REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
SIMON FRASER UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
SITE VISIT DATES:
May 4-5, 2015
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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Simon Fraser University (SFU). The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs (PHP), amended June 2011 (Criteria 1.1-2.7 and 2.9-4.4) and the Accreditation Criteria for Standalone Baccalaureate Programs, amended June 2014 (Criterion 4.0, whose requirements appear in place of PHP Criterion 2.8). This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in May 2015 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

SFU opened in 1965 and currently enrolls over 35,000 students and employs more than 900 faculty and approximately 1,700 staff. The university operates from three campuses in Vancouver. Each campus has a unique role that relates to its geographic location and local community. The university's academic structure is organized around eight faculties, similar to US-based schools or colleges, as well as divisions of lifelong learning and graduate studies. The faculties include the following: Faculty of Science; Faculty of Applied Sciences; Faculty of Health Sciences; Faculty of Environment; Faculty of Arts and Social Sciences; Faculty of Communication, Art and Technology; Faculty of Business; and Faculty of Education.

The public health program resides in the Faculty of Health Sciences (FHS), which operates as a single, interdisciplinary unit without departments. Committees and designated faculty members provide leadership for each of the undergraduate and graduate programs housed in FHS. The FHS offers academic graduate degrees, MSc and PhD, in addition to the public health degrees that constitute the unit of accreditation: BA, BSc and MPH. The MPH is offered in four areas of concentration: environmental and occupational health, global health, population health and social inequities in health. The program currently enrolls approximately 1,200 undergraduate students and approximately 120 MPH students.

The program was initially accredited by CEPH in 2010. The Council accepted interim reports from the program in 2012, 2013 and 2014.
Characteristics of a Public Health Program

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

a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.

b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

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

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

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.

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

These characteristics are evident in the Simon Fraser University public health program. Although this Canadian university does not hold regional accreditation with a US agency, it has comparable institution-level quality assurance mechanisms. Additionally, the university is currently a candidate for accreditation by the US-based Northwest Commission on Colleges and Universities. The program and its faculty and students hold the same rights, privileges and status as other SFU programs.

The program draws on a multidisciplinary faculty complement of 33 primary faculty members who are trained in a variety of areas. Many faculty members have active research and practice agendas conducted in cooperation with local, regional and international public health organizations. The program is structured around an environment that fosters interdisciplinary communication and collaboration. The program has adequate resources to support its instructional offerings, and it has implemented a comprehensive evaluation system to ensure ongoing relevance to educational excellence and public health practice.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met with commentary. While SFU as whole has been in existence for about 50 years, the Faculty of Health Sciences (FHS) was formally created by the Board of Governors only in 2004. In 2005, the first hirings occurred, and the faculty accepted its first cohort of students for an MSc degree. Three years later, the FHS moved into a new “purpose-built” facility at the university’s Burnaby Mountain campus. The practice-based degree was renamed the Master’s Degree in Public Health, and a new research-oriented MSc was approved. A PhD program admitted its first students in 2011. In 2006, the undergraduate BA in Health Sciences began, focused on social and policy applications in public health. A BS in biomedical sciences began in 2007. The vision has been the integration of biological and sociological conceptions of health and evidentiary practices to understand health from a life-course perspective—a “cell to society” concept.

The FHS is interdisciplinary by design through an overarching ecological approach and perspective to population and public health that recognizes the interactions and relationships among multiple determinants of health. The faculty is striving to create an integrative approach to the health sciences that is ideally greater than the sum of the approaches represented by each of the constituent public health disciplines.

The MPH and the BA and BSc in Health Sciences, which constitute the unit of accreditation, are all integral to the broader mission of the FHS.

The Mission of Public Health Programs (MPH, BA, BSc) in the FHS at SFU is to promote an engagement with knowledge creation, exchange and application, and to equip public health leaders and practitioners of the future with the knowledge and skills required to:

- improve the overall health and well-being of the population;
- prevent diseases, injuries or disabilities that may shorten life or impair health, well-being and quality of life; and,
- reduce inequities in health from local to global levels.

The self-study also lists five core values and provides a description of each: Excellence in Teaching and Learning; Academic Freedom, Integrity, Excellence; Equity and Diversity; Community Engagement; and Healthy Workplace.
Operationalization of the values, concepts and ethical principles occurs in many aspects of the educational programs, including integration into coursework, case-study-based learning approaches, and practicum placement opportunities.

The program has developed eight goals related to realizing the mission. These include assuring that graduates are prepared to influence the factors that shape population and public health at local and global levels, assuring student diversity to encourage interdisciplinary learning, and encouraging student participation in faculty research and community practice. They have also developed objectives for measuring their success in meeting these goals, with a minimum of two objectives per goal, up to a maximum of seven.

The self-study provides a detailed timeline of the initial creation and subsequent multiple modifications of the mission, goals and objectives. The original planning documents from 2002 created the broad conceptual framework for the draft mission. In 2007, the FHS’ Accreditation Self Study Working Group (ASSWG) decided that further development of the mission statement was required to better reflect the overarching goals, values, beliefs and broadened curricular programming, as well as incorporating Canada's public health environment and the Public Health Agency of Canada’s Core Functions.

The first mission document was developed over a series of committee meetings between September 2007 and January 2008. The draft was posted on the FHS website, and all stakeholder communities, within and outside the FHS, were asked for feedback. In May 2008, the redrafted mission document was formally presented to the Faculty Council. A series of faculty consultations on the mission, goals and objectives was held in October and November 2008. Community input was sought by circulating to the Public Health Officer’s Council of British Columbia for feedback. Incorporating this feedback led to a revised mission statement, approved by the FHS Faculty Executive Committee in April 2009. Further refinement took place during a two-day faculty and staff retreat in June 2012 as part of the preparation of the university-required 2013-2018 Academic Plan. Undergraduate and graduate students and external stakeholders were surveyed online. Revised versions were subsequently ratified by the Faculty Council in September 2012.

In addition, at least annually, faculty and staff have participated in planning retreats where the mission, goals, objectives and other forms of suggestions for improving the overall quality of the educational programs are considered and evaluated. A variety of actions can and have been taken in this regard.

The commentary relates to the opportunity for more regular, formalized input from external constituents into the program’s guiding statements and planning framework. While much has been accomplished in a relatively short amount of time, the addition of being able to draw upon the perspectives and expertise of
the newly formed External Advisory Committee will assure important outside insights will be incorporated in future actions.

1.2 Evaluation and Planning.

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

This criterion is met. There is clear evidence in the self-study that the program has an explicit internal and external process for continuous monitoring and evaluation of its mission, goals and objectives; for assessing the program’s effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making. A comprehensive matrix profiles the evaluation framework, including description of each evaluation activity, primary responsible party, and evaluation timing for each of the eight program goals.

While the university's Senate is ultimately responsible for the overall evaluation and monitoring of the program’s success in realizing the mission, goals and objectives, operational responsibility for evaluation, monitoring and future planning rests with the dean, associate deans for education and research of the faculty and the graduate and undergraduate program directors. The associate deans are responsible for implementation, assembly, analysis, report preparation and communication of ongoing evaluation and assessment feedback to the faculty, thus ensuring that deficiencies are identified and remedied, yielding continuous program improvement.

In addition to program-level assessment, there is a multi-layered university-level assessment of FHS and the public health programs. Measures include an ongoing annual assessment by the academic vice president (provost) that compares performance indicators among all academic units of the institution, as well as progress made by each faculty unit toward its academic five-year plan. The university's Office of Institutional Research and Planning conducts a series of annual surveys to assess undergraduate and graduate student satisfaction regarding their educational experience, program quality and extent to which the program is meeting their learning goals.

Per SFU policy, in addition to internal evaluation for SFU's FHS public health programs, external review is conducted every six years with oversight and direction from the University Senate and the Senate Committee on University Priorities, with the most recent FHS review completed in 2012. It included a self-study documenting programs and outcome metrics in research, student experience and administrative efficiencies. A three-person external panel of experts in health sciences conducted a site visit and generated a report with a series of recommendations. FHS faculty and staff reviewed the results at a series of retreats in 2013 and sent it forward to the University Senate, where it was approved on January
6, 2014. All of the action items in the report have either been implemented or are in the process of being implemented.

The MPH program utilizes a series of internal surveys and feedback strategies for assessing the extent to which core competencies and program curriculum provide students with clear acquisition of public health knowledge. Intake, exit and alumni surveys are administered annually, and the MPH Committee conducts curriculum review and revision on a bi-annual basis.

As a result of these collective evaluation processes, recommendations for substantive curricular revision from either of the Graduate or Undergraduate Studies Committees within FHS are further evaluated through a number of university-based committees that ensure high standards and programmatic quality required by SFU.

The self-study process was established by the associate dean of education with the re-establishment of the Accreditation Self-Study Steering Group (ASSSG). Key individuals were assigned to review the 2009 self-study document, consulting with relevant faculty, students and external stakeholders about revisions required for the current self-study, followed by development of chapter drafts, which were reviewed regularly by ASSSG. Progress was communicated continuously via monthly Faculty Executive Committee and Faculty Council meetings, followed by selection of faculty, staff and student members to participate in the site visit. A web page was developed to share information and invite comments about the self-study process. A series of meetings was held in the months leading up to the site visit to facilitate communication and feedback among all FHS constituents, including faculty, staff and students. A similar process was conducted with external stakeholders via the newly-established MPH Advisory Committee. Overall, the self-study process was well organized, transparent and inclusive of participatory engagement among faculty, staff, students, and external community stakeholders. During the site visit, members from each of the stakeholder groups acknowledged participation in the self-study process.

The program provided a comprehensive and objective programmatic analysis via the self-study document that enabled it to summarize objectives that have been successfully met, as well as those that have fallen short of their intended outcome, along with strategies to meet the unmet objectives in the future. The evaluation matrix includes newly-established measures for which baseline data is currently being determined (eg, preceptors’ evaluation of the degree to which students attained competencies during the practicum).

While the self-study indicated that not all elements of the multi-faceted evaluation framework have been implemented as planned, site visitors learned about program plans to address the remaining metrics,
particularly alumni feedback. A new position filled recently within FHS will focus on tracking alumni at the graduate and undergraduate levels.

1.3 Institutional Environment.

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

This criterion is met. Canada does not have an accreditation process that is parallel to the United States’ system of regional accreditation. Post-secondary education is a responsibility of each Canadian province, and British Columbia’s University Act outlines the powers and responsibilities of the provincial government and of each established university. The act establishes oversight, particularly related to operational funding, by the Ministry of Advanced Education and Labor Market Development. This ministry requires regular reporting on performance indicators, including data related to enrollment targets, enrollment production and programming quality. The university is also subject to oversight by the Public Sector Employers Council, which governs the terms, conditions, financial settlements and policy agreements between the university and its paid employees. The Federal Contractors Act requires the university to annually report its goals, targets and progress toward the inclusion of underrepresented groups.

The university, however, is currently an official candidate for accreditation with the US-based Northwest Commission on Colleges and Universities. The accreditation decision is expected in 2015.

Two internal oversight bodies supplement the external oversight process. The first is the university’s Board of Governors, which oversees the management, administration, and control of the university’s property, revenue, business and affairs. The second is the university’s Senate, which has authority for all matters of academic governance including curriculum and academic programming, admission and degree granting, teaching and education, plus the research environment, among other areas.

SFU’s schools of engineering and kinesiology are accredited by Canadian professional accrediting organizations, and the Faculty of Business Administration is accredited by the International Association to Advance Collegiate Schools of Business.

SFU opened in 1965 and currently enrolls over 35,000 students and employs more than 900 faculty and approximately 1,700 staff. The university operates from three campuses in Vancouver. Each campus has a unique role that relates to its geographic location and local community. The university’s academic structure is organized around eight faculties, similar to US-based schools or colleges, as well as the divisions of lifelong learning and graduate studies. The faculties include the following: Faculty of Science; Faculty of Applied Sciences; Faculty of Health Sciences; Faculty of Environment; Faculty of Arts and Social Sciences; Faculty of Communication, Art and Technology; Faculty of Business; and Faculty of
Education. A president leads the university, and the academic vice president and provost leads the academic divisions mentioned above and reports to the president. Deans lead each of the academic units.

The university budget is distributed from the president to the heads of each of the directly-reporting units, including the provost, and the provost works with the leaders of all academic units to determine distributions at that level. The Faculty of Health Sciences defines its own internal process, led by the dean, for allocating funds to the various academic programs, including the public health program. The overall university budget is derived from a negotiation process that involves the presidents of all of the province’s universities, who present a joint submission to the Ministry of Advanced Education and Labor Market Development.

The dean has direct personnel authority over term contractual faculty positions and Professors of Practice. Professors of Practice, relatively new in the university structure, are individuals who are also compensated by governmental health authorities or other national or international organizations. For all other faculty recruitment, the dean leads an annual process that involves the Faculty Executive Committee and ultimately results in a plan forwarded to the provost. The provost reviews all academic units’ faculty recruitment plans and presents a university-wide plan to the Academic Operations Committee of the Board of Governors. After this committee’s approval, the faculty recruitment process begins. Staff positions follow university human resources protocols and involve local search committees who communicate hiring decisions back to university human resources officers.

Academic standards and policies are governed by both the Ministry of Advanced Education and Labor Market Development and the University Senate. University documents establish basic standards for a variety of academic matters, but individual programs can typically establish higher standards of their own, as long as these are clearly communicated. Academic programs develop curricula, but curricula are subject to approval at the Faculty of Health Sciences level and the Senate (first through its subcommittees on graduate and undergraduate education). Proposals for new programs are also required to obtain approval from the Ministry of Advanced Education and Labor Market Development.

1.4 Organization and Administration.

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

This criterion is met. The program is located in the Faculty of Health Sciences (FHS), which is headed by a dean. The dean supervises two associate deans and two directors. The directors oversee operations and advancement, and the associate deans oversee education and research. Directors for undergraduate
and graduate education report to the associate dean for education. Within the graduate programs unit, there are two chairs, one for the MSc and PhD programs, which are not included in the unit of accreditation, and one for the MPH program. The MPH program chair also serves as the director of the Public Health Program for the purposes of accreditation.

The FHS was intentionally designed to be interdisciplinary. It is structured without departments in order to facilitate communication across disciplinary boundaries. FHS committees include individuals from all disciplines. The university also highly values interdisciplinary coordination: interdisciplinary work is one of the university’s five core values, and the university’s strategic research plan has “facilitation of collaboration across disciplinary and institutional boundaries” as one of its 10 major objectives. Public health faculty members are increasingly working to identify common research and service projects, and informal events such as brown bag lunches and seminars have been well attended by faculty and students from a variety of disciplines.

1.5 Governance.

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

This criterion is met. The FHS Constitution serves as the primary document governing the program’s administration, and policies from the University Policy Manual also provide guidance. The six standing FHS governance committees provide the program’s main governance structure, and all play roles in general program policy development and planning.

The Faculty Council includes all permanent faculty members, staff and student representatives. This group is responsible for final decisions on many matters of policy, as it receives proposals from the other standing committees. For example, the Faculty Council discusses and approves documents generated by the Faculty Executive Committee. The Faculty Council also considers any issues related to FHS’ research infrastructure.

The Faculty Executive Committee includes the heads of all standing committees, the associate deans, the dean, the chair of the Tenure and Promotion Committee, staff and student representatives and five elected representatives from the faculty at large. This committee provides strategic advice to the dean and works with the dean to develop policies and plans.

The Tenure and Promotion Committee includes six elected faculty members plus an elected committee chair and is responsible for evaluation and recommendation in all matters of contract renewal, tenure and promotion. This committee establishes research and service expectations for program faculty, and expectations align with university policies.
The Graduate Studies Committee and Undergraduate Studies Committee include nine and eight elected faculty members, respectively. Both committees also have at least one elected student representative, as well as support staff members. These committees bear responsibility for normal curricular operations and decision making and make recommendations on curricular and other policies as appropriate, and they serve as the faculty-level adjudication committees for student reviews and appeals, scholarships and award of degrees. The Graduate Studies Committee has additional responsibilities, including providing an initial level of admissions review, and provides oversight for the MPH, MSc and PhD programs. An MPH Committee operates frequently as a subcommittee of the Graduate Studies Committee.

The Faculty Development Committee includes the dean, associate deans, director of administration and other staff as needed. This committee handles day-to-day operations of the FHS and operational problem-solving, including budget management and oversight.

Several FHS ad hoc committees also play significant roles. The Ethics Committee provides advice on ethical matters including funding from government and industry partners. The Space Management Advisory Committee assists the dean and director of administration in decisions on lab, office and other space requirements. The Education Management Group pulls together the chairs of the Graduate and Undergraduate Studies Committees, the MPH program coordinator, support staff and the associate dean for education and addresses matters relating to scheduling and course planning.

Six program faculty members and the FHS dean have appointments with the main body or subcommittees of the university’s Senate. The Senate and its subcommittees are responsible for all academic governance, and all committee members are elected. Program faculty also serve on university-level policy review and ad hoc committees.

Students are voting members of the Faculty Council, Faculty Executive Council, Graduate Studies Committee and Undergraduate Studies Committee and serve on many of the ad hoc committees. Students also participate in the FHS’ Graduate Student Caucus and Undergraduate Student Union, and these bodies elect the representatives for faculty-led committees. Both committees participate in service opportunities and play major roles as liaisons for communication between students and faculty. The Graduate Student Caucus designs and co-administers a survey each year on a specific matter of student interest, and faculty review and act on the results when possible. The student organizations also assist in organizing, publicizing and attending town hall meetings and dialogue groups at which faculty seek student feedback.
1.6 Fiscal Resources.

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

This criterion is met. The program’s budget is integrated with the overall FHS budget. The budget process begins with the Research Universities of BC President’s Council formulating a joint submission to the Ministry of Advanced Education and Labor Market Development of the funding priorities for the BC research university sector. The provincial government may also institute funding calls to the universities calling for proposals for a particular priority initiative. The Ministry of Advanced Education and Labor Market Development then represents its priority agenda to the BC Ministry of Finance. Each BC University receives a “General Letter of Expectations” that identifies the extent of operating funding that will be provided from the province for a three year period. This document is updated annually. Once SFU receives the Provincial Grant Letter, an allocation is then made to individual faculties. FHS has a transparent budget policy, with the directors of the public health programs given full access to the annual budget. Budget and resource information is also available to faculty, students and the public upon request.

In 2011-12, SFU implemented a new performance-based budget model, which was updated for 2012-13. In addition, a Faculty Allocation model (FAM) was developed, which distributes a portion of the revenue received by SFU (tuition, provincial grant and indirect costs of research) to each of the faculties based primarily on the University Enrollment Plan, using different methodologies depending on the revenue sources. In addition, SFU receives funding from the Federal Government of Canada known as the “Indirect Costs of Research,” which is controlled by the university’s vice president for research and is allocated through a distributive model that returns 45% of the revenue generated by each faculty.

The budget for staff and academic positions are uniquely controlled in a decentralized model by each faculty, thus the decision to direct budget resources to faculty/staff complements is predominantly a faculty decision. All salary and benefit budgets are centrally negotiated and funded. There are a number of budget envelopes to which FHS and the public health programs (through the FHS dean) can apply.

In addition to these standardized funding processes, there are several provincial and federal programs that provide special resources for supporting academic positions directly at BC universities. The first is the Canada Research Chairs program, established by the Federal Government of Canada in 2000. SFU has been awarded 42 of these awards, with five internally awarded to FHS. Another major funding source is the Michael Smith Foundation for Health Research, with five FHS faculty supported by this award. Two faculty members are supported by external peer-reviewed salary awards from the Canadian Institutes of Health Research. FHS has established four endowed research chairs and has a number of academic positions co-funded with other external organizations.
Due to the multitude of funding sources and to regulations governing federal research funding in Canada, the FHS does not require faculty members to generate external funding for any portion of their compensation. All FHS faculty are compensated on a 12-month calendar year basis.

Table 1 presents the program’s budget for FY2010 through FY2014.

<table>
<thead>
<tr>
<th>Table 1. Sources of Funds and Expenditures by Major Category*</th>
<th>FY 2010</th>
<th>FY 2011</th>
<th>FY 2012</th>
<th>FY 2013</th>
<th>FY 2014</th>
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<tbody>
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<td><strong>Source of Funds</strong></td>
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</tr>
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<td>Tuition and Fees</td>
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<td>State Appropriation</td>
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<td>University Funds (Provincial Grant to the University)</td>
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<td>Grants/Contracts</td>
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<td>Indirect Cost Recovery</td>
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<td>Endowments*</td>
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<td>Gifts</td>
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<td></td>
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<tr>
<td>Other (salary recoveries – excluding endowment accounts)</td>
<td>$924,109</td>
<td>$820,132</td>
<td>$717,938</td>
<td>$1,116,772</td>
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<td>Other (FIC funding)</td>
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<td>Other (allocation of previous year carry forward)</td>
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<td>$162,626</td>
<td>$104,178</td>
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<td>Other (Additional funding for TA support)</td>
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<tr>
<td><strong>Total Income</strong></td>
<td>$8,323,107</td>
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<td>$8,341,258</td>
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<td><strong>Expenditures</strong></td>
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<td></td>
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<tr>
<td>Faculty Salaries and Benefits</td>
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<td>Operations*</td>
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<td>Travel</td>
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</tr>
<tr>
<td>Student Support*</td>
<td>$40,000</td>
<td>$60,000</td>
<td>$89,016</td>
<td>$137,565</td>
<td>$105,198</td>
</tr>
<tr>
<td>Other: Faculty start-ups and research support</td>
<td>$205,000</td>
<td>$112,917</td>
<td>$47,086</td>
<td>$127,661</td>
<td>$99,776</td>
</tr>
<tr>
<td>Other: Consulting and Professional fees</td>
<td>$213,708</td>
<td>$145,708</td>
<td>$170,385</td>
<td>$118,828</td>
<td>$37,251</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>$8,256,357</td>
<td>$8,041,722</td>
<td>$8,129,679</td>
<td>$8,803,491</td>
<td>$9,908,485</td>
</tr>
</tbody>
</table>

*In Canadian dollars

1 The income generated from endowment accounts can be spent, capitalized or carried forward. For the purposes of reporting the financial data in the accreditation context the endowment income reported is only the portion spent during the fiscal year.

As at the end of fiscal 2013-2014 the total principal amount in all FHS endowment accounts was $24,640,315 generating income at an annual rate of 4.5% (increased from 4% in the previous year).

2 Fraser International College (FIC) income generated. In partnership with SFU, FIC offers international students a unique pathway opportunity to an undergraduate degree at SFU. FIC provides transition programs for international students wanting to attend SFU. FIC offers Health Sciences courses for students who want to follow an UG degree at SFU. FIC transfers funding to FHS based on a formula that takes into account number of students enrolled, number of sections, etc.) to “replace” funds FHS would receive if these students were enrolled in our courses.

3 The student support reported is composed of the following:
   • The amount of funds transferred during the fiscal to the Office of Graduate Studies from FHS operating funds.
   • The MPH practicum support disbursed in the form of awards from the income generated by the Djavad Mowafaghian endowment account
Total income and expenditures demonstrate healthy and progressive growth within the program for the past five years. Total income has grown from $8,323,107 in FY2010 to $10,131,993 in FY2014. Total expenditure growth reflects a parallel trend, increasing from $8,256,357 in FY2010 to $9,908,485 in FY2014. The public health programs are situated within a context of strong budgetary oversight and support both internally and externally, including substantial research funding.

1.7 Faculty and Other Resources.

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

This criterion is met. The program exceeds the minimum quantitative faculty requirements defined by this criterion. The self-study identifies 33 primary faculty who support the interdisciplinary bachelor’s degree and four MPH concentrations. Twenty-five of the 33 primary faculty teach at both degree levels, and many faculty teach in multiple MPH concentrations. Using unduplicated counts across the four MPH concentration areas, each concentration area has at least seven primary faculty providing support. Four primary faculty can be allocated primarily to the interdisciplinary bachelor’s degree without duplicating any of the individuals allocated to the four MPH concentrations, as four of the 33 primary faculty teach undergraduates only.

Student-faculty ratios (SFR) are challenging to articulate by concentration because of the high occurrence of teaching across disciplines and degrees. There were 1159 undergraduate students enrolled in fall 2014 (full-time equivalence [FTE] of 1043). Twenty-nine primary faculty members (21.5 FTE) and 27 other faculty members (3.2 FTE) produce an overall SFR of 42:1 by FTE for the undergraduate degree. The program provides SFR data for undergraduates at all SFU faculties for 2013-2014. The program’s SFR is slightly higher than those for the faculties of science and environment, is comparable with the faculties of education and applied science and is lower than those for the faculties of business, arts and social sciences and communication, arts and technology.

In fall 2014, 111 students were enrolled in the MPH: 53 in population health, 33 in global health, 18 in social inequities in health and seven in environmental and occupational health. Twenty-nine primary faculty members (18.7 FTE) and seventeen other faculty members (4.1 FTE), spread across concentrations based on instructional responsibilities, produce SFRs ranging from 1.3 (environmental and occupational health) to 6.5 (global health). The broadest measure of SFR, total student headcount divided
by primary faculty headcount, produces a figure of 38.5 for a population that includes both graduate and undergraduate students.

Faculty discussed their workloads as challenging but manageable. Teaching assistant support is provided for most undergraduate classes. Teaching assistants serve as tutors, leading small discussion sessions of larger classes, serving lab supervisors and/or providing assistance with grading. The required biostatistics course in the MPH curriculum has a teaching assistant, in addition to the instructor, who assists with the lab portion of the class and provides individualized support. Most faculty teach three courses a year, but some faculty who have funded research or service may reduce that teaching load, and faculty have some flexibility on which semesters they choose to teach in a given year. In general, all faculty are expected to regularly teach both undergraduate and graduate students. The faculty recently engaged in a lengthy process to produce a document on faculty workload equity, and the MPH faculty are about to begin a series of curriculum retreats. They intend to address issues such as various models for assigning or better recognizing faculty who take on the extra workload of supervising MPH capstone projects or theses. To date, this supervision has been quite uneven, with a few faculty members supervising eight to ten MPH students at a time and others supervising few or none.

Students who met with site visitors spoke highly of faculty members’ accessibility, in general. Both master’s and graduate students mentioned that accessibility was, to some degree, variable among different faculty members. Some had reported frustration with lack of posted office hours and/or with uncertainty on a reasonable response time for e-mail. All mentioned that the program directors and the professional staff who serve as coordinators were very accessible and helpful. Students who serve on faculty committees indicated that they have raised concerns about the need for better consistency in faculty members’ availability, but their perception is that most of the faculty participating in the committees are not among those who are problematic. Both undergraduate and graduate students and alumni mentioned that the program is likely to be more pleasant and rewarding for students who are assertive in making contact with faculty and making their needs known. “You get out what you put into it” was a common refrain.

The program draws on 19 staff members. Several provide professional support to the academic programs, with dedicated advising staff for undergraduates and dedicated staff to the MPH practicum process. Other staff support the FHS’ research endeavor, including providing assistance to individual faculty members and liaising with university-level offices. A final group of staff supports the Dean’s Office. Several members of the Dean’s Office staff also provide financial support to faculty grants.

The FHS is housed in Blusson Hall, and there are approximately 7000 square feet available for classrooms, laboratories, offices and student common space. Laboratory space includes space for both
instruct and research. The building has a fully-outfitted computer lab available for students, and the building has complete wireless network access. All faculty and staff have individual desktop computers. Three full-time information technology staff support the FHS, maintain servers with secure file storage and support the FHS website.

The program draws on the SFU library’s extensive holdings in health sciences areas. Nearly all of the 60 individual health-related journal subscriptions are available online, and the institution participates in a consortium of electronic health library uses in British Columbia, which provides an online collection of over 200 medical, nursing and life sciences publications. The library offers prompt interlibrary loan services and is staffed by reference librarians, including an individual designated as a liaison for FHS. Librarians provide in-person and online research assistance for students and faculty.

The program also cites its partnerships with a number of universities around the globe as important resources. The FHS has memoranda of understanding with universities in North America, Africa, Asia and Australia. The memoranda cover instructional and research collaborations, and some provide for student exchange programs.

The self-study presents outcome measures that are primarily measured through qualitative processes, such as annual review of library holdings and annual review of available datasets and databases. The self-study indicates that the program has met its self-defined targets during the full reporting period.

1.8 Diversity.

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

This criterion is met with commentary. The program has several written policies that address diversity issues. The identification of under-represented populations at SFU is governed by the Canadian Employment Equity Act, the British Columbia Human Rights Act and the Federal Contractors’ Program, all of which identify four groups—women, aboriginal people, persons with disabilities and visible minorities—as under-represented. The University Policy on Employment Equity states that the university will advance the interests of under-represented members of the work force (the same four groups noted above); ensure that equal opportunity is afforded to all who seek employment at the university; and treat equitably all employees. The university also has a faculty hiring guide addressing applications from disadvantaged Canadian communities, providing best practices in appointment processes.

SFU strongly values and commits to a diverse faculty and staff complement that is inclusive of all members of Canadian societies and that provides opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin. SFU’s policy framework for
recruitment of students and hiring of staff and faculty reflects these values. SFU has an Aboriginal Undergraduate Admissions Policy supporting students of Aboriginal heritage to transition to full-time undergraduate studies, including application review by a three-member committee composed of participants from the Indigenous Student Center, the specific faculty applied to, and university admissions staff. FHS faculty sit on this committee. The graduate program has begun working with indigenous colleagues and the Indigenous Graduate Admissions Student Coordinator to identify more ways to recruit and retain indigenous students. Also, the MPH Admissions Committee includes diversity criteria when reviewing applications. Some faculty members have completed a new on-line course designed by the Provincial Health Services Authority on Indigenous Cultural Competency and encourage other faculty and students to enroll as well.

The MPH program has a specific concentration on health and social inequities to prepare students for critical and reflexive research and practice related to poverty, racism, colonialism, sexism and other forms of structural violence.

An issue that has arisen is how to document success in recruitment and retention without running afoul of privacy laws relating to demographic data. The university has instituted a voluntary identification by faculty and staff of their membership in the following classifications: membership in a visible minority, member of a First Nations people, woman or person with a disability.

The last formal systematic data collection effort by SFU occurred in 2005. The subsequent university-wide strategy has been to solicit responses to a questionnaire which is circulated shortly after hire. However, there is no required completion, and follow-up efforts have been inconsistent, so SFU can provide only limited insight into the demographic diversity of the current program. The site visitors learned that FHS had decided to use a data-gathering system developed by the Faculty of Business, with appropriate adjustments that would make it more than adequate to improve FHS’ ability to answer diversity and other important questions.

The university’s principles of universal inclusion and discrimination-free environments have led to a number of procedural guides and educational programs to assure that the university's values are maintained. The Human Rights Office is the central source for educational materials, advising and investigation of issues related to inclusivity, discrimination and harassment. The public health program does not have any specific policies related to diversity, but the Graduate Studies Committee is planning to create a working group to address equity issues and to promote diversity in the FHS programs. Faculty members are also governed by a code of faculty ethics.
The External Review cycle (every six years) and the Academic Plan cycle (every five years) include expectations that each unit ensures competency in the areas of diversity and cultural considerations.

Recruitment efforts to admit a diverse student body include presentations to as many diverse groups as possible. To that end, collaboration is in place between the First Nations University recruiter and the recruiter for FHS. The self-study notes that First Nations peoples tend to focus their higher education pursuits in the areas of teaching, law, and health. FHS’ programs to address social inequities in health make it especially appealing to First Nations students. The FHS attends a number of off-campus recruiting events, graduate and professional school fairs at least nine on-campus events (some occurring more than once per year) and two community special events.

As noted above, regarding faculty diversity, the FHS is bound by university policy, so demographic data are currently difficult to come by given problems with data collection and data reporting. The self-study describes intentional efforts to ensure that advertising for faculty and staff positions reaches under-represented populations. The self-study provides data for faculty and staff outcome measures relating to gender for the last three years. Female primary faculty members comprise 39% of the total, very close to the target of greater than 40%. The proportion of staff who are female is 84.5%. The proportion of female senior administrators is 57%.

Female students make up approximately 75% of the MPH student body. International female students comprise almost 17% of the MPH student body. For undergraduate students, females also make up almost 75% of the student body, although the proportion of undergraduate students who are international students dropped from 10% to 7.2% over the reporting period.

The proportion of concentration-specific courses that include issues of diversity is greater than 50%, much higher than the 30% target.

The commentary relates to the limitations on the program’s ability to track its success in achieving its stated diversity aims. FHS is doing what it can, given the constraints of conflicting data reporting requirements (accountability for diversity vs. privacy) and the university’s lack of a useful data-gathering system. Nevertheless, it is a reality that the program lacks much verifiable data on diversity. Program leaders and faculty are hopeful in expecting that the new data system will address some of these issues.
2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. Table 2 presents the program’s degree offerings. The program offers the MPH degree in four concentrations: environmental and occupational health (EOH), global health, population health and social inequities in health. The program is currently discussing suspending the EOH concentration due to consistently low enrollments. Each concentration has an appropriate depth of concentration-specific coursework related to specific competencies, and all MPH students complete 22 credits of core coursework.

The program also offers baccalaureate degrees: a Bachelor of Arts in Health Sciences and a Bachelor of Science in Health Sciences with emphasis areas in life sciences or population and quantitative health sciences. The program also offers a joint major that combines the BA degree with a BA degree in philosophy. The BA degree’s principal focus is social and policy applications, and the self-study notes that the BS produces graduates with “laboratory skills comparable to those from basic biomedical science programs” who also have “strong interdisciplinary experience in social science settings.”

<table>
<thead>
<tr>
<th>Table 2. Degrees Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
</tr>
<tr>
<td><strong>Bachelor’s Degrees</strong></td>
</tr>
<tr>
<td>Health Sciences</td>
</tr>
<tr>
<td>Health Sciences: Life Sciences</td>
</tr>
<tr>
<td>Health Sciences: Population and Quantitative Health</td>
</tr>
<tr>
<td><strong>Master’s Degrees</strong></td>
</tr>
<tr>
<td>Environmental and Occupational Health</td>
</tr>
<tr>
<td>Global Health</td>
</tr>
<tr>
<td>Population Health</td>
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<tr>
<td>Social Inequities in Health</td>
</tr>
</tbody>
</table>

2.2 Program Length.

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

This criterion is met. The MPH program requires 46-49 credit hours for completion, depending on a student’s choice of culminating experience. The university defines one credit hour as 13 classroom contact hours. The self-study notes that if the more traditional US definition of 15 hours per credit is used,
the MPH degree requires the equivalent of 42.5 semester-credit hours. No students have graduated with fewer credits.

2.3 Public Health Core Knowledge.

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

This criterion is met. The program assures that all students have a broad understanding of the core areas of knowledge basic to public health through designated core courses, and concepts are reinforced throughout the rest of the curriculum. This is underscored by the interdisciplinary nature of the program in design and function. Competencies associated with the core areas are identified in each course syllabus. Table 3 presents the required core courses.

Site visitors learned that for MPH students who have previously completed the undergraduate public health curriculum at FHS, there is an opportunity for recognition of their previous academic standing, and they can be offered the opportunity to take more advanced coursework in a core area if faculty determine that existing coursework would be duplicative.

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>HSCI 801: Biostatistics I</td>
<td>4</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>HSCI 892: Principles of Epidemiology for Public Health</td>
<td>4</td>
</tr>
<tr>
<td>Health services administration</td>
<td>HSCI 827: Analysis of Canadian Health Care System</td>
<td>3</td>
</tr>
<tr>
<td>Environmental health</td>
<td>HSCI 845: Environmental &amp; Occupational Health</td>
<td>3</td>
</tr>
<tr>
<td>Social and behavioral sciences</td>
<td>HSCI 835: Social and Behavioral Contexts of Health &amp; Disease</td>
<td>3</td>
</tr>
</tbody>
</table>

2.4 Practical Skills.

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

This criterion is met. All students enrolled in the MPH program must undertake a practicum. Waivers are not permitted.

The one-semester practicum is designed as an opportunity for graduate students to apply public health concepts, methods and theory to real-world settings in Canada and globally, bridging theory and practice. It is a planned, supervised and evaluated experience in which students are mentored and supported by prescreened public health supervisors and faculty. There are a variety of practicum sites, local and far away, and site visitors learned that sites have served as an excellent bridge to employment.
Typically, students within an area of concentration must complete a practicum that is relevant to that concentration. Sometimes that is not possible, but in any case, the oversight and support structure remains the same. Recent practicum sites include governmental health offices (Fraser Health Authority, Vancouver Coastal Health, BC Center for Disease Control), international sites (World Health Organization, PAHO, UNHCR) and non-profit and other related organizations (Canadian Collaboration for Immigrant and Refugee Health, BC Poverty Reduction Coalition, Planned Parenthood).

The program has a professional staff member who serves as the practicum coordinator, and the program’s director of public health practice (a faculty position) provides oversight and guidance for all MPH practica. Each student identifies a faculty member who serves as the senior supervisor. Practicum plans must be approved by the senior supervisor, director of public health practice and the preceptor. Preceptors and senior supervisors provide evaluation of students' performance at several points, and the senior supervisor assigns a grade at the end of the practicum. The program has developed standard evaluation forms used by students and faculty in all concentration areas.

The practicum plan is, essentially, an activity plan. Students are also asked to articulate a learning plan, trying to implement the important pedagogical principles of self-directed learning and self-regulated learning. The core competencies tie into the practicum plan up front, and faculty will not approve a practicum plan that does not document an appropriate scope of work and linkage to competencies.

Site visitors learned that beginning with last year’s cohort of students, the program began a new focus of trying to tie the practicum to the capstone project. Students mentioned this with some confusion about the rigidity of the policy, which was clarified by an additional discussion with the MPH coordinator. Program leaders outlined a philosophy that the MPH program includes two semesters of coursework preparing for the practicum, and the practicum prepares students for another two semesters of deeper coursework and the capstone. As part of the program’s more structured approach to linking the practicum and capstone, the program introduced a requirement of bi-monthly reports during the practicum period. Each requires self-reflection. The first report asks the student to completely review his/her practicum plan. Each subsequent report asks for further analysis and reflection. At the end of 10 weeks, the final report asks the student to reflect on a potential capstone project that would draw on skills and experience gained during the practicum. When the student returns to the campus after completing the practicum, he/she is asked to do a poster summarizing the practicum experience, and the poster must include a capstone statement. The posters are left up for the new student cohort and undergraduate students to view and provide ideas and guidance for students who will later be completing the practicum.
2.5 Culminating Experience.

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

This criterion is met. Students enrolled in the MPH program must complete either a master’s project or a master’s thesis as the culminating experience to fulfill graduation requirements.

The master’s project requires students to synthesize and integrate the knowledge they have acquired in coursework and other learning experiences throughout their degree program. The master’s project consists of the mentored preparation of a scholarly paper and successful presentation and defense of this paper before the student’s Supervisory Committee, comprised of the student’s senior academic supervisor and occasionally an additional faculty committee member. The project is typically started during a student’s fourth semester and completed by the end of the sixth semester. Students utilize a structured resource document, “Master’s Project Guidelines,” for guidance as they complete the project. The project generally involves a critical investigation of a public health issue or problem based on original analysis and may include a critical literature review, a policy analysis, analysis of quantitative and/or qualitative data (occasionally collected or assembled during the practicum), design of a program evaluation and/or analysis of data from an evaluation, critique of a project or program strategy/intervention or the design of a public health intervention. The goal is for students to undertake a project that approximates what would be required of a public health professional engaged in practice. Prior to presentation, the project is submitted to an external reader, who becomes a member of the Supervisory Committee at that point.

The presentation process is structured and clearly defined in the Master’s Project Guidelines. The Supervisory Committee utilizes the Master’s Project Assessment Tool to make a decision based on review of the student work and knowledge base in the context of the master’s project objectives. The final approved master’s project is lodged in FHS archives and is available to current and future students to review as a resource to support their own capstone project work.

Examples of recent practicum topics and sites include “Fostering Youth Participation in Sexual Health Research and Education” (Planned Parenthood, Toronto, Ontario); “Health Seeking Behavior of Afghan Refugees in Iran” (University of Tehran, Faculty of Social Sciences, Iran); “Evaluation of Healthy Families BC’s Online Breastfeeding Promotion Materials” (BC, Canada Ministry of Health, BC, Canada); and “Fraser Health Building Healthy Communities Initiative” (Fraser Health Authority, BC, Canada).

The master’s thesis requires students to develop and implement original research that addresses a research problem in public health from an interdisciplinary perspective. In selecting a thesis topic, the student must fulfill the following requirements: the research plan must be feasible given the student’s
skills and resources, the research must contribute to the knowledge base of public health and the thesis must demonstrate the student’s integration of core public health knowledge and understanding achieved through practice-based experiences in professional public health environments. The process of written thesis preparation, defense presentation and supervisory/evaluating committee membership and evaluation is the same as for the master’s project with the following exceptions: it is required that there are at least two members of the Supervisory Committee (excluding the external examiner); the student presentation of the final thesis is a typical master’s thesis defense with an external examiner and is chaired by the MPH program director; and the final approved thesis is formally bound and lodged in the SFU library as a scholarly contribution. The master’s thesis normally takes at least two to three semesters to complete. Students must abide by guidelines for preparation and defense of a master’s thesis at SFU per General Graduate Regulations.

Examples of recent master’s theses include “The Rise and Fall of the Occupational and Safety Agency for Healthcare (OHSAH) in British Columbia, 1999-2010”; “Use of a School-based Audit Tool to Guide Anti-racism Education in Schools: A Pilot Assessment”; and “Something to Think About: Informing Canadians about Ethics Concerns in Medical Tourism.”

Performance expectations and evaluation processes for the culminating experience are informed by the core MPH competencies.

The self-study noted concerns that the culminating experience may not prepare students for public health practice, based upon student feedback, and that the experience needs to be more extensive to enable students to attain core competencies. In response, the program has initiated efforts to better integrate the practicum and culminating experience, as students are now asked to reflect on this during the practicum. Prior to the capstone experience, students are asked to prepare a capstone statement to help them link the significance of the practice experience to their culminating experience.

In addition, students have requested earlier guidance about project expectations. Historically there were attempts to provide a course dedicated to capstone preparation to be taken by students after completion of the practicum and prior to the start of their culminating experience. This was not well received by students at the time, but it is now being reviewed again.

Finally, the site visit team heard plans regarding how the assessment tool for the culminating experience is being revised to explore the extent to which the capstone helps demonstrating competency attainment, thus providing further documentation for future evaluation and quality assurance for the culminating experience. As discussed in Criterion 2.7, at the time of the site visit, the practicum included explicit links to competencies, but the culminating experience did not.
2.6 Required Competencies.

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

This criterion is met. The core competencies developed for MPH program refer to the essential knowledge and skills required for the successful application and practice of public health. In general, the competencies transcend the boundaries of specific disciplines and provide the building blocks for effective public health practice. Twelve core MPH competencies are organized into four broad categories: basic population health sciences, fundamentals of public health practice, the public health perspective and organization of population and public health systems and services. In addition to the 12 programmatic core competencies, the program has defined competencies specific for each of the four MPH concentration areas, with three to ten competencies per concentration. The bachelor’s degree programs are guided by learning outcomes matched to curricula.

From a historical perspective, the Accreditation Self-Study Workgroup began to develop core competencies in 2007. The program considered the Public Health Agency of Canada (PHAC) core competencies to adhere to Canadian standards for population and public health practice, as well as Association of Schools of Public Health (ASPH) core competencies for additional specificity. A draft document of core competencies, goals, and objectives was widely distributed to faculty and staff, and posted on the program’s website for comment from students and community stakeholders. The structure and content of the core competencies were approved by the Faculty Executive Committee on April 2, 2009. Following a CEPH consultation visit later that month, the core competencies were rolled up into program-level statements. Competencies were made available to students during fall 2009 orientation for the first time; in addition, they were displayed on the program’s website.

Undergraduate learning outcomes were developed by the Undergraduate Studies Committee over the 2008-09 academic year. The committee modified the competencies adopted by the graduate program to reflect the knowledge and skills expected at the undergraduate level. The undergraduate learning outcomes were ratified by the Faculty Executive Committee on April 2, 2009, with final revision completed in summer of 2009.

The program periodically evaluates the appropriateness of the competencies in four practices and processes. First, student preparedness and performance is assessed in practice settings via the practicum experience. Findings are reviewed by the MPH Committee, and if needed, changes are made
to the core competencies or program curriculum as recommended. Second, alumni surveys are conducted to assess whether graduates received appropriate skills and training while in the program to perform their current duties. This information is reviewed by the MPH Committee for MPH alumni or by the Undergraduate Studies Committee for BA and BSc students for possible revision. Third, there is a newly-created external MPH Advisory Committee for the FHS, serving as a sounding board for the MPH program for review of competency currency. Finally, most FHS faculty are involved in national and international public health organizations, thus being exposed to a rich information network of emerging trends in the different fields of public health. FHS actively participates in national and regional forums in which public health competencies are reviewed, and has put in place a variety of assessment and evaluation procedures to ensure that the core competencies are relevant and kept current.

The core competencies are made available to students and other constituents in a variety of communication platforms, including the FHS website, during student orientation to the public health program, during practicum planning, during reflections during and after the practicum to help identify and define learning areas to inform choices of final course offerings and the culminating capstone project. Students also engage the competencies in each of their course syllabi whereby primary and reinforcing competencies are mapped to course learning objectives. Competencies are highlighted for practicum preceptors to assist in mentorship of students during this learning experience.

2.7 Assessment Procedures.

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

This criterion is partially met. For all students, completion of coursework serves as one measure of competency attainment. For MPH students, the practicum is explicitly linked to the program’s competencies, so this experience provides an additional opportunity for assessment of competencies. The program defines additional measures of student achievement for both degree levels.

The first concern relates to the capstone experience serving as an opportunity to assess competencies. The capstone is not yet, by the program’s own admission, explicitly linked to the program’s competencies. Faculty members use a standard score sheet to guide assessment of student capstone projects and presentations, but the score sheet does not directly mention competencies.

For MPH students, the program aims for 90% to attain a GPA of A- or better. The program also tracks degree completion rates and time to completion. Additionally, the program has several survey-based, indirect measures of MPH student success: students’ overall self-assessment of competency attainment in both core and concentration areas; student assessment of the quality of the academic program at the exit survey; and students’ self-assessment of their own performance in the practicum and of the quality of
the practicum experience. An additional measure is based on faculty assessment of MPH students’ performance in specific (non-competency) components of the culminating experience. Finally, the program has recently added a measure that tracks preceptors’ assessment of MPH students’ performance. The program does not yet have data for the last measure.

The program has met or surpassed its target for all of the non-survey-based measures for MPH students. Ninety-one to 96% of students have maintained a GPA of A- or above. Graduation rates at six years are 90-94% for the MPH cohorts reported in the self-study. The program also tracks two-year completion rates, since many students pursue the program full-time, and these range from 67-76%. The average number of semesters to completion, another self-defined measure, has been almost directly at the program’s target of seven semesters.

The program reports rates of employment or enrollment in additional education for MPH students at one year post-graduation. For the two cohorts for whom data are available, 86% of each cohort reported employment or enrollment in additional education. Among those who are employed, 83-92% reported that they were employed in population or public health-based positions. Between survey responses and social media contacts, the program has collected data on approximately 50-60% of recent cohorts. Faculty and staff indicated that better outreach to and data collection from alumni is a key priority, and increased use of social media will be an important component.

In the exit survey, the program asks MPH students to self-assess on a Likert scale of 1-5, with five being the highest level of competency. Two years of data were available in the self-study. Ninety-two and 98% of students rated themselves as three or better on all core competencies. Forty-three and 49% rated themselves at a four or better. Self-assessed competency scores were higher for students on the concentration-specific competencies than on the core competencies.

The program has also defined a target of 70% of students indicating that they were satisfied or very satisfied with their overall program of study and learning experiences, based on exit survey results. The program has not attained that target in the two years of data available: scores were 52% and 67%.

Site visitors discussed these self-assessment and survey results with both faculty and students. On-site discussion provided significant context for the results. First, both students and faculty framed self-assessment results in terms of students being self-critical and/or humble about their abilities. Stakeholders in multiple groups reacted by noting that it would be culturally Canadian to be hesitant to rate oneself at the top of the scale unless one were absolutely certain. Both current students and faculty reported that students have been anxious about their levels of skill attainment. They explained that the public health environment in Canada is much less professionalized than that in the US—very few jobs,
even in public health agencies and non-profits doing health promotion work, mention an MPH as a desired degree, so the degree itself may be perceived as carrying limited value. Students explained that job postings tend to list a set of required skills, such as research methods or familiarity interpreting and explaining data, rather than mentioning a public health degree as a desired qualification.

Students explained that the MPH is a highly course-based degree. While they value the required practicum experience, they note that it is an 11-week full-time experience, necessarily time-limited. The majority of MPH students enter the program directly after or within a few years of completing their undergraduate studies, so students with full-time professional work experience are relatively few. Because of this context, students and alumni explained that they maintain a certain level of uncertainty about whether they will be able to perform skills that will be of value to employers. Faculty indicated that they have recently engaged in active discussions about how to better communicate the applicability of classroom skills. Two faculty members explained that they have begun inviting graduates back to speak to their classes about how they, the graduates, use specific knowledge and skills they attained in the program in their professional positions. Alumni who had been present in such classes while they were enrolled as students cited these sessions as very valuable.

Some students who met with site visitors had been involved in focus groups and interviews with alumni, during the self-study process, which probed the issue of skill attainment in greater depth. Alumni in the interviews reflected that they were regularly using skills from the program in their jobs, but they had not fully understood the link between degree requirements and professional responsibilities until they had found themselves drawing on those knowledge and skills. Alumni who met with site visitors responded almost identically. They said that the key to the self-assessment was timing. Upon graduation, many felt uncertain about their competence, having only had the practicum experience to “test” their abilities. After securing positions and experiencing the applicability of much of what they learned, alumni said that they would self-assess their own competence and the quality of the program of study much more highly. Faculty indicated that the numeric data are difficult to interpret, and various data collection efforts that are currently underway or planned will continue to explore these issues.

The newly-implemented practicum debrief survey measures MPH students’ perceptions of the quality of their practice experiences. One year of data were available, and students surpassed the program’s targets for those reporting that they achieved practicum learning objectives and that they would recommend the practicum site to others (94% and 90%, respectively). The program has also developed and begun to implement an evaluation tool that asks preceptors to rate the degree to which students achieved the defined learning objectives. Data were not yet available at the time of the site visit. Preceptors who met with site visitors had extensive praise for the students that they had supervised. Several mentioned that students were well-prepared for their roles, and several, including the director of
the area’s governmental health authority, had hired the program’s MPH graduates. She noted that these students may apply with less professional experience than other candidates, since many SFU MPH students pursue the degree immediately after undergraduate studies, but her experiences working with individual students in practicum experiences made her willing to take a risk on candidates who might appear less strong on paper, in terms of experience.

Preceptors were able to cite several specific areas in which they would have found it helpful for students to have greater preparation before coming to their practicum: program evaluation was mentioned as a key area. One preceptor had already communicated this issue to the program director, and the program director has already implemented curricular changes that allow students to shift the traditional prerequisites for the practicum to accommodate a program evaluation class.

For undergraduate students, the program has met fewer of its self-defined targets for student achievement. While all students have achieved an overall GPA of C or better over the last three years, the proportion of students placed on academic probation has been significantly higher than the targeted level, which tracks to the overall level of SFU undergraduates on academic probation. During the site visit, faculty discussed the program’s undergraduates as reflective of the overall university undergraduate population. SFU is largely a commuter campus, and approximately 50% of undergraduates do not speak English as a primary language in their home environments. Over the last two years, the program’s undergraduate population on academic probation has exceeded the university’s rate by three to five percent annually (program rates of 16.5% and 23%).

The self-study notes that academic probation is a university policy governed by university-level decisions. The self-study notes that in some respects, probation can have positive effects because students placed on probation enter a mandatory remediation program that provides additional academic support and accountability. Faculty who met with site visitors also indicated that in its 10 years of operations, the undergraduate program has seen a significant rise in entering GPA and has become significantly more selective. Faculty believe that the program is enrolling more academically qualified students and believe that this may have some effect on this measure.

Undergraduate graduation rates do not match this criterion’s expected level of 70%. The self-study suggests that, given the unique characteristics of the SFU student body (mentioned above), overall graduation rates for SFU undergraduates might provide a more useful comparison. For the most recent cohort to reach six years to graduation, the program’s rates of 57% (BA) and 61% (BSc) compare favorably to the overall university six-year rate of 58%. For the cohort that follows, students have only reached the five year mark, but 52% of BA students and 47% of BSc students have graduated. Typical overall SFU undergraduate rates at five years is around 45%. 
These data are particularly challenging to interpret, however, since each year’s “drop” rate includes not only those students who left the university or were dismissed, but also students who transferred to another SFU major. The program has only recently begun compiling undergraduate graduation rate data in a manner that is required for this accreditation process, and it is possible that developing a better tracking method that separates out students who merely transferred to another SFU major so that they do not count as “dropped” would improve the graduation rates, as assessed by this criterion.

Therefore, an additional concern relates to the need for the program to refine its methods for tracking student graduation and attrition. If students transfer directly to another SFU major, they need not count against the total graduation rate for this criterion’s purposes. Developing more refined data collection and analysis tools holds potential to bring the undergraduate rate closer to or in compliance with this criterion’s defined level.

The program draws on a province-wide survey of all bachelor’s degree graduates to present data on undergraduate students’ post-graduation destinations. The province-wide survey produced a valid rate for SFU’s graduates of the FHS’ BA and BSc programs of 52%. This survey data showed that 73% described themselves as “in the workforce.” The remaining 27% would include those who are enrolled in additional education as well as those who were out of the workforce voluntarily but not those actively seeking employment. Of the group who identified as “in the workforce,” 76% were currently employed and 24% were unemployed and looking for work. Taken together, the data indicate a rate of employment or enrollment in additional education (as defined in this criterion) of approximately 82%.

The FHS has created a new staff position, coordinator of recruitment, retention and engagement, and a major component of her duties will be designing and implementing a comprehensive approach to alumni relations, with a primary focus on identifying student outcomes and translating that into networking and guest lecturing opportunities that may benefit current students. Since she will be working at both the undergraduate and graduate levels, the program expects to soon begin to have better-quality data on post-graduate outcomes, particularly for undergraduate students.

One of the program’s new survey-based outcome measures for undergraduate students is the percentage who indicate that they intend to pursue a relevant health sciences graduate program with five years of graduation. The program had just completed its first data collection shortly before the site visit and had not developed a target level or compiled data yet.

In a measure similar to that used with graduate students, the program draws on a university-wide exit survey of undergraduate students; extracts results for FHS students; and tracks those who say that they
are satisfied or very satisfied with their program of study and learning experience, with a target level of 70%. The program has not achieved the target in the two years of available data, with levels of 52% and 67%. The extensive discussion that site visitors engaged in with both faculty, current students and undergraduate alumni provided a context very similar to that discussed in the interpretation of MPH survey results, above. Students and alumni also said that in the large undergraduate program, success and satisfaction were highly dependent on students’ levels of individual initiative. Those who met with site visitors had actively sought out faculty members during their office hours and had found it easy to become involved in research and service projects and to be directly mentored into jobs or graduate programs. They said that their experiences were not unusual but that students who attended class and met with advisors only at minimum required levels might not have had access to any of those opportunities and could produce lower levels of satisfaction with the program.

The final concern relates to the program’s need to implement a final, missing piece of its comprehensive assessment of student achievement: data from employers on graduates’ competence. The program has begun conversations with preceptors, since some preceptors also hire graduates, and the program has begun to identify organizations that hire multiple graduates whom it can engage in general discussions about MPH (or undergraduate students’) preparation for the workforce. These initiatives are in early steps, and the program acknowledges that building a quality program that addresses the program and employers’ concerns about privacy will take time. The program has identified steps that it can take to move steadily toward collecting this type of data and views it as part of its overall desire to engage more closely with alumni and provide better information for current students on how their educations will prepare them for the workforce.

2.8 Bachelor’s Degrees in Public Health.

The overall undergraduate curriculum (e.g., general education, liberal learning, essential knowledge and skills, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

- the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease
- the foundations of social and behavioral sciences
- basic statistics
- the humanities/fine arts

The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (i.e., the program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

- the history and philosophy of public health as well as its core values, concepts and functions across the globe and in society
• the basic concepts, methods and tools of public health data collection, use and analysis and why evidence-based approaches are an essential part of public health practice
• the concepts of population health, and the basic processes, approaches and interventions that identify and address the major health-related needs and concerns of populations
• the underlying science of human health and disease including opportunities for promoting and protecting health across the life course
• the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities
• the fundamental concepts and features of project implementation, including planning, assessment and evaluation
• the fundamental characteristics and organizational structures of the US health system as well as the differences in systems in other countries
• basic concepts of legal, ethical, economic and regulatory dimensions of health care and public health policy and the roles, influences and responsibilities of the different agencies and branches of government
• basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology

If the program intends to prepare students for a specific credential, then the curriculum must also address the areas of instruction required for credential eligibility (e.g., CHES).

Students must demonstrate the following skills:

• the ability to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences
• the ability to locate, use, evaluate and synthesize public health information

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and life-long learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:

• advocacy for protection and promotion of the public’s health at all levels of society
• community dynamics
• critical thinking and creativity
• cultural contexts in which public health professionals work
• ethical decision making as related to self and society
• independent work and a personal work ethic
• networking
• organizational dynamics
• professionalism
• research methods
• systems thinking
• teamwork and leadership
This criterion is partially met. The program offers BA and BSc degrees, as well as an option to combine the BA in a joint degree with a major in philosophy. The joint degree option has different lower- and upper-division requirements than the standalone degree, since all of the degrees discussed in this section require the same number of total credits (120). Students who choose to complete an Honors Degree in the BA or BSc program take additional credits to allow for preparation of an honors thesis.

The program defines robust and academically challenging curricula for its BSc and BA degree programs. The curricula address the defined learning outcomes, and faculty who met with site visitors described a rigorous, iterative process of pulling together all syllabi for review to ensure appropriate depth, eliminate overlap and respond to student concerns.

All of the degree programs ensure adequate coverage of the areas of science, social and behavioral sciences, math/quantitative reasoning and humanities/fine arts, along with the sub-topics associated with each area. Except for the humanities/fine arts area, which is addressed by a broad university requirement, the other domains are addressed for all students in required lower and upper-division courses addressed by the major.

Coverage of social and behavioral sciences is stronger for BA students than for BSc students, but reviewers were able to identify at least minimal compliance for the BSc degree by reviewing a list of courses from which students are required to select several courses. This list includes “perspectives” courses on topics such as infectious and immunological diseases, mental health and addiction, cancer, cardiovascular health and metabolic disease, as well as the Ecological Determinants of Human Growth and Development and Health courses, which more clearly meet the requirement for social and behavioral sciences. Most of the perspectives courses frame the specific issues in terms of social and behavioral sciences, but not all emphasize this perspective to the same degree. It will be important for the program to remain vigilant to this cluster of courses in order to ensure that all students receive consistent depth of instruction in this fundamental area.

The first area of concern relates to the coverage of core public health content domains. While the matrix provided in the self-study documents a very thorough approach to ensuring coverage of public health content topics by students in all of the degree options, some gaps remain. As one example, BSc and joint degree students receive limited coverage of the area of project implementation: no required course addresses an introduction to planning concepts and features. There also appear to be inconsistencies and gaps across degrees, based on the specific coursework chosen in the health communication area, particularly in the areas of use of mass media and use of electronic technology.
The program provides strong documentation of its ability to assess students’ performance of public health communication skills and information literacy skills. Discussions with faculty on-site clarified the minimum expectations that ensure that all students are required to demonstrate that they can communicate with diverse audiences, defined primarily as individuals at different levels of health literacy, and through a variety of media. Site visitors learned that some faculty have introduced innovative and challenging assignments relating to data visualization, writing assignments targeted to specific audiences, etc., and such assessments are occurring in classes that may traditionally be perceived as more traditional science courses, in some cases. Site visitors noted great potential in the expansion of use of innovative assessments relating to communications, as both students and faculty involved in these classes were clearly excited.

To satisfy the requirement that all students complete cumulative and experiential activities, nearly all of the program’s students complete a required senior seminar course. These courses address a variety of topics and are designed to require synthesis. Some students in the BSc’s life sciences track may complete the Exploratory Data Analysis class. This course, though not designed as a seminar requires similar skills of synthesis and integration, as validated by site visitors’ discussions and review of the syllabus. These courses generally ensure that students demonstrate synthesis.

Additional concern relates to students in the joint philosophy degree. The curriculum does not require a seminar or the data analysis course. Because of the need to complete upper division philosophy content, this degree program does not appear to provide opportunities for either cumulative or experiential activities.

For BSc students, a series of lab and related classes provide opportunities for experiential activities, and application of knowledge is a required feature of many upper-level BSc courses. The program has some excellent and well-subscribed classes that provide direct public health experiences, including service learning opportunities and a class conducted in partnership with a local health agency. These service learning courses are electives, however.

For BA students, the required Health Promotion course provides opportunities for applied experience. Students prepare proposals in response to actual RFPs from community agencies. This course also incorporates other types of community engagement. During on-site discussions, faculty reflected that there are opportunities to strengthen the availability of applied experiences for BA students. In fact, students have expressed a strong desire for more applied opportunities. Several faculty who met with site visitors described their own methods for bringing community engagement and applied work into the classroom, so there appears to be potential to build on these strengths and engage additional students.
The program addresses cross-disciplinary and professional topics relevant to public health through a variety of curricular and co-curricular options. Some concepts, such as advocacy or critical thinking and creativity, are addressed in coursework. The self-study presents a robust list that draws on co-curricular activities, such as those related to the student organization, to ensure that students are exposed to concepts such as community dynamics, teamwork and networking.

The final area of concern, however, relates to one element that the self-study acknowledges is not consistently provided to students: exposure to cultural contexts in which public health professionals work. Some elective coursework, taught by faculty with global health expertise or active practice projects, may provide such exposure. Co-op work agreements are available for some students in settings that would provide such exposure, and student exchange opportunities are available with other nations and communities, but these exposures are not realistic for or required of all students. This may also link with some faculty desires to strengthen the depth of assessment of the public health communication skill relating to communicating to diverse audiences.

During site visitors’ opportunities to meet with current undergraduate students and alumni, the enthusiasm that these individuals have for their undergraduate studies was palpable. Baccalaureate students and alumni who met with site visitors were poised and well-spoken. Several alumni had gone on to graduate study in public health or a related field, and others had secured employment that drew on their skills. One alumnus continues to serve as a mentor to first-year students and finds value in guiding them to take advantage of the many resources that he believes that the program has to offer. Both current students and alumni spoke extremely highly of the quality of their faculty and staff members and of the supportive, family-like atmosphere they had encountered at SFU. Students were able to articulate specific ways in which their training in the BA or BSc programs contributed to their current academic or professional success.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.
2.11 Joint Degrees.

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

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The program has an active research program with focused efforts primarily in global health, infectious disease, mental health and addictions, environmental and occupational health, population and public health, social and health policy science and social inequities and health. The program has a number of nationally recognized research centers, including the Center for Applied Research in Mental Health and Addictions (CARMHA), Children’s Health Policy Center (CHPC), Center for the Study of Gender Social Inequities and Mental Health, Canadian HIV Observational Cohort (CANOC) Collaborative Research Center, BC Alliance of Telehealth Policy and Research (BCATPR), CAREX Canada and Global Tobacco Control Project.

SFU supports research within the public health program. The university has received numerous accolades for its research programs, which generated over $102 million in external funding in 2012-13. Via infrastructure units such as the Office of Research Services (ORS), Major Projects Office, Office of Research Ethics (ORE), University/Industry Liaison Office (UILO), Animal Care Services, University Library and Environmental Health and Safety Office, FHS faculty have the information, support and
infrastructure to obtain external research funding, to conduct research that complies with the highest standards of academic/scientific regulations for research in all disciplines and to pursue collaborative inter- and intra-university partnerships that may optimize the social and economic benefits of the university's research. Researchers within FHS have been recognized for a number of prestigious awards as a result of their work.

SFU offers significant financial support for research, enabling faculty members to commence and maintain productive and successful research careers. Examples of internal support include New Faculty Research Start Up Grants, SFU Endowed Research Fellowships and Conference Funding, Mowfaghian Child Health Endowment Faculty and Student Awards, New Faculty Teaching Release, Research Protected Time with Salary Awards, Semester Research Grants, Study Leave, Study Leave Research Grants, Vice President Research Program Administration Grants, Vice President Research Major Project Application Preparation Grants, Vice President Research Bridging Grants, University Publications Fund and Professional Development Expenses.

SFU requires that faculty members meet minimum standards of rank-based accomplishment. Assessment of research and community-based scholarship for the purposes of rank progression, tenure and contract renewal takes into consideration both the quality and quantity of research, although greater emphasis is placed on the quality of the research. Expectations and evidentiary requirements for research are clearly articulated in the FHS Standards and Criteria for Contract Renewal, Tenure and Promotion document.

FHS is located in a region with a thriving complement of public health agencies, regional health authorities, community-based organizations and nationally and globally interconnected health collaborations, providing for a rich context in which to establish and pursue community-based research activities and collaborations with the external public health community. During the site visit, institutional academic leadership noted that FHS faculty has a strong belief that the work they do as researchers and teachers has an impact on the local community, as they aim to serve the population. Research projects are conducted in order to be translated into practice.

Faculty regularly involves students in grant-funded research projects. Graduate students have been, or are involved in, 69% of the projects conducted in 2011-2013. Similarly, 40% of the projects for this same time period engaged undergraduate students. MPH students have the opportunity to conduct thesis research for their culminating experience, are exposed to class embedded research learning experiences, and are actively involved in research as graduate research assistants. Undergraduate BA and BSc students within FHS are exposed to the research environment through a number of techniques, including class-embedded research work, honors thesis research, participation on research grants, and directed
research courses. FHS has also established Population Health Lab Research Assistantships which give Aboriginal students the opportunity to be mentored while pursuing population and public health degrees at SFU.

Another source of research exposure for students is the opportunity to attend research conferences, symposiums or workshops. During the student session of the site visit, an undergraduate student validated that she had had the opportunity to present her research at a conference, receiving funding support by the program to participate in this enriching experience.

3.2 Service.

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

This criterion is met. SFU has a long-standing and entrenched commitment to serving its external communities, embodied in its founding documents and current Statement of Values and Commitments, to its structural presence in communities around the lower mainland and its innovative outreach programming across the province. For program faculty, staff, and students, service is a cornerstone of the overall curriculum and the partnership model of community engagement. Given that background, there are not any formal programs to structure service provision.

All tenure-track faculty are required to demonstrate annually active service to their profession and to the external community at large. Service to the community is a fundamental requirement of all faculty members, and activities must be reported on an annual basis and are taken into consideration in determining salary and rank advancement. Specific university policy addresses these expectations. This is supported by rank-specific expectations for service contribution, with assistant professors having the least expectation of community service, growing at the associate and full professor level.

All faculty have three primary responsibilities for teaching, research, and service. Research and teaching take precedence but the expectation is that all faculty members will carry their share of service work and achieve appropriate balance.

Faculty members in public health have an extensive record of service within and outside the university. The self-study identifies extensive service activities over the previous three years. Community service contributions through media outlets, public presentations or conference presentations are not captured in the self-study, although they were shown in individual CVs.

Stemming from its original goals and objectives, FHS has as one of its major overarching goals a commitment to ensuring that its programs are relevant to community constituents, stakeholders and
public health authorities. A core component in achieving this commitment is to engage in meaningful service activities in, and with, these communities.

While community engagement is a mission-derived critical objective for the public health programs, it was not until the CEPH self-study exercise that the ways in which monitoring and assessment of this objective occurred were reviewed. Program leaders determined that in several areas there are important outcomes measures and targets that have not yet been adequately documented. Although faculty service outcome measures are below target in several areas, they are generally improving, and in the case of research collaboration or other health education-related activity with local, provincial or national community organizations, and initiatives, have exceeded the target.

The primary organizers of community service events for students are the FHS graduate and undergraduate student caucuses. The self-study offers an impressive list of student service activities between 2011 and 2015. Examples include organizing a forum on Ebola outbreaks in West Africa, participation in the Vancouver Sun Run to raise funds for local charities, providing hands-on laboratory experiences to girls aged 9-12 years; presenting draft policy resolutions for the provincial government, providing portable toilets at the New Democratic Party Convention and creating a “What the Butt?” campaign on the SFU Burnaby campus to raise awareness on the harmful effects of tobacco waste on the environment and our health.

3.3 Workforce Development

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

This criterion is met with commentary. The self-study identifies the need for more current assessments of local workforce needs. The last Public Health Association of British Columbia public workforce survey was reported on in 2007. The program notes that, in the absence of a current comprehensive assessment, it has met local workforce needs through the work of its centers. The centers have diverse networks of agencies and practitioners as partners and regularly receive requests and/or input on emerging areas. Also, all of the centers ask participants in their programs about continuing education needs as part of evaluations and tailor future offerings based on the data collected. For example, CAREX, a carcinogen-exposure-focused center, gathers input from learners in many ways: online surveys (distributed after tailored webinars); a call for input in the quarterly e-Bulletin; annual needs assessment interviews; and ongoing conversations with key users, working groups and collaborators. Topics chosen for this year's CAREX webinar series—traffic-related air pollution, eRISK for air quality specialists, occupational lung carcinogens, and eWORK for labor groups—all were suggested by users as noted above.

The self-study presents an extensive list of each Center’s continuing education activities. Prior to an interim report request from CEPH related to the last accreditation review, courses were offered at
provincial, national and international conferences and were targeted at health care professionals, community health workers, municipal leaders, other government officials, industry workers, statisticians, epidemiologists, occupational hygienists, community members, policymakers and air quality consultants. Because the data had not been tracked previously, some centers were not able to provide numbers of attendees and/or percentages of attendees by career type.

Graduate diploma (ie, “certificate”) programs at SFU are designed to provide specialized combinations of courses for students who wish to upgrade their knowledge and skills at an advanced level. With fewer requirements than graduate degrees and highly focused coursework in a particular area, diploma programs often serve practitioners in a highly effective way. FHS offers a Diploma in Global Health. The self-study notes that it often provides a useful adjunct to clinical training for those who wish to work internationally. It is designed to be completed on a part-time basis, although full-time study options are available. The diploma program admitted one student in 2011, one in 2012, and none in 2013. As a result of this low enrollment, it was decided to suspend the diploma pending further review of this non-degree training program.

FHS is a leading participant within the collaborative effort of the three public health schools and programs in British Columbia, including the University of British Columbia’s School of Population and Public Health and the University of Victoria’s School of Public Health and Social Policy, that is coordinated by the Public Health Agency of BC. FHS is actively involved in the annual conference and summer school that is provided through this collaborative effort.

FHS also participates in the annual Public Health Association of British Columbia’s Summer Schools and is a member of the PHABC’s Capacity Building Committee. The Summer School is run annually and enrolls public health practitioners from throughout the province. FHS faculty members have twice co-chaired the Summer School and lead various sessions.

The commentary relates to the program’s self-identified interest in more comprehensive data on local workforce needs, which could be used to formulate more coordinated programming. The self-study notes that an environmental scan was recently completed by the Fraser Health Authority, within whose geographic service area the Burnaby campus sits, and data will soon be shared. Given the unavailability of better data, FHS has done a reasonable job of using other methods and acting on the results. The addition of a new faculty category, a Professor of Professional Practice, and three recent faculty recruitments will also enhance the program’s ability serve the practitioner community.
4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The FHS is a non-departmentalized faculty. All faculty members have teaching roles at both undergraduate and graduate levels. The faculty complement serving in the public health programs has a diverse and broad disciplinary basis, with graduate degrees in environmental and occupational health, epidemiology, pharmacology, medical anthropology, health policy and administration, pediatrics, biomedical sciences, geography, criminology, psychology, biostatistics, virology, immunology, biochemistry, clinical psychology, biomedical engineering and others.

SFU has a comprehensive structure for ensuring academic excellence among its faculty complement. This is embedded in its hiring structures. Only faculty with a PhD or MD are able to hold a tenure-track appointment, and all faculty in tenure-track appointments must actively contribute to the teaching activities of the programs. This is also embedded in its review structure: faculty members undergo a biannual salary review process that evaluates their performance in the area of teaching, research and service, and in its renewal, tenure and promotion policies.

The self-study presented five faculty qualification outcome measures for the past three years. The most recent year of data reflects that 98% of the faculty had a PhD or MD; 90% of MPH core courses and 80% of undergraduate courses were taught by full-time, rather than sessional faculty; 44% participated in activities to improve their instructional effectiveness; 33% participated in community-based continuing education events; and 63% participated in community-based scholarship. The last three of these outcomes fell short of their target. Discussion during the site visit revealed that the programs realized the original targets were a bit ambitious, as they were not based on any baseline data to inform the target setting, and as a result, some of the targets have been adjusted, with data trends now approaching the targets. In addition, the faculty is still maturing, and the discrepancies are mainly attributed to newer faculty members who had limited time to participate in these activities due to settling in to their new work responsibilities, including the establishment of their research agenda and preparations for their teaching assignments.
4.2 Faculty Policies and Procedures.

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

This criterion is met. SFU has a well-established, comprehensive and meaningful policy framework to guide and govern faculty members for their three areas of primary responsibility. In addition, FHS has its own faculty handbook, which provides information about governance and organizational structure of the faculty; information about research and accounting; practices, procedures and forms related to teaching; requirements for course creation, examination expectations, availability of resources; and information about committees, communication and governance within the faculty.

There are six core policies that overarch and govern the evaluation of faculty competence and performance at SFU for tenure-track faculty members. Faculty members are typically appointed at the level of assistant professor, although more senior appointments are allowed with prior approval from the provost. All faculty members are required to achieve at minimum the rank of associate professor during their career at SFU.

The FHS Standards and Criteria for Contract Renewal, Tenure and Promotion document clearly outlines the multifaceted and multistage evaluation process for rank advancement and tenure decisions that culminate at the level of the Board of Governors. Each year, the teaching, service and research contributions of each faculty members are assessed and reviewed. On a biannual basis, this assessment is competitively evaluated for salary advancement.

There are a limited number of faculty who have a teaching dedicated appointment without formal obligations to conduct research; however, service to the university and public health community is still expected. Assessment of competence and performance of teaching faculty is governed by SFU policy. Of the three possible categories of teaching appointments, FHS programs utilize only two – ranks of lecturer and senior lecturer, with three faculty members in each of the two categories.

SFU has a required system of course evaluation that ensures the opportunity for student feedback to the course instructor and public health programs on all courses offered. The university has a senate-level committee responsible for maintaining the excellence of instruction and student learning environment for the institution. Undergraduate students are surveyed annually to assess the learning environment and satisfaction levels with the undergraduate experience.

Site visit discussions included observations by FHS administration and faculty that student response rates for online course evaluations have declined from 69% in 2009 to 54% in 2013-14. FHS has offered to
participate in a pilot study of a new online evaluation tool being developed at SFU. One of the promising features of this new evaluation tool will be the ability for FHS to include customized questions that are specific to the undergraduate and graduate programs. Faculty was hopeful that this will yield higher student response rates for course evaluations in the future.

4.3 Student Recruitment and Admissions.

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

This criterion is met. Recruitment materials are clear and informative and accurately represent practices and policies. Information is available on the FHS website and is easily accessible. Deadlines are described in many promotional pieces and on the website and on the SFU Calendar. All publications are developed in accordance with the SFU visual identity guidelines. As of 2014, FHS has a coordinator of recruitment, retention and engagement (CRRE), who reports to the dean and oversees recruitment and marketing. The coordinator consults with the program directors for both undergraduate and graduate students and with the associate dean to ensure that all recruitment material is up to date. The site visit team’s reviews of the materials concurred with the self-study’s description.

The CRRE travels throughout greater Vancouver and Vancouver Island, across Canada and to several western states to promote the FHS programs and recruit prospective students. The CRRE also attends career and education fairs held annually at undergraduate colleges and represents FHS at a general program marketing fair hosted by SFU. Recruitment materials are distributed through various means, including making presentations, handing out materials at college and high school visits and at any other gathering where potential students might be in attendance. There is a Power Point presentation, a handout of specific course requirements for each degree program, a careers brochure, an FAQ sheet; a counselor’s newsletter; and personal presentations. All printed materials refer students to the FHS website. Recruitment efforts targeted to as many diverse groups as possible, in keeping with the efforts to diversify the student body. International recruitment is done through annual meetings with a group of approximately 20 international agents who represent SFU to other countries. Due to its location on the Pacific Rim, SFU attracts significant numbers of residents from China, Hong Kong, Korea, Japan, Taiwan, Vietnam, India, Pakistan, Bangladesh and Iran.

The undergraduate admissions procedure is handled centrally by SFU’s Admissions Office. Information on undergraduate students who have applied to and been accepted in FHS majors is sent weekly to the CRRE for follow-up. Admission at the graduate level is undertaken within FHS. Since 2013, the FHS has employed the university-wide graduate online admissions system (OASIS) in the preparation of admission files for consideration. The review of graduate admissions is thorough, multi-tiered and labor-intensive. To
respond efficiently and in a timely manner to the amount of applications received, the Admissions Committee is initially made up of four subcommittees composed of representatives of each of the four concentrations within the MPH. Each subgroup ranks its set of applicants, to identify the strongest and the weakest applicants; those to be considered for awards and those that may be denied admission. At a meeting of all four subcommittees, the rankings are compared. If there is agreement, the ranking stays. Where there is disagreement, the faculty will discuss their rankings and if no agreement can be reached, the program director will review and rank the applicant. It is the responsibility of the chair of the MPH committee to bring the final decisions to the Graduate Studies Committee.

Graduate applicants must have a 3.3 Canadian GPA (on a 4.33 scale) and an ability to articulate and present their research/practitioner goals. The review process determines whether the identified goals fit those outlined for the MPH program. Applicants also submit academic and/or professional references and document global, domestic or regional experience in health-related issues (professional or volunteer).

A table showing applicants, acceptances and new enrollments for the last three years shows an overall graduate enrollment rate of 267 out of 595 acceptances (41%), from a pool of 929 applicants. The variability of enrollment rates among concentrations is fairly significant. Of special concern is the low level of interest shown in the MPH Environmental Health concentration. The FHS plans additional targeted efforts in this area. Site visitors learned that the number of MPH programs in BC had tripled in recent years and the number of programs throughout Canada has also grown. This may have a direct impact on FHS' relatively low 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.

This criterion is met. FHS has an undergraduate academic advisor who provides academic-related advising services to the undergraduate students in both the BA and BSc programs. The graduate program manager provides academic advising for students in the MPH program. Each graduate student’s senior supervisor provides advice and mentorship, via e-mail, telephone or in person.

Incoming MPH students are provided with a pre-arrival package that outlines expectations, resources and suggested timelines and semester-based schedules for completion of the program. This information is also on the website, which is updated regularly as things change. Students are encouraged, but not required, to meet with the graduate program manager throughout their careers at SFU on academic and personal issues. Site visitors learned from meeting with current students and recent graduates that the advising services were very helpful, and the students who took most advantage of them found their educational experience greatly facilitated. Not surprisingly, students reflected that those who were the
most proactive about advising got the most out of it. Graduate students also receive presentations from all of the SFU student support services at Orientation Day, the week before classes begin.

Each semester, the transcripts of all MPH students are reviewed by the graduate program manager. This allows for early intervention with students whose records indicate potential problems, such as slipping grades, required courses not completed, etc. Additionally, two graduate program assistants are available to provide general advice to students.

A professional academic advisor provides advisory services to undergraduate students. SFU has a central advising service for undeclared students for their first two years or until they decide on a major. Health Sciences students, most of whom are admitted directly into the Faculty, receive advice from the FHS’ undergraduate academic advisor upon admission.

As noted above, the university does not have a policy requiring students to meet with their advisors regularly, but FHS does encourage its students to do so. At the very least, undergraduate students are encouraged to meet their advisor once a semester to discuss plans for the upcoming semester. All students are expected to be active participants in their degree planning and are provided with a checklist that they work on with their advisor, to indicate their progress toward their degree.

Students and alumni generally had positive things to say about their experiences with faculty advisors. Although the program assigns faculty as academic advisors at admissions, students are allowed to change as academic interests diverge or personalities or work schedules do not match. The relationship with the senior supervisor, who mentors and assesses students in the practicum and culminating experiences, is the main advising relationship for most MPH students. Alumni who met with site visitors stated that they continue to have relationships with their academic supervisors several years after leaving. Current faculty confirm this, and noted the “family” feeling that exists at FHS.

FHS also encourages professional development for academic advisors, and funding is provided for memberships in advising research agencies such as the National Academic Advising Association. Advisors are encouraged to attend webinars and purchase books and other materials to improve their advising skills.

There is no campus-wide evaluation of academic advising. FHS is investigating options for measuring student satisfaction with advising and career counseling services within FHS and SFU. A question on this matter will be added to the upcoming alumni surveys of undergrad and graduate student alumni. The program collected qualitative information on student satisfaction with these services during the self-study process.
Career counseling, or career development services, are offered to individuals and groups across SFU. Campus Career Services has a dedicated “Career Education Manager” for FHS who is a Certified Career Development Practitioner and is well-acquainted with employment prospects in the public health field, as well as with current career development theories and best practices. She offers one-on-one assistance, workshops and customized career events and planning. She also successfully collaborates with Cooperative Education and the Health Sciences Undergraduate Student Union to offer specialized career events, including From Cell to Society Career Night, Health Careers Panel and Info Evenings. For the past three years, Career Services and Cooperative Education have implemented a Mock Mini Medical Interview Day for FHS (and other) students preparing for medical, dental, physiotherapy and pharmacology schools. Materials are also available online that assist FHS students with career explorations. SFU’s Cooperative Education program is nationally accredited. It is a partnership between undergraduate students, employers and the university, formally integrating a student’s academic studies with paid, approved, career-related work experiences. FHS employs a full-time co-op education coordinator, who meets with faculty and students and regularly seeks co-op opportunities among employers.

The public health program has sponsored career workshops for outgoing graduate students since fall of 2006. Although the students like the idea of these, they have not been as well attended as the faculty would have liked. This is in part due to conflicts among student schedules and conflicting workload issues, such as teaching assistantships, part-time jobs and coursework requirements.

Job opportunities are posted on real and virtual bulletin boards, sent out through student and faculty networks and discussed between advisors and advisees. The range of posted positions is wide, and jobs extend beyond the immediate geographic area.

In general, students pursue informal mechanisms to communicate their concerns to program officials. Concerns about instruction-related issues are typically brought directly by students to the directors of graduate or undergraduate programs. Appeals of decisions may be made to the associate dean for education and to the dean. There are Town Hall meetings each semester, coordinated and chaired by the dean or associate dean, where more general concerns are aired. Members of the student caucuses can raise concerns with various members of FHS administration.

There are also formal SFU avenues to raise concerns. SFU has an Office of the Ombudsperson who deals with problems raised by undergraduates and graduate students across the university. Issues related to harassment, discrimination, or other forms of inadequate working environment conditions are handled by the Director of Human Rights. These are independently investigated and procedures of
remediation are handled in accordance with university policies. There are also avenues that provide for student concerns related to academic progress, allegations of student dishonesty, etc. The self-study indicates that all complaints have been resolved through informal mechanisms, and no formal complaints have been filed.
Monday, May 4, 2015

8:30 am  Site Visit Team Request for Additional Documents
8:45 am  Team Resource File Review
9:30 am  Break
9:45 am  Meeting with Program Administration
  John O’Neil, Dean
  Gloria Ingram, Director, Administration
  Marina Morrow, Associate Professor, Director Graduate Program
  Malcolm Steinberg, Clinical Assistant Professor, Program Director, Public Health Practice & Chair, MPH Program
  Mark Lechner, Director, Undergraduate Studies Program
10:45 am  Break
11:00 am  Meeting with Faculty Related to Curriculum and Degree Programs
  Mark Lechner, Senior Lecturer, Director, Undergraduate Program
  Malcolm Steinberg, Clinical Assistant Professor, Program Director, Public Health Practice & Chair, MPH Program
  Marina Morrow, Associate Professor, Director, Graduate Programs
  Nicole Berry, Associate Professor, MPH Committee
  Maya Gislason, Assistant Professor, MPH Committee
  Nienke van Houten, Lecturer, UGS Committee
  Kate Tairyan, Senior Lecturer, UGS Committee
  Anne-Marie Nicol, Assistant Professor
  Susan Erikson, Associate Professor
  Charles Goldsmith, Professor
12:00 pm  Break
12:15 pm  Lunch with Students
  Grad Caucus members: Yuna Chen and Meghan Woods (PH); Lindsay Wolfson (SIH); Leena Hansen (GH); Russell Bonaguro, Alicia Kallos, and Kevin Lu (PH); Yalda Yavari and Sophie Wang (EOH)
  UGSC members: Mark Zenone, Caitlin Pugh
1:15 pm  Break
1:30 pm  Meeting with Faculty Related to Research, Service, Workforce Development, Faculty, Staff & Students
  John O’Neil, Dean
  Kelley Lee, Associate Professor
  Lawrence McCandless, Associate Professor
  Anne-Marie Nicol, Assistant Professor
  Cecilia Kallaw, Research Grants Facilitator
  Rehana Bacchus, Manager, Graduate Program Manager
  Brad Miadenovic, Manager, Undergraduate Program
  Kate Carty, Public Health Program Coordinator
2:30 pm  Break
2:45 pm  Resource File Review and Executive Session
3:45 pm  Break
Tuesday May 5, 2015

8:30 am  Meeting with Institutional Academic Leadership/University Officials
Jon Driver, Vice-President, Academic and Provost
Peter Lijedah, Acting Dean, Graduate Studies, SFU
Norbert Haunerland, Associate Vice President, Research

9:15 am  Executive session and Report Preparation

12:30 pm  Exit Interview

Meeting with Alumni, Community Representatives, Preceptors
MPH Alumni (Adam King, Stephen Peat, Milad Parpouchi, Kathryn Berry, Jenyo Banjo, Golareh Habibi, Alisa Stanton)
Undergrad Alumni (Katherine Drasic, Christina Lukac, Tracy Luong, Kathleen McLean)
MPAC Members (Victoria Lee, Andrew Tugwell, Samantha Tong)

5:00 pm  Adjourn