu/pdf/milken_appointment_guidelines.pdf

Policies governing student rights and responsibilities can be found at:

SPH Student Handbook: http://publichealth.gwu.edu/pdf/Handbook.pdf

GW Code of Academic Integrity: https://studentconduct.gwu.edu/sites/studentconduct.gwu.edu/files/downloads/141003%20Code%20of%20Academic%20Integrity%20-%20Final.pdf

GW Guide to Students Rights and Responsibilities: https://studentconduct.gwu.edu/sites/studentconduct.gwu.edu/files/downloads/Guide%20to%20Student%20Rights%202011-2012%20-%20Final.pdf

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

SPH faculty members are actively engaged in the university community and governance. As such, many are members of formal university committees. Many serve on informal *ad hoc* university committees. Below is a list of faculty who hold membership on the University Senate and its committees. Senators are elected by SPH Faculty; committee members are selected by the Senate.

Table 1.5.d. SHP Representation on University Committees

SPH REPRESENTATION ON UNIVERSITY COMMITTEES		
YEAR	**COMMITTEE NAME**	**SPH FACULTY REPRESENTATIVE**
University Senate		
2015-16	UNIVERSITY FACULTY SENATE	Karen McDonnell (PCH)(Senator, Executive Committee) Rebecca Katz (HPM) (Senator) Rajiv Rimal (PCH)(Senator) Lynn Goldman (Dean)(Administrative Member)
2015-16	UNIVERSITY SENATE COMMITTEES	<u>Athletics and Recreation:</u> Mary Barron (EXNS) Beverly Westerman (EXNS) <u>Fiscal Planning and Budgeting</u>: James Tielsch (GH) <u>Honors and Academic Convocations</u> Leonard Friedman (HPM) <u>Professional Ethics and Academic Freedom</u> James Cawley (PCH) Kurt Darr (HPM) Joel Teitelbaum (HPM) Amita Vyas (PCH) <u>Research</u> Peter Shin (HPM) <u>Benefits Advisory Committee</u> Brian Biles (HPM) Jane Thorpe (HPM)

Table 1.5.d.: SPH REPRESENTATION ON UNIVERSITY COMMITTEES, (continued)		
Other University Committees		
2015-16	Council of Deans	Lynn Goldman (Dean)
2015-16	Council of Associate Deans	Julie DeLoia (Associate Dean for Academic Affairs)
2015-16	Council of Undergraduate Deans	Julie DeLoia (Associate Dean for Academic Affairs)
2015-16	Research Advisory Council	Kimberly Horn (Associate Dean for Research) Robert Burke (HPM) Leighton Ku (HPM) Melissa Perry (EOH) Olga Price (PCH)
2015-16	Institutional Biosafety Committee	Mimi Ghosh (Epi/Bio) Melissa Perry (EOH)
2015-16	GW HIPAA Compliance Committee	Melissa Goldstein (HPM)
2015-16	IRB	Melissa Goldstein (HPM) Larry Hamm (EXNS) Marsha Regenstein (HPM) Samuel Simmens (Epi/Bio))
2015-16	President's Advisory Council	Lynn Goldman (Dean)
2015-16	President's Benefits Task Force	Sara Rosenbaum (HPM)
2015-16	Center for Student Engagement	Melissa Napolitano (PCH)
2015-16	Graduate Enrollment Management Committee	Julie DeLoia (Associate Dean for Academic Affairs)
2015-16	Biostatistics Center Executive Committee	Kathleen Jablonski (Epi/Bio) Elizabeth Thom (Epi/Bio) Madeline Rice (Epi/Bio)
2015-16	Colonial Inauguration	Beverly Westerman (EXNS)
2015-16	VALOR	Julie DeLoia (Associate Dean for Academic Affairs)

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

See 1.5.a. for detailed information regarding student representation on Milken Institute SPH governance committees.

- Executive Advisory: President of SPH Public Health Student Association
- Curriculum: one student selected by SPH Public Health Student Association, non-voting
  - DrPH student on DrPH subcommittee
  - Undergraduate student on the BS-Public Health subcommittee
- Admissions: one student selected by SPH Public Health Student Association, non-voting
- Research: two doctoral students (one for PhD programs, one for DrPH programs) elected by the doctoral students, non-voting

In AY2014/15, the Public Health Student Association was granted "umbrella" authority for the School. As a result, our student fees now come back to our student organizations. Under the PHSA we currently have four sanctioned organizations: Global Health Network, Black Public Health Student Network, Health Policy Student Association and Health Services Management and Leadership Student Association.

A fifth organization, OUTREACH (Allied LGBT+) is currently in the process of being vetted. There is also a student liaison to all of the departments. These students attend monthly faculty meetings.

STUDENT-RUN ASSOCIATIONS:

Information about student organizations can be found at our website: *http://publichealth.gwu.edu/services/students/student-organizations*

- Public Health Student Association (PHSA): The official "umbrella" organization for the SPH students under the governance structure for the GW Student Association. PHSA has representatives from the other student associations as well as departmental representatives from programs that do not have their own associations. The PHSA organizes all efforts to elect student representatives to SPH committees at the school-wide, symposia and networking events.
- Delta Omega: GW's chapter of the national Public Health Honor Society
- Black Public Health Student Network (BPHSN): A Chapter of the Black Young Professionals' Public Health Network, the GW BPHSN promotes networking activities and enhances awareness of African American health issues.
- Epidemiology and Biostatistics Student Association: A private Linked-In group that connects current Epi-Bio Students and alumni.
- Health Policy Student Association: A networking group that promotes panels, workshops, social events and mentorship opportunities among our Health Policy students.
- Health Services Management and Leadership Student Association: Promotes student involvement, recognition, and representation in GW and the healthcare community, acts as a liaison between the MHA program and its students and increases increasing the interaction between the student body and leading healthcare players in Washington, D.C., and nearby.
- Society of Exercise Science Students: Via Facebook, connects Exercise Science students for internships, networking, and professional and social interactions.

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

This criterion is met.

Strengths:

- School administrators and faculty are actively engaged in university governance.
- The School has inclusive governing bodies, with student representation throughout.
- Governance documents are easily accessible to the School's entire community.
- SPH students are actively engaged and involved in School governance and in the development of their own independent initiatives.

Challenges:

- **None**

Future Plans:

- Potential addition of OUTREACH, as a formal student organization.

1.6 FISCAL RESOURCES. *THE SCHOOL SHALL HAVE FINANCIAL RESOURCES ADEQUATE TO FULFILL ITS STATED MISSION AND GOALS, AND ITS INSTRUCTIONAL, RESEARCH AND SERVICE OBJECTIVES.*

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

The SPH is a closed unit of the George Washington University (GW) as described in 1.3.c. This means the SPH manages all revenue and is responsible for all expenses. The School is required to cover any deficits and may build reserves with surpluses. The School pays a negotiated set of levies to the University for services provided by central GW offices. The School is also responsible for facilities payments for physical plant assets and rental properties. Additionally, the SPH creates and monitors its own budget each fiscal year which runs from July 1 – June 30.

1. Revenue

The SPH has several revenue streams including tuition and fees, indirect cost recovery, sponsored projects, pledges and gifts, fees for service, and endowment payout.

Tuition and Fees:

- Undergraduate Tuition – The tuition revenue for the School's undergraduates minus the Undergraduate Financial Aid Discount, which historically runs between 36% - 42%. The Discount is paid to and administered by the central Undergraduate Financial Aid office.
- Graduate Tuition – Tuition revenue for the School's graduate students. Scholarships are granted and administered by SPH and included in the revenue section.
- Tuition Redistribution – GW reimburses any teaching school 80% of tuition revenue for all students from outside their home school. For undergraduates, the Undergraduate Financial Aid Discount is applied and reported with Revenue. Historically SPH nets a significant portion of overall tuition revenue from redistribution.
- Distance Education – Tuition revenue from the School's on-line programs require significant infrastructure support from 2U, Inc. (2U).
- Application and Course Fees – These fees constitute an insignificant source of revenue for the school.

Indirect Cost Recovery

The SPH receives indirect cost recovery revenue from effort and other costs covered by sponsored projects. The amount of recovery on research projects funded by the Federal Government is tied to the rate allowed in the Colleges and Universities Rate Agreement negotiated by GW with the Department of Health and Human Services Division of Cost Allocation. The current agreement allows an indirect cost rate of 58.5% for On-Campus projects and a 26% rate for Off-Campus projects through 6/30/2015 and will be continued indefinitely after that period until amended.

The SPH has a mix of sponsors other than Federal Government agencies including foundations and other Non-Governmental Organizations (NGO) that do not pay full indirect rates. Additionally, some Federal Government awards do not pay full indirect rate for a variety of reasons. There is also a mix between On-Campus and Off-Campus projects. For these projects in FY2014 the effective blended rate was 15.7%.

Sponsored Projects

The SPH has a portfolio of sponsored projects with federal government agencies, state and city governments, other educational institutions, foundations, NGO's, and corporations. Each dollar of direct expense is recognized as a dollar of revenue. Direct expenses are incurred for salaries, fringe benefits, purchased services, sub-contracts, and other expense categories.

The Office of the Vice President for Research (OVPR) and the Grants and Contract Accounting Services (GCAS) jointly administer sponsored projects at GW. Revenue generated by each of the schools, including SPH, is credited to that school. Indirect Cost Recovery Funds (see above) collected on SPH awards are also credited to the School.

Pledges and Gifts

The SPH solicits and accepts pledges and gifts for the benefit of the School. Pledges and gifts are either unrestricted, which allows the School to spend the proceeds as wished, or restricted, in which case the School must spend the proceeds in the manner set forth in the gift agreement.

Fees for Service

SPH generates a small amount of revenue annually from fees for service. This revenue is generally generated by faculty members who perform services in their role as faculty for another entity.

Endowment Payout

The University manages the endowments of all Schools centrally. The corpus of endowments that benefit the SPH are used to purchase units in the central endowment. Payouts are made on a per unit basis. In the last decade, payouts have averaged approximately 5% of the market value of the endowment.

Payouts are drawn down either periodically (monthly) or in full at the end of the fiscal year. The School provides evidence to the central endowment department that the expenses being reimbursed fulfill the purpose of the endowment as set forth in the endowment agreement. No such documentation is required for unrestricted endowments.

2. Expenditures

Expenditures are posted to the main GW general ledger accounting system (Oracle) from a variety of sources. Payroll dates, cost center distribution information, and other employee data are housed in the Banner system. Each pay period the appropriate charges are uploaded to the Oracle system and charged to the appropriate cost center.

Charges that are incurred through the use of a University-issued procurement card and personal credit cards (reimbursements) are input to the Concur system along with supporting documentation and are posted to the appropriate organizations and cost center after the proper reviews and approvals have been completed.

The University also has a simplified procurement system for office supplies, laboratory supplies, desk top computers, and other classes of products that it maintains. Departments initiate requests for baskets of products from vendors that are in the system. The orders are sent electronically through an approval chain and transmitted to the vendor. The organization and account to be charged are assigned at the time of initiation.

Sub-contracts and large procurements generally must be documented by a written agreement that sets forth the responsibilities of the parties. The agreements are reviewed by the Office of the General Counsel (OGC) who may modify them as necessary to properly follow the policies and procedures of the University. The OGC reviewer determines the approval process for each agreement, which may include the Dean, the Executive Vice President and Treasurer, and the Provost. Invoices need to be supported by and consistent with the agreement.

There are additional company-specific uploads for paying companies such as Federal Express, UPS, and utility companies.

Expenditures for services provided by other University departments that are not part of the regular allocation process described below are charged to an expense account through either a Service Level Agreement (SLA) or journal entries. Conversely if SPH provides a service to another University school or department, it is credited to an expense account through a journal entry (as opposed to a revenue account). SLA's and journal entries require the approval of all parties.

3. Organization Structure

The SPH has two distinct types of departments to serve its needs; academic departments and infrastructure departments.

Academic Departments

SPH's six academic departments each have a unique identifier in the accounting system that includes the organization number and the fund type. The main fund type for each department is called the C-Fund. The following example is of a unique identifier ** 872511-C100001 ** where 872511 represents the Department of Global Health and C100001 represents their C-Fund. The C-Fund generally holds the main budget for the department and is closed out at the end of each fiscal year. The department may have an additional C-Fund if it has an Institute or Center related to it.

The departments also have an R-Fund, which in essence serves as a savings account for the departments. These balances rollover from fiscal year to fiscal year. The money in the R-Funds come from several different sources, including the Dean's Office, outside payments for services, transfers from other departments or schools, and residual transfers for fixed price sponsored projects that were not spent out. There may also be additional R-Funds funded by internal or external sources to perform a specific project. These funds may be assigned to a departmental organization or to a Dean's Office organization (infrastructure).

Infrastructure Organizations

Infrastructure Organizations are generally within the Dean's Office. These organizations have a C-Fund that holds the budget for their current operations. As is the case with departments (and their C-Funds), they close out at the end of each fiscal year.

There are several program groups, such as the Doctoral Programs, Undergraduate Education and the online programs, which require resources across both the academic and infrastructure departments and therefore have their own C-Funds in order to properly assign the appropriate expenses.

Infrastructure organizations may also have R-Funds funded by internal or external sources to perform a specific project or for holding current gifts whether restricted or unrestricted.

4. Budget Process

The School budgets on an annual basis. The fiscal year begins on July 1 and ends on June 30 of each year. The budget process starts in December of the previous fiscal year. Instructions are given to department chairs and administrative managers relating to budget priorities and formats.

All department chairs, administrative managers, and deans present their draft budgets for the next year at a budget hearing held in January. They are asked to highlight requests for additional resources and also cost savings relative to the current year's budget.

The Dean convenes a group to review the draft proposals and makes resource allotment decisions based on expected revenues and other incoming resources. The departments are notified of the results of the review in February.

The administrative managers supervise the input of the budget review into the GW budget tool, McBud, which is an Access database maintained by the Comptroller's Office. After the budget has been entered, the Finance Director balances revenue and expenses to ensure the school's resources are neither under or over pledged. Invariably there need to be adjustments that often include changes in some department's resources. Meetings are held to communicate cuts or add-ons as necessary.

After the budget is balanced, finalized, and approved by the Dean, the McBud file is used by the Comptroller's and Budget Office for presentation to the Board of Trustees. After final approval by the Board of Trustees, the file is uploaded to the Oracle General Ledger.

Changes are expected in a number of these processes in planning for AY2017. Because the GW Board of Trustees is now requesting that budgets be developed earlier in the cycle, the SPH process will begin 3 months earlier. Additionally, GW is transitioning to the use of a new budgeting tool to replace McBud.

5. Allocations

The School receives many services from other entities at the George Washington University. These services are generally governed by a written agreement. Recurring journal entries are prepared that charge the school on a monthly basis.

The following services are provided by other entities within the University:

- Research Administration (OVPR and GCAS)
- Himmelfarb Library (cost is shared with the School of Medicine and the School of Nursing)
- Central University Services (all services not separately negotiated)
- Division of Information Technology
- Housekeeping
- Police Department
- Wet Laboratory Occupancy (School of Medicine)
- Off-Site Leases (Office of the Executive Vice President and Treasurer)
- Academic Technologies

These agreements are negotiated on an annual basis.

1.6.b. A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories. This information must be presented in a table format appropriate to the school. See Template 1.6.1.

The major sources of revenue for the School include tuition and fees, research, and philanthropy. Over the past three years all of these categories of revenue have grown significantly. Tuition revenue has been bolstered by the launch of two online/hybrid programs; the MPH@GW and the MHA@GW. Hiring an Associate Dean for Research has enabled faculty and staff development, as well as support systems for submitting and tracking grants. Finally, with the separation of the School from the Medical Center,

the School was able to build its own development staff, focused on fund raising specifically for the School.

Major categories of expenditures include support to the central University functions, faculty and staff salaries, building operations, contract obligations and student scholarship/aid.

This CEPH Data Template below is also available **in** ***ERF 1.6.1.: CEPH Data Template 1.6.1 Sources of Funds and Expenditures***

Template 1.6.1 Sources of Funds and Expenditures by Major Category, Fiscal Year 2010 (7/1/09 - 6/30/10) to Fiscal Year 2014 (7/1/13 - 6/30/14)

Source of Funds	FY2010	FY2011	FY2012	FY2013	FY2014
Tuition & Fees	30,624,617	32,547,223	34,658,163	35,349,364	38,991,730
State Appropriation	-	-	-	-	-
University Funds	-	-	-	-	-
Grants/Contracts	74,497,620	63,432,984	64,923,309	71,216,161	95,603,177
Indirect Cost Recovery[1]	3,767,348	4,079,423	4,600,120	4,826,520	5,264,656
Endowment	600,703	727,186	709,258	733,420	1,195,242
Gifts	166,693	259,241	172,854	307,776	427,086
Other - Various Funding for Meetings, Conferences, and	339,642	1,220,766	999,389	1,162,130	867,093
Total:	109,996,623	102,266,823	106,063,093	113,595,371	142,348,984

Expenditures	FY2010	FY2011	FY2012	FY2013	FY2014
Faculty Salary & Benefits	10,710,357	11,341,390	14,298,835	16,937,040	18,343,503
Staff Salaries & Benefits	3,033,444	3,131,168	4,557,142	6,720,592	8,050,783
Operations[2]	4,624,507	4,002,515	4,704,413	6,353,255	9,852,699
Travel	655,009	647,636	576,171	793,023	609,045
Student Support	5,936,918	6,080,075	6,974,332	7,439,473	7,772,486
University Tax[3]	11,678,610	12,966,067	8,566,789	6,737,747	7,488,570
University Central Services	*$795,679*	*$800,313*	*$1,019,252*	*$1,049,830*	*$1,081,325*
Occupancy Costs - Ross Hall	*$975,853*	*$684,450*	*$352,357*	*$126,783*	*$146,424*
Indirect Cost Recovery	*$3,774,848*	*$4,079,423*	*$0*	*$0*	*$0*
University Margin	*$319,110*	*$1,328,218*	*$0*	*$0*	*$0*
Himmelfarb Library	*$3,139,085*	*$3,290,469*	*$3,269,016*	*$3,269,807*	*$3,495,143*
Other Medical Center Services	*$2,674,035*	*$2,783,194*	*$2,334,408*	*$491,327*	*$540,849*
Research Administration	*$0*	*$0*	*$1,591,756*	*$1,800,000*	*$2,224,829*
Other - Support and Investment[4]	(1,139,843)	664,989	1,462,103	(2,601,920)	(5,371,279)
Other - Research Expenditures	74,497,620	63,432,984	64,923,309	71,216,161	95,603,177
Total:	109,996,622	102,266,824	106,063,094	113,595,371	142,348,984

[1] In FY2010 and FY2011 the school did not have control over the Indirect Cost Recovery Revenue and did not derive significant benefit so it is being classified as a University Tax.

[2]Operations includes: purchase services, indepartmental assessments, equipment & supplies, occupancy, communications, etc.

[3] FY2010 Himmelfarb Library and Other Medical Center Services are estimates but the total equals the overall Medical Center allocation.

[4]See Support & Investment Schedule in Criteria 1.6.d.

1.6.c. If the school is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget.

Not Applicable.

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

The departments in the school are largely responsible for admissions and teaching which makes their annual departmental budget request a critical element in achieving resource adequacy. In addition to assessing the correct amount of full time faculty necessary to teach, they must also quantify the level of research effort expected from full -time faculty, the amount of administrative support for teaching, research, and service, the need for adjunct faculty, and the amount of student assistance required. During the course of the budget process, the school administration reviews the department's submission and negotiates the final budgets for each.

As part of the performance review process the school holds quarterly reviews to assess the performance of each department in relation to its budget. The departments may be required to fund overages from the department R-Fund at the discretion of the Dean.

The budget and performance of the non-academic departments are regularly monitored by the Finance Director. Overages are flagged and the appropriate director or manager provides justifications to the Finance Office. Any consequences are implemented at the discretion of the Dean.

The overall budget is the most significant monitoring tool for the school. The Finance Office provides quarterly forecasts based on actual revenues and expenses. These forecasts are submitted to the University Office of the Vice President and Treasurer to be rolled into an overall University forecast that is presented to the Board of Trustees.

The most significant single metric for the school going forward is the reserve balance of funds not committed to capital projects. The following chart shows this balance for the last five years.

Table 1.6.d.1: Support and Investment

	FY2010	FY2011	FY2012	FY2013	FY2014
Other Entity Transfer In/(Out)	$83,559	($158,673)	($13,515)	$286,155	$273,275
Grant Residual Transfers	$238,504	$567,278	$325,406	$250,447	$486,695
Reserve Transfer In/(Out)	$817,780	($1,000,000)	($1,675,209)	$2,065,318	$4,611,310
Misc. Transfers In/(Out)	$0	($73,594)	($98,785)	$0	$0
Total	$1,139,843	($664,989)	($1,462,103)	$2,601,920	$5,371,279

Reserve Analysis

	FY2010	FY2011	FY2012	FY2013	FY2014
Opening Balance	$5,865,407	$5,047,627	$6,047,627	$7,722,836	$5,657,518
Operations In/(Out)	($817,780)	$1,000,000	$1,675,209	($2,065,318)	($4,611,310)
Gifts	$0	$0	$0	$0	$5,448,572
Misc Transfers In/(Out)	$0	$0	$0	$0	$0
End Balance	$5,047,627	$6,047,627	$7,722,836	$5,657,518	$6,494,780

The Reserve increases and decreases are based on results of operations. Reserves are used when there is a deficit, and conversely when there is a surplus, those funds are added to reserves. Additionally large gifts are kept in Reserves. (For example part of the Milken gift hit in FY2014 and appears under 'gifts'.)

Additional metrics that the school uses to assess resources include:

- Faculty productivity (Research Attainment)
- Research staff productivity (Research Attainment)
- Student to Faculty FTE ratio
- Research revenue attainment
- Indirect Cost Recovery revenue attainment
- Development Attainment
- Admission Goals by department

Table 1.6.d.2.: Outcome Measures for Fiscal Resource Adequacy

Outcome Measure	Target	AY2012/13	AY2013/14	AY2014/15
Percent of expenditures derived from grants and contracts	**50%**	48%	50%	52%
Percent of tuition revenue provided as scholarship support from operating funds.	**9%**	5.7%	6.3%	9.2%
Average percent of faculty salary coverage through funded projects.	**40%**	NA*	39.2%	38.3%
Indirect cost recovery.	**$5.5M**	$4,600,120	$4,820,334	$5,264,656

* This report is not available for AY2012/13.

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

This criterion is met.

Strengths:

- Financial results are more readily available than results related to "per student" type metrics.
- The school has autonomy in developing new initiatives, which provides more agility.
- Quick identification of underperformance on admission goals.
- Quick identification of underperformance on research goals.
- Flexibility to repurpose resources.

Weaknesses:

- Because the GW accounting system is separate from the admissions and payroll system there can be difficulty developing new metrics to meet new needs.
- The school needs to develop more advanced metrics in order to identify potential financial weaknesses as early as possible.

Future plans:

- A new budget tool is being purchased during the next fiscal year, according to current scheduling. It will allow a dramatic improvement in the ability to access data from the accounting system.
- Various Dashboards by position (e.g. Finance Director, Dean, etc.) are currently being tested and are expected to be fully operational over the next fiscal year.

1.7 FACULTY AND OTHER RESOURCES. *THE SCHOOL SHALL HAVE PERSONNEL AND OTHER RESOURCES ADEQUATE TO FULFILL ITS STATED MISSION AND GOALS, AND ITS INSTRUCTIONAL, RESEARCH AND SERVICE OBJECTIVES.*

1.7.a A concise statement or chart defining the number (headcount) of primary faculty in each of the five core public health knowledge areas employed by the school for each of the last three years. If the school is a collaborative one, sponsored by two or more institutions, the statement or chart must include the number of faculty from each of the participating institutions. See CEPH Data Template 1.7.1.

Table 1.7.a- CEPH Data Template 1.7.1 Primary Faculty by Core Knowledge Area

Department	AY 2013-14	AY 2014-15	AY 2015-16
EOH	11	11	12
Epi/Bio	30	30	31
EXNS	10	11	13
GH	17	18	17
HP	38	*N/A*	*N/A*
HSML	8	*N/A*	*N/A*
HPM[1]	*N/A*	45	38
PCH	25	23	24
TOTAL	**139**	**138**	**135**

[1]*The Departments of Health Policy (HP) and Health Services Management & Leadership (HSML) merged into one department called Health Policy Management (HPM) in AY 2014-15. N/A indicates no data available during these periods before, and then after, the merger. Does not include one LOA in EOH Department.*

1.7.b. A table delineating the number of faculty, students and SFRs, organized by department or specialty area, or other organizational unit as appropriate to the school, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2).

CEPH Data Template 1.7.2 Student Faculty Ratios by Department

Fall 2015

	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
EOH	12	11.1	10	0.3	22	11.4	59	41.3	3.7	3.6
Epi/Bio	31	30.5	15	0.9	46	31.4	166	140.7	4.6	4.5
EXNS	13	12.8	47	8.9	60	21.7	182	171.3	13.4	7.9
GH	17	14.3	9	0.7	26	15.0	113	70.3	4.9	4.7
HPM	38	34.0	47	6.3	85	40.2	331	237.5	7.0	5.9
PCH	24	23.2	35	2.6	59	25.8	169	135.3	5.8	5.3
MPH@GW	22	14.9	84	16.7	106	31.6	702	421.9	28.3	13.4
BS, PH	9	2.7	4	0.8	13	3.4	61	61.0	23.0	17.9
SPH TOTALS	**135**	**125.8**	**163**	**19.6**	**298**	**145.5**	**1783**	**1279.3**	**10.2**	**8.8**

Data collected from 2015 fall faculty data and 2015 fall student census. Does not include faculty on LOA. One additional student (.33 FTE) can be counted toward total student headcount (1784)- a Certificate in PH student who does not fit into any specific department.

Fall 2014

	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
EOH	11	10.1	16	1.2	27	11.3	61	46.1	4.6	4.1
Epi/Bio	30	30.0	20	1.6	50	31.6	179	135.9	4.5	4.3
EXNS	11	11.0	42	7.9	53	18.9	181	169.7	15.4	9.0
GH	18	13.9	10	1.6	28	15.5	117	83.1	6.0	5.4
HPM*	45	40.0	16	4.2	61	44.1	258	196.7	4.9	4.5
PCH	23	20.6	24	2.0	47	22.5	165	130.9	6.4	5.8
MPH@GW	18	14.6	52	10.5	70	25.1	399	240.9	16.5	9.6
BS, PH	8	2.4	4	0.9	12	3.3	68	67.4	28.7	20.7
SPH TOTALS	**138**	**125.5**	**128**	**18.3**	**266**	**143.9**	**1428**	**1070.7**	**8.5**	**7.4**

Data collected from 2014 fall faculty data and 2014 fall student census. Does not include faculty on LOA.

Fall 2013

	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
EOH	11	11.0	7	0.5	18	11.5	61	41.6	3.8	3.6
Epi/Bio	30	30.1	7	0.7	37	30.8	180	137.8	4.6	4.5
EXNS	10	10.0	45	8.5	55	18.5	175	166.6	16.7	9.0
GH	17	15.0	4	0.5	21	15.5	150	107.4	7.2	6.9
HPM	38	33.1	15	4.0	53	37.1	145	106.1	3.2	2.9
HSML	8	6.8	3	0.7	11	7.5	85	67.4	9.9	9.0
PCH	25	23.4	15	2.3	40	25.7	193	157.8	6.7	6.1
MPH@GW	11	6.8	15	1.8	26	8.5	107	67.4	10.0	7.9
BS, PH	8	2.4	6	1.2	14	3.6	60	60.0	25.5	16.9
SPH TOTALS	**139**	**129.4**	**96**	**17.1**	**235**	**146.5**	**1156**	**912.2**	**7.0**	**6.2**

Data collected from 2013 fall faculty data and 2013 fall student census. Does not include Faculty on LOA.

NOTE: *The MPH@GW and BS, PH faculty headcount and FTE's are NOT included in the SPH Totals because these faculty are appointed to specific departments and therefore are already counted in the department totals. The purpose of showing MPHW@GW and BS, PH as separate line items is to account specifically for the Student Faculty Ratio for these distinct programs.*

**** 2014-15:*** *Departments of Health Policy and Health Services Management & Leadership have merged to Health Policy & Management*

LEGEND: **HC**= *Headcount* **FTE**= Full time Equivalent **SFR** = *Student/Faculty Ratio* **LOA** = *Leave of Absence*

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

The SPH has 187 staff members, with over 52% employed in research or research support functions within the individual units.

Table 1.7.c Staff Headcount

	HEADCOUNT		FTE	
UNIT	**Research**	**Other**	**Research**	**Other**
EOH	6	6	6.0	6.0
EPI/BIO	23	7	22.2	6.8
EXNS	2	4	1.5	4.0
GH	2	4	2.0	3.5
HPM	34	15	33.5	15.0
PCH	17	11	16.7	10.9
Dean's Office/Operations[1]				
Communications/Marketing	0	7	0	7.0
Development	0	1	0	1.0
Operations/Dean's Office	0	12	0	12.0
Admissions/Student Affairs	0	13	0	12.6
Technology	0	6	0	6.0
Research	0	4	0	4.0
Distance Education	0	4	0	4.0
OVERALL TOTAL	**84**	**94**	**81.9**	**92.8**

Data from GW Human Resources Information System (HRIS) as of September 2015.

[1]Seven units shown here roll up to Dean's Office/Operations

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

The SPH currently operates in three locations on the Foggy Bottom campus and on the GW Ashburn campus in Virginia. The majority of the faculty and staff and the teaching and study spaces are located at the main building at 950 New Hampshire Ave. Additionally, almost 100 faculty, staff and research personnel are located at 2175 K Street, 200 steps from the main building. In addition there are four wet laboratories located on 23rd Street at Ross Hall in the Medical School (also close to the main building). Further afield, there is an exercise science laboratory at the GW Virginia campus in Ashburn, Virginia. We are in the final planning stages to build out 30,818 feet^2 of wet laboratory, research, teaching and office space in the new GW Science and Engineering Hall located at 22nd and I street. Occupancy is planned for late July 2016.

The School of Public Health Building

The SPH had a unique opportunity to create a building that would embody our values in the heart of Washington DC. The overall plan was to create a physical environment that would embody our commitment to inclusion throughout all eight floors of the new 115,000 feet^2 building. The building offers technologically advanced classrooms, laboratories for the EXNS department, athletic and yoga studios, offices, study areas, four auditoriums and a state of the art convening center, all designed with healthy and environmentally sustainable features throughout. Faculty and staff began occupancy in the spring of 2014, with classes in the new building beginning in the 2014 summer semester.

Within the building, there are 8,200 feet^2 dedicated to classrooms and interactive learning, with another 10,500 feet^2 dedicated to auditoriums for more lecture-style classes. The convening center can be partitioned into four distinct rooms with full audio visual technology capability. These can be used for educational purposes or as locations for health conferences for external public health audiences and community civic activities.

The building has 122 offices, 148 cubicle work stations, six conference rooms, 18 classrooms ranging in size from 20 to 50 student capacity. The main auditorium on the first floor holds 220 people while two on the lower floor have 97 and 102 seat capacity. The seventh floor is the location of the fourth large executive case-study room seating 75.

Furniture in the classrooms is conducive to interactive learning, with movable chairs and easy-to-use AV technology, providing an inspiring learning and teaching environment for students and faculty alike.

Opportunities for collaboration among students and faculty are evident throughout the building, highlighted by the student lounges with flexible furniture and white boards on every floor. Included in the building are:

- automated wheel chair accessible bathrooms and office suites on two floors;
- a transgender bathroom;
- a mother's room with a refrigerator;
- an abundance of private and public spaces for students to work together or individually, meditate or pray;
- kitchens for students on three separate floors, with refrigerators and microwaves so that students have the option of bringing, storing and preparing their own food. The school also has vending machines that only sell healthy food and snacks, the first of their kind on the campus and already popular with students as well as faculty and staff and;
- Over 400 lockers for students to have space to use each semester to keep personal items/ classroom supplies.

2175 K Street:

The SPH occupies 7,644 feet^2 on the second floor and 12,056 feet^2 on the fifth floor. The second floor houses the School's development, communications, project management, events and IT staff, in addition to eight research staff dedicated to the Prevention and Community Health Program. The fifth floor houses Health Policy and Management faculty and research staff.

Ross Hall in the GW Medical School:

The Milken Institute currently operates four wet laboratories under a shared service agreement with the medical school. These laboratories are approximately 4,000 feet^2 and are described in Criteria 1.7.e.

Virginia Science & Technology Campus:

The Department of Exercise and Nutrition Sciences houses a physiology laboratory at the Virginia Campus in Ashburn.

GW Science and Engineering Hall:

In July 2016, the School will occupy the 7th floor of the new Science and Engineering Hall. This 30,818 feet^2 space will include 15,260 feet^2 research laboratory space, a 3,002 feet^2 public health teaching laboratory, 26 private offices, 90 open workstations, 3 conference rooms, a 1,422 feet^2 BSL-level 3 laboratory and common space.

For more information, see ***ERF 1.7.d. Additional Facilities Information and Science and Engineering Hall***.

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

The SPH now occupies significant state-of-the-art laboratory space for the following groups and more is under construction:

950 New Hampshire Avenue Building (Foggy Bottom)-Department of Exercise & Nutrition Sciences (3,159 total feet^2*):*

- Exercise Physiology Teaching Laboratory (400 feet^2)
- Exercise Physiology & Metabolism Laboratory (441 feet^2)
- Exercise & Nutritional Biochemistry Laboratory (310 feet^2)
- Anatomy & Physiology (A&P) Teaching Laboratory (491 feet^2)
- Prevention, Assessment, Care & Treatment Laboratory (657 feet^2)
- Body Composition Laboratory (354 feet^2)
- Exercise & Nutrition Sciences Laboratory (506 feet^2)

Additionally, two large exercise rooms (1,375 & 1,079 feet^2) and a yoga studio (639 feet^2) are on the basement level of our main building.

Ross Hall (Foggy Bottom) (~4,000 total feet^2*):*

- *Department of Environmental & Occupational Health: Environmental Health- Laboratory & office space -M. Perry* (794 feet^2)
- *Department of Environmental & Occupational Health: Antibiotic Resistance Action Center- L. Price (700* feet^2)
- *Department of Epidemiology & Biostatistics: Public Health Immunology-Laboratory- M. Ghosh (472* feet^2*)*
- *Department of Epidemiology & Biostatistics: Public Health Microbiology-Laboratory & equipment room-J. Jordan (1,820* feet^2*)*

VSTC (Ashburn, Virginia):

- GW Weight Management and Human Performance Laboratory (3,000 feet^2)

Science and Engineering Hall (SEH)- 7th floor-Occupancy scheduled for June 2016 (all Ross Hall Laboratories will move to this new space):

- Research and Laboratory support (15,260 feet^2*)*
- Teaching and Laboratory support-(3,002 feet^2*)*
- Private offices- 26 *(3,156* feet^2*)*
- Open workstations- 90 *(3,269* feet^2*)*
- Common space (meeting and break areas)

For details on space planned in the Science & Engineering Hall, see ***ERF: 1.7.e.: Science & Engineering Hall***

Complete information about the SPH laboratory space is included in the ***ERF 1.7.e.: Laboratory Space***.

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

The GW Division of Information Technology provides computing, information, and network services to the entire campus community. A campus-wide network for data, voice, and video communication provides phones, data, and video connectivity for students, faculty, and staff. The University also provides many services for faculty, staff, and students, such as cloud-based email, calendaring, and document management from Google and Microsoft, and wireless network access covering nearly 100 percent of all George Washington University's campus locations. In addition, the GW Academic Technologies Division oversees the conference rooms and classroom technologies in Milken Institute SPH Building in conjunction with support from the SPH Information Technology Department. The rooms are equipped with AV systems that include a computer, projector/digital displays and sound systems. There is also access to a lecture capture system and Blackboard. There are several computing laboratory spaces that are available to students both in the GW Himmelfarb library and in the Milken Institute SPH building

itself. Licensed software freely available to faculty, students and staff through George Washington University includes: Microsoft Office 2010, Adobe Acrobat, EndNote, SPSS, and Symantec Endpoint Protection anti-virus software.

Every full-time faculty, administration and clerical staff member has a University computer personally assigned to him or her, which is routinely upgraded with current technology. Each unit is maintained by The Milken Institute School of Public Health IT staff. Faculty members have the option of selecting the type of computer (laptop or desktop) and features best suited to their teaching, administrative and research needs.

The SPH has established a state-of-the-art infrastructure to fulfill the research needs of our faculty, research staff and their students as it relates to high-speed data analysis, data storage, and collaborative data sharing. This service is customized for SPH researchers and provides a comprehensive suite of analytical software applications and a secure centrally managed, cloud-based data storage service. Researchers, including graduate students and post-doctoral fellows, may use the system to (a) store and preserve their research data for future research and "training" sets for students; (b) work with both small and large-scale research datasets, and (c) collaborate more effectively on research with colleagues and students across departments and other schools.

For research needs that use high-performance computing for data analysis, there is a shared high-performance computing cluster named Colonial One, which is implemented and managed by professional staff in the Research Services Group within the GW Division of Information Technology, Colonial One is housed in the GW's enterprise-class datacenter that is located on the Virginia Science and Technology Campus. The datacenter features professional IT management by GW's central Division of IT, including 24-hour on-premise and remote environment monitoring with hourly staff walk-throughs; redundant power distribution including UPS (battery) and generator backup; redundant cooling systems utilizing a dedicated chilled water plant and a glycol refrigeration system; and direct network connectivity to GW's robust 100 Gigabit fiber optic network.

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

Collections

The George Washington University's extensive library collections are housed in the Melvin Gelman Library, the general academic library (http://library.gwu.edu/), the Jacob Burns Law Library (http://www.law.gwu.edu/Library/Pages/Default.aspx), the Paul Himmelfarb Health Sciences Library (http://himmelfarb.gwu.edu/), the Eckles Memorial Library on the Mount Vernon campus (http://library.gwu.edu/eckles), and the Virginia Science and Technology Campus Library (https://virginia.gwu.edu/library). These collections contain over 2 million volumes and over 20,000 serials and provide an extensive collection of general and specific volumes, periodicals, and papers in

health services administration, health policy, business, medical care, economics, operations research, law, human resources management, statistics, and basic sciences. All are important to the SPH and are readily accessible to students and faculty.

The Himmelfarb Health Sciences Library, the primary library for the SPH, is located in Ross Hall, one block from the school's new building, and also serves the School of Medicine and Health Sciences and School of Nursing. The Library currently provides electronic access to over 3,031 textbooks, 3,926 journals, and 100 major databases. Himmelfarb provides extensive on-site access to online, print and audiovisual collections, as well as access to computers and study areas. The Library's print collections include approximately 100,000 volumes, selected print journals for browsing, and access to extensive journal back files. Over the past two years, monographic holdings in public health subject areas were extensively reviewed and expanded. The Library's audiovisual collections include more than 400 current DVD and CD titles as well as applications software for word processing, publishing, spreadsheets, databases, and reference management and dozens of specialized software titles focused on medicine, the health sciences, public health, and statistical analysis. Key health sciences databases include MEDLINE, SCOPUS, Global Health, and Health Policy Reference Center. Students also have access to major interdisciplinary databases such as Business Source Complete, ABI/Inform Complete, and Academic Search Premier. The library provides electronic journals directly from publishers or through a vendor such as ABI/Inform, Clinical Key, Ovid, or LexisNexis. The full-text of electronic journals can be accessed from the library catalog, the e-journals page (http://ck8gh5qu6z.search.serialssolutions.com/), and via links within databases. The library uses the Libguides system to organize subject- and class-specific resources for students (http://libguides.gwumc.edu/guides). There are 92 subject guides available for public health areas of focus such as health leadership and management, health information technology, epidemiology, health statistics, long-term care, health care quality, health policy, and health economics. General study guides on topics such as citation styles and reference management are also available. The Himmelfarb librarians schedule periodic events to orient students and faculty to their resources and services.

The entire Himmelfarb collection can be searched using a web-friendly online catalog: (http://catalog.himmelfarb.gwu.edu/iii/encore/;jsessionid=85DC7B0167E482E38E091A0C59125359?lang=eng). All electronic resources are accessible through the Library's home page at himmelfarb.gwu.edu from both on and off-campus through secure links. Faculty members are regularly surveyed for input on the collection-- most recently in spring 2013. There are also radio buttons entitled, *Request Library Purchase,* throughout the library's web page seeking patron input. A number of key resources are also available for mobile devices and can be downloaded through "the App Shelf" at http://himmelfarb.gwu.edu/apps/.

Off-campus access to electronic resources is available for all students and faculty members in one of three ways: 1) GW Virtual Private Network (VPN). The VPN is available to anyone with a login and password for the University e-mail system. It is maintained by the University's Division of Information Technology. 2) WRLC Library Services gateway—the proxy service provided by the Washington Area

Research Library consortium to its nine members. Faculty, staff and students access this service using their GWID number (a unique University identification number). 3) EZ Proxy—a subscription proxy service with passwords created by the Library. This last service is used primarily for faculty members with appointments who have not yet been fully processed by the University for access through the VPN or WRLC Library Services. All 3 systems have proved reliable and provide a certain amount of needed redundancy. Directions and tutorials for using these systems are available on the Library's web page.

For additional information about the General Library Services, Computing Support and Access to Services Beyond the Library see ***ERF 1.7.g.: Library Resources***.

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

Biostatistics Center: http://www.bsc.gwu.edu/bsc/index.php

Note: The Center, currently under OVPR, houses SPH faculty and is in transition to move administratively to the SPH. Most faculty are members of Milken Institute SPH Epi/Bio; grants are through the SPH.

University Student Affairs: http://students.gwu.edu/gw-student-affairs-departments

Includes University Center for Career Services, University Counseling Center, Student Health Services, International Services Office, etc.

University Writing Center: http://students.gwu.edu/career-services

Compliance Training and Skillport Online Learning: http://ode.hr.gwu.edu/online-learning

Disability Support Services- http://disabilitysupport.gwu.edu/

University Human Resources: http://hr.gwu.edu/

SPH Resources for Faculty: http://publichealth.gwu.edu/services/faculty

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

Table 1.7.i.: Assessment of Faculty and Other Resource Adequacy

Outcome Measure	Target	AY2013/14	AY2014/15	AY2015/16
Student to faculty ratio	**<10**	7.0 SFR (primary faculty) 6.2 SFR (total faculty)	8.5 SFR (primary faculty) 7.4 SFR (total faculty)	10.2 SFR (primary faculty) 8.8 SFR (total faculty)
Percent of undergraduate students satisfied or very satisfied with space	**Classroom – 90%** **Laboratory – 90%**	67% 58%	94% 95%	Data not yet available
Available Classroom space (% utilization for fall term)	**70%**	N/A (no building)	40%	43%
Percent of undergraduate students who are satisfied or very satisfied with library services	**90%**	88%	89%	Data not yet available*
Percent of undergraduates satisfied or very satisfied with career counseling services	**90%**	86%	81%	Data not yet available*
Percent of graduate students satisfied or very satisfied with career counseling services	**80%**	60%	58%	Data not yet available*
Percent of graduate students who use career counseling services	**80%**	54%	64%	Data not yet available*

* This data is generally available late November – early December.

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

This criterion is met.

Strengths:

- Growth in faculty numbers and expertise.
- Occupy own building for the first time ever.
- Student:Faculty ratio supports high level of engaged learning.

Challenges:

- Growth in School still necessitates a few additional locations, even after opening the new building.

Future Plans:

- Develop and complete build-out of laboratories and offices in the Science and Engineering Hall.

1.8 DIVERSITY. *THE SCHOOL SHALL DEMONSTRATE A COMMITMENT TO DIVERSITY AND SHALL EVIDENCE AN ONGOING PRACTICE OF CULTURAL COMPETENCE IN LEARNING, RESEARCH AND SERVICE PRACTICES.*

1.8.a. A written plan and/or policies demonstrating systematic incorporation of diversity within the school. Required elements include the following:

i. Description of the school's under-represented populations, including a rationale for the designation.

The School follows the NIH guidelines regarding under-represented populations (URP), as well as those of the U.S. Office of Management and Budget. Racial/ethnic categories we track include American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Hispanic/Latino origin, African American/Black, Asian, and White. Except for "white," we consider all of these groups to be under-represented. These designations were chosen to help support applications for external funding and for ease of comparing how we are doing relative to other schools of public health and within our geographic area. We would like to track and support student diversity regarding socioeconomic background. However, to date, this has not been feasible since the School itself has not processed financial aid applications. We are seeking to obtain this information now that we have financial aid staff within the School. To help inform our diversity targets, we consider data from other Schools of Public Health and U.S. Census data for our region.

In comparison to other schools of public health, SPH has a lower than average representation for students and faculty of Hispanic origin. The percent of faculty of Asian origin is lower than other schools of public health, but higher than national and regional census data. The School's representation of African American students, faculty and staff all exceed the averages compared to other schools of public health. Representation of African Americans holding staff positions is lower than the regional level percentages, and as such, is an area of focus for us.

In addition to the above categories, we also track military status of students. GW wishes to be at the forefront of support for active and retired military. Both the University and School are proud sponsors of the Yellow Ribbon Program. In addition, the University has an Office of Military and Veteran Student Services (http://services.military.gwu.edu/), under the recently created (April 2013) position of Associate Provost for Military and Veterans Affairs (held by Vice Admiral [ret.] Melvin Williams, Jr). Since Admiral Williams' arrival, the University has bolstered its commitment to military and veterans, and as a consequence, we have been able to recruit more students with military backgrounds.

Table: 1.8.a.i.: Military status of enrolled students in the SPH (fall census)

Military Status	2012/13	2013/14	2014/15	2015/16
Veteran	3	5	12	37
Active	0	1	9	34
Reserve	1	5	4	4
National Guard	0	2	3	2
Dependent	0	4	4	12
TOTAL	**4 (<1%)**	**17 (1.47%)**	**32 (2.24%)**	**89 (5.0%)**

ii. A list of goals for achieving diversity and cultural competence within the school, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.

The goal the University is to foster an environment in which all members of the GW community are treated equitably, contribute fully to the university's mission, and embrace and demonstrate GW values. Below are definitions we use, which were provided by the President's Council on Diversity and Inclusion: https://diversity.gwu.edu/.

Diversity: The term diversity is used to describe individual differences (e.g. life experiences, learning and working styles, personality types) and group/social differences (e.g. race, socio-economic status, class, gender, sexual orientation, country of origin, ability, intellectual traditions and perspectives, as well as cultural, political, religious, and other affiliations) that can be engaged to achieve excellence in teaching, learning, research, scholarship, and administrative and support services.

Inclusion: The term inclusion is used to describe the active, intentional, and ongoing engagement with diversity -- in people, in the curriculum, in the co-curriculum, and in communities (e.g. intellectual, social, cultural, geographic) with which individuals might connect.

The SPH has been a leader in promoting diversity on the campus. The School has set diversity objectives for faculty, staff and students. Of the current faculty body, over 20% self-identified as belonging to a minority group. In the tenure track, just over 19% of our faculty identify as minority, and women comprise well over half of our tenured or tenure track faculty. Currently, the School does not track LGBTQ students, staff or faculty. However, both the University and School follow non-discrimination policies. (https://provost.gwu.edu/important-personnel-policies-0)

From the School strategic planning document:

The SPH has the opportunity to create a more welcoming academic community that is more supportive of all of its members – faculty, students and staff, from multiple disciplines and regardless of race/ethnic, gender, sexual orientation and other aspects. First, although we have made great strides with diversity, we recognize the need to make enhancement of diversity a priority in searches and selection of chairs,

faculty, students and staff. Second, we recognize that the culture within the SPH, our collective identity, set of values, and definition of where we want to be in the future, is still in a state of transition.

Objectives

1. Support diversity of administrators, faculty, staff and students.
2. Support formal faculty/researcher orientation and mentoring.
3. Governance structure and systems that reflect the diverse constituency that exists in the School.

iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the school should also document its commitment to maintaining/using these policies.

The University is an Equal Employment Opportunity/Affirmative Action (EEO/AA) employer committed to maintaining a non-discriminatory, diverse work environment. The university does not unlawfully discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity or expression, genetic information, or on any other basis prohibited by applicable law in any of its programs or activities. Policies related to Equal Employment Opportunity can be found at: http://hr.gwu.edu/policies-procedures. The School upholds the values of the university and complies with all policies related to hiring and treatment of faculty, staff and students.

iv. Policies that support a climate for working and learning in a diverse setting.

At the University level, all members of the GW community are encouraged to expand their ideas and attitudes about diversity by viewing the GW website on "valuing diversity": http://ode.hr.gwu.edu/valuing-diversity. The University Statement of Ethical Principles can be found at http://hr.gwu.edu/statement-ethical-principles. This statement sets forth standards of ethical conduct to which all persons acting on the university's behalf should aspire.

In addition to fostering attitudes and behaviors, the SPH had a unique opportunity to create a physical environment that embodies our commitment to inclusion and respect for diversity when we designed and built our new building. Included in the building are 1) automated wheel chair accessible bathrooms and office suites on two floors; 2) a transgender bathroom; 3) a mother's room with a refrigerator; 4) an abundance of private and public spaces for students to work collaboratively or individually, meditate or pray; 5) kitchens for students with refrigerators and microwaves so that students have the option of bringing, storing and preparing their own food.

v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

The department-level curriculum committees review course and program content related to diversity and inclusion and in line with program mission, vision and values. Refer to Criteria 1.8.6 below for a table of relevant course content.

At the undergraduate level, we support service learning. The School currently offers one service learning course.

vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.

The SPH follows the University Office of Faculty and Recruitment & Personnel Relations processes: http://provost.gwu.edu/recruitment-process#aed. For faculty, it is mandated that every faculty search committee appoints a faculty diversity advocate, who is a full voting member of the committee and has specific duties and responsibilities, which are found in **ERF 1.8.a: Faculty Diversity Advocates**.

The diversity advocate's role is to advance the University's commitment to "intentionally act to create a diverse and inclusive community." This is accomplished not only by monitoring all phases of the search process and being an advocate for diversity and inclusion but also by leading discussions on strategies for developing a diverse pool, assisting the committee in a self-assessment about potential biases (videos and self-assessment tools are provided), or suggesting additional outreach activities as necessary based on the applicant pool. While the diversity advocate is identified after the search committee is assembled, one of the first tasks is to work with the committee on developing a position announcement that would attract a diverse applicant pool including women, persons of color, persons with disabilities and veterans. During the applicant evaluation process, the diversity advocate helps eradicate bias, prejudice or stereotyping that might be noticed during discussions of applicants, interview questions, or verbal communications. If insufficient outreach was done to attract a diverse pool, the diversity advocate can recommend additional outlets to tap into diverse populations. The diversity advocate verifies that each search follows University guidelines in the search process and that good faith efforts were made to meet the goal of diversity and inclusion.

One area where we have been challenged is in the percent of faculty of Hispanic origin. We are excited about the recent recruitment of a senior faculty member in the Department of Global Health; Dr. Carlos Santos-Burgoa. Dr. Santos-Burogoa started with the School in August 2015. Additionally, Dr. Matias Attene Ramos has recently accepted our offer to join our faculty in the Department of Environmental and Occupational Health. We hope that recruitment of these established practitioners and scholars will attract more students of Hispanic origin.

vii. Policies and plans to recruit, develop, promote and retain a diverse staff.

The University and the School are committed to maintaining diversity in the workplace and providing an environment that supports equal opportunity. For details of the University hiring and workplace policies: http://hr.gwu.edu/maintaining-diversity-workplace. These policies govern accommodations for religious beliefs and practices, employees with disabilities, affirmative action, an environment that does not tolerate harassment and equal opportunity.

Summary policy:
https://provost.gwu.edu/important-personnel-policies-0

Separate policies:
Equal Employment Opportunity
http://my.gwu.edu/files/policies/EqualEmploymentOpportunityStatement.pdf
Disability
http://my.gwu.edu/files/policies/DisabilitiesFINAL.pdf
Religious Accommodation
http://my.gwu.edu/files/policies/ReligiousAccommodationFINAL.pdf
Non-Retaliation
http://my.gwu.edu/files/policies/NonRetaliationFINAL.pdf

viii. Policies and plans to recruit, develop, promote and retain and graduate a diverse student body.

The SPH is committed to recruiting and enrolling a diverse class reflective of the communities we seek to serve. We have nurtured the Black Public Health Student Association and have helped to support their annual health disparities conference which is held at the SPH every other year. The Office of Recruitment and Admissions participates in recruitment events targeted at minority student populations, including the Tri-State Summer Medical and Dental Education Program (SMDEP) for the last two years, the Atlanta University Consortium (Clarke, Moorehouse, Spellman), and the UC Davis Annual Pre-Medical and Pre-Health Conference, which primarily focuses on underrepresented students in the health care field. When our admissions team visits campus fairs, they specifically do outreach to any minority public health or related groups, to the extent they exist on that campus. The admissions team also travels to many urban areas with diverse populations (this past year : New York City, Boston, Miami, Chicago, Atlanta, Ann Arbor/Detroit, San Francisco, Los Angeles, San Diego, Newark, New Orleans, and Baltimore).

For calendar year 2015, we have continued to attend the fairs mentioned above, and also added the SMDEP mid-Atlantic event in June, as well as the National Hispanic Medical Association Recruitment Fair in March. Additionally, the recruitment staff is evaluating fairs that would have a significant representation of LGBTQ students exploring health professions. The SPH Admissions Committee continuously evaluates our admissions and recruitment processes and results. The admissions team reports to the Graduate Student Admissions Committee on a monthly basis from September through May.

While we do not provide need-based financial assistance based on personal financial data, the Dean has made a commitment to fund any shortfalls for all Gates scholars, starting in 2014. To date we have provided $26,898 to 3 Gates Scholars. The School has had three Gates Scholars in each of the past two academic years.

ix. Regular evaluation of the effectiveness of the above-listed measures.

Diversity of faculty, students and staff is evaluated annually. As noted, faculty searches are monitored for inclusiveness by a member of each search committee. The Admissions Committee reviews diversity numbers and discusses strategies to retain or improve diversity through targeted marketing and events.

For students, we also survey their perceptions of the university and school environment through the Graduate Student Graduation Survey (GSGS). The GSGS is conducted each year between mid-March and the end of May for students who have completed or are completing their degree in the current academic year. As part of this exit survey, graduating students are asked questions about their own perceptions of the culture. Overall, the university earned a positive response from approximately 72% of the students. Below are results from students who graduated from the School of Public Health from calendar years 2012 through 2014.

Table 1.8.a.ix.: GSGS Results

Question	2012	2013	2014
Percent that completed survey/number of responses	77%/251	79%/275	71%/220
Percent of Students who agreed or strongly agreed to the following questions:			
Students in my school are treated with respect by faculty	82%	85%	85%
Overall, the climate in the program is positive	82%	86%	85%
Environment at GW is supportive of persons of diverse ethnic/racial backgrounds	83%	85%	85%

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

Core values: Diversity is one of the nine core Values of the University http://hr.gwu.edu/values. The SPH Strategic plan includes the following core values:

> ***Diversity:*** *Inclusiveness, and a desire to create an environment that welcomes students, faculty and staff regardless of race, ethnicity, sexual orientation, social class and religion, and incorporates a diverse array of perspectives and experiences.*
>
> ***Respect****: Respect for the rights of individuals and communities, and adherence to the highest ethical principles in working with individuals, communities, and colleagues; treatment of others with courtesy and dignity.*

Curriculum: These values are reflected in our curriculum, which is reviewed annually by each department Curriculum Committee to ensure that the curriculum aligns with the mission, vision and values of the School and individual program. In the table below are some (of many) examples of course content related to diversity and inclusion goals.

Table 1.8.b.: Diversity and Inclusion in the SPH Curriculum

Course Title	Course Number	Relevant content
Health & Environment	PUBH 3132 (UG)	Environmental justice unit
Environmental & Occupational Epidemiology	PUBH 6121	Extensive discussion of environmental justice
Assessment & Control of Environmental Hazards	PUBH 6126	Potential exposure differences for vulnerable groups
Communication Science for Public Health	PUBH 6134	Cultural awareness in science communication
Global Health Program Management and Leadership	PUBH 6436	Components in an ethical global health programs

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

University

In late spring 2010, George Washington University President Steven Knapp created the Council on Diversity and Inclusion to: "Propose a series of best practices that benefit all members of the GW community, enhance the experience of traditionally underrepresented populations, and cultivate a more inclusive climate for students, staff, faculty and the broader community of which George Washington is an integral part." Link: www.diversity.gwu.edu. This Council consisted of 16 members drawn from virtually all parts of the GW community, including students, faculty, staff, and alumni from various schools and other units of the university. The Council members lead four working group discussions. The Council met from October 2010 through May 2011. School faculty and staff participating in this process included Dante Verme and Monica Partsch. Other faculty, including Vanessa Northington Gamble, Josef Reum and Susan Wood, also represented the School on this council, which remains active. The result of their work was a series of recommendations to the President of the University. In addition to creating the Council, President Knapp added a new position to the senior administrative staff of the University, and appointed Dr. Terri Harris Reed as the Vice Provost for Diversity and Inclusion. One of the first tasks of the new Vice Provost was to develop the Institution Diversity Statement: https://diversity.gwu.edu/sites/diversity.gwu.edu/files/downloads/gw_statement_on_diversity_and_inclusion.pdf

School

Refer to Criteria 1.1.e for a detailed description of the planning process that the School has undertaken prior to and following the separation from the Medical Center. Many discussions of diversity and inclusiveness occurred through this process, and as a result diversity was included as a core value.

Through the Academic Program Review process departments work collectively to re-evaluate their mission, vision, values and goals.

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

From the SPH Strategic Plan we monitor our plan by:

- Reporting, at least once year, faculty, staff and student diversity statistics by gender and racial/ethnic categories. Improve the accuracy and the collection of diversity-related data;
- At all levels consider diversity in recruitment and advancement of faculty and staff;
- Promote diversity by rank, classification, departmental affiliation, gender and race/ethnicity of the SPH faculty in faculty governance.

Students: The Admissions Committee reviews student demographics every term. When we see areas of challenge we develop a strategy to address the need. For example, the undergraduate curriculum committee has been discussing ways to attract more students of color. To this end, we will be sending faculty to relevant undergraduate student organizations and housing to explain our BS-PH. We are also providing opportunities for students who take our introductory undergraduate PH courses to learn more about our degree program. These classes are much more diverse than our undergraduate cohort. We hope to be able to identify students interested in public health during their first or early second year of undergraduate education so that we can advise them on courses to take in preparation for applying to our program and to hopefully entice them to public health.

Staff: As mentioned above, the School adheres to the hiring practices of the University to support a diverse and inclusive faculty and staff. While the staff hiring process does not include a diversity advocate per se, we strive to ensure that all search processes for staff include a diverse group to interview applicants and provide input on who is hired.

For faculty, academic departments and search committees play a key role in building faculty excellence and advancing faculty diversity. The School encourages search committees to maximize opportunities to recruit a diverse faculty and encourage search committees to:

- Value diversity and inclusion;
- Understand and comply with University equal employment policies and procedures;
- Discuss unconscious bias and how to prevent it from negatively affecting decisions and actions;
- Recruit a qualified and diverse applicant pool, including targeted outreach to under-represented groups;
- Interview top candidates fairly and equitably; and
- Select the best, qualified person for the position.

1.8.e. Identification of measurable objectives by which the school may evaluate its success in achieving a diverse complement of faculty, staff, and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the school must include four objectives, at least two of which relate to race/ethnicity. Measureable objectives must align with the school's definition of under-represented populations in Criterion 1.8.a.

Template 1.8.1.: CEPH Data Template 1.8.1 Diversity Outcomes

Category/Definition	Method of Collection	Data Source	Target	AY 2012/13	AY 2013/14	AY 2014/15	AY 2015/16
Race: African American Faculty	Self report	Banner	**12%**	7.8%	8.9%	8.3%	11.3%
Race: African American students	Self report	SOPHAS/ASPPH	**15%**	16.2%	14.2%	12.2%	15.7%
Race: African American staff	Self Report	Banner	**20%**	14.7%	18.2%	20.2%	18.3%
Ethnicity: Hispanic Faculty	Self report	Banner	**7%**	3.0%	2.4%	3.6%	4.0%
Ethnicity: Hispanic Students	Self report	SOPHAS/ASPPH	**7%**	2.3%	2.9%	4.3%	6.7%
Military: Students	Self identify	Office of Military and Veteran Student Services	**5%**	<1%	1.47%	2.24%	5.0%

The School will aim to meet these targets through the following mechanisms:

- Expansion of our financial aid to create a diverse portfolio that will attract a diverse student population (i.e. merit scholarships, assistantships, fellowships, training grants etc.)
- Assure that all of those responsible for recruitment of students, faculty and staff are educated and committed to the SPH and GW diversity goals.
- In our recruitment efforts engage our faculty in assisting the School in these efforts through reaching out to potential minority faculty recruits and providing an additional level of effort to persuade them to come to GW.
- Expand and market academic programming that will attract a more diverse student body. (Example: offering residential students up to a third of the curriculum online to reduce costs of living in DC)
- Hosting informational sessions in collaboration with our Public Health Students Association that will attract a diverse student body racially, ethnically, economically and internationally.

- For administrative positions, work with search firms to identify diverse candidates for leadership positions.

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

This criterion is met.

Strengths:

- The University and School both hold diversity as one of their core values.
- Commitment to diversity is included in the School Strategic Plan and throughout the program competencies and values.
- Ethnic and racial diversity among faculty, students and staff.

Challenges:

- Lower than average representation of Hispanics in both faculty and student populations.

Future Plans:

- Increase diversity of staff more in alignment with DC metro area demographics

CRITERIA 2: INSTRUCTIONAL PROGRAMS

2.1 DEGREE OFFERINGS. *THE SCHOOL SHALL OFFER INSTRUCTIONAL PROGRAMS REFLECTING ITS STATED MISSION AND GOALS, LEADING TO THE MASTER OF PUBLIC HEALTH (MPH) OR EQUIVALENT PROFESSIONAL MASTER'S DEGREE IN AT LEAST THE FIVE AREAS OF KNOWLEDGE BASIC TO PUBLIC HEALTH. THE SCHOOL MAY OFFER OTHER DEGREES, PROFESSIONAL AND ACADEMIC, AND OTHER AREAS OF SPECIALIZATION, IF CONSISTENT WITH ITS MISSION AND RESOURCES.*

2.1.a. An instructional matrix presenting all of the school's degree programs and areas of specialization. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between public health professional degrees, other professional degrees and academic degrees at the graduate level, and should distinguish baccalaureate public health degrees from other baccalaureate degrees. The matrix must identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

Template 2.1.1 below presents the academic programs offered at the School. We confer the following degrees: BS; MPH; MS; MHA; DrPH; and PhD. We also have joint degree programs with five other schools at The George Washington University: Columbian College of Arts and Sciences; School of Medicine and Health Sciences; Law; Elliott School of International Affairs; and College of Professional Studies. Offerings include residential, online and hybrid programs.

The School has a robust and vibrant curriculum with 16 distinct MPH tracks in several different specialty areas. These areas encompass foundational knowledge essential to developing a successful public health practice in all the core areas of public health knowledge. The curriculum is delivered through multiple modalities including face-to-face, online and hybrid. In Spring 2016 we will allow students more flexibility of programming; residential students will be able to take up to a third of their courses online and MPH@GW students can take up to a third of their courses on campus. The flexibility of course delivery formats will support our many students who travel for work or who have personal time constraints.

Additionally, the School offers both a residential MHA and an executive hybrid MHA track. The SPH also offers the doctorate of public health (DrPH) in four areas: Environmental and Occupational Health; Global Health; Health Behavior; and Health Policy. The doctorate of philosophy (PhD) is currently offered in Epidemiology and in Fall 2016 we will admit our first PhD class in Social and Behavioral Sciences in Public Health.

CEPH Data Template 2.1.1 – Instructional Matrix

	Department	Specialization/Concentration/Focus Area	*Academic*	*Professional*
DOCTORAL DEGREES				
DrPH	Environmental & Occupational Health	Environmental & Occupational Health		X
DrPH	Global Health	Global Health		X
DrPH	Prevention & Community Health	Health Behavior		X
DrPH	Health Policy & Management	Health Policy		X
PhD	Epidemiology & Biostatistics	Epidemiology	X	
PhD	Prevention & Community Health	Social & Behavioral Sciences[1]	X	
MASTER DEGREES				
E-MHA (D)	Health Policy and Management	Health Administration		X
MHA	Health Policy and Management	Health Administration		X
MPH	Environmental and Occupational Health	Environmental Health Science and Policy		X
MPH	EOH/Global Health	Global Environmental Health		X
MPH	Epidemiology and Biostatistics	Biostatistics		X
MPH	Epidemiology and Biostatistics	Epidemiology		X
MPH	Epidemiology and Global Health	Global Health Epidemiology[2]		X
MPH	Exercise and Nutrition Sciences	Physical Activity in Public Health		X
MPH	Exercise and Nutrition Sciences	Public Health Nutrition		X
MPH	Global Health	Global Health Communication		X
MPH	Global Health	Global Health Program Design, Monitoring & Evaluation		X
MPH	Global Health	Global Health Policy		X
MPH	Health Policy and Management	Health Policy		X
MPH	Prevention and Community Health	Community-Oriented Primary Care		X
MPH	Prevention and Community Health	Health Promotion		X
MPH	Prevention and Community Health	Maternal & Child Health		X
MPH	Prevention and Community Health	Public Health Communication & Marketing		X
MPH (D)	Public Health	MPH@GW		X
MS	Epidemiology and Biostatistics	Epidemiology	X	
MS	Epidemiology and Biostatistics	Public Health Microbiology & Emerging Infectious Diseases	X	
MS	Exercise and Nutrition Sciences	Strength & Conditioning	X	
MS	Health Policy and Management	Health Policy	X	
JOINT DEGREES				
MPH/MS	Physician Assistant/Public Health	Joint MS PA-MPH: COPC, Epidemiology or Health Policy track		X
MPH/JD or LLM	Law School/HPM	Joint JD or LLM-MPH: Health Law & Health Policy		X
MPH/MD	SMHS/Public Health	Joint MD-MPH: any MPH track		X
MPH/MA	Elliot School Int'l Affairs/Global Health	Joint MA-MPH: Global Health tracks		X
MPH/Peace Corp	Peace Corp/Public Health	MPH with Peace Corp Masters International: any MPH Track		X
BSPH/MPH	Public Health	Public Health		X
MPH/Certificate	HPM/College of Professional Studies	Joint MPH-Certificate: MPH or MS, Health Policy/Certificate, HCC[3]		X
MHA/Certificate	HPM/College of Professional Studies	Joint MHA-Certificate: MHA/Certificate, HCC[3]		X
OTHER GRADUATE				
Specialist	Health Policy and Management	Health Services Administration		X
BACHELOR DEGREES				
BS	Exercise and Nutrition Sciences	Exercise Science		
BS	Exercise and Nutrition Sciences	Exercise Science- Pre-Athletic Training/Sports Medicine Concentration		
BS	Exercise and Nutrition Sciences	Exercise Pre-Medical Professional Concentration		
BS	Exercise and Nutrition Sciences	Exercise Science- Pre-Physical Therapy Concentration		
BS	Public Health	Public Health		
OTHER UNDERGRADUATE				
Minor	Exercise & Nutrition Sciences	Exercise Science		
Minor	Exercise & Nutrition Sciences	Nutrition		
Minor	Public Health	Public Health		

(D)- distance education/online program (E) - Executive

[1] New Program- First cohort will matriculate fall 2016.

[2] Global Health Epidemiology- currently not accepting students

[3] HCC- Healthcare Corporate Compliance Certificate awarded from College of Professional Studies

Recently deactivated programs that may have active students completing degree, not included above, include: MPH, Public Health Management; MS, Exercise Science-Clinical Exercise Physiology; and the BS, Exercise Science- Pre-Dietetics Concentration

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

The University Bulletin http://www.bulletin.gwu.edu/ provides descriptions of all SPH programs as well as links to all University courses and summaries. Curricular information is also found on the School website: http://publichealth.gwu.edu/academics and through individual departmental webpages.

The School website, which also includes course summaries, is open to anyone. The short curricular guides have been combined in ***ERF 2.1.b.: SPH Programs-At-A-Glance***

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

This criterion is met.

Strengths:

- Degree offerings are provided in a variety of formats and timelines to meet student needs (residential, online and hybrid programs).
- Programs include various offerings in both professional and academic realms.
- The School now confers the PhD in epidemiology. In the past, that degree was conferred through the Columbian College of Arts and Sciences, even though the SPH faculty did most of the teaching.
- Bundled elective courses to create two focus areas for the existing PhD Epidemiology program. This will provide an opportunity for students to concentrate in either physical activity or environmental health.
- Collaborations with other Schools at the University to support joint programs.
- Since the last accreditation, the School has added laboratory sciences and research opportunities for students.
- With the opening of our own building, we can now provide more classrooms and meeting space for extra-curricular activities.
- A new PhD program in Social and Behavioral Sciences in Public Health will welcome its first class in Fall 2016.

Challenges:

- Joint programs with the PA program and MD program are very credit heavy and taxing on students.
- The BS in public health and the BS programs in the Department of Exercise and Nutrition Sciences could be better aligned.
- Finding new ways to make GW a financially attractive choice for top level students interested in public health.
- Recruiting additional faculty to teach new and existing courses while increasing the school's research portfolio.

Future Plans:

- Explore the feasibility of moving the PhD in Biostatistics to the School from the Columbian College of Arts and Sciences.
- Investigate potential joint MPH/MSN program with the School of Nursing.
- Expand enrollment in the joint BS/MPH program.
- Increase in undergraduate enrollment.
- Offer more course format flexibility for the residential and online student populations. Will launch Spring 2016.
- Secure additional funding (e.g., NIH training grants) for doctoral students.

2.2. PROGRAM LENGTH. *AN MPH DEGREE PROGRAM OR EQUIVALENT PROFESSIONAL PUBLIC HEALTH MASTER'S DEGREE MUST BE AT LEAST 42 SEMESTER-CREDIT UNITS IN LENGTH.*

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

The School and Middle States Commission on Higher Education (MSCHE) follow the Department of Education guidance for a credit hour. For residential programs on a semester system, for each credit hour, the SPH schedules 50 minutes of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work per week. For all programs, work outside of the classroom can include: reading, reviewing selected videos, individual and group projects, interviews, and completing self-assessments and traditional assignments.

The MPH@GW is on an 11-week calendar consisting of 10-weeks of instruction and a final exam/project week. A two-credit course includes 80 minutes per week of asynchronous material, another 80 minutes per week of synchronous time in a small group with a session leader and two to three hours per week devoted to out-of-class work. For a three-credit course, we schedule 120 minutes per week of asynchronous material, another 120 minutes per week of synchronous time with classmates and instructor and three to four-and-a half hours per week outside work. The asynchronous materials are primarily pre-recorded lectures, panel discussions, or interviews. Synchronous sessions are guided by a faculty member and may include a number of activities, such as class discussions, case studies, problem solving, and student presentations.

The MHA@GW is an executive format program, which consists of eight, four to five-credit modules which are delivered online, and four face-to-face immersion experiences, ranging from one-and-a-half to three credits. Much like the MPH@GW program, the MHA@GW is offered on an 11-week calendar consisting of a 10-week course duration and a final exam/project week. All eight online modules have a weekly schedule that consists of: asynchronous content ranging between 60 and 120 minutes, 90 minutes of synchronous student-led team sessions, 120 minutes of synchronous faculty-led sessions, and 5 to 8 hours of outside reading and project based coursework. The total weekly contact time is four-and-a–half to five-and-a-half hours per week (11 week terms). The face-to-face immersions include 20 hours of contact time for a one-and-a-half credit experience and 40 hours of contact time for a three credit experience. For more information: http://mha.gwu.edu/academics/immersion-experiences/

Academic calendars for online and residential courses: Residential courses are scheduled for 14-week terms in the fall and spring. Summer sessions can be offered in 6, 8, 10 or 14 weeks sessions. Online programs are scheduled using an 11-week term, four quarters per year.

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

In all formats across all departments, the MPH degree is a 45-credit program. Both the residential and online MHA degrees require 50 credits.

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

No professional Master's degrees have been awarded for fewer than 42 credit units over the last three years.

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

The criterion is met.

Strengths:

- The length of our programs provides ample time for deep levels of instruction and practice.
- New online programs provide more flexible educational opportunities for our students.
- Students have flexibility and options in pursuing their degree, including access to online courses through MPH@GW or receiving in-depth training in a specific track, as suits their professional goals.

Challenges:

- Adapting registrar and university systems to support hybrid education.
- Blending online quarterly and residential semester programs can be challenging for students and administration regarding financial aid, student accounts and registrar systems.
- In the quarter system used for the online degree programs, students who receive some scholarships, such as Gates, have not qualified as "full-time" even when they are enrolled in an equivalent number of credits as the students in the residential program.

Future Plans:

- The School continues to strive to meet the needs of a diverse student body through evaluating program length and program delivery modes. By offering more options for blending residential and online learning we will be able to better accommodate student travel and work schedules.
- For the MPH/MD joint program, we will explore opportunities with the School of Medicine to offer cross- credits where content may be duplicated.
- Development of a customizable program for residential MPH students and specialized tracks for the online MPH students.

2.3. PUBLIC HEALTH CORE KNOWLEDGE. *ALL GRADUATE PROFESSIONAL DEGREE PUBLIC HEALTH STUDENTS MUST COMPLETE SUFFICIENT COURSEWORK TO ATTAIN DEPTH AND BREADTH IN THE FIVE CORE AREAS OF PUBLIC HEALTH KNOWLEDGE.*

2.3.a. Identification of the means by which the school assures that all graduate professional degree students have fundamental competence in the areas of knowledge basic to public health. If the means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program. See CEPH Data Template 2.3.1.

MPH

All MPH degree students are required to take a 15-credit core curriculum. The five core knowledge areas of public health are addressed in this core, as shown in Template 2.3.1.a below. In addition, the required core MPH curriculum includes a two-credit course, PUBH 6001 Biological Concepts for Public Health, which provides an overview of current knowledge about the biological mechanisms of major diseases causing death and disability in the US and globally. As a result, students understand and can interpret the reciprocal relationships of genetic, environmental, and behavioral determinants of health and disease in an ecological context from a public health perspective.

Template 2.3.1.a: Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree

Core Knowledge Area	Course Title	Course #	Credits
Biostatistics	Biostatistical Applications for Public Health	PUBH 6002	3
Epidemiology	Principles & Practice of Epidemiology	PUBH 6003	3
Environmental Health Sciences	Environmental & Occupational Health in a Sustainable World	PUBH 6004	2
Health Services Administration	Management & Policy Approaches to Public Health	PUBH 6006	3
Social & Behavioral Sciences	Social & Behavioral Approaches to Public Health	PUBH 6007	2

Program guides for individual MPH tracks are available here: http://publichealth.gwu.edu/academics/graduate/masters-programs

Residential MHA

The MHA program incorporates the foundations of knowledge basic to public health by offering coursework that is applied to the health care industry. Core courses address business and medical informatics training, knowledge of health care systems, management theory, healthcare finance, ethics, law, policy, critical values in decision-making, and specialized topics relating to the healthcare industry. This 50-credit program requires 31 core credits in addition to three-nine credits of field experience. See Template 2.3.1.b below.

CEPH Data Template 2.3.1.b: Required Courses Addressing Public Health Core Knowledge Areas for MHA Degree

Core Knowledge Area	Course Title	Course #	Credits
Biostatistics	Medical Informatics	HSML 6208	2
	Health Services Information Applications	HSML 6207	2
	Quantitative Methods & Epidemiology	HSML 6206	3
Epidemiology	Quantitative Methods & Epidemiology	HSML 6206	3
	Health Services Finance	HSML 6209	2
	Health Services Financial Applications	HSML 6210	2
	Health Economics	HSML 6211	2
Environmental Health Sciences	Environmental & Occupational Health in a Sustainable World	PUBH 6004	2
Social & Behavioral Sciences	Community Health Management/Advocacy	HSML 6212	2
Health Services Administration	Introduction to Health Management	HSML 6203	2
	Health Services Marketing & Planning	HSML 6213	2
	Human Resources Management & Organizational Behavior	HSML 6216	2
	Seminar- Health Services Management & Leadership	HSML 6218	2
	Management- Acute Care Hospital	HSML 6231	2
	Managing/Skilled Nursing Facility	HSML 6237	3
	Ambulatory Care Management	HSML 6238	2

For complete program information: http://publichealth.gwu.edu/programs/health-administration-mha

Executive MHA

This executive master's program offers professionals working in healthcare and health services the opportunity to earn a Master of Health Administration degree and gain the skills and knowledge they need to assume a leadership role in their organizations. This hybrid program consists of eight "modules" that include pre-recorded, asynchronous content, live face-to-face online classes, live team sessions, immersive multimedia coursework; and team projects. The program also includes four face-to-face immersive experiences; two in leadership and ethics, one in health system analysis and one for the culminating experience final presentation.

CEPH Data Template 2.3.1.c: Required Courses Addressing Public Health Core Knowledge Areas for Executive MHA Degree

Core Knowledge Area	Course Title	Course #	Credits
Biostatistics	Medical Informatics & Decision Management	HSML 6265/ Module 2	5
	Economics and Quantitative Methods	HSML 6268/ Module 5	5
	Healthcare Financial Management	HSML 6266/ Module 3	5
	Capstone-Systems Thinking & Learning	HSML 62xx/ Module 8	4
Epidemiology	Economics and Quantitative Methods	HSML 6268/ Module 5	5
	Quality & Performance Improvement	HSML 6269/ Module 6	5
Environmental Health Sciences	Community Engagement	HSML 6267/ Module 4	5
Social & Behavioral Sciences	Community Engagement	HSML 6267/ Module 4	5
	Leadership & Ethics - I	HSML 6255/ Immersion I	1.5
	Leadership & Ethics- II	HSML 6256/ Immersion II	3
Health Services Administration	Healthcare Management & Strategy	HSML 6264/ Module 1	5
	Medical Informatics & Decision Management	HSML6265/ Module 2	5
	Healthcare Financial Management	HSML 6266/ Module 3	5
	Economics and Quantitative Methods	HSML 6268/ Module 5	5
	Quality & Performance Improvement	HSML 6269/ Module 6	5
	Capstone-Systems Thinking & Learning	HSML 62xx/ Module 8	4
	Healthcare Law and Policy	HSML 62xx/ Module 7	5

For complete program information for the Executive MHA: http://mha.gwu.edu/.

DrPH Degree

Applicants to the DrPH program must have previously earned a MPH degree or the equivalent. Equivalency is evaluated for individual applicants based on whether they have had appropriate academic training in all five core areas of public health. If any areas are missing or weak, students are required to successfully complete relevant coursework at the master's level prior to, or during, the first year of their doctoral program.

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

This criterion is met.

Strengths:

- The School-wide Curriculum Committee regularly reviews the MPH core courses. Each core course gets reviewed approximately once every two to three years. In the summer and fall of 2012, the School created working groups to examine all of the core courses. From these groups came the recommendation to combine PUBH 6005- *Policy Approaches to Public Health* and PUBH 6008 *Management Approaches to Public Health*, both two-credit courses, into one three-credit course, PUBH 6006, *Management and Policy Approaches to Public Health*. The new course has a much more integrated approach to teaching health policy and management and eliminated overlap between the two former courses. It became a requirement in the Fall of 2013. Student course evaluations for the new course have been consistently more favorable than the evaluations for the former two courses. Also, combining PUBH 6005 and PUBH 6008 freed up one elective credit.
- The required two-credit course in Public Health Biology (PUBH 6001- *Biological Concepts of Public Health*) strengthens our students' knowledge of determinants of health and disease.
- As a result of the most recent CEPH accreditation process, we strengthened the public health core content of the residential MHA program.

Challenges:

- To provide a broader range of options for students matriculating with various levels of core knowledge and competencies, we would like to offer multiple choices of our introductory courses, but do not yet have the faculty capacity to do so.

Future Plans:

- There is some discussion about whether we could further combine some of the core content through a case-based curriculum. We are planning to create an exploratory group to investigate this idea in the near future.
- The curriculum committees throughout the School are reviewing the ASPPH "Framing the Future" reports to determine whether we need to make changes to the core in light of these new ideas.

2.4 PRACTICAL SKILLS. *ALL GRADUATE PROFESSIONAL PUBLIC HEALTH DEGREE STUDENTS MUST DEVELOP SKILLS IN BASIC PUBLIC HEALTH CONCEPTS AND DEMONSTRATE THE APPLICATION OF THESE CONCEPTS THROUGH A PRACTICE EXPERIENCE THAT IS RELEVANT TO STUDENTS' AREAS OF SPECIALIZATION.*

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

1. **Selection of sites.**
2. **Methods for approving preceptors.**
3. **Opportunities for orientation and support for preceptors.**
4. **Approaches for faculty supervision of students.**
5. **Means of evaluating student performance.**
6. **Means of evaluating practice placement sites and preceptor qualifications.**
7. **Criteria for waiving, altering or reducing the experience, if applicable.**

For a detailed description of our practicum experience for the MPH degree, see: http://publichealth.gwu.edu/academics/practicum. All necessary Practicum-related information and forms, for students and preceptors alike, can be found at this link.

During the Practicum, it is our goal for students to connect theory learned in the classroom with the reality of day-to-day work in public health. Ultimately, our aim is that students develop the practical skills in their Practicum experiences that will make them valued members of the workforce while also applying their newly developed knowledge and competencies in a non-academic setting. The Practicum is also an opportunity for our students to cultivate relationships through networking, negotiating, developing work plans, and interacting with their colleagues both within and beyond the scope of the project and work site.

1. Selection of sites

As public health diversifies, the need for interdisciplinary and inter-professional teams from across the social impact arena also grows with it. At the SPH, part of our mission is to prepare students to be impactful workers across the entire field of public health. We have sought to assure that students have opportunities to gain experience at a broad range of sites, from traditional public health settings such as government health agencies, local health centers, non-profits, and policy think tanks, to business development groups, consulting firms, building councils and other organizations.

Candidate organizations become known to us via a number of referral mechanisms. The School maintains a database of practicum opportunities. While students also interact regularly with departmental faculty and staff dedicated to advising them on the numerous practice opportunities within the School's network. These connections are important, as site/preceptor selection can impact how the student's

practicum plans align with the departmental and track-specific practice competencies. In addition to the departmental advisory services, the Dean's Office, the Office of Student Affairs, the Career Center and our student organizations host networking events designed to introduce students to public health and social impact organizations, and to enhance and expand the School's practice platform. We also directly engage relevant organizations. This year alone, meetings with NACCHO, ASTHO, APHA, HHS, and Metro Washington Council of Governments (MWCOG) promise to yield good returns for both our students and these organizations. Often it is day-to-day interactions between our faculty, staff, and outside organizations and agencies (e.g., PAHO, the DC DOH, and local and state health agencies) that generate and sustain partner interest in hosting our students for their practica.

The overall objectives in practicum plans are written in collaboration with the Preceptor and must be aligned with the learning objectives of the program and the track. Practicum site selection is done on an individual basis, meaning that the scope, focus, and approach taken in the experience will vary depending on the degree and track the student is pursuing, departmental and program considerations, and the students' individual professional goals, interests, and objectives.

Site and preceptor applications are linked in our online system where site preceptors must provide us with basic information about the site, their physical address, points of contact, and other pertinent information to assure us the organization is a *bona fide* one. Once this information has been reviewed, the system electronically notifies preceptors as to whether or not their site and preceptor applications have been approved. This review starts at the departmental level where a Practicum Director reviews and approves the sites before the school-level review is completed by the Associate Dean for Practice.

Once a site is approved, the system allows students to apply to be linked to that preceptor and site. Once this linkage is established, the student must upload a practicum plan for review by their departmental Practicum Advisor. This plan contains learning objectives that we require to be aligned with the program and track academic competencies. A Practicum may not commence until the plan is approved by the Advisor.

Practicum partners are an important part of the professional development network we build for our students, but there are internal components for that network as well. Primary among those is the Interdisciplinary Student Community-Oriented Prevention Enhancement Service (ISCOPES) program wherein students from the schools of public health, medicine, nursing, and education collaborate in a year-long, innovative, inter-professional service-learning program. ISCOPES is a volunteer workforce development opportunity, and does not serve as a Practicum site, but the skills students learn are transferred to the work they do for their Practicum and Culminating Experiences. More information about ISCOPES is available in Criteria 3.2.e- Workforce Development.

2. Methods for approving preceptors

As the individuals responsible for the onsite management, mentorship, and evaluation of students, preceptors are carefully screened. At the SPH, this process falls to the department's Practicum Directors

and the Associate Dean for Practice. Prior to gaining full access to the online system, every preceptor's profile is reviewed by a Practicum Director and then approved by the Associate Dean for Practice, similar to what is done with sites. These approvals all take place within our online system where we pay particular attention to each prospective Preceptor's education, work history, and duration of their experience since attaining their most recent degree. Applicants with a health-related degree such as an MPH, DrPH, PhD in a public health field, MD, DO, etc. are required to have at least three years of independent work experience since attaining that degree. Those holding "non-health" masters / doctoral degrees need five years of experience; those without a master's degree need a minimum of 10 years of work experience.

Applying this rubric to the selection of preceptors helps us ensure that the professionals we have working with our students are able to mentor them, assist in their practice endeavors, and help them develop professionally.

3. Opportunities for orientation and support for preceptors

Preceptors are introduced to the school by several methods. Some come to us directly via our networks of students, staff and faculty. We host events, such as "Practicum CONNECT" to introduce prospective preceptors to our students and practice operations. Often we identify practicum preceptors via their participation in one of our numerous research projects, at events held on campus and in the District or when we attend professional meetings. At times our students identify potential preceptors; others are identified via our extensive alumni network. Preceptors referred to us are encouraged to review the online Preceptor guidebook and the slides from our Preceptor training resources (available on our website). They also have access to all our departmental Practice Advisors.

Each Spring semester we host a live, on-campus preceptor training. Typically 15-25 preceptors attend this two-hour event where they have a chance to meet and ask questions of the Associate Dean for Practice and others. At the end of each academic year, the Dean hosts a Preceptor Appreciation luncheon where we thank our practice partners for working with our students.

4. Approaches for faculty supervision of students

Each department has at least one faculty member assigned to the function of advising and guiding students through their practicum experience along with staff members to assist with the coordination of student efforts. In smaller departments, the faculty member may also be the Practicum Director. The School provides a general student orientation for academics, practice, and research; our departments independently augment this with sessions designed to introduce students to the competencies and objectives that are specific to each area of concentration. Faculty that oversee the practicum experience have access to the online system that students use to log their hours and upload their mid-cycle reports (***ERF 2.4.a: Department Practicum Directors***). Hence, regardless of where the practicum is physically taking place, faculty can follow student progress and help address any issues or challenges that might arise during the practicum.

5. Means of evaluating student performance

In consultation with the department/program Practicum Director, students are required to identify up to three program competencies to target in their practicum in order to ensure a robust learning experience. After logging the required 120 hours, students are required to complete a self-assessment; a two-part Final Evaluation which includes a Practicum Report; and a Practicum Assessment. For the final Practicum Report/Evaluation, each student will:

- Outline the learning objectives targeted;
- Demonstrate how the practicum related to the relevant program/track competencies and MPH coursework;
- Illustrate ways in which the practicum offered the opportunity to gain new skills or learn new information as it relates to public health;
- Specify any challenges faced during the practicum;
- Describe the most rewarding aspects of the practicum experience;
- Explain how the practicum contributed to the development of specific career goals; and
- Share thoughts on the site/preceptor/experience.

A few examples of how students link learning outcomes (LO) with competencies include:

- Environmental Health Competency: Assess environmental and occupational exposures. LO: Use air-monitoring equipment correctly for taking meaningful workplace samples.
- Global Health Competency: Apply knowledge of global health patterns and determinants in support of global health research. LO: Conduct a needs assessment in response to avian influenza in Uganda.
- Health Policy Competency: Assess the methodology and quality of research results. LO: Synthesize and summarize health care policy news as it relates to children, low-income families, and Medicaid.

As noted above, in the Student Practicum Final Evaluation/Practicum Report & Practicum Assessment, students are asked to outline the identified learning objectives and describe to what degree they were able to meet them during the practicum experience. Examples of final practicum reports are located *in* ***ERF 2.4.a.: Student Practicum Final Evaluation/Practicum Report Samples***.

For the Practicum Assessment, each student rates the practicum experience, provides feedback on the materials, and rates the support they received while engaged in this aspect of their education

The Practicum Final Evaluation/Practicum Report & Practicum Assessment serves as a tool for the Practicum Director and Faculty Advisor to evaluate the student's work. It is also an opportunity to document the success achieved in the engagement with the practicum site.

Site Preceptors submit an evaluation assessing each student's performance. ***See ERF 2.4.a.: Preceptor Evaluation Form*** and ***Preceptor Evaluation Samples***. The final decision regarding the student's grade is made by the faculty member serving as the department's Practicum Director. This decision is based upon the student's Final Evaluation and the Site Preceptor's Evaluation. . Follow these links to learn about some representative MPH student practicum experiences: http://publichealth.gwu.edu/departments/environmental-and-occupational-health/practice-experience and http://intrahealth.tumblr.com/post/130284642728/empowered-health-workers-powerful-health-systems.

6. Means of evaluating practice placement sites and preceptor qualifications

Prior to receiving practice placement, Site Preceptors are required to submit a Practicum Site Application and a Site Preceptor Application; these are reviewed at both the department and the school levels. To be approved, Site Preceptors must demonstrate substantial experience in public health (or related disciplines), the ability to actively engage students in their work, commitment of time to contribute to a student's professional development, and the willingness to provide constructive feedback and guidance.

When a practice placement is completed, students evaluate the site, preceptor, and the practicum experience as a whole via completion of the "Final Evaluation" ***ERF 2.4.a.: Practicum Student Evaluation Form***. Examples of Student Evaluations are included in ***ERF 2.4.a.: Student Practicum Evaluation Samples***. This information is considered in future years when approving sites for future practice placements.

7. Criteria for waiving, altering or reducing the experience, if applicable.

The SPH has a diverse student body with some graduate students coming to us with years of experience in public health or related fields. We strongly encourage all students to pursue a practicum; many of our students complete internships in addition to the required practice experience. After consultation with their academic and practice advisors, some of our more experienced students take the opportunity to seek other elective credits by using their prior work experience to waive the Practicum and replace it with courses that better serves their professional and academic development needs.

In order to do this, students are asked to complete the Practicum Experience Equivalency form – available here: http://publichealth.gwu.edu/practicum/download/PEE.pdf – in which special attention is paid to the work they were engaged in and how that work aligns with the competencies of their academic program. We also consider their length of service in the field.

Note: The Practicum requirements are essentially the same for all of the tracks of the MPH, regardless of delivery modality. The Practicum guide, preceptor guide and reporting requirements are the same across all programs and are included in the ERF. Briefly stated, the practicum is a planned, supervised and evaluated practice experience in the student's field of study within public health designed to achieve certain learning objectives. It consists of 120 hours of real-world work experience completing tasks on-site that is then evaluated by both the supervising preceptor in the field in conjunction with the GW Practicum Coordinator.

MHA Degree

Practice experiences in the MHA program occur over the entire duration of the two-year program. An emphasis on experiential learning and community service are particular strengths of the program. From the very beginning, students are provided the opportunity for professional development. On Fridays, one of three professional enhancement experiences is offered: 1) Executive in Residence (EIR), where outside executives come to campus to discuss their own professional roles and careers; 2) site visits to local organizations of all types; and 3) professionalization time, wherein program faculty provide instruction on relevant skills, attire, work behavior, etc.

In addition, MHA degree candidates in our residential program are required to complete an administrative residency or an internship. Both are structured and monitored experiences that include on-site mentors and on-campus faculty advisers. Based on advisement, counseling, introspection, and career goals, students are assisted by faculty, a Residency Director, alumni mentors, and executives in residence (EIRs) to identify a suitable field experience and find an appropriate preceptor and organization. The process builds on students' work experience and courses taken in the didactic portion of the Program.

The field experience consists of either a nine-credit Residency or a three-credit Internship. There are two MHA focus areas that require the field experience of a Residency: 1) Acute and Ambulatory Care Management; and 2) Post-acute Care Management (includes Long Term care). There are three focus areas that require the field experience of an Internship: 1) Information Systems and Financial Management; 2) Operations Management; and 3) Strategic Management and Policy. See more at: http://publichealth.gwu.edu/programs/health-administration-mha.

A required three-credit course, Field Problem Studies (HSML 6271), is the internship consisting of work experience guided by a qualified preceptor on selected management and planning issues and problems occurring in health services facilities, programs, and agencies. The field experience option is primarily for advanced masters and doctoral students. The residency is a year-long work experience guided by a qualified preceptor. Periodic written progress reports and a written major report or selected field projects are required for completion.

MHA students in our Executive MHA program are not required to complete an administrative residency, as explained below.

Site and preceptor selection and vetting

Residency and internship sites are chosen from the ACHE website, http://www.ache.org/postgrad/directory.cfm, as well as previously successful sites and via referral from our alumni network. All sites and preceptors are reviewed by the program's experiential committee, which currently includes Drs. R. Burke, Masselink and Friedman. To orient preceptors, we require that they participate in an orientation webinar conducted by our faculty.

Evaluation of sites

New sites are visited by one of our full-time faculty members. During this visit, the faculty member will meet with the senior management and ascertain relevant resources for students to successfully complete their residency/internship. We also ask to review the organization's annual report. Many times these organizations report that internships and residencies are part of their community benefit that is required by the Affordable Care Act.

Evaluation of Student Performance

Prior to starting an experiential learning module, students must create a project proposal that meets the approval of the MHA program faculty. During the experience, students in both the residency and internship programs are required to complete monthly and semester reports, which are reviewed by their faculty mentors. Preceptors are also required to evaluate the students. Finally, while students are at a residency site, one of the faculty members conducts a site visit to ascertain student progress and professionalism, as well as the work environment of the site. These site visits can either be in person or through the web, as often occurs with sites that we have used before.

Executive MHA

As noted earlier, the Executive MHA is unique in that students must already have at least three years of work experience in a relevant healthcare organization and be currently employed in such a setting in order to matriculate into the program. (Relevant work experience is determined by departmental faculty). Much of the curriculum and many of the required assignments are directly linked to the student's work environment. Consequently, there is no required practice experience, such as an internship or residency.

DrPH

The DrPH achieves the practice experience through both course work and extra-curricular requirements. In PUBH 8402, Leadership in Public Health Practice and Policy, students focus on principles of public health practice and policy with a focus on the interdisciplinary and strategic application of skills, knowledge and competencies necessary both to perform public health core functions and to enhance the capacity to perform these functions.

Students are also required to complete four credits of professional leadership courses; PUBH 8415, Instructional Leadership, a two-credit course; and PUBH 8413, a research leadership course. In PUBH 8415, students participate in a range of activities designed to develop and enhance their teaching skills. These activities include course development; teaching master's level courses; acting as a teaching assistant for undergraduate or introductory graduate courses; advising students about their class performance; evaluating student performance; and developing remedial programs for students. In the research leadership course, students participate in a range of activities designed to develop and enhance their research methods and analytical skills. These activities include participating in the development and submission of sponsored research proposals; being formally affiliated with a research project; assuming

responsibility for completing a real-world research project; and engaging in empirical data collection and analysis efforts.

Professional Enhancement Requirement

All degree-seeking students must also complete a Professional Enhancement requirement. Students must participate in eight hours per degree program of advisor pre-approved Public Health-related lectures, seminars, and symposia related to their field of study. Professional Enhancement activities supplement the academic curriculum and help prepare students to participate actively in their professional communities. Opportunities for professional enhancement are regularly publicized via the SPH Listserv and through departmental communication and advisors. Students must submit documentation of Professional Enhancement activities to the Office of Student Records: http://publichealth.gwu.edu/academics/forms.

2.4.b. Identification of agencies and preceptors used for practice experience for each of the last three years.

The table below shows the number of students in the residential and online MPH tracks completing the practicum. The full list of agencies and preceptors is located in ***ERF 2.4.b.: Practica Agencies***.

Table: 2.4.b.: Number of MPH Practica Completed

	AY2012-13	AY2013-14	AY2014-15
Residential	285	242	238
MPH@GW	New program – none	7	110
Total	**285**	**249**	**312**

All of the MHA residential students must complete either a residency or an internship. A list of residency and internship sites for 2014 for the MHA can be found here: http://publichealth.gwu.edu/content/master-health-administration-residency-and-internship-sites

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

The number of MPH@GW students receiving waivers is relatively higher than the residential program since these students are, on average, older and have far more working experience. All residential MHA students must complete a residency or internship plus thesis option so there are no waivers, and as explained above, the executive MHA program does not include a residency.

Table 2.4.c.: Practica Waivers

	Number of Students per Calendar Year		
Department	**2012**	**2013**	**2014**
EOH	2	2	3
EPI/BIO	0	4	1
EXNS	0	0	0
GH	1	2	2
HPM	1	1	1
PCH	3	0	2
MPH@GW	*N/A*	*N/A*	19
TOTAL	**7**	**9**	**28**

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

Not Applicable.

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

This criterion is met.

Strengths:

- Large and diverse practicum and preceptor opportunities in a variety of settings.
- Strong connections with federal agencies such as HRSA, HUD, FDA, EPA, USDA, Pentagon, national organizations such as APHA, NACCHO, and ASHTO, and global health organizations including WHO, IMF, the World Bank, and PAHO make it easier to place students who live, work, and study in close proximity to these agencies all year round.
- ISCOPES - Interdisciplinary health focused service-learning initiative that places GW students and employees from various fields of study as well as community partners and neighbors from the DC Metro Area in inter-professional learning communities to address bigger picture health issues through smarter service.
- Department-specific advising.
- Since the last CEPH accreditation, we have added the Office of Practice and hired an Associate Dean of Practice.
- Bi-annual reception for all the preceptors.
- Formalized online structure to assess sites, preceptors and students.
- Obtain full state authorization for training students in the MPH@GW program before accepting students from that specific state.
- In the past three years, 99% of our preceptors have indicated that they would be interested in hosting another SPH student.

Challenges:

- The current practicum database is cumbersome, overly complicated, and challenging to search.
- The "Office of Practice" sees the potential to improve the student practice experience across the full spectrum including internships, practicum experiences, and integrating practice into coursework and culminating experiences.
- Increased enrollment in the MPH@GW will require the vetting of additional practicum sites and preceptors.
- We would like to garner travel funds to support students wishing to travel abroad for their practica.
- We have an opportunity to better coordinate academic, practice and career advising services.

Future Plans:

- Migration of practicum data to our newly developed Simplicity (GWorks) database.
- Continued development and definition of scope for our Practice Office.
- Building on our existing Practicum Advisory Committee*, establish an Academic Public Health Practice Committee to coordinate practicum efforts and governance across our six departments, and to identify and implement best practices school-wide.
- Explore novel practice partnerships via new funding streams and business models.
- Raise the profile of outstanding practice partnerships by featuring them in SPH publications, events, website, etc.

*Practicum Advisory Committee

Pierre Vigilance, MD, MPH, chair
Ann Goldman, MA, MPH & Toni Thibeaux, MPH - Epi / Bio
Lara Cartwright Smith, JD, MPH - Health Policy & Management
Peter LaPuma, PhD, MBA, MS & Sabrina McCormick, PhD, MA - EOH
Kelley Vargo, MS, MPH & Sarah Kennedy, MPH – MPH@GW
Shaneka Thurman, MS – Global Health
Kim Robien, DNsc, MS & Loretta DiPietro, PhD, MS, MPH – ExNS
Karyn Pomerantz, MLS, MPH & Tamara Henry, EdD, MA – PCH

2.5 CULMINATING EXPERIENCE. *ALL GRADUATE PROFESSIONAL DEGREE PROGRAMS, BOTH PROFESSIONAL PUBLIC HEALTH AND OTHER PROFESSIONAL DEGREE PROGRAMS, IDENTIFIED IN THE INSTRUCTIOAL MATRIX SHALL ASSURE THAT EACH STUDENT DEMONSTRATES SKILLS AND INTEGRATION OF KNOWLEGE THROUGH A CULMINATING EXPERIENCE.*

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

Syllabi, rubrics, other culminating experience materials, and student sample work for each professional program are found in ***ERF 2.5.a.: Culminating Experience Syllabi and Other Materials.***

MPH

All students earning a MPH must complete a two-credit culminating experience (or capstone). A culminating experience (CE) is one that requires a student to synthesize and integrate knowledge acquired in coursework and other learning experiences and to apply theory and principles in a situation that approximates some aspect of professional practice. It is through this culminating experience (CE) that faculty members evaluate students' mastery of the body of knowledge and proficiency in the required competencies for the MPH tracks.

The goal of the CE is for students to demonstrate knowledge and skills learned through their MPH coursework and practicum by applying the principles and methods of public health practice to a public health issue. The MPH program offers a variety of options for achieving this goal. Thus, while the MPH program requires a capstone experience, how this experience is delivered varies among our MPH tracks.

MPH@GW

Since the majority of our MPH students online are geographically removed from campus, we dedicated significant thought and discussion as to the best way to evaluate the effectiveness of the CE experience for these students. After a couple of iterations, we have developed the following plan. The assessment of student competency in the CE is achieved by requiring that students successfully complete a number of sequential steps in the process leading to the final culminating experience project. By structuring the CE course so that faculty serve as CE advisors (with a faculty student ratio of about 1:10), we are able to ensure that students receive intensive one-on-one mentoring and oversight from faculty with extensive experience in advising CE projects. Students are not allowed to proceed to a subsequent step of the CE process unless they have received approval (in the form of "credit" or "no credit") from the faculty advisor.

Dr. Kathleen Roche, Associate Professor in the Department of Prevention and Community Health, oversees the culminating experience for the MPH@GW program. The CE is a *two-term*, two-credit experience. Dr. Roche ensures consistency and coordination of the different CE sections by (1) selecting faculty especially well-suited to advise and mentor students on the CE, (2) communicating in person, by email, and by phone with faculty throughout the term, in order to answer faculty questions and discuss any specific CE issues that arise.

Common among all MPH tracks is that the CE/capstone is two credits, independent work is required, and a final product that involves synthesis of previous coursework. Departments decide independently whether the CE receives a letter grade versus credit/no credit. Research options include 1) data collection and analysis (applied research project); 2) secondary data collection and analysis; 3) policy analysis; 4) meta analyses; 5) literature review; or 6) white paper. Final work products may include a proposal and final report, memos, written testimony, concept papers and oral presentations.

MHA

The Program uses several criteria to ensure that students apply critical thinking, problem-solving and management knowledge, and skills in both didactic and operational settings. Residential students must choose between a residency or internship plus thesis option during their final year of the program. The residency or internship/thesis serves as the program CE.

Residency focus areas include either Acute and Ambulatory Care Management or Post-acute Care Management (including Long Term Care). Internship focus areas include Information Systems and Financial Management, Operations Management or Strategic Management and Policy.

The residency/internship experience enables students to apply their classroom experiences in healthcare operations and continue the transition from student to health services executive. The student is expected to continue their professional growth and development within each of the five domains and 31 competencies of the MHA Program. The residency/internship is directly coupled with the educational goal of, “preparing students for leadership roles in the field of health services management” and the objective of, “complementing didactic learning with a variety of formal and informal field experiences.” Students enroll in the residency only after all of the required and elective courses are completed. Students complete an internship typically enrolled during their final semester in the Program. In extraordinary circumstances, an internship can stretch over two semesters.

Executive MHA

The culminating experience in this program runs concurrently with the final three modules. Concurrent with Module Six students enroll in HSML 6272, a one-credit course entitled Organizational Research Project, Part 1. This course is designed to prepare the MHA@GW students to undertake the

organizational research project. By the end of this course students will have chosen between one of three options:

1. Organizational Research/Evaluation – this project asks the student to perform an applied research project in their organization or engage in the evaluation of a current clinical or administrative effort.
2. Business Plan – using the Small Business Administration (or similar) template, develop a comprehensive business plan for a new strategic service unit or expansion of an existing SSU
3. Literature Review – this project is targeted at solving a specific operational issue of importance to the student's organization. The project will include a comprehensive review of the literature in order to uncover prior work in the particular area along with best practices.

During HSML 6273, a one-credit course that runs concurrent with Module Seven, students will be developing, refining and potentially, beginning to implement their formal project proposals, based on the approved prospectus crafted in HSML 6272. The objective of the project proposal is similar to that of a dissertation proposal where the student demonstrates the requisite level of background and familiarity with the chosen project.

The proposal is intended to be a document describing the specific elements of the final project and must be submitted prior to the end of week two. Students should use a grant/briefing format that includes (at a minimum): statement of purpose, goals, objectives, and detailed outline of the approach being proposed. The proposal is to be approximately four-to-six pages in length.

Working with the organizational preceptor, the student is asked to develop and present a mid-point "implementation defense" no later than the final week of the term. The presentation on the 2GW platform should be no more than 10 minutes in length and include PowerPoint slides. Once approved by the preceptor and faculty advisor, the student is permitted to complete work on their project, which is formally presented during the live Immersion Four session.

Module Eight of the executive MHA program is titled "Systems Thinking and Learning in Healthcare." The intent of this four-credit module is to synthesize the content covered in the first seven modules into a coherent whole using the theme of organizational systems as the means by which MHA@GW students can help create and sustain organizational excellence. This module will examine hard and soft systems theory, complexity, resilience, innovation, change management, high reliability and multiple learning modalities as applied to high performing healthcare organizations. Students will be introduced to a panel of leading thinkers and practitioners in these domains who will provide critical advice throughout the module.

Finally, in the last immersion (1.5 credits), students will present the findings of their organizational research projects and leadership portfolios. Feedback on the research projects will be provided by peers and a panel of healthcare leaders.

DrPH

The dissertation is the culminating experience for the DrPH. Students must complete required coursework and pass the comprehensive exam to be officially admitted to the candidacy phase of the program. A Dissertation FAQ document has been created to assist candidates http://publichealth.gwu.edu/services/students, and examples of the comprehensive exams can also be found in ***ERF 2.5.a***. In the candidacy phase, students take a two-credit dissertation proposal preparation course (PUBH 8422- *Advanced Health Care and Public Health Research Design*) prior to defending their dissertation proposals before their Dissertation Chair and Research Committee. Students must complete between six to nine credits of dissertation research (PUBH 8423) before they may become eligible to defend their dissertation before their Dissertation Research Committee and two external examiners.

It is the expectation that students will work independently, under the guidance of a Dissertation Research Committee, to prepare an oral and written dissertation demonstrating their ability to analyze and solve a complex public health practice-based problem. A candidate's interpretation of the research results is expected to make a substantive, original contribution to the field of public health research and practice.

DrPH students generally devote about 18-30 months to the candidacy phase of the program. This includes time spent developing the dissertation topic, research approach, dissertation proposal and defense, completion of research, interpretation and presentation of findings, and final dissertation defense. Students can choose to prepare a traditional (comprehensive report) dissertation or choose a three-paper option, where three peer-review quality papers are completed prior to the defense. Students work closely with their Dissertation Research Committees, and especially their Committee Chairs, throughout the candidacy phase.

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

This criterion is met.

Strengths:

- Many CEs are advanced work that follows from the practicum experience, enhancing the connection between the academic experience and public health practice at GW.
- The CE experience is rigorous.
- Drawing on our strength of being located in Washington, DC, students are taking advantage of a wide range of opportunities to complete CEs.
- Many of the CE projects are published in peer reviewed journals.
- All doctoral students are expected to publish their dissertation work, and those choosing the three-paper model have been successful in publishing much of their research.
- Increasingly sophisticated methodologies are being employed in CE data analyses by students.
- We have continued to provide students with projects relevant to their individual research interests.

Challenges:

- Ensuring a uniformly high quality CE product from all students.
- Providing adequate faculty advising for CEs as our enrolled MPH student population grows.
- While residencies are funded in the MHA, internships are not.

Future Plans:

- Ongoing review and modification of CE formats for the MPH programs.
- Building faculty to support CE advising for the MPH@GW program.

2.6 REQUIRED COMPETENCIES. ***FOR EACH DEGREE PROGRAM AND AREA OF SPECIALIZATION WITHIN EACH PROGRAM IDENTIFIED IN THE INSTRUCTIONAL MATRIX, THERE SHALL BE CLEARLY STATED COMPETENCIES THAT GUIDE THE DEVELOPMENT OF DEGREE PROGRAMS. THE SCHOOL MUST IDENTIFY COMPETENCIES FOR GRADUATE PROFESSIONAL PUBLIC HEALTH, OTHER PROFESSIONAL AND ACADEMIC DEGREE PROGRAMS AND SPECIALIZATIONS AT ALL LEVELS (BACHELOR'S, MASTER'S AND DOCTORAL).***

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

The MPH Core Curriculum

The Masters in Public Health is the cornerstone of public health practice. As such, graduates from the MPH program at the SPH need to have the skills, knowledge, attitudes and values that will serve them in diverse and varied roles. This foundation is provided through the core curriculum. Students in the MPH are encouraged to complete the core curriculum in their first year as the foundation for track-specific curricula, the practicum experience and the culminating experience. The MPH core consists of six courses, comprising 15 of the total 45 credits needed to complete the MPH. As already reported in Criteria 2.3, the courses are as follows:

Table 2.6.a.1: MPH Core Curriculum

Course Number	# Credits	Course Name
PUBH 6001	2	Biological Concepts of Public Health
PUBH 6002	3	Bio statistical Applications for Public Health
PUBH 6003	3	Principles & Practice of Epidemiology
PUBH 6004	2	Environmental & Occupational Health in a Sustainable World
PUBH 6006	3	Management & Policy Approaches to Public Health
PUBH 6007	2	Social & Behavioral Approaches to Public Health

PUBH 6001, PUBH 6004 and PUBH 6007 provide the foundational knowledge for understanding the major contributors to both health and disease. PUBH 6002 and 6003 provide students with the methodological tools needed for public health practice, and finally PUBH 6006 focuses on management and policy approaches to public health at three different levels: the system, the organization, and the group/individual level. (Also included in the core are PubH 6014, the practicum experience, and PubH 6015 the culminating experience.)

The core competencies for the MPH core courses are as follows:

Table 2.6.a.2.: MPH Core Competencies

I= Introduced D= Developed M= Mastered

	PUBH 6001	PUBH 6002	PUBH 6003	PUBH 6004	PUBH 6006	PUBH 6007
Program specific competencies						
1. Describe the major contributors to health and how they relate to important communicable and noncommunicable diseases in public health.	I,D			I	I	I,D
2. Describe the social, legal, ethical, economic, and political context of contemporary public health problems.	I			D	D	I
3. Describe the multidisciplinary nature of contemporary public health issues and the role that various professionals play in addressing these issues.	I			I	D	I
4. Build effective oral and written communication skills for communicating with lay and public health audiences.	I	I		I	M	I,D
5. Identify and apply appropriate statistical analytical tools for hypothesis testing (inferential statistics) and estimation.		I,D	I		I	
6. Understand the historical context of some milestone public health interventions through the past century.	I			I	I	
7. Apply descriptive techniques commonly used to summarize public health data.		I,D	I		D	I
8. Interpret the results of statistical analyses in public health and health services research literature.		I	I		D	I
9. Use epidemiological data to in inform scientific, ethical, economic, and political discussions and health issues.	I	I	I,D	I	D	I
10. Synthesize relevant information in order to analyze policy implications and participate in policy development.			I	I	D	
11. Describe a public health problem in terms of magnitude, person, time and place.	I	I	I,D		M	I,D
12. Work collaboratively with decision-makers, stakeholders, and colleagues with a variety of viewpoints to achieve policy goals.					M	
13. Assess key microeconomic concepts, including supply and demand, markets, taxes and subsidies, public goods and the case for government intervention.					I	
14. Describe steps and procedures for the planning, implementation and evaluation of public health programs and interventions.					D	I,D

Note: *The syllabi for the core courses do not include competencies, but rather a list of learning outcomes for each course.*

DRPH

Four departments in the School offer the DrPH; however, all DrPH students are required to take the common core outlined the following table. The goals of the core curriculum are to develop students prepared to succeed at the program-specific level, obtain in depth skills in research methodologies and develop leadership qualities. Core competencies and level of development per course are provided in the table. These competencies were developed by the DrPH curriculum committee and are reviewed annually. Note: PUBH 8404 through PUBH 8412 are track-specific Seminars that are only taken by the DrPH students in that track. Therefore students only register for two of these eight courses. The other nine courses are taken by all DrPH students. A list of course numbers and names are shown in the following tables:

Table 2.6.a.3: DrPH Core Curriculum and Competencies

Course Number	Course credits	Course Name
PubH 8401	3	Foundations of PH Leadership & Practice (Seminar)
PubH 8402	2	Leadership in Public Health Practice & Policy
PubH 8404	3	Advanced Topics – Health Systems & Health Policy Research
PubH 8405	3	Advanced Health Economics Research
PubH 8406	3	Advanced Topics – Health Research/Global Health
PubH 8407	3	Advanced Topics – Health Leadership/Internt'l Settings
PubH 8409	3	Advanced Topics – Health Comm Research
PubH 8411	3	Advanced Topics – Principles of Human Health Risk Science
PubH 8412	3	Advanced Topics – EOH Research and Practice
PubH 8416	3	Study Design & Evaluation Methods
PubH 8417	3	Qualitative Research Methods & Analysis
PubH 8418	3	Applied Statistical Analysis
PubH 8419	3	Measurement in PH & Health Services Research
PubH 8420	3	Advanced Analysis & Dissemination
PubH 8422	2	Advanced Health Care & PH Research Design
PubH 8423	1 -12	Dissertation Research

I=Introduced D=Developed M= Mastered

	PUBH 8401	PUBH 8402	PUBH 8404	PUBH 8405	PUBH 8406	PUBH 8407	PUBH 8408	PUBH 8409	PUBH 8411	PUBH 8412	PUBH 8416	PUBH 8417	PUBH 8418	PUBH 8419	PUBH 8420	PUBH 8422	PUBH 8423
DrPH Core Competencies																	
Analyze a public health problem and determine appropriate sources of data and methods for problem identification, program planning, implementation, monitoring, and evaluation.	D	D			D	M	M	M			D	D	D	D	D	M	M
Develop and analyze hypotheses and research propositions that can be tested by appropriate quantitative or qualitative research designs and methodologies.			D	D	D	M	M	M			D	D	D	D	D	M	M
Evaluate research tools including research design, statistical analysis data collection instruments and measurement systems.			D		D	D	D	D			D	D	D	D	D	M	M
Apply epidemiological and biostatistical techniques to studies designed to assure effective practice and policy decision-making in a field within public health. Students will possess epidemiological and biostatistical concepts/techniques necessary to successfully analyze and apply the results to epidemiological research to making and implementing complex decisions in a field within public health and related to public health practice.											D		D	D	D	M	M
Design and conduct a qualitative study using appropriate theory and methods.												D					
Synthesize and evaluate research conducted by others.	I		M		I	D			D		M	M		D	M	M	M
Design strategies to accurately and effectively describe public health, economic, administrative, legal, social, political, and cultural implications of different health policy options.	I		D	D	D	D	M	D	D	I	D	D	D	D	D	D	M
Present public health data and research syntheses to scientific and professional audiences and the public.		D	M		D	D	M	I	I	I	D	D	D		D	D	M
Defend the feasibility and expected outcomes of different policy options and transform them into organizations, plans, processes, and programs.	I	D			D	D					D				M	D	M
Appraise the dynamic forces that contribute to cultural diversity and develop responsive plans and programs.		I			D	D	D	I			D		D				
Assess the determinants of health and illness, factors that contribute to health promotion and disease prevention, and factors that influence the use and cost of public health services in a population.	D		D		D	D	D	M			D				M	D	M
Describe the theory of organizational structure and its relation to professional practice.		D	D								I						
Support a culture of ethical standards of conduct in the research process and within organizations and communities.		I	I		D	D					D	D		D	M	D	M
Lead a team of diverse professionals reflecting shared values and vision to achieve specific objectives.		D						M			D						

Table 2.6.a.4.: Core Competency Charts for other degrees

MHA* Core:

Domain	Competency	Competency Description	Proficiency Level
Leadership	Leading and managing others	Displays the ability to effectively manage individuals and teams towards achieving the goals associated with organizational excellence	Evaluation
Leadership	Ability for honest self-assessment	Exhibits the ability to assess their own strengths and weaknesses with the objective of continuously capitalizing on strengths and reducing weaknesses	Evaluation
Comm & Relationship Management	Speaking to groups	Exhibits the ability to effectively express ideas and concepts to many different types of audiences verbally	Evaluation
Comm & Relationship Management	Working in teams	Utilizes a set of team-building functions to facilitate effective group behavior	Synthesis
Business Skills and Knowledge	Solving business problems and making decisions	Possesses the ability to utilize decision making processes that leads to the selection of the most optimal course of action from a group of alternatives	Evaluation
Business Skills and Knowledge	Planning and managing projects	Demonstrate the ability to plan, organize, and manage resources to bring about the successful completion of specific project goals and objectives	Application
Professionalism	Professional and community contribution	Addresses population wellness by evaluating and implementing activities designed to improve the health and wellness of both individuals and populations	Synthesis
Professionalism	Time management	The ability to effectively manage the time of self and others with the goal of maximizing organizational effectiveness	Evaluation
Healthcare Knowledge	Healthcare personnel	Demonstrate an understanding of the breadth of healthcare personnel along with demographic, employment and salary implications	Application
Healthcare Knowledge	Standards and regulations	Demonstrate the ability to understand and apply healthcare regulations including those from governmental and non-governmental agencies and organizations	Application

*MHA competency map is provided in the format required by CAHME.

BS, PUBLIC HEALTH

I=Introduced D=Developed M= Mastered

	PUBH 1101	PUBH 1102	PUBH 2110	PUBH 2112	PUBH 3130	PUBH 3131	PUBH 3132	PUBH 3133	PUBH 3135W	PUBH 4140W
Program Specific Competencies										
Assess the impact of historical, cultural political, environmental, behavioral, and socio-economic factors on population/community health and health status.	I	I	I	D			D	D	D	M
Describe the organization, financing, and delivery of health services and public health systems.	I				D			D	D	
Describe the underlying biological factors relating to prominent public health issues and discuss how these factors inform interventions to improve population health.	I		D	D		D	D	D		M
Critically review multiple types of research, develop an understanding of data and research, and develop and evaluate public health interventions based on available evidence.	I		I			D	D	I		M
Evaluate policy, behavioral, environmental, and systems options for addressing current public health and health care concerns.	I		I	D	D		D	D	D	M
Communicate public health concepts and analysis clearly and persuasively.	I	I	D	D	D	D	D	D	D	M
Use an interdisciplinary/integrative approach to address public health issues.	I		I			I	I	D	D	M

PUBH 1101: Introduction to Public Health & Health Services
PUBH 1102: History of Public Health
PUBH 2110: Public Health Biology
PUBH 2112: Principles o Health Education and Health Promotion
PUBH 3130: Health Services Management and Economics
PUBH 3131: Epidemiology: Measuring Health and Disease
PUBH 3132: Health and Environment
PUBH 3133: Global Health & Development
PUBH 3133W: Health Policy
PUBH 4140W: Senior Seminar

Table 2.6.a.4.: Core Competency Charts for other degrees, (continued)

*BS, Exercise Science Core Competencies

I=Introduced D=Developed M= Mastered

	EXNS 1103	EXNS 1110	EXNS 1111	EXNS 2110	EXNS 2111	EXNS 2112	EXNS 2113	EXNS 2114	EXNS 2115	EXNS 2116	EXNS 3110	EXNS 4110
Department Core Competetencies												
Goal 1: To integrate knowledge of the multiple physiologic responses to exercise (work) at the molecular, cellular, and systems levels.												
a) Students will demonstrate knowledge and understanding of basic concepts of cellular and molecular physiology, human anatomy & physiology, nutrition, and psychology. [Cognitive: levels 1 and 2].		I	D	D	D	D	M	D	M	D		
b) Students will demonstrate knowledge and understanding of various physiological and behavioral mechanisms underlying the body's adaptation to exercise. [Cognitive: levels 1 and 2].		I	D	D	D	D	M			D		
c) Students will apply this knowledge and understanding in designing exercise programs for improving health, function, and performance within specific populations. [Cognitive: level 3].		I	D			D	M			D		
d) Students will organize and internalize this knowledge and understanding in adopting lifestyle choices that promote health and wellness. [Affective: levels 4 & 5; Psychomotor: levels 6 &7].		I	D	D			M	D	M	D		
e) Students will be able to evaluate the effect of various exercise challenges (interventions) on both short- and long-term human adaptations based on their own work and by critiquing the literature. [Cognitive: level 6].				D		D						
Goal 2: To develop critical thinking via the process of scientific inquiry and its translation into human health and function. To integrate knowledge of the multiple physiologic responses to exercise (work) at the molecular, cellular, and systems levels.												
a) Students will demonstrate knowledge and understanding of basic research and statistical methods. [Cognitive: levels 1 and 2].	I							D	D			M
b) Students will be able to interpret descriptive data, as well as basic findings from experimental and from observational studies. [Cognitive: level 2].	I				D							M
c) Students will synthesize this knowledge and understanding by designing studies to test specific hypotheses. [Cognitive: level 5].	I											M
d) Students will evaluate and critique the current scientific literature for quality of evidence and for relevance to theory and practice. [Cognitive: level 6].				I				D	D			M
Goal 3: To develop effective oral and written communication skills, as well as ethical and complex decision making abilities.												
a) Students will demonstrate the ability to separate complex scientific concepts into components in order to communicate effectively with different lay audiences in the community. [Cognitive: level 4].									D	D	M	M
b) Students will demonstrate the ability to synthesize (build) & defend an argument based on diverse elements. [Cognitive: levels 5 & 6].	I									D		
c) Students will organize and defend a comprehensive thesis or project based on sound evidence and theory. [Cognitive: levels 5 and 6].												M
d) Students will apply ethical principles to case studies and to real-life experiences and issues presented in their courses and in their practica/internships. [Cognitive: level 3; Affective: levels 3 and 4].										D	M	
e) Students will understand and apply basic skills of career development.	I											M
Goal 4: To engage in practical learning experiences in order to facilitate the translation and application of exercise science and nutrition science to the community.												
a) Students will integrate scientific theory and principles through laboratory and community-based experiences. [Cognitive: levels 4&5].		I	D	D	D	D	M			D	M	
b) Students will successfully complete a practical experience (or internship) within a public or private sector of industry, government, or community. [Affective: levels 3 & 4].											M	
c) Students will create a product (e.g., thesis, training manual; curriculum; web site) for use in promoting some aspect of health, function, or performance among the community. [Cognitive: level 5].												M

EXNS 1103: Professional Foudnations in Exercise Science
EXNS 1110: Applied Anatomy Physiology I
EXNS 1111: Applied Anatomy Physiology II
EXNS 2110: Prevention & Care of Injury
EXNS 2111: Exercise Physiology I
EXNS 2113: Kinesiology
EXNS 2114: Nutrition Sciences I
ESNS 2115: Nutrition Sciences II
EXNS 2116: Exercise and Health Psychology
EXNS 3110: Internship
EXNS 4110: Current Issues in Exercise Science
EXNS 3121: Medical Issues in Sports Medicine
EXNS 3125: Athletic Training Practicum

**Note- the BS, Exercise Science is currently being revised to comply with new General Education Requirements at the University level. See Criteria 2.10 for additional explanation.*

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

Over the past three years, Dean DeLoia has provided faculty training and guidance on the development of competencies related to program mission, vision and values and to student learning outcomes. Competency charts for each specific program are available in ***ERF 2.6.1.: Curricular Maps: Program-Specific.*** Where departments offer multiple tracks for a degree, we have included department-specific competencies.

2.6.c. A matrix that identifies the learning experiences (e.g. Specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b. are met. If these are common across the school, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree and concentration. See CEPH Data Template 2.6.1.

CEPH Data Template 2.6.1, outlining competencies by program, is provided as indicated above (see 2.6.b). The syllabi for required coursework include specific learning outcomes mapped to each applicable competency. Syllabi are included in ***ERF 2.6.c.: Syllabi: Required Courses***. The Schedule of classes for the last three academic years is also included in ***ERF 2.6.c.: Schedule of Classes***.

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

Over the past several years, program directors and other faculty have been meeting to review curricula and develop curricular maps for all degree programs. As a result, every program now has a detailed curricular map, with competencies and learning objectives detailed, as well as the level to which a concept is explored (introduce, develop or master). We have also changed the syllabus template used for the School, so that all required course syllabi must include learning objectives mapped to the program competencies.

Review of the core is under the domain of the School's Curriculum Committee. In summer 2012, we created working groups to evaluate the MPH core. As a result of these groups, we deleted two two-credit core classes; PUBH 6005 (Policy Approaches to Public Health) and PUBH 6008 (Management Approaches to Public Health) and added PUBH 6006, a new, three-credit course (Management and Policy Approaches). This course is currently being reviewed by the Department of Health Policy and Management's Curriculum Committee. This past year we have had three working groups evaluating the following criteria: 1) qualitative methods requirements; 2) quantitative methods courses; and 3) undergraduate offerings.

In short, curricular review and revision is an ongoing and continuous process. Each department and the School have a curriculum committee that routinely reviews course offerings, course evaluations and programmatic objectives and competencies. As needed, we add *ad hoc* working groups to focus on specific topics (as noted above).

An example of an ad hoc group is the MPH@GW advisory committee. This group was formed when we decided to launch the online program, which spans all departments. This group met throughout the first two years of the program to help design curricular goals, discuss faculty resource issues and help develop the practicum and culminating experiences. Now that we have an Assistant Dean for MPH programs, this group will be dissolved and be replaced with a permanent standing committee for the MPH program that was approved by the Faculty Assembly in September, 2015. There are currently no other education-focused *ad hoc* committees.

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

MPH Core Competencies

The MPH core has traditionally been under the domain of the School-wide Curriculum Committee, which is charged with periodic review of the core classes and the core content. In addition to these periodic reviews, the Curriculum Committee also responds to workforce needs in the field and implements curricula changes accordingly. Moreover, the entire MPH core was reviewed by seven independent working groups in 2013. The results of this review were to: 1) to combine two two-credit courses into one three-credit course, thus opening up an additional credit for elective coursework; and 2) to change the focus of PUBH 6001 (*Biological Basis of Disease*) to include more depth in the major determinants of health in the developed and developing worlds. Starting in fall of 2015, the new Assistant Dean of MPH Programs will oversee an MPH advisory group, which will assume responsibility for the core and submit any requested revisions to the school-wide curriculum committee, thus providing another layer of consistent review for the MPH core courses.

Program-specific Competencies

Competencies for each program were developed over the past two academic years at the program or department level. Prior to this, programs did not have a curricular map. The Associate Dean for Academic and Student Affairs conducted multiple workshops for program directors and departmental curriculum committees regarding how to develop Mission, Vision, Values and Competencies for the various MPH tracks. Following these workshops, the departmental Curriculum Committees then developed the competencies and curriculum maps for each program. Once developed, the school-wide Curriculum Committee updated the syllabus template to include everything from mapping of each core and program-specific course-learning objective to programmatic competencies. For programs not housed in a single department, working groups developed the competencies and curriculum maps. Now

that the curriculum maps and competencies are developed, departmental curriculum committees review on an annual basis.

Each department has a curriculum committee that reviews the programmatic level curriculum, conducts curricular mapping, and review. All departments also have monthly faculty meetings to discuss general business and end of the school year curriculum review. In addition, there is an undergraduate committee for the BS, Public Health program and another for the BS, Exercise Science programs.

Once every five-to-seven years, each department undertakes a major self-study review, which consists of: 1) a year long process of departmental review and writing a self-study document; 2) review by an external review committee, including a written report of findings and suggestions; 3) departmental written response to the site visitors report; and 4) Dean's comments and full report presented to the Provost.

All program descriptions (program guides), with stated competencies, are available to students through our website.

2.6.f. Description of the manner in which the school periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

Members of the school are actively engaged in ASPPH activities, dean's retreats, working groups, etc. to stay informed of trends in public health practice and education. Significant ASPPH reports are discussed with school leadership to determine our response. The school has a research committee that meets monthly to advise the dean on research resources, faculty development and any challenges. The Executive Advisory Committee meets monthly to discuss important matters affecting the school.

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

This criterion is met.

Strengths:

- Every program and track has a detailed curricular map.
- There are many levels of programmatic and curricular review.
- We have established collaborative and inclusive processes for review and strategic planning.
- Descriptions of competencies are easily available to both students and faculty.
- Competencies and curriculum are informed by professional and academic standards of professional organizations.

Challenges:

- Changing the culture of departmentally driven MPH tracks to a more integrated, school-wide approach to the MPH degree.

Future Plans:

- Consider and implement working group proposals for improvements to the qualitative and quantitative methods offerings and sequencing.
- Re-evaluate the core curriculum in light of the new ASPPH framing documents.
- Continue to refine the curricular maps for individual programs.

2.7 ASSESSMENT PROCEDURES. *THERE SHALL BE PROCEDURES FOR ASSESSING AND DOCUMENTING THE EXTENT TO WHICH EACH PROFESSSIONAL PUBLIC HEALTH, OTHER PROFESSIONAL AND ACADEMIC DEGREE STUDENT HAS DEMONSTRATED ACHIEVEMENT OF THE COMPETENCIES DEFINED FOR HIS OR HER DEGREE PROGRAM AND AREA OF CONCENTRATION.*

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

Each course includes one or more elements to monitor and evaluate student progress:

- Written examinations that test both fundamental knowledge and ability to deduce, compute and apply;
- Written products, such as policy briefs, literature reviews, library research, needs assessments, and/or funding applications;
- Oral presentations;
- Group work; and/or
- Peer evaluation.

All assignments that are used to monitor and evaluate student progress must include a rubric that describes how the work will be evaluated. See the **ERF's in 2.5.a., 2.9.d., and 2.11.c.** to find capstone/CE syllabi, rubrics and student sample work for each program.

Undergraduate PH Assessment

The culminating assessment is achieved through PubH 4140W, the senior seminar. The major deliverables for this course are a memo/presentation, homework assignments (including writing assignments and budget exercises) and a final project and presentation. More detail is provided in Criteria 2.9.d.

MPH

Practice competencies are ascertained by evaluations completed by students, preceptors and faculty members as detailed in Criteria 2.4. The CE assessment is critical to our assessment of student attainment of program competencies. Find the materials for the CE in the **ERF: 2.5.a.** We require that each program provide details about how students will be assessed and when appropriate, include a grading rubric. Given the broad range of competencies, we have tried to provide some choice for students as to how they choose to demonstrate achievement. Options for CE include original research (data collection and analysis), secondary data collection and analysis, policy analysis, meta analysis, literature review, or white papers. In all of these activities, students must demonstrate proficiency in the relevant competency. Final products for faculty evaluation include research papers, written proposals or

analyses, concept papers, oral presentations and policy memos. All of the CE courses require more than one of these deliverables.

MS

The MS, Epidemiology and Health Policy students complete a thesis project to demonstrate program competencies. The Public Health Microbiology and Emerging Infectious Disease program requires students to complete epidemiologic or public health laboratory research and write a concept paper, proposal and final report. They are also required to present their work orally to the faculty for evaluation. In the MS, Exercise Science program, students complete a six-credit internship and must pass comprehensive examinations.

Doctoral

The CE for doctoral students is obviously their thesis, which should be mature enough for peer-reviewed publication. PhD and DrPH students must also successfully complete comprehensive exams before becoming eligible for doctoral candidacy. For DrPH students, sufficient progress must be shown in the development of the dissertation proposal in PUBH 8422- *Advanced Healthcare and Public Health Research Design* before permission is granted to begin the dissertation work. This course prepares students to embark on their independent scholarship.

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

Template 2.7, showing graduation completion rates, can be found in ***ERF 2.7.b.: CEPH Data Template 2.7.1. Graduation Rates***. Table 2.7.b. below summarizes the SPH graduation rates.

Of note, two DrPH candidates who matriculated in 2008 are finalizing their dissertations and are expected to complete in 2016. This will bring the 2008 cohort graduation rate to over 70% . The 2006 DrPH cohort graduated five of six (83.3%) candidates in an average of 5.6 years.

Table 2.7.b.: Summary of Graduation Rates shown in CEPH Data Template 2.7.1

DEGREE	Max Time in Program	Graduation Rate Matriculated 2010-11	Graduation Rate Matriculated 2011-12
MPH	4 years	90.4%	80.2%
MHSA/MHA	4 years	90.3%	91.7%
MS[1]	4 or 5 years	83.7%	80.0%
BS, PH[2]	6 years	97.3%	100.0%
		Graduation Rate Matriculated 2009-10	**Graduation Rate Matriculated 2010-11**
BS, EXSC[3]	6 years	50.0%	66.7%
		Graduation Rate Marticulated 2008	
DrPH[4]	8 years	52.9%	

[1] MS, Health Policy students have 5 years to complete, other MS programs have 4 years to complete.

[2] BS, PH students matriculate to PH program in Junior year. 2012-13 and 2013-14 cohorts have already graduated 100% of the students in these cohorts.

[3] BS, Exercise Science students can matriculate as entering Freshman, however SPH is not responsible for Admissions. With a high percentage of freshman changing majors or withdrawing, these graduation rates are not representative of the graduation rate in this program for students who stay with this major. There are no BS, ES students from the 2009-10 cohort remaining in the program. Two students from the 2010-11 students are continuing to complete degree requirements.

[4] DrPH students matriculated in 2008 have 8 years to complete. The 2 remaining candidates are expected to complete in 2016. Maximum time in program has changed to 7 years for students matriculating fall 2014 and thereafter. Admissions for DrPH program is in even number years only.

Employment rates post-graduation

We have tried multiple mechanisms to collect alumni employment data including graduation surveys, alumni surveys, the ASPPH survey, and most recently, through social media. The alumni data that we have collected has been consistent, with employment rates generally over 70%. CEPH Data Template 2.7.2 below represents our most complete data set. See Criteria 2.7.c. for further explanation regarding the collection of this data.

CEPH Data Template 2.7.2.: SPH Alumni Employment by Degree Program

Destination of Overall Graduates	AY 2011/2012	AY 2012/2013	AY 2013/2014
Employed	71% (263/369)	76% (322/425)	74% (273/370)
Continuing education/training (not employed)	2% (8/369)	3% (13/425)	4% (16/37)
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)		1% (1/425)	
Unknown	27% (98/369)	20% (89/425)	22% (81/370)
Total	**100% (369)**	**100% (425)**	**100% (370)**

CEPH Data Template 2.7.2.: SPH Alumni Employment by Degree Program, (continued)

Destination of BS Graduates	AY 2011/2012	AY 2012/2013	AY 2013/2014
Employed	64% (32/50)	58% (35/62)	56% (31/55)
Continuing education/training (not employed)	4% (2/50)	10% (6/62)	15% (8/55)
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown	32% (16/50)	34% (21/62)	29% (16/55)
Total	**100% (50)**	**100% (62)**	**100% (55)**

Destination of MPH Graduates	AY 2011/2012	AY 2012/2013	AY 2013/2014
Employed	72% (186/257)	82% (243/296)	78% (202/260)
Continuing education/training (not employed)	2% (4/257)	4% (4/296)	2% (7/260)
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)		1% (1/296)	
Unknown	26% (67/257)	16% (48/296)	20% (51/260)
Total	**100% (257)**	**100% (296)**	**100% (260)**

Destination of MS Graduates	AY 2011/2012	AY 2012/2013	AY 2013/2014
Employed	60% (21/35)	61% (19/31)	67% (16/24)
Continuing education/training (not employed)	9% (3/35)	10% (3/31)	4% (1/24)
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown	31% (11/35)	29% (9/31)	29% (7/24)
Total	**100% (35)**	**100% (31)**	**100% (24)**

Destination of MHA Graduates	AY 2011/2012	AY 2012/2013	AY 2013/2014
Employed	82% (18/22)	68% (19/28)	75% (18/24)
Continuing education/training (not employed)			
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown	18% (4/22)	32% (9/28)	25% (6/24)
Total	**100% (22)**	**100% (28)**	**100% (24)**

CEPH Data Template 2.7.2.: SPH Alumni Employment by Degree Program, (continued)

Destination of DrPH Graduates	AY 2011/2012	AY 2012/2013	AY 2013/2014
Employed	100% (5/5)	75% (6/8)	83% (5/6)
Continuing education/training (not employed)			
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown		25% (2/8)	17% (1/6)
Total	**100% (5)**	**100% (8)**	**100% (6)**

Destination of PhD Graduates	AY 2011/2012	AY 2012/2013	AY 2013/2014
Employed	--	--	100% (1/1)
Continuing education/training (not employed)	--	--	
Actively seeking employment	--	--	
Not seeking employment (not employed and not continuing education/training, by choice)	--	--	
Unknown	--	--	
Total	**--**	**--**	**100% (1/1)**

**Report is based on the Academic Year as follows: Academic Year 2011-2012 to include; Fall 2011, Spring 2012, & Summer 2012. Academic Year 2012-2013 to include; Fall 2012, Spring 2013, & Summer 2013. Academic Year 2013-2014 to include; Fall 2013, Spring 2014, & Summer 2014.*

***Academic Year 2013-2014: MS Graduate total is 25 students, however, one alumna passed away. Therefore, our total for reporting purposes is 24.*

ASPPH Survey

This past year, the SPH participated in the ASPPH pilot graduate employment survey. We had 39.9% (128) students respond to the survey. Of these, only four (3.7%) were unemployed and seeking employment; six (5.6%) were in a fellowship/internship/residency, and eight (7.5%) were not seeking employment. The vast majority of those working (88.8%) were working with a new employer after graduation.

While the data we were able to collect indicated acceptable rates of employment, we were missing data on many of our alumni. To attempt to collect better data, we initiated a social media strategy (see 2.7.c).

University Survey

The University also conducts a survey of graduating students who are participating in commencement activities. This survey is distributed early each spring and has a good rate of response. Students who have graduated in summer, fall and spring are all surveyed at the same time, once each academic year.

Below is a summary of employment data reported by participating graduates students from our School in 2012, 2013, and 2014.

Table 2.7.b.: GW Graduate Student Graduation Survey

Response to question about Post Graduation Plans for SPH Students	**2012**	**2013**	**2014**
n=	251	275	220
Employed	46%	43%--	48%
Continuing education/training (not employed)	7%	4%	5%
Actively seeking employment	33%	45%	40%
Not seeking employment (not employed and not continuing education/training, by choice)	5%	5%	2%
Unknown	9%	3%	5%
Total	**100%**	**100%**	**100%**

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

We have traditionally collected employment data through two sets of student surveys. The first is through the university graduate student graduation survey, administered through the Office of Survey Research and Analysis (Table 2.7.b above). The survey is conducted between mid-March and May each year to students who graduated (or are graduating) in the summer, fall or spring of the current academic year. The response rate for this survey typically varies from 70-80 percent of eligible students. The complete surveys are available in ***ERF 2.7.b.: GW Graduate Student Graduation Surveys.*** (The complete GW Undergraduate Senior Survey is also included ***in ERF 2.7.b.: GW Undergraduate Senior Surveys***.) The second is through a School alumni survey that we have been sending out three and six months after graduation. The response rate for our own survey typically is much lower than for the University. Additionally, as noted above, we also participated in the ASPPH survey this past year.

Given the relatively low response rate of alumni after they leave the school, this past summer we hired someone to specifically track our graduates from the past three years. To gather data on the employment status of our graduates for the past three years, we generated a list of alumni that graduated from 2012- 2014. Graduation dates are defined as follows:

- 2012: Fall 2011, Spring 2012, Summer 2012
- 2013: Fall 2012, Spring 2013, Summer 2013
- 2014: Fall 2013, Spring 2014, Summer 2014

The list was leveraged to utilize LinkedIn and broader internet searches to determine each student's updated employment status. Through this approach, we found 865 alumni. The remaining 299 unknown graduates from this three year period were then surveyed through the GWork for Public Health system to determine their current employment status. Through this survey we were able to gather information on an additional 31 alumni. Of the 1,164 students searched and surveyed, we were able to identify employment information for 896 (77%). (Data presented in CEPH Data Template 2.7.2 above.)

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

There are two examining bodies for which such data are available: the National Board of Public Health Examiners (NBPHE) and the American College of Sports Medicine (ACSM). As shown in the table below, only eight students and 32 alumni took the NBPHE exam in the last three years. All students and all but three alumni passed.

Table 2.7.d.: NBPHE Exam Results- Milken Institute School of Public Health

Test Date	# Students Taking Exam	# Students Passing Exam	# Alumni Taking Exam	# Alumni Passing Exam	Percent Pass Rate
Jun-15	0	0	2	1	50%
Feb-15	0	0	0	0	N/A
Oct-14	1	1	5	5	100%
Feb-14	2	2	4	4	100%
Oct-13	0	0	2	2	100%
Feb-13	4	4	4	3	87.5%
Oct -12	1	1	2	2	100.0%
Feb-12	0	0	12	11	92%

Students in the MS, Clinical Exercise Physiology program are required to take the ACSM Certificate exam in exercise physiology. Since 2011, 23 of 24 students have passed the exam.

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

We collect this information from both preceptors and employers. From our preceptor surveys, we collect data related to the extent to which students were prepared to perform in their practicum experiences. In the last three years, 99% of our preceptors indicated that our students' were

appropriately prepared and they would be willing to host another SPH student. We infer from this that they will also be prepared for performing well in an employment setting.

We are also taking steps to learn more about how our graduates perform on the job. In 2014, the SPH began interviewing employers with multiple SPH graduates. The participants from our first interviews are listed below:

- NACCHO
- Live Healthier
- Population Services International (PSI)
- OSSE/DC Office of the State Superintendent of Education, Wellness and Nutrition Services
- Voxiva
- Medicare and Medicaid Services
- CEPH

Because the initial study was small it was analyzed qualitatively. Recommendations revolved around building communication skills, data analysis skills, and the translation from theory into practice. This information was conveyed to the School's Curriculum Committee, which was instructed to share relevant points with their departmental faculty.

In 2015, the SPH Career Services department administered a survey to employers who had posted a position within our GWork for Public Health jobs database system. The survey was distributed to the "primary contacts" in our GWork for Public Health database. Five responses were received, of which only two indicated they had actually hired SPH students in the past three years, telling us that not all of our "primary contacts" in the university-wide employer tracking system were familiar with our SPH students. Since then, remedies were identified to connect with more viable contacts within the employer organizations. Additionally, based on this knowledge rate, we have qualified our alumni employment data to identify the top 20 employers of SPH graduates in the past three years. The SPH plans to specifically target these employers in the future, both by administering an annual Employer Survey, and by qualifying these employer's experiences with our students after predefined criteria have been met, including; a) a job posting has expired (they will have had an opportunity to review any applications from SPH students; and b) after any meaningful on-campus engagement (Career Fair, Information Session, Recruiting event, etc.).

In addition to capturing information about our graduates' overall performance, we have solicited employer feedback about their willingness to hire from our programs, as well as their suggestions in regard to our student's strengths and weaknesses. We have also qualified the employers "industry category", using standards published by LinkedIn, to gather information on broader industry demands and expectations based on the feedback from employers. These trends will allow us to keep an active pulse on the job market and to relay that information to our students, alumni, faculty and staff in collective efforts to prepare them for long term professional success.

We anticipate our response rate will improve going forward, by connecting specifically with the contact person within the organizations that post positions in the GWork for Public Health system, or attends a Career Fair, on-campus recruiting event, or has directly engaged with SPH students. By targeting these points of contact, the SPH expects to improve its data collection efforts and further conduct evaluation of our programs.

The MHA program, which has been in existence for more than 50 years, tracks job titles of alumni. Of the approximately 3,500 alumni we are able to track, >2,400 had C suite titles, an indicator of their high level of competency and accomplishments in the health management workforce.

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

This criterion is met.

Strengths:

- Students are judged to be well prepared for the practicum experience, an indirect indication that they have become competent in their knowledge of public health.
- Job placement rates are strong.
- Most of our undergraduates continue graduate or professional education.
- Majority of our MHA graduates are in significant leadership positions.

Challenges:

- Difficulty obtaining high response rate to surveys, especially for alumni.
- Difficulty tracking alumni.

Future plans:

- All students will sign up on LinkedIn before graduating.
- Continue and expand outreach to employers through interviews and surveys.
- Qualify student's knowledge around professional opportunities in public health at three critical points: 1) upon entry (student intake survey); 2) upon completion of the first year; and 3) upon graduation (three and six month surveys).
- Continue to leverage GWork for Public Health, where students and alumni can proactively update their employment status.

2.8 OTHER GRADUATE PROFESSIONAL DEGREES. *IF THE SCHOOL OFFERS CURRICULA FOR GRADUATE PROFESSIONAL DEGREES OTHER THAN THE MPH OR EQUIVALENT PUBLIC HEALTH DEGREES, STUDENTS PURSUING THEM MUST BE GROUNDED IN BASIC PUBLIC HEALTH KNOWLEDGE.*

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

The Masters of Health Administration

The MHA Program has been in continuous accreditation since 1968 (ACEHSA/CAHME) and is housed in the Department of Health Policy and Management (HPM). The Program enrolls full- and part-time students and prepares them for the challenges of delivering quality health services: dealing with trends in service delivery, managing financial resources, focusing on patient safety and quality and improving performance to ensure timely delivery of efficacious health services to individuals and communities.

The program was founded in 1959 as the Program in Hospital Administration in the School of Business. Since then the program has undergone a number of major transformations, most recently, as an MHA with a curriculum responsive to the fast-paced and dynamic changes in health care and the health services field. Over several years the program was enhanced by adding emphases on management of long-term and post-acute care management and ambulatory care, in addition to traditional hospital care. Most recently, we further improved the program by adding: a semester-long elective in emergency and disaster management; several short (three-day long) electives taught by either program alumni or seasoned healthcare executives; a semi-annual program newsletter; a number of new residency sites; and several new faculty, including, regular, full-time faculty, several full-time visiting faculty and a number of new professorial lecturers. This fall we are conducting a nationwide search for two additional special service faculty, who will be committed to significant teaching and mentoring.

The program is distinguished by: 1) a required one-year, full-time administrative Residency for the Program's management areas of focus, for nine-semester hours; 2) voluntary community service activities in conjunction with medical, nursing, physician assistant, physical therapy, and public health students; 3) affiliation with The George Washington University Hospital and the George Washington Medical Faculty Associates, a large physician group practice; 4) alumni mentoring and alumni assistance in career development and placement through the Student Alumni Mentoring Program (SAMP); 5) executives-in-residence (EIR) who we bring to campus to teach, mentor, and counsel students; and 6) faculty support to an active student association offering a wide variety of professional development, social activities and affiliations with local and national professional associations.

CAHME reaccredited the MHA program in 2013 for 7 years. It is also accredited by the National Association of Board of Long Term Care (NAB). NAB accredits program for long-term care administrators; with that accreditation, GW MHA graduates are permitted to apply for a license in twenty eight states.

The MHA is a 50-credit program. The curricular requirements are shown in the table below. Students also enroll in between 10 and 16 credits of pre-approved electives, depending on if they choose the Internship or Residency option for field experience.

Table 2.8.a.: MHA Required Curriculum

Required Courses (31 credits)		
Course	**Credits**	**Title**
HSML 6202	2	Introduction to the US Health Care System
HSML 6203	2	Introduction to Health Management
HSML 6204	2	Quality and Performance Improvement
HSML 6206	3	Quantitative Methods and Epidemiology in Health Services
HSML 6207	2	Health Services Information Applications
HSML 6208	2	Medical Informatics
HSML 6209	2	Health Services Finance
HSML 6210	2	Health Services Financial Applications
HSML 6211	2	Health Economics
HSML 6212	2	Community Health Management Advocacy
HSML 6213	2	Health Services Marketing and Planning
HSML 6215	2	Health Law for Managers
HSML 6216	2	Human Resources Management and Organizational Behavior
HSML 6218	2	Seminar in Health Services Management and Leadership
PubH 6004	2	Environmental and Occupational Health in a Sustainable World
Field Experience (3 or 9 Credits)		
HSML 6273-6275	9	Residency Focus Area Options: Acute and Ambulatory Care Management; Post-acute Care Management (including Long Term Care)
HSML 6271	3	Internship Focus Area Options: Information Systems and Financial Management; Operations management; Strategic Management and Policy

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

In response to the CEPH site visit in 2007, the MHA requirements relative to the public health core were revised and strengthened. Within the 50-credit graduation requirement, we have three additional requirements:

- A two-credit environmental health course – PUBH 6004, Environmental and Occupational Health in a Sustainable World. This core course is taught by our EOH faculty for all of our master's students.
- Quantitative Methods and Epidemiology in Health Services, HSML 6206. The course content was reviewed with and approved by faculty from the Department of Epidemiology and Biostatistics.
- Community Health Management and Advocacy, HSML 6212. This course was developed collaboratively with the Department of Prevention and Community Health.
- The two new courses that we added (HSML 6206 and 6212) were approved by the School's Curriculum Committee as meeting identified competencies in the core areas.

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

This criterion is met.

Strengths:

- Addition of three required courses to provide a sounder foundation in public health.

Challenges:

- None

Future Plans:

- While MHA students receive adequate introduction to core public health knowledge, they might be better served by taking these core courses outside the department, so as to broaden their perspectives about other disciplines. We will evaluate this option.
- The Department of Health Policy and Management Curriculum Committee is evaluating ways to better integrate the MPH and MHA curricula.

2.9 BACHELOR'S DEGREES IN PUBLIC HEALTH. *IF THE SCHOOL OFFERS BACCALAUREATE PUBLIC HEALTH DEGREES, THEY SHALL INCLUDE THE FOLLOWING ELEMENTS:*

1. *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.*
2. *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.*
3. *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 TO 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.*
4. *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.*

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

See Instructional Matrix in Criteria 2.1.a.

The BS, Public Health is a generalist degree providing undergraduate students a basic liberal arts education with a broad overview of the public health core. The program introduces basic tools, methods and approaches used in public health practice; reflects on the challenges of the field; addresses current topics and trends; and engages students in practical application of skills taught throughout the curriculum. GW's BS Public Health program has been a leader in the field (ranked 6th nationally by College Factual) and complies with 2012 ASPPH recommendations for the undergraduate major in public health.

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

The Program Director, Sara Wilensky, JD, PhD is a Special Services Faculty for Undergraduate Education and is based in the Department of Health Policy and Management. Dr. Wilensky is responsible for the overall direction, budgeting, faculty participation, and oversight for the Public Health major, Public Health minor, and the five-year BS/MPH program.

An Undergraduate Program Advisor (staff position) is responsible for managing the program content and working closely with prospective and current students in the major, minor, and five-year BS/MPH program. This position advises students regarding course selection, degree requirements, and overall academic planning. In addition, students have access to DegreeMAP, the GW on-line program that allows students to follow their progress and degree requirements.

The Undergraduate Curriculum Subcommittee of the SPH Curriculum Committee includes representatives from each SPH department as well as the Program Director, Program Advisor (non-voting), the Assistant Dean of Student Affairs (non-voting) and the Associate Dean for Academic Affairs (non-voting). The subcommittee provides guidance for overall program goals and curriculum direction, approves new courses, evaluates existing course work, and establishes curriculum-related policies (e.g., which courses are approved as electives).

The SPH Student Affairs office is available for assistance to undergraduate students on an as-needed basis to complete special projects and handle student issues that present exceptions to the usual course of business. An admissions representative within the SPH Office of Admissions and Recruitment provides logistical assistance during the admissions process and the Undergraduate Advisor maintains the student list serves.

Two class representatives act as liaisons between the students and the Program Director and assist with special projects, such as class surveys. Two representatives bring an undergraduate presence to the GW Public Health Students' Association (PHSA). PHSA is a student and alumni-run organization that plans social, academic, and career-enhancing events throughout the school and in the community. PHSA's faculty advisor is Dr. Loretta DiPietro, Chair of the Department of Exercise and Nutrition Sciences.

Undergraduate students have access to all of the resources of the school and university. The new SPH building, on our Foggy Bottom campus in downtown DC, provides a place for all undergraduate and graduate public health students to take classes, study, and socialize. Many of our undergraduate students take advantage of our Washington, DC location by working and volunteering outside the university, as well as participating in local events and conferences.

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

Students enter GW as freshman with an undeclared major and then apply to the SPH in their sophomore year. Historically, students were only admitted to matriculate in the first semester of their junior year. However, in the fall of 2015, a second admissions cycle was implemented to begin admitting students to matriculate in the second semester of their sophomore year. Applicants must have at least a 3.0 GPA to be considered for admission and additional consideration is given to student's overall academic and curricular strengths, writing skills, commitment to public health, leadership and other qualities. Over the last several years, we have had many more applicants than available room in the program leading to the current plan to have two admissions cycles and an increase in the student enrollment.

The tables below provide a list of our required and approved elective courses. The competency matrix can be found in Criteria 2.6.b. As required, our students must complete coursework in the five core public health areas. In addition, students are required to take courses in biology, statistics, and economics as pre-requisites for our required courses. The program maintains a list of approved elective courses within and outside of the public health school. All approved electives have a nexus with public health, even if offered by other schools at the university or outside of the university.

Newly admitted BS, Public Health students matriculating in fall 2015 will follow a slightly revised program (as shown below). One core course, Introduction to Preventive Medicine, has been eliminated in response to feedback from students and the Undergraduate Committee. The core is now 30 credits, down from 33. This change provided the opportunity to add three elective credits to the curriculum so that students can customize the program to their specific field(s) of interest within public health. The current list of approved undergraduate electives is shown in the next table. The complete program guide is available here: http://publichealth.gwu.edu/programs/public-health-bs.

How students are introduced to Biostatistics: All students are required to complete at least one Statistics course as a prerequisite to PUBH 3131- *Epidemiology: Measuring Health and Disease*. We encourage students to take STAT 1127- *Statistics for the Biological Sciences*; however, we do not require STAT 1127, since it is only offered in the spring term and not all of our students can fit it into their spring schedules. Because of this limitation other introductory statistics courses are accepted.

- STAT 1127- *Statistics for the Biological Sciences*. (3 Credits)- Introduction to statistical techniques and reasoning applicable to the biomedical and related sciences. Properties of basic probability functions: binomial, Poisson, and normal. Data analysis, inference, and experimental design.
- STAT 1051- *Introduction to Business and Economic Statistics*. (3 Credits)- Lecture plus laboratory. Frequency distributions, descriptive measures, probability, probability distributions, sampling, estimation, tests of hypotheses, regression and correlation, with applications to business.

- STAT 1053- *Introduction to Statistics in Social Science*. (3 Credits)- Lecture plus laboratory. Frequency distributions, descriptive measures, probability, sampling, estimation, tests of hypotheses, regression and correlation, with applications to social sciences.
- STAT 1111- *Business and Economic Statistics* I. (3 Credits)- Descriptive statistics, graphical methods, probability, special distributions, random variables, sampling, estimation and confidence intervals, hypothesis testing, correlation and regression.

Table 2.9.c.1.: BS PH Core Curriculum (30 credits) and Approved Electives (12 credits)

Required Courses	Credits	Course Title
PubH 1101	3	Introduction to Public Health and Health Services
PubH 1102	3	History of Public Health
PubH 2110	3	Public Health Biology
PubH 2112	3	Principles of Health Education and Health Promotion
PubH 3130	3	Health Services Management and Economics
PubH 3131	3	Epidemiology: Measuring Health and Disease
PubH 3132	3	Health and Environment
PubH 3133	3	Global Health and Development
PubH 3135-W	3	Health Policy
PubH 4140-W	3	Senior Seminar

Elective Courses	Credits	Course Title
HLWL 1106	3	Drug Awareness
HLWL 1109	3	Human Sexuality
HLWL 1110	3	Issues in Alternative Medicine
EXNS 1114	3	Community Nutrition
EXNS 2119	3	Basic Nutrition
EXNS 2122	3	Food Systems in Public Health
HIST 3363	3	Race, American Medicine, and PH: African-American Experiences
ANTH 3504	3	Illness, Healing and Culture
ANTH 3513	3	Human Rights and Ethics
ANTH 6302	3	Issues in Development
BIOC 3560	3	Diet, Health, and Longevity
GEOG 2137	3	Environmental Hazards
HSCI 2101	3	Psychosocial Aspects of Health and Illness
ORSC 4161	3	Organizational Research Methods
PSC 2101	3	Scope & Methods in Political Science
PSYC 2101	3	Research Methods - Psychology
PubH 1099	1-3	Variable Topics
PubH 2113	3	Impact of Culture Upon Health
PubH 2114	3	Environment, Health and Development
PubH 2115	3	Health, Human Rights, and Displaced Persons
PubH 2116	3	Global Delivery of Health Services
PubH 2117	3	Service-Learning in Public Health
PubH 3136	3	Health Law
PubH 3137	3	Global Public Health Nutrition
PubH 3150	3	Sustainable Energy and Environmental Health
PubH 3151	3	Current Issues in Bioethics
PubH 3190	1-3	Various Topics in Public Health

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

The capstone experience is designed as a Senior Seminar involving the development of an extensive research proposal or public health program design. Students are encouraged to complete as many required courses, all if possible, before enrolling in the Senior Seminar. Advising is available to assist students in selecting which requirements would be best to take concurrently with the Senior Seminar as it applies content and theory from many of the required courses to the development of the capstone project. (***ERF 2.9.d. Senior Seminar Syllabus***) Unique to GW, the Senior Seminar is designated as a Writing-in-the-Disciplines course, meaning that students engage in several forms of writing and revision throughout the semester. The final product is a single-spaced, 30-page program proposal that includes an executive summary, budget justification, and literature review, along with the main content of the proposal. In addition, students present proposals to the class at the end of the semester; students vote on which proposal they consider to be worth funding. Examples of undergraduate student capstones may be found in ***ERF 2.9.d.: UG Capstone Student Work Samples and Capstone Project Overview***.

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

This criterion is met.

Strengths:

- The BSPH major has been a very popular major, both in terms of students' demand for the major and student evaluations upon graduation.
- Students complete the program with broad public health knowledge that prepares them for a wide array of job opportunities.
- The major has been highly selective among the GW undergraduate cohort that is, in itself, selective. Over the last several years, the BS, PH cohorts have had an average GPA of 3.6 at the end of their sophomore years.
- We also provide a PH minor and a five-year BS/MPH program to allow students to choose the public health program that best fits their academic interests.
- The new SPH building has allowed all undergraduate majors to interact with each other, the graduate students, and the faculty and staff more than ever before, providing a new cohesiveness to the program and within the school.
- We have excellent faculty teaching in the program. All of our faculty have extensive experience in the field and/or teach in our MPH program.
- The school's recently updated website makes it easier for students to learn about our programs.

Challenges:

- Until our move into the new building, space constraints forced us to limit enrollment to 60 students in the major at one time. As a result we had to turn away many interested students by capping the numbers in our major and five-year programs. The minor is also very popular and enrollment is limited to 75 per year.
- It is difficult to keep up with the demand for undergraduate courses given the competing demands on faculty who also do research and teach graduate students.
- The admissions process presents challenges in terms of communicating with students and advisors regarding the opportunities available in our School.

Future Plans:

- The school has approval to increase enrollment to 120 students in the BS, PH program over the next several years. As a result, the SPH will expand course and section offerings.
- In fall 2015, we will admit students into the program a term earlier to attract more students, now that we have space to expand.

2.10 OTHER BACHELOR'S DEGREES. *IF THE SCHOOL OFFERS BACCALAUREATE DEGREES IN FIELDS OTHER THAN PUBLIC HEALTH, STUDENTS PURSUING THEM MUST BE GROUNDED IN BASIC PUBLIC HEALTH KNOWLEDGE.*

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

In addition to the BS in Public Health, the SPH offers a BS in Exercise Science (see Instructional Matrix in 2.1.a) with the option of choosing a concentration in:

- Pre-Athletic Training/Sports Medicine
- Pre-Medical Professional
- Pre-Physical Therapy
- Or no concentration

In 2014 the Department of Exercise Science changed its name to Department of Exercise and Nutrition Sciences (EXNS) to better reflect the growing nutrition content in the curriculum and the importance of nutrition in health promotion and disease prevention. The BS in Exercise Science is housed within the EXNS Department.

All students in the BS Exercise Science major, regardless of concentration, are required to take the University General Education Requirements (GER) which includes University writing requirement courses (http://bulletin.gwu.edu/university-regulations/general-education/); and core courses in exercise and nutrition science. Additional information can be found in the program guides on the SPH website: http://publichealth.gwu.edu/academics/undergraduate.

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

Exercise Science majors are all required to take the same core courses and one of the following Public Health courses to fulfill the university undergraduate General Curriculum Requirements:

1) PUBH 1101-Introduction to Public Health and Health Services [Introduction to aspects of public health and health services, including health services administration and policy, maternal and child health, environmental health, and health promotion.]

Or

2) PUBH 2110-Public Health Biology [Basic scientific mechanisms, concepts, and principles in health and the pathogenesis of diseases; a foundation for applications to public health.]

The core coursework in Exercise and Nutrition Sciences has a strong thread emphasizing the relationship between physical activity and nutrition with public health concepts of disease prevention. This includes an epidemiologic foundation using supporting evidence to study, implement, and evaluate protocols and programs.

Table 2.10.b.: BS, Exercise Science Core Curriculum

Required Core Classes (41-42 credits)		
Class	**Credits**	**Title**
EXNS 1103	3	Professional Foundations in Exercise Science
EXNS 1110	4	Applied Anatomy & Physiology I & Lab
EXNS 1111	4	Applied Anatomy & Physiology II & Lab
EXNS 2110	4 (3)	Prevention and Care of Injury & Lab (No 1 credit lab for Pre-Athletic Training/Sports Med concentration ONLY)
EXNS 2111	4	Exercise Physiology I & Lab
EXNS 2112	4	Exercise Physiology II & Lab
EXNS 2113	4	Kinesiology & Lab
EXNS 2114	3	Nutrition Sciences I
EXNS 2115	3	Nutrition Sciences II
EXNS 2116	3	Exercise and Health Psychology
EXNS 3110	3	Internship
EXNS 4110	3	Current Issues in Exercise Science

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

This criterion is met.

Strengths:

- The Exercise Science major is an integral and important part of the School. Undergraduate students in this program are well grounded in the connection between exercise/physical activity, nutrition and the prevention of chronic disease. The content of the freshman course *Professional Foundations in Exercise Science* (EXNS 1103) lays a solid foundation in public health and exercise science and this information is carried through the other course work and field work experiences to the senior capstone course, *Current Issues in Exercise Science* (PUBH 4110).
- The Department of EXNS has an excellent faculty with a variety of expertise and experience.
- The Department of EXNS also offers minors in Exercise Science and in Nutrition.

Challenges:

- Although we do have a strong public health content integration in the undergraduate Exercise Science major, the connection between undergraduate students in both majors (exercise science and public health) could be improved.

Future Plans:

- Review curriculum to accommodate recent changes in the University GERs. The exercise science and public health content thread is currently strong and will continue to be a focus in the curriculum.
- Look into expanding the EXNS and PUBH course offerings that cross the two undergraduate majors and integrate additional, appropriate public health content into the Exercise Science major.
- In 2014, the EXNS department began to offer an MPH track in Public Health Nutrition with the expectation to expand the undergraduate program options to include a major in Nutritional Sciences. This program will be well grounded in basic public health concepts comparable to the Exercise Science major.

2.11 ACADEMIC DEGREES. IF THE SCHOOL ALSO OFFERS CURRICULA FOR GRADUATE ACADEMIC DEGREES, STUDENTS PURSUING THEM SHALL OBTAIN A BROAD INTRODUCTION TO PUBLIC HEALTH, AS WELL AS AN UNDERSTANDING ABOUT HOW THEIR DISCIPLINE-BASED SPECIALIZATION CONTRIBUTES TO ACHIEVING THE GOALS OF PUBLIC HEALTH.

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

See Instructional Matrix in Criterion 2.1.a.

The SPH has four academic MS degree programs:

MS, Health Policy: http://publichealth.gwu.edu/programs/health-policy-ms

MS, Epidemiology: http://publichealth.gwu.edu/programs/epidemiology-ms

MS, Public Health Microbiology & Emerging Infectious Diseases: http://publichealth.gwu.edu/programs/public-health-microbiology-and-emerging-infectious-diseases-ms

MS, Exercise Science- Strength & Conditioning: http://publichealth.gwu.edu/programs/strength-and-conditioning-ms

The SPH has two academic PhD degree programs- See Criteria 2.12.

PhD, Epidemiology: https://publichealth.gwu.edu/programs/epidemiology-phd

PhD, Social and Behavioral Science in Public Health: http://publichealth.gwu.edu/programs/social-and-behavioral-sciences-phd

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

MS in Health Policy

The MS in Health Policy is a 48-credit program housed in the Department of HPM. The goals of the program are to provide students with the skills and knowledge to prepare them to pursue subsequent doctoral study or to enter academic or research careers as analysts in health policy for think tanks, health delivery systems, regulatory and other government agencies, or university settings. The program emphasizes individual study design and allows students to focus their training in a particular area of health policy. The table below outlines the curricular requirements.

Table 2.11.b.1.: MS, Health Policy Curriculum

Core Courses				**Credits**
PubH 6002	Biostatistical Applications for Public Health			3
PubH 6003	Principles and Practice of Epidemiology			3
PubH 6006	Management and Policy Approaches to Public Health			3
PubH 6242+ PubH 6243	Clinical Epidemiology and Decision Analysis + Topics in Clinical Epidemiology and Decision Analysis (lab requirement)			2 1
Total	**SPH Core Course Credits**			**12**
Required Program-Specific Courses				
	Course			**Credits**
PUBH 6305	Fundamentals for Health Policy (prerequisite: none)			2
PUBH 6310	Statistical Analysis in Health Policy (prerequisite: PUBH 6002)			3
PUBH 6315	Introduction to Health Policy Analysis (prerequisite: PUBH 6305)			2
	Advanced Analysis SELECTIVES ***(choose one course from list below):***			
	PUBH 6320: Advanced Health Policy Analysis (prerequisites: PUBH 6310 and PUBH 6315) **PUBH 6247**: Design of Health Studies (prerequisites: PUBH 6003, 6310 and 6315) **PUBH 6249**: Use of Statistical Packages for Data Management and Data Analysis (prerequisites: PUBH 6310 and 6315) **PUBH 6411**: Global Health Qualitative Research Methods (prerequisites: PUBH 6002, 6410) **PUBH 6530**: Qualitative Methods/Health Promotion **PUBH 6501**: Evaluation of Health Promotion Disease Prevention Programs (prerequisites: PUBH 6002,6003 and permission of instructor) **PUBH 6533**: Design of Community Health Surveys **PUBH 8417**: Qualitative Research Methods and Analysis (prerequisites: instructors permission) **PUBH 8419**: Measurement in Public Health and Health Services Research (prerequisite: instructors permission) **PPPA 6015**: Benefit-Cost Analysis (prerequisites: PUBH 6310, 6315, PPPA 6014 or equivalent micro economics course and instructor's permission) **PPPA 6016**: Public and Non-profit Program Evaluation (prerequisites: PUBH 6310, 6315 and instructor's permission) **EMSE 6740**: Systems Thinking & Policy Modeling I (prerequisites: PUBH 6310 and 6315)			2 3 3 2 2 3 2 3 3 3 3
PUBH 6330 **OR** PUBH 6335	Health Services and Law (prerequisite: none) **OR** Public Health and Law (prerequisite: none)			3 **OR** 3
PUBH 6340	Health Economics and Financing (prerequisite: PUBH 6352 Basics of Economics or instructor's permission)			3
PUBH 6345	Health Policy Research Design			2
PUBH 6013	Master's Thesis			3
Total	**Program-Specific Course Credits**			**20/21**
Elective Courses				
Any PUBH or HSML course	A personalized combination of elective courses (depending on which Selective was taken). Any PUBH or HSML course will count as an elective toward the MS in Health	**15/16**		Please check the applicable semester course schedule – elective course offerings are semester-specific.

The MS in health policy requirements include 12 credits of core courses offered at the school level, which provides students with a broad public health orientation while ensuring they have the research skills necessary to conduct rigorous research. These courses include: PUBH 6002, PUBH 6003, PUBH 6006 and PUBH 6242/6243 as shown above.

As part of the program requirements, several of the courses noted in the above table are specifically in the discipline of health policy, which provides them in-depth education in this field. These include each of the courses in the PUBH 6300 series.

Several of the required courses also focus on the theoretical basis for public health and health policy interventions (e.g. health behavior, environmental health, political and policy-making theory) and research skills to meet the required competencies of the MS in Health Policy. These include PUBH 6002, PUBH 6242/6243 and PUBH 6310.

To satisfy the degree requirements, the MS, Health Policy students also take a two-credit Health Policy Research and Design course, in preparation for completing the thesis.

MS in Epidemiology

This 33-credit MS program was transferred from the CCAS to the SPH in July 2013. As part of the Department of Epi/Bio, the goals of the MS in Epidemiology are to prepare students for careers as epidemiologists in government, industry or academia and to prepare students who plan to continue their studies in a doctoral program. The program includes coursework focusing on theoretical and applied epidemiological and statistical methods as well as public health. Program requirements are outlined in Table 2.11.b.2 below.

Table 2.11.b.2.: MS, Epidemiology Curricular Requirements

Required Core Courses (22 Total Credits)		
Required Public Health Core Courses (16 Credits)		**Credits**
PubH 6001	Biological Concepts for Public Health	2
PubH 6002	Biostatistical Applications for Public Health	3
PubH 6003	Principles and Practice of Epidemiology	3
PubH 6247	Design of Health Studies	3
PubH 6252	Advanced Epidemiology Methods	3
PubH 6299	Topics (2 one credit courses or 1 two credit course)	2
Required Statistics Core Courses (6 Credits)		**Credits**
STAT 4157	Introduction to Mathematical Statistics I	3
STAT 4158	Introduction to Mathematical Statistics II	3
- OR -		
STAT 6201*	Mathematical Statistics I	3
STAT 6202*	Mathematical Statistics II	3
*Students interested in applying to the PhD degree program in Epidemiology may register in STAT 6201 and 6202, and not STAT 4157 and 4158. Advisor's approval is required before registering for STAT 6201 and STAT 6202.		
Elective Courses (8 Total Credits)		
Public Health Elective Courses		**Credits**
PubH 6004	Environmental and Occupational Health in a Sustainable World	2
PubH 6007	Social and Behavioral Science Approaches to Public Health	2
PubH 6121	Environmental and Occupational Epidemiology	3
PubH 6123	Toxicology: Applications for Public Health Policy	3
PubH 6124	Problem Solving in Environ & Occupational Hlth	3
PubH 6242	Clinical Epidemiology and Decision Analysis	2
PubH 6243	Topics in Clinical Epi and Decision Analysis	1
PubH 6244	Cancer Epidemiology	2
PubH 6245	Infectious Disease Epidemiology	2
PubH 6250	Epidemiology of HIV/AIDS	2
PubH 6260	Advanced Data Analysis for Public Health	2
PubH 6262	Introduction to Geographic Information Systems	1
PubH 6283	Biostatistics Consulting Practicum	1
PubH 6299	Topics in Epidemiology & Biostatistics	1-2
Statistics Elective Courses		**Credits**
STAT 2118	Regression Analysis	3
STAT 4181	Applied Time Series Analysis	3
STAT 3187	Introduction to Sampling	3
Consulting and Thesis (3 Credits)		
PubH 6258	Advanced Topics in Biostatistical Consulting	1
PubH 6999	Thesis	2

MS in Public Health Microbiology and Emerging Infectious Diseases (PHMEID)

Housed in the Department of Epi/Bio, the 45-credit MS in PHMEID has the following goals:

- Identify the biological complexities of microbial pathogens and the diseases they cause;
- Recognize the major epidemiologic and clinical features of microbial disease;
- Identify how new biotechnologies (including genomics, proteomics; bioinformatics) can be applied to the study and control of microbial pathogens;
- Develop an in-depth understanding of epidemiologic principles and practice; and
- Apply the principles of epidemiology, microbiology, and public health practice toward the detection, surveillance, investigation, and control of microbial diseases.

Students enrolled in the MS, PHMEID program are required to take four or more credits of Epidemiology and Biostatistics courses, a three-credit environmental and occupational health and a course in essential public health laboratory skills. Additionally, all MS, PHMEID students are required to complete a field laboratory experience during which they are exposed to applied public health and laboratory environments. The students are then required to complete a thesis (the Final Project) through which they must synthesize data acquired through epidemiologic and/or public health laboratory research.

Until the fall of 2013, the program was offered jointly with the School of Medicine. At that time, the program was moved entirely under the domain of the Department of Epi/Bio to strengthen its orientation toward public health. The MS, PHMEID program had always had a public health focus in the courses that were offered through the Department of Epi/Bio. The courses in public health microbiology, virology, genomics, and laboratory microbiology, previously offered through the School of Medicine, are now taught from the public health perspective.

Table 2.11.b.3.: MS, PHMEID Program Requirements

**Note: There are additional elective courses not listed here that might be appropriate.*

Prerequisites		Credits
Biological Sciences other than Botany		≥ 12
Chemistry		≥ 3
Calculus		≥ 3
Required Foundation Courses – 10 Credits		
Course #	**Course Title**	**Credits**
PubH 6002	Biostatistical Applications for Public Health	3
PubH 6003	Principles and Practice of Epidemiology	3
PubH 6004	Environmental & Occupational Health	2
PubH 6275	Essential Public Health Laboratory Skills	2
Required Epidemiology/Microbiology Courses – 22 Credits		
Course #	**Course Title**	**Credits**
PubH 6245	Infectious Disease Epidemiology	2
PubH 6247	Design of Health Studies	3
PubH 6249	Use of Statistical Packages: Data Management and Data Analysis	3
PubH 6259	Epidemiologic Surveillance in Public Health	2
PubH 6262	Introduction to Geographic Information Systems	1
PubH 6276	Public Health Microbiology	3
PubH 6277	Public Health Genomics	2
PubH 6278	Public Health Virology	3
MICR 8210	Infection and Immunity	3
Elective Courses – 9 Credits*		
Course #	**Course Title**	**Credits**
PubH 6127	Applied Environmental Health Microbiology	2
PubH 6132	WASH: Disaster Relief Management & Development	1
PubH 6239	Epidemiology of Foodborne and Waterborne Diseases	1
PubH 6242	Clinical Epidemiology and Decision Analysis	2
PubH 6243	Topics in Clinical Epidemiology and Decision Analysis	1
PubH 6250	Epidemiology of HIV/AIDS	2
PubH 6252	Advanced Epidemiologic Methods	3
PubH 6253	Issues in HIV/AIDS Care and Treatment	1
PubH 6261	Epi/Bio Skills Building Seminar	1
PubH 6263	Advanced Geographic Information Systems	1
PubH 6270	HIV/AIDS Surveillance	1
PubH 6271	Disaster Epidemiology: Methods and Applications	1
PubH 6299	TOPICS: Epidemiology of Sexually Transmitted Infections	2
PubH 6358	Vaccine Policy	2
PubH 6399	TOPICS: Homeland Security and Public Health	1
PubH 6484	Prevention & Control of Vector-Borne Diseases	2
PubH 6487	Emerging Zoonotic Diseases and Global Food Animal Production	1
MICR 6292	Tropical Infectious Diseases	2
Field/Laboratory Experience and Final Project – 4 Credits		
Course #	**Course Title**	**Credits**
PubH 6016	Field/Laboratory Experience	2
PubH 6280	Final Project	2

MS in Exercise Science

There have been two academic programs in the Department of Exercise and Nutrition Sciences (EXNS) - a MS in Exercise Science with a concentration in Clinical Exercise Physiology and a MS in Exercise Science with a concentration in Strength & Conditioning. SPH accepted the last cohort into the Clinical Exercise Physiology program in Fall 2014. This program will no longer be accepting new students.

The goals of the MS, Strength and Conditioning include:

- Establish scientific bases for the value of anaerobic exercise, and to provide internal and external programs that promote health behaviors across the lifespan;
- Meet an increasing demand for well-educated professionals capable of delivering a broad range of exercise-based preventive, technical, educational, and rehabilitative services;
- Gain insight into strategies for the prevention and treatment of sarcopenia, osteoporosis and childhood obesity; and
- Provide advanced training in exercise physiology as it relates specifically to resistance training for the purpose of increasing athletic performance and the prevention or treatment of inactivity-related health disorders.

All students enrolled in the MS, Exercise Science programs are required to take 30 credits of coursework and a six-credit internship for a total of 36-credits.

Table 2.11.b.4.: MS, Exercise Science Curriculum

MSES Core Courses (17 credits)		**Credits**
PUBH 6002	Biostatistical Applications for Public Health	3
EXNS 6202	Advanced Exercise Physiology I	3
EXNS 6203	Advanced Exercise Physiology II	3
EXNS 6207	Psychological Aspects of Sport and Exercise	3
EXNS 6208	Physical Activity: Physiology & Epidemiology	2
EXNS 6209	Advanced Concepts in Nutrition Science	3
Program Specific Courses (13 credits)		
EXNS 6220	Power Training Laboratory	2
EXNS 6221	Science and Theory of Resistance Training	3
EXNS 6222	Current Topics in Strength and Conditioning	2
EXNS 6223	Biomechanical Analysis	3
ELECTIVE	Approved by Program Director	3
Culminating Experience (6 credits)		
EXNS 6233	Graduate Internship **and** Comprehensive Exam	6 0
	Total Credits	**36**

The content of the core courses cover a breadth of information that addresses public health core areas. The social and behavioral aspects of physical activity are a primary focus of EXNS 6207. The effects of a

sedentary lifestyle and the resulting obesity problem are extensively covered in EXNS 6208. Policies relating to physical activity (such as American College of Sports Medicine physical activity guidelines) are discussed in EXNS 6202, 6203, 6208 and 6209. Examination of broad environmental factors which contribute to a sedentary lifestyle (e.g., screen time, phasing out of school physical education), as well as those that affect the food supply are themes which permeate all aspects of the program and are discussed in each class.

Over time, the MS, Exercise Science has been adapted to a hybrid delivery model, such that most coursework is now conducted online. In addition, the school-wide Curriculum Committee just approved changes to the program including adding PUBH 6002- *Biostatistical Applications for Public Health* to fill the gap in statistics content. The option to complete a thesis was eliminated for this program. All students in this program will complete the Internship and Comprehensive exam.

PhD in Epidemiology

Most PhD students in Epidemiology enter the doctoral program with an MPH degree so they have already been exposed to a public health orientation. As part of the doctoral program students are required to complete 18 credits in public health courses, and between 15 and 18 credits in either epidemiology or statistics elective courses. Those who matriculate intp the PhD Epidemiology program that have an MPH degree can transfer up to 24 credits, the equivalent of the non-required public health courses, from their MPH degree towards the PhD. Students that do not have an MPH degree must complete ALL of the required public health credits and have the opportunity to take more public health courses as electives. The PhD Program Director reviews transcripts with all students, and for those without an MPH degree identifies appropriate public health courses to develop a plan of study that will encompass all educational requirements. As these students do not transfer in many credits since they do not have a MPH degree, there is additional room in the program for them to take public health courses as electives when needed. In addition, a requirement for the doctoral dissertation is a clear consideration and explication of the public health significance of their research.

PHD in Social and Behavioral Sciences in Public Health (SBS)

This newly approved program will admit its first students in the fall of 2016. The PhD in SBS will train strong theoretical, methodological, and practical scholars, whose contributions could be as practitioners or academics. Our students will be well trained in a substantive health area with a strong background in theory of social and behavior change, study design and evaluation, and statistical methods.

It is anticipated that most PhD students in SBS will enter the doctoral program with an MPH degree, thus, they will have already been exposed to a public health orientation. SBS PhD students without an MPH will be required to complete one course serving as an *Introduction to Public Health* and one course serving as an *Introduction to Epidemiology*--per personal communication with CEPH

headquarters. Additionally, the graduate director will review transcripts individually for students who do not have a MPH degree to identify areas where they are lacking in core public health education to identify an individual plan of study that will encompass these educational requirements. As they will not have likely transferred-in many credits since they do not have a MPH degree, there is room in the program for these students to take public health courses as electives to acquire these missing skills. Notably, as part of the doctoral program students are required to complete an additional 18 credits in public health courses, and 14 credits exploring more deeply their area of expertise in public health. And, a requirement for the doctoral dissertation is a clear consideration and explication of the public health significance of their research.

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

Examples of student work, course syllabi and rubrics and other materials are available in the electronic resource file. ***ERF 2.11.c.: Academic Programs – Student Work Samples and Materials.***

MS in Health Policy

Students in the Health Policy Master of Science program are required to complete a year-long research project that consists of a two-credit research design course (PUBH 6345-*Health Policy Research and Design*) where students are required to develop and design a research proposal, and a three-credit self-directed research thesis guided by the MS advisor. The three-credit self-directed course is used to implement the study students develop in the Health Policy Research and Design course and write up, in a scientific report format, the findings of the study.

MS in Epidemiology

Students receive practical experience in the MS program through the completion of a thesis directed by department faculty. The purpose of the thesis is to provide the student an opportunity to apply skills that go beyond the classroom experience to include the following: how to draft a proposal; how to complete a data analysis plan; how to communicate complex statistical analysis results; and how to present and defend their findings to investigators of varied scientific and quantitative backgrounds. Students present their findings to faculty in the department at the end of the semester. Faculty evaluations are the basis of the grade (credit/no credit). Students receiving a no-credit grade will work with their thesis advisor to remedy the thesis based on faculty feedback and provided a second opportunity to present and defend their research.

MS in PHMEID

All students are required to complete a final project that consists of development of a concept paper, proposal, final report, and oral presentation. These requirements are similar to those of the MPH students' Culminating Experience.

MS in Exercise Science

Students enrolled in the Strength & Conditioning concentration have had the choice of completing a six-credit internship or a six-credit thesis. Students who chose the internship option also took comprehensive exams. The comprehensive exams cover all material covered in the required Strength & Conditioning curriculum. Students who chose the thesis option defended their thesis to a faculty committee in an open forum in order to meet the requirements for graduation. However, going forward, the thesis option has been eliminated. All students in this program will now complete the internship and comprehensive exam.

Graduate students enrolled in the Clinical Exercise Physiology (CEP) program must successfully complete the American College of Sports Medicine (ACSM) Clinical Exercise Specialist® certification examination. This certification examination is typically taken in the last semester of the program. Twenty three of 24 students who have taken the exam have passed. The CEP track was deactivated in 2015 and is no longer accepting new students.

PhD in Epidemiology

The first part of student assessment are the general examinations, which are completed prior to advancing to candidacy in the PhD program and assess an advanced level of knowledge and ability to apply this knowledge in epidemiology and biostatistics. The PhD comprehensive examinations cover four areas: PUBH 6247- *Design of Health Studies*, PUBH 6252- *Advanced Epidemiologic Methods*, PUBH 8419- *Measurement in Public Health and Health Services* and PUBH 8366- *Biostatistical Methods* and are completed by students over two days prior to the start of the fall semester. Examples of the comprehensive exams are in ***ERF 2.11.c*** referenced earlier.

PhD students in Epidemiology are required to complete a doctoral dissertation under the guidance of a three to four member dissertation committee primarily composed of faculty from the Department of Epi/Bio. The ultimate goals and evaluation criteria for the doctoral dissertation include a significant, new contribution to the field of research chosen by the student and the demonstration of competency with an advanced statistical technique. The public health significance of the research must be clearly explained in the research proposal, and the public health impact of the research findings discussed in the final dissertation. Students are expected to comply with current NIH guidelines for research proposals, including completion of required human subject training and submission of the proposal to the GW Institutional Review Board (IRB). PhD Epidemiology students have the option of completing an

alternative dissertation that includes three manuscripts of publishable quality. Preliminary evaluation of the impact of this change in PhD curriculum, implemented in 2005, indicates that PhD Epidemiology students that use the alternative format publish their dissertation results at twice the rate of those that completed a traditional dissertation. Students are made aware of both options and choose the best option for their situation. The final dissertation is evaluated by the three-to-four member dissertation committee, as well as by one internal and one external expert in the field to provide objective assessment of the quality and contribution of the doctoral work. Almost all of the external experts that serve on the PhD Epidemiology evaluation committees are from the National Institutes of Health (NIH).

PHD in Social and Behavioral Sciences

As the dissertation is the culminating experience for these PhD students, these students will complete required coursework and pass the comprehensive exam to be officially admitted to the candidacy phase of the program. Before beginning work on their dissertation, students will enroll in a one-credit course, currently being developed as 'Advanced Theorizing in Social and Behavioral Sciences in Public Health'. Students will complete six-credits of dissertation research before becoming eligible to defend their dissertation before their Dissertation Research Committee. The dissertation process is described in Criteria 2.5.a. Doctoral students must conduct original research on a contemporary public health problem or issue and are expected to make a significant scholarly contribution and gain the expertise and skills that enable them to make a continuing impact on the field.

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

This criterion is met.

Strengths:

- The MS, Health Policy instituted the required two-credit course Health Policy Research and Design in 2011 to facilitate the development of scientifically rigorous MS-level thesis study. Prior to this course, students had very little exposure to how to design a health policy research project, and theses varied substantially in terms of quality. The MS in health policy also allows substantial individualization in study through the availability of 17-18 elective credits that students can use to develop a content area of expertise (e.g. maternal and child health, disparities in care, long-term care).
- The MS, Epidemiology is well established and recognized for its emphasis on quantitative methods and solid preparation for a doctoral program. This MS program also serves as a training ground for those applicants that are not ready to pursue a doctoral degree, offering an expedited, although not guaranteed, admission to the doctoral program provided there is outstanding achievement in the required MS courses.
- The PHMEID program is unique in its offerings (i.e. teaching a combination of skills related to the interface between public health and laboratory sciences with an emphasis on infectious diseases) and is one of only two such programs in the country.

- The MS, PHMEID curriculum focuses on practical skills in addition to laboratory skills. These include opportunities to become proficient in public speaking, critical thinking and communicating scientific findings. The students are challenged to interpret data to create posters, write abstracts, and give verbal presentations. Having practical laboratory skills that make the students more marketable when they matriculate.

Challenges:

- The MS Health Policy program currently lacks an MS-level qualitative course for students to introduce them to some research methodologies (e.g. qualitative research, survey design) in health policy. Discussions are underway about how to meet this need, possibly by using existing curricula in other programs.
- Faculty are exploring methods to strengthen the requirements for the culminating Final Project for the MS, PHMEID to increase the likelihood that manuscripts, instead of theses, will be created for potential publication.

Future plans:

- The MS, Health Policy faculty will do a comprehensive review of the competencies and curriculum in AY 2015-16. As part of this review, the HPM Department Curriculum Committee will identify gaps in general public health content and research skills and develop a strategy to address them through development of new courses or changes to existing course content.
- Strengthen recruitment efforts for the MS, Epidemiology degree to increase size of incoming cohorts.
- Based on an external review, the MS, Epidemiology comprehensive examinations have been eliminated beginning with the cohort that matriculated in Fall 2015. Instead, the program now requires these students to complete a thesis that will be similar to the MPH culminating experience and other MS program thesis requirements.
- The MS, Clinical Exercise Physiology is being phased out. No new students have been accepted since Fall 2014. Current students are expected to graduate by May 2016.
- The thesis option for the MS, Exercise Science in Strength & Conditioning is being eliminated beginning Fall 2016. The culminating experience will be an internship and comprehensive exam for all students. This program is converting to a hybrid model with most coursework taught online.

2.12 DOCTORAL DEGREES. *THE SCHOOL SHALL OFFER AT LEAST THREE DOCTORAL DEGREE PROGRAMS THAT ARE RELEVANT TO THREE OF THE FIVE AREAS OF BASIC PUBLIC HEALTH KNOWLEDGE.*

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

The Milken Institute SPH offers four DrPH programs and two PhD programs as described throughout this Criteria. These doctoral programs are relevant to four of the five core areas of public health knowledge; environmental health sciences; social and behavioral sciences; health policy and management; and epidemiology. In addition, the SPH offers a DrPH degree in Global Health. See the Instructional Matrix in 2.1.a. The University offers a PhD degree in Biostatistics conferred by the Statistics Department in the Columbian College of Arts and Sciences (CCAS). Faculty in the SPH Department of Epidemiology and Biostastics (DEB) assist with advising and teaching courses for this program.

Doctor of Public Health (DrPH) Degree

The SPH DrPH degree is designed to prepare professionals to assume national and global leadership positions in one of four areas: 1) environmental and occupational health; 2) global health; 3) health behavior; and 4) health policy. These four distinct tracks prepare students to apply critical thinking and rigorous research methods to the complex practical problems facing practitioners and policy-makers in public health leadership. The DrPH degree is designed for students who enter the program with a master's degree, preferably an MPH, and generally several years of relevant work experience. While work experience is not a requirement for admission, over 95% of our incoming class in the last several cohorts has had relevant work experience; over 65% have five or more years of relevant work experience. While many DrPH students attend the program on a full-time basis, program courses are often scheduled after work hours to accommodate part-time, working students. Admission to the SPH DrPH program is open every other year, fall semester of even-numbered years. The program guides for each of the four DrPH programs can be found at: http://publichealth.gwu.edu/academics/graduate/drph-programs.

Doctor of Philosophy (PhD) Degree in Epidemiology

The GW Columbian College has offered a PhD in Epidemiology since 1998. In July 2013 the program was transferred to the Milken Institute School of Public Health. Housed in the DEB, the mission of the Epidemiology PhD program is to prepare students for a career in epidemiologic research in an academic, government, or industry setting. Most applicants have already completed a Master's degree, but this is

not required. Most matriculating students work part-time or full-time and pursue their degree on a part-time basis, attending classes in the afternoon and evenings. The PhD in Epidemiology program reviews and admits applicants annually.

The goals of the PhD program in Epidemiology are to ensure graduates: 1) gain knowledge across a wide range of epidemiologic and biostatistical theories and methods; 2) gain specific knowledge of epidemiology in one or more of the following areas: infectious disease, chronic disease, environmental and occupational health, or physical activity; 3) understand general and specialized advanced epidemiologic concepts; 4) understand how to apply statistical methods to biological/biomedical sciences and health services; 5) understand and abide by guidelines for ethical treatment of research participants; 6) conduct and analyze data from a research study; and 7) disseminate research findings to scientific and lay audiences. The guide for the program can be found at: http://publichealth.gwu.edu/programs/epidemiology-phd.

Doctor of Philosophy (PhD) in Social and Behavioral Sciences in Public Health

This new doctoral program will welcome its first cohort in the fall of 2016. The program guide for this program can be found at: http://publichealth.gwu.edu/programs/social-and-behavioral-sciences-phd. As per the letter from CEPH dated September 10, 2015, the SPH will present this program during the site visit.

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

The SPH offers Graduate Assistant (GA) and Graduate Research Assistant (GRA) positions to select full-time students within our DrPH and PhD programs. The current GA package includes 18 credits of tuition support, a stipend of $17,000.00, and a payment for services of $5,000.00 per academic year. The school offers a total of eight GA packages to selected DrPH students with two students per program area receiving a position. Four additional GA packages can be awarded between the PhD in Epidemiology and the PhD in Social and Behavioral Sciences. GAs serve as teaching assistants for two courses per semester, primarily for school core courses or department-specific required courses. In addition to these instruction-based GA positions, the school offers additional GA and GRA positions depending on their availability within funded projects. GRA positions provide a combination of tuition-support and salary payments that is similar to the level of support provided by GA positions. Exact funding levels for GRA positions are determined at the time of hire and based on the parameters of the associated funded project. GRA positions emphasize the production of generalizable knowledge and do not require service as a teaching assistant within the classroom.

The SPH has recently received several generous gifts that now enable us to offer more competitive scholarship packages to support doctoral students. Currently, the Milken Scholars program provides scholarship funding that is equivalent to 36 credit hours of support distributed over two academic years.

Four doctoral students received a designation as a Milken Scholar in the 2015-2016 academic year, and current budget projections indicate that the SPH will be in a position to maintain support for four new Milken Scholars per academic year. In addition to formal designations as Milken Scholars, the School offers financial support to supplement the funding for Gates Scholars and to provide financial support during the dissertation process. Detailed information about dollar amounts that the School provides for doctoral students can be found in Criteria 1.1.d: Outcomes Measures.

The school has numerous mentorship opportunities available for doctoral students, given both its substantial research portfolio and its location in the heart of Washington, DC. DrPH and PhD students frequently participate in research projects that provide outstanding learning and mentorship experiences as well as publication opportunities. DrPH and PhD students also enjoy ample opportunities to develop their professional experience. For example, most matriculating Epidemiology PhD students work in the DC metro area in government agencies (e.g., NIH, HHS, DOD), independent consulting firms (e.g., Emmes, RTI), or other health-related organizations where they gain research experience and future employment opportunities.

2.12.c. Data on student progression through each of the school's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.12.1.

CEPH Data Template 2.12.1.: Doctoral Student Data

	DrPH- 2012-13	DrPH- 2013-14	DrPH 2014-15
# Newly Admitted (Fall)	21	0	21
# Currently Enrolled- (Fall)	61	54	70
# Completed Coursework	22	17	3
# Advanced to candidacy	21	17	3
# Graduated	6	4	9
	PhD 2012-13*	**PhD- 2013-14**	**PhD 2014-15**
# Newly Admitted (Fall)	N/A	3	4
# Currently Enrolled- (Fall)	N/A	25	24
# Completed Coursework	N/A	3	5
# Advanced to candidacy	N/A	3	3
# Graduated	N/A	1	4

**Note: PhD program was not part of SPH in 2012-13*

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

DrPH Program

The 20-credit core foundational courses for the four DrPH programs are all doctoral level courses (8000 level). An additional four Leadership credits are required; PUBH 8413- *Research Leadership* and PUBH 8415- *Instructional Leadership*. Also, upon successful completion of the comprehensive exam, all DrPH students are required to take a two credit course, PUBH 8422- *Advanced Health Care and Public Health Research Design*. Here the doctoral candidates develop a draft dissertation proposal and prepare to defend it. The program also requires six to nine dissertation credits. Additionally, each DrPH student is required to take two Advanced Seminar courses (six credits) within their specialty area (EOH, GH, HB, or HP). Of the 48 credits required to complete the DrPH program, 32 credits, plus dissertation credits, are at the doctoral level. Transfer credits are not accepted toward the DrPH degree. DrPH students take elective credits, based on their individual interests, to earn 48 credits. Below is an outline of the required doctoral level coursework:

Table 2.12.d.1: DrPH Program- Required Curriculum *(electives not included)*

REQUIRED PROGRAM TOTAL = 48 credits		
Required Foundational/Methods Courses (20 credits)		
Course	Credits	Title
PubH 8401	3	Foundations of Public Health Leadership and Practice – Doctoral Seminar
PubH 8402	2	Leadership in Public Health Practice and Policy
PubH 8416	3	Study Design and Evaluation
PubH 8417	3	Qualitative Research Methods and Analysis
PubH 8418	3	Applied Statistical Analysis
PubH 8419	3	Measurement in Public Health and Health Services Research
PubH 8420	3	Advanced Analysis and Dissemination
Required Advanced Seminars (6 credits)-specific to each specialty field area		
Professional Leadership Courses (4 credits)		
PubH 8413	Varies	Research Leadership
PubH 8415	Varies	Instructional Leadership (2 credits required)
Required Dissertation Prep and Dissertation Credits (8- 11 Credits)		
PubH 8422	2	Advanced Health Care and Public Health Research Design
PubH 8423	6-9	Dissertation Research

PHD Epidemiology

The Epidemiology PhD is a 72-credit program. Almost all students enter the program with a master's degree and may transfer up to 24 credits toward the doctoral degree, leaving 48 credits in the SPH PhD curriculum. There are two tracks to follow in the PhD program.

Overview:

- Core courses: 33 credits (Track A); 30 credits (Track B)
- Elective Courses: 15 credits (Track A); 18 credits (Track B)
- 3 credits consulting
- 12-21 credits dissertation research

Table 2.12.d.2: PhD, Epidemiology Required Coursework

Required Public Health Core Courses (18 Credits)		**Credits**
PubH 6001	Biological Concepts for Public Health	2
PubH 6003	Principles and Practice of Epidemiology	3
PubH 6247	Design of Health Studies *Basis for PhD General Comprehensive*	3
PubH 6252	Advanced Epidemiologic Methods *Basis for PhD General Comprehensive*	3
PubH 8419	Measurement in Public Health and Health Services *Basis for PhD General Comprehensive*	3
	And either combination of the following for a total of 4 credits:	
PubH 6299 PubH 6004 PubH 6007	Topics (*Elective courses*) ***And either:*** Environmental & Occupational Health in a Sustainable World **-or-** Social & Behavioral Approaches to Public Health	2 2 2
	-OR-	
PubH 6299 PubH 6006	Topics (*Elective course*) ***And*** Management and Policy in Public Health	1 3
Required Statistics Core Courses (12 - 15 Credits)		**Credits**
STAT 6210	Data Analysis	3
PubH 8365	Design of Medical Studies	3
PubH 8366	Biostatistical Methods *Basis for PhD General Comprehensive*	3
	OPTION A ONLY:	
STAT 6201	Mathematical Statistics I	3
STAT 6202	Mathematical Statistics II	3
	OPTION B ONLY:	
PubH 8364	Quantitative Methods	3
Consulting (3 Credits) Note: May be waived by the Epidemiology Program Director, based on written documentation of prior equivalent course work or relevant work experience. Waiver of the consulting course increases the total number of electives by the number of consulting credits waived.		
PubH 6258	Advanced Topics in Biostatistical Consulting	1
PubH 6283	Consulting Practicum	2
Dissertation Research (12-21 Credits)		
PubH 8999	Dissertation Research for PhD Epidemiology Students	Taken in units of 3 credits

Of the required courses, nine-to-twelve credits are doctoral (8000 level) courses. Currently, there are also numerous doctoral-level courses available to take as electives, such as courses in: Clinical Epidemiology and Decision Analysis; Cancer Epidemiology; Infections Disease Epidemiology; Epidemiology of HIV/AIDS; and Epidemiology Surveillance in Public Health. Students are also eligible to take doctoral courses offered in the SPH DrPH program or the GW Department of Statistics.

Students can choose to focus their PhD program in a particular area, such as Environmental Epidemiology. In this case, the student would be expected to take the following coursework for 15 of the elective credits:

- PUBH 6123- *Toxicology: Application for Public Health*;
- PUBH 6121- *Environmental & Occupational Epidemiology*;
- PUBH 6126 – Assessment & Control/Environmental Hazards;
- PUBH 8411-Advanced Topics: Principles of Human Health Risk Science; and
- PUBH 8412- *Advanced Topics: Environmental and Occupational Health Research and Practice*.

Additionally, three consulting credits are required, but may be waived by the Program Director upon submission of written documentation of prior equivalent course work or relevant work experience. Waiver of the consulting course increases the total number of electives by the number of consulting credits waived.

PHD in Social and Behavioral Sciences in Public Health (SBS)

The new PHD, SBS will be implemented with a strong doctoral level curriculum. The program is a 48-credit curriculum and does not accept any transfer credits. The requirements for this PhD includes a total of seven credits of dissertation/dissertation preparation; a new one-credit dissertation preparation course will be developed; and six-credits of dissertation research. In addition to the required curriculum, students take 14 elective credits to customize their program. The curriculum outline for this program is as follows:

Table 2.12.d.3.: PhD, SBS Required Curriculum

Required Foundational Methods Courses (12 credits)		
Course	**Credits**	**Title**
PubH 8416	3	Study Design and Evaluation
PubH 8417	3	Qualitative Research Methods and Analysis
PubH 8418	3	Applied Statistical Analysis
PubH 8419	3	Measurement in Public Health and Health Services Research
Required Advanced Methods Courses (6 credits)- choose from options below:		
PUBH 8xxx	3	Data Analysis and Presentation in Social and Behavioral Sciences Research (NEW)
EDUC 8140	3	Ethnographic Research Methods
EDUC 8172	3	Multivariate Analysis
EDUC 8173	3	Structural Equation Modeling
EDUC 8131	3	Case Study Research Methods Structural Equation Modeling
PSYC 8231	3	Development of Psychometric Instruments
PUBH 8366	3	Design of Medical Studies
PUBH 6263	1	Advanced GIS
PUBH 6273	1	Ethnographic Methods
PUBH 6533	2	Design of Community Health Surveys
PUBH 6310	3	Statistical Analysis in Health Policy
PUBH 8364	2	Qualitative Methods
Required Specialty Field Courses (9 courses)		
PubH 8408	3	Advanced Topics in Health Behavior Research and Practice– Doctoral Seminar
PubH 8409	3	Advanced Topics in Health Communication Research- Doctoral Seminar
PubH 8xxx	3	Advanced Topics in Behavioral Medicine- Doctoral Seminar (NEW)
Required Dissertation and Dissertation Prep (7 credits)		
PubH 8xxx	1	Advanced Theorizing in Social & Behavioral Sciences in PH (NEW)
PubH 8423	6	Dissertation Research

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

This criterion is met.

Strengths:

- The school has five doctoral degree programs, and with CEPH approval, has added one additional PhD starting in Fall 2016.
- More than one-third of students in the four DrPH program and 10% of Epidemiology PhD students are funded under Graduate Assistant positions. The school has also increased the funding made available for additional tuition support that can be used for non-GA students. Each of the four DrPH programs receives approximately 15 credits per academic year to distribute across students not otherwise funded. The PhD Program receives 21 credits for one-time merit scholarships for incoming students.

- The DrPH program is very selective and attracts highly qualified, diverse, energetic and passionate applicants. These include current public health professionals with substantial relevant practice, policy and leadership experience.
- The PhD in Epidemiology program is also very selective enrolling, on average, less than six new students each academic year from an annual applicant pool of 60 to 80.
- The PhD in Epidemiology has incorporated areas of concentration in Environmental & Occupational Health as well as Physical Activity Epidemiology.
- The creation of cohorts of students who take core courses together fosters collaboration and strong professional relationships.

Challenges:

- We currently have no training grants.
- DrPH students would benefit from an additional course focused on more advanced leadership and management skills.
- Some doctoral students will benefit from higher-level methods courses.
- Limited PhD options.

Future Plans:

- The doctoral programs will investigate opportunities for supporting DrPH students during both the pre-candidacy and candidacy phases.
- The DrPH committee will work with current DrPH faculty and other management faculty to expand the curriculum related to leadership/management skills.
- The Department of Epidemiology & Biostatistics is in the process of developing doctoral level courses in epidemiology methods as well as applied biostatistical methods.
- The Department of Environmental and Occupational Health is developing a PhD in Environmental Health for possible launch in 2017.
- Pursue training grants.

2.13 JOINT DEGREES. *IF THE SCHOOL OFFERS JOINT DEGREE PROGRAMS, THE REQUIRED CURRICULUM FOR THE PROFESSIONAL PUBLIC HEALTH DEGREE SHALL BE EQUIVALENT TO THAT REQUIRED FOR A SEPARATE PUBLIC HEALTH DEGREE.*

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

The SPH has the following professional joint degrees. Also see Instructional Matrix in Criteria 2.1.a.

Table 2.13.a: Joint Program Enrollment

Program	AY 2013-14	AY 2014-15	AY 2015-16
PA-MPH	46	45	40
JD/LLM-MPH	4	4	4
MD- MPH	2	1	1
MA-MPH	1	1	2
HCC-MHA	1	3	0

Data from Fall census.

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

The standard MPH is 45 credits.

Table 2.13.b.: Credit Sharing for Joint Degree Programs

Program	Shared Credits	Explanation
PA (MSHS)-MPH	• PA 6109 is cross credited to count for PUBH 6001 (2 credits). • PA 6112 & PA 6122 count for 5 elective credits. • In COPC track only- PA 6113 counts for PUBH 6514 (2 credits)	• PA 6109*- *Foundations of Medicine* provides ample human science content to substitute for PUBH 6001- *Biological Concepts in PH.* • PA 6112*- *Clinical Medicine 1* and PA 6122*-*Role of the PA in American Health Care* provide relevant content to represent elective coursework. • PA 6113*- *Clinical Medicine 2* replaces a requirement in the COPC program (PUBH 6514- *Preventing Health Disparities)* because of repetitive material.
JD-MPH & LLM-MPH	8 credits	Up to 8 credits from the law school can be counted toward elective credits in the MPH. Each course is evaluated individually for content and relevance to an MPH related to health law and policy.

Table 2.13.b.: Credit Sharing for Joint Degree Programs, (continued)

Program	Shared Credits	Explanation
MD-MPH	PUBH 6001 (2 credits) waived.	These students have ample human science.
MA/MPH	6 credits	Students can carry 6 credits from the MA to the MPH to use as elective credits. The MA program allows students to use 12 credits from the MPH program to satisfy MA requirements.
Peace Corp-MPH	None	
Certificate in Healthcare Corporate Compliance (HCC)-MPH or MS in Health Policy/ MHA	Credits earned in the certificate can be applied to the master's degree.	

** These syllabi are available in ERF 2.6.c- Required Syllabi (PCH department)*

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

This criterion is met.

Strengths:

- Joint degrees are offered with the Law School, Columbian College, College of Professional Studies, and the School of Medicine and Health Sciences.
- Academic collaboration with United States Peace Corp for the Master's International Program.

Challenges:

- The PA and MD joint programs have been very credit-heavy.
- Some of the joint degrees should be more blended.
- Application process can be confusing.

Future Plans:

- This past year we worked with the School of Medicine and Health Sciences to review and revise the joint PA/MPH program to reduce credits. We rolled out the new curriculum in Fall 2015 and will continue to monitor program success.
- We are in discussions with the School of Medicine to evaluate a PH certificate for medical students.
- Greater visibility for joint programs.
- Investigate joint programs with the School of Nursing and the School of Business.

2.14 DISTANCE EDUCATION OR EXECUTIVE DEGREE PROGRAMS. *IF THE SCHOOL OFFERS DEGREE PROGRAMS USING FORMATS OR METHODS OTHER THAN STUDENTS ATTENDING REGULAR ON-SITE COURSE SESSIONS SPREAD OVER A STANDARD TERM, THESE PROGRAMS MUST A) BE CONSISTENT WITH THE MISSION OF THE SCHOOL AND WITHIN THE SCHOOL'S ESTABLISHED AREAS OF EXPERTISE; B) BE GUIDED BY CLEARLY ARTICULATED STUDENT LEARNING OUTCOMES THAT ARE RIGOROUSLY EVALUATED; C) BE SUBJECT TO THE SAME QUALITY CONTROL PROCESSES THAT OTHER DEGREE PROGRAMS IN THE SCHOOL AND UNIVERSITY ARE; AND D) PROVIDE PLANNED AND EVALUATED LEARNING EXPERIENCES THAT TAKE INTO CONSIDERATION AND ARE RESPONSIVE TO THE CHARACTERISTICS AND NEEDS OF ADULT LEARNERS. IF THE SCHOOL OFFERS DISTANCE EDUCATION OR EXECUTIVE DEGREE PROGRAMS, IT MUST PROVIDE NEEDED SUPPORT FOR THESE PROGRAMS, INCLUDING ADMINISTRATIVE, TRAVEL, COMMUNICATION AND STUDENT SERVICES. THE SCHOOL MUST HAVE AN ONGOING PROGRAM TO EVALUATE THE ACADEMIC EFFECTIVENESS OF THE FORMAT, TO ASSESS LEARNING METHODS AND TO SYSTEMATICALLY USE THIS INFORMATION TO STIMULATE PROGRAM IMPROVEMENTS. THE SCHOOL MUST HAVE PROCESSES IN PLACE THROUGH WHICH IT ESTABLISHES THAT THE STUDENT WHO REGISTERS IN A DISTANCE EDUCATION OR CORRESPONDENCE EDUCATION COURSE OR DEGREE IS THE SAME STUDENT WHO PARTICIPATES IN AND COMPLETED THE COURSE OR DEGREE AND RECEIVES THE ACADEMIC CREDIT.*

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

As shown in the instructional matrix provided in Criteria 2.1.a, our School offers two online degree programs: the MPH@GW and the MHA@GW.

The MPH@GW is a distance education Master of Public Health program which we began offering in June 2013.

The first cohort in the online Executive Master of Health Administration (MHA@GW) program matriculated in April 2014. The MHA@GW allows students to complete their MHA degree in as little as two years. The program is offered in a hybrid delivery model made up of two parts: eight, ten week long online integrated learning modules and four, on-site immersions. Two of the immersions are two-and-a-half days in length and two are five days in length.

2.14.b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the school's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it

monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the school, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

MPH@GW

The online MPH program (MPH@GW) was developed as a result of the School-wide strategic planning process. First, the GW MPH program was falling behind our market basket schools in regards to flexibility of curricular programming and course delivery modes. To remain competitive and ensure financial stability of the school, distance education was considered an important and missing piece of our education portfolio. Second, the MPH@GW program has allowed us to extend our reach and thus, increase the diversity of our student population. The online program provides a vehicle to support more military personnel and families, as well as many working adults, who cannot attend on campus courses or re-locate to the DC area. Online education has also provided opportunities for parents of young children who also face the challenges associated with commuting to campus. As anticipated, our online student body is older than the residential student body and, in general, has more extensive work experience. We have also been able to yield students from a much larger geographical area, which also adds diversity to the school. Online students are encouraged to be active in student organizations and can serve as student representatives for a number of committees, often participating remotely through the LMS platform or Skype.

The MPH@GW program emphasizes local, national, and global health practice. The program delivers an interdisciplinary teaching and learning experience, with a focus on core competencies/skills, and uses cases/other materials from both the U.S. and abroad. The program's pedagogical approach emphasizes the application of skills and theory and utilizes a "flipped classroom" model in which students complete each weekly unit's asynchronous course content before attending a live discussion session lead by their instructor. The program allows students to tailor their education to a community, national, or global level interest in the U.S. and countries around the world. It emphasizes interdisciplinary public health competencies including: biostatistics and epidemiology; cultural competency; health communication; leadership; professionalism; planning, implementation and evaluation methods; public health biology; and systems thinking.

The MPH@GW provides a practice-oriented MPH curriculum that enables graduates to be leaders in the design of population and community health programs in the US and abroad. The program consists of the GW MPH core courses, incorporates a broad range of program requirements to reflect the breadth of public health education, and includes a choice of ten elective credits. Students can use electives to gain depth in a specific area of public health, or can spread across topic areas as they choose. Students who choose to concentrate their electives could, for example, emphasize areas such as health communication, health policy, program planning and evaluation, or other areas within the distance education curriculum.

All MPH@GW students enroll in the Core Courses (15 credits), Program-Specific Courses (16 credits), and Electives (10 credits). The total 45 credit degree program also includes a Practicum (two credits) and a Culminating Experience (two credits) where students apply their didactic education in a real world setting. The MPH@GW curriculum ensures students obtain 10 program-specific competencies.

The program receives significant support from 2U (http://2u.com/). Staff at 2U manage the crucial "behind the scenes" operational activities including student marketing and recruitment, provision of a proprietary online learning management system (LMS) including faculty training, production of all video content for the online modules, technology support for students and faculty and direct support for the in-person immersions. All of the curricular content is owned and controlled by the faculty in the Milken Institute SPH.

Standards for admission of students into the MPH@GW are as follows:

- 3.2 undergraduate GPA or higher;
- Completion of standardized tests with scores demonstrating sufficient verbal, quantitative, and writing competency to be successful in MPH studies OR previous completion of a Master's level or higher graduate degree in another field;
- Two letters of recommendation; and
- A written statement of purpose.

The MPH@GW program was developed by an internal faculty working group, then vetted and approved by the School-wide Curriculum Committee. The vast majority of the courses were adaptations of previously existing courses and lead by the same faculty members. To ensure that the online versions of courses are addressing key competencies/learning objectives and contain the rigor of equivalent on-campus courses, all courses in the MPH@GW program were reviewed and approved by the School-wide Curriculum Committee. This review occurs regardless of whether a particular course has already been offered on campus, to ensure course quality and ensure that the required competencies will be obtained. The school-wide Curriculum Committee also made certain requests to ensure the robustness of the online program, such as the addition of more methods courses. As a result, both a quantitative (PUBH 6052) and qualitative (PUBH 6530) general methods course were created for this program. In addition, certain courses were created for the online program primarily at faculty request, and after being vetted by the MPH@GW advisory committee and approved by the School-wide Curriculum committee. Reasons for faculty requests to create an online course included the desire to create a course that could be used for practice work (Researching Violence Against Women and Girls, Sexual and Reproductive Health Monitoring, Global Health Diplomacy) or because faculty members found that teaching online was a better fit for them personally.

Specific information about the MPH@GW can be found here: https://publichealthonline.gwu.edu/ .

The program has a faculty/staff/student advisory committee that meets monthly to discuss curricular and extracurricular issues. Weekly meetings of 2U and GW faculty and staff focus on student and operations issues. All of the required courses have been developed by full time SPH faculty who also teach in the residential programs. The curriculum and any revisions to it are approved by the School-wide Curriculum Committee.

MHA@GW

The Executive MHA (MHA@GW) is designed to accommodate the needs of adult learners who are currently working full-time in the health sector with at least three years of full-time experience in the field. The program will matriculate approximately 25 students per quarter (January, April, July and October) in four cohorts, for a total of 100 students per year. In contrast, the residential MHA program typically matriculates between 25-30 students every fall with another one to three students starting in the spring. The MHA@GW is particularly attractive to adult learners working in the health sector in that while the majority of the program is offered online, students only have to travel to Washington, DC for the on-site immersions twice a year over two years.

There is no overlap between the residential and executive MHA degrees in terms of courses. The residential curriculum has been re-designed into a set of eight integrated learning modules that are delivered online and are five credits each except for the final module (Module 8 – Systems Thinking and Learning) that is four credits.

The first two on-site immersions focus on leadership and ethics. The third immersion provides an opportunity for an in-depth health system analysis. The final immersion provides time for students to present their two program deliverables – an applied organizational research project and a personal leadership portfolio. The integrated learning modules are combinations of at least two content areas from our residential curriculum that logically fit together and are constructed to meet the educational needs of mid-career adult learners. In contrast, the residential MHA courses are typically two credits each and like most traditional courses, concentrate on just one content area. All of the modules and immersions in the MHA@GW are headed up by faculty from the Milken Institute School of Public Health. In addition to a regular GW faculty member, at least one highly experienced practitioner is also part of the teaching team.

Just as for the MPH@GW, the program receives significant operational support from 2U (www.2u.com) and all of the curricular content is owned and controlled by the faculty in the Milken Institute SPH.

The competency model for the MHA@GW is the same as for the residential MHA. The model is made up of 32 competencies grouped in five domains. The competencies form the framework of both MHA degrees and are designed to be in congruence with the requirements of the Commission on the Accreditation of Healthcare Management Education (CAHME). The residential MHA received full

reaccreditation by CAHME in October 2013 and the intent is to put the MHA@GW up for accreditation once the second group of students graduates in October 2016.

Standards for admission of students into the MHA@GW are as follows:

- 3.0 undergraduate GPA or higher;
- Minimum of three years of full time experience in the health sector in either a clinical or administrative role;
- Current full-time employment in a healthcare organization; the first three cohorts of students in the MHA@GW have an average of five-and-a-half years of full-time health sector experience;
- Two letters of recommendation; and
- Written statement of purpose and submission of a video with answers to two behavioral based interview questions.

All MHA@GW students must also complete undergraduate courses in financial accounting and descriptive statistics prior to matriculation. Specific information about the MHA@GW can be found at: https://mha.gwu.edu/.

2.14.c. Description of the processes that the school uses to verify that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completed the course or degree and receives the academic credit.

Both the MPH@GW and MHA@GW online programs utilize an integrated set of student recruitment, advising and course delivery services and technologies that allow program staff and faculty to establish regular web-camera based synchronous interaction with the student and track student progress. This one-on-one interaction takes place prior to enrollment in the "admission counseling" phase, through several online orientation sessions and throughout each week of the program in regular online class meetings, one-on-one Practicum and Culminating Experience advising, and all the way through to graduation. Unlike many distance programs, our focus on frequent student interaction using a webcam- based platform allows us to establish a relationship with each student and in turn, make the possibility of "fraudulent enrollment" a near impossibility. Throughout their time in the program, students are required to be on camera during all live, synchronous sessions with their instructor and peers throughout each week, course and term (students will have had a minimum of 450 of these live sessions where they appear live and on camera during their time in the program). Students are required to upload a picture during orientation to their public profile on the Learning Management System, which allows instructors, advisors, program staff and peers to verify each student's identity. Attendance during live sessions is required and recorded each week for live class sessions. Students meet on-camera with their Academic Advisors, Practicum and CE Advisors, which allows for another level of verification of identity and from an academic integrity perspective, ensure that the student is producing original work products. For in-class examinations,

students are required to be on-camera for the duration of the examination, and the instructor (or a designated proctor) is present during the examinations to monitor this. Additionally, many of the live sessions and examinations are recorded and periodically reviewed by faculty/staff for this and other purposes.

Students also submit a copy of their government-issued photo ID or passport in order to receive their GWorld card (the student identification card). This gives us another verification tool to ensure that the name/picture of the person on the ID matches the student information on record as well as the person present in the weekly class sessions. Similar to in person class assignments, faculty may choose to run written work through plagiarism-detection software.

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

This criterion is met.

Strengths:

- The School has launched two highly successful online degree programs.
- The live synchronous sessions are offered at various times and days for flexibility.
- Faculty have received hours of training on how to "flip" the classroom.
- Our location in DC has enabled us to record and archive interviews and School-sponsored events for classes.
- Faculty are using some of the produced materials from the online programs in their residential classes.
- Recruitment of both students and faculty from around the world.

Challenges:

- The MPH@GW has experienced significant growth in a short time. Finding well-qualified session leaders is challenging in some disciplines.
- Many of the residential students are seeking the flexibility of the online programs.
- Course offerings are limited online because of production costs and time.

Future Plans:

- Evaluating models for more flexibility to move between residential and online courses.
- Potential of offering elective credits through other 2U programs through a consortium-type of agreement.
- Potential to add another degree in collaboration with 2U.

CRITERIA 3: CREATION, APPLICATION, AND ADVANCEMENT OF KNOWLEDGE

3.1 RESEARCH. *THE SCHOOL SHALL PURSUE AN ACTIVE RESEARCH PROGRAM, CONSISTENT WITH ITS MISSION, THROUGH WHICH ITS FACULTY AND STUDENTS CONTRIBUTE TO THE KNOWLEDGE BASE OF THE PUBLIC HEALTH DISCIPLINES, INCLUDING RESEARCH DIRECTED AT IMPROVING THE PRACTICE OF PUBLIC HEALTH.*

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

Overview: As part of the strategic planning process initiated by Dean Lynn Goldman, a Research Work Group conducted a situation analysis with SPH faculty in the spring of 2012 and subsequently made a series of recommendations, which led to hiring the School's first nationally-recruited Associate Dean for Research. Additional Work Group recommendations resulted in new by-laws requiring a standing School-wide Research Committee (with faculty and student representation) serving in an advisory role to the Associate Dean for Research. Providing targeted research leadership in combination with elevating faculty and student engagement in research planning and decision-making were critical milestones in shifting the SPH research trajectory. The SPH faculty is passionate about finding solutions to today's most critical public health problems. The research quests of our faculty often evolve into influential public health policy locally, nationally, and globally. Moreover, SPH's drive for research excellence creates a vibrant culture of learning for our students. Students matriculate from all cultures and backgrounds, ready for an intellectual journey to new frontiers of public health research. Research mentorship by our faculty steers them through that journey.

The strategic research goals include:

- Fostering a culture of research excellence capacity building, collaboration, and collegiality;
- Increasing and rewarding externally funded research;
- Enhancing the SPH scholarly output;
- Elevating the visibility of SPH research;
- Increasing the public health impact of SPH research; and
- Cultivating PhD and Post-Doctoral multidisciplinary training platforms.

The SPH research philosophy is one of collaboration and engagement, centered on research that translates into real-world policy and practice. Our researchers work hand-in-hand with a diverse group of academic, community, private, and government partners to identify unmet public health needs; to test innovative prevention models and strategies; and to evaluate public health initiatives to ensure that they are effective and sustainable in the communities that will benefit the most.

Our major thematic foci include:

- Health Policy and Healthcare Reform;
- HIV/AIDS and Other Infectious Diseases;
- Environment and Health;

- Healthy Societies Across the Lifespan, with concentrations in obesity prevention, tobacco control, and physical activity; and
- Cross-cutting innovative methodologies (such as social marketing and mHealth technologies).

1. Leadership, Administration, and Infrastructure

Established in 2012 and led by Associate Dean for Research Kimberly Horn (appointed June, 2012), service leadership is the cornerstone of the SPH Office of Research Excellence (ORE). ORE strives for high quality and high efficiency in the preparation and submission and post-award management of grant applications across all six departments, in collaboration with the George Washington University (GW) Office of the Vice President for Research (OVPR). Our overriding purpose is to deliver an efficient and flexible research infrastructure that stimulates productivity and encourages research synergy not only across our SPH departments, but also throughout the School. Under the supervision of the Associate Dean for Research, the ORE also includes a Senior Research Operations Director, two Pre-Award Specialists, and four OVPR-designated pre- and post-award staff. For details, refer to ***ERF 3.1.a.: SPH Grants Management Positions***.

As shown in the chart, each of the six academic departments has at least one grants management staff member who interfaces with SPH ORE research operations. To strengthen capacity across the SPH, the ORE initiated a Grants Management Administrators (GMA) Learning Community in 2013 to promote learning and cooperation among the SPH grants management personnel. The Senior Research Operations Director leads the Learning Community, which meets monthly to discuss timely research-related topics both internal and external to the SPH. Additionally, for training purposes, outside speakers are invited to present on a variety of research administration topics. Past speakers have discussed procurement, electronic routing, hiring, export control, post-award administration, and GW's PI Dashboard. The ORE provides yearly training awards to administrators to attend national and regional professional meetings (National Council of University Research Administrators). We also provide financial support for personnel to attend and enroll in the Certified Research Administrator (CRA) training. The SPH staff has increased from zero to eight CRAs since 2013. To qualify for the training and development awards, candidates must apply and are required to orally present a topic from the professional meeting/training to the Learning Community. The Learning Community budget, including training, is approximately $10K annually (not including the salaries/efforts of ORE and other SPH staff). The Senior Research Operations Director oversees and communicates regularly through the Learning Community listserv and provides timely updates on GW research-related events and policies, SPH research presentations and critical announcements from the funding community.

Of note, the ORE works closely with the SPH Finance Director (whose staff, for continuity, also attend the Learning Community meetings) as well as the new SPH Associate Director for Graduate Assistantships, Scholarships and Financial Aid where financial aid and fellowships intersect with graduate research training.

2. Pre- and Post-Award Operations

a. Shared Pre-Award Model. In order to ensure consistency of service and support across all departments, the Associate Dean for Research developed a centralized pre-award operations model. The "shared services" model provides support from school-level Pre-Award Specialists when departmental resources alone are not adequate to submit a proposal in a timely manner, including when late breaking opportunities appear. The shared services team (which now includes two Pre-Award Specialists) is highly responsive, with quick turnarounds for assigning team members to PIs to complete applications. The team specializes in Center grants, indefinite delivery, indefinite quantity (IDIQ) contracts, or other large complex proposals, and last minute grant opportunities. The team also provides temporary support to departments with staff on extended leave or vacation. Other services include, but are not limited to, partial assistance on proposals, technical assistance with proposal submission, and routing for internal review. The shared services model is intended to enhance faculty satisfaction in the school's pre-award services and proposal development. The School's leadership is evaluating the potential to provide post-award administration in a shared services model as well.

b. Fast Track Process. As part of the ORE's responsiveness to PI issues, needs, and opportunities, we instituted a Fast Track proposal submission and routing process for opportunities that arise from late breaking requests for proposals. These requests often occur in the context of IDIQ task awards, international project opportunities, or funding for emergent public health crises. Working closely with OVPR, Fast Track is intended to streamline and supplement departmental administrative resources, reduce institutional review time, and assure responsiveness to the sponsor's requests (which are often unique, complex, or even vague) as quickly as possible.

c. Post-Award Management/ Assessment. In 2014, ORE conducted an informal needs assessment for the purpose of identifying distinct post-award phases and associated challenges within the SPH. The major outcomes identified resulted from group and individual discussions between the SPH faculty, staff, and leadership; the SPH Research Committee; and OVPR, over several months (~June, 2014-December, 2014). In summary, within five distinct post-award processes at GW (Intake; Negotiation; Set-up; Management; and Closeout), the SPH has targeted improvement in the following areas: a) Resolution of financial conflict of interest (FCOI); b) Award notification/communication; c) IRB approval efficiencies; d) Award negotiation with sponsors; e) Prime award set-up; f) Sub-award/sub-contract set up; g) GRAs and research staff hiring; h) Communication between SPH Department Administrators and PIs; i) Award Closeout; and j) Resolution of Labor Distribution/Effort. The SPH and OVPR continue to work together and several key GW initiatives are already underway to further our post-award operations. For examples, refer to: https://research.gwu.edu/improvement-initiatives.

3. Proposal Development and Research Resources

Managed by ORE, an open-access, web-based portal was created in 2013 in response to faculty requests for easier proposal preparation. The portal provides a variety of resources that include templates (e.g., data sharing plans and facilities and resources pages tailored to each department), time management tools, and budget calculators. See more at: http://publichealth.gwu.edu/research/proposal-and-resources-portal.

4. Research Policies and Procedure

In addition to a new SPH Research Operations Handbook developed to lead investigators through the key processes of proposal and grants management at GW, over a dozen new SPH research policy/procedures have been implemented since ORE was established in 2012. See more at: http://publichealth.gwu.edu/research/policy-procedure-guidance. Key to providing efficiency and structure, all policies and procedural guidance documents are posted to the open-access research portal on the SPH website to promote ease of access and use, clear communication, and transparency regarding expectations and resources. ORE also established a variety of committees and work groups designed to enhance research operations and compliance, including the SPH Research Committee (a standing committee in the SPH by-laws, est. 2012); SPH Compliance and Ethics Committee (est. 2015); SPH International Research Task Force (est. 2015); Student IRB Liaison Work Group (est. 2014); HIPAA Compliance Committee and SPH standardized training (est. 2014); and Responsible Conduct of Research Workgroup (est. 2014).

5. Research Communications

The ORE uses the SPH website, including the research portal, as one means of communication with faculty, staff, and students. We also promote and inform through the SPH weekly faculty and staff newsletter. In Spring 2013 the SPH Research Accelerator blog was created, with input from SPH faculty and hosted by the Associate Dean for Research, to provide another central mechanism of communication. This blog supports and celebrates research excellence at our School by sharing updates on our research and our investigators; weekly funding alerts organized by department relevance; musings on timely topics (e.g., grant writing tips and research affairs); and upcoming events and trainings. Ultimately, the Research Accelerator is an indirect 'mentoring' technique to equip investigators with current resources and to promote communication, collaboration, and success. See more at: http://publichealth.gwu.edu/blogs/researchaccelerator/about-the-blog/.

6. Research Advancement Programs

The SPH Research Committee and Dean Horn proposed a new SPH Research Advancement Program to Dean Goldman in Spring 2014 to enhance the research excellence across the SPH. The multi-component program facilitates the achievement of three of the School's strategic research objectives: to foster a culture of research excellence through capacity building, collaboration, and collegiality; to

increase and reward externally funded research conducted at the SPH; and to enhance the *scholarly output* of the SPH. Managed by the SPH ORE, the program includes eight primary components: 1) an intensive Boot Camp; 2) PI Summits; 3) an on-going special topics Seminar Series; 4) a Facilitating Funds Program; 5) a tailored Mentoring Program for new faculty; 6) Networking Events; 7) Scientific Writing and Presentation Workshops; and 8) streamlined Motivation and Incentive Mechanisms. The program is currently fully funded by the SPH endowments with a proposed annual budget of ~$250,000

As part of the Facilitating Funds component, the School launched the inaugural Springboard Grants Program, *Pathways to NIH Funding,* in Spring 2014 *with* the goal of rapidly growing the research success of our faculty in competitive, externally funded grants. The Springboard Pathways (http://publichealth.gwu.edu/downloads/research/springboard_pathways_rfa.pdf) RFA is focused specifically on developing grantsmanship in pursuit of NIH R21 and R01 funding. Future RFAs will have different foci. Full-time active status faculty in the SPH are eligible to apply; this includes regular and research track faculty at the rank of assistant, associate and full professor. This unique program provides awardees each with $50K pilot awards, along with simultaneous grantsmanship training and intensive tailored mentoring led by Dean Horn. The end result is a highly vetted, competitive NIH proposal. One NIH proposal has already been submitted and the two others are scheduled. Learn about the first three Springboard Grants recipients (http://publichealth.gwu.edu/content/three-milken-institute-sph-faculty-receive-first-springboard-grants). See more at: http://publichealth.gwu.edu/research/faculty-research-development#springboard grants.

Pilot funding is also available to our faculty through a variety of other GW funding sources. Refer to Table 1.1.d. for details.

7. Research Computing Services

a. Strongbox data storage. To meet the SPH's increasing need for secure high-speed data analysis, data storage, and collaborative data sharing, the SPH ORE and Department of IT developed and established a state-of-the-art infrastructure. Launched in Spring 2014, this new service includes nine software packages (STATA/MP 13, IBM SPSS Statistics Standard Edition v22, ArcGIS, MPlus Qualtics Research Suite, SAS 9.4, EndnoteX7, Adobe Creative Suite 6, Nvivo 10, Atlas Ti7); VPN and Onsite network access; storage capacity, (2) 128GB RAM, dual Intel Xeon E5-2650 2.00GHz, 20M Cache, 8.0GT/s QPI, Turbo, 8C processors servers; 36T SAN. StrongBox provides a comprehensive suite of the most current analytical software applications and a secure centrally managed, cloud-based data storage service for faculty, graduate students, and post-doctoral fellows. Researchers may use the system to: (a) store and preserve their research data for both future research and to provide "training" datasets for students; (b) work with both small and large-scale research datasets; and (c) collaborate more effectively on research with colleagues and students across schools and

departments. All instructions are provided on the research portal (see more at: http://publichealth.gwu.edu/research/shared-data-platform-strong-box).

b. Colonial One data analysis service. To meet the research needs of high-performance computing for 'big data' analysis, GW recently implemented a new, shared high-performance computing cluster named Colonial One, which is housed in one of GW's two enterprise-class datacenters and also on the Virginia Science and Technology Campus. Professional staff in the GW Research Services Group, within the Division of Information Technology, manages this system with assistance from GW-sponsored computational staff in the Computational Biology Institute and the Columbian College of Arts and Sciences. Access to Colonial One is open to the GW community. The SPH contracted usage of Colonial One for our investigators, which includes 24-hour on-premise and remote environment monitoring, with hourly staff walk-throughs; redundant power distribution including UPS (battery) and emergency generator backup; redundant cooling systems utilizing a dedicated chilled water plant and a glycol refrigeration system; and direct network connectivity to GW's robust 100 Gigabit fiber optic network. See more at: http://publichealth.gwu.edu/research/shared-data-platform-strong-box.

8. Organized Thematic Research Units

The SPH is committed to creating and maintaining Organized Research Units (ORUs) that meet the highest standards of research and practice, are actively engaged in multi-disciplinary scholarship as described in the SPH and the university strategic plans, and convey GW's commitment to innovation to the outside world. The process and the procedures for SPH ORU can be found in the SPH Policy for Establishing Organized Research Units. See more at: http://publichealth.gwu.edu/downloads/research/SPHHS_Organized_Research_Units.pdf. To that end, the SPH ORUs include a variety of institutes, centers, programs, and cores. The following ORUs are currently aligned with Milken Institute School of Public Health:

Table 3.1.a.: SPH Organized Thematic Research Units

Institutes and Centers Chartered by SPH	Director
Center:	
Biostatistics Center	Elizabeth Thom, PhD
Center for Health Policy Research	Leighton Ku, PhD
Center for HIV/AIDS Epidemiology, Biostatistics and Public Health Laboratory	Alan E. Greenberg, MD, MPH
GW Center for Global Health	James Tielsch, PhD
Center for Social Well Being and Development (CSWD)	Mark Edberg, PhD
GW Workforce Development Institute	Polly Pittman, PhD
The DC Metro Tobacco Research and Instruction Consortium (MeTRIC)	Kimberly Horn, EdD
Non-chartered Signature Centers:	
Avance Center	Mark Edberg, PhD
Antibiotic Resistance Action Center	Lance Price, PhD
Center for Health and Health Care in Schools	Olga Acosta Price, PhD
Center for Risk Science and Public Health	George Gray, PhD
DC Developmental Center for AIDS Research (DC-CFAR)	Alan E. Greenberg, MD, MPH
Sumner M Redstone Global Center for Prevention and Wellness	William Dietz, PhD
Programs:	
Jacobs Institute of Women's Health	Susan Wood, PhD
Geiger Gibson Program in Community Health Policy	Peter Shin, PhD, MPH
Hirsh Health Law and Policy Program	Joel Teitelbaum, JD, LLM
Integrated Behavioral Health Policy Program	Eric Goplerud, PhD
mWellness Development and Optimization Program	Lorien Abroms, ScD
Cores:	
Biostatistics and Epidemiology Consulting Service (BECS)	Sam Simmens, PhD

9. Institutional Infrastructure—The GW Office of Vice President for Research

The SPH works closely and collaboratively with the GW Office of the Vice President for Research (OVPR), particularly the Office of Sponsored Projects to ensure successful submission of proposals and compliance throughout the life of the project. This relationship also helps link our departments with the research related services offered by the GW Division of IT (http://it.gwu.edu/research-computing), Grants and Contracts Accounting Services (http://comptroller.gwu.edu/gcas), the GW Libraries (http://libguides.gwu.edu/data-management), and more. Central to this collaborative relationship with the OVPR is the Sponsored Projects Team that is assigned specifically to the SPH to support research. Physically located in the SPH ORE, the Office of Sponsored Projects Administrators (SPAs), see ***ERF 3.1.a.: Grants Management Positions,*** serve as central resources to guide and steward SPH faculty and student investigators, and administrators. SPAs are responsible for the effective and timely handling of research proposals, as well as the preparation, interpretation, negotiation, and execution of agreements on behalf of GW for projects funded by federal and state agencies, foundations, and other public and private sources.

Additionally, the ORE works hand-in-hand with the Office of Human Research, including the IRB, for faculty and student research. Beginning fall 2015, the SPH appointed a faculty member as a new Student IRB and Research Liaison to provide critical linkage between our students and the IRB. The position helps students to navigate the IRB process while promoting learning and turn-around time. Under the

leadership of the GW Associate Vice President for Research, in tandem regular communication with the Associate Deans for Research throughout University, the GW OVPR provides numerous additional resources and initiatives that benefit the SPH research mission. See more at: http://research.gwu.edu/.http://research.gwu.edu/.

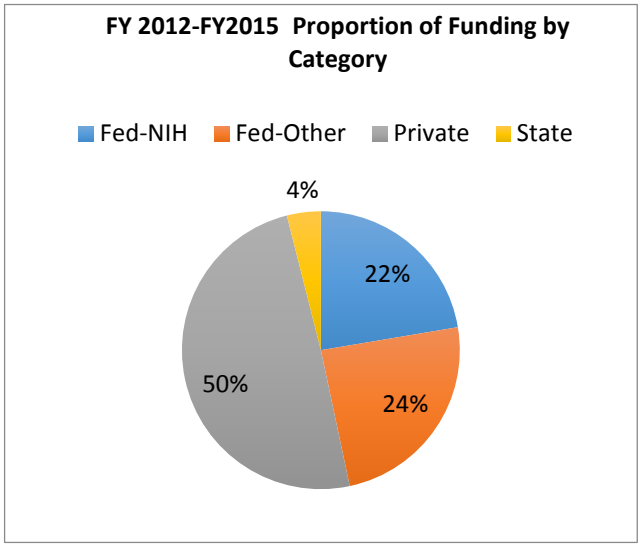
3.1.b. Description of current research undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

1. Composition

As illustrated in the figure below and delineated in CEPH Data Template 3.1.1 (***ERF 3.1.c.: CEPH Data Template 3.1.1 Research Activity***), our research reflects a diverse portfolio of federal, private, and state and local level funding.

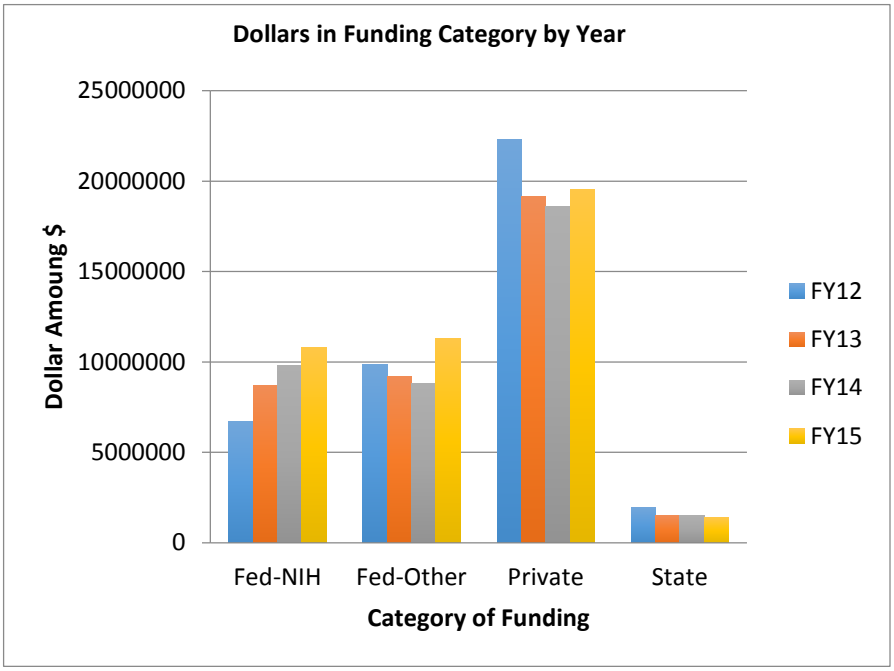
- Local/state, including community-based collaborations: Between FY12-FY14, we were awarded over 70 (8% of the total portfolio) projects from state level sources*, most of which involved partnerships with state health departments. Demonstrating our SPH research involvement in our DC community, 50% of these projects included funding from the DC Department of Health. Various levels of community engagement are common across our funded research activities, regardless of the funding source. *For this purpose, the District of Columbia is considered a state.

Additionally, several of our thematic ORUs (see *ERF 3.1.a.: SPH Grants Management Positions*), focus specifically on health disparities in the DC community, including the DC Center For Aids Research, which was competitively renewed with a five-year NIH grant in the amount of $7.5M in April, 2015.



- National. Almost half of our overall portfolio was awarded from federal sources during this reporting period, targeting populations ranging from the DC community, to rural West Virginia, Alabama, to California. SPH investigators continue to perform pivotal work in conducting research and evaluation that informs policies, regulations, and strategies enacted by The Healthcare Reform Act, CMS/Medicare/Medicaid, the CDC, USAID, HRSA and the FDA. Currently, we operate six federally-funded centers. Funding sources include NIH, HRSA, and CDC.

- International. The SPH has numerous projects with an international focus. Although we have an emergent Center for Global Research within the Department of Global Health, many of our departments have global research initiatives. From Mongolia to Kenya to Egypt, much of our international research includes public health workforce development, evaluation and training components in underserved, impoverished regions. Refer to Criteria 3.1.c. below.



2. Special arrangements, such as IDIQs

Between 2012-2015 SPH served as prime on four IDIQ's and one IDIQ sub-award through a partnering organization. The largest Program Support Center (PSC) IDIQ serves any HHS agency and includes a range of topics. Most of the IDIQ's with the PSC are from the Offices of the Assistant Secretary for Planning and Evaluation, Assistant Secretary for Health, the National Coordinator for Health Information Technology and Administration on Children and Families. Although the CDC Office of Associate Director for Policy oversees the Achieving Public Health Impact Thru Policy IDIQ, it can provide projects from any CDC office. A major focus is on policy aspects of CDC activities and may include both domestic and international issues. The Medicaid and CHIP Policy Impact and Evaluation IDIQ are affiliated with the Centers for Medicare and Medicaid Services and are mostly Medicaid and CHIP focused. These contracts are related to assistance to states in Medicaid transformations. A HRSA IDIQ serves

community health centers, maternal and child health or the Ryan White program. All IDIQs are housed in the Department of Health Policy and Management.

3.1.c. A list of current research activity of all primary faculty identified in Criterion 4.1.a., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following information organized by department, specialty area or other organizational unit as appropriate to the school: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based, and h) whether research provides for student involvement. See CEPH Data Template 3.1.1; only research funding should be reported here. Extramural funding for service or training/continuing education grants should be reported in Template 3.2.2 (funded service) or Template 3.3.1 (funded training/workforce development), respectively.

Refer to ***ERF 3.1.c.: CEPH Data Template 3.1.1 Research Activity*** for overall research funding. We do not currently have a specific code that captures "community-based" funding. However, a significant number of grants in our portfolio directly include community partners or serve communities. As described in Criteria 3.1.b above, our work with state level health departments is a meaningful proxy of research that influences local level policy and practice. To evaluate public health education and workforce grants, we performed a key word search in our awards database (using "training, "education", "technical assistance" and "workforce") to capture the number of projects by funding category. The results are presented in Table 3.1.c. below.

Table 3.1.c.: SPH Workforce Training/Education/TA Grants and Contracts

Funding Source	Count
AY 2012-13	**47**
Fed-NIH	5
Fed- Other	20
Private	20
State	2
AY 2013-14	**33**
Fed-NIH	3
Fed- Other	13
Private	17
State	0
AY 2014-15	**32**
Fed-NIH	4
Fed- Other	14
Private	14
State	0

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

1. Research Funding

The SPH tracks the conventional data-driven measures of research success, including proposals submitted, success rates, direct and indirect costs, and faculty effort coverage. (See Table: Conventional Measures of Research Success.) The SPH established its first *Research Blueprint* in 2012, following strategic planning by the deans and chairs of the School, with input from the Research Committee and faculty. The Blueprint (***ERF 3.1.d.: Research Blueprint***) aligns specific objectives with the School's strategic research goals. The activities and associated achievements for each objective are shown in the Blueprint as they relate to the SPH strategic goals.

Table 3.1.d.1: Conventional Measures of Research Success

FY	Total Expend ($M)	Indirect Costs ($M)	Direct Costs ($M)	PIs[1] (#)	Proposals Submitted[2] (#)
FY10	$33	$4	$29	83	203
FY11	$35	$4	$31	80	212
FY12	$41	$5	$36	86	224
FY13	$39	$5	$34	87	228
FY14	$39	$5	$34	98	221
FY 15	$43	$7	$36	90	235

[1] PIs often hold more than one award.

[2] This number reflects new proposals, supplements and non-competitive renewals.

- As presented in the table, the number of proposals submitted has generally increased since FY10, as have the total expenditures, including direct and indirect costs.

- The number of funded PIs has also steadily increased over the past five years. Between FY12-FY14, the school held 892 awards with 126 faculty members serving as PIs.

- The school's proposal success rate (#awards/#proposals) has averaged approximately 45%-50% over the past three fiscal years. Note that the tracking methods of the School's Office of Vice President of Research includes in this rate proposals that were submitted and awarded simultaneously, supplemental awards given to an existing proposal, and other non-competitive award mechanisms.

2. Peer-reviewed publications

An additional measure of success includes dissemination of research results through peer-reviewed publications. In 2012, our faculty published 251 articles; in 2013 we published 270 articles; and in 2014 we published 254 articles.

3. Research translation and influence on policy

A less quantitative measure of research productivity, but one that we value highly, is the translation of our scholarship into effects on policy and practice. In the past year, faculty have contributed in significant ways to national and regulatory dialogue on key public health issues. A few examples follow; there are many others.

- On April 9, 2015 the White House held a roundtable working session on education and climate change, which was attended by Dean Lynn Goldman, PHD, MS, MPH, and Melissa Perry, ScD, MHS, Professor and Chair of the Department of Environmental and Occupational Health, as well as deans and leaders from 30 medical, public health and nursing schools from across the country. The roundtable is part of a long list of actions unveiled by the White House aimed at highlighting the health impacts of climate change and encouraging data sharing. See more at: http://publichealth.gwu.edu/content/dean-lynn-goldman-and-eoh-chair-melissa-perry-participate-white-house-roundtable-climate.

- New Report: *Community Health Center Data Capture Incomplete in Electronic Health Record Systems, Potentially Affecting Reimbursement*. A new study raises fundamental questions about how to quantify and reimburse the true value of care associated with the community health center model. The report, from the Geiger Gibson/RCHN Community Health Foundation Research Collaborative, based at the SPH, assesses the feasibility and usefulness of combining electronic health record (EHR) information with federal cost report data as the basis for developing or evaluating reimbursement rates for community health centers. See more at: http://publichealth.gwu.edu/content/new-report-community-health-center-data-capture-incomplete-electronic-health-record-systems.

- Lance B. Price, PhD, Professor of environmental and occupational health, participated in a press briefing held on Capitol Hill to announce the re-introduction of a bill, *Preservation of Antibiotics for Medical Treatment Act (H.R. 1552)*, by Rep. Louise Slaughter, (D-NY). The briefing was held on Tuesday, March 24, 2015. The legislation would ban the non-therapeutic use of eight important classes of antibiotics in factory farms; large livestock operations that routinely feed healthy animals low doses of antibiotics. The practice allows farming operations to keep animals in crowded, unsanitary conditions. The resulting "superbugs" can spread and cause drug-resistant infections in humans. According to the U.S. Centers for Disease Control and Prevention about two million Americans acquire a drug resistant infection every year with about 23,000 of those dying. See more at: http://publichealth.gwu.edu/content/professor-lance-price-participates-congressional-briefing-legislation-aimed-preserving.

- On April 15, 2015, Amita Vyas, PhD, MHS, Associate Professor of prevention and community health and director of the Maternal and Child Health program at the SPH, was invited to speak before the Senate Democratic Caucus on education and economic empowerment of women and girls globally at the US Capitol. This roundtable discussion was designed to be a candid

conversation and an opportunity to discuss solutions with Senators. See more at: http://publichealth.gwu.edu/content/professor-amita-vyas-speaks-senate-democratic-caucus-global-empowerment-women-girls.

- Loretta DiPietro, PhD, MPH, Professor and Chair of the Department of Exercise and Nutrition Sciences, PhD, MPH, published a commentary April 6, 2015 on the Institute of Medicine's (IOM) website as part of the IOM's Perspective Series connected to its Roundtable on Obesity Solutions. Dr. DiPietro points out that physiologic function and resiliency decline with age, even among the most robust of older adults; however that decline can be significantly minimized by maintaining an active lifestyle. See more at: http://publichealth.gwu.edu/content/iom-publishes-commentary-physical-activity-older-people.

- On April 3, 2015, Fitzhugh Mullan, MD, Murdock Head Professor of Medicine and Health Policy and Mary Ellsberg, PhD, MA, Professor of Global Health gave talks at the TEDx Foggy Bottom event. Ellsberg's talk focused on domestic violence against women while Mullan zeroed in on reforms in medical education and ways that such reform could lead to better health for all. See more at: http://publichealth.gwu.edu/content/tedx-talk-gw-campus-features-professors-mullan-and-ellsberg.

- *Women's Health Issues*, the peer-reviewed journal of the Jacobs Institute of Women's Health, publishes original research, systematic review articles, and commentaries on women's health care and policy. It is the top-ranked women's studies journal (out of 41). Recent research articles have addressed implications of differing mammography screening guidelines for higher-risk populations; workplace accommodations for breastfeeding mothers; the health of post-menopausal women veterans; and the economic burden of Alzheimer's Disease on women and men. Topics of recent commentaries include the role of Planned Parenthood in healthcare for low-income women; unanswered research questions for women's heart health; Medicaid and women's health; legal impediments to midwifery; and trauma-informed primary care. See more at: http://www.whijournal.com/.

- The School is also committed to influencing policy through dissemination of policy briefs and white papers. From 2012 – spring of 2015, our faculty published 135 such reports.

Table 3.1.d.2. Assessment of Success of Research Activities

Outcome Measure	Target	AY2012-13	AY2013-14	AY2014-15
Publications in SCOPUS	**250**	251	270	254
Number of submitted *new, unique* proposals*	**200**	197	192	188
Proposal success rate, overall and by funding source	**Overall = 40%** **Fed NIH = 25%** **Fed Other = 35%** **Private = 50%** **State = 50%**	**45%** 24% 35% 61% 75%	**49%** 31% 38% 63% 50%	**40%** 20% 40% 53% 50%
Increase number of active awards across ranks.	**N=350 Awards** ***Professor=150*** ***Assoc. Professor=100*** ***Assist. Professor=60*** ***Other/Res. Scientist=40***	**N=281 Awards** *Professor=144* *Assoc. Professor=77* *Assist. Professor=32* *Other/Res. Scientist=28*	**N=285 Awards** *Professor=124* *Assoc. Professor=85* *Assist. Professor=41* *Other/Res. Scientist=35*	**N=323 Awards** *Professor=149* *Assoc. Professor=85* *Assist. Professor=52* *Other/Res. Scientist=40*
Increase direct and indirect funding across departments (from $33M, AY 2010-11)	**$40M**	$41M ($36M, Direct; $5M IDC)	$39M ($34M, Direct; $5M IDC)	$39M ($34M, Direct; $5M IDC)
Increase NIH funding	**NIH $10M/Annual**	NIH Funding=$6.4M	NIH Funding=$8.7M	NIH Funding=$9.8M
GRAs and Post-Docs supported with external funding	**10 GRAs** **6 Post Docs**	11 **4**	11 **6**	11 **8**

** This number differs from Table 3.1.d.a as that number represents all submitted proposals, including supplements and renewals.*

3.1.e. Description of student involvement in research.

Between 2012-2014 funded research supported approximately 36 FTEs for SPH students, spanning 126 projects (see Template 3.1.1). Historically, the SPH relied on staff wage positions (instead of GRAs) to support and train students. Starting in summer of 2014, we began new initiatives to increase GRA training and funding.

Beyond GRA support, our students are engaged in a myriad of research endeavors including:

- Research-driven practica, CEs, and internships at GW, in DC, and beyond;
- GW Research Days. Each year SPH students present work at the university-wide research event. Abstracts from the past three years can be found at:
  http://research.gwu.edu/research-days-2015 (n=27 students)
  https://research.gwu.edu/research-days-2014-0 (n=39 students)

http://research.gwu.edu/research-days-2013 (n=41 students)
SPH faculty mentorship is a requirement for participation; and

- Faculty-mentored publications and presentations at national meetings. For example, at the 2015 National Society for Research on Nicotine and Tobacco, nine SPH graduate students had accepted abstracts. Our students also regularly present abstracts at the APHA and other public health conferences.

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

This criterion is met.

Strengths:

- Organized the Office of Research Excellence, under new Associate Dean for Research.
- Convened a newly charged and re-vamped SPH Research Committee, including student representatives.
- Developed a prioritized, strategic research plan through the SPH Research Blueprint.
- Formed a SPH Learning Community for the school's grant management administrators.
- Launched the School's Faculty Research Advancement Program.
- Established critical new policies and guidance to facilitate pre- and post-award operations.
- Established an on-line SPH Research web portal.
- Created a pre-award shared services model to assist departments with proposal development.
- Secured new long-term, reliable wet and dry laboratory space for research and classrooms.
- Established and formalized a Biostatistics Consulting Core and other shared resources, such as StrongBox.
- Established the SPH Research Accelerator ~ with a blog and informative content.
- Growth and diversity of the research portfolio.
- Proximity and access to promote multidisciplinary collaboration through the new buildings.
- New and innovative resources to train, prepare, motivate and incentivize research:
    - A new SPH Faculty Research Advancement Program that includes the Springboard pilot project funding mechanism, grant writing workshops, funders' presentations, Mentor Match peer-review program, grant-related workshops and trainings, and award management trainings.
- High level assurances for compliance:
    - Created a school-level Conflict of Interest and Ethics committee.
    - Availability of modules for responsible conduct of research.
    - Student IRB liaison and enhanced SPH representation on the IRB.
    - Standardized HIPAA training for SPH.
- Data management resources
    - Developed "Strongbox," a customized server for SPH researchers that provides a comprehensive suite of analytical software applications and secure centrally managed data storage.
    - Partnership with the Colonial One Big Data server.

Challenges:

- Increasing student engagement in future SPH Research Days.
- Shifting from Research Assistant and "wage" research positions to graduate research assistantships, fellowships, and postdocs.
- Increasing student research scholarships.
- Improving post-award services.
- Utilizing upgrades in the university's PI Dashboard to create PI-specific metrics that can assist with the identification of PIs who can benefit from mentoring and additional support in securing research funding.
- Tracking various levels of collaborations, student involvement, cultural diversity, community-based research outreach, etc.
- Developing a method to specifically identify community-based research as this is integrated throughout much of our portfolio.
- Improved tracking of scholarship and impact.
- Occupying and managing new research laboratory/facilities in the SEH.

Future Plans:

- Fully implement the multi-component Research Advancement Program.
- Develop innovative doctoral and post-doctoral training programs.
- Increase GRA availability and student-faculty mentorship and training.
- Continue to work with OVPR to create more efficient and transparent post-award systems.
- Increase the number of high impact manuscripts and presentations.
- Explore relevant research cores and shared resources.
- Expand multidisciplinary research collaborations across GW.
- Create a SPH Biosafety Committee.
- Set and track specific goals for IDC Recovery.
- Create a biblioinformatics system to track scholarship and impact.

3.2. SERVICE. *THE SCHOOL SHALL PURSUE ACTIVE SERVICE ACTIVITIES, CONSISTENT WITH ITS MISSION, THROUGH WHICH FACULTY AND STUDENTS CONTRIBUTE TO THE ADVANCEMENT OF PUBLIC HEALTH PRACTICE.*

Service to all people is one of the core values of our School, as presented in the strategic planning document and in alliance with the University values.

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

The School provides service to the university, the community and other organizations in numerous ways: by providing convening space and hosting time sensitive panels and discussion forums; through service on local, national and international boards; through community and university outreach and public health education; and by participating in capacity building efforts internationally. Service activities can be divided into a few distinct categories: service to the university; service to professional organizations; and service to communities.

1. **Service to the University includes:**

- Providing broad public health education to the entire GW undergraduate student body.
- Offering various exercise classes to GW faculty and staff free of charge.
- Providing expert input on public health issues such as student suicide, ebola, synthetic turf, and others.
- Serving on university committees.

2. **Service to professional organizations includes:**

- Directly advising government agencies and other policy-making bodies.
- Serving on various formal advisory boards.
- Providing convening space and leadership on critical public health issues such as gun violence, use of PREP for HIV, breast cancer and the environment.
- Editorial positions on journals.
- Participation in national academies, boards, roundtables.

3. **Service to communities, including local, national and global, includes:**

- Service on study sections.
- Offering bone density and body scans to the local community.
- Working with the DC government on a myriad of initiatives.
- Working collaboratively with organizations such as EGPAF, APHL, USAID.
- Developing community-based centers such as AVANCE.
- Sending personnel to crisis areas such as Haiti, West Africa.
- Supporting local AIDS walk and homeless shelters/food kitchens.
- Serving on advisory groups for community organizations.
- Providing in-kind organizational development and health education programming to DC clinics, hospitals, schools, community-based organizations, and public housing campuses.

3.2.b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

The Milken Institute SPH Appointments, Promotion and Tenure (APT) guidelines specifically identify service as a key area considered in appointment, promotion and tenure decisions. Service is defined in our APT guidelines to be service to the department and service to the School or University, as well as public service to the government and/or private entities.

Excerpted from SPH APT guidelines:

VII. Appointment, Promotion, and Tenure Criteria; Consideration of Public Health Practice

A. Education, Scholarship, and Service

1. Appointment and Promotion

a. In tenure-accruing positions.

Appointment or promotion in tenure-accruing positions shall be dependent upon professional achievement in education, scholarship, and service. The candidate must be assessed as excellent in each applicable area.

b. In non-tenure-accruing positions.

Appointment or promotion in non-tenure accruing positions (regular or research) shall be dependent upon professional achievement in education, scholarship, service. For appointment or promotion in a regular faculty category, the candidate must be assessed as very good to excellent in education and service, with some evidence of activity expected in the area of scholarship. For appointment or promotion in a research faculty category, the candidate must be assessed as very good to excellent in scholarship, with some evidence of activity expected in service and education, including teaching and mentoring.

2. Tenure

Tenure is awarded based on evidence that the individual's contribution to education, scholarship, and service is of such magnitude as to merit an award of tenure because of the current and future benefit to the University that would result.

B. Education, Scholarship and Service – Definitions

3. Service

a. Service to a Department is expected as part of a faculty member's membership in the Department. Service to a Department is necessary but by itself is not sufficient evidence for advancement. In connection with promotion and tenure, service denotes service to the SPH and the University. The concept of service also encompasses professional and public service to professional societies and associations, government agencies, and public and private bodies engaged in public health practice and policy. Service, as distinguished from public health practice, denotes activities involving no, or nominal, compensation and undertaken without significant extramural support. At least some evidence

of departmental and/or professional/public service also is expected of research faculty.

b. The following activities would be considered evidence of service to the School or University:

i. Membership on standing or ad hoc committees at the School or University levels;

ii. Participation in formal School, or University-wide student activities such as orientation or career development programs;

iii. Formal mentorship of junior faculty;

iv. Contributions to the administrative management of the SPH, or University; and

v. Participation in events that develop and advance the School or University (e.g., public health grand rounds, faculty development activities, and similar events).

c. Public service to governmental or private entities such as:

i. Expert consultation to governmental bodies, health care organizations and institutions, professional organizations and societies, community organizations, and similar bodies;

ii. Membership on selection committees for awards or fellowships;

iii. Participation in the planning of major professional society or organizational activities (e.g., membership on an annual conference planning committee);

iv. Participation without, or at nominal, compensation in health education and health promotion or public health preparedness activities for the general public or at-risk populations;

v. Congressional or agency testimony, briefings, and formal presentations;

vi. Identification and coordination of responses to health needs in the surrounding communities, the District, and the nation, including increasing public awareness of disease prevention and health maintenance, organizing the provision of continuing education to practicing health care professionals, and devising strategies to provide health care to underserved and underfinanced populations;

vii. Leadership in national/international groups dealing with public health practice, public health and health care policy, and health care administration; and,

viii. Leadership and active participation in continuing education to health professionals at the local, regional, or national level.

3.2.c. A list of the school's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table see CEPH Data Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) and 3.3.1 (funded workforce development), respectively.

Detailed lists of self-reported faculty service, extracted from the Annual Faculty Reports from 2012 – April 2015, are included **in *ERF 3.2.c.: Faculty Service***. Faculty service is divided in these reports into five different categories for ease of review, including; Community and Other Service; Consulting; Editorial Boards and Reviews; Presentations; and Media Contributions." Some examples of service are included in the table below. We do not capture information on those service activities that our faculty members perform privately, such as church service, local community or school service.

Table 3.2.c.: Service activity categories and selected examples

Community and Other Service	Consulting	Editorial and Review Boards	Media Contributions
GW Urban Food Task Force	Community Health Charities of the National Capital Area	Journal of Development Economics	www.environmentalhealthnews.org/ehs/news/2013/flame-retardants-declining
Hope Clinic (Fairfax, VA)	American Nurse Credentialing Center	Journal of the Institute of Medicine, Tribuvan University	https://sanitationupdates.wordpress.com/2013/03/25/pit-latrines-and-their-impacts-on-groundwater-quality-a-systematic-review/
Haiti Medical Missions	Centro de Derechos del Migrante (CDM)	Public Health Reports (Associate Editor)	www.uvm.edu/vq/?Page=news&storyID=17393&category=vqafocus
Dogs on Deployment	North American Fetal Therapy Network	Health Affairs	http://planetforward.org/2012/10/18/the-debate-on-fracking-and-climate-change/
DC Waste Diversion Project	Abaris Group	Practice Based Research to improve Self Management Support [PRISMS]	http://thesocietypages.org/sociologylens/2013/05/30/the-personal-is-political-investigating-the-environmental-breast-cancer-movement/
Study section(s) for NIH & other funding agencies	Legacy International	NCI Tobacco Control Monograph	http://www.npr.org/blogs/health/2013/12/17/251950362/how-the-u-s-helped-to-fight-the-global-aids-epidemic

Table 3.2.c.: Service activity categories and selected examples, (continued)

Community and Other Service	Consulting	Editorials Boards and Review	Media Contributions
Engineers W/O Borders	National Academy of Medicine	AAAS Fellowship	http://www.lymphoma.org/site/pp.asp?c=bkLTKaOQLmK8E&b=8596757
Health Datapalooza	Office of the National Coordinator for Health Information Technology	Health Education and Behavior Special Issue: Evidence for Policy and Environmental Approaches to Promoting Health	http://news.discovery.com/human/health/active-video-games-can-battle-childhood-obesity-130108.htm
Beacon House Youth Sports Program	Community Health Charities of the National Capital Area, Inc.	Journal of Family Psychology	http://yourhealthtalk.org/health-care-panel-discussion-yht-in-dc/

3.2.d. Identification of the measures by which the school may evaluate the success of its service efforts, along with data regarding the school's performance against those measures for each of the last three years.

Table 3.2.d: Outcome measures by which the school may evaluate the success of its service efforts

Outcome measure	Target	AY 2013	AY 2014	AY 2015
Percent of primary faculty involved in service outside of SPH[1]	75%	82%	70.5%	66.7%
Number of students who take service learning course in UG (Spring term)	15	16	13	6
Number of SPH students active in ISCOPES	>100	43	66	~75[2]
Inclusion of service as part of all student organizations[3]	100%	PHSA MHA BPHSN GHN	PHSA MHA BPHSN GHN	PHSA MHA BPHSN GHN HPSA

[1] Percentage generated by searching faculty service from annual faculty report in Lyterati and dividing by number of primary faculty.
[2] This number is still in flux as it is the beginning of the academic year.
[3] This past year, the Public Health Student Association became the umbrella organization for all SPH student groups, enabling better tracking of student organization events, as well as being able to provide funding for activities. The current groups under the umbrella include: Health Policy Student Association (HPSA), Black Public Health Student Network (BPHSN), Global Health Network (GHN) and Masters of Health Administration (MHA).

3.2.e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

GW has a long and proud tradition of engaging students in service. The Honey W. Nashman Center for Civic Engagement and Public Service provides (primarily undergraduate) students with a central place to become involved in community service, find resources for funding their projects and become a life-long volunteer. The center provides service opportunities for students such as getting involved in D.C. schools, Alternative Breaks to volunteer abroad, etc. See more at: https://serve.gwu.edu/.

Annual volunteering events include:

- Freshman Day of Service
- Hunger & Homelessness Awareness Week
- Adopt-A-Family
- Martin Luther King, Jr. Day of Service
- Earth Day
- Celebration of Service

GW students are some of the most engaged in career service as well. Since 2008, the university has ranked first among medium-sized universities graduating Peace Corps Volunteers.

The School encourages all students to engage in community service through course work and extra-curricular activities, student organizations, and the school-sponsored service learning initiative, ISCOPES. More details on these follow.

1. Coursework and extra-curricular activities

Undergraduate:

BS-PH: An elective course with a service learning component is offered, but not required.

BS-EXSC: All students are encouraged to complete 10 hours of community/volunteer work in EXNS 1103. The site must be approved in advance by the instructor. Students must have documentation that service

hours have been completed to get full credit. The documentation must be signed by a supervising member of the organization (sorority sisters or fraternity brothers cannot sign).

Masters:

There are no formal course requirements for service; however many students do volunteer work. Students engage in short-term projects such as the Martin Luther King, Jr. Day of Service in addition to long term volunteer positions during the academic year. In addition to their practical experience, many students volunteer at the following organizations:

- RAINN (www.rainn.org)
- DC Rape Crisis (http://dcrapecrisiscenter.org/)
- Mary's Center (http://www.maryscenter.org/)
- Sasha Bruce Youthwork (http://sashabruce.org/)
- Whitman Walker (http://www.whitman-walker.org/)
- Metro Teen AIDS (http://metroteenaids.org/site/)
- Futures without Violence (http://www.futureswithoutviolence.org/)
- Planned parenthood (http://www.plannedparenthood.org/)
- National Park service
- Metropolitan Washington Public Health Association (http://mwpha.org/)
- ISCOPES (http://www.iscopes.gwu.edu)

It is not uncommon for our students to engage in new initiatives as well. Some examples include:

- Students launch test recycling project at Taste of DC: http://publichealth.gwu.edu/content/students-launch-test-recycling-project-taste-dc
- Avance Center: George Washington University students participate in research and academic activities within the Avance Center, located at the Milken Institute School of Public Health at George Washington University. Students receive mentoring from public health faculty and senior level staff while working on current Center projects. http://avancegw.org/aboutus/students/
- SPH students commit to tackling global health challenges: http://publichealth.gwu.edu/content/gw-students-commit-tackling-global-health-challenges
- GW students and faculty raise awareness about eating disorders: http://publichealth.gwu.edu/content/gw-raises-awareness-eating-disorders-full-week-events

2. **Student organizations:** The School supports several student organizations (http://publichealth.gwu.edu/services/students/student-organizations), most of which include service as a priority. Examples of student organization engagement in service:

   The Public Health Student Association (PHSA):

   - Regular volunteer days at Bread for the City.
   - Volunteered at the Heart Walk at Nationals Park in early September.

- Organize events for National Public Health Week (http://publichealth.gwu.edu/content/recap-national-public-health-week-gw).

Health Services Management and Leadership Student Association:

- "Last Saturday": Students volunteer the last Saturday of every month by helping assemble donated groceries into bags, then transferring bags to disabled residents in subsidized housing. Student volunteers = 15.
- Walk to End Breast Cancer: Annually, MHA students come together to raise money and participate in the walk to increase breast cancer awareness. Student volunteers = 25.
- NCHE C-Suite Event: MHA students help host this event. Number of student volunteers = 12

The Black Public Health Student Network (BPHSN):

- Members participate in Whitman Walker AIDS Walk (annually).
- Annual Minority Health Conference open to the community.
- Poetry slam nights with community organizations.
- HIV Prevention and Health Information Tables for the public.
- Presentations from community based organizations, such as Men Can Stop Rape.
- Canned goods and book collections to benefit community organizations such as DC Kitchen and Miriam's Kitchen.

Health Policy Student Association (HPSA):

Service has not been a focus in the past; however, going forward, the group plans to add community service initiatives as a priority goal. For next year, they plan to volunteer with DC Health Link during open enrollment to help DC residents sign up for insurance through the DC exchange.

Delta Omega:

- Host alumni lecture events for current students.
- Provide judges for Annual Research Day.
- Co-host the Practicum Connect Event.
- Host career development events.

3. ISCOPES: Interdisciplinary Student Community-Oriented Prevention Enhancement Service (http://www.iscopes.gwu.edu)

ISCOPES, which is housed in the School of Public Health, is a 20-year-old evolving health-focused service learning and workforce development initiative that places GW students and GW employees from various fields of study as well as community practitioners and neighbors from around the DC Metro Area in inter-professional learning communities to address bigger picture health issues through results-oriented service. Students from the schools of public health, medicine, nursing, and education collaborate in a

year-long, innovative, inter-professional service-learning program. The ISCOPES curriculum and its longitudinal service projects continuously evolve to reflect the changing conditions of our healthcare and public health-related systems as well as the latest best practices. Moreover, ISCOPES continuously adapts to address the needs of our community partners, students, departmental partners as well as our coaches and advisors. This past year (AY14/15) we had 66 students from across the School of Public Health as well as 10 students from three other schools at GW working together on organizational development and health education programming. In AY15/16 we aspire to have 100 SPH students participate in ISCOPES. Students from the SPH are very active in ISCOPES, as shown below:

a. Participation*:
    - 2012-2013: 45/64 (70%) accepted students were affiliated with SPH
    - 2013-2014: 43/73 (59%) accepted students were affiliated with SPH
    - 2014-2015: 66/76 (87%) accepted students were affiliated with SPH

**Students must apply to ISCOPES each academic year. Acceptance rates vary based on project needs, student skill sets, and student availability.*

b. Types of activities:
    - SPH students were involved in all five inter-professional Learning Communities, our regional case competition team, and our local Alternate Spring Break team.
    - They have worked on improving knowledge, attitudes, and skills related to numerous health issues (including, but not limited to accessing, preparing, eating nutritious food; engaging in daily physical activity; stress management; healthy relationships; HIV/STI prevention; chronic disease self-management; health careers; computer health literacy; ER/medical home health literacy; pharmaceutical literacy; mental health; falls prevention; dexterity; and isolation prevention) among thousands of diverse people (across lifespan, singles/couples/families, foster youth, unhoused/housed folks, variety of mental and physical abilities, mostly extremely low-moderately low SES, immigrants/non-immigrants, numerous races/genders/sexual orientations/religious backgrounds, high school dropouts-college graduates, etc.) in all eight wards of the District of Columbia.
    - Number of hours: Minimum student commitment is 80 hours/year (over the course of the academic year); 80x154 SPH affiliated students = at least 12,320 hours of service in three years (among SPH students).

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

This criterion is met, with commentary.

Strengths:

- The School and University have a deep and long standing commitment to service.
- Service is a key element in promotion and tenure decisions.
- Our faculty and students provide many hours of service to the university, professional organizations and communities.

- Growing portfolio of funding in partnership with DC government.
- ISCOPES Advisory Board includes stakeholders.

Challenges:

- We do not have robust systems in place to track service for students.
- Faculty often under-report their service activities.
- ISCOPES is an intensive program, so it currently can only facilitate activities for a relative small number of our students.

Future Goals:

- Work with student organizations to maintain/increase commitment to service.
- Reinforce service expectations during annual faculty reviews.
- Increase scope and range of ISCOPES.

3.3. WORKFORCE DEVELOPMENT. *THE SCHOOL SHALL ENGAGE IN ACTIVITIES OTHER THAN ITS OFFERING OF DEGREE PROGRAMS THAT SUPPORT THE PROFESSIONAL DEVELOPMENT OF THE PUBLIC HEALTH WORKFORCE.*

3.3.a. Description of the ways in which the school periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

The School assesses continuing professional education needs through a variety of formats and on an almost continual basis. Some ways in which we achieve this are:

1. Survey of employers that hire graduates of our programs. Since the summer of 2014, we have conducted annual surveys through our career counselor to ascertain the strengths and areas for improvement of our students in the workforce. We then present the collected data to the school-wide curriculum committee.
2. Several funded projects and centers actively engage community participation through community advisory boards. For example, under the CMS grant, Dr. Spielberg meets monthly with representatives from 8 community organizations.
3. Survey community members on public health priorities through regular events such as our community health innovation seminar and through the Rodham Institute Community Forums.
4. Faculty participation on community organizations' advisory boards (see *ERF 3.2.c: Service Activities*).
5. Periodic surveys of our practicum preceptors. (See Criterion 2.4)
6. The academic program reviews require a site visit by an external site visit team. (See Criterion 1.2.b)
7. Many of our organized research units have advisory boards. For examples, within the Avance Center, there are two community advisory boards, one for the Adelante project and one for the CDC REACH project.
8. Use existing alliances and networks for input. For example, our MeTRIC consortium includes the Schroeder Institute for Tobacco Research and Policy Studies at Legacy.
9. Host events to solicit input and encourage discussion around topics. For example, On February 24-25, 2015 the Redstone Center hosted a meeting of 30 foundations and funders invested in efforts to prevent childhood obesity.

The information and input gathered through these various means is considered both at the department and school level. Response to the input could include addition of new certificate programs. An example of a professional enhancement certificate is the Graduate Certificate in Healthcare Corporate Compliance (http://cps.gwu.edu/healthcare-compliance), which is offered in collaboration with the College of Professional Studies and a local law firm. The certificate in Long Term Care (http://publichealth.gwu.edu/programs/long-term-care-certificate) was launched in response to an increasing number of states licensing long-term care facility managers.

The input received can also influence our curriculum.

The Department of Health Policy and Management responded to input from practice-based faculty with several curricular changes due to changing needs in the field. In 2013 the MPH in Health Policy curriculum was revised to add a course titled "Statistical Analysis in Health Policy" in response to practice recommendations that graduates know the bio-statistical software application STATA. In addition, because the field of health policy has numerous sub-dimensions, the Culminating Experience in Health Policy course was revised in 2014 to provide a "menu" of final project options for the students with real-world clients to better mirror the types of work the students will face in employment after graduation.

The Department of Environmental and Occupational Health changed the format of the culminating experience (CE) for both the Global Environmental Health and the Environmental Health Science and Policy MPH degrees to a course based system, with a one-credit class in both the fall and spring semesters, focused on conducting and communicating a systematic review of the scientific knowledge in a specific area of environmental and occupational health. The new course provides students with skills in demand in the EOH workplace and provides greater structure for timely completion of the CE.

Finally, the School offers numerous open seminars and conferences to address pressing public health issues. Since moving into our new building, we have offered over 175 open access events.

3.3.b. A list of the continuing education programs, other than certificate programs, offered by the school, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table. See CEPH Template 3.3.1 (Optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Templates 3.1.1 (research) or 3.2.2. (funded service), respectively.

The SPH offers myriad opportunities for workforce development, which was helped tremendously by the opening of the new SPH building. Workforce development programs, offered by individual departments as well as the School, are presented in ***ERF 3.3.b.: Workforce Development Report***. SPH faculty have also been involved in workforce development activities nationally and internationally. In addition to the open forums and panel discussions mentioned earlier, we offer numerous workforce development activities. Some, such as the Public Health Risk Science and Management training program are held annually, while other events are one-time offerings. Funded projects, such as DC-CFAR, support regular and open workforce development seminars. Activities range from hour-long presentations to weeks long training, such as the GW-APHL International Institute for Public Health. Training workshops have been held both locally and globally (e.g. Kenya, Zimbabwe). Target audiences have ranged from city planners and architects to athletes and parents, statisticians, laboratory managers, ministers of health, WHO leadership and, of course, both government and NGO employees. Presentation modalities have included in-person and virtual and participant numbers have ranged from a small handful to thousands.

3.3.c. Description of certificate programs or other non-degree offerings of the school, including enrollment data for each of the last three years.

In 2013, the SPH evaluated its certificate offerings and enrollment numbers and decided to narrow down the real workforce needs to four certificate programs. The other certificate programs are being phased out and are no longer accepting new students. Current students previously matriculated into any of the discontinued programs, have been permitted to complete the certificate requirements. Deactivated certificates will be discontinued after summer session 2016 when all students have been given ample opportunity to complete the certificate requirements.

The four active certificate programs offered by the SPH are:

- Health Administration Generalist (18 credits)
- Health Policy (18 credits)
- Long Term Care (18 credits)
- Public Health (15 credits)

Our certificate programs attract three types of students:

- Students matriculated in other MPH degrees who want additional, concentrated knowledge in additional areas.
- Students from other GW programs.
- Professionals in the public health workforce who do not have formal public health education.

For additional program information, the website link is: http://publichealth.gwu.edu/academics/graduate/certificates

Table 3.3.c. Certificate Enrollment

Certificate Program	AY 2013-2014	AY 2014-2015	AY 2015-2016
Health Administration Generalist	3	0	1
Health Policy	3	1	3
Long Term Care	1	0	0
Public Health	0	0	1[1]
Other Certificate Programs[2]	18	12	11
Data for this report obtained from fall census each Academic Year.			

[1] The certificate in public health was just re-launched at the end of last spring. As such, we anticipate notable growth in enrollment.

[2] Students in 'Other Certificate Programs' combines students in deactivated certificate programs who matriculated before the program was deactivated. Students are completing these programs. No applicants are being accepted into these deactivated certificate programs.

Other examples

- From fall of 2010 through the summer of 2013, the Department of Health Services Management and Leadership (now part of HPM) offered a graduate certificate program in Health Information Technology (HIT), funded by American Recovery and Investment Act (ARRA) monies. This program was coordinated in collaboration with faculty and leaders from different GW schools and organizations, including the School of Business, the School of Engineering and Applied Science, the School of Medicine and Health Services, and GW's Medical Faculty Associates. The 18-credit program curriculum was developed to target four roles defined by the Health and Human Services Office of the National Coordinator (ONC): Clinician and Public Health Leaders; Information Management and Exchange Specialists; Privacy and Security Specialists; and Programmers and Software Engineers. GW's HIT program targeted candidates with either IT experience or healthcare experience. As a stipulation from the grant, all students had to finish the HIT graduate certificate within one calendar year. During the funding period, 250 students successfully completed the HIT graduate certificate program.
- In addition to the certificate programs offered by the School of Public Health, we also collaborate with the College of Professional Studies on a Healthcare Corporate Compliance certificate program (http://publichealth.gwu.edu/programs/joint-healthcare-corporate-compliance-certificate-and-masters-programs). This comprehensive, 12-credit certificate offers education in healthcare laws and regulations as well as tools and strategies for creating effective corporate compliance programs. Approximately 30 students are enrolled in this certificate each year.

3.3.d. Description of the school's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

1. **Certificate programs.** As mentioned above, the School performs periodic reviews of enrollment numbers in certificate programs. New certificate programs are proposed based on a changing workforce environment or because of an identified need. For example, when the Health Insurance Portability and Accountability Act and the federal Anti-Kickback and Stark Laws were adopted, we saw a need to educate corporate compliance officers. The Health Information Technology certificate was created in response to a call for proposals from the U.S Department of Veterans Affairs.
2. **Collaborative agreements.** Many of our ongoing workforce activities are in collaboration with external organizations such as the American Public Health Laboratories; USAID; the Lewin Group; and The National Press Club. Through such partnerships we commit to long-term involvement in work force development that is relevant to our partner organizations.
3. **ASPPH recommendations and reports.** The Milken Institute School of Public Health is an active member in ASPPH. As such, we review and incorporate recommendations from the Association.

3.3.e. A list of other educational institutions or public health practice organizations, if any, with which the school collaborates to offer continuing education.

In addition to those organizations listed in the ***ERF 3.3.b: Workforce Development Report***, we have offered many open continuing education events. Over the last three years, SPH has coordinated over 50 events involving faculty, students, and staff of GW as well as the larger public health community. Attendees had the opportunity to participate in discussions at these events, and students also had the opportunity to volunteer for a number of events. Many of these events involved partnering with public health groups, organizations and experts. A selection of highlighted events held since 2013 are described below.

- During Cancer Prevention Month in 2013, the SPH partnered with the Breast Cancer Fund and the H. John Heinz III Center for Science, Economics and the Environment to host an event focused on breast cancer prevention. The event highlighted the results of a groundbreaking report by the Interagency Breast Cancer and Environmental Research Coordinating Committee released earlier that year. Participants included representatives from the partner organizations as well as the National Institute of Environmental Health Sciences. http://gwtoday.gwu.edu/breast-cancer-experts-emphasize-importance-environment-prevention.

- An event in March 2013 with featured guest Ashley Judd, actress, humanitarian and public health advocate, that focused on women's rights and reproductive health. http://gwtoday.gwu.edu/ashley-judd-talks-women's-health-gw.

- In May 2013, GW hosted the Global Engagement in Care conference, which was co-hosted by the DC Developmental Center for AIDS Research (DC-DCFAR). DC-DCFAR is housed within Milken Institute School of Public Health. The event featured then Secretary of Health and Human Services Kathleen Sebelius. The U.S. Department of Health and Human Services and the Office of the US Global AIDS Coordinator also assisted in the planning. Representatives from the CDC, the White House and OGAC were present. http://Utoday.gwu.edu/kathleen-sebelius-discusses-global-engagement-hivaids.

- In April 2013, SPH partnered with TEDMED to host TEDMED Great Challenges Day, which was made possible by the Robert Wood Johnson Foundation. Over 40 SPH students volunteered at the event, and two SPH faculty members led breakout sessions. View the media advisory about the event here: http://www.newswise.com/articles/gw-hosts-tedmed-s-great-challenges-day-to-collaborate-on-complex-problems-in-healthcare.

- The SPH worked with student leaders, faculty and staff at the school to host a forum focused on gun violence and mental health in April 2013. Students from the Public Health Student Association, the Black Public Health Student Association, Health Policy Student Association and the Department of Professional Psychology developed and shaped the content, themes and

agenda. Panelists included Georges Benjamin of the American Public Health Association; Daniel Webster of the Center for Gun Policy and Research at the Johns Hopkins Bloomberg School of Public Health, Paramjit Joshi of Children's National Medical Center; Richard Cooter and Olga Acosta Price from GW. http://gwtoday.gwu.edu/forum-examines-gun-regulations-and-public-health-policy.

- During National Public Health Week 2013, SPH partnered with the American Public Health Association to host a screening of the film *Escape Fire: The Fight to Rescue American Healthcare.* The screening was followed by a panel discussion that included a physician who appeared in the film, a SPH faculty member, and the president and CEO of Core Health. The following story compiles the week's activities as experienced on social media: https://storify.com/GWPublicHealth/national-public-health-week-at-sphhs-2013.

- In December 2013, SPH hosted a discussion focused on the future of public health education. The collaborative program included guest speakers Donna Petersen, Dean of the University of South Florida's College of Public Health; Jon Andrus, Pan American Health Organization Deputy Director; Howard Koh, U.S. Assistant Secretary for Health; and Rajiv Rimal, Professor and Chair of the Department of Prevention and Community Health at SPH. View a story about both the mHealth event and the future of public health education event in *GW Today* here: http://gwtoday.gwu.edu/re-visioning-public-health-and-medicine-21st-century.

- In February 2014, SPH hosted a week-long series of events to raise awareness for eating disorders, especially on college campuses. The week's main event featured guest Mika Brzezinski, co-host of MSNBC's "Morning Joe." View the week's agenda here: http://publichealth.gwu.edu/content/sphhs-raises-awareness-eating-disorders-full-week-events.

- The SPH has hosted multiple events on the Patient Protection and Affordable Care Act, including one in which SPH partnered with the Vitality Institute in February 2014. The Vitality Institute is an action-oriented global research organization. The panel discussion included the Acting Surgeon General of the U.S., the Chief Medical Officer from the Centers for Medicare and Medicaid Services and health policy experts from the private sector and academia, including SPH.

- For 14 years, GW has been involved in the Global Health Mini-University, a day-long conference sponsored by SPH, USAID and the Global Health Professional and Organizational Development. Students, faculty, staff throughout GW and members of the public health community have the opportunity to attend sessions, lead sessions, and present their research. View Global Health Mini-University Conference Highlights from 2015: http://www.mini-university.org/content/2015-highlights.

- In the fall of 2014, SPH hosted two major events surrounding the Ebola virus outbreak crisis. The first event, held in September, focused on the Global Health Security Agenda and was held in collaboration with the White House. SPH faculty members spoke at the event and were involved in the development of the Global Health Security Agenda. The second event, held in October, convened a panel of SPH faculty experts to discuss current challenges and how to move forward. Read the press release about the October event here: http://publichealth.gwu.edu/content/ebola-panel.

- In December 2014, the SPH worked with WETA, the DC-area's public broadcasting station, to film a segment for its documentary series, "Cancer: The Emperor of All Maladies," in the SPH auditorium. The documentary was based off the book by Pulitzer-Prize-winning author Siddhartha Mukherjee. The segment filmed at SPH featured host Katie Couric, global news anchor, Yahoo! News and co-founder, Stand Up To Cancer (SU2C); with Ken Burns, executive producer and series creative consultant; Siddhartha Mukherjee, author, "The Emperor of All Maladies: A Biography of Cancer"; and Sharon Percy Rockefeller, president & CEO, WETA.

- In June 2015, The George Washington University mHealth Collaborative and ICF International hosted a 1-day symposium on the challenges and opportunities around the integration of mHealth into health systems for disease prevention and management. Topics covered included mHealth and health behavior change, the use of Apple's ResearchKit, text messaging in health systems for patient care and engagement, cyber security and privacy, and global mHealth. The symposium featured speakers from the George Washington University, the National Institutes of Health, the Veteran's Affairs Office of Connected Health, the Dana Farber Cancer Institute, Johns Hopkins University and ICF International. See more at: https://smhs.gwu.edu/mhealth/events/symposium-mhealth-health-systems-era-healthcare-transformation

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

This criterion is met.

Strengths:

- The new building supports greater flexibility in offering continuing education opportunities.
- SPH has established many long-term collaborations for workforce training.
- SPH works collaboratively with other GW units to offer continuing education.

Challenges:

- No centralized office to coordinate all workforce activities.
- Funding for important workforce development is limited.
- We do not currently track workforce funding specifically.

Future Plans:

- Leverage the curriculum created for our two online programs to develop and launch at least one MOOC related to health impacts of climate change.
- Pursue high-quality partners to expand our workforce development offerings.
- We have not historically tracked specific affiliations of those attending many of our sponsored events. Going forward, we will add an affiliation line on any event sign in sheets.

CRITERIA 4: FACULTY, STAFF AND STUDENTS

4.1 FACULTY QUALIFICATIONS. *THE SCHOOL SHALL HAVE A CLEARLY DEFINED FACULTY WHICH, BY VIRTUE OF ITS DISTRIBUTION, MULTIDISCIPLINARY NATURE, EDUCATIONAL PREPARATION, PRACTICE EXPERIENCE AND RESEARCH AND INSTRUCTIONAL COMPETENCE, IS ABLE TO FULLY SUPPORT THE SCHOOL'S MISSION, GOALS AND OBJECTIVES.*

4.1.a. A table showing primary faculty who support the degree programs offered by the school. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests. See CEPH Data Template 4.1.1

Over the past few years, the SPH has witnessed significant growth in the number of full and part-time faculty, commensurate with the growth in research and educational offerings. The number of tenured faculty has also grown 58% since 2013. As of fall 2015, the number of primary faculty at the SPH is 135; the total faculty headcount rose to 298, an increase of 27%. The Departments of Epidemiology and Biostatistics (Epi/Bio) and Prevention and Community Health (PCH) saw strong growth; while the Department of Exercise and Nutrition Sciences (EXNS) remained fairly constant. Merging the Departments of Health Services Management and Leadership (HSML) and Health Policy (HP) to the new Department of Health Policy & Management (HPM) consolidated resources, allowing for a slight decrease in primary faculty. However, with the growth of both online programs, the part-time faculty has increased significantly in the HPM department. The Department of Global Health (GH) has strategically maintained its primary faculty headcount, but has been able to make strides in filling open faculty positions with tenure track faculty. Curricula vitae for all faculty members are included in the electronic resource file.

CEPH Data Template 4.1.1 presents details of the primary faculty of the SPH including information related to graduate degrees attained, institutions where the degrees were earned, courses taught and subject expertise. All of our full-time faculty members have earned a doctoral degree (PhD, MD, JD, ScD), with one exception, a long-term faculty member in the Department of Prevention and Community Health, who holds a PA-C and a MPH. The areas of expertise are in alignment with the educational programs that we offer.

Find CEPH Data Template 4.1.1- Primary Faculty below for each department. This template is available as well in ***ERF 4.1.a.: CEPH Data Template 4.1.1 Primary Faculty***. Curriculum Vitae for each of our primary faculty can also be found *in* ***ERF 4.1.a.: Primary Faculty Curriculum Vitae***.

TABLE 4.1.1 PRIMARY FACULTY

Template 4.1.1: Primary faculty: Department of Environmental and Occupational Health 2015-16								
Name	**Title/ Academic Rank**	**Tenure Status**	**FTE**	**All Graduate Degrees Earned**	**Institution Degree Conferred**	**Specific Discipline of Degree(s)**	**Current GW Teaching Area(s) (Course Names)**	**Research Interest (If applicable)**
K. Applebaum	Assistant Professor	TR	1.0	ScD MS	Harvard University Emory University	Epidemiology & Environmental Health	Applied Data Analysis in EOH	Environmental and occupational exposures and biological pathways to chronic diseases and cancer
L. Goldman	Professor	T	1.0	MD MS MPH	Univ of CA, San Fran Univ of CA, Berkeley Johns Hopkins Univ	Medicine Health & Medical Sciences Epidemiology	N/A	Children's Environmental Health; Environmental Health; Environmental Health Policy; Public Health Preparedness and Emergency Response
J. Graham	Assistant Professor	TR	1.0	PhD MPH MBA	Johns Hopkins Univ Univ of Texas Univ of Texas	Environmental Health Engineering Environmental Health Business Administration	Global Environmental and Occupational Health; Water, Sanitation and Hygiene for Health and Development	Zoonotic Infectious Diseases; Antimicrobial Resistance; Water, Sanitation, and Hygiene
G. Gray	Professor	N	1.0	PhD MS	Univ of Rochester	Toxicology	Toxicology; Env/Occ Health in Sustainable World; Principles of Environmental Health Risk Science; Environmental and Occupational Health Research and Practice	Risk characterization, risk communication, risk policy
P. LaPuma	Associate Professor	N	1.0	PhD MS MBA	Univ of Florida Air Force Wright State	Environmental Engineering and Sciences Engineering and Environmental Management Business Administration	Env/Occ Health in Sustainable World; Sustainable Energy and the Environment	Sustainable energy strategies; Life cycle analysis

Template 4.1.1: Primary faculty: Department of Environmental and Occupational Health 2015-16 (continued)

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
S. McCormick	Associate Professor	TR	1.0	PhD MA	Brown University	Sociology	Social Dimensions of Climate Change and Health	Social Factors Shaping Adoption of Renewable Technologies; Reducing Social Disparities of Heat Waves in a Changing Climate; Communicating Climate Change; Climate Change and Health; Citizen Science in the Deepwater Horizon Spill
D. Michaels	Professor	T	on leave	PhD MPH	Columbia Univ	Sociomedical Sciences Epidemiology	N/A	Occupational Safety and Health; Regulations and Regulatory Effectiveness
R. Mitchell	Visiting Professor	N	0.12	PhD	Cornell Univ	Evolutionary Biology	Germs: Intro to Environmental Health Microbiology	Rat gut microbiomes; Nanoparticle use as disinfectant; Climate change and biodeterioriation
A. Northcross	Assistant Professor	TR	1.0	PhD MS	Drexel University Univ of North Carolina	Environmental Engineering Environmental Science & Engineering	Assessment & Control of Environmental Hazards	Air pollution, including studying pollutant composition, exposure monitoring, exposure assessment, and identifying interventions that can reduce pollution and improve human health
G. Paulson	Professor	N	1.0	PhD	Rockefeller Univ	Environmental Science	Environmental and Occupational Health	Environmental policy and regulations
M. Perry	Professor	T	1.0	ScD MHS	Johns Hopkins Univ	Psychiatric Epidemiology Public Health	Environmental & Occupational; Epidemiology	Health effects of pesticides; Agricultural injuries and exposures; Preventive interventions in workplaces
L. Price	Professor	T	1.0	MS PhD	Northern Arizona Univ Johns Hopkins Univ	Biology Environmental Health Sciences	Biological Concepts for Public Health; Public Health Genomics; Communicating Science for Public Health	Livestock-associated MRSA, foodborne urinary tract infections, and the role of the human microbiome in health and disease
A. Zota	Assistant Professor	TR	1.0	ScD MS	Harvard Univ	Environmental Health	Environmental & Occupational; Epidemiology	The interplay between environmental chemicals exposures and psychosocial stressors on maternal and child health with an emphasis on overlapping biological pathways

● Included here are all Primary faculty to include regular full-time, regular part-time, Research and Visiting faculty appointments. Some of these faculty have no teaching/administrative salary support; however, they support educational activities by guest lecturing, mentoring student research, etc..
● T= Tenure; TR= Tenure Track; N= Non Tenure

Template 4.1.1 Primary Faculty: Department of Epidemiology & Biostatistics 2015-16								
Name	**Title/ Academic Rank**	**Tenure Status**	**FTE**	**All Graduate Degrees Earned**	**Institution Degree Conferred**	**Specific Discipline of Degree(s)**	**Current GW Teaching Area(s) (Course Names)**	**Research Interest (If applicable)**
I. Bebu	Assistant Research Professor	N	1.0	PhD MS	Univ of Maryland University of Bucharest	Statistics Mathematics	Cost Effectiveness Analysis	Survival Analysis; Adaptive Phase I & II Clinical Trials; Diabetes
B. Braffett	Assistant Research Professor	N	1.0	MS PhD	Univ of Rhode Island George Washington Univ	Statistics Epidemiology	Principles and Practice of Epidemiology	Diabetes, Clinical Trials
A. Castel	Associate Professor	TR	1.0	MD MPH	Univ of Pennsylvania Johns Hopkins Univ	Medicine Public Health	Infectious Disease Epidemiology; HIV/AIDS Surveillance, Issues in HIV Care and Treatment, MSPHMEID Final Project	Infectious diseases, including vaccine-preventable diseases specifically polio eradication and meningococcal disease; HIV/AIDS surveillance, prevention, care and clinical outcomes, perinatal infection; International health; Program evaluation
C. Christophi	Associate Research Professor	N	0.5	PhD MS	George Washington Univ	Statistics	N/A	Distribution function of Risk; Smoking and Youth Behaviors of Cyprus
S. Cleary	Associate Professor	T	1.0	PhD MPH	Columbia Univ Tulane Univ	Psychiatric Epidemiology Epidemiology	Advanced Epidemiologic Methods; Measurement in Public Health & Health Services Research	Latino Health; Community Based Participatory Research; Health Disparities; Mental Health
R. Clifton	Associate Research Professor	N	1.0	PhD MS	George Washington Univ George Washington Univ	Epidemiology Statistics	N/A	Design, management and analysis of randomized clinical trials and observational cohort studies in maternal fetal medicine and prenatal screening/diagnosis
K. Drews	Associate Research Professor	N	1.0	PhD MS	Texas Tech Univ Univ of So Mississippi	Mathematics	N/A	Diabetes, Obesity, Multi-site Trials
A. Elmi	Assistant Professor	N	1.0	PhD MS	Univ of Pennsylvania	Biostatistics	Biostatistical Methods; Quantitative Methods; Statistical Packages for Data Management and Data Analysis; Advanced Data Analysis; Biostatistical Applications for Public Health	Longitudinal Data Analysis, Mixed Effects Models, joint modeling of repeated measurement and event/dropout-time data, curve registration.

Template 4.1.1 Primary Faculty: Department of Epidemiology & Biostatistics 2015-16 (continued)								
Name	**Title/ Academic Rank**	**Tenure Status**	**FTE**	**All Graduate Degrees Earned**	**Institution Degree Conferred**	**Specific Discipline of Degree(s)**	**Current GW Teaching Area(s) (Course Names)**	**Research Interest (If applicable)**
M. Foulkes	Research Professor	N	1.0	PhD MPH	Univ of North Carolina Univ of Michigan	Biostatistics and Epidemiology	N/A	Innovative clinical trial design, safety and efficacy assessment, analyzing longitudinal data, interim analyses and data monitoring committees
M. Ghosh	Assistant Professor	TR	1.0	PhD MS	Univ of Pittsburgh Salem-Teikyo Univ	Infectious Diseases & Microbiology; Molecular Biology/Biotechnology	Public Health Virology and Infection and Immunity	Sexual transmission of HIV in women; Reproductive health
A. Greenberg	Professor	T	1.0	MD MPH	George Washington Univ Harvard Univ	Medicine Health Policy and Management	HIV Epidemiology & Prevention	Epidemiology & prevention of HIV/AIDS in the U.S.
L. Guay	Research Professor	N	1.0	MD	George Washington Univ	Medicine	Pediatric HIV/AIDS	Implementation research on HIV in women and children in Africa, prevention of Mother-to-Child HIV transmission
K. Hirst	Research Professor	N	1.0	MS PhD	Univ of Minnesota Univ of Colorado	Biostatistics Biostatistics	N/A	Youth onset Type 2 Diabetes; Obesity in youth
H. Hoffman	Associate Professor	N	1.0	PhD	Virginia Commonwealth Univ	Biostatistics	Data management and analysis using SAS; Introduction to Biostatistics; Survival Analysis; Advanced SAS; Advanced Data Analysis	Maximum likelihood estimates for left-censored and missing values; Development of bivariate MLE tool; HIV and breast cancer
K. Jablonski	Associate Research Professor	N	1.0	PhD MS MA	Univ of Tennessee George Mason Univ Univ of Tennessee	Physical Anthropology Staistics Physical Anthropology	N/A	Biological impacts of the Environment specializing in genetics, focusing on preterm birth and child development, type 2 diabetes, and the role of the microbiome
J. Jordan	Professor	T	1.0	PhD	Univ of Pittsburgh	Molecular Virology and Clinical Microbiology	Public Health Lab; Microbiology	Molecular Infectious Disease Diagnostics for sepsis, HPV and HIV as well as NGS technology
I. Kuo	Associate Research Professor	N	1.0	PhD MPH	Johns Hopkins Univ	Infectious Disease Epidemiology; Epidemiology	Design of Health Studies	Epidemiology of HIV and viral hepatitis in high-risk populations; criminal justice populations, linkage to HIV care; uptake of pre-exposure prophylaxis; racial disparities; access to drug treatment, drug use remission & natural history of drug use disorders

Template 4.1.1 Primary Faculty: Department of Epidemiology & Biostatistics 2015-16 (continued)								
Name	**Title/ Academic Rank**	**Tenure Status**	**FTE**	**All Graduate Degrees Earned**	**Institution Degree Conferred**	**Specific Discipline of Degree(s)**	**Current GW Teaching Area(s) (Course Names)**	**Research Interest (If applicable)**
J. Lachin	Research Professor	N	1.0	ScD	Univ of Pittsburgh	Biostatistics	Biostatistical methods; Data analysis; Survival analysis	Intent-to-treat principle in clinical trials; Sample size evaluation; Group sequential methods; Analysis of repeated measures; Survival analysis; Diabetes
Y. Ma	Associate Professor	TR	1.0	PhD MA MS	Univ of Rochester	Biostatistics	Biostatistical Applications in Public Health; Meta Analysis	Biostatistics; Missing Data; Health Disparities; Health Services Research
M. Magnus	Associate Professor	T	1.0	PhD MPH	Tulane Univ	Epidemiology Epidemiology	Advanced Epidemiology; Epidemiology of HIV/AIDS; Principles and Practice of Epidemiology	HIV/AIDS prevention among at risk and hard to reach populations; use of novel health information technology in the prevention and treatment of HIV/AIDS.
J. Peterson	Assistant Research Professor	N	1.0	Ed.D MHS	Morgan State Univ Lincoln Univ	Social Policy/Ethnography Human Services	Ethnographic Methods Applied in Public Health	HIV/AIDS, Substance Abuse, Criminal Justice Re-entry, Ethnographic Methods
M. Power	Assistant Professor	TR	1.0	ScD	Harvard University	Epidemiology and Environmental Health	N/A	Aging, Cognitive Impairment, and Dementia
M. Rice	Associate Research Professor	N	1.0	PhD MS	Univ of Washington Univ of California Los Angeles	Epidemiology Kinesiology/Exercise Physiology	N/A	Perinatal epidemiology
R. Riegelman	Professor	T	1.0	MD PhD MPH	Univ of Wisconsin Johns Hopkins Univ Johns Hopkins Univ	Epidemiology Epidemiology	Epidemiology; Clinical Epidemiology & Decision Analysis; Undergraduate Epidemiology Public Health	Educational techniques in epidemiology & PH; Evidence-based preventive medicine; Integrating PH & medicine
S. Simmens	Research Professor	N	1.0	PhD MA	New York Univ	Community & Quantitative Psychology	Biostatistical consulting	Biostatistics in collaborative biomedical & PH research; Sample size requirements for pilot studies; Structural equation modeling
E. Temprosa	Assistant Research Professor	N	1.0	PhD	George Washington Univ	Biostatistics	Visual Display of Public Health Data, Biostatistical Applications for Public Health	Diabetes, Clinical Trials
E. Thom	Research Professor	N	1.0	PhD MA MS	George Washington Univ Univ of Oxford Univ of Reading (UK)	Mathematical Statistics Mathematics Biometry	N/A	The design of clinical trials and the application of biostatistics and epidemiology to perinatal medicine and fetal diagnosis and therapy

Template 4.1.1 Primary Faculty: Department of Epidemiology & Biostatistics 2015-16 (continued)								
Name	**Title/ Academic Rank**	**Tenure Status**	**FTE**	**All Graduate Degrees Earned**	**Institution Degree Conferred**	**Specific Discipline of Degree(s)**	**Current GW Teaching Area(s) (Course Names)**	**Research Interest (If applicable)**
M. Ulfers	Visiting Assistant Professor	N	1.0	PhD	George Washington Univ	Epidemiology	Epi Measuring Health & Disease; Biostatistics for Application in Public Health	Methodology for controlling for age and aging, Disparities in cancer treatment outcomes, Suicide and end of life issues in the elderly
D. Verme	Professor	N	1.0	PhD MS	George Washington Univ	Mathematical Statistics Applied Statistics	Biostatistical Applications for Public Health; Statistical Packages for Data Management and Data Analysis; Advanced Data Analysis; Introduction to GIS; Advanced GIS; Advanced SAS; Time Series	Biostatistics in collaborative biomedical & PH research
N. Younes	Associate Professor	TR	1.0	PhD MA	George Washington Univ	Mathematical Statistics Statistics	Biostatistical Applications for Public Health; Design of Medical Studies; Introduction to R	Biostatistics/Clinical Trials; Design & Analysis of Medical Studies
H. Young	Associate Professor	N	1.0	PhD MPH	George Washington Univ	Epidemiology Epidemiology	Principles and Practice of Epidemiology; Advanced Epidemiology Methods; Cancer Epidemiology; Reproductive and Perinatal Epidemiology	Reproductive cancers, reproductive effects of pesticide exposures; Environmental and occupational exposure assessment

● Included here are all Primary faculty to include regular full-time, regular part-time, Research and Visiting faculty appointments. Some of these faculty have no teaching/administrative salary support; however, they support educational activities

by guest lecturing, mentoring student research, etc..

● T= Tenure; TR= Tenure Track; N= Non Tenure

Template 4.1.1 Primary Faculty: Department of Exercise and Nutrition Sciences 2015-16								
Name	**Title/ Academic Rank**	**Tenure Status**	**FTE**	**All Graduate Degrees Earned**	**Institution Degree Conferred**	**Specific Discipline of Degree(s)**	**Current GW Teaching Area(s) (Course Names)**	**Research Interest (If applicable)**
M. Barron	Assistant Professor	N	1.0	PhD MS	Michigan State	Kinesiology/Human Growth & Motor Development; Kinesiology/Athletic Training	Professional Foundations in EXSC; Medical Issues in Athletic Training; Kinesiology; Prevention & Care of Injury	Tracking injury rates in youth sports and relationship to biological maturation. First aid and injury prevention knowledge of youth coaches.
J. Danoff	Professor	N	1.0	PhD MS	Univ of Maryland Penn State	Kinesiology Aerospace Engineering	Anatomy & Physiology I & II; Kinesiology; Biomechanics	Movement analysis; Cancer treatment outcomes/ modalities; HIV functional capabilities in infants, children and adolescents; Stroke and cardiac problems; Acupuncture
J. DeLoia	Professor	T	1.0	PhD	Johns Hopkins Univ	Human Genetics	Public Health Genomics; Biological Concepts in Public Health	Genetics; Ovarian Cancer; Reproductive and Developmental Biology
L. DiPietro	Professor	T	1.0	PhD MPH MS	Yale Univ Yale Univ So CT State	Epidemiology Public Health Education in Exercise Science	Biostatistics Research & Methods for Exercise Science; Epidemiology for Exercise Science; Biological Basis of Disease in Public Health	Exercise, weight gain, and metabolic regulation in aging
L. Hamm	Professor	N	1.0	PhD MA	Michigan State Univ Univ of Minnesota	Exercise Physiology	Cardiac Rehabilitation; Clinical Assessments, Exercise Prescription, and ECG Fundamentals; Organization & Management of Clinical Programs in Rotations	Cardiac Rehabilitation; Exercise Physiology; Alternative Delivery Models for Cardiac Rehabilitation
M. Hubal	Visiting Assistant Professor	N	1.0	PhD MS	Univ of Massachusetts Texas A & M	Exercise Physiology	Disease in PH	Genetic mapping in sports medicine
G. Hudson	Assistant Professor	N	1.0	PhD MA	Baylor Univ Univ of Alabama	Exercise, Nutrition & Preventive Health; Exercise Physiology	Exercise Phys I; Advanced Exercise Phys II	Impact of exercise training, nutritional interventions, and aging on physiological adaptations & biochemical mechanisms involved in regulation of metabolism, body composition, & insulin sensitivity/glucose uptake

Template 4.1.1 Primary Faculty: Department of Exercise and Nutrition Sciences 2015-16 (continued)

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
A. Meni	Visiting Professor	N	1.0	PhD	Emory Univ	Nutritional & Health Sciences	Nutritional Sciences I & II; Basic Nutrition; Adv Concepts in Nutritional Science	Metabolic effect of artificial sweeteners; Taste preferences and intestinal microbiome developments; Psychosocial interventions for treating obesity-related conditions for children
T. Miller	Associate Professor	N	1.0	PhD	Texas A&M	Exercise Physiology	Current Topics in Strength & Conditioning; Science & Theory of Resistance Training; Advanced Exercise Phys I; An/aerobic Exercise Testing & Prescription	Physiological adaptation of skeletal muscle in response to exercise and disuse; Physiological responses to exercise training in elite athletes; Factors affecting health club usage in American public; Emerging role of interactive video gaming on physical activity
K. Robien	Associate Professor	T	1.0	PhD MS	Univ of Washington Massachusetts General Hospital	Nutritional Sciences Dietetics	Public Health Nutrition and Leadership; Food and Water Systems in Public Health; US Food Policy and Politics; Systematic Review of Literature for Public Health; Chronic Disease Epidemiology	Nutrition in chronic disease prevention; Food access in underserved communities; Environmental nutrition and sustainable food systems; Exposure to food-borne chemicals may contribute to risk of obesity and chronic diseases
S. Talegawkar	Associate Professor	TR	1.0	PhD MHSc	Tufts Univ Univ of Mumbai	Human Nutrition Food Science & Nutrition	Nutrition & Chronic Disease; Nutrition & Aging	Nutrition epidemiology; Nutitional exposures and health disparities; Dietary determinants in elderly.
A.Visek	Assistant Professor	T	1.0	PhD MS MA	West Virginia Univ	Sports & Exercise Psychology; Sports Psychology Counseling	Exercise and Sport Psychology; Psychology of Injury & Rehabilitation; Exercise & Health Psychology	Evidence-based approaches to youth sport sustainability; Early positive physical activity movement experiences; Physical literacy among children; Public health practice of the fun integration theory in youth sports; Aggression in sports
B. Westerman	Associate Professor	N	1.0	MeD EdD	Univ of Virginia George Washington Univ	Sports Medicine/Athletic Training Higher Ed	Prevention and Care of Sports Injury; Injury Assessment; Professional Foundations of Exercise Science; Exercise Science Field Experience	Burnout, stress management & coping interventions among athletic training professionals; Value of athletic trainers in ambulatory health care settings.

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Template 4.1.1 Primary Faculty: Department of Global Health 2015-16

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
S. Baird	Associate Professor	T	1.0	PhD MS	Univ California Berkeley Univ California Berkeley	Agricultural and resource economics	Global Health Economics and Finance, Doctoral Research Methods	Development Economics, Health Economics, Program Design and Impact Evaluation; Applied Microeconomics
U. Colon-Ramos	Assistant Professor	TR	1.0	ScD MPA	Harvard Univ Cornell Univ	Public Health Nutrition Nutritional Sciences	GH Qualitative Methods in GH; International Food & Nutrition Policies & Programs; GH Nutrition Problems	Nutrition Policy; Environment and Programs, Cardiovascular Disease, Diet and Health Disparities
M. Ellsberg	Professor	N	1.0	PhD MA	Umea Univ Yale Univ	Epidemiology and Public Health	Guest Lecturer	Women's health and empowerment, violence against women and girls, gender equity, research in conflict and humanitarian settings, participatory action research, mixed methods research
K. Gamble-Payne	Adjunct	N	0.5	MA	Stanford	Comparative literature	Global Health Conventions and Agreements; International Health Org; Comparative Regional Determinants of Health	Adolescents' Mental Health; Women and Gender Equality
C. Garza	Visiting Professor	N	0.0	MD PhD	Baylor Mass Inst Technology	Pediatrics and Nutrition	None	Child & fetal growth and development, child nutrition
C. Huang	Assistant Professor	TR	1.0	PhD MA	Univ of Penn Bejing Univ	Demography Population Economics	Cost-benefit Analysis in Public Health; Global Health Economics and Finance; Global health Quantitative Research Methods	Demography; public nutrition & poverty; health inequality; environmental health; tobacco control
E. Migliaccio	Adjunct Professor	N	0.5	DrPH MPH	Tulane Univ of Hawaii	Health Systems Mgt & International Health; Health Administration & Gerontology	Global Health Program Development and Implementation; Global Health Project Management and Leadership; Leadership in Public Health Practice and Policy	Medicaid State Plans; Health Care Regulation

Template 4.1.1 Primary Faculty: Department of Global Health 2015-16 (continued)								
Name	**Title/ Academic Rank**	**Tenure Status**	**FTE**	**All Graduate Degrees Earned**	**Institution Degree Conferred**	**Specific Discipline of Degree(s)**	**Current GW Teaching Area(s) (Course Names)**	**Research Interest (If applicable)**
S. Mookherji	Assistant Professor	TR	1.0	PhD MHS	Johns Hopkins	Int'l Health & Health Economics	Program Evaluation, Nutrition Evaluation, Case Study Methods for GH Evaluation	Evaluation methods for complex health interventions; case-based evaluation methodology; health systems performance; tuberculosis control, urban health.
K. Ndiaye	Assistant Professor	TR	1.0	PhD MA	Penn State Univ of New Mexico	Communication Health Communication	GH Communication Strategies & Skills; GH Data Collection; GH Communication theories; GH Essentials for success in Global Health Communication	Health communication and culture; Behavior change communication; Mhealth and communication; Chronic disease prevention; Culture and health prevention; Health communication in Sub-Saharan; NCD Prevention in Developing countries
A. Roess	Assistant Professor	TR	1.0	PhD MPH	Johns Hopkins Rutgers	Int'l Health, Disease, Prevention & Control/Epi	Emerging Zoonotic Diseases & Global Food Animal Production; Advanced Topics in Health Leadership, International Settings; Advanced Topics: Health Research in the Global Arena; Global Environmental and Occupational Health	Human/animal interface; emerging & zoonotic diseases ; effects of animal raising practices on public health
J. Sandberg	Associate Professor	T	1.0	PhD MA	Univ of Michigan	Sociology/Population Studies Sociology	Population and Development, Global Health Quantitative Research Methods, Advanced Topics in Health and Research in the Global Arena (doctoral program) , Doctoral Research Methods	Demography, Population Health, Social Network Methodology, Social Networks and Health, Maternal and Child Health, Cognitive Development, Mental Health
C. Santos-Burgoa	Professor	TR	1.0	MD PhD	Univ of Mexico Johns Hopkins Univ	Medicine Epidemiology	Determinants of Health; Non-Communicable Diseases	Air pollution; Health Impact Assessments
L. Simonsen	Research Professor	N	0.3	PhD	Univ of Mass	Population Genetics	GH Programs & Approaches to Control of Infectious Diseases	SARS Pandemic; Influenza Genomic Sequencing; Malaria Interventions

Template 4.1.1 Primary Faculty: Department of Global Health 2015-16 (continued)

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
J. Tielsch	Professor	T	1.0	PhD MHSc	Johns Hopkins Univ Johns Hopkins Univ	Epidemiology Epidemiology	Frameworks in Global Health; Advanced Topics in Health Leadership, International Settings; Global Child Health	Interventions to improve maternal and child health and survival in low income countries, and blindness prevention in both the US and the developing world
E. Uretsky	Assistant Professor	TR	1.0	PhD MA MA	Columbia Univ Harvard Univ George Washington Univ	Sociomedical sciences/Medical Anthropology; East Asian Lang/Civilizations; International Relations	GH Study Design; Ethical & Cultural Issues in GH; Qualitative Research Methods	Intersection of culture, health, masculinity, male sexuality, and governance in China. HIV/AIDS, chronic disease.
P. Vigilance	Associate Professor	N	1.0	MD MPH	Johns Hopkins Univ	Medicine Health Policy & Management	PH Leadership Seminar	HIV outreach and education
R. Waldman	Professor	N	1.0	MD MPH	Univ of Geneva Johns Hopkins Univ	Medicine and Public Health	GH & Development; Humanitarian Operations	Emergency response policy, child and neonatal health in emergencies

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Template 4.1.1: Primary faculty: Department of Health Policy & Management 2015-16

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
D. Anderson	Visiting Assistant Professor	N	1.0	PhD MHA	George Mason Univ Duke Univ	Public Policy Health Administration	Intro to US health service Delivery; Intro to Management & Economics in Health Care	Accountable Care Org Dev; Physician Group Practice
R. Burke	Professor	N	1.0	PhD MA	Univ of Florida Boston College	Medical Sociology Sociology	Managing skilled Nursing Facility; Aging & disability needs & services; Intro to Health Management	Nursing shortages in nursing homes; Statistical health care modeling; Health care workforce issues
T. Burke	Associate Professor	N	1.0	LLM JD	George Washington Univ American Univ	Health Law Law	Health Services and the Law; Public Health Law; and Management and Policy Approaches to Public Health	Legal issues related to Patient Protection & Affordable Care Act; Implementation of state-based health insurance exchanges; Legal barriers associated with creation & use of health information technology; Application of law to health care payment reform & quality improvement
L. Cartwright-Smith	Associate Research Professor	N	1.0	JD MPH	Georgetown Univ George Washington Univ	Law Health Policy	Fundamentals for Health Policy; Management and Policy Approaches to Public Health	Legal barriers to health system reform, Delivery system reform; Use and exchange of health information
A. Dor	Professor	T	1.0	PhD	City Univ of New York	Economics	Adv Health Econ Research; Health Economics & Finance	Medical pricing; Cost–sharing in pharmaceutical insurance & spillover effects; Role of management contracts in locally competitive positions of American hospitals; Health economics
J. Fischer	Associate Research Professor	N	1.0	PhD	Vanderbilt Univ	Microbiology & Immunology	Public Health Biology; Global Health Diplomacy	PH preparedness & Response; Infectious Disease Surveillance; Lab System strengthening; Global Health Security
S. Frehywot	Assistant Research Professor	N	1.0	MD MHSA	Lady Hardinger Medical College George Washington Univ	Health Policy Analysis Health Policy Analysis	Comparative Health Systems &Policy	Health human resources & health systems development in developing countries

Template 4.1.1: Primary faculty: Department of Health Policy & Management 2015-16 (continued)

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
L. Friedman	Professor	T	1.0	PhD MPA MPH	Univ of Southern California Univ of Southern California California State Univ	Public Admin Public Admin Community Health Education	Health Services Marketing and Planning, Human Resource Management and Organization Behavior; Management of Acute Care Hospital	Health care management centers & strategic management; Organizational theory & behavior; Decision making in complex & uncertain environments
D. Goldberg	Assistant Research Professor	N	0.24	PhD MHA MBA	Virginia Commonwealth Univ Xavier Univ Xavier Univ	Health Related Sciences & Health Administration	Primary Health Care Policy; Qualitative Research Methods;	Teaching Health Center Evaluation; Community Health Policy
M. Goldstein	Associate Professor	N	1.0	JD	Yale Univ	Law	PH & the Law; Law, Medicine, & Ethics; Bioethics; Management & Policy Approaches to PH	Legal & policy aspects of health information technology, privacy & security
R. Graham	Research Professor	N	0.51	MD	Univ of Kansas	Medicine	N/A	Quality improvement and primary care
L. Helmchen	Associate Professor	TR	1.0	MA, PhD	MA - Humboldt Univ, Berlin; PhD - Univ. of Chicago	Economics	Health Economics & Financing	How financial incentives, payment mechanisms and organizational structures affect health care delivery
J. Hidalgo	Research Professor	N	.87	MSW MPH SCD	Princeton Univ Yale Univ Princeton Univ	Social Work Health Planning and Policy Operation Research and Health Service Research	Statistics in Health Policy; Health Services Research and Health Policy Research and Health Systems Change; Leadership in Public Health Practice	Organizing and financing HIV care at state and federal levels; Maryland AIDS care planning
K. Horton	Research Professor	N	1.0	JD MPH	College of William & Mary Yale Univ	Law Epidemiology	Federal Policy Making & Advocacy	Medicare/Medicaid; Welfare, social security; Age & disability assistance; Health reform
R. Katz	Associate Professor	T	1.0	PhD MPH MA	Princeton Univ Yale Univ Princeton Univ	Public Affairs International Health Public Affairs	Homeland Security & PH Policy; Advanced Health Policy Analysis; UG Senior Seminar	Implementation of International Health Regulations; Foodborne illness surveillance & response; Biosecurity/biosafety

Template 4.1.1: Primary faculty: Department of Health Policy & Management 2015-16 (continued)

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
L. Ku	Professor	T	1.0	PhD MPH MS	Boston Univ Univ of California, Berkeley Univ of California, Berkeley	Health Policy Public Health Nutritional Sciences	Advanced Research Methods in Public Policy; Research Methods in Public Policy; Doctoral Research Methods II: Statistical Analysis; Capstone Class	Health policy & PH focused on health care access & insurance coverage for low-income & vulnerable populations
J. Levi	Professor	N	1.0	PHD MA	George Washington Univ Cornell Univ	Business Government	Introduction to Health Policy Analysis	Public Health Systems, Health Reform & Public Health, Obesity, HIV, Preparedness
S. Li	Assistant Professor	TR	1.0	PhD	Lehigh University	Economics	Health Economics & Financing	Performance and structure of provider markets; Supplier induced demand; Role of quality information about hospitals, physicians, and insurers in quality improvement; Racial/geographic disparities in health care
M. Malcarney	Assistant Research Professor	N	1.0	JD MPH	George Washington Univ Tufts Univ	Law Health Policy & Management	Public Health & the Law Federal Policymaking & Policy Advocacy	Medicaid, Health Reform, Community Health, School Health, Asthma, analyzing regulatory and legal barriers to guidelines-based healthcare; Financing of new health system delivery models
A. Markus	Associate Professor	T	1.0	PhD MHS JD	George Washington Univ Johns Hopkins Univ Univ of Lausanne	Public Policy Health Policy Swiss Law	Fundamentals for Health Policy; Public Health & Health Care; Intro to Maternal & Child Health Policy Analysis; Adv Maternal & Child Health Policy; Comparative Health Care Systems & Health Policy; Health Systems & Health Policy Research	Childhood asthma, Children's Health Insurance Program (CHIP); Medicaid, health reform, and CHIP managed care policies at community health centers
L. Masselink	Assistant Professor	TR	1.0	PhD	Univ of North Carolina	Health Policy & Management	Quantitative Methods & Epidemiology in Health Services Management; Health Care Policy Analysis	Globalization of the healthcare workforce; Health workforce migration; Role of health workers in organizational change

Template 4.1.1: Primary faculty: Department of Health Policy & Management 2015-16 (continued)

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
M. McCarthy	Associate Professor	T	1.0	ScD MS	Johns Hopkins Univ Univ of Massachusetts	Health Services Research Epidemiology	Statistical Analysis in Health Policy; Advanced Health Policy Analysis; Theory & Practice of Research in a Clinical Setting	Evaluation of quality of emergency care provided in emergency departments; Identifying patient, provider and system factors that influence quality of emergency care provided; Evaluating quality of care interventions in the ED setting; Evaluating impact that emergency care has on patient-oriented outcomes
K. Mead	Assistant Professor	TR	1.0	PhD	George Washington Univ	Public Policy	Health Policy Research & Design; Qualitative Research Methods & Analysis	Health policy & health services research; Racial & ethnic disparities in access to health care; Health care safety net & access to care for underserved populations; Access to reproductive health services; Organization and delivery of cancer survivorship care.
F. Mullan	Professor	N	1.0	MD	Univ of Chicago	Medicine	Health Workforce Policy; The Policy Narrative: Literature & the Making of Health Policy	Medical Education Futures Study, Medical Education Partnership Initiative, Teaching Health Center Evaluation, GME Accountability Studies
J. Phoenix	Assistant Research Professor	N	0.88	MD MPH	Howard Univ Johns Hopkins Univ	Medicine Public Health	Management & Policy in Public Health; Health Reform; Environmental and Occupational Health	Asthma triggers for children; Lead poison advocacy; Breast cancer and AIDS prevention campaigns
P. Pittman	Associate Professor	T	1.0	PhD	Univ of Buenos Aires	Medical Anthropology	Advanced Health Policy Analysis; Health Workforce Policy	Migration of health workers and health workforce reforms in the U.S.
W. Psek	Assistant Professor	TR	1.0	MBChB, MBA, PhD	Univ of Pretoria York Univ Univ North Carolina	Medicine, Health Care Administration	Health care systems and quality	Quality of care and strategic approaches to health delivery transformation
M. Regenstein	Professor	N	1.0	PhD MCP	George Washington Univ Massachusetts Inst Tech	Public Policy/Health City Planning		Quality and disparity issues in healthcare; Healthcare safety net
S. Rosenbaum	Professor	T	1.0	JD	Boston Univ	Law	Federal Policymaking and Policy Advocacy, Health Care law	US health care system, health care law, Medicaid; Health reform

Template 4.1.1: Primary faculty: Department of Health Policy & Management 2015-16 (continued)

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
N. Seiler	Associate Research Professor	N	1.0	JD	Yale Univ	Law	Federal Policymaking and Policy Advocacy, Public Health & Law	Implementation of Affordable Care Act with a focus on the intersection of health reform and public health
P. Shin	Associate Professor	TR	1.0	PhD MPH	George Washington Univ	Public Policy Epidemiology	Welfare & Health Policy; Research Methods Medically Underserved; Management Approaches to PH	Health care reform; Disparities; Managed care; Community health centers; Health care safety net; Quality improvement; Health economics and delivery/financing of care in both public and commercial sectors
A. Stewart	Associate Professor	TR	1.0	JD	George Washington Univ	Law	Vaccine Policy; Management and Policy Approaches to Public Health (section leader); Health Law for Managers	Intersection of immunization law & policy; Legal supporting PH goals related to vaccination; ADA
J. Teitelbaum	Associate Professor; Vice Chair Academic Affairs	T	1.0	LLM JD	George Washington Univ Marquette Univ	Health Law Law	Civil Rights Issues in Health Care; Health Law (undergraduate); Health Services and Law	Health care law, health care civil rights; Public health law; Law & medicine/bioethics; Health disparities; Law and social determinants
J. Thorpe	Associate Professor	N	1.0	JD	Vanderbilt Univ	Law	Introduction to Policy Analysis; Healthcare Quality & Health Policy; Intro to Healthcare Corporate Compliance; Compliance with Specific Laws & Regulations I and II; Case Studies in Health Care Corporate Compliance; Health Law and Policy	Intersection of health care law & policy in health care delivery systems & financing with focus on Medicare/ Medicaid; HIT & privacy/ security of health information; Medical innovation; Fraud & abuse & healthcare corporate compliance
J. Volarich	Visiting Instructor	N	1.0	MHA MBA	Univ of Pittsburgh	Health Services Management and Leadership Finance	Healthcare Financial Theory; Healthcare Finance Applications; Adv Healthcare Finance; Finance	Accuracy, efficiency and internal controls of medical school; Business and strategic plan for clinical patient care products

Template 4.1.1: Primary faculty: Department of Health Policy & Management 2015-16 (continued)

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
S. Wilensky	Undergraduate Education/Special Services Faculty	N	0.75	JD PhD	Univ of Pennsylvania George Washington Univ	Public Policy	Service Learning in Public Health; Fundamentals of Health Policy; Health Policy	Medically underserved; Medicaid; Health Center Participation
J. Wisdom	Professor	N	0.0	PhD MPH	George Washington Univ Oregon Health and Science Univ	Clinical Psychology; Biosatistics; Epidemiology	N/A	Child and adolescent mental health; Mixed method and qualitative research
S. Wood	Associate Professor	T	1.0	PhD	Boston Univ	Biology	Introduction to Health Policy Analysis	Women's health and the intersection of research, data, & policymaking

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Template 4.1.1 Primary Faculty: Department of Prevention & Community Health 2015-16

Name	Title/ Academic Rank	Tenure Status	FTE	All Graduate Degrees Earned	Institution Degree Conferred	Specific Discipline of Degree(s)	Current GW Teaching Area(s) (Course Names)	Research Interest (If applicable)
L. Abroms	Associate Professor	T	1.0	ScD MA	Harvard Univ Brown Univ	Sociology	Intro to PH Communication & Marketing; Advanced Health Communication; Policy Approaches to PH	Application of mobile phones & communication technologies for smoking cessation & other health behaviors
E. Andrade	Assistant Research Professor	N	1.0	DrPH MPH	George Washington Univ	Health Behavior Global Health	Management Approaches to Public Health; Planning & Administration of Health Promotion & Disease Prevention Programs	Health disparities experienced by Latinos, specifically in areas of substance abuse, interpersonal violence & sexual risk
J. Bingenheimer	Associate Professor	T	1.0	PhD MPH	Univ of Michigan	Health Behavior	Practical Data Analysis for Prevention & Community; Design & Conduct of Community Health Surveys; Planning & Administration of Health Promotion Programs	Quantitative research methods, applied statistics & causal inference; Social epidemiology; Demography; Sociology of the family; Global HIV epidemic; Population health in Africa; Adolescent development & health
J. Cawley	Professor	T	0.8	MPH	Johns Hopkins Univ	Epidemiology	COPC Policy; Physician Assistant/MPH Seminar; COPC Policy; Biologic Concepts of PH; Role of the PA in Health Care	Physician assistant profession; Primary care; Health workforce policy
W. Dietz	Visiting Professor	N	1.0	PhD MD	Mass Institute of Technology Univ of Pennsylvania	Medicine	N/A	Obesity prevention in children; Pediatric Nutrition; Adult and Adolescent Nutrition best practices

Template 4.1.1 Primary Faculty: Department of Prevention & Community Health 2015-16 (continued)								
Name	**Title/ Academic Rank**	**Tenure Status**	**FTE**	**All Graduate Degrees Earned**	**Institution Degree Conferred**	**Specific Discipline of Degree(s)**	**Current GW Teaching Area(s) (Course Names)**	**Research Interest (If applicable)**
M. Edberg	Associate Professor	T	1.0	PhD MA MA	Univ of Virginia Univ of California -LA American Univ	Cultural Anthropology Political Science/International Relations Applied Anthropology	Doctoral Seminar-Social/Behavioral Theory; Principles of Health Education & Health Promo; Impact of Culture upon Health; Qualitative Methods in Health Promo; High Risk & Special Populations	Latino Immigrant/Refugee Health Disparities; Co-occurring disparities of substance abuse, youth violence, & sexual risk
D. Evans	Professor	T	1.0	PhD MA	Johns Hopkins Univ	Cognitive Science	Intro to Public Health Comm & Mrktg; Mrktg Research for PH; PH Branding Theory & Practice	Prevention intervention research; Evaluating behavior change and public education intervention programs using communication and marketing strategies; Using digital media to deliver and evaluate health communication and marketing interventions
J. Franz	Adjunct Instructor	N	0.5	N/A	N/A	N/A	Intro to Public Health	Social marketing for work health
C. Harrington	Assistant Professor	TR	1.0	PhD MPH MS	Uniformed Services Univ of Health Sciences	Medical Psychology Epidemiology Medical Psychology	Community-based Participatory Research; Preventing Health Disparities	Investigating epidemiological factors, psychological factors and individual psychosocial factors and their interaction on development, progression and maintenance of chronic illness; Variable influence of race on psychosocial and environmental factors as it relates to chronic illness
T. Henry	Visiting Assistant Professor	N	1.0	EdD	Columbia Univ	Health Education & Behavior	Intro to Public Health; Principles of Health Education & Health Promotion; Human Sexuality; Preventing Health Disparities; Social & Behavioral Health	Monitor and evaluation of HIV/AIDS programs; High risk behaviors; Health Disparities; Chronic diseases in risk populations; Access to Healthcare
K. Horn	Professor	T	1.0	EdD MSW	West Virginia Univ	Educational Psychology	Research Mentorship Program	Smoking cessation; Juvenile mentorship.

Template 4.1.1 Primary Faculty: Department of Prevention & Community Health 2015-16 (continued)								
Name	**Title/ Academic Rank**	**Tenure Status**	**FTE**	**All Graduate Degrees Earned**	**Institution Degree Conferred**	**Specific Discipline of Degree(s)**	**Current GW Teaching Area(s) (Course Names)**	**Research Interest (If applicable)**
S. Hull	Assistant Professor	TR	1.0	PhD	Univ of Pennsylvania	Communication	N/A	Health communication, mass communication, message design, public communication programs, health disparities, media effects
M. Long	Assistant Professor	TR	1.0	DrS MPH	Harvard Univ Yale Univ	Public Health	N/A	Childhood obesity preventions and cost effectiveness
K. McDonnell	Associate Professor	T	1.0	PhD	Johns Hopkins Univ	Public Health	Maternal and Child Health I: Foundations; Evaluation of Health Promotion Programs; Doctoral Seminar in Health Behavior; Doctoral Research Methods I; Doctoral Research Methods II	Community health, health behavior & Maternal & Child Health; Using games for health, development & evaluation of community based PH programs; Culture & gender based violence, children's safety & injury prevention; Factors affecting quality of life among women with HIV
M. Napolitano	Associate Professor	T	1.0	PhD	Duke Univ	Clinical Psychology	Planning & Administration of Health Promotion Programs; Maternal & Child Health	Evidence-based psychosocial interventions for physical activity and weight management; Effective interventions for disease prevention at both individual level and community-level; Media technology interventions
E. Parrish	Assistant Professor	N	1.0	PhD MA	Capella Univ Univ of Texas	Organization & Mgmt Humanities	Community Health Management; Introduction to Social Entrepreneurship	HIV/AIDS
O. Acosta Price	Associate Professor	N	1.0	PhD MA	State Univ of New York-Buffalo State Univ of New York-Buffalo	Clinical Psychology Clinical Psychology	Promotion of Mental Health	Children's mental health; Prevention; Community violence; Cultural competence; Program development & evaluation
R. Rimal	Professor	T	1.0	PhD MA	So Illinois Univ Stanford Univ	Journalism and Mass Communication; Communication	Health Communication	HIV stigma and preventions through the use of mass media in sub-Saharan Africa; Tobacco policy in India

Template 4.1.1 Primary Faculty: Department of Prevention & Community Health 2015-16 (continued)								
Name	**Title/ Academic Rank**	**Tenure Status**	**FTE**	**All Graduate Degrees Earned**	**Institution Degree Conferred**	**Specific Discipline of Degree(s)**	**Current GW Teaching Area(s) (Course Names)**	**Research Interest (If applicable)**
K. Roche	Associate Professor	T	1.0	PhD MSW	Johns Hopkins Univ Univ of Georgia	Maternal Child Health Social Work	Child Development & Public Health	Intersecting influences of culture, parenting, & neighborhoods on health-risk behaviors & well-being of low-income, urban youth & recent immigrant Latino immigrant adolescents
M. Ruiz	Assistant Research Professor	N	1.0	PhD MPH	Univ of So California Univ of California - Berkeley	Preventive Medicine Epidemiology	Adolescent Health; Approaches to HIV Prevention; An Interdisciplinary Overview	HIV prevention issues including self-disclosure of HIV infection to sexual partners, HIV prevention in correctional systems & microbicide acceptability; Non-vaccine HIV prevention strategies; HIV in correctional systems; Syringe exchange policies
C. Sparks	Associate Professor	N	1.0	PhD MA	Ohio State Univ Tulane Univ	Psychology History	Health Promotion in Health Care Settings; Planning & Administration of Health Promotion Disease Prevention Programs; Evaluation of Health Promotion Disease Prevention Programs; Community Organization, Development & Advocacy	Mental health curriculum for the elderly; PH advocacy; Exercise for seniors; HIV/AIDS; Tobacco cessation
F. Spielberg	Associate Professor	TR	1.0	MD MPH	Cornell Univ Univ of Washington	Public Health	COPC Principles in Practice	Designing health innovations that improve health outcomes & patient satisfaction while lowering health care costs
M. Turner	Associate Professor	T	1.0	PhD MA	Michigan State Univ	Communication	Social Marketing: Theory & Practice	Message design and cognitive processing of risk and health related messages; Impact of emotions on cognitive processing of persuasive messages.
A. Vyas	Associate Professor	T	1.0	PhD MHS	Johns Hopkins Univ	Population Dynamics Demography	Social and Behavioral Approaches to Public Health; Adolescent Health; Reproductive Health	Reproductive health, immigrant health & disease prevention & health promotion in adolescent populations; Multi-level influences on pregnancy ambivalence, contraceptive use & unintended pregnancy among adolescents

● Included here are all Primary faculty to include regular full-time, regular part-time, Research and Visiting faculty appointments. Some of these faculty have no teaching/administrative salary support; however, they support educational activities

● T= Tenure; TR= Tenure Track; N= Non Tenure

Gender and Tenure Status. Table 4.1.a. below presents summary statistics regarding gender and tenure distribution in each department as of Fall 2015. Since the last accreditation cycle, the SPH has made significant progress in both the total number of tenured and tenure track faculty, as well as the representation of women in these categories. Under the leadership of Dr. Tielsch, the Department of Global Health (GH) continues to build tenure and rank distribution. Of note, the Department of Epidemiology and Biostatistics (Epi/Bio) includes faculty in the Biostatistics Center in Rockville, MD. (http://www.bsc.GW.edu/bsc/index.php) Because the Center functions almost completely on soft money, none of these faculty members are tenure track. Many of these faculty members contribute to the educational mission of the SPH primarily through mentorship of MPH, MS, and PhD students in Epi/Bio and more recently to the teaching of on-campus classes. When the SPH separated from the Medical Center and developed its own bylaws, the faculty voted to support the inclusion of research faculty among the ranks of the regular faculty with full rights and responsibilities of school-wide governance.

Table 4.1.a.: Summary of Gender and Tenure Status

Department	Tenured		Tenure Track		Regular Non- TT		Research Non-TT		TOTALS
	Male	Female	Male	Female	Male	Female	Male	Female	
EOH	2	2	1	4	3	0	0	0	12
EPI/BIO	3	2	0	5	2	3	4	11	30
EXNS	0	4	0	1	4	4	0	0	13
GH	2	1	2	5	2	1	0	0	13
HPM	4	6	2	6	5	2	0	5	30
PCH	5	7	1	3	1	3	0	2	22
Total by Gender	16	22	6	24	17	13	4	18	120
Percent	42%	58%	20%	80%	57%	43%	18%	82%	

Note- Summary of Fall 2015 gender and tenure status, full-time, regular faculty only, including LOA's. Does not include those faculty who have a primary appointment with the SPH, but are not full time in the School.

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4.1.b. If the school uses other faculty (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the school, e) gender, f) race, g) highest degree earned (optional: schools may also list all graduate degrees earned to more accurately reflect faculty expertise), h) disciplines in which listed degrees were earned, i) contributions to the school. See CEPH Data Template 4.1.2.

Qualifications of other faculty members involved in our teaching programs such as limited service (LS) faculty (lecturer, professorial lecturer, adjunct instructor, adjunct professor), and secondary appointments (either full or part-time faculty with a primary appointment in another school within the university) are presented in CEPH Data Template 4.1.2. Find this template in ***ERF 4.1.b.: 4.1.2. CEPH Data Template-Other Faculty*** along with ***Other Faculty Curriculum Vitae***. A full description of faculty appointment categories can be found in the Faculty

Code http://www.GW.edu/~facsen/faculty_senate/pdf/2004Code.pdf. The number of additional faculty has grown over the past few years. Two major areas where we rely heavily on other faculty include undergraduate course offerings and our online programs. Generally, regular, full-time faculty teach core courses rather than other faculty, even though other faculty often play a role in co-instruction. Other faculty are used primarily for electives and special topic areas to strengthen the overall teaching portfolio.

Part of the commitment that the School has to the university at large is to provide education and access to lifelong health promotion. As such, we offer a wide range of courses for the undergraduate population, including Health and Wellness (HLWL) and Lifestyle, Sport and Physical Activity (LSPA) courses. We also offer free yoga, zumba and metabolic effects classes to the university community. The vast majority of these courses are led by limited service (LS) faculty in Exercise and Nutrition Sciences.

The online programs launched in 2013 (MPH@GW) and 2014 (MHA@GW) have experienced steady and strong growth. These programs are designed as a "flipped" classroom model where one or more of our full-time, regular faculty have designed and pre-recorded asynchronously delivered material; students are required to view a synchronous session each week. Required weekly synchronous sessions (SS) are held in groups of 15 or smaller to review course material; apply concepts; and work in teams. Each of these sessions requires a faculty member to guide the discussion and evaluate the students. While regular faculty teach some of these sessions, most SS faculty are from our non-primary faculty groups. These other faculty members go through the same appointment process as our limited service and/or adjunct faculty, some who live outside of the DC metropolitan area. For certain courses, especially those in the MHA@GW program, some of the other faculty SS leaders are selected on the basis of being well-established practitioners. In Table 4.1.b.1 below we have highlighted the qualifications of a small subset of these faculty members.

Table 4.1.b.1. Selected Limited Service Faculty Who Support Degree Offerings Across Programs

Name	Dept	Academic Rank	Current Title and Employer	Grad Degree Earned	Area of Expertise	Teaching area
H. Hughes	EOH	Prof Lecturer	PH Preparedness Analyst, Dept of Homeland Security; Public Health Officer	DrPH, MPH	EOH	Sustainability
E. Rand	EOH	Lecturer	Specialist, World Bank	MBA, MPH	Engineering, Business, PH	WASH
G. Andreotti	Epi/ Bio	Prof Lecturer	Epidemiologist, National Cancer Institute	PhD, MPH	Epidemiology	Epidemiology
D.Hoffman	Epi/ Bio	Emeritus Professor	GW	PhD, MSPH	Epidemiology	Epidemiology
C. Ogden	Epi/ Bio	Prof Lecturer	Epidemiologist/NHANES Analyst, CDC	PhD	City/ Regional Planning	Nutrition and Obesity Epi
E. Nyirabahizi	Epi/ Bio	Prof Lecturer	Senior Biostatistician, E. Glasser Pediatric AIDS Foundation	PhD	Biostatistics	Biostatistics
N. Bowes	EXNS	Lecturer	CEO & Founder, SPG, Inc	PhD	Sports Psych	Sports Psych
J. Claros	GH	Prof Lecturer	UN World Food Prog	MD, MPH	GH Policy	Comparative Health Systems
D. Woodrum	HPM	Lecturer	President, Woodrum, Inc	MBA	Health Care Admin	Intro to Am Care System
J. Espinosa	HPM	Asst Res Prof	Principal Health Care Policy Analyst; Center for Transforming Health	JD, MA, LLM	Law, Gender studies	Health Policy
J. Willey	PCH	Prof Lecturer	Principal, JBS Int'l, Inc	PhD	Research Methods & Comp Politics	Program Evaluation
A. Corey	PCH	Prof Lecturer	Associate Professor-Valparaiso Univ	PhD, MS	Nursing	Social & Behavior Approaches to PH

4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the school. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

As highlighted in our strategic plan, one of our core values centers on practice – through a commitment "to translate public health evidence to policy, to evaluate public health policies, and to develop the public health workforce." While the SPH does not have a practice category for faculty appointments at this time, practice experience is considered when faculty are reviewed and hired.

To support this pillar of our mission, the SPH hired Pierre Vigilance, MD., MPH, as the first Associate Dean for Public Health Practice, in June 2013. Dr. Vigilance joined the SPH with more than 20 years of experience in public health leadership, programming, and administration. Prior to joining the SPH, Dr. Vigilance served as the Director of the District of Columbia Department of Health, Director of the Baltimore Country Department of Health and as the Assistant Commissioner for Health Promotion and Disease Prevention in Baltimore City. Since assuming this role, Dr. Vigilance has expanded the practice preceptor network and preceptor sites in addition to working to engage and foster community relationships. Under Dr. Vigilance's leadership, all practicum directors meet monthly to discuss and develop policies related to the public health practice experience. These practicum directors represent the departments, in addition to bringing significant and deep practice experience to the SPH. (See Tables 4.1.c.1 and 4.1.c.2 below.)

The School of Public Health is auspiciously located in the nation's capital. As such, we have tremendous access to experts from both the federal and private sectors to serve as panelists for forums and symposia, guest lectures for numerous courses, and even as faculty for group discussions or to lead a course.

Our location and mission also allows us to recruit faculty and staff with significant public health leadership experience from both federal and non-federal agencies. Some of the organizations in which our full time faculty either worked in or consulted for, are included in Table 4.1.c.1 below. Furthermore, many of our faculty members are involved in sponsored projects which are primarily practice-oriented (see Criterion 3.2).

Table 4.1.c.1. Examples of Primary Faculty Practice Experience

Department	Overview of Practice Experience of Primary Faculty
Epi/Bio	CDC, DC Department of Health, Elizabeth Glaser Pediatric AIDS Foundation, APHL, Peace Corps
EOH	IOM, EDF, National Academy of Sciences, USAID, EPA, OSHA, NCEH/ATSDR, Center for Construction Research and Training (CPWR), Nicaraguan Health Clinic, Empower DC, Dept of Energy, Global Alliance for Clean Cookstoves, Citizens for Clean Air
EXNS	Private Practice Clinic, EIS officer CDC, Urban Food Task Force
GH	Latin America community programs, USDA, Int'l Scientific Organizations, Ethiopian Gov't, National Center for Birth Defects and Developmental Disabilities (CDC), Global Fund, Pew Commission, EIS officer CDC, USAID, World Bank, Westat Inc., Joint Health Venture, Global Alliance for Clean Cookstoves, Save the Children USA, DC and Baltimore County Depts of Health, WHO, CDC, MOH in Somalia, Michigan State Health Dept., Health Policy R&D, Mexico's Ministry of Public Health, PAHO/WHO
HPM	NoVa Neighborhood Health, Nat'l Council on Creative Aging, FDA, WHO; INGO, Pres, Nat'l Capital Health, Am Col of HC Executives; Int'l Acad Methodology Council, White House, Office of the Vice President, US Court of Appeals, US Army Medical Dept, US Senate Committee on Finance, US Dept of State, Urban Institute, Wisconsin Div of Health, Marshfield Clinic, Intergovernmental Health Policy Project, Washington Business Group of Health, Institute for Women's Policy Research, Bureau of Health Professions in HRSA, Academy Health, Pan American Health Organization, Province of Buenos Aires, Nat'l Public Health and Hospital Institute, Economic and Social Research Institute, American Health Quality Association, Legal Ethics Committee (DC), Office of Policy CMS, AdvaMed, US Dept of HHS, FDA
PCH	CDC, IOM, UNICEF, HHS, Foundation for AIDS Research, Global India Fund, RTI International, NIAID

The practice experience of our LS faculty is also quite extensive. In Table 4.1.c.2 we list examples of practice experience for these faculty members.

Table 4.1.c.2. Examples of Other Faculty Practice Experience

Department	Overview of Practice Experience Depth of LS Faculty
EOH	Dept of Energy, CA EPA, MD Dept of Health, NC State Lab for PH, CDC, NJ Dept of Health, EPA, Mine Safety & Health Admin
Epi/Bio	CDC, NCHS, USAID, DC Mary's Center, Global Aids Program, FDA, Washington State DOH, DC Department of the Environment, Agricultural Health Study, NIH, EGPFA, Global Aids Program, National Cancer Institute
EXNS	HHS, Children's National Medical Ctr, Kids Safe & Healthful Foods, Pew Charitable Trusts, AHA, Harvard Pilgrim Health Care Institute, Women's Media Center, Americorps, ORISE, US Surgeon General, NCHS, Capitol Area Food Bank, DC Mary's Center, CDC, AMURT
GH	RAPIDD, Fogarty International Center, U.S. Public Health Service, UNICEF, United Nations, NYC Dept of Health & Mental Hygiene, US HHS, US Air Force Office of Surgeon General, ICRW, Whitman-Walker Clinic
HPM	Boston City Hospital, National Assoc of Medicaid Directors, Urban Institute, Avalere Health, HHS, National Commission on AIDS, Pew Charitable Trust, DC Dept of Health, GW Cancer Institute, Health for Humanity, Peace Corp, AHCA, DDOE, CDC, EPA, Anne Arundal General Hospital, Monongolia General Hospital, Kind Fahad Hospital (Saudi Arabia), Saudi Arabia Ministries of Health, US Agency for International Development, GW Hospital, American Hospital Association
PCH	MD For Latino Immigrants, Washington PH Association, ISCOPES, City of Alexandria's Commission on Aging, NIH, CDC, American Diabetes Association, National Sexual Violence Resource Center, Dept of HHS-Canada

4.1.d. Identification of measureable objectives by which the school assesses the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years.

When the SPH separated from the Medical Center in 2011, new bylaws and governance structures were created through a collaborative and transparent process. The SPH faculty assembly voted to approve all of these documents, including the SPH's Appointment, Promotion and Tenure Guidelines (APT). These guidelines, as well as the University Faculty Code and Faculty Handbook, are posted on the SPH faculty resources site: http://publichealth.GW.edu/services/faculty. Our assessment of faculty qualifications is based on these governing documents. The SPH and our departmental APT Guidelines articulate the criteria we need to consider when assessing a faculty member's achievement and productivity in relation to teaching, research, service and public health practice. The Guidelines apply to tenure-

accruing, non-tenure accruing and research faculty. To provide additional guidance to faculty, departments are encouraged to establish their own criteria in order to present more discipline-focused specificity to the SPH APT Guidelines. The department criteria are currently being modified but current versions can be found in ***ERF 4.1.d.: Department APT Criteria***. Through the departmental and school-wide APT criteria we are able to assure the excellence of our faculty.

Each department is responsible for recruitment and vetting of part-time and LS faculty. New 'Other' faculty members are identified primarily through professional networks, our program graduates, and by individual inquiry from faculty who are looking for part-time teaching opportunities. Other paid faculty- either paid to teach by the course or regular part-time faculty who teach across the GW - are members of the SEIU Local 500 and governed by the Collective Bargaining Agreement, which is reviewed and renewed every two years. LS faculty who are paid to teach by the course and who do not hold terminal degrees but who have a level of work experience that meets the departments' quality measures can be appointed at the rank of "lecturer;" those with a terminal degree are appointed at the rank of "professorial lecturer" with the minimum salary defined by the SEIU. For those who are hired to teach as well as hold required administrative duties within the department in addition to advising students and do not hold a terminal degree, but have a level of work experience that meets the departments' quality measures, are appointed at the rank of "adjunct instructor." Those with a terminal degree are appointed at the rank of "adjunct professor" with the minimum salary also defined by the SEIU.

All full-time and part-time faculty appointed at the rank of Assistant Professor and higher, must have a terminal degree. Those who do not have a terminal degree will be appointed at the non-tenure rank of "instructor."

Table 4.1.d.1: Assessment of Faculty Qualifications

Outcome measure	Target	FY013	FY014	FY015
Percent of regular, full-time faculty with earned doctorate or other terminal degree.	**100%**	99%	99%	99%
Percent of primary faculty with public health practice experience. (self-identified)	**>50%**	75%	75%	82%
Percent of course instructors rated as good to excellent. (Using spring 2015 course evaluations.)*	**100%**	77%	76%	86%
Hit rate on grants.	**>40%**	45%	49%	40%

**See Criteria 4.2.d. for more information on course evaluations.*

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

This criterion is met.

Strengths:

- Significant growth in tenured faculty over the past three years
- Increase in number of faculty with extensive academic and practice backgrounds.
- Increase in both proposal submission and dollars awarded.
- Faculty with deep expertise and knowledge in core areas.

Challenges:

- We are continuing to build our faculty in EXNS and GH.
- Grow a well qualified faculty for the MPH@GW program.
- Recruitment of faculty with specialized expertise in areas of laboratory sciences, health economics, chronic disease epidemiology and biostatistics is a constant challenge and a great need for SPH's growth in both research and teaching.

Future Plans:

- Hire more mid-level faculty in the Departments of Global Health and EXNS.
- Targeted faculty recruitment in cancer epidemiology, laboratory sciences, health economics and (possibly) biostatistics as we build demand for teaching.
- Hire a full time recruiter to support the growth of the School's educational offerings.

4.2. FACULTY POLICIES AND PROCEDURES. *THE SCHOOL SHALL HAVE WELL-DEFINED POLICIES AND PROCEDURES TO RECRUIT, APPOINT AND PROMOTE QUALIFIED FACULTY, TO EVALUATE, COMPETENCE AND PERFORMANCE OF FACULTY, AND TO SUPPORT THE PROFESSIONAL DEVELOPMENT AND ADVANCEMENT OF FACULTY.*

4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.

All components of our "faculty handbook" appear on the SPH website where we maintain a faculty resources page that includes faculty governance documents, academic and administrative resources, and policies and general information: http://publichealth.GW.edu/services/faculty.

Academic resources on our website include the academic calendar; final exam schedule; classroom technology and blackboard use; counseling and disability support services; and the library resources and writing center: http://publichealth.GW.edu/services/faculty/academic-resources. Faculty responsibilities can be found at: http://publichealth.GW.edu/services/faculty/responsibilities. The faculty governance page includes policies from both the university and the SPH: http://publichealth.GW.edu/services/faculty/governance.

All faculty are required to attend an orientation program providing information related to the university administration, history, regulations, and policies. In addition, the Provost's Office holds an annual day-long orientation for new faculty to familiarize them with policies, resources and other important information. New faculty who will also serve in the role of assistant or associate dean, or department chair, are invited to participate in an administrative orientation offered by the Provost. SPH also maintains a webpage for career development opportunities: http://publichealth.GW.edu/services/faculty/career-development.

All faculty are encouraged to participate in the governance of both the University and the SPH. The Faculty Senate is the governing body of the University. The SPH holds three of the 40 senate seats each year. For AY 2015/16 our senators are Rebecca Katz, Karen McDonnell and Rajiv Rimal. The Dean is a standing Administrative Member of the Senate. Karen McDonnell is a member of the Faculty Senate Executive Committee. Details of the standing committees, agenda, faculty organization plan and faculty code can be found at: http://www.GW.edu/~facsen/

4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

In addition to the resources listed above, the SPH orients new faculty through a "New Boots" one day event conducted by Associate Deans Horn, DeLoia and Vigilance at the beginning of each year. The purpose of the event is to help new faculty acclimate to academia and to become familiar with university and SPH policies, procedures, and resources. The Himmelfarb Library offers workshops to orient faculty to library resources and search tools; they also conduct individual faculty consultations: http://himmelfarb.GW.edu/. Departments connect new faculty members to mentors who help guide their development as both teachers and researchers.

Opportunities for faculty development involving research are offered through the Office of the Vice President for Research (OVPR) for all those interested in developing research programs. Training materials are available online and through regular workshops: http://research.GW.edu/about. In addition, under the direction of Dean Horn, the SPH has developed a robust program for faculty research advancement (See Criteria 3.61.a).

The University Teaching and Learning Center (TLC) offers both individualized support and group workshops. Private consultation is available for course planning, as well as help with production of an online or hybrid course: http://tlc.provost.GW.edu/teaching-guide. Attendance of any workshop through the TLC is acknowledged in the annual faculty review process. The services of the TLC are available and encouraged for all faculty. Online instructors receive considerable training on the learning management system, as well as attending weekly meetings for individual course faculty. SPH hired a full time Director of Online Learning to assist faculty with both course development and on incorporating technology into classroom development and learning assessment. The Director of Online Learning is available to consult with *all* faculty, not just online faculty. Most departments provide faculty mentorship, in the form of co-teaching a course and/or peer evaluation, for new educators.

4.2.c. Description of formal procedures for evaluating faculty competence and performance.

New Faculty Hires

All full-time faculty at the rank of associate professor and professor (non-tenure as well as tenure-accruing) must be approved at both the department and school level through the respective APT committees prior to being approved by the Dean and recommended to the Provost. The Provost makes faculty appointments. The Board of Trustees grants tenure upon recommendation by the Provost. Search committees are convened based on the Faculty Code as well as department and school bylaws. This ensures those who serve in this capacity are able to assess the qualifications of all new faculty appointees. Departments are encouraged to form a diverse search committee and to write a position announcement that will attract a broad and diverse pool of applicants. Each search committee is required to appoint one voting member to serve as the diversity advocate. This person serves as a resource and champion for a fair and inclusive search process, helps to promote consistency in the application of procedures, raises awareness about guarding against unconscious and unintentional bias and encourages diversity in the group of candidates recommended to the dean for interviews. Training and support of diversity advocates is a shared responsibility between the Office of Diversity and Inclusion and the Office of Faculty Recruitment and Personnel Relations. All full-time faculty searches must be advertised for a minimum of 30 days prior to application reviews. This University policy helps to ensure a qualified applicant pool. All full-time faculty hires must go through a background check prior to final appointment. While hiring methods vary somewhat, candidates are generally required to present a departmental seminar and sometimes guest lecture in a course for which they may be expected to be the lead instructor. Departmental faculty who attend the seminar are invited to evaluate the candidates.

Annual Review

Each year every full-time regular, research or special service faculty member participates in an annual review process. The review includes a comprehensive self-assessment, an assessment by the department chair, and a review by the Dean. Research productivity, course evaluations, public health practice and service are reviewed and discussed. Goals for the upcoming year are mutually developed and used in the following year's assessment as a measure of productivity. The Chair reviews these reports with the Dean. Individual faculty's needs for mentoring, additional training and other types of support are identified and a plan is put into place.

For faculty in the tenure track, a midpoint evaluation is strongly recommended. This evaluation consists of the faculty member preparing his/her dossier (or an abbreviated version depending on the department guidelines) for review by three or more senior members of the departmental APT committee. A written report is provided to the department chair who then meets with the tenure track faculty to discuss the faculty member's progress towards tenure and to offer guidance as needed to help ensure a successful tenure review. Additional faculty development and mentoring to strengthen any identified weaknesses are arranged at this time.

4.2.d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

Outstanding performance in teaching is valued at all levels in the School. In most departments, the faculty recruitment process requires candidates to not only present a seminar but also have their performance in the classroom observed by the departmental search committee to identify candidates who are effective educators.

Course Evaluations

Students are asked to complete online course evaluations at the end of each term. These evaluations are reviewed by department Chairs and/or Vice-Chairs, the Associate Dean for Academic Affairs and the Dean. Faculty who receive below-average evaluations are informed and coached. This coaching can be with the TLC staff, the Director of Online Education, the Chair, or the Associate Dean. In rare cases where a faculty member repeatedly scores below average, even after coaching and mentoring, we can remove the faculty member from being a lead course instructor.

For the online program, we use student surveys to collect course evaluation data throughout the term. If we learn that a synchronous session leader is struggling, we can review session recordings and offer immediate intervention. Synchronous session leaders who do not improve after coaching are not invited back.

For residential classes we use the university system. Prior to 2013, the School used the School of Medicine and Health Sciences course evaluation program. This evaluation came in the form of a PDF,

making it difficult to search and collate data. We moved to the university system for course evaluations in 2013, which, although an improvement, still lacked built-in analytics.

This past year, the University purchased SmartEval software http://info.smartevals.com/index.aspx. This software supports data analytics that will be useful for helping faculty to improve their teaching, such as tracking faculty evaluations through time, allowing individualized questions for a course, and tracking data on student achievement. This new evaluation software was piloted in Spring 2015 for the residential courses. Since then, SmartEval has been used for evaluation of all courses, including those in our online programs. See ***ERF 4.2.d.: Course Evaluation Samples- Spring 2015.***

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

This criterion is met.

Strengths:

- Clearly articulated and accessible faculty policies.
- Culture of excellence in teaching at all levels and selection of faculty who have strong teaching skills.
- Real-time teacher evaluation data and interventions for online courses.
- Commitment to faculty development and career advancement at multiple levels.
- Mentoring is tailored to the needs of faculty in disparate fields.
- Annual review of faculty.

Challenges:

- Faculty mentoring is variable between departments
- Difficulty assembling and analyzing long term data on course evaluations and faculty because of changes in data collection and reporting platforms for residential courses.
- Course evaluation system for residential programs has had no built-in analytic capabilities.
- Variable, often low, response rates for course evaluations for residential courses.

Future Plans:

- Develop school-wide faculty mentoring policies.
- Create a course on teaching online for all participating faculty.
- Explore a peer evaluation system for teaching.

4.3. STUDENT RECRUITMENT AND ADMISSIONS. *THE SCHOOL SHALL HAVE STUDENT RECRUITMENT AND ADMISSIONS POLICIES AND PROCEDURES TO LOCATE AND SELECT QUALIFIED INDIVIDUALS CAPABLE OF TAKING ADVANTAGE OF THE SCHOOL'S VARIOUS LEARNING ACTIVITIES, WHICH WILL ENABLE EACH OF THEM TO DEVELOP COMPETENCE FOR A CAREER IN PUBLIC HEALTH.*

4.3.a. Description of the school's recruitment policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

Recruitment efforts by the SPH Office of Admissions and Recruitment address the breadth of GW program offerings including undergraduate and graduate programs, residential, online, and hybrid programs.

The SPH seeks academically qualified students with a demonstrated passion for public health. The Office of Admissions employs a full-cycle recruitment strategy to attract talented public health students and raise awareness of the SPH's program offerings, providing multiple points of access for the prospective students to familiarize themselves with the SPH. These initiatives include, but are not limited to:

- **Internal Open House Events**
- **Informational Webinars**
- **Admissions Counselor Appointments:** http://publichealth.GW.edu/admissions/admissions-one-one-sessions
- **Student Ambassador Sessions & School Tours:** http://publichealth.GW.edu/content/admissions-group-info-sessions
- **Department Outreach**
- **External Outreach Events**
  (See ***ERF 4.3.a: Admissions Recruitment Travel Schedule***)
- **SOPHAS Virtual Events**
- **Diversity Recruitment:** The Office of Admissions annually participates in a variety of events targeting under represented student populations. These include the Tri-State Health Fair, a graduate fair hosted by the pre-medical, dental and public health summer programs of Yale, Columbia and Rutgers Universities and attended by minority students at various stages of the undergraduate level, the UC Davis Pre-Medical & Pre-Health Professions Conference which focuses student attendance to those typically underrepresented in healthcare (with regard to gender, economic, social, educational, linguistic, cultural, racial, and ethnic background), and the Annual Biomedical Research Conference for Minority Students (ABRCMS). In addition, the Office of Admissions has hosted ad-hoc campus visits for minority-based visiting student groups, such as McNair Fellows. Additional outreach is conducted to diverse newly admitted students, including inviting them to the GW Black Public Health Student Network Annual Minority Health Conference, without requiring them to commit to GW.
- **Student-to-Applicant Partner Outreach**
- **Admitted Student Events:** Details of recruitment events can be found in ***ERF 4.3.a.: Recruitment Events***.

The Office of Admissions works with the Office of Communications in the creation of print material, primarily the student prospectus (***ERF 4.3.a: School Academic Prospectus***). The student prospectus is a robust guide to the SPH, its departments, research activities and university culture. Along with print material, we use a parallel digital communication plan to prospective and admitted students. The prospective student email campaign primarily centers on monthly admissions newsletters, covering upcoming deadlines and application information; links to campus visits; events; and recruitment travel calendar, as well as pertinent SPH news stories. Additional email campaigns to students include department-specific newsletters, event invitations, and application reminders.

Once students have been admitted to the program, they receive a series of welcome emails from key offices and personnel. These communications include reminders about commitment processess, as well as additional information which complement the yield cycle (e.g. invitations to admitted student events, opportunities to speak with student ambassadors, fellowship and internship announcements, housing suggestions, orientation information, etc.). These outreach messages are reiterated via posts to the admitted student Facebook group (a private, invite-only social media page) which provides an open forum for admitted students to engage with the Office of Admissions, student ambassadors, and their fellow admitted students.

4.3.b. Statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs, graduate degrees), a description should be provided for each.

The SPH Office of Admissions and Recruitment builds the pipeline for enrollment into the residential graduate and undergraduate public health programs for the SPH. In addition, this office works with the university undergraduate admissions team responsible for the admissions process for programs in the Exercise and Nutrition Sciences (EXNS) department for both first year and transfer applications. 2U, Inc., the online partner for the MPH@GW and MHA@GW programs, performs the recruiting activities for these two programs.

The Office of Admissions is governed by policies established by the SPH Admissions Committee, a faculty committee made up of one voting representative from each department and the online program (see Criteria 1.5.a.), for graduate level programs, and the Undergraduate Curriculum Committee for the BS in PH.

Undergraduate Admissions

The SPH offers two Bachelor of Science (BS) degrees: Exercise Science and Public Health. Each program has a different admissions process. The recruitment and application processing for the BS Exercise Science program is managed through the GW Undergraduate Admissions Office using the Common Application (https://www.commonapp.org/).

Entry into the BS Public Health program is managed through the SPH Office of Admissions and Recruitment. SPH has two admissions cycles for the BS Public Health; one in the fall; and one in the spring. Students who apply, but are not accepted during the fall admissions cycle, will be automatically

included in the spring semester applicant pool. Students who have at least 45 credits of coursework completed with a GPA above 3.0, may apply for admission into this competitive program. Applicants are required to provide their transcripts; two brief essays; a resume; and an internal application (http://publichealth.GW.edu/pdf/SPH_transfer_within_application.pdf). A faculty committee led by the Undergraduate BS Public Health Program Director reviews all applications and selects the cohort. In March, students admitted to the BS PH program may opt to be considered for the joint five-year BS/MPH program. This pool of candidates are interviewed by the Program Director and selected for admission.

Graduate Admissions

The graduate residential programs accept applications through the Schools of Public Health Application Service (SOPHAS) website (www.sophas.org). The standard application requirements include official transcripts from all universities; two letters of recommendation; official GRE, GMAT, MCAT or LSAT scores; a statement of purpose and a resume. Doctoral applicants must also include a third letter of recommendation. International students are required to submit an official transcript evaluation from a NACES member organization and official TOEFL or IELTS scores. Applicants for the both MHA programs are required to complete an interview as well.

Standardized exam waiver. Applicants to masters degree programs with a prior advanced degree may waive the GRE. International students who have completed their undergraduate degree at a US institution, are native English speakers, or who have studied in a country where the official language is English, may waive the English language exam.

The MPH@GW program admissions process mimics the residential process with two distinct differences: first, instead of using SOPHAS, online students apply through an online application system managed by 2U (https://apply.publichealthonline.GW.edu); second, 2U works with the applicants until applications are complete, at which point they are forwarded to the Office of Admissions for decisions.

Graduate admissions decisions for specific programs are made at the departmental level. Departments may elect for the Office of Admissions to automatically issue admit or deny decisions based on specific criteria that they have identified for their Department. The Office of Admissions reviews all applications for auto-admit criteria. Those applicants requiring full review are sent to relevant departmental faculty. Criteria for admissions into the masters and doctoral programs are presented in ***ERF 4.3.b.: Graduate Admissions Requirements and Minimum Admissions Standards.***

Master of Health Administration – Executive Program

The Executive Master of Health Administration (MHA@GW) is similar to the MPH@GW application process in that the application is processed through an online application managed by 2U (https://apply.mha.GW.edu/). There is no auto-admission standard for this program; once an application is complete, it is reviewed by relevant faculty.

The application requirements for the executive MHA@GW program differ from the residential MHA program in that applicants are required to have at least three years of relevant work experience; the GRE is not required for admission.

Joint Programs

See the Instructional Matrix in Criteria 2.1.a for a list of the SPH joint programs. Applicants to the, JD-, MD- or MA-MPH must apply to both schools simultaneously. If a student is admitted into both schools, the student may pursue the joint program. Two exceptions include the Physician's Assistant (PA)-MPH and the Certificate in Healthcare Corporate Compliance (HCC)-MPH/MS/MHA . Applicants to the joint PA-MPH program only apply through the PA application system (https://caspa.liaisoncas.com/). The administrators for the PA program share the applications with the SPH Office of Admissions, where applications are vetted for admission to the MPH program. Faculty members from the SPH participate in the interview process for these applicants and notify the Office of Admissions of admission decisions. Similarly, applicants to the HCC Certificate program only apply through GW's College of Professional Studies (http://cps.gwu.edu/).

Peace Corps Masters International

The SPH participates in the Peace Corps Master's International program (http://www.peacecorps.gov/volunteer/graduate/mastersint/). Students interested in the program apply to the MPH program first. After admission, students then apply for the Peace Corps programs at least one year before they wish to deploy. Any student accepted into both the Peace Corps and the MPH program may graduate with a MI/MPH degree.

Re-Admission

Students can fall out of status in three ways; 1) by not registering for courses; 2) by requesting a leave of absence during a continuous spring or fall semester; and 3) by being suspended. Until fall 2015, students petitioned for readmission through an online petition form: (https://publichealth.GW.edu/pdf/Graduate%20Admissions%20Petition.pdf). Beginning in fall 2015, students will use either a web form or SOPHAS Express to petition for readmission, depending on their last term of enrollment. See the SPH Graduate Student Handbook for details regarding the Readmission policies: http://publichealth.GW.edu/pdf/Handbook.pdf.

4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings by the school. If a school does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the school. In addition, references to website addresses may be included.

The Academic pages of the SPH website (http://publichealth.GW.edu/academics) provide complete program information about each program offered by the SPH. The information here includes contact

information for applicable program directors and practicum directors (where applicable), and program overview along with the curricular requirements. Archived program guides are available to students for each specific program as well.

An additional resource is the University Bulletin (http://www.bulletin.GW.edu/). University and school-specific policies, courses, and program-specific information are all available in the Bulletin. The University Bulletin is published online once per Academic Year (AY). Students can find the AY academic calendar in the Bulletin, or go to: http://www.GW.edu/academic-calendar. The academic calendar for MPH@GW can be found at: https://publichealthonline.gwu.edu/academics/academic-calendar/, and the calendar for MHA@GW at https://mha.gwu.edu/academics/academic-calendar/.

The GW website has numerous resources for students, alumni, recruits, and the general community. Policies, procedures, links to forms, contact information and general information can be found for areas including Disability Support, Emergency Preparedness and Response, and Counseling.

ERF 4.3.a: School Academic Prospectus is the guide used for recruitment. Information about the SPH and our programs are summarized and presented in a different format.

- Online Appointment Booking Calendar for One-on-One or Group Information Sessions: http://publichealth.GW.edu/admissions/visits
- Graduate Student Ambassadors: http://publichealth.GW.edu/content/meet-milken-institute-sphs-fall-2014-student-ambassadors
- Recruitment Events University-wide, including SPH: http://graduate.admissions.GW.edu/gw-your-area
- Online Event Registration Site: http://gwpublichealth.eventbrite.com/
- Web advertising: see ***ERF 4.3.c.: Advertising Examples***

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

CEPH Data Template 4.3.1 below presents admission data for the past three academic years. The PhD and MS in Epidemiology were transferred to the School from the Columbian College of Arts and Science in 2013. We admit new students to the DrPH program every other year (even numbered years). The MPH@GW was launched in June 2013 and the MHA@GW launched in April 2014.

CEPH Data Template 4.3.1.: Admissions Data

		2013	2014	2015
Template 4.3.1.: Admissions Data- Bachelor of Science Degrees				
Exercise Science	Applied	780	627	549
	Accepted	75	45	60
	Enrolled	28	25	30
Public Health[1]	Applied	49	49	39
	Accepted	32	36	37
	Enrolled[2]	32	33	35
BS Total	Applied	829	676	588
	Accepted	107	81	97
	Enrolled	60	58	65

Enrollment based on calendar year enrollment: e.g. Spring 2013, Summer 2013, Fall 2013

[1]Public Health program data obtained through Admissions database, since students apply directly to the School and do not go through SOPHAS.

[2]In 2013, two of the enrolled students were accepted into the five-year BS/MPH program; in 2014 it was four students; and in 2015, three students.

		2013	2014	2015
Template 4.3.1.: Admissions Data- MPH Programs				
Biostatistics[1]	Applied	N/A	46	59
	Accepted	N/A	29	40
	Enrolled	N/A	0	5
Community-Oriented Primary Care	Applied	73	71	81
	Accepted	57	66	74
	Enrolled	17	13	14
Environmental Health Science & Policy	Applied	60	31	38
	Accepted	38	24	22
	Enrolled	9	10	5
Epidemiology[1]	Applied	N/A	315	343
	Accepted	N/A	197	201
	Enrolled	N/A	30	32
Epidemiology - Biostatistics[1]	Applied	449	361	N/A
	Accepted	262	226	N/A
	Enrolled	32	30	N/A
Global Environmental Health	Applied	55	45	50
	Accepted	38	30	36
	Enrolled	9	7	6

Template 4.3.1.: Admissions Data- MPH Programs, (continued)				
		2013	2014	2015
Global Health[2]	Applied	353	297	N/A
	Accepted	210	179	N/A
	Enrolled	51	32	N/A
Global Health Communication[2]	Applied	N/A	N/A	87
	Accepted	N/A	N/A	51
	Enrolled	N/A	N/A	11
Global Health Policy[2]	Applied	N/A	N/A	91
	Accepted	N/A	N/A	55
	Enrolled	N/A	N/A	7
Global Health Program Design, Monitoring & Evaluation[2]	Applied	NA	NA	164
	Accepted	N/A	N/A	119
	Enrolled	N/A	N/A	25
Health Policy	Applied	228	200	211
	Accepted	172	158	153
	Enrolled	58	32	35
Health Promotion	Applied	214	149	148
	Accepted	144	117	109
	Enrolled	24	10	21
Maternal & Child Health	Applied	154	119	124
	Accepted	98	87	83
	Enrolled	20	16	21
Public Health (MPH@GW)[3]	Applied	182	848	1209
	Accepted	142	497	763
	Enrolled	108	214	492
Physical Activity in Public Health	Applied	41	23	25
	Accepted	24	17	19
	Enrolled	15	6	10
Public Health Communications & Marketing	Applied	56	37	46
	Accepted	39	34	33
	Enrolled	13	12	20
Public Health Management[4]	Applied	46	39	N/A
	Accepted	10	11	N/A
	Enrolled	1	0	N/A
Public Health Nutrition[5]	Applied	N/A	45	62
	Accepted	N/A	29	31
	Enrolled	N/A	11	10
MPH Total	Applied	1911	2626	2738
	Accepted	1234	1701	1789
	Enrolled	357	423	714

Enrollment based on calendar year enrollment: e.g. Spring 2013, Summer 2013, Fall 2013.

[1]Coding for the MPH, Epi and MPH, Biostat programs was corrected to track separately as of mid-2014. Therefore no data available in 2013 for these separate tracks; 2014 shows data for combined and separate tracks, representing the coding change mid-year.

[2]MPH, Global Health was one track with a variety of concentration options prior to Fall 2014. Three distinct GH majors were defined as of mid-2014. Admissions coding/tracking changed mid-year, therefore data is distributed among all four majors for 2014. 2015 represents admissions in three distinct tracks.

[3] MPH@GW enrolls in January, March, June and September

[4]MPH, Public Health Management did not admit in 2015. Track deactivated.

[5]MPH, PH Nutrition is a new program that began in Fall 2014.

		2013	2014	2015
Template 4.3.1.: Admissions Data- MHA Programs				
MHA	Applied	163	148	155
	Accepted	96	97	91
	Enrolled	35	28	29
Executive MHA (MHA@GW)[1]	Applied	N/A	116	270
	Accepted	N/A	47	159
	Enrolled	N/A	25	113
MHA Total	Applied	163	264	425
	Accepted	96	144	250
	Enrolled	35	53	142

Enrollment based on calendar year enrollment: e.g. Spring 2013, Summer 2013, Fall 2013.

[1] Program did not exist prior to 2014, Executive MHA enrolls in January, April, July, & Oct.

		2013	2014	2015
Template 4.3.1.: Admissions Data- MS Degrees				
Epidemiology[1]	Applied	N/A	19	20
	Accepted	N/A	6	9
	Enrolled	N/A	1	2
Exercise Science	Applied	39	44	36
	Accepted	28	31	27
	Enrolled	19	13	8
Health Policy	Applied	17	11	12
	Accepted	12	6	7
	Enrolled	3	2	2
Public Health Microbiology & Emerging Infectious Diseases	Applied	80	66	70
	Accepted	63	55	42
	Enrolled	20	10	9
MS Total	Applied	136	140	138
	Accepted	103	98	85
	Enrolled	42	26	21

Enrollment based on calendar year enrollment: e.g. Spring 2013, Summer 2013, Fall 2013.
[1] MS, Epidemiology was offered through CCAS prior to 2014.

		2013	2014	2015
Template 4.3.1.: Admissions Data- Doctoral Degrees				
DrPH - Environmental & Occupational Health[1]	Applied	N/A	20	N/A
	Accepted	N/A	8	N/A
	Enrolled	N/A	5	N/A
DrPH - Global Health[1]	Applied	N/A	80	N/A
	Accepted	N/A	6	N/A
	Enrolled	N/A	3	N/A
DrPH - Health Behavior[1]	Applied	N/A	68	N/A
	Accepted	N/A	9	N/A
	Enrolled	N/A	7	N/A
DrPH - Health Policy[1]	Applied	N/A	34	N/A
	Accepted	N/A	8	N/A
	Enrolled	N/A	6	N/A
PhD - Epidemiology[2]	Applied	N/A*	74	86
	Accepted	N/A*	15	13
	Enrolled	N/A*	5	7
Doctoral Total	Applied	N/A	276	86
	Accepted	N/A	46	13
	Enrolled	N/A	26	7

Enrollment based on calendar year enrollment: e.g. Spring 2013, Summer 2013, Fall 2013.

[1] DrPH Programs only admit in even years.

[2] PhD, Epidemiology was offered through CCAS prior to 2014.

Undergraduate admissions support for the BS, Exercise Science program is conducted centrally through the university. Once students are accepted, the SPH Exercise and Nutrition Sciences (EXNS) faculty and the Admissions departments work together to yield a strong class. Undergraduates wishing to complete a BS degree in public health apply directly to the SPH Admissions Department in the fall or spring of their sophomore year. This program is very competitive and yield is always close to 100%.

The yield rate for the MPH@GW program is significantly higher than the residential program. For the online students, our vendor (2U, Inc.) is responsible for recruitment and coaching applicants through the process.

Table 4.3.c.: Summary Statistics for Admissions

Degree		2013	2014	2015
UG- Exercise Science	Accept Rate	9.6%	7.2%	10.9%
	Yield*	***37.3%***	***55.6%***	***50.0%***
UG- Public Health	Accept Rate	65.3%	73.5%	92.3%
	Yield	***100%***	***91.7%***	***94.6%***
MPH-OVERALL	Accept Rate	64.6%	64.8%	65.3%
	Yield	***28.9%***	***24.9%***	***39.9%***
MPH Residential	Accept Rate	63.2%	69.0%	67.1%
	Yield	***22.8%***	***18.3%***	***21.6%***
MPH-Online	Accept Rate	78.0%	58.6%	63.1%
	Yield	***76.1%***	***43.1%***	***64.5%***
MHA-OVERALL	Accept Rate	58.9%	54.5%	58.8%
	Yield	***36.5%***	***36.8%***	***56.8%***
MHA- Residential	Accept Rate	58.9%	65.5%	58.7%
	Yield	***36.5%***	***28.9%***	***31.9%***
MHA- Online	Accept Rate	N/A	40.5%	58.9%
	Yield	***N/A***	***53.2%***	***71.1%***
MS	Accept Rate	75.7%	70.0%	61.6%
	Yield	***40.8%***	***26.5%***	***24.7%***
Doctoral	Accept Rate	N/A	16.7%	15.1%
	Yield	***N/A***	***56.5%***	**53.8%**

** Yield = the percent of students who choose to enroll after being offered admission.*

4.3.e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full-and part-time students and a full-time-equivalent conversion, by concentration, for each degree, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be

included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.

Student enrollment data by program can be found below in CEPH Data Template 4.3.2 below. In ***ERF 4.3.e.: CEPH Data Template 4.3.2 Enrollment Report and Supporting Documentation***, enrollment data for all certificates and deactivated programs are outlined as shown in the category "Other".

Most of our program enrollments have remained steady over the reporting period. For some, such as the undergraduate BS in public health and the DrPH, we have intentionally held enrollment at a given level. The enrollment for the PhD in Epidemiology and both of our online programs has increased. Two areas where we have experienced declining enrollments are the MS in Public Health Microbiology and Emerging Infectious Diseases and in the on campus MPH numbers. The MS enrollment dropped concurrent with our separation from the School of Medicine and the on campus MPH enrollment decreased when we opened the MPH@GW program, which was expected. Overall, our total enrollment has increased over the past three years, adding to our financial stability.

CEPH Data Template 4.3.2.: Enrollment Data- Students Enrolled by Specialization

	AY 2013-14		AY 2014-15		AY 2015-16	
	HC Students	**FTE Students**	**HC Students**	**FTE Students**	**HC Students**	**FTE Students**
EOH	**61**	**41.55**	**61**	**46.12**	**59**	**41.33**
MPH, EHSP	35	24.11	29	19.78	26	19.00
MPH, GEH[1]	17	13.67	19	17.78	23	16.11
DrPH, EOH[2]	8	3.44	13	8.56	10	6.22
Other[5]	1	0.33	0	0.00	0	0.00
Epi/Bio	**180**	**137.79**	**179**	**135.88**	**166**	**140.66**
MPH, Biost	12	9.89	9	8.44	9	7.44
MPH, Epi	98	75.22	98	80.89	92	72.67
MPH, GH Epi[3]	6	2.56	5	2.11	2	1.22
MS, Epi	5	4.11	4	3.22	4	3.00
MS, PH MEID	41	34.56	36	28.00	30	33.00
PhD, Epi	10	6.11	21	9.11	26	22.33
Other[5]	8	5.34	6	4.11	3	1.00
Ex & Nutr	**175**	**166.61**	**181**	**169.71**	**182**	**171.26**
BS, ExSc	55	54.33	48	46.83	82	78.91
BS, EXSC- Pre-Athl Trng	5	5.00	4	4.00	3	3.00
BS, EXSC- Pre-Medical	31	31.00	40	39.92	24	23.25
BS, EXSC- Phys Therapy	15	15.00	16	16.00	13	13.00
MPH, PH Nutrition	N/A	N/A	11	10.00	18	16.22
MPH, Phys Act	26	21.56	25	21.00	18	15.44
MS, EXSC- Clin Ex Phys	14	12.67	15	13.44	7	7.00
MS, EXSC-St & Cond	19	18.44	19	16.44	15	12.44
Other[5]	10	8.61	3	2.08	2	2.00
Global Health	**150**	**107.43**	**117**	**83.11**	**113**	**70.34**
MPH, GH Comm	20	14.44	20	13.22	23	12.78
MPH, GH DME	73	53.33	56	43.33	61	41.67
MPH, GH Pol	30	23.44	17	14.67	12	9.33
MPH, GH	15	10.55	9	5.55	4	1.67
DrPH, GH[2]	11	5.00	14	5.67	12	4.22
Other[5]	1	0.67	1	0.67	1	0.67
H Policy & Mgt[4]	**230**	**173.55**	**258**	**196.65**	**331**	**237.50**
Health Policy	***145***	***106.11***	***138***	***102.10***	***117***	***82.56***
MPH, Health Policy	122	94.22	112	90.44	93	70.67
MS, Health Policy	4	2.89	4	3.22	6	4.89
DrPH, Health Policy[2]	16	7.00	19	7.55	16	6.11
Other[5]	3	2.00	3	0.89	2	0.89
HSML	***85***	***67.44***	***120***	***94.55***	***214***	***154.94***
MHA/MHSA	79	63.11	87	73.39	87	68.11
EMHA (hybrid)	N/A	N/A	32	20.94	127	86.83
Specialist, H Svcs Adm	1	0.33	1	0.22	0	0.00
Other[5]	5	4.00	0	0.00	0	0.00

CEPH Data Template 4.3.2.: Enrollment Data- Students Enrolled by Specialization, (continued)

	AY 2013-14		AY 2014-15		AY 2015-16	
	HC Students	FTE Students	HC Students	FTE Students	HC Students	FTE Students
PCH	193	157.78	165	130.89	169	135.33
MPH, COPC	32	28.89	33	30.11	33	28.00
MPH, Comm&Mktg	32	23.89	31	24.22	43	33.33
MPH, H Promo	51	43.89	37	30.11	35	29.67
MPH, MCH	56	48.89	40	33.67	43	36.44
DrPH, HB[2]	16	9.00	19	10.00	14	7.56
Other[5]	6	3.22	5	2.78	1	0.33
MPH@GW	107	67.44	399	240.89	702	421.89
BS, PH	60	60.00	68	67.42	61	61.00
OTHER[5]	0	0.00	0	0.00	1	0.33
SPH TOTALS	1156	912.15	1428	1070.67	1784	1279.64

Note: Used final Fall semester census data provided by the Office of Institutional Research. 2015-16 data collected as of September 24, 2015.

LEGEND: HC = *Headcount;* **FTE** = *Full time equivalent*

[1] MPH, GEH- joint program between EOH and GH

[2] DrPH headcount does not equate to all students still in program because students who have completed all required dissertation credits and continue to be registerd for Continuous Enrollment do not appear on HC or FTE reports.

[3] MPH, GH Epi- joint program between Epi/Bio and GH. Currently not admitting new students as program is being reconfigured.

[4] **2014-15:** Departments of Health Policy and Health Services Management & Leadership have merged to Health Policy & Management

[5] The **OTHER** category includes students enrolled in certificate programs as well as a few masters students who are completing their degrees in programs that we have inactivated. See Separate sheet in ERF 4.3.e for details.

4.3.f. Identification of measurable objectives by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures for each of the last three years.

Table 4.3.f.1.: Assessment of Success Enrolling a Qualified Student Body

Outcome Measure	Target	2013	2014	2015
Average GPA of enrolled UG PH students	**3.2 GPA**	3.63	3.64	3.45
Average GRE percentile for enrolled master students[1]	**Verbal 60%**	Residential: 65% Online: 63%	Residential: 66% Online: 67%	Residential: 65% Online: 63%
	Quantitative 60%	Residential: 54% Online: 45%	Residential: 54% Online: 40%	Residential: 52% Online: 37%
Percent of enrolled MPH students with at least one year of work experience[2]	**50%**	Residential: 63% Online: 82%	Residential: 62% Online: 87%	Residential: 61% Online: 82%
Percent of MPH students who graduate within 4 years	**80%**	82.0% (matriculated 2009-10)	90.4% (matriculated 2010-11)	80.2 (matriculated 2011-12)

Table 4.3.f.1.: Assessment of Success Enrolling a Qualified Student Body, (continued)

Outcome Measure	Target	2013	2014	2015
Percent of DrPH enrolled students with ≥ 3 years relevant work experience	**80%**	N/A	86%	N/A
Average GRE percentile for matriculated DrPH students	**Verbal 70%** **Quantitative 60%**	N/A	76% 60%	N/A
Average graduate school GPA for enrolled DrPH students	**≥ 3.5**	N/A	3.77	N/A

Data for GPA's, GRE's, and work experience above are based on calendar year enrollment; e.g. Spring 2013, Summer 2013, Fall 2013.

[1]Online includes MPH@GW only. Roughly half of the MPH@GW students have an advanced degree and are not required to take the GRE's. MHA@GW program does not require GRE for admission.

[2]MHA@GW is not included because three years of work experience is required for admission.

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

This criterion is met.

Strengths:

- SPH has many modalities for communication with potential applicants.
- Inclusion of the online programs has helped us to attract more students with greater work experience.
- Quality indicators of enrolled students is improving and/or remaining constant.
- We now have the authority to confer a PhD.

Challenges:

- The high cost of tuition may deter qualified applicants.
- Low yield rates for many of our residential programs.

Future Plans:

- Establish a digital marketing strategy to continue to attract highly qualified students.
- Work with external consultant to determine most effective way to distribute scholarship money to increase yield.

4.4 ADVISING AND CAREER COUNSELING. *THERE SHALL BE AVAILABLE A CLEARLY EXPLAINED AND ACCESSIBLE ACADEMIC ADVISING SYSTEM FOR STUDENTS, AS WELL AS READILY AVAILABLE CAREER AND PLACEMENT ADVICE.*

4.4.a. Description of the school's advising services for students in all degree programs, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Undergraduate programs: GW uses DegreeMap, an online advising and degree auditing system, to help advise students. DegreeMap is available to both students and faculty. Students in the EXNS BS programs are assigned a faculty advisor based on their track. The Office of Student Affairs provides professional and academic advice to students in the BS Public Health program. Also, the program director for the Bachelor of Science in Public Health provides professional advisement for those students.

Masters programs: Departmental faculty program directors, along with other faculty affiliated with each track, provide academic advisement in selecting appropriate elective courses and identifying a practicum experience relevant to career goals. Students also are assigned a Culminating Experience Advisor. Department chairs select program directors and practicum directors. The majority of faculty will serve as advisors for the culminating experience. Student advisement is generally limited to a small subset of faculty who provide consistency via advising many students.

Doctoral programs: The doctoral students receive advisement from the program director and/or a faculty member designated by the program director, in addition to their thesis supervisor and thesis committee. Selection and orientation of advisors is the responsibility of doctoral program directors.

Handbooks/website links relevant to faculty advising:

http://publichealth.GW.edu/pdf/Handbook.pdf and http://publichealth.GW.edu/academics/advising

For DrPH:

http://publichealth.gwu.edu/pdf/DrPH_Handbook_2014.pdf
, http://publichealth.gwu.edu/pdf/drph_faq.pdf

4.4.b. Description of the school's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to specific needs in the school's student population.

The SPH offers a wide variety of Career Services to undergraduate and graduate students, as well as alumni. Extended services include hosting events, coordinating applicable programming, and providing one-on-one counseling for students and graduates. We also partner with hiring organizations to facilitate opportunities for students to interact with employers and industry leaders through both the SPH and the broader GW community, in order to ensure that the information received is relevant and timely.

Public Health and Health Services Career Fair

SPH hosts an annual Public Health and Health Services Career Fair every spring. This fair is open to all GW students and alumni. Representatives from government, non-profit and private sectors attend and meet with students to discuss their organizational needs and accept resumes. We promote the annual career fair in both the student and the alumni newsletters, as well as through the SPH website and social media including LinkedIn, Facebook, and Twitter. The event is also highlighted on the GW Calendar of Events. On average, more than 40 employers register for the Career Fair, and over 200 students attend each year.

Career Panels

The SPH hosts GW alumni from diverse professional backgrounds on panels addressing a variety of topics to provide opportunities for alumni to share their experiences around transitioning from an academic life to a professional career. We include diverse alumni in the fields of consulting, government and non-profit agencies, pharmaceuticals, and others. These panels are hosted twice annually (In fall and spring), and are coordinated by both faculty/departments and/or student associations in addition to SPH Career Services. GW Career Services also hosts broader career panels for all students/alumni across the University and the SPH Career Services office advertises these to the SPH community.

Career Counseling

SPH Career Services and the GW Center for Career Services (http://careerservices.GW.edu/) have dedicated staff available to undergraduate and graduate students for one-on-one career counseling. Undergraduates utilize the services of the GW Career Center for career coaching, assessments, and employment support. The GW Center for Career Services offers career fairs and other events for all students. Graduate students meet directly with the SPH Career Services Counselor. Both residential and online students have access for individual coaching; they may visit in person, via email, phone, or Adobe Connect (http://publichealth.GW.edu/services/career-center/counseling). The SPH Career Services department maintains a jobs database, documents library, and hosts events for the graduate students.

Most commonly, services used by our students include:

Undergraduate Students

- Career Discovery Assessment Tools
- Resume/Cover Letter Critique
- Job Search Resources
- *(http://careerservices.GW.edu/services)*

Graduate Students

- Resume/Cover Letter Revision
- Job Description Analysis
- Job Search Strategy Discussions
- Interview Preparation
- Offer/Salary Negotiation

(http://publichealth.GW.edu/services/career-center/counseling)

Online Resources

The SPH provides a variety of resources to assist students and alumni in identifying and making use of career opportunities. These include:

- Access to the *GWork for Public Health* database to search for open jobs, internships and fellowships (https://publichealth-gwu-csm.symplicity.com).
- Weekly *SPH Student Newsletter* updates students via email of school wide activities, upcoming events and deadlines, and other notable information. Career Services has proven to be one of the most viewed sections of the newsletter and contains a Q&A section to allow students to ask questions anonymously.
- The *SPH Career Center Website* features links to templates, resources, job banks, professional associations, Careers in Public Health overviews, and more. (http://publichealth.GW.edu/services/career-center).
- *LinkedIn*- The broader GW Public Health Network is the umbrella group for our current students and alumni. Underneath this network are specialty subgroups including; BPHSN and MPH@GW, among others. Subgroups can be created for departments and student organizations based on their agreement to manage these networks and produce relevant public health discussion on a regular basis, to better effect impact of engagement.

Many alumni events are hosted by SPH and/or GW. Alumni events focused on career support and career networking are hosted often for our students and alumni. For examples of events, go to ***ERF 4.4.b: Alumni Events***.

4.4.c. Information about student satisfaction with advising and career counseling services.

Student satisfaction is paramount to the SPH Student Services team. To date, the only quantifiable information available has been collected through graduation surveys administered university-wide. The table below is summary data from SPH students from the past three years on questions regarding career services from the Graduate Student Graduation Survey. The response rate varies between 70-80% of graduating students. The complete GW Graduate Survey results are available in ***ERF 2.7.b***.

Table 4.4.c.: GW Graduation Survey Response Summary

Question	2012	2013	2014
Usage and evaluation of guidance re; career options and plans (1-5[1])			
Other faculty or staff in department or program	3.3	3.4	3.3
Your advisor	3.1	3.3	3.2
Your school's career center	2.8	3.0	2.7
GW alumni	3.3	3.2	3.2
GW's career center	2.8	2.7	2.7
Have you received advice on how to search for a job?	44% no[2]	37% no	41% no
Have you received advice on how to prepare a resume/CV?	37% no	34% no	32% no
Have you received advice on how to prepare for an interview?	52% no	49% no	52% no
Level of satisfaction with advice about career options within academia	0% diss[3]	2% diss	0% diss
Level of satisfaction with advice about career options outside academia	0% diss	5% dis	4% diss

[1]5 = excellent; 1 = poor

[2]no = did not receive advice

[3]diss = somewhat or very dissatisfied

The results from the graduation survey indicate a need for improvement. Possibly, our midcareer students have not sought advice on basic issues such as how to search for a job, prepare a resume, or prepare for an interview. However, we would like to see a higher average level of satisfaction, at least a 3.5 rating, with advisors', faculty members', and the SPHs' provision of career guidance. Of note, the SPH does not have a career center, but rather a career consultant. Prior to March 2013, we had two staff members dedicated to career services: one for alumni and one for current students. Both employees left the University this past year, so that we were understaffed in this area for several months. In February 2015, the SPH hired the current Career Consultant.

We are currently engaged in various needs assessments to ascertain the most efficient and effective ways to serve our students and alumni. We are also working more collaboratively with the GW Center for Career Services and engaging faculty to provide more career advice. SPH hosts periodic roundtable sessions with the PHSA to learn more about student expectations and how we can meet them. The leadership of the Office of Student Affairs meets regularly with Faculty and Practicum Advisors to discuss best practices and to share information to gauge students' satisfaction with career services. Student intake surveys, current student satisfaction surveys, and post-graduation surveys will be conducted

regularly to gather information. Events include participant evaluations to gather feedback for future events.

4.4.d. Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

Informally, students are always invited to speak directly with program directors, chairs, or the academic dean about any relevant concerns.

Through the PHSA, students are represented on the SPH Executive Advisory Committee where they report concerns and activities every month. Students are also represented on most of SPH's Standing Committees including; Curriculum Committee; Graduate Student Admissions Committee; and Research Committee as well as the Ad Hoc Committees such as Practice and the Student Affairs Advisory Board. The SPH Student Affairs Advisory Board includes representation from students, faculty, and staff and provides a forum for in depth discussion of any issue of concern to students.

If a student is concerned about a grade, the SPH Grade Appeal process is described in the Student Handbook: http://publichealth.GW.edu/pdf/Handbook.pdf. In brief, grade appeals are primarily resolved by course faculty. Students who are dissatisfied may take a grade appeal first to the relevant Department Chair and then, if unresolved, to a faculty review committee, who hears the case and makes a recommendation to the Dean, who has final authority.

If a student has a concern that has not been satisfactorily handled at the School level, he/she can elevate the complaint to the university level through a grievance process outlined in the Guide to Student Rights and Responsibilities (page 5); http://my.GW.edu/files/policies/Guide%20to%20Student%20Rights%202011-2012.pdf. This guide is available online to all students of GW. An Associate Dean of Students for Student Administrative Services oversees the grievance process for the university. We have not had any student grievances filed against the SPH in the past three years.

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

This criterion is met, with commentary.

Strengths:

- The SPH provides a strong system of academic advisors to support students in degree programs at all levels via provision of consistent and timely advice throughout their programs.
- The SPH provides an easily accessible platform for students and alumni for career support.

- The SPH has provided strong partnerships with employers and faculty and the University to support our students.
- SPH has provided a number of opportunities and channels for student participation and feedback and identification and resolution of problems that are experienced by students.
- Hired an Assistant Dean for Student Services.

Weaknesses:

- While there are areas of strength (BS and MHA programs), overall, the career advising is not highly rated by students.
- Career advice has been overly dependent on the effort of limited staff.
- Student career advising was disrupted by turnover among career counselors this past year.

Future Plans:

- Transition career advising data to Symplicity so that we can maintain records of student meetings, track reasons for appointments, and collect offer/hire and compensation information.
- Create student surveys to be administered at critical points in time to capture attitudes and service area strengths and weaknesses. The University surveys, while useful, are not timely and lack detail and specificity about individual efforts (e.g., we have not collected information about our Career Fair.)
- Roundtable sessions with students are being conducted to brainstorm and provide a platform for them to present ideas to improve our efforts.
- Solicit feedback from faculty regarding their greatest needs for advisement and career support as well as their capacity to help in specific areas.
- Increase engagement of our alumni in career mentoring.
- Partnerships will continue to expand to include other units within the University.

ELECTRONIC RESOURCE FILE OUTLINE

1.0 MILKEN INSTITUTE SCHOOL OF PUBLIC HEALTH

1.1 Mission

1.1.d. Events Manual

1.1.e. Strategic Planning Steering Committee
Strategic Planning Meeting April 2012
Strategic Plan Draft 2013

1.1.f. Annual Reports
SPH Website link: http://publichealth.gwu.edu/

1.2 Evaluation

1.2.d. Third Party Comment

1.3 Institutional Environment

1.3.c. Overview of Recruitment, Selection and Appointment Process for Faculty & Librarians
Faculty Diversity Advocate
Degree Verification Policy

1.5 Governance

1.5.a. Committee Meeting Notes

- Standing Committee Meetings
  - Appointment, Promotion, and Tenure Committee
  - Curriculum Committee
  - Graduate Student Admissions Committee
  - Executive Advisory Committee
  - Research Committee
  - Student Academic Appeals Committee
- Ad Hoc Committee Reports
  - Practice Committee
  - Student Affairs Advisory Board
- Other
  - PHSA – Student Association

1.6 Fiscal Resources

1.6.b. *CEPH Data Template 1.6.1- Sources of Funds and Expenditures*

1.7 Faculty and Other Resources

1.7.d. Additional Facilities Information

1.7.e. Science and Engineering Hall Plans
Laboratory Space

1.7.g. Library Resources

1.7.h. GW Human Resources link: http://hr.gwu.edu/

1.8 Diversity

1.8.a.vi. Faculty Diversity Advocate

2.0 INSTRUCTIONAL PROGRAMS

2.1 Degree Offerings

2.1.b. Programs-At-A-Glance

School Bulletin link: http://www.bulletin.gwu.edu/

SPH Website-Academic Programs link: http://publichealth.gwu.edu/academics

2.4 Practical Skills

2.4.a. Department Practica Directors

Student Practicum Final Evaluation-Practicum Report Form

Student Practicum Final Evaluation/Practicum Report Samples

Preceptor Evaluation Form

Preceptor Evaluation Samples

2.4.b. Practica Agencies

2.5 Culminating Experience

2.5.a. MPH Culminating Experience Syllabi & Materials

MHA & MHA@GW Culminating Experience Syllabi & Materials

DrPH Culminating Experience Syllabi & Materials

2.6 Required Competencies

2.6.b. CEPH Data Template 2.6.1- Curricular Maps: Program-Specific

2.6.c. Course Number Sequence Directory

Syllabi: Required Courses

Schedule of Classes and Instructors

Syllabi: Elective Courses- Spring 2015

2.7 Assessment Procedures

2.7.b. *CEPH Data Template 2.7.1. Graduation Rates*

GW Graduate Student Graduation Surveys

GW Undergraduate Senior Surveys

2.9 Bachelor's Degrees in Public Health

2.9.d. Culminating Experience Materials

2.11 Academic Degrees

2.11.c. Academic Programs- Student Work Samples and Materials by Program

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

3.1 Research

3.1.a. SPH Grants Management Positions

3.1.c. *CEPH Data Template 3.1.1-Research Activity*

3.1.d. Research Blueprint

3.2 Service

3.2.c. *CEPH Data Templates 3.2.1-Faculty Service*

3.3 Workforce Development

3.3.b. Workforce Development Report

4.0 FACULTY, STAFF, AND STUDENTS

4.1 Faculty Qualifications

4.1.a. *CEPH Data Template 4.1.1- Primary Faculty- Fall 2015*
Primary Faculty Curriculum Vitae

4.1.b. *CEPH Data Template 4.1.2- Other Faculty- Fall 2015*
Other Faculty Curriculum Vitae

4.1.d. Departmental APT Criteria

4.2 Course Evaluations

4.2.d. Course Evaluation Samples- Spring 2015

4.3 Student Recruitment and Admissions

4.3.a. Admissions Travel Recruitment Schedule
Recruitment Events
School Academic Prospectus

4.3.b. Graduate Student Handbook link:
http://publichealth.gwu.edu/sites/default/files/downloads/admissions/Milken%20Handbook%202015-2016.pdf
Graduate Admissions Requirements & Minimum Admissions Standards

4.3.c. Recruitment Marketing Examples

4.3.e. *CEPH Data Template 4.3.2-Enrollment Report*

4.4 Advising and Career Counseling

4.4.b. Alumni Events Summary