

**External Review of the  
Dalla Lana School of Public Health  
February 28 and March 1st, 2011**

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University of Toronto  
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The first section of this report will address the quality, size, and scope of the MPH programs in the School. The second section will address these factors with regard to the other academic programs. Finally, the third section will address factors relevant to the School as a whole, including research, cognate department relationships, external stakeholder relationships, organizational and financial structure, and accreditation requirements.

**Section I: QUALITY, SIZE AND SCOPE OF SCHOOL'S MPH PROGRAMS**

**A. Consistency of Programs with Standards, Educational Goals, and Learning Expectations**

Assessment

The stated goal of the MPH program is to prepare students for leadership roles. This objective, however, is not entirely consistent with the stated purpose/mission of the program which is simply to provide advanced education to students entering the program with different experiential backgrounds and career aspirations. The program leadership indicated that leadership is primarily developed through the practicum as most students are already on a leadership track when they enter the program. However, there was no evidence provided that students are actually on a leadership track upon entrance or how the needs of students entering with different backgrounds are addressed with regard to the development of leadership. Discussion with the faculty suggested that they view the curriculum as primarily focused on skills development although students view coursework as primarily theoretical in orientation.

The MPH program does respond to the different career aspirations of students by providing two emphases within the degree program: a practice-based and a research-based focus. The distinction between these emphases appears to be the completion of a more explicitly research oriented practicum for research emphasis students with the preparation of a capstone project which is equivalent to a master's thesis.

The competencies of each MPH program provide its basic educational goals. The competencies for each program are well stated and appropriate to the degree program. Discussion with faculty, however, indicated that these competencies are not the driving force for the curriculum in three of the five MPH programs, i.e., epidemiology, family and community medicine, and health promotion.

## Recommendations

1. A clearer statement of mission should be developed for the MPH Program, identifying to whom the program is directed, what will be its core approach and the location and format for its delivery.
2. The competencies for each MPH program should be more explicitly used to develop the curricula of each program. Because of their links to professional certification, this approach is used with the community nutrition and environmental and occupational health degrees and should be extended to the other MPH degree offerings.

## **B. Assessment of Indicators**

### Assessment

Information was provided to assess the MPH program with regard to admissions, enrollment, and length of time to program completion. Little information was provided with regard to the achievement of learning outcomes.

Over the past five years, the MPH program has received a growing number of applications from well qualified students. The program is offering admission to only approximately 25 percent of these students and has an acceptance rate of approximately 60 percent which is typical among accredited schools of public health. Hence, the program is meeting its admission standard for new students.

As the self-study notes, the numbers of students enrolled is growing with some decline in part-time enrollment over the 2008 and 2009 academic years. When asked about this decline, faculty did not seem to be aware of it and had made no adjustments with regard to it. Most accredited schools of public health have both part and full-time students. The distribution is usually a function of the program's mission and delivery format. The number of visa students is also declining. The number of withdrawals is very low which is appropriate based on the high admissions standards. The time to completion is also excellent based on the FCEs required to complete the program.

With regard to learning outcomes, the MPH program, as all other school programs, uses course evaluation at the end of each semester. Such evaluations are typical of all accredited schools of public health. Measurement of each program's competencies appears to be through the practicum experience although the explicit relationship of the competencies to the student's practicum is not clear and seems stronger for Family and Community Medicine degree than others. Practica allow all students to apply their coursework with the opportunity for more than one practica for students who wish to complete a capstone project which varies in approach depending on the student's career interests.

## Recommendations

1. The MPH program should investigate the declining numbers of part-time and visa students and develop a response which is consistent with a newly formulated mission statement for the program.
2. The MPH should develop explicit measures of its degree competencies with clear processes for feedback of specific results to inform curricular and instructional modifications. This might take several forms, including the practicum, comprehensive examinations, or a learning portfolio among others. For the practicum, explicit links to the competencies should be developed for each degree program and might be individualized to some extent for the degree plans of each student.

### **C. Appropriateness of program structure, mode of delivery, curriculum, and length**

#### Assessment

The structure of the programs and their curricula differ, which program faculty view as appropriate to the differences in educational requirements created by subsequent professional roles and student backgrounds. Two modes of delivery are typical of the programs: on-campus delivery of day and evening courses across the semester and practicum experiences. The number of courses requirements varies from 5.5 FCEs for Family and Community Medicine to 9 FCEs for Community Nutrition and Occupational and Environmental Health. In addition, the practicum is more heavily used as a mode of delivery for the curriculum in Health Promotion than other MPH degree programs within the School or CEPH accredited institutions. The use of research based practica for research oriented students may not be viewed as consistent with the CEPH requirement for a practice experience that applies knowledge in the field. The core knowledge required for the MPH degree also varies significantly among the degree programs. Variability among degree programs within accredited schools of public health is not atypical but the required core knowledge is typically more formal and consistent. In addition, a strong case for the use of extensive practice-based experience as a mode of delivery would have to be made for CEPH reviewers. This comment may seem paradoxically at odds with the earlier reference to the student view that on-campus coursework is primarily theoretical in orientation. We will return to this issue in a subsequent section.

The length of the MPH program (10 FCEs) is greater than the minimum of 42 credit hours required for a CEPH accredited MPH degree and is more typical of the 48 credit hours required by most specialty MPH programs in accredited schools.

#### Recommendations

1. The MPH programs should make the learning activities that address the core competencies achieved by all MPH students more consistent and more clearly stated.

2. The use of research-based practica for research oriented students must be clearly justified with regard to CEPH accreditation requirements for an applied practice experience.
3. Students would benefit from a common curriculum for the public health core, providing consistency across programs and promoting cross-disciplinary interactions among students from different programs who will be expected to work together in either public health practice, research or academic settings.
4. Practice implications and applications should be integrated into on-campus coursework to prepare students for both research and practice experience before and after graduation.

#### **D. Appropriateness of Student Evaluation Methods**

##### Assessment

Very limited information was provided in the self study document or during the site visit with regard to student evaluation methods. The methods used in courses appear to be typical examinations that test acquisition of knowledge and skills and papers that discuss this knowledge in greater depth. The application, evaluation, or creation of knowledge occurs in the practicum experiences of students. Both students and faculty feel that the practicum is well done and that excellent settings are available to virtually all students. Practicum preceptors often have faculty appointments but this is not always the case. The site visit provided only limited access to practicum preceptors; and hence, we are not entirely clear the extent of their knowledge about program competencies or how their evaluation methods relate to them.

In general, the alignment of assessment methods with the core and concentration competencies was not clear. The primary assessments of competencies appear to be through the practicum, the comprehensive examination, and/or the thesis. The relationship of these methods to the competencies, however, is not clearly specified.

##### Recommendation

1. The MPH programs should pay special attention to the awareness of all practicum preceptors to the competencies and other learning expectations of the programs, especially if the School continues the heavy reliance on practice experience to teach or reinforce competencies.
2. The competencies for each degree program should be explicitly linked to assessment methods and measures. Successful completion of a set of courses by a student is not viewed by CEPH as sufficient evidence that a student has mastered the competencies.

3. Evaluation methods in general must be explicit and tied more clearly to the competencies, with procedures to assess mastery of competencies and remediate and modify curriculum and instruction where indicated.

## **E. Quality of Teaching and Relationship to Research**

### Assessment

Our assessment of the quality of teaching was based primarily on conversations with program faculty, students from all the MPH and doctoral programs in the School and with a limited number of practicum preceptors who mentored students during their field experience. Student indicated that high quality instruction occurred through out the MPH and PhD degree programs but that they also had concerns in this area. As noted previously, they felt that on-campus courses focused largely on theory and principles as well as fundamental methods in each discipline. It seems the program assumes that practical application is learned through the practice experience, and practicum preceptors were pleased with student progress in that area. Students, on the other hand, felt a need for more preparation for applying what they were learning in class to real-world problems and settings. Students were especially impressed with the work of their practicum preceptors who guided them through their field work. They felt that these individuals took time to work with them to refine their skills in the specific substantive areas that their agencies addressed.

Relative to research, which they viewed as important, students advocated for a greater priority on instruction with greater resources allocated for faculty development in teaching methods, including the use of technology. Students also encouraged the School to emphasize the uniqueness of programs with regard to Canadian values which they felt should be a basis for program mission, vision, and curriculum content. This was a rather important theme for a number of students who emphasized that they could have attended accredited schools in the U.S., but chose Toronto because they wanted to study public health in the context of a Canadian university which embodied and espoused Canadian values. Though students did not articulate what those values are, it was evident they wanted to engage in that conversation and wanted these issues to be reflected in the education experience. For some that did seem to happen, but there was a sense that they felt it should be more intentional throughout the School and its curricula.

We also discussed program instructional quality with status faculty who serve as mentors for MPH students during their practica. In spite of student concerns, these individuals felt that students were well prepared to enter their agencies and that it was their role to advance their knowledge through the development of skills that were relevant to their professional roles.

### Recommendations

1. The concerns of students with regard to the quality of instruction should be addressed at a minimum through a clearer presentation to them of the structure of the curriculum

and how coursework is related to the accomplishment of program objectives and competencies.

2. The desire that the school's vision, mission, and values and its programs and curricula should reflect Canadian values should be the topic of continuing discussions among administration, faculty, students, and other constituents and stakeholders. This could be a way to set the School apart from other CEPH accredited schools of public health in the U.S.

## **F. Contribution of Graduates**

### Assessment

Very limited information was provided in the self study or during the site visit with regard to the careers of program graduates. The chart on page 39 of the self study indicates that over the past six years, graduates have primarily found opportunities in government or have gone on for further education. Program faculty feels that student readily find employment and students did not list this as a primary concern for them. The distribution of career paths of graduates appears appropriate to the courses of study offered through the MPH degree programs.

### Recommendations

1. If the School does not currently conduct exit interviews or surveys, procedures should be developed to get feedback from students upon graduation about their experience. This feedback will be important for certain reports expected by CEPH site visitors.
2. Regular and continuing contact with graduates should be initiated to gather information about their experience, the continuing value of their educational preparation, and their perspectives on what students need for practice and academic settings where they work. Such contact is also a means of generating and sustaining support for the School.

## **G. CEPH Competency Requirements**

### Assessment

Each specialty program as well as the MPH program in general has a developed set of competencies. The general competencies for the MPH degree represent a set of core competencies that all students must potentially achieve. These competencies cover most of the core areas of instruction required for CEPH accreditation. One exception is the lack of a competency that address health services management. In our discussions with students, they indicated the need for greater coursework in general management, project management, and health economics. The concentration competencies cover the learning outcomes that would be anticipated based on the consensus sets of competencies prepared by the ASPH for each program concentration.

## Recommendations

1. A health services administration competency or competencies should be added to the core competency set.

## H. Areas of strength and opportunity

### Assessment

#### Strengths of the MPH Program include:

1. An extensive, strong, and diverse status faculty who are willing and able to provide mentorship for MPH program students. Discussions with status faculty and students indicated enthusiasm for the practicum program. Mentors felt that students were prepared for their experiences and that they showed substantial development at the conclusion of the practicum.
2. The MPH in Community Nutrition is the only professional master's program in Canada that is specific to Public Health Nutrition. As the problem of obesity increases, the graduates of this program will be in demand from health services and other provider organizations.
3. The relationship with external research, service, and policy organizations who provide full funding for shared faculty that expand the expertise available in each program.
4. The relationship with cognate university units who lack expertise in public health but who desire content development in their units in this area.
5. An excellent student body with a desire for programming oriented to the unique values of the Canadian health system.

#### Opportunities for the MPH program include:

1. The School has begun to make a commitment of global health as an area of study. The continued development of this area can result in MPH and PhD programs in this area based upon expanded research activity.
2. The School has also shown interest in expanded curriculum and research development in health policy. This will be an important future area for academic institutions who will be sought out for expertise in the area both nationally and internationally.
3. The School has recently hired three named chairs to the faculty. Research and instruction in global health and health policy can be developed based on the expertise of these individuals.
4. The potential for greater collaboration with cognate units of the University through the development of shared courses and dual or joint degree programs. Specifically, potential collaboration with kinesiology and social work should be explored while strengthening ties to units who are already related to the School.
5. The expansion of program faculty and hence expertise through relationships with external organizations who are looking for collaborative partners in research, service, and policy development.



6. The flexibility of the faculty structure provides the potential for rapid redevelopment of faculty resources.
7. The extensive network of placement settings for students and strong, dedicated status faculty and other mentors provide a rich resource for enhanced curricular development.
8. The ties to other institutions and their leaders can be leveraged for increased visibility, enhanced research opportunities, valuable counsel and guidance, and as an entre to other significant future partners or funders.

## **I. CEPH Requirements for the MPH Degree**

### Assessment

The MPH program meets some but not all of the CEPH accreditation requirements for the degree. The MPH program lacks a clearly stated mission statement which can guide the development of the curriculum. The self study document reports that the program provides advanced training which the faculty defined as skill development for a wide range of students including entry level individuals, experienced professionals, and those wishing doctoral training and a career in research. It also indicates that the program wishes to prepared students for leadership; however, it is not clear from the curriculum how this will occur. Coursework in leadership is not evident and the reviewers have the sense that there is an expectation students will develop leadership skills along the way through the practice experience.

A clearly stated strategic plan for the MPH program was also not evident from the self study document. Such a plan would include the mission, vision, and value statements for the program as well as goals/objectives with measures and outcome targets for the goals/objectives. Students and some faculty feel that the program would benefit from a stronger statement of program direction.

The developed competency sets do not appear to drive the curricula of the MPH degree programs. Specifically, the program curricula lack sufficient core content in environmental health sciences, social and behavioral science, and health services administration. It does require a general introduction to public health; courses in health policy, epidemiology, and biostatistics; and a practicum, though the courses are not always evident in the program requirements listed in Appendix 8.

The School also does not offer MPH programs in all of the five required areas of study, Programs are offered in the required areas of epidemiology, social and behavioral science (health promotion), and environmental and occupational health sciences as well as other areas, including community nutrition and family and community medicine. Students may also apply for a concentration in global health. Missing are MPH degree programs in biostatistics and health services administration. The School is discussing the addition of an MPH in biostatistics and currently offers an MS degree in the area. An MPH in health policy is also being discussed. A CAHME accredited health management and policy program exists in the Center for Health Policy, Management and Evaluation and collaboration with this center may be possible. The

structure and content of the MPH in health services administration would have to be controlled by school faculty; however, courses could be included in the curriculum which were offered by the DHPME.

As noted above, the MPH program exceeds the minimum of 42 credit hours, requiring 10 full course equivalents (FCEs) typically completed over a 20 month period by full-time students. The programs also use comprehensive examinations and/or a master's thesis as a culminating experience for some but not all students, as would be anticipated.

#### Recommendations

1. A more comprehensive strategic plan should be developed for the School which includes clearly stated mission, vision, and values as well as measureable goals/objectives with associated annual or longer targets.
2. If leadership continues to be the key focus of the mission, then provision for leadership development must be more intentional.
3. Competencies in the area of health services management must be added to the core competencies for the MPH degree. . (See recommendation above on a common core curriculum.)
4. The MPH programs in biostatistics and health services management must be developed or arranged through collaboration to meet CEPH accreditation requirements.
5. An articulation of the relationship of the competencies and the curriculum must be developed for each of the MPH programs with assessment and feedback.

## **Section II: QUALITY, SIZE AND SCOPE OF SCHOOL'S OTHER ACADEMIC PROGRAMS**

The discussion of the programs in this section will focus on not only general aspects of the programs but also those aspects specifically relevant to CEPH accreditation. Each degree will be addressed with regard to the same factors used to assess the MPH program, if they are relevant to it.

### **A. MS in Biostatistics Program**

#### Assessment

The School has created a strong and useful MS in Biostatistics program. Coursework for the program is provided through traditional semester long, on-campus courses. The competencies in mathematical statistical techniques, computational proficiency, and data analysis for the program are appropriate to both its course only and thesis versions. The 5.0 FCEs are an

appropriate length for the program based on its current audience of potential students. Based on offers and acceptances, the program appears to be maintaining a strong student body. Moreover, students are completing the program in a timely fashion and are in demand from employers.

A primary issue for the program is its declining number of full-time students. The program views this decline as a function of the declining support for master's students relative to doctoral students in the School. Although this may be the case, an MS in Biostatistics should have potential for attracting physicians in and outside the School of Medicine who wish to pursue a research career in addition to other responsibilities. This program should also be attractive to international students, although financial constraints may be a barrier for these individuals.

CEPH will require that students in this program have a general orientation to public health but not the full set of core competency requirements established for MPH students. The School is also considering the development the MPH in biostatistics. This degree program will be required to achieve CEPH accreditation.

#### Recommendations

1. The MS program may wish to consider alternative delivery modalities, e.g., greater evening or weekend courses, for the curriculum to assist students who increasingly may have to work as well as attend classes.
2. Develop the MPH in Biostatistics as a prerequisite for CEPH accreditation of the School.

#### **B. MScCH Program**

##### Assessment

The MScCH program offers a 5.0 FCE curriculum that provides a shorter public health degree program that meets the needs of practicing professionals, especially physicians. It was noted during discussion that a national study recommended the development of this degree. Most of the students are part-time and maintain their employment during their course of study. It provides five concentrations in family and community medicine, health practitioner teacher education, wound prevention and care, occupational health care, and addictions and mental health. The program started in 2007 and hence provides limited information for evaluation. Its health practitioner teacher education concentration has been the most popular among students during its first two years. The program appropriately provides some courses with a mix of both classroom instruction and off-campus pre and post study periods.

With regard to CEPH accreditation, the only concern with this degree option is likely to be whether it provides the grounding in basic public health knowledge that is required.

## Recommendation

1. The School should review the MScCH degree program curriculum to be sure that it provides the grounding in basic public health knowledge that is required of professional degrees.

## C. PhD Degree Program

### Assessment

The School is providing an excellent PhD program in three areas of specialization: biostatistics, epidemiology, and social and behavioral health sciences. Consideration is being given to specializations in occupational and environmental health and public health policy. Expansion into either area will require the addition of tenured and tenure stream faculty members, as these areas currently are dependent on CLTA and status faculty, and greater financial aid to support the students entering these concentrations. The addition of three new named chairs provides a strong foundation for this development, especially with regard to global health policy.

The PhD program is guided by a set of appropriate competencies that are well-stated. The curriculum for each specialization is also appropriate with a good combination of basic public health courses, methodological courses, and concentration courses. The program requires a comprehensive examination in the first year which allows it to screen existing students and a seminar which students must attend and at which they must present their work.

Students are admitted for full-time student and on flex-time basis for working professionals. Although the program has shown limited but consistent growth, this pattern is not apparent in each of the specializations. The biostatistics and the epidemiology concentrations show declines from fall 2005 to fall 2009 while the social and behavioral science concentration has grown substantially over the period from 39 to 63 students. The quality of the students admitted appears strong based on the fact that the program admits only about a third of its applicants over time and one half of these students accept admission. As the program knows, increasing financial aid will likely increase the acceptance rate.

Students typically complete their program after six to seven years of study, which is slightly higher than the rate for similar programs. The completion time is approximately the same for full and flex-time students and is adequate for a program in which there are part- and full-time students, many of whom are working.

The approach to financial aid is both a strength and a concern for the School. Doctoral students are guaranteed a \$22,750 funding package which is competitive with many but not all of the highest rated programs. The funding of this package is shared by the student supervisors and the students. Student supervisors, however, cannot support the students who are working with them, creating a situation which is complicated for both the students and the supervisors. The

inability of faculty to fund the students which they are mentoring is unusual based on our experience with programs in the United States. Students are expected – indeed, according to the doctoral student-supervisor agreement in appendix 5, they are required – to apply for external funding to support the funding package guaranteed by the school. We do not know what proportion of students are essentially self-funded by these external doctoral or research awards, what proportion are supported by school funds, and what proportion are funded by supervisors or other sources.

Given the affiliation agreements with area institutions and agencies and the large number of status faculty, we believe there should be many opportunities for research assistantships or research associate positions in the area, which would provide both financial support and valuable experience in the field. We did not have information on how many doctoral (or other program) students are in such positions.

### Recommendations

1. As the PhD program is a strength of the School and generally meets CEPH criteria, the School may want to consider the allocation of resources to other areas in need of support such as MPH financial aid.
2. The School should review the policy which prohibits mentors from funding students working with them.
3. The School should explore development of teaching training and apprenticeship models that do not violate the current agreement with the teaching assistants union, but would provide important supervised teaching experience for doctoral students.
4. If allowable, the School should explore opportunities for placement of doctoral students in affiliated research settings in the city.

## **Section III: ASSESSMENT OF SCHOOL LEVEL FACTORS**

### **A. Overview of Scope, Quality, and Relevance of Research**

#### Assessment

The School of Public Health has an established tradition of high quality research and an outstanding overall record of research productivity over the past five years. In academic year 2008-09, The School participated in \$30,024,969 dollars of research funding, which is slightly higher than the \$26.5 million average over the past five year period. Substantial research has occurred in twelve primary areas, indicating the research activity is not limited to a few areas but rather conducted in several areas of importance to contemporary public area problems, e.g., addiction, chronic disease, occupational and environmental health, and infectious disease.

Much of the research conducted by the School is off-campus, conducted in association with major research centers, some of which are linked to on-campus schools and some of which are independent. The faculty conducting research are often status faculty rather than tenured or tenure stream faculty. The existing research centers were viewed as recreating stability for existing research activities, especially with regard to maintaining staff on an ongoing basis. They also appear to have the potential for instability, however, as status faculty are full-time employees of off campus units with an expectation to have a faculty appointment and perform faculty functions but with the potential to shift their activities, dependent on home unit needs or their own professional interests. Research units expressed a desire for greater funding from the University and increased access to government agencies.

Faculty suggested that there was a tendency to encourage following the available money, resulting in unsuccessful attempts to create a research agenda. The School has responded to the health needs of Canada through its scholarship. Health policy was viewed as an important emerging area for research, which had relevance to several substantive areas and should be supported with further resources in addition to the new chair recently hired in this area.

Research in the School is supported by the Research Services Unit which is funded through cost recovery from research funding. The unit is staffed by a director, the part-time former director, and additional staff recruited for specific projects. The role of this unit was not entirely clear as so much of the research of the School is conducted off-campus.

The extensive research activity associated with the School also has the benefit of providing research and employment opportunities for students. These opportunities are complicated by the fact that students are not allowed to work for their supervising faculty member.

#### Recommendations

1. The School should attempt to develop greater research activity by tenured or tenure stream faculty or consider the addition of tenured or tenure stream faculty in specific areas who have a record of research productivity or significant research potential.
2. Consideration should be given to the role and functions of the Research Services Unit, especially if additional resources can be allocated to the hiring of new tenured or tenure stream faculty.

#### **B. Scope and Relationship with Cognate Departments**

##### Assessment

The School has contacts currently with many of the other health-related programs in the University and the potential for expanded activity with these units. These cognate units include the Department for Health Policy, Management and Evaluation, the School of Medicine through

both undergraduate and graduate education, the School of Dentistry, the School of Nursing, and the School of Pharmacy.

The SPH works closely with the School of Medicine in the delivery of MPH degrees in Nutrition and Family Medicine. Several faculty members have cross appointments with these departments in the School of Medicine. A substantial portion of the MPH in Nutrition is provided by the faculty of the Nutrition Department in conjunction with school faculty. This collaboration also allows students to achieve certification in community nutrition through the regulatory body for dietetics. School faculty also collaborates with the faculty of the Department of Family Medicine in offering the MPH in Family and Community Medicine which is directed primarily to physicians. In addition, the School has developed the Master of Science in Community Health (MScCH) program, a one year, 10 FCE program which allows physicians and other health professionals to acquire a degree in population health with new knowledge and skills to supplement their existing professional degree.

A discussion with the cognate units including the Department for Health Policy, Management and Evaluation (DHPME), the School of Medicine, the School of Dentistry, the School of Nursing, and the School of Pharmacy indicated that there are opportunities for expansion of these relationships. For example, virtually all the schools indicated an interest in future development of bioethics curriculum and courses that could be shared among the schools. The School of Medicine also indicated a desire for greater collaboration with regard to nutrition and infectious disease. The DHPME currently has little faculty integration with the School. Students expressed an interest in greater opportunities for coursework in this area and the DHPME indicated a desire to discuss programming that would benefit both, e.g., the DHPME is developing a DrPH program Health Leadership. In sum, cognate unit representatives concluded that the current structure of the School was new and that relationships of potential value to several units had not had time to develop.

#### Recommendation

1. The School should investigate mutually beneficial collaborations with cognate university units, especially the DHPME, as this is an area of particular interest for students. The comingling of resources in areas such as bioethics, health management and policy, nutrition, and infectious disease could strengthen the School.

### **C. Scope and Nature of Relationship with External Stakeholders**

#### Assessment

External units uniformly expressed a commitment to the School and its activities. They viewed public health as an area of great need and potential for research, service, and training activities by school faculty members. Units making these expressions included associated teaching hospitals, governmental agencies, and research centers. The School has an abundance of good will in these units, who appear to be ready and willing to use their resources to advance

mutually beneficial activities. They see the need, however, for the School to be more aggressive in initiating these collaborations.

Alternatively, the School is highly dependent on these units for teaching faculty, research collaborations, student mentors, and student employment during the course of study and after.

#### Recommendation

1. As the relationship between the School and external stakeholders is mutually beneficial, there is no reason to change its basic structure. However, the School should closely monitor and manage the relationships with each stakeholder because of their substantial engagement in the key functions of the School.

#### **D. Appropriateness and Effectiveness of Organizational and Financial Structure**

##### Assessment

The School is currently organized into five divisions with two new divisions under development. The five divisions include Biostatistics, Epidemiology, Social and Behavioral Science, Interdisciplinary, and Occupational and Environmental Health. These are discipline based groupings that provide structure to the School but have no constitutional authority or budget. Divisional development is occurring in Health Policy and Global Health.

The divisional structure is viewed by faculty as providing some stability to the activities of the School for both faculty and students. Students, however, viewed it somewhat negatively as it was restricting access to courses in other than their home division.

Limited information was provided on the funding of the School. Funding structures appear typical for state supported institutions. There is and apparently will continue to be a need for greater non-state funding, but again this is not unusual in the current economic situation and more generally as the dependence on governmental resources increases with regard to health care and social services for an aging population. The primary internal financial issue raised during the review was the need for greater funding for master's students or a better balance in the allocation of funds between master's and doctoral students.

Because of its close association with external stakeholders with regard to teaching faculty and research productivity, the School is highly dependent financially upon them to perform their key functions at the "world class" level that is expected by the University of Toronto and has been typical of it. The external units view the cost-benefit balance as currently in favor of the University with regard to these associations.



## Recommendations

1. The University and School should consider through discussions with each of these agencies how the cost-benefit balance in these relationships could be adjusted, perhaps through greater funding on new tenured or tenure stream faculty in areas viewed as significant by the external units and which have the potential for expanded collaboration to create areas of greater excellence.
2. The School should investigate guaranteed funding for one year for master's students and four years for doctoral students, as has apparently been adopted by other University units.

## E. Position to Meet CEPH Accreditation Requirements

### Assessment

In this section, the CEPH school accreditation criteria will be reviewed. In areas in which there is compliance, no comment will be made. Comments will be made for criteria that are viewed as partially met or not met.

- 1.0 The School of Public Health
- 1.1 Mission – see section I.I above
- 1.2 Evaluation and Planning – see section I.I above
- 1.3 Institutional Environment – met
- 1.4 Organization and Administration – met
- 1.5 Governance – met

This criterion is fundamentally met; however, students must have a formal, ongoing means for providing input into their degree programs, e.g., representation on committees. The students do not feel that they are listened to at this time despite the reports that they have prepared and submitted.

- 1.6 Resources -

The CEPH requirement with regard to the number of faculty needed for master's, i.e., three FTE faculty members, and doctoral programs, i.e., five FTE faculty members, is generally met. The accomplishment of this requirement is dependent on the presence of CLTA faculty members in the area of occupational and environmental health where there is only one tenured or tenure stream faculty member. The heavy dependence on status faculty, especially with regard to the teaching of required courses may also be an issue of concern as criterion 1.6 states that "there must be a central core of faculty to sustain the curricular requirements of each specialty". The student-faculty ratio should be approximately 6:1, however, there is no required criterion in this regard.

- 2.0 Instructional Programs
- 2.1 Master of Public Health Degree – partially met - see section I.I above
- 2.2 Program Length – met
- 2.3 Public Health Core Knowledge – partially met - see section I.G above
- 2.4 Practical Skills – met
- 2.5 Culminating Experience – met
- 2.6 Required competencies – met
- 2.7 Assessment Procedures – partially met – see section I.D above
- 2.8 Other Professional Degrees – partially met

Students in other professional degree programs, i.e., the MScCH, “must be grounded in basic public health knowledge”. It does not appear that all of the core areas are covered to some degree for these students. This will be a judgment matter for the CEPH site visit team.

#### 2.9 Academic Degrees.

Students in academic degree programs, i.e., the MS in Biostatistics, “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”. It does not appear that all of the core areas are covered to some degree for these students. This will be a judgment matter for the CEPH site visit team.

- 2.10 Doctoral Degrees - met
- 2.11 Joint Degrees - NA
- 2.12 Distance Education and Executive Degree Programs – NA

#### 3.0 Creation, Application, and Advancement of Knowledge

- 3.1 Research – met
- 3.2 Service – met.
- 3.3 Workforce Development – met

#### 5.0 Faculty, Staff, and Students

- 5.1 Faculty Qualifications – met but see section 1.6 Resources
- 5.2 Faculty Policies and Procedures - met
- 5.3 Faculty and Staff Diversity – The document did not provide information on this criterion.
- 5.4 Student Recruitment and Admissions – met
- 5.5 Student Diversity – The document did not provide information on this criterion.
- 5.6 Advising and Career Counseling - met