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MEMORANDUM

ATTENTION Senate **DATE** February 21, 2024
FROM Dilson Rassier, Provost and Vice-President Academic and Chair, SCUP **PAGES** 1/146
RE: External Review Report for the Faculty of Health Sciences (SCUP 24-07)



At its meeting on February 21, 2024, SCUP reviewed the External Review Report for the Faculty of Health Sciences that resulted from its External Review.

The Educational Goals Assessment Plan was reviewed and is attached for the information of Senate.

Motion: That Senate approve the Action Plan for the Faculty of Health Sciences that resulted from its external review.

C: Tania Bubela



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MEMORANDUM

ATTENTION SCUP
FROM Dilson Rassier, Provost and Vice-President Academic
RE: External Review of the Faculty of Health Sciences

DATE February 6, 2024
PAGES 

As per Senate Guidelines for External Reviews, a unit that undergoes accreditation in some form will have that accreditation process mapped against the SFU external review process. An assessment will then be made by the associate vice-president academic as to whether the accreditation process in question is adequate to waive the external review in part or full.

As the undergraduate programs (BA and BSc) and the Master of Public Health in the Faculty of Health Sciences are accredited by the Council on Education for Public Health (CEPH), an abbreviated review was conducted in May 2023. The Faculty had its site visit from CEPH in October 2022.

Focus Areas of the Abbreviated Review

Following a review of the documents provided by FHS, including all CEPH reports, and a description of the process conducted by CEPH, it was decided that the following areas needed to be addressed:

- Review of the MSc and PhD
- Review of the Research Performance achieved by the Faculty
- Review of the Workplace Environment

An opportunity was provided for the Faculty of Health Sciences to pose focus questions for the Terms of Reference.

Reviewers and Site Visit

Two reviewers were selected from a list of possible reviewers provided by the Faculty of Health Sciences and an internal reviewer was added. A one-day remote site visit took place. The Terms of Reference were developed by the Provost and VPA, with the focus questions provided by the Faculty.

An action plan has been developed by the Faculty of Health Sciences covering recommendations made by the external review committee and the CEPH accreditors. The action plan has been reviewed and endorsed by the Provost.

Motion:

That SCUP approve and recommend to Senate the Action Plan for the Faculty of Health Sciences that resulted from its external review and from its accreditation process with the Council on Education for Public Health.

*External Review Committee:

Fiona Clement, University of Calgary (Chair of External Review Committee)

Bradley P. Stoner, Queen's University

Michael Silverman(internal), Simon Fraser University

Attachments:

1. Faculty of Health Sciences Action Plan
2. External Review Report (June 2023)
3. CEPH Accreditation Report (March 2023)
4. Feedback on Educational Goals Assessment Plan
5. Faculty of Health Sciences Educational Goals Assessment Plan

cc Tania Bubela, Dean, Faculty of Health Sciences

NON-DEPARTMENTAL FACULTY EXTERNAL REVIEW – ACTION PLAN

Section 1 – To be completed by the Dean		
Faculty under review	Date of Review Site visit	Faculty Dean
Faculty of Health Sciences	CEPH: October 27-28, 2022 SFU External: May 4-5, 2023	Tania Bubela, BSc, JD, PhD, FCAHS, FRSC
Notes		
<ol style="list-style-type: none"> 1. It is <i>not</i> expected that every recommendation made by the External Review Committee be covered by this Action Plan. The major thrusts of the Report should be identified and some consolidation of the recommendations may be possible while other recommendations of lesser importance may be excluded. 2. Attach the required plan to assess the success of the Educational Goals as a separate document (Senate 2013). 3. Should any additional response be warranted, it should be attached as a separate document. 		
1. PROGRAMMING		
<p>1.1. Action/s (description what is going to be done):</p> <p>1.1.2. Undergraduate (CEPH – partially met assessments):</p> <p>1.1.2.1 <i>Implement methods to collect meaningful data on bachelor’s post-graduation outcomes. In particular, the program must seek to reduce the number of individuals with unknown outcomes. The report must include updated data in the format of Template B4-1, with accompanying narrative as appropriate. (Criterion B4)</i></p> <ul style="list-style-type: none"> • Due to privacy laws in Canada, we are not permitted to contact students once they leave SFU unless we have their consent to contact them via their personal email. We have hired a student engagement coordinator to build stronger relationships with students while they are here and to foster a sense of community. By fostering relationships, we hope our alumni provide consent for us to remain connected with them. • We are implementing the following measures to collect meaningful data: <ul style="list-style-type: none"> • Announcements on the monitors in our FHS Student Commons that opened in 2022 and provides study, group-working, and student programming facilities. Announcements will invite students to connect with us to provide feedback on our programs and updates about their post-graduate outcomes (employment or continuing education). We plan to recruit a student volunteers or co-op students to conduct phone and/or email surveys with those students who have provided us with their personal contact information (i.e., consent to follow up). • Use public LinkedIn searches to identify where BA and BSc students who graduated in June 2022 are employed (1 year post graduation). There were 224 graduates in 2022 (85 BA Students, and 139 BSc Students). 		

- Continue to review BC Baccalaureate Outcomes Survey from the Ministry of Advanced Skills and Education. The results of the 2023 Survey will be available in late spring 2024. The closing date for the 2023 Survey is January 31, 2024. This survey is administered by BC Stats, and we are dependent on its timelines.
- Work with SFU Advancement and Alumni Engagement to access any relevant data about FHS alumni.

Resource Implications: Hiring of co-op students and staff time to implement the identified measures and analyses.

Timeline for Completion: Measures developed by end of summer 2024, refined and repeated annually.

1.1.2.2 *Implement curricular requirements to ensure that BSc students receive coverage of concepts & features of project implementation, including planning, assessment & evaluation performance (Domain 8). The report must include Template D9-1 (completed for the relevant domain only), as well as the relevant course syllabi and any other appropriate documentation to supplement the syllabi (e.g., weekly module readings or slides, assignment instructions provided to students). (Criterion D9)*

- This recommendation was discussed at both the FHS undergraduate studies committee (UGSC) and educational programs committee (EPC) in late 2022 and early 2023. The committee concluded that this domain should be implemented in one of our core courses so as to offer consistent exposure to all our students. The committee identified our flagship first year Foundations in Health Sciences (HSCI 130), which is mandatory for students in all FHS programs as the vehicle for this content. The FHS Associate Dean, Education has been working with HSCI 130 instructors to come to agreement on how to implement this domain in all sections of the course.

Resource Implications: Education staff communication time required to manage implementation. Instructor time to design lessons, edit syllabi, develop class materials and create assessments.

Timeline for Completion: Implementation by January 2024, as required by CEPH, followed by refinement and continued delivery.

1.1.3. Graduate MPH (CEPH – partially met assessments):

1.1.3.1 *Implement curricular requirements to assess all MPH students' performance on foundational competency 16. The report must include Template D2-2 (completed for the relevant competency only), as well as documentation for the relevant assessment (e.g., full assignment instructions as provided to students) and the syllabus for the relevant course.*

- Assessment of MPH students' performance on foundation competency 16 is included in HSCI 901 Core Concepts and Practice for Public Health 2, a required course for all MPH students in the 2nd semester of the program.
- We will be using a Leadership Case Study where students 'act' in a leadership role (i.e. as the Assistant Director in a Public Health Department) in response to a public health challenge. Students are required to apply principles of leadership in a written assignment where they are assessed on their justification for the course of action they propose, their proposed vision for change and methods for engaging, empowering and fostering collaboration.

1.1.3.2. *Implement curricular requirements that ensure that the thesis option for the MPH student integrative learning experience complies with this criterion's requirement that students complete a high-quality written product that demonstrates synthesis of at least three competencies; the three competencies must include at least one foundational and one concentration competency. The report must include the following: (a) handbook or syllabus that outlines thesis requirements, including grading guidelines or rubrics; (b) at least five samples (or as many updated examples as are available) of appropriate student work completed.*

- MPH Thesis guidelines have been revised to instruct students that the written product must demonstrate a synthesis of at least three competencies; the three competencies must include at least one foundational and one concentration competency.
- In addition, the MPH Thesis Assessment Form and the Readiness to Defend MPH Thesis Form includes an assessment by the faculty thesis supervisor that the student addressed and synthesized their identified at least three competencies including at least one foundational and concentration-specific competencies.
- Only 1 MPH student has completed the thesis option since these changes were implemented. An MPH thesis workshop will be held in November to provide current MPH students, who are interested in the thesis option, more details and instructions about this option.

Resource Implications: Education staff communication time required to manage implementation. Instructor time to design lessons, edit syllabi, develop class materials and create assessments. Faculty commitments to supervise MPH thesis options.

Timeline for Completion: 23/24 academic year with follow-up and monitoring.

1.1.4 Graduate MSc/PhD (SFU External Review):

1.1.4.1 *Required graduate course work should be re-examined in light of goals and expectations. Action to change or modify the two required graduate courses is necessary to strengthen student engagement and satisfaction.*

- We are undertaking a review process for the required courses. Within the MSc/PhD committee (MPC), we are reviewing the syllabi and course objectives for our two mandatory graduate courses: HSCI902 and 903. Based on the review, the committee may make recommendations to change graduation requirements. For example, the MPC may recommend (1) the consolidation of 902 and 903 into a single required course offered in the first semester, and expand the content areas so that there are more robust weekly sessions focusing on specific issues relevant to all graduate students, or (2) eliminate the requirement for students to take these courses, or to re-focus them specifically as introductory courses for incoming MSc students. If both courses are maintained, then a reconfiguration of the syllabi to focus specifically on learning objectives and degree level expectations would be appropriate. We will consider a second course specifically for incoming PhD students that focuses on higher level issues in research such as critical appraisal, systematic reviews, manuscript preparation and other areas.

Resource Implications: Education staff communication time required to manage implementation. Instructor time to design lessons, edit syllabi, develop class materials and create assessments.

Timeline for Completion: Starting immediately is a course content review and overhaul of the existing courses, focused on 903. The new version of 903 will be delivered in Spring 2024 and student input will be sought. If further revision is deemed necessary following a year of delivery of new course content, that recommendation will go to the FHS MPC, followed by approval from the Faculty Executive

Committee and the Faculty Council. Any larger-scale changes should be in place by Winter 2024/2025, depending on the timing for senate approval, if required.

1.1.4.2. *Finding ways to support funding for research students is an ongoing concern.*

- The Faculty of Graduate and Postdoctoral Studies is currently developing a proposal to recommend university-wide minimum funding levels at SFU. The intended minimum PhD funding is \$28k beginning in 2024 or 2025, and that can include the new PhD Research Scholarship valued at \$5200 per year. Additionally, the MPC is currently reviewing minimum funding levels for FHS graduate students to ensure that they are similar to other graduate programs at SFU and also peer institutions. The current minimum funding levels have not changed since 2016 when the FHS graduate student funding policy was put in place. One avenue to increase funding would be to increase the minimum funding contribution by the supervisor in the form of RA positions. Currently, the minimum MSC stipend is \$18,500 for two years and the minimum PhD stipend is \$21,000 for three years, of which the supervisor is required to commit a minimum of \$9750 per year, and this amount could be raised. Any revision of minimum funding levels recommended by the MPC must be approved through our governance process including the Faculty Executive Committee and the Faculty Council.

Resource Implications: Increased RA amounts per graduate student

Timeline for Completion: Discussion and approval at FEC and FC to be completed for the 2024/25 academic year.

2. RESEARCH – SFU External Review Comments

a. Action/s (what is going to be done):

2.1. *Targeted supports for postdoctoral fellows.*

- Continue to include postdoctoral fellows in FHS Interdisciplinary Networking for Postdocs, liaise with resources being developed by VPRI to provide orientation to SFU and FHS.
- Develop Professional/Career Development resources on (1) Academic careers such as application development, teaching dossiers and effective grant writing; (2) Career opportunities outside of the traditional tenure-track academic route (e.g., research directors/managers/coordinators/policy consultants/research facilitators and grant writers).
- Liaise with the new VPRI Post Doc Coordinator (starting October 2023) about graduate student/postdoc career/professional development training, including training on post-award research project management/coordination

Resource implications (if any): Developing new professional development resources for postdocs will take staff resources and require collaboration with the VPRI

Timeline for completion: In line with and response to VPRI postdoctoral reforms

2.2. Consideration should be given about how to match-make the isolated faculty with other faculty members or existing teams to solidify collaborative environments.

- Continue to bring faculty together within Research Challenge Areas and encourage new faculty collaboration and research team collaborations RCAs.
- Renew the FHS Strategic Research Plan to ensure all RCAs reflect the research interests of all faculty members
- Maintain information on research interests of faculty members so that research facilitators can encourage joint funding applications and collaborations; these research matrices help foster research collaborations within RCAs.

Resource implications (if any): Staff resources with strong research facilitation to identify and encourage research collaborations within FHS and associated funding opportunities.

Timeline for completion: Revise the FHS Strategic Research Plan in 2024.

2.3 As hires become possible, strategically hiring faculty members with complimentary skills to existing teams will amplify the success of all team members including the new hire.

- FHS builds its 3-year hiring plans in consultation with RCA leads, the Faculty Executive Committee and the Faculty Council. These discussions identify gaps in research expertise (and teaching needs) and potential for partnerships with external organizations, agencies and health authorities, as well as advancement opportunities for endowed Chairs.

3. ADMINISTRATION

3.1 Action/s (what is going to be done):

3.1. workload burden experienced when faculty members are leading research agendas, carrying a teaching load, actively supervising graduate students and contributing to the University service expectations.

- Continue to apply the transparent FHS teaching policy, which has a standard workload of 1.5 courses for faculty with a 75% research commitment through chairs and other salary awards.
- Encourage faculty to take on research managers who can take on some of the research administrative burden as a component of workload, and support those managers through training.
- Continue to provide the TPC with transparent and consistent information about workload distribution and teaching loads.

Resource implications(if any): Staff resources to support research support staff.

Timeline for completion: Ongoing

4. WORKING ENVIRONMENT

Action/s (what is going to be done):

4.1. CEPH: *Collect and review data on faculty perceptions of the program's climate to ensure systematic and coherent diversity efforts. The report must include preliminary data, as well as evidence of review. (Criterion G1).*

- FHS recently formed its multi-stakeholder Indigenization, Equity, Diversity and Inclusion Advisory Circle (I-EDI AC), composed of elected faculty members, elected staff members, volunteer alumni, and student representatives from its undergraduate student union (HSUSU) and its graduate caucus. This group undertook the creation of a survey on faculty and staff perceptions of the cultural climate of FHS, which was sent out in April 2023. The survey consisted of 23 questions that was aimed to develop baseline data around faculty workplace culture that could be monitored over time and used for future external reviews and/or future surveys.
- The data was collected and analyzed over Summer 2023 and the I-EDI AC is in the process of preparing a preliminary report. This report will be shared with the Faculty Executive Committee with the intention of giving those in leadership roles a first opportunity to consider the findings and engage in constructive dialogue with the I-EDI AC on how best to share these findings with the larger FHS community.
- The I-EDI AC will also use the findings of the report to develop a collaborative action plan that may address some of the common concerns found in the data. This will help guide the AC's annual action plan and priorities, with the intention being to inspire a strong commitment to and sustained engagement in, I-EDI work.

Resource implications (if any): Staff and I-EDI AC time to gather, analyze and report on data.

Timeline for completion: Fall 2023 for initial survey – refine and readminister the survey on a consistent bases for future external review requirements and internal needs.

4.2. (External Review): *Seminars are delivered in hybrid format, which facilitates engagement of people who are off campus, but also creates a norm of remote attendance, such that fewer and fewer persons seem to attend in person. Also, few faculty members seem to attend on a regular basis.*

- With regard to the seminar series, lack of faculty attendance is unfortunate, and there is no easy solution; promoting a culture of expected attendance among the faculty as well as the students may help. Broadening the focus of the research presentations to engage the interests of students outside of the core area in which the presenters are working may also be of benefit.
- FHS can consider engaging in a targeted awareness campaign, promoting the benefits of attending the seminars in person, such as increased interactions with the presenters, the students and their colleagues, promoting the rich learning environment and as an important responsibility we all have as part of maintaining our connectivity. Faculty would be reminded that these seminars are strategically planned on the same days as Faculty Council meetings, so as to greater incentivize in-person attendance.

Students would be reminded of the same thing, but in relation to attendance at HSCI 902 and 903. Finally, faculty would be directed to CEE, which offers resources on how to effectively incorporate seminar content into their course, demonstrating the value of seminars as an educational tool.

- FHS can consider the option of both fully remote, and fully in-person research seminars, potentially alternating between the two. Offering remote-exclusive seminars that are designed specifically for this purpose, would allow geographically dispersed faculty members the option to participate when not available in person. These seminars could be structured such that there are more interactive participation opportunities, such as polls, or breakout rooms to enhance engagement. Conversely, by offering fully in-person research seminars, faculty and student engagement could increase as the expectation to attend in person would foster greater in-depth discussions, networking opportunities, and a closer sense of academic community, allowing for the exchange of ideas and collaboration that can be more challenging to achieve in a remote setting.
- Lastly, FHS could consider incorporating a sense of ownership to the seminars by working with faculty members and graduate students to identify seminar topics or speakers that align with their interests and/or expertise. To align the goals of the I-EDI Advisory Circle, we could also consider that at least one seminar per year be dedicated to an I-EDI related topic.

Resource implications (if any): Communications staff and research administration time to create campaign and gather more detailed information on seminar topic interest areas.

Timeline for completion: 2023-2024 academic year

4.3. *(External Review) Action on Truth and Reconciliation and EDI : The Faculty is tied to the pace of the institution as a whole. While Faculty efforts to foreground Indigeneity and EDI are noted to be aspirational, there is only so much progress that can be made without broader institutional action. The Faculty should consider how they can both be leaders pushing forward and patient as the institution moves as a whole.*

- It will be important to ensure alignment of FHS' efforts on I-EDI with broader institutional initiatives. The Associate Director of Education Programs and Equity is a member of the SFU-wide EDI Community of Practice. Within this space, FHS has a direct route to collaborate with SFU (both other units and the VPPEI office) to synchronize goals and actions to avoid redundancy and optimize resources. There are also opportunities for other members of the FHS I-EDI AC to contribute to or lead university-wide structural changes, ensuring efforts are complementary rather than duplicative. This has already taken place through the establishment of the Trans Equity Mutual Support Group, which is working directly with the VPPEI office to advance issues related to trans equity. FHS will continue to look for opportunities where it can contribute to structural change.

Resource implications (if any): Continued time, efforts and work of the FHS I-EDI AC and all staff, faculty and students within FHS.

Timeline for completion: Ongoing

5. Recommendations outside the FHS Mandate (OTHER)

5.1. SFU Medical School

- Comments from External Review: The dominant topic of discussion throughout the external review was the emerging development of a medical school at SFU, and the extent to which the Faculty of Health Sciences will be involved in, or excluded from, the establishment and implementation of medical school education and research activities.
 - Recommend to medical school curricular developers that the robust and impactful population health approach that the Faculty of Health Sciences has skillfully developed over the past two decades be incorporated into medical school programming and not duplicated in the medical school.
 - Provide input from FHS faculty, staff and students on the development of a governance model for the SFU Medical School, bringing perspectives on its relationship to FHS
 - Participate in ongoing discussions and advocate for the FHS position about the governance of the SFU Medical School and its position within the university relative to the Faculty of Health Sciences
 - Manage workload demands on FHS staff and faculty as the medical school develops, while ensuring inclusion in its ongoing development
 - Monitor concerns that the new medical school will drain resources away from the Faculty of Health Sciences over the next decade and bring those concerns to the attention of the appropriate decision-makers within SFU.

University level recommendations:

- *The review team recognizes the importance of embedding social and structural determinants of health perspectives in undergraduate medical education, and recommends that the University acknowledge and support the essential role that Faculty of Health Science perspectives will play in the education of future physicians. Change management should emphasize more robust and transparent communication about decisions, engaging University members first through formal communication channels before information is shared with media sources. Clear and consistent messaging can help allay fears about the University's intentions with regard to sustaining the Faculty of Health Sciences in its relation to the emerging medical school.*

5.2. University-wide research data capture and metrics may offer insights into research.

- *Comments from External Review: There is a disconnect between the desire to pursue inter- and transdisciplinary work (both research and education) and the current governance structure that reinforces siloed approaches. There were several barriers noted including the way budget is allocated to individual Faculties, the way teaching allocations work within Faculties and the way successes of teams across multiple faculties are captured and counted. A governance shift that nimbly works across faculty boundaries will support continued excellence and innovation in inter- and transdisciplinary work. This shift will require University-level modifications to governance and University-level leadership leading culture change.*

SOME REFLECTIONS:

Re: University research metrics

University research metrics and the growth of research analytics have not been a widely shared activity across central units, Faculties and departments. Very few people are involved in determining what gets measured and by whom. Depts and faculties end up deciding what measures matter and the metrics to collect and report. It may be beneficial to initiate a broader dialogue among Deans and VPRI of what institutional goals should be measured by research metrics, and how these are reported and used at the central units and by Faculties and departments.

Re: Interdisciplinarity

- Investigate whether all SFU Faculty/department TPCs have consistent recognition or measures on interdisciplinary activity for faculty members. A culture of recognizing interdisciplinarity in specific and measurable ways is needed to overcome siloed governance structures.

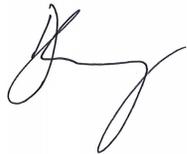
The above action plan has been considered by the Faculty under review and has been discussed and agreed with the Provost and Vice-President Academic.

<p>Dean (signed)</p>  <p>Tania Bubela:</p>	<p>Date</p> <p>February 5, 2024</p>
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Section 2 - Provost's Comments and Endorsement of the Faculty Action Plan:

The FHS action plan responds well to the concerns/comments from the external review committee. The actions on programming and research are well aligned with the ongoing Faculty's plans, and will certainly be implemented without any problem. The ambition to continue a very successful research agenda is noted, and one of the main pillars of the plans for the FHS. Although continuing a workload of 1.5 courses for faculty may be challenging over the next years, given the University's financial situation and a distinct reality in other Faculties, the FHS has used successfully chairs and salary awards to make it possible. Although decisions about the medical school (curriculum, governance model, etc.) are to be made by appropriate bodies at the University level, the concerns of the Faculty about consultation are valid.

Provost and Vice-President Academic



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Date
February 2, 2024

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SIMON FRASER UNIVERSITY

FACULTY OF HEALTH SCIENCES

EXTERNAL REVIEW - FINAL REPORT

Date of Review: May 4 - 5, 2023

Date of Final Report: June 15, 2023

Review Team

Dr. Fiona Clement, University of Calgary (Chair of Committee)

Dr. Bradley P. Stoner, Queen's University

Dr. Michael Silverman, Simon Fraser University (internal member)

Acknowledgements

The members of the Review Team offer our thanks to the administration of Simon Fraser University and the Faculty of Health Sciences for providing the opportunity to conduct this external review. We also thank the faculty, staff and students in the Faculty of Health Sciences for sharing their insights during the review process. Finally, we thank Dr. Michael Silverman who participated as an internal member of the review team during the site visit but who did not contribute to the content, organization or writing of the final report.

Overview of process and report

As part of Simon Fraser University's regular Academic Unit review process, we were asked to undertake an external unit review of the Faculty of Health Sciences. This consisted of a 2-day virtual site visit including meetings with Senior Administration at the University and decanal level, faculty, APSA and CUPE staff and graduate students. Several University and Faculty-specific strategic documents were provided in advance to understand the broader context of the Faculty. Finally, a self-study report from the Faculty was provided. The site visit was conducted on May 4-5, 2023 with all documents reviewed in advance and iteratively throughout the process.

The terms of reference for the review included four general areas (quality of the MSc/PhD program, quality of the faculty research, workplace environment, future directions) and four specific Faculty identified areas (development of an Indigeneity and EDI Advisory Circle, courses and seminar series, relation to the newly developing medical school, support of faculty research agendas). This report is organized following those areas with our observations, reflections and recommendations emerging from both the site visit and document review.

Context

The Faculty of Health Sciences, established in 2004, has grown into its present size of approximately 63 faculty members and 23 staff members. It offers an undergraduate, professional master's and research-intensive graduate program. The student enrolment in all three programs is strong, with approximately 995 undergraduate students, 90 graduate students in the professional master's program and 50 students in the research-intensive graduate program. Both the undergraduate and professional master's programs were included in a Council on Education for Public Health accreditation review completed in 2022 thus excluded from the educational components considered here.

The Faculty is diverse. While not departmentalized, it spans multiple disciplinary groundings including natural sciences, social sciences, humanities and population health. There are seven research areas, four research centres and thirteen biomedical laboratories.

While, of course, more is possible, one of our primary findings is that the Faculty of Health Sciences has achieved extraordinary success. The research impact achieved, the collegiality of the workplace environment and the dedicated focus on educational excellence must be highlighted. These components work together to establish a strong grounding for further growth focused on real-world impact.

Missing Voices

This report and its findings only include perspectives from the voices that we heard. Although the Faculty includes individuals drawn from a wide variety of disciplinary perspectives, approaches and research interests, we observed that not all of these perspectives and approaches were equally represented during the site visit. Notably, the faculty meeting was attended primarily by social and population health researchers, rather than laboratory-based basic scientists. The student meeting was attended by a group with similar research areas. We also did not hear the perspectives of post-doctoral fellows or research analysts within the Faculty. We encourage those reading this report to consider the implications of these missing voices and how the findings herein may, or may not, be generalizable.

Quality of MSc/PhD Programs

Highlighted Findings:

- High quality faculty research draws students to SFU Faculty of Health Sciences
- Required graduate course work should be re-examined in light of goals and expectations
- Finding ways to support funding for research students is an ongoing concern

One of the most important findings of our review is the widespread respect and admiration among faculty, staff and students for the graduate research programs in the Faculty of Health Sciences. As noted above, the undergraduate and MPH programs were recently reviewed for accreditation by the CEPH, and thus our inquiry was restricted to the MSc and PhD programs.

Students and faculty alike commented on the high quality of research mentorship and supervision within the graduate program, and individual supervisors are sought out because they are recognized leaders in their field. Students working in laboratory environments particularly reported they feel supported and nurtured in their lab groups, and they value opportunities for professional development through in-person interaction with their mentors and other lab members in the laboratory setting. Other students who are not laboratory-based reported fewer in-person interactions with faculty and peers. This became the norm during the Covid pandemic, and remote/hybrid interactions now persist to some degree as in person activities, other than classroom instruction, have not return to pre pandemic levels. The fact that the Faculty is not departmentally divided permits greater collaboration and interaction among research teams working across a variety of disciplinary perspectives and utilizing different research approaches (e.g. qualitative-quantitative mixed methods). However, the interdisciplinary landscape is not entirely flat, because it is primarily left to students to make connections outside of their own disciplinary research interests. Having said that, there are few barriers to engaging with faculty members across the broad array of research interests represented in the faculty. By and large, MSc and PhD students reported feeling supported by the administration, and students valued efforts to cross-pollinate across disciplinary boundaries through seminar series presentations. One stumbling block noted by some students is the fact that seminars are delivered in hybrid format, which facilitates engagement of people who are off campus, but also creates a norm of remote attendance, such that fewer and fewer persons seem to attend in person. Also, few faculty members seem to attend on a regular basis.

One of the major concerns raised by students and faculty members alike is the quality of the required coursework for graduate students in the first year (HSCI 902 and HSCI 903). This issue is addressed in more detail below, but we briefly include it here as the topic was prominent during our conversations with faculty and students. While students recognize the value of cohesion and cohort-building which comes with having common courses during the first year of graduate school, many stated they feel it is difficult to achieve meaningful core content that is relevant to all students, since everyone's research interests are quite different in terms of focus and disciplinary approach. Moreover, some students with prior research experience, particularly PhD students who had already completed research-based master's degrees, stated they felt many of the topics covered in the courses were redundant.

As well, issues of educational quality were also raised. Students also expressed concern about the limited choice of courses offered, and some mentioned leveraging opportunities at other universities. Solutions might include eliminating the required courses altogether, consolidating the two required courses into one course offered in the first semester, or keeping both courses but aligning expectations and outputs to program goals and core competences.

Funding was also a major concern of students, and this issue is by no means unique to the Faculty of Health Sciences. Student funding is tied to a great degree to success of faculty research grant competitions, and to that end the Faculty of Health Sciences has been remarkably successful. Still, supporting students to become successful researchers is a key priority of the graduate programs, and providing sufficient funding for MSc and PhD students is critical. Guaranteeing minimum levels of funding consistent with peer institutions will, in the short term, provide a foundation for maintaining excellence in graduate training, but we would also like to see University administrators continue to advocate at the national level for substantial increases for graduate student funding, and work with provincial government officials to provide additional supports in light of the high cost of living in the greater Vancouver area.

Faculty and students alike reported that a substantial amount of time is spent each semester on administrative processes which are required to renew funding streams, even in settings where grants themselves have been allocated for multiple years. Reducing the administrative burden associated with funding will help graduate students feel supported and will allow them to focus on their research output to a greater degree.

Quality of faculty research

Highlighted Findings:

- There is considerable research success due to the strategic focus and grant facilitators within the Faculty; these supports should be maintained or expanded
- Consider developing targeted supports for post-doctoral fellows
- University-wide research data capture and metrics may offer insights
- Clear communication of “success” recognizing different time allocations between faculty members would be helpful

In this report, we adopted a broad framework, such as that outlined in the San Francisco Declaration on Research Assessment (DORA)¹, when considering success and quality of research. We note that metrics such as grant success, total number of grant dollars, publications, citations and impact factor are important, but impact on society, thinking, policy and practice are the true goals of research. We recognize that this is achieved through diverse activities including knowledge translation, community-led research and creation of authentic partnerships; some of these activities do not easily translate into “reportable” items.

¹ San Francisco Declaration on Research Assessment. <https://sfdora.org/about-dora/> Accessed June 12, 2023

The Faculty of Health Sciences has had significant success. Based on the self-report, the Faculty has consistently achieved high success rates in Tri-Council and other competitions, has a high average grant money amount and a consistently high output of publications publishing in field-leading journals. In addition, there are narratives of real-life change achieved by this work for patients, populations and society. Further, there are multiple examples of faculty members leading critical discussions and field-defining thinking on particular issues. By all metrics, the Faculty is achieving positive research impact.

From our review, there are several elements within the Faculty approach that contribute the environment where this level of success is achieved:

- Focusing on socially relevant, unique research agendas: The agendas that the Faculty are pursuing are socially relevant, and from our limited knowledge of these areas, agendas that are not being pursued in multiple other institutions with great depth. This creates space for the faculty within Health Sciences to both emerge as and continue to be recognized national and international leaders.
- Facilitating transdisciplinary teams: Due to the diversity of the Faculty, fewer barriers exist to creating, building and sustaining research teams that cover multiple different disciplinary grounding. Within the current health research landscape, this is a major facilitator for success and impact.
- The grant facilitators within the Faculty: These staff positions focus on helping faculty members identify appropriate funding opportunities of their ideas, shepherding grants through the approvals process, organizing internal peer-review, offering training and sharing examples of previously successful grants. This support was viewed as invaluable in faculty's success.
- A strategic approach of "going after things you are likely to get": The grant facilitators, supported by the leadership team, encourage a thoughtful strategic approach of targeting funding competitions where success is a highly likely outcome. While this may perhaps seem obvious, guiding individual faculty members through the various kinds of opportunities within the Tri-Councils and more broadly such that faculty's granting writing efforts are spent on opportunities where they are likely to have the most reward is crucial to use limited research time efficiently.

Each of the above points is contributing to the current success and should be continued or expanded to support continued success.

There were also areas identified that may continue to support, and increase, the success of faculty research agendas. In particular, post-doctoral fellows were noted as an area where focused support would be welcomed. As post-doctoral fellows are neither students nor research assistants, there was an acknowledgement that traditionally they have fallen *between* portfolios. As they now transition to the Vice-President Research portfolio, there is an opportunity to recognize them as the engine of many research agendas and their crucial importance to the research mission. Targeted recruitment and support would strengthen their presence within the Faculty. In addition, as the Tri-Council funding to post-doctoral fellows (both salary funding and operational grants) are included in the total Tri-Council values, there may be a benefit to the University broadly to specifically focus on increased success for post-doctoral fellows in external Tri-Council funding competitions as it will increase the other aspects of funding allocated by Tri-Council dollars.

Data are a useful tool to continue to understand what resources, programs and approaches are facilitating success. Investing in stronger data capture will further enable active management and possibly offer insights into how to continue to support faculty. For example, additional data may offer insight into what areas of grantsmanship faculty struggle with, which competitions are resulted in the highest rates of success, who is putting in grants and where there may be missed opportunities. This may also provide insight into which supports launched by the grant facilitators are improving success rates. Consideration of University-wide data capture could help drive forward the research mission of the University.

Finally, these was substantial discussion about the workload burden experienced when faculty members are leading research agendas, carrying a teaching load, actively supervising graduate students and contributing to the University service expectations. Concerns over how sustainable this model was when faculty members within the Faculty of Health Sciences are competing at the national or international level with other faculty members who are often in research intensive roles (e.g. 75% research time allocation). There were expressions of feeling overwhelmed, concern for their colleagues' wellbeing and language of burn-out. Consideration of what success may look like for a specific faculty member recognizing that time allocations may differ, and clear communication around these differences, was highlighted as something that support performance.

Workplace environment

Highlighted Findings:

- Generally positive and engaging workplace setting, fit for purpose
- Geographic dispersion of faculty members makes in-person engagement difficult
- Expectations for in-person seminar attendance could promote greater group cohesion

Faculty, staff and students generally reported a great sense of collegiality in the workplace within the Faculty of Health Sciences. This was a refreshing finding of the review, inasmuch as very few concerns were raised about the nature of the workplace environment. Staff members in particular felt they had enough physical space to complete their tasks as required, and faculty members generally reported feeling that campus facilities were adequate to the task, although some students commented they would prefer private offices for all graduate students. Many persons with whom we spoke noted that Simon Fraser is a “commuter campus” to a great degree, and this inhibits some people from coming to campus on a daily basis.

The campus culture has also been impacted by the Covid pandemic, in which remote instruction and interaction became the norm, and return to in-person activities is underway but not back to pre pandemic levels. Still, most faculty, students and staff with whom we met commented on the agile work environment within the Faculty of Health Sciences, and the lack of friction in day-to-day interactions with colleagues and collaborators. There was also the recognition of that the nature of the work of Faculty of Health Sciences faculty members is spread out over a broad geographic area in greater Vancouver (e.g. hospitals, downtown Eastside, BCCDC, Surrey) and this also limits the ability of people who gather in one space on a frequent basis.

One mechanism for creating and sustaining a sense of community is the regular seminar series, which could provide a forum for in person gathering and interactions among students, faculty and staff. The wide range of research interests and approaches represented within the faculty provides an opportunity to demonstrate the breadth and depth of research across these many interdisciplinary boundaries through seminar presentations which are engaging and appealing. Unfortunately, it was noted that attendance at the seminar series is irregular, with few faculty members attending on a regular basis, and a general reliance on remote participation. Changing the culture for expectations around seminar presentations could improve workplace cohesion by setting an expectation for in person attendance as the norm, with remote tie-in for specific or unusual circumstances for faculty members and students who must be off campus. Maintaining engagement in hybrid presentations is difficult so moving towards a normative in-person seminar approach could advance the perception of workplace cohesion and strengthen the work environment.

Issues of Specific Interest to the Faculty

We now turn our attention to the specific issues that the Faculty of Health Sciences included in the terms of reference for this review. Several of these areas link to the above focus areas so here we discuss new observations and reflections that should be considered in tandem to those above.

Highlighted Findings:

- The Faculty has decades of engagement with Indigenous communities, providing a strong relational place from which to grow
- Action to change or modify the two required graduate courses is necessary to strengthen student engagement and satisfaction
- The newly emerging medical school is causing significant stress and distress in the faculty, staff and students; more pro-active change management approaches from University leadership are required
- A governance shift that nimbly works across faculty boundaries will support continued excellence and innovation in inter- and transdisciplinary work

Development of an Indigeneity and EDI Advisory Circle

While there is more work to do, it is worth highlighting the accomplishments of the Faculty due to decades of engagement of and focus on the needs of Indigenous communities. As noted in the self-study, 15% of the graduate students within the Faculty self-identify as Indigenous Peoples. This is a substantially higher percentage than our own institutions reflecting the leading practices adopted by the Faculty. In addition, there was an observed openness and willingness among the faculty, staff and students to continue to take action towards reconciliation. Again, comparing to our own institutions, the base knowledge of Indigenous Peoples history and current day context was notable.

Noting our own positionality as faculty members of white settler heritage situated at other institutions, we do not presume that we can offer specific recommendations on the “right” way for the Faculty of

Health Sciences to move forward in this space. Instead, we offer the following general observations for deep consideration:

- The Faculty is tied to the pace of the institution as a whole. While Faculty efforts to foreground Indigeneity and EDI are noted to be aspirational, there is only so much progress that can be made without broader institutional action. The Faculty should consider how they can both be leaders pushing forward and patient as the institution moves as a whole.
- The capacity of Indigenous faculty members and those from equity-deserving groups is limited. Further, there are relatively few faculty members who identify as Indigenous or from equity-deserving groups. Recognizing this, as the Faculty considers standing up structures, deliberate consideration of what structures the Faculty needs versus where the Faculty could contribute to, or lead, University-wide structures should be undertaken. This will help limit the demands on individuals while maximizing the collective effort across the University.

Courses and Seminar Series

It is admirable that the Faculty of Health Sciences has chosen to avoid departmentalization. The fact that the faculty is non-departmentalized is a testament to the ability of scholars from varying disciplinary boundaries to find a meaningful academic home and welcoming colleagues within the confines of this faculty structure. As noted above, this can create a relatively flat academic arena in which scholarship can engage across a variety of theoretical and methodological boundaries. This can lead to exciting new collaborations and meaningful engagement of students in laboratory and non-laboratory research areas. One of the challenges, however, in sustaining incredible graduate program under such conditions is they need to foster a sense of community and shared intellectual values among faculty, staff and students. The main vehicle for this at the graduate level has been the establishment of two required courses for first year students: HSCI 902 and HSCI 903 (Interdisciplinary Seminar in Health Sciences I and II), as well as a weekly seminar series in which students and faculty members participate. Our discussions with students and faculty suggest that there are frictions around these courses and seminars in relation to structure as well as delivery, and while the courses and seminars themselves are well intended, they may not be meeting the needs for which they were developed.

One area of concern is the breadth of disciplinary backgrounds from which students are drawn, and the extent to which the required courses are able to meet the needs of incoming students with such varied philosophical and methodological interests. On the one hand, students and faculty alike recognize the importance and value of establishing collegial relationships and friendships with peers in the same graduate program. This develops meaningful support systems which will carry them through their entire graduate experience. Having all incoming students take the same course in the fall (902) and spring (903) serves an important cohort building purpose. The challenge is to deliver an interdisciplinary curriculum which engages and sustains the interest of students from such diverse academic backgrounds, and teaches them new and useful information which will be a value in their graduate program as they develop their own independent research agendas. Many students reported feeling that the topics covered in these courses were either too narrowly focused or too superficial - students with interests in quantitative methodologies reported feeling less interested in learning about qualitative approaches, and vice-versa for students who were planning to pursue a more qualitative study. Another tension is the inclusion of MSc and PhD students together in these courses, which on the one hand could be of tremendous value as the students with less experience learn from and grow in response to their

engagement with more advanced students, but which on the other hand presents problems for the PhD students who feel that the material is too elementary, or is content they have previously learned when pursuing their own master's degree. Finally, there was a consistent concern voiced by about the content and delivery of HSCI 903, which seemed to some students to have vague learning objectives and unspecified course deliverables.

With regard to the weekly seminar series, students voiced concerns that many of the presentations were quite narrowly focused on the presenters' specific research interests. This definitely appeals to the small number of graduate students working in that particular area but has less potential to engage students from other disciplinary perspectives. Also, graduate students recognize that faculty participation in the seminar series is inconsistent, with few faculty members attending on a regular basis. Use of hybrid approaches (Zoom) allow for people to attend even if they're not physically on the SFU campus, and that can reduce barriers to attendance. But students remarked that it's increasingly common for attendees to log in, turn their camera off and remain silent, so meaningful engagement with the speaker is not immediately apparent.

As noted above, the Faculty of Health Sciences can consider several different approaches to reconfiguring the required courses and seminar series. One option for the courses would be to condense 902 and 903 into one course offered in the first semester, and expand the content areas so that there are more robust weekly sessions focusing on specific issues relevant to all graduate students. Many of these topics are currently contained in the syllabus, such as grant writing, research ethics, Indigenous ways of knowing, and other essential areas. The downside of this would be having just a single semester for students to engage with one another before they branch off into their own specific research labs and groups. Another option would be to eliminate the requirement for students to take these courses, or to re-focus them specifically as introductory courses for incoming MSc students. If both courses are maintained, then a reconfiguration of the syllabi to focus specifically on learning objectives and degree level expectations would be appropriate. If this path were pursued, then a second course specifically for incoming PhD students might be appropriate, focusing on higher level issues in research such as critical appraisal, systematic reviews, manuscript preparation and other areas. With regard to the seminar series, lack of faculty attendance is lamentable, and there is no easy solution; promoting a culture of expected attendance among the faculty as well as the students may help. Broadening the focus of the research presentations to engage the interests of students outside of the core area in which the presenters are working may also be of benefit.

The relationship between the medical school and Faculty of Health Sciences

It is not an exaggeration to say that the dominant topic of discussion throughout the external review was the emerging development of a medical school at SFU, and the extent to which the Faculty of Health Sciences will be involved in, or excluded from, the establishment and implementation of medical school education and research activities.

The review team spent a great deal of time talking with administrators, faculty members, staff and students about the medical school and what it may mean for the future of the Faculty of Health Sciences, with some faculty members going so far as to refer to this as an "existential threat." A major concern is a loss of identity within the University, since the Faculty of Health Sciences is not a premedical program, but rather the main focus is, and has always been, on health at the population level. Some fear that a new medical school will erode the importance of this population-level

perspective within the larger University framework, as molecular and pharmacological approaches to health (at the individual level) come to overwhelm the very robust and impactful population health approach that the Faculty of Health Sciences has skillfully developed over the past two decades. Moreover, as the new medical school will be based in Surrey rather than Burnaby or downtown Vancouver, it may be difficult for Faculty of Health Sciences colleagues to provide instruction in epidemiology, biostatistics and population health to medical students at this distant campus - raising the possibility that the medical school will simply establish its own department of population health and hire its own faculty members to teach students in this area. Coupled with the large amount of financial resources that will be allocated towards establishing the medical school, some faculty members express concern this could drain resources away from the Faculty of Health Sciences over the next decade. The anxiety is compounded by the perception that decisions about the medical school are being made quickly by University officials, and that communication is not shared widely with Faculty of Health Sciences administration, faculty members, staff or students – leading some decisions to be discovered through media reports or employment websites rather than through official University communication. This lack of perceived transparency in communication heightens concerns about the University's commitment to maintaining a strong Faculty of Health Sciences as the medical school takes form.

The review team recognizes the importance of embedding social and structural determinants of health perspectives in undergraduate medical education, and recommends that the University acknowledge and support the essential role that Faculty of Health Science perspectives will play in the education of future physicians. Change management should emphasize more robust and transparent communication about decisions, engaging University members first through formal communication channels before information is shared with media sources. Clear and consistent messaging can help allay fears about the University's intentions with regard to sustaining the Faculty of Health Sciences in its relation to the emerging medical school.

Our long-view perspective is that the University can support both a high-quality medical school which focuses on educating healthcare practitioners of the future, as well as a robust Faculty of Health Sciences which conducts high-quality population health research and maintains very highly regarded graduate programs in the population health sciences. We advocate for a future trajectory in which the Faculty of Health Sciences positions itself to add value to the medical school through collaborative research and teaching of core disciplinary concepts. We see a role for instruction of medical students headed by Faculty of Health Sciences experts in principles of public and population health, epidemiology, biostatistics, health economics, health policy, research methodologies, and a host of other areas. We feel the Faculty of Health Sciences can be strengthened by working with the emerging medical school to ensure the inclusion of these foundational disciplinary perspectives within the medical school curriculum, and to devise administrative structures by which these core subject areas will be taught by experts drawn from the ranks of the Faculty of Health Sciences. In this fashion, the medical school and the Faculty of Health Sciences can be mutually reinforcing, rather than in competition or conflict. Administrators will wish to address ongoing faculty concerns and ensure robust communication with faculty members as these significant changes are operationalized in order for the process to be successful.

Continued support of faculty research agendas

The strong mentorship, spanning from early career to senior stages, was a noted strength that supported faculty success. In particular, the collegial tone resulting in colleagues feeling like they could easily approach other colleagues to seek advice was highlighted. As the Faculty seeks ways to continue to support faculty to thrive, this should be maintained and continued to be recognized as a strength in the Faculty.

In addition, there is a recognition that research success requires teams and strong collaborations between faculty members who think together and push their ideas forward. For some faculty, this was present while for others this was a missing piece that limited their success trajectory. Moving forward, consideration should be given about how to match-make the isolated faculty with other faculty members or existing teams to solidify collaborative environments. Further, as hires become possible, strategically hiring faculty members with complimentary skills to existing teams will amplify the success of all team members including the new hire.

There is a disconnect between the desire to pursue inter- and transdisciplinary work (both research and education) and the current governance structure that reinforces siloed approaches. There were several barriers noted including the way budget is allocated to individual Faculties, the way teaching allocations work within Faculties and the way successes of teams across multiple faculties are captured and counted. A governance shift that nimbly works across faculty boundaries will support continued excellence and innovation in inter- and transdisciplinary work. This shift will require University-level modifications to governance and University-level leadership leading culture change.

Lastly, there was tension between the teaching loads and the pressure to maintain momentum with a research agenda. Recognizing there are limitations around what is possible given the collective agreements, further differentiating between research intensive roles and teaching intensive roles could help reduce the workload burden. For example, could some of the 40-40-20 roles be divided into 75% either teaching or research such that individual faculty members could focus on excellence in one realm as opposed to splitting their focus evenly between both teaching and research? However, if this were implemented, further clarity and transparency would be required about the roles. In addition, clarity about the conditions under which additional stipends, salary support and “buy-outs” would be available could decrease the disparity that is perceived currently.

Closing reflections

The review team was honoured to have had the opportunity to participate in assessing such a highly accomplished and well functioning academic unit. In times of decreasing research funding, the Faculty of Health Sciences has done a remarkable job of sustaining and growing research capability. The graduate programs are admirable, and faculty breadth and depth of expertise is substantial. To our mind, what makes the SFU Faculty of Health Sciences different from other departments or schools of public and population health is the willingness of faculty members, staff and students to embrace a philosophy of excellence without boundaries. The non-departmentalized structure creates tremendous opportunities for cross-disciplinary research and training, and we are impressed by the extent to which faculty and students avail themselves of these opportunities to extend their perspectives. The research topics in which faculty are engaged are impactful and important. We feel the development of a new medical school, while initially challenging with regard to integrating into existing activities, may ultimately lead to a stronger Faculty of Health Sciences through increased collaboration and engagement in the realm of healthcare education.

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

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

October 27-28, 2022

SITE VISIT TEAM:

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CRITERIA:

Accreditation Criteria for Schools of Public Health & Public
Health Programs, amended August 2021

Table of Contents

INTRODUCTION.....	1
A1. ORGANIZATION & ADMINISTRATIVE PROCESSES	3
A2. MULTI-PARTNER SCHOOLS & PROGRAMS	6
A3. STUDENT ENGAGEMENT	6
A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH	7
A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH	8
B1. GUIDING STATEMENTS	8
B2. EVALUATION AND QUALITY IMPROVEMENT	9
B3. GRADUATION RATES.....	11
B4. POST-GRADUATION OUTCOMES.....	12
B5. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS.....	14
C1. FISCAL RESOURCES	17
C2. FACULTY RESOURCES	22
C3. STAFF AND OTHER PERSONNEL RESOURCES.....	24
C4. PHYSICAL RESOURCES.....	25
C5. INFORMATION AND TECHNOLOGY RESOURCES	27
D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE.....	29
D2. MPH FOUNDATIONAL COMPETENCIES	30
D3. DRPH FOUNDATIONAL COMPETENCIES	33
D4. MPH & DRPH CONCENTRATION COMPETENCIES	33
D5. MPH APPLIED PRACTICE EXPERIENCES	34
D6. DRPH APPLIED PRACTICE EXPERIENCE.....	37
D7. MPH INTEGRATIVE LEARNING EXPERIENCE.....	37
D8. DRPH INTEGRATIVE LEARNING EXPERIENCE	41
D9. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS.....	41
D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES	44
D11. PUBLIC HEALTH BACHELOR'S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES	45
D12. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES	47
D13. MPH PROGRAM LENGTH	48
D14. DRPH PROGRAM LENGTH	49
D15. BACHELOR'S DEGREE PROGRAM LENGTH.....	49
D16. ACADEMIC AND HIGHLY SPECIALIZED PUBLIC HEALTH MASTER'S DEGREES	49
D17. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES	50
D18. ALL REMAINING DEGREES.....	50
D19. DISTANCE EDUCATION	50

E1. FACULTY ALIGNMENT WITH DEGREES OFFERED	50
E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE	51
E3. FACULTY INSTRUCTIONAL EFFECTIVENESS	53
E4. FACULTY SCHOLARSHIP	55
E5. FACULTY EXTRAMURAL SERVICE	58
F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT	62
F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE	64
F3. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE	66
G1. DIVERSITY & CULTURAL COMPETENCE	67
H1. ACADEMIC ADVISING	71
H2. CAREER ADVISING	74
H3. STUDENT COMPLAINT PROCEDURES	76
H4. STUDENT RECRUITMENT & ADMISSIONS	79
H5. PUBLICATION OF EDUCATIONAL OFFERINGS.....	82
AGENDA	83

INTRODUCTION

Simon Fraser University (SFU) is a research-intensive, public tertiary institution within the province of British Columbia (BC), Canada. Its main campus, located in Burnaby Mountain, opened in 1965, and two additional campuses opened in Vancouver in 1989 and Surrey in 2002. SFU has 69 research centers and institutes with over 3,000 international research partnerships in more than 70 countries. Across its three campuses, SFU houses the following eight faculties/schools: Faculty of Applied Sciences; Faculty of Arts and Social Sciences; Faculty of Communication, Art, and Technology; Beedie School of Business; Faculty of Education; Faculty of Environment; Faculty of Health Sciences; and Faculty of Science. Within these eight faculties, the institution offers 193 undergraduate degree programs, 84 master's degree programs, and 41 doctoral degree programs.

The university enrolls over 37,000 students, including approximately 29,600 undergraduates and 5,600 graduate students, and employs 1,200 faculty and 5,768 staff across its three campuses. SFU holds institutional accreditation from the Northwest Commission on Colleges and Universities (NWCCU). In addition to CEPH, SFU responds to 15 specialized accrediting bodies, including the Association to Advance Collegiate Schools of Business; the Canadian Psychological Association; and the Canadian Engineering Accreditation Board.

The public health program is housed within the Faculty of Health Sciences (FHS), which was established in 2004 with the vision of integrating biological and sociological conceptions of health and evidentiary practices to understand health from a life-course perspective. Today, FHS offers five degrees: MSc, PhD, MPH, BA, and BSc. The latter three degrees comprise the unit of CEPH accreditation. At the time of self-study submission, FHS employed 48 faculty and 23 staff, most of whom teach in the public health program.

The original FHS programming included an MSc in public and population health with a research-focused stream and a practice-focused stream. FHS launched its BA in health sciences in 2006 and, in 2007, a BSc in health sciences with concentrations in 1) life sciences and 2) public health and data. In 2008, the practice-focused MSc stream was renamed the Master of Public Health degree, and the MPH was subsequently organized into four concentrations. In 2019, the program discontinued its MPH concentrations, opting to offer a generalist MPH.

As of fall 2021, the accredited program enrolled 995 undergraduates, including 578 in the BA degree, 181 in the BSc in life sciences, and 233 in the BSc in public health and data. The program also offers a joint BA degree in health sciences and philosophy, which currently enrolls three students, and an accelerated MPH degree with either undergraduate degree. The MPH program had an enrollment of 90 students at the time of self-study submission.

The program received initial CEPH accreditation in 2010 and was granted re-accreditation in 2015. Since its last review, the program submitted seven substantive change notices, five of which related to the change from four MPH concentrations to a single generalist offering, one pertained to adding the joint BA/BS-MPH degree, and one related to a revision to the MPH integrative learning experience (ILE). The program also submitted four interim reports related to MPH foundational competencies, bachelor's cumulative and experiential activities, and bachelor's graduation rates, all of which were accepted by the Council.

Instructional Matrix - Degrees and Concentrations					
Bachelor's Degrees				Place-based	Distance-based
Health Sciences General Studies		BA		BA	
Life Sciences		BSc		BSc	
Public Health and Data		BSc		BSc	
Master's Degree		Academic	Professional		
Generalist			MPH	MPH	
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)					
2nd Degree Area	Public Health Concentration	Academic	Professional		
Bachelor's in Philosophy	Health Sciences General Studies	BA-BA		BA-BA	
Accelerated Bachelor's/Master's	Any bachelor's concentration with MPH Generalist		BA-MPH BSc-MPH	BA-MPH BSc-MPH	

A1. ORGANIZATION & ADMINISTRATIVE PROCESSES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Designates appropriate committees or individuals for decision making, and implementation		The program’s organization and administrative processes are effective and sufficient. The program is housed in the Faculty of Health Sciences (FHS) alongside an MSc and PhD degree that are not in the unit of accreditation. Given FHS’s classification as non-departmentalized, decision making occurs at the faculty level (comparable to a school or college in a U.S. setting). Governance of FHS is aligned with its core values, mission, and vision.	Click here to enter text.	
Faculty have opportunities for input in all of the following: <ul style="list-style-type: none"> • degree requirements • curriculum design • student assessment policies & processes • admissions policies & decisions • faculty recruitment & promotion • research & service activities 		FHS’s internal structure includes several standing and ad hoc committees, all of which have sufficient representation of public health faculty. The Faculty Executive Committee is the highest-order governance committee and includes individuals from all other FHS standing committees, associate deans, a voting undergraduate and graduate student, a recording secretary, and representatives from the Indigenous – Equity, Diversity, and Inclusion Advisory Circle. Its purpose is to collaboratively discuss and provide strategic advice to the dean on relevant research, academic, and administrative issues. The Council normally meets monthly during the academic year.		
Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program		The Faculty Development Committee meets monthly and is composed of faculty leaders. This committee is responsible for day-to-day operation of FHS, including oversight and management of the FHS budget. The Education Programs Committee is composed of the		

		<p>associate dean of education, the directors of the education programs, the associate director of education programs and equity, and managers of undergraduate and graduate programs. The committee is responsible for providing strategic direction across education programs.</p> <p>The Tenure and Promotion Committee is composed of a committee chair and six faculty members elected by voting members of the Faculty Council. The committee sets research and service expectations and is responsible for evaluation and recommendation in all matters of contract renewal, tenure, and promotion of faculty members within FHS, as well as performance reviews.</p> <p>The Indigenous – Equity, Diversity and Inclusion Advisory Circle is composed of two faculty each from the Education Programs Committee and the Tenure and Promotion Committee, the associate director of education programs and equity, a staff member, two student representatives, and one alumnus. The advisory circle is responsible for addressing Indigenization, equity, diversity, and inclusion within FHS through data gathering, enhanced communication, implementing EDI principles into core FHS work, and incentivizing curricular reforms.</p> <p>There are also standing committees for each degree program, including the Professional Programs and Accreditation Committee, which is responsible for the development and management of the MPH; the Undergraduate Studies Committee, which makes decisions about undergraduate programs and policies and assesses the undergraduate curriculum; and the MSc/PhD Committee, which is responsible for the administration of the MSc and PhD degree offerings.</p>		
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		<p>Eleven ad hoc committees exist and meet regularly and/or as needed. The committees are as follows: Accreditation Committee; Ethics Committee; External Advisory Committee; Faculty Search/Recruitment Committees; Graduate Admissions Committee; Graduate Awards Committee; Life Sciences Lab Group; Space Management Advisory Committee; Staff and Faculty Awards Committee; Staff Search Committee; and the Undergraduate Curricular Committee.</p> <p>The Registrar's Office and dean of graduate studies award degrees based on the review of degree requirements and the recommendation of FHS. Student assessment policies and processes are set by SFU. The policies are outlined in the SFU Policy Gazette and address grading and final examinations. These policies are incorporated into the FHS Undergraduate and Graduate Student Grading Guidelines to ensure grading consistency.</p> <p>FHS admissions policies and procedures for undergraduate and graduate programs are aligned with SFU requirements. Admissions to the undergraduate programs are managed by SFU, and admission decisions are made once each semester. Admissions to the MPH program are managed in FHS by the Professional Programs and Accreditation Committee, which uses faculty and current MPH student reviewers to evaluate each application against pre-determined criteria. Admissions decisions for MPH students are made once a year in the spring term.</p> <p>Faculty recruitment and promotion is governed by the SFU Faculty Association Collective Agreement. Faculty recruitment is approved by the provost based on evidence</p>		
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		<p>of available faculty resources, faculty need, and alignment with FHS strategic plans based on a three-year hiring plan, as annually amended.</p> <p>Faculty contribute to decision-making activities in the broader institutional setting as members on the SFU Senate; Research Ethics Board; Senate Committee on Enrollment Management and Planning; Senate Committee on University Honours; and Faculty College.</p> <p>Full-time and part-time faculty regularly interact at faculty retreats held two times per year, monthly Faculty Council meetings, and informally with program and faculty leaders. During the site visit, faculty remarked on the ease of sharing informal feedback with program leaders. Faculty leaders expressed having an open-door policy that is welcoming of feedback and comments.</p>		
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A2. MULTI-PARTNER SCHOOLS & PROGRAMS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

A3. STUDENT ENGAGEMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have formal methods to participate in policy making & decision making		Students have formal methods to participate in policy making and decision making within FHS. Undergraduate and graduate student representatives are voting members	Click here to enter text.	

<p>Students engaged as members on decision-making bodies, where appropriate</p>		<p>on the Faculty Council; Faculty Executive Committee; Professional Programs and Accreditation Committee; the Undergraduate Studies Committee; and the Indigenous—Equity, Diversity, and Inclusion Advisory Circle. Students also are represented on many of the ad hoc committees established within FHS, including the MPH Graduate Admission Committee; Faculty Search Committees; and Staff Search Committees.</p> <p>Students are also engaged as members of the FHS Graduate Caucus and the Health Sciences Undergraduate Student Union. These groups independently nominate and elect representatives to serve on the standing and ad hoc committees. Both student organizations advocate on behalf of students on issues such as class availability, resources for students, and curriculum gaps.</p> <p>During the site visit, students discussed the formal ways in which they provide feedback through the caucus and committees. Students also discussed providing feedback through individual conversations with faculty and end-of-course surveys. Students remarked on the speed at which feedback is addressed, including the program’s rapid response in modifying the placement of the program evaluation and planning course and offering additional time to complete the capstone experience.</p>		
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A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

B1. GUIDING STATEMENTS

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines a vision, mission statement, goals, statement of values		<p>The mission of FHS is <i>“to improve the health of individuals and populations and to reduce health inequities through excellence in interdisciplinary research and education, in partnership with local, national, and global communities and with a commitment to social justice.”</i></p> <p>The vision is to <i>“be a leader in the generation and mobilization of interdisciplinary knowledge to understand and improve health and well-being.”</i></p> <p>The following four goals serve as guiding statements that define plans to advance the field of public health and promote student success:</p> <ol style="list-style-type: none"> 1. To equip students with the knowledge, competencies, and experiences that prepare them to effectively influence the factors that shape public health at local to global levels 2. To provide an engaging, innovative, and culturally safe teaching and learning environment and curriculum 	Click here to enter text.	
Taken as a whole, guiding statements address instruction, scholarship, service				
Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success				
Guiding statements reflect aspirations & respond to needs of intended service area(s)				
Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of outcomes				

		<p>3. To engage with community constituents and stakeholders to promote population and public health, social justice, and health equity in improving health outcomes</p> <p>4. To advance population and public health by mobilizing faculty and student research and scholarship</p> <p>Taken as a whole, the guiding statements address instruction, scholarship, and service. Site visitors confirmed that the guiding statements are sufficiently specific to guide the allocation of resources and the evaluation of outcomes. To further illustrate its aspirations, the faculty defines five core values: excellence in teaching and learning; academic freedom, integrity, and excellence; equity, diversity, and inclusion; community engagement; and a healthy workplace.</p> <p>FHS conducted two academic unit retreats and reviewed student surveys to inform its 2018-2023 Strategic Plan. For additional stakeholder feedback, the faculty recently established an External Advisory Committee. This committee will regularly review items such as the guiding statements and curricula.</p>		
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B2. EVALUATION AND QUALITY IMPROVEMENT

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Collects & reviews all measures in Appendix 1		FHS has an evaluation plan that details various measures, data collection processes, and review plans that are linked	Click here to enter text.	

Measures mission & goals & addresses unit's unique context		<p>with its guiding statements. The plan allows the program to measure its progress in advancing its mission and goals and addresses the program's unique context.</p> <p>The plan outlines appropriate measures that address a variety of areas related to instruction and student outcomes, including student enrollment; curriculum development; student engagement in courses; post-graduation outcomes; and student advising ratios. Various committees (e.g., Tenure and Promotion Committee; Professional Programs and Accreditation Committee; and the Education Programs Committee), as well as program leaders (e.g., the dean and associate dean for research) review data and make decisions. The plan is specific enough to guide ongoing evaluation and continuous improvement.</p> <p>A review of the self-study and electronic resource file confirms that the program collects data on all required measures listed in Appendix 1 as well as eight program-defined measures. The program-defined measures track information related to the curriculum, student engagement, Indigenous health scholars, and faculty appointments.</p> <p>For example, the program tracks the number of Indigenous health scholars hired to help develop a culturally safe learning environment for Indigenous students and courses in Indigenous health. The dean and director of administration and strategic planning complete an annual faculty renewal planning process that enables FHS to justify and track the number and expertise of new hires. Two new Indigenous health scholars were approved in the 2020-21 plan and subsequently hired.</p>		
Reviews & discusses data				
Makes data-driven quality improvements				
Consistently implements evaluation plan(s) over time				

		<p>FHS has engaged in substantive review of evaluation findings and provided evidence of strategic discussions and decisions that have resulted from these reviews. While not consistent over the self-study period, the program shared evidence of implementing an explicit process for translating evaluation findings into programmatic plans and changes.</p> <p>The commentary pertains to the opportunity that exists for the program to implement a process for more consistent review of evaluation findings. Although the program does review some of its evaluation data, a comprehensive process had not been fully realized at the time of the site visit. During the visit, faculty and program leaders stated that the current plan for the consistent implementation and review of data would be complete by the end of calendar year 2022.</p>		
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B3. GRADUATION RATES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & accurately presents graduation rate data for each public health degree offered		The program presents graduation rates for its MPH, BSc, and BA degree that meet, or are on target to meet, this criterion's 70% threshold.	Click here to enter text.	
Achieves graduation rates of at least 70% for bachelor's & master's degrees, 60% for doctoral degrees		MPH students have three years to complete the degree. The 2018-19 cohort is the most recent to meet the three-year maximum time to graduate. All students in the 2018-19 cohort and all but five in the 2019-20 cohort have graduated or withdrawn, resulting in graduation rates of		

		<p>97% and 87%. Reviewers noted that the self-study indicates that one student in the 2018-19 cohort was still enrolled at the time of submission; however, the program shared that this student graduated in April 2022. Based on the current level of attrition, the 2020-21 cohort is also on track to meet or exceed the threshold.</p> <p>The program presents graduation rates for its BSc and BA degrees separately, both of which have a seven-year maximum time to graduation. The most recent cohort of students to reach the maximum is the 2014-15 cohort. Similar to the MPH template, it appeared that five BSc students in the 2014-15 cohort were still enrolled; however, the program shared that all of these students have graduated, resulting in a 94% graduation rate. Among the BA cohort that entered in 2014-15, one student remains, and the graduation rate is currently 92%. Subsequent cohorts are on track to meet or exceed this criterion's threshold. Both the BSc and BA 2015-16 cohorts sit at an 88% graduation rate, with between 10 and 12 students still enrolled.</p>		
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B4. POST-GRADUATION OUTCOMES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Collects, analyzes & presents data on graduates' employment or enrollment in further education post-graduation for each public health degree offered		The program presents post-graduation outcomes for 82-86% of its 2019, 2020, 2021, and 2021 MPH graduates, reflecting a pool of between 32 and 41 graduates per year. The majority (87-97%) of graduates indicate being employed, and the rest indicate being enrolled in further	FHS recently hired a student engagement coordinator to help build stronger relationships with students while they are here and to foster a sense of community that	The Council appreciates the program's response to the site visit team's report, including attached evidence. Initial efforts appear promising, and the Council looks

Chooses methods explicitly designed to minimize number of students with unknown outcomes		education or training. At the time of self-study submission, two graduates in the 2020 cohort and one in the 2021 cohort were actively seeking employment or enrollment in further education.	will extend into their relationship with FHS as alumni. The position develops programming for students in the new FHS Student Commons space and identifies ways to engage with undergraduates and graduate students in creating events, activities and other content that enhance the student experience at FHS. The position works closely with several groups within the Faculty, especially student leadership groups, FHS Education Programs and others, as well as various SFU departments and FHS partners. The position was filled at the beginning of October 2022 and recently organized 6 events since the site visit. See details in attachment A Student Engagement Coordinator Activities.	forward to reviewing evidence of full implementation to ensure compliance with this criterion.
Achieves rates of at least 80% employment or enrollment in further education for each public health degree		<p>MPH post-graduation outcome data are collected using an alumni survey and online internet searches via LinkedIn. The program indicates that, due to privacy concerns, it is not permitted to conduct phone outreach to students after they have left the program.</p> <p>The program collects information for BA and BSc graduates using the BC Baccalaureate Outcomes Survey and presents outcome data for 44-52% of its 2019, 2020, and 2021 bachelor's graduates, reflecting a pool of between 111 and 143 graduates per year. Approximately three-fourths (74-79%) of students from each cohort report being employed. Three students in the 2019 cohort and 14 in the 2021 cohort report not seeking employment or additional education by choice. Ten students in the 2019 cohort, seven in the 2020 cohort, and one in the 2021 cohort report actively seeking employment or enrollment in further education.</p> <p>The concern relates to the program's methods for collecting post-graduation outcome data at the undergraduate level, which, as currently designed, do not minimize the number of unknown outcomes. The program acknowledged this as an area for improvement. During the site visit, the dean told reviewers that the high number of unknown outcomes reflects trends of lower alumni engagement in Canada compared to that of the United States, as well as constraints imposed at the university level that prevent the program from utilizing informal</p>		

		<p>methods (e.g., social media searches and phone outreach) without explicit student permission.</p> <p>The director of advancement and alumni has developed an undergraduate alumni engagement plan. Due to the COVID-19 pandemic, the plan had not been fully implemented at the time of the site visit. The program anticipates that the plan, once implemented, will allow for better data collection. During the site visit, the dean discussed that part of this plan includes intentional utilization of the newly renovated student commons space to encourage a sense of community and to increase engagement and communication with students. The program hopes that stronger relationships with students will result in higher alumni survey response rates, although this has yet to be realized.</p>		
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B5. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions		The program collects data on MPH alumni perceptions of curricular effectiveness using the MPH Exit Survey administered immediately prior to graduation and the MPH Alumni Survey administered one year following graduation. The program implemented its consolidated MPH generalist curriculum in fall 2019; thus, the first iteration of the alumni survey reflecting on this curriculum was administered in June 2022. The program collects feedback from undergraduates using the FHS Undergraduate Exit Survey and the BC Baccalaureate Outcomes Survey.	Click here to enter text.	
Documents & regularly examines its methodology & outcomes to ensure useful data				
Data elicit information on skills most useful in post-graduation placements, areas in which alumni feel well prepared & areas in which				

<p>alumni would have benefitted from additional preparation</p>		<p>The 2022 MPH Alumni Survey asks alumni to identify the competencies they deem most relevant to them professionally, to what extent they felt the program prepared them for employment in public health, and areas in which they would have benefitted from more training. Using a Likert-type scale with 1 being “not relevant at all” and 5 being “very relevant,” the self-study presents a weighted average for the extent to which alumni deem each foundational and concentration competency relevant professionally. Seven foundational competencies averaged a 4.0 rating or higher, including interpreting the results of data analysis, selecting communication strategies for diverse audiences, and designing a population-based policy, program, or project. The average response for each of the five concentration competencies ranged from 2.65 to 3.79.</p> <p>Qualitative feedback from alumni indicates that the practicum and capstone were beneficial. Alumni indicated that skills in quantitative and qualitative data analysis, program planning and evaluation, survey design, systems thinking, networking, and teamwork were also especially beneficial.</p> <p>Alumni were also asked to rate the extent to which they feel the program prepared them for employment in the field of public health. Twenty-one alumni answered the question, approximately half of whom responded that the program prepared them “to a great extent,” and the remaining responses were split between “to a moderate extent” and “to a slight extent.” Alumni identified additional skills in epidemiological methods, the use of R</p>		
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		<p>software, and courses in policy, data, and economics as areas in which the curriculum could be improved.</p> <p>The BC Baccalaureate Outcomes Survey is a quantitative survey of all baccalaureate graduates conducted by the province of British Columbia; thus, the program does not have autonomy to alter or add survey questions. The survey asks alumni to rate how useful the knowledge and skills acquired during their education are to their work and how helpful SFU was in developing skills including written and oral communication, critical analysis, research, mathematics, problem resolution, group collaboration, reading comprehension, and independent learning.</p> <p>Approximately half of FHS alumni responded to the survey in 2020 and 2021. Responses to each prompt are similar across the two years. For example, on a scale of “very useful” to “not useful at all” between 23-30% of alumni rated the skills they acquired as “very useful” and about half rated them as “somewhat useful.” Feedback on how helpful SFU was in developing skills varied based on the type of skill, although 75% of respondents rated the institution as very helpful or somewhat helpful for nearly every skill.</p> <p>The program supplements information gathered from the outcomes survey using the Undergraduate Exit Survey, which collects feedback on public health-related skills. The exit survey is administered following convocation, and the program notes that response rates in recent years have been low (27% in 2021 and 6% in 2022) because convocation was held virtually. The survey asks graduates to rate the extent to which the program prepared them in the competencies related to communication and</p>		
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		<p>information literacy and in the cross-cutting concepts and experiences defined in Criterion D12. Between 78-100% of respondents in 2021 said that the program prepared them in the communication and information literacy competencies to a “great” or “moderate” extent.</p> <p>Feedback on the program’s preparation in the cross-cutting concepts was varied. For example, 100% of respondents said that they felt prepared in advocacy and independent work. Areas in which more than half of respondents felt prepared include research methods, teamwork, leadership, ethical decision making, and professionalism. The areas in which alumni perceived themselves as less prepared include networking and organizational dynamics.</p> <p>The program acknowledged that its connection with FHS undergraduate alumni is weak. As mentioned in Criterion B4, reviewers noted that increasing survey response rates would allow for more robust feedback from bachelor’s alumni. The program hopes that its undergraduate alumni engagement plan will allow it to collect more robust data in the coming years.</p>		
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C1. FISCAL RESOURCES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Financial resources currently adequate to fulfill stated mission & goals & sustain degree offerings		The program has adequate fiscal resources to sustain its degree offerings and to fulfill its stated mission and goals.	Click here to enter text.	

<p>Financial support appears sufficiently stable at time of site visit</p>		<p>FHS consistently receives approximately \$10 million CAD in annual allocation from SFU, which is based on student enrollment, space needs, and research intensity. The self-study notes that FHS consistently meets its enrollment goals and ranks third among university faculties for research intensity, both of which contribute to the stability of its funding. Canada's Tri-Council (which includes the Canadian Institutes of Health Research, the Natural Sciences and Engineering Council of Canada, and the Social Sciences and Humanities Research Council) uses overhead and indirect costs of research to determine the research component of the faculty's funding.</p> <p>FHS has autonomy to make budget decisions after receiving its annual allocation. FHS is a non-departmentalized faculty that uses four cost centers, including operating expenses, graduate programs, undergraduate programs, and information technology and facilities. Budget autonomy allows the faculty to re-assign funds among its cost centers, including decisions to add new faculty positions, as needed.</p> <p>Tuition revenue is returned to FHS according to a university formula based on the three-year rolling average of each faculty's proportion of the undergraduate and graduate student Activity Full-Time Equivalents and results in the return of 64% of tuition revenue. The university returns specialty program fees based on the proportion of the total of specialty fee revenues represented by FHS.</p> <p>Faculty and staff salaries and benefits follow union-mandated scales and account for approximately 90% of the budget. The university funds general wage increases, and the FHS budget covers promotion-related increases</p>		
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		<p>for faculty and staff. External funding, endowments, and partnerships may also fund new positions. The provost annually reviews the three-year faculty and staff plans. The university may provide additional funding for strategic hires for three to five years, which has been used in support of hiring Indigenous scholars and FHS's program for Black faculty.</p> <p>In Canada, the educational institution is responsible for full funding for tenured and tenure-track faculty members. The FHS budget provides 100% of the support for teaching professors at all levels. Grant-tenured faculty must secure at least 50% of their salaries from external sources. External sources may also provide partial funding for professional practice professors and limited-term research faculty. Approximately 30% of payroll expenses are dependent upon partnerships, endowment income, and the Canada Research Chair and other salary awards, among other sources.</p> <p>Provincial and federal programs also provide competitive salary awards. Successful competition for these awards has allowed FHS to increase its number of faculty. The Canada Research Chair program provides Tier I chairs for established researchers (\$200,000 CAD per year for seven years, renewable once) and Tier II chairs for emerging researchers (\$100,000 CAD per year for five years, renewable once.) In the past five years, FHS has had one Tier I chair and three Tier II chairs.</p> <p>The self-study states that dependence on external funds is not a problem; though the program recognizes that it may represent a financial vulnerability, the faculty is committed to continuing efforts to use and identify</p>		
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		<p>external funding opportunities. During the site visit, faculty members related their long-range plans to manage, balance, and replace the 30% of payroll expenses dependent upon partnerships with other sources of income, although there is no imminent loss of any of these sources.</p> <p>FHS defines operational costs as ongoing day-to-day expenses including payroll support and non-payroll expenses such as supplies, equipment maintenance, research support costs, travel, recruitment, advertising, promotion, and student support. Payroll-related expenses account for approximately 90% of the budget, and the remaining 10% is divided among other costs.</p> <p>Student support takes various forms. Each faculty contributes to the university's student support units, such as Student Services, the Centre for Educational Excellence, and the Office of Graduate and Postdoctoral Studies. Faculties share costs for undergraduate scholarships based on their proportions of all undergraduate revenues.</p> <p>The university provides an allocation each year for graduate fellowships, travel, and research awards, and FHS decides on the distribution of these funds. The faculty also allocates intramural funds for the Graduate Caucus and other student activities to foster community building and collaboration.</p> <p>Additional funds for operational costs, student support, and faculty member development can come from unused budget balances carried over from prior years. The provost also has funds available, such as Teaching and Learning Fellowships.</p>		
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		<p>The Canadian government’s Research Support Fund assists post-secondary institutions with research-related activities funded by the Canadian Tri-Council. The university receives Research Support Fund financing based on the overall Research Support Fund budget and the three-year moving average of funding that the university receives from the Tri-Council funders. The university allocates 45% of the annual Research Support Fund income to the provost. In turn, FHS receives funds based on the three-year moving average of funding that the faculty receives from Tri-Council funders. These funds become part of the FHS annual budget.</p> <p>Research contract indirect costs are set at 25% unless the contractor specifies a lower limit. Half of indirect costs go to the university, and the remaining half is split evenly between FHS and the research contract’s principal investigator.</p> <p>The table of income and expenditures for fiscal years 2018-2022 provided in the self-study shows stable income that has tended to increase over those years. Expenditure categories vary over the years related to some capital improvements and other factors. Each year, income exceeds expenditures. The faculty counts on a robust and varied income structure within a predictable university funding formula.</p> <p>During the site visit, the provost discussed the financial circumstances of the university and FHS. Across the university, 25% of the student body are international students, a population that was disrupted by COVID-19. The university acted pre-emptively several years ago to</p>		
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		<p>minimize the impact on its budget. The international student population is increasing again at the university, and student visas are close to the pre-pandemic level. The university's measures kept the budget decrease for 2022 to about 1%, and a similar decrease is anticipated in 2023. Government-funded faculty salaries are stable and have a built-in inflation adjustment.</p> <p>At the time of the site visit, the university was transitioning to a new system for distribution of university funds to faculties. The new system will more heavily weight research intensity with less emphasis on enrollment. The provost expects that the university support for FHS will increase under the new system.</p>		
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C2. FACULTY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
School employs at least 21 PIF; or program employs at least 3 PIF		The program has adequate faculty resources to support its single MPH concentration and three bachelor's degree offerings based on the 42 primary instructional faculty (PIF) and 21 non-PIF.	Click here to enter text.	
3 faculty members per concentration area for all concentrations; at least 2 are PIF; double-counting of PIF is appropriate, if applicable		The program describes its faculty as interdisciplinary, as almost all instructors teach at the undergraduate and master's level, including in the programs outside the unit of accreditation. Faculty FTE presented in the self-study consider all efforts allocated to public health students, and only PIF who contribute at least 0.5 FTE to the public		
Additional PIF for each additional degree level in concentration; double-counting of PIF is appropriate, if applicable	N/A			

Ratios for general advising & career counseling are appropriate for degree level & type		<p>health degree programs are counted as PIF. The self-study outlines the formula for calculating faculty FTE, which considers aspects including the proportion of mentoring and advising provided to students and the proportion of teaching workload in the unit of accreditation.</p> <p>The program presents the ratios for general advising and career counseling provided to bachelor's students on a weekly basis. For example, the bachelor's program academic advisor provides advising to, on average, 37 students on a weekly basis, with a minimum of 25 and a maximum of 55. The director of professional programs and the public health programs coordinator provide advising and career counseling to, on average, 42 MPH students during their first semester in the program, with a minimum of 40 and a maximum of 45. The graduate programs manager also assists students with advising at an average of six students per semester, with a maximum of 26.</p> <p>The MPH integrative learning experience (ILE) course is led by two instructors, both of whom receive assistance from a graduate teaching assistant. On average, each instructor advises 50 students, with a minimum of 40 and a maximum of 60. Students who complete a thesis have an individual senior supervisor. At the undergraduate level, the senior seminar course instructor supervises between 10 to 30 students in the bachelor's cumulative experience, depending on enrollment.</p> <p>Student perceptions of class size and faculty member availability are collected as part of the MPH and Undergraduate Exit Surveys. Over the last three years, data indicate that between 73-79% of undergraduate</p>		
Ratios for MPH ILE are appropriate for degree level & nature of assignment				
Ratios for bachelor's cumulative or experiential activity are appropriate, if applicable				
Ratios for mentoring on doctoral students' integrative project are appropriate, if applicable	N/A			
Students' perceptions of class size & its relation to quality of learning are positive (note: evidence may be collected intentionally or received as a byproduct of other activities)				
Students are satisfied with faculty availability (note: evidence may be collected intentionally or received as a byproduct of other activities)				

		respondents are very or somewhat satisfied with class size and between 66-79% are very or somewhat satisfied with faculty member availability. A question on both class size and faculty member availability was added to the MPH Exit Survey for the 2021-22 iteration. Ninety-two percent of respondents agreed that class size is conducive to their learning, 96% of respondents indicated that faculty members are responsive to their academic needs, and 99% said that faculty members are available outside of the classroom. Feedback from students present during the site visit aligned with survey responses.		
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C3. STAFF AND OTHER PERSONNEL RESOURCES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Staff & other personnel are currently adequate to fulfill the stated mission & goals		The self-study lists 22 staff and other personnel, all of whom support FHS at 1.0 FTE. The program notes that, while staff members support FHS as a whole, the time allocated to degrees outside of the unit of accreditation does not exceed 10%.	Click here to enter text.	
Staff & other personnel resources appear sufficiently stable		Staff support includes two communications and marketing staff; two research-related positions; four information technology and computer staff; two secretaries; a receptionist; a budget and financial manager; three undergraduate program staff; and seven director, coordinator, manager, and assistant personnel. Additional personnel fill temporary positions. Early in 2022, there were 168 research assistants, 54 teaching assistants/tutor markers, and two co-op staff positions.		

		<p>Grant support allows faculty to hire staff (such as project managers or administrative support people) for specific projects.</p> <p>FHS has been able to maintain its staff and rapidly replace vacancies over the past three years. Many staff are long-term employees, offering stability and continuity. Staff present during the site visit said that they feel supported and are acknowledged for the work they do.</p> <p>During the site visit, reviewers learned that individual faculties are now responsible for all accounting activities. This university action may require the hiring of additional accounting staff to support FHS. Additionally, program leaders recognized a need for additional undergraduate advising based on student feedback and were proposing to hire an additional 0.5 FTE to address this need.</p>		
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C4. PHYSICAL RESOURCES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Physical resources adequate to fulfill mission & goals & support degree programs		<p>Classrooms and offices for all programs in FHS are located in Blusson Hall on SFU’s main campus. Blusson Hall contains ample classroom space, including three classrooms and two seminar rooms dedicated to the public health program. These teaching spaces were recently refreshed with the latest audiovisual technology and movable furniture to foster collaboration.</p> <p>All tenured, tenure-track, grant-tenure, and teaching faculty have individual offices with dedicated computers</p>	Click here to enter text.	
Physical resources appear sufficiently stable				

		<p>with hardwired internet access in Blusson Hall or in Harbour Centre on the downtown Vancouver campus. Full-time staff have individual offices with dedicated computers. Research staff have dedicated work areas in either open-plan seating space or in research pods.</p> <p>Blusson Hall also has laboratory space used for advanced laboratory courses and an interdisciplinary elective course. The laboratory is equipped with necessary instruments and certified for Biosafety Level II use. FHS research laboratories include the Centre for Infectious Disease Genomics and One Health; HIV/AIDS Molecular Epidemiology; Infectious Disease Immunology; Infectious Disease Virology; Maternal and Child Health; and Molecular Neurobiology.</p> <p>In response to student feedback and as part of an initiative to foster a sense of belonging and community among students, FHS created a new Student Commons within Blusson Hall. The space brings together FHS undergraduate and graduate students, student support services, researchers, and faculty members in an interdisciplinary atmosphere. The faculty also recently created an Indigenous Student Commons to provide a culturally safe study space. These common areas have display monitors with information about student activities, student award opportunities, research opportunities at the faculty level, experiential learning opportunities, upcoming university and FHS events, and ways to connect with staff and peers.</p> <p>Student feedback gathered from undergraduate and graduate exit surveys include positive comments about</p>		
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		the physical resources and laboratory facilities. Reviewers validated these comments during the site visit.		
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C5. INFORMATION AND TECHNOLOGY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Adequate library resources, including personnel, for students & faculty		<p>Students and faculty have access to library facilities on all three campuses, including the W.A.C Bennett Library on the main campus, the Belzberg Library at the Vancouver campus, and the Fraser Library at the Surrey campus. Collections and services for FHS are based at the Bennett Library.</p> <p>The Bennett Library has over 1,500 study spaces and group study rooms. It also has over 300 computers that are equipped with Microsoft Office Suite, SPSS, citation management tools, and course-specific programs. The library also provides on-site technical support, scanners, printers, and wireless internet. In addition, Blusson Hall has a computing lab with 36 spaces for instructional and research activities.</p> <p>The health science librarian works closely with FHS to establish and maintain a collection in support of teaching and research. The serial health sciences collection includes over 60 journal subscriptions, all but two of which are available digitally. Thousands of serials are available in the university library system, including other science and health disciplines. Additionally, students and faculty have access to more than 500 databases and indices, including</p>	<p>Click here to enter text.</p>	
Adequate IT resources, including tech assistance for students & faculty				
Library & IT resources appear sufficiently stable				

		<p>MEDLINE, CINAHL Complete, Evidence-Based Medicine Reviews, Global Health, and Web of Science.</p> <p>Unlimited interlibrary loan service is available to faculty, staff, and students. Articles and book chapters are delivered in digital form. Under the Canadian Reciprocal Borrowing Agreement, faculty and students can directly access other Canadian university libraries.</p> <p>FHS has a designated librarian liaison who serves as an information specialist. Liaison duties include managing the departmental collections budget, book and serial selections, assisting faculty and students with research, providing library instruction, and sharing information on scholarly communication trends.</p> <p>Beyond the liaison, faculty members and students may get library assistance at the libraries' reference desks, through email, by phone, or an online chat service. Online library guides are also available and include guidance on an array of topics such as developing research strategies, locating relevant journal articles, the use of citation styles, course-specific resources for assignments and projects, and others.</p> <p>The program provides all faculty members and staff with individual desktop computers and access to networked printers. All new faculty members are provided with core computing hardware and software. Specialized computing infrastructure is provided on a case-by-case basis through new faculty start-up grants. Established faculty members may supplement or upgrade their computing infrastructure with annual development funds or an external grant.</p>		
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		<p>Three full-time information technology staff ensure that the computing networks and systems are secure, update software as needed, and maintain the FHS website. The information technology staff also maintain the audiovisual areas, including fully audiovisual-integrated teaching and mobile video conferencing capabilities.</p> <p>Student surveys show a high level of satisfaction with the library. Student exit surveys show a high level of satisfaction with the technology resources, though a few undergraduate students found internet Wi-Fi connectivity suboptimal in Blusson Hall.</p> <p>Discussions during the site visit indicated that there was general awareness among the faculty and students about the Wi-Fi access problems. There are some Wi-Fi factors beyond the faculty's control, such as the local weather environment and campus location, which are not unique to FHS. The faculty has a new chief information officer and other staff who were assessing the problems at the time of the site visit to develop a plan for improved Wi-Fi service.</p>		
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D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Ensures grounding in foundational public health knowledge through appropriate methods (see worksheet for detail)		The program provides grounding in all 12 foundational public health knowledge areas. Students take nine courses, including biostatistics; epidemiology; qualitative research methods; global health; social determinants of health;	Click here to enter text.	

		health promotion; environmental and occupational health; and Core Concepts and Practice for Public Health I and II. The curriculum provides grounding through a combination of lectures, written assignments, and readings. The D1 worksheet summarizes reviewers' findings.		
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D1 Worksheet

Foundational Knowledge	Yes/CNV
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes
3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the school or program	Yes
5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (e.g., One Health)	Yes

D2. MPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Assesses all MPH students, at least once, on their abilities to demonstrate each foundational		The program provides didactic preparation and appropriate assessment opportunities for 21 of the 22 foundational competencies for its generalist MPH degree. The competencies are mapped to courses that all students take,	As part of planning for HSCI 901 (Core Concepts and Practice for Public Health II), being taught this Spring semester, a module on	The Council appreciates the program's response to the site visit team's report and looks forward to reviewing the program's curricular

<p>competency (see worksheet for detail)</p>		<p>including the nine courses listed in Criterion D1, as well as courses in program planning and evaluation; the health care delivery system; and Indigenous health in Canada.</p> <p>Although the assessment opportunity for foundational competency 21 is mapped to the practicum, all students complete assignments embedded within the classroom portion, rather than the independent practicum portion. One of the assignments requires students to identify and interview at least one professional working in a sector outside of public health within their practicum and discuss how their work can maximize impact in the student's area of practice. Program leaders shared a variety of recent examples with reviewers during the visit. For example, a few students completing their practica at a local health system worked with municipal and/or city planners around city-wide planning. Another interning in the field of health communication worked with teachers and principals in a local school district to understand how public health messaging is translated into an education space. In the upcoming semester, students are going to work with public librarians on a campaign to allow local individuals to borrow radiation tests to test indoor air quality.</p> <p>Discussions with program leaders during the site visit clarified questions reviewers had regarding the assessment opportunity for foundational competency 10. To assess the ability to explain principles of resource management, students complete a variance analysis on an operating budget.</p> <p>The concern relates to the lack of alignment between foundational competency 16 and the mapped assessment opportunity. Based on information provided in the electronic</p>	<p>Public Health Leadership is scheduled at the end of March. The instructor is planning an additional assignment in which students will apply leadership frameworks and approaches. A copy of the assignment will be provided to CEPH once finalized.</p>	<p>changes to address foundational competency 16.</p>
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		resource file and through discussions with faculty during the site visit, it does not appear that the pre- and post-self-assessment allows students to apply leadership and/or management principles to address a relevant public health issue, as required by this competency statement, and instead asks students to reflect on their own capabilities.		
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D2 Worksheet

MPH Foundational Competencies	Yes/CNV
1. Apply epidemiological methods to settings & situations in public health practice	Yes
2. Select quantitative & qualitative data collection methods appropriate for a given public health context	Yes
3. Analyze quantitative & qualitative data using biostatistics, informatics, computer-based programming & software, as appropriate	Yes
4. Interpret results of data analysis for public health research, policy, or practice	Yes
5. Compare the organization, structure & function of health care, public health & regulatory systems across national & international settings	Yes
6. Discuss the means by which structural bias, social inequities & racism undermine health & create challenges to achieving health equity at organizational, community & systemic levels	Yes
7. Assess population needs, assets & capacities that affect communities' health	Yes
8. Apply awareness of cultural values & practices to the design, implementation, or critique of public health policies or programs	Yes
9. Design a population-based policy, program, project or intervention	Yes
10. Explain basic principles & tools of budget & resource management	Yes
11. Select methods to evaluate public health programs	Yes
12. Discuss the policy-making process, including the roles of ethics & evidence	Yes
13. Propose strategies to identify stakeholders & build coalitions & partnerships for influencing public health outcomes	Yes
14. Advocate for political, social or economic policies & programs that will improve health in diverse populations	Yes
15. Evaluate policies for their impact on public health & health equity	Yes
16. Apply leadership and/or management principles to address a relevant issue	CNV
17. Apply negotiation & mediation skills to address organizational or community challenges	Yes
18. Select communication strategies for different audiences & sectors	Yes
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing & through oral presentation	Yes
20. Describe the importance of cultural competence in communicating public health content	Yes
21. Integrate perspectives from other sectors and/or professions to promote & advance population health	Yes
22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative	Yes

D3. DRPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D4. MPH & DRPH CONCENTRATION COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines at least five distinct competencies for each concentration or generalist degree in MPH & DrPH. Competencies articulate an appropriate depth or enhancement beyond foundational competencies		<p>The program defines five competencies for its generalist MPH degree. Site visitors determined that the competency set characterizes an appropriate depth beyond the foundational competencies. The program maps between two to four courses to each competency, including courses in epidemiology; global health; health promotion; Indigenous health in Canada; analysis of the health care delivery system; environmental health; as well as the Core Concepts for Public Health Practice I & II courses.</p> <p>The competencies are designed to address aspects of self-reflection and discuss implications of ones' positionality for research and practice addressing health inequities; current and emergent issues in global health; global environmental challenges; and Indigenous social determinants of health. Students are assessed through a self-reflection exercise; papers; cultural safety training; student-led discussion sessions; reading summaries; and weekly assignments.</p> <p>The D4 worksheet summarizes reviewers' findings.</p>	<p>Click here to enter text.</p>	
Assesses all students at least once on their ability to demonstrate each concentration competency				
If applicable, covers & assesses defined competencies for a specific credential (e.g., CHES, MCHES)	N/A			

D4 Worksheet

MPH Generalist Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Engage in self-reflection and self-reflexivity about one’s own social position relative to others and discuss implications of one’s positionality for research and practice addressing health inequities	Yes	Yes
2. Describe the Indigenous social determinants of health, demonstrate understanding of and respect for Indigenous perspectives on health and well-being, and appreciate the practice of cultural safety and anti-racism practice for Indigenous peoples within health and welfare services and public health initiatives	Yes	Yes
3. Identify theories and frameworks that explain constructions of gender and sex, race and ethnicity, social class, and other markers of social location with attention to their intersections, historical and contemporary contexts, and relationships to health equity	Yes	Yes
4. Identify, define, and critically analyze historical, current, and emerging issues in global health and their impacts on population health	Yes	Yes
5. Examine major global environmental challenges including the impacts of planetary change and the interaction of occupation, environmental hazards and social-ecological determinants on human health	Yes	Yes

D5. MPH APPLIED PRACTICE EXPERIENCES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
All MPH students produce at least two work products that are meaningful to an organization in appropriate applied practice settings		All students complete an applied practice experience (APE) that is designed to bridge theory and practice in public- and community-health settings. The APE results in at least two work products that demonstrate at least five competencies. Site visitors reviewed the APE Handbook, Assessment Forms, and APE Predeparture Forms and validated that each item communicates information necessary to successfully complete the experience.	Click here to enter text.	
Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies				

<p>All students demonstrate at least five competencies, at least three of which are foundational</p>		<p>The APE occurs over the course of one 13-week academic term, within HSCI 880: MPH Practicum Experience. A typical experience includes a minimum of 11 weeks in a designated workplace and two weeks allocated to preparing a poster and summative report.</p> <p>Students plan their APE in collaboration with their site preceptor, who supervises and mentors the student at the practice site, and the director of professional programs and accreditation, who provides leadership and overall supervision to students. Students identify five competencies, at least three of which must be foundational, to apply during the practicum. The plan is reviewed and approved by the preceptor and director at the start of the experience.</p> <p>During the site visit, program leaders stated that there are more than 60 possible APE sites open to students each semester and said that students may also locate their own sites for approval. Recent APE sites include Fraser Health; Chief Red Bear Children’s Lodge; Planetary Health Team at Fraser Health; Burnaby Primary Care Network; and Research Ethics Board British Columbia. The APE Handbook also lists available practice sites including the Canadian Institute of Health Information; the National Office of the National Health Agency of Canada; British Columbia Centre for Disease Control; and the Pan-American Health Organization.</p> <p>Students complete four APE assignments in HSCI 880. The assignments include a chance to refresh their APE plan; a reflection on interprofessional practice; a reflection on the learning plan; and a 200-word summary report describing</p>		
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		<p>how each work product was created and used, as well as the competencies that map to each product.</p> <p>Preceptors assess students' progress at the midpoint and at the completion of the APE using a standard form that has a four-point rating scale (from fully met to not met) for each competency; evaluation on a five-point Likert scale of student skills in communication, professional conduct, interprofessional practice, independence, teamwork, efficiency, and initiative; an evaluation of progress on the APE activities and deliverables; and several sections for feedback to the student. The forms also ask preceptors to identify how the program might have better prepared the student for the APE.</p> <p>The director reviews the preceptor forms, all four assignments for each student, as well as all the student products and assigns the final grade. The program employs a standard rubric to assess the work products for alignment with competencies.</p> <p>During the site visit session with community partners, the team heard about the close relationship between the faculty and the APE sites. Site preceptors confirmed that student products are beneficial to their organizations. APE sites may bring product suggestions or requests to the faculty, helping to assure mutual benefit. Preceptors give feedback after every student rotation about suggested program improvements, how to better prepare students, and how to better support preceptors. They reported a positive response from the faculty to their feedback.</p> <p>The student samples provided in the electronic resource file are varied in both topic and form. For example, one</p>		
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		<p>student completed an APE with Chief Red Bear Children’s Lodge, a Canadian child welfare service. Work products included an analysis of how child welfare agencies communicate their values to their employees and the production of new orientation materials (both PowerPoint and written materials) to further the goal of decolonizing the process of child welfare.</p> <p>Another student developed and deployed, in coordination with partner agencies, a survey to gather data to improve the processes for the Test Now Buddies Program that supports self-testing for HIV. Another contributed to the production of an online research ethics tool to better reflect issues unique to Indigenous populations and to assure compliance with current guidelines and standards for health research involving Aboriginal people.</p>		
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D6. DRPH APPLIED PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D7. MPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Students complete project explicitly designed to demonstrate synthesis of foundational & concentration competencies		MPH students can complete a capstone project or a thesis as the ILE. While the thesis option was not described in the self-study, site visitors received additional documentation during the site visit that detailed this option.	All documentation related to the MPH capstone and MPH thesis (as the ILE) have been updated to instruct students to identify at least	The Council reviewed the program’s response, including attached evidence. The Council found that the program’s revisions related to the

Project occurs at or near end of program of study				
Students produce a high-quality written product				
Faculty reviews student project & validates demonstration & synthesis of specific competencies		<p>Students completing the capstone project work individually and in teams to integrate chosen MPH curriculum competencies and to enhance their capabilities in four areas, including leadership and teamwork; interdisciplinarity and reflexivity; application of frameworks and systems thinking; and community-based engagement and communication. These four areas represent a synthesis of foundational and concentration competencies. Students are randomly assigned to groups of four to five students. This team approach reinforces building teamwork and real-world situations that bring practitioners together who may not have a history of collaborative practice.</p> <p>At the beginning of the experience, students self-assess their level of competence in all foundational and concentration competencies and identify one to three areas for improvement during the capstone in consultation with the capstone instructors. Students work in teams to unpack a real-world, complex health challenge alongside community stakeholders and present solutions to address the challenge. The self-study provides additional detail for each of the nine modules, which starts with a phase of planning and ends with the final presentation and individual reflection.</p> <p>At the end of the experience, students complete an individual reflection to assess their progress in gaining further proficiency in the selected competencies. Additional ILE deliverables include a team-based, 15-page final paper and a 20-minute video presentation. The final paper is called a Process Book and documents the group's learning journey. The group video presentation is</p>	<p>one foundational and one concentration-specific competency to integrate and synthesize as part of their capstone or thesis work.</p> <p>For MPH Capstone see file attachment B HSCI 897 Capstone MPH Competency Selection Assignment Instructions.</p> <p>Documentation for the MPH Thesis (i.e. Thesis Completion Guidelines, Thesis Proposal Defence Procedures, Readiness to Defend MPH Thesis and MPH Thesis Assessment) have been updated with instructions to student to select foundational and concentration-specific competencies to synthesize.</p> <p>In addition, the MPH Thesis Assessment Form and the Readiness to Defend MPH Thesis Form now include an assessment but faculty that the student addressed and synthesized their identified foundational and concentration-specific competencies. See attached files C, D, E, F G for revised MPH Thesis documents.</p>	<p>capstone option meet this criterion's expectation. However, the thesis option appears to only require student to select a minimum of two competencies (one foundational and one concentration) which does not align with this criterion's expectations. This criterion states that "demonstrating synthesis and integration requires more than one foundational and one concentration competency." The Council looks forward to reviewing future reporting to document full compliance with this criterion.</p>

		<p>delivered on the final day of the capstone in a knowledge translation conference format attended by the full cohort, instructors and TAs, and invited stakeholders with whom students worked with to tackle their chosen health challenge. The capstone project is assessed at multiple stages by the course instructor and teaching assistants.</p> <p>For the thesis option, students enroll in the MPH thesis course in the spring semester of their second year and are paired with a faculty supervisor. After a supervisor is confirmed, the student and the supervisor agree on at least one additional member to join the Supervisory Committee. At least one member of the committee must be a faculty member, adjunct professor, or research associate at SFU.</p> <p>Students prepare a written research proposal that integrates theory, current research, and methods. The proposal is organized and evaluated in accordance with the policies and procedures established by the Professional Programs and Accreditation Committee. The student, in collaboration with the supervisor and Supervisory Committee, determines the timeline for defending the thesis proposal. Although the program provided reviewers with the thesis procedures and completion guidelines, there was no evidence that students select competencies to synthesize as part of the thesis.</p> <p>Students produce a wide variety of projects that address a range of topics. For example, recent capstone projects include an equity-centered program design; a project focused on reducing stigma in South Asian communities; and guidance for improving knowledge translation</p>		
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		<p>strategies related to COVID-19 vaccines. A thesis project researched the association between multimorbidity resilience and injurious fall occurrences among older adults.</p> <p>During the site visit, faculty discussed the need for additional faculty members to support the implementation and evaluation of the capstone project, citing the current grading process as burdensome. Students who participated in the capstone project and thesis said that they appreciate the efforts of faculty members to support and guide their scholarly efforts and interests.</p> <p>Although site visitors confirmed that students produce high-quality written products at or near the end of the program of study, neither option appears to completely align with this criterion's expectations.</p> <p>The first concern relates to the number of competencies required and the absence of an explicit requirement that students synthesize both foundational and concentration competencies for both the capstone and the thesis. For the capstone project, students are instructed to select "one to three MPH competencies for which they want to gain more proficiency during the course." Per the criterion language, demonstrating synthesis and integration requires more than one foundational and one concentration competency. Further, the capstone project instructions do not instruct students to select both foundational and concentration competencies. While faculty stated that this often happens organically and that students completing the capstone in spring 2023 will be required to select both foundational and concentration</p>		
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		<p>competencies, there was no written requirement at the time of the site visit. For the thesis, there does not appear to be any evidence that students select any number of competencies to synthesize.</p> <p>The second concern relates to the absence of evidence that a faculty member evaluates that the thesis option addresses specific foundational and concentration competencies. Given that the thesis option does not require students to select any competencies to synthesize, there is no opportunity for students to be evaluated in this regard.</p>		
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D8. DRPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D9. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Curriculum ensures that all elements of all domains are covered at least once (see worksheet for detail)		The program offers a Bachelor of Arts (BA) in health sciences and a Bachelor of Science (BSc) in health sciences with concentrations in 1) life sciences and 2) public health and data. Each degree requires 120 credits, including at least 44-45 upper-division credits.	A presentation of CEPH's preliminary findings with respect to this criterion was made to the Undergraduate Studies Committee (UGSC) in November 2022. It was subsequently decided that the Education Programs Committee (EPC) should take the lead on this	The Council appreciates the program's response to the site visit team's report and looks forward to reviewing evidence of full implementation to ensure compliance with this criterion.
If curriculum intends to prepare students for a specific credential (e.g., CHES), curriculum addresses	N/A	Although each degree is relatively individualized, all students take the following courses, which are mapped to		

<p>the areas of instruction required for credential eligibility</p>		<p>the 11 foundational domains: General Biology; The Canadian Health System; Foundations of Health Science; Evaluating Epidemiological Research; and Applied Health Ethics. Students take additional courses in areas such as statistics, natural and social sciences, and the humanities, although the courses vary across degree program and are selected by each student from a list of options.</p> <p>Using the self-study and associated documentation, reviewers validated that the required courses cover most of the public health domains. The math/quantitative reasoning domain is mapped to five statistics courses, and all students take at least one. The science domain is mapped to two biology courses, BISC 101: General Biology and BISC 102: General Biology II. All students take BISC 101, and BSc students also take BISC 102.</p> <p>The concern relates to the apparent lack of coverage of the project implementation domain for BSc students. This domain is mapped to HSCI 312: Health Promotion: Individuals and Communities, but this course is only required for BA students. While the course is an elective option for BSc students, there is no other course that covers this domain if students do not select this option. During the site visit, faculty explained that there are plans to evaluate how this domain can be implemented into required coursework for all bachelor's students.</p> <p>Reviewers' findings are summarized in the D9 worksheet.</p>	<p>issue (December 2022 UGSC meeting). The identification of a program implementation module that could be adapted for this purpose will be discussed in depth at the EPC meeting on Jan 26th. At that time, the core courses for adding this domain will be finalized and a timeline for implementation will be developed. Current anticipated target date is Fall 2023.</p>	
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D9 Worksheet

Public Health Domains	Yes/CNV
1. Concepts and applications of basic statistics	Yes
2. Foundations of biological and life sciences	Yes

3. History & philosophy of public health as well as its core values, concepts & functions across the globe & in society	Yes
4. Basic concepts, methods & tools of public health data collection, use & analysis & why evidence-based approaches are an essential part of public health practice	Yes
5. Concepts of population health, & the basic processes, approaches & interventions that identify & address the major health-related needs & concerns of populations	Yes
6. Underlying science of human health & disease, including opportunities for promoting & protecting health across the life course	Yes
7. Socioeconomic, behavioral, biological, environmental & other factors that impact human health & contribute to health disparities	Yes
8. Fundamental concepts & features of project implementation, including planning, assessment & evaluation	CNV
9. Fundamental characteristics & organizational structures of the US health system as well as the differences between systems in other countries	Yes
10. Basic concepts of legal, ethical, economic & regulatory dimensions of health care & public health policy & the roles, influences & responsibilities of the different agencies & branches of government	Yes
11. Basic concepts of public health-specific communication, including technical & professional writing & the use of mass media & electronic technology	Yes

D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students demonstrate & are assessed on each competency & all its elements:		The undergraduate curriculum includes opportunities for students to learn and demonstrate mastery of the defined elements of public health communication and information literacy. The same required courses listed in Criterion D9 are used to map to the two foundational competencies. The program uses multiple strategies and assignments to expose students to these competencies, and reviewers' findings are shown in the D10 worksheet.	Click here to enter text.	
1. ability to communicate public health information, in both oral & written forms, through a variety of media & to diverse audiences				
2. ability to locate, use, evaluate & synthesize public health information		<p>For example, HSCI 305: The Canadian Health System requires a three-part project that requires students to research and analyze a problem in health care systems, identify and evaluate possible solutions, and make recommendations for policy. Site visitors reviewed each assignment description and found that they address all four aspects of the information literacy competency. For students who work in small groups, each student must submit a brief explanation of how each group member contributed to the submitted product.</p> <p>For the public health communication competency, students in HSCI 130: Foundations of Health Science complete two oral presentations and a knowledge translation project that includes an art-based opinion piece. The policy assignment discussed above assesses students on their ability to communicate in writing and to diverse audiences, as it requires students to write policy recommendations targeted to a specific policymaker.</p>		

D10 Worksheet

Competency Elements	Yes/CNV
Public Health Communication	
Oral communication	Yes
Written communication	Yes
Communicate with diverse audiences	Yes
Communicate through variety of media	Yes
Information Literacy	
Locate information	Yes
Use information	Yes
Evaluation information	Yes
Synthesize information	Yes

D11. PUBLIC HEALTH BACHELOR’S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students complete cumulative & experiential activities		The culminating experience for bachelor’s-level degrees is accomplished through the 400-level seminar courses and other 400-level courses. This format allows students the opportunity to work in smaller classes under the direct supervision of the course instructor.	Click here to enter text.	
Activities require students to integrate, synthesize & apply knowledge & program encourages exposure to local-level professionals & agencies		The specific courses students take depend on their degree and concentration but include senior seminar courses in which students discuss, analyze, and critique peer-reviewed literature; experiential learning courses in which students complete projects based in community organizations involved in health promotion and disease		

		<p>prevention; international field courses with applied activities integrated into community settings; as well as an honours thesis sequence and advanced lab courses during which students pursue independent research with a faculty supervisor.</p> <p>Site visitors reviewed course syllabi, the Honours Thesis Guidelines, and Directed Studies and Directed Research Guidelines and confirmed that students integrate, synthesize, and apply knowledge from their course of study.</p> <p>FHS encourages students to gain exposure to public health agencies and professionals. For example, the Health Change Lab partners students from multiple disciplines with the City of Surrey, the City of Vancouver, and other local organizations. This immersive experience supports students to build a sustainable intervention, address needs and issues, and present their ideas to community influencers.</p> <p>Other experiential learning opportunities include the Experiential Global Health Learning Course (HSCI 885/496), an immersive interdisciplinary course that uses approaches to understanding the global burden of disease and health inequities in social and culturally diverse global settings.</p> <p>During the site visit, students remarked on their enthusiasm for the experiential learning opportunities, the global health course, and the array of options available to them.</p>		
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D12. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Program ensures opportunities available in all cross-cutting areas		<p>FHS ensures that all students have opportunities to be exposed to all 12 cross-cutting concepts and experiences necessary for success in the workplace, further education, and lifelong learning. Students are exposed to the concepts within required courses through assignments, lectures, and projects, as well as through service-learning and co-curricular activities.</p> <p>For example, students learn about community dynamics in HSCI 312: Health Promotion: Individuals and Communities and participate with different community groups through service-learning projects in HSCI 449: Community and Health Service. Ethical decision making as related to self and society is addressed in a required course, HSCI 319W: Applied Health Ethics.</p> <p>Students are provided with opportunities for networking through co-curricular activities, such as the Health Sciences Undergraduate Student Union, the FHS Peer Mentoring Program, as well as the co-operative education program. During the site visit, students remarked on multiple opportunities to network through coursework and faculty introductions. Students said that they appreciate the various activities held on campus to support learning about professionalism and career pathways. Reviewers' findings are summarized in the D12 worksheet.</p>		

D12 Worksheet

Cross-cutting Concepts & Experiences	Yes/CNV
1. Advocacy for protection & promotion of the public’s health at all levels of society	Yes
2. Community dynamics	Yes
3. Critical thinking & creativity	Yes
4. Cultural contexts in which public health professionals work	Yes
5. Ethical decision making as related to self & society	Yes
6. Independent work & a personal work ethic	Yes
7. Networking	Yes
8. Organizational dynamics	Yes
9. Professionalism	Yes
10. Research methods	Yes
11. Systems thinking	Yes
12. Teamwork & leadership	Yes

D13. MPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
MPH requires at least 42 semester credits or equivalent		MPH students must successfully complete 46 trimester credits to earn the degree. Students who complete a thesis instead of a capstone must complete 49 credit hours. The university defines one credit hour as 13 classroom contact hours.	Click here to enter text.	

D14. DRPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D15. BACHELOR'S DEGREE PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Required credit hours commensurate with other similar degrees in institution		Both the BA and BSc degree programs require 120 credit units, including 45 hours of upper-level units for the BA and 44 hours for the BSc. A unit is defined as one hour of instruction per week.	Click here to enter text.	
Clear, public policies on coursework taken elsewhere, including at community colleges				
		Coursework completed at other institutions can be transferred to SFU through transfer agreements established between members of the BC Transfer System. Students with courses that do not directly transfer or were received from an institution outside of the transfer system may make a transfer request through the SFU transfer credit coordinator. Students may transfer a maximum of 60 units toward their degree program.		

D16. ACADEMIC AND HIGHLY SPECIALIZED PUBLIC HEALTH MASTER'S DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D17. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D18. ALL REMAINING DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D19. DISTANCE EDUCATION

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

E1. FACULTY ALIGNMENT WITH DEGREES OFFERED

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Faculty teach & supervise students in areas of knowledge with which they are thoroughly familiar & qualified by the totality of their education & experience		FHS has a highly qualified faculty complement for its BSc, BA, and MPH degree programs based on the 42 PIF and 21 non-PIF. These faculty teach and supervise students in areas of knowledge with which they are thoroughly	Click here to enter text.	

<p>Faculty education & experience is appropriate for the degree level (e.g., bachelor's, master's) & nature of program (e.g., research, practice)</p>		<p>familiar and qualified by the totality of their education and experience.</p> <p>Faculty have appropriate education and experience for their instructional, research, and service duties. Faculty hold degrees in relevant disciplines, including environmental and occupational health; anthropology; virology; pharmacology; law; biology; pathology; statistics; economics; medical sociology; public health; social epidemiology; and community health sciences.</p> <p>Of the PIF, all possess terminal degrees (PhD, DPhil, MD, JD, DVM, DSc), and nearly all hold master's degrees relevant to the subjects they teach (MSc, MPH, MHSc, MES, MA, MBA). In addition, all but one non-PIF possess a PhD or MD degree, and the remaining non-PIF holds MSc and MA degrees in relevant fields.</p> <p>During the site visit, students, alumni, and community partners remarked on their appreciation for faculty proficiency in global health and international health issues. Students said they appreciate that faculty come from diverse academic backgrounds and from across the globe.</p>		
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E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
<p>Employs faculty who have professional experience in settings outside of academia & have</p>		<p>FHS employs public health faculty members with significant past, as well as ongoing, practice experience outside of academia.</p>	<p>Click here to enter text.</p>	

demonstrated competence in public health practice				
Encourages faculty to maintain ongoing practice links with public health agencies, especially at state & local levels				
Regularly involves practitioners in instruction through variety of methods & types of affiliation		<p>For example, the director of professional programs and accreditation was a physician epidemiologist with the British Columbia Centre for Disease Control (BCCDC) and managed two national health programs in South Africa. One faculty member was the chief bioinformatician and a senior scientist at the BCCDC prior to joining FHS. Another joined FHS after years of experience working with sexual minority communities to inform and improve public health interventions.</p> <p>Other faculty members maintain ongoing practice links. For example, one faculty member is an infectious diseases doctor at a local hospital while also serving as a limited-term assistant professor. Another holds a faculty position and is the Pfizer/Heart and Stroke Foundation chair in Cardiovascular Prevention Research at a hospital. They also run an active blog and podcast site that provides regular contributions on maintaining a healthy lifestyle for general well-being and for the prevention and management of common conditions such as diabetes, heart disease, and cancer.</p> <p>SFU has a specific classification for practitioner faculty members with the purpose of maintaining ongoing links to practice. FHS has four faculty members in this category, including the director of professional programs and accreditation. One is a health economist at the Centre for Clinical Epidemiology and Evaluation with an interest in the economic and equity impacts of health care decisions. Another is a risk assessment, knowledge translation, and environmental health scientist at the BCCDC and also serves as the scientific advisor for the BC Lung Association's Healthy Indoor Environment program.</p>		

		<p>The faculty complement also includes 75 adjunct faculty members who are public health practitioners. They contribute as guest lecturers, committee members, research partners, and mentors and preceptors for students.</p> <p>During each of the last three years, over 40% of faculty indicated that they invited practitioners to speak as guest lecturers. The self-study cites multiple examples of guests, including those from disciplines such as epidemiology, health promotion, health policy, and government.</p> <p>During the site visit, students said that faculty members' practice experiences and connections were a benefit to them, and that faculty members brought those experiences into their teaching. Students expressed that faculty members' involvement with practice and community service helped to keep the faculty and students on the "cutting edge" of public health practice.</p>		
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E3. FACULTY INSTRUCTIONAL EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Systems in place to document that all faculty are current in areas of instructional responsibility		All faculty members are expected to stay current in the areas in which they teach and do so through various means. FHS has systems in place to track members' currency in instructional responsibility and pedagogical methods.	Click here to enter text.	
Systems in place to document that all faculty are current in pedagogical methods				

Establishes & consistently applies procedures for evaluating faculty competence & performance in instruction		The guidelines for the FHS Tenure and Promotion Committee outline the procedures for evaluating instructional effectiveness at the individual level. Teaching activities include course instruction at the undergraduate and/or graduate levels, supervision of undergraduate and graduate students, and contributions to the development of FHS academic programs. Processes and systems are adequate and robust and inclusive of both full-time and part-time faculty members.		
Supports professional development & advancement in instructional effectiveness for all faculty		<p>Faculty members are evaluated regularly for instructional effectiveness. The program uses a teaching dossier that includes supporting evidence such as syllabi and other teaching materials produced (e.g., textbook chapters); contributions to faculty and/or university initiatives that promote teaching and learning; student course evaluations; peer assessments of teaching effectiveness; evidence of progression through professional development activities related to teaching; and publications related to teaching.</p> <p>FHS states that continuous improvement in teaching practices and student learning is an important goal. Both PIF and non-PIF take part in university- and faculty-level programming. At the university level, such programming is located in the Centre for Educational Excellence as well as the Institute for the Study of Teaching and Learning in the Disciplines (ISTLD). At the faculty level, such programming has included one-on-one and group health education consultation; a faculty health education research and interest group; education-related presentations during the weekly research seminar series; and a Faculty Teaching Fellow appointment.</p>		

		<p>During the site visit, faculty members remarked on the various supports available to them to be better educators. Faculty members said that they appreciate university guidance on syllabus development, course design, and the use of technology in teaching.</p> <p>The program selected three indicators to illustrate its progress in instructional effectiveness over the last three years. The measures are as follows: 1) faculty instructors taking part in professional development; 2) student satisfaction with instructional quality; and 3) courses that involve community-based practitioners. The program has seen growth and progress in each indicator over the three years presented. Overall, the data presented in the self-study and discussions with faculty members during the site visit confirmed the program's commitments to teaching effectiveness, professional development, and engagement of relevant community perspectives.</p>		
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E4. FACULTY SCHOLARSHIP

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Policies & practices in place to support faculty involvement in scholarly activities		Faculty members are expected to engage in research and scholarship as defined at the faculty level within the FHS Tenure and Promotion Committee Guidelines and at the institutional level within the SFUA Collective Agreement. Research and scholarly activity are demonstrated by each faculty member's peer-reviewed publications, grants, and graduate student supervision. There is an expectation that FHS faculty scholarship outputs go beyond academic publications and grant applications to include knowledge	Click here to enter text.	
Faculty are involved in research & scholarly activity, whether funded or unfunded				
Type & extent of faculty research aligns with mission & types of degrees offered				

Faculty integrate their own experiences with scholarly activities into instructional activities		mobilization and engaged scholarship with diverse partners.		
Students have opportunities for involvement in faculty research & scholarly activities		<p>Faculty members demonstrate an appropriate level of involvement in research and scholarship given the expectations of FHS and the university. They are engaged in a diverse array of scholarship, interdisciplinary engagement, and research on teaching. The FHS Research Strategic Plan details interdisciplinary research challenge areas that align with faculty expertise and curricular foci. These areas include mental health and substance use, developmental trajectories of health and disease, infectious diseases, health policy and systems research, planetary health, and health sciences and public health education.</p> <p>Faculty members receive support for their scholarly activities. The associate dean of research provides leadership and mentorship to all health sciences researchers at all career stages. The Office of the Dean provides individual researchers with research communications support, research administration, financial accounting, and IT support. The Research Operations Units, Research Services, Office of Research Ethics, Research Operations, Institutional Strategic Awards, and Library Commons provide university-level guidance.</p> <p>Public health faculty members are engaged in a variety of research activities that align with the mission and types of degrees offered. They integrate research into instruction across courses and through multiple disciplinary perspectives. For example, one faculty member incorporates their published research on selection bias in</p>		

		<p>LGBT research into the MPH epidemiology course. In the undergraduate Perspectives on Creative Effective Health Policy Strategies course, students participate in community engagement activities modeled around a faculty member's experience as an evaluation specialist, planner, and community-engaged researcher.</p> <p>Students are involved in faculty research and scholarly activities. Graduate students can receive support through research assistantships, and undergraduate students have access to Undergraduate Student Research Awards. FHS researchers typically recruit students to work on their grant-funded projects and recruit applicants for available positions through internal posting and communication processes (e.g., website, FHS social media accounts, faculty list emails). In AY 2021-22, 27% of MPH students and 20% of undergraduate students were contributors or co-authors on peer-reviewed faculty publications. Student work has examined COVID-19 research gaps and priorities, antiretroviral therapy, telehealth interventions, women's sexual and reproductive health, and environmental health.</p> <p>The program's chosen indicators for scholarship are as follows: 1) total research funding; 2) number (and success rate) of grant submissions; 3) number of articles published in peer-reviewed journals; and 4) number of students supported by research grants/USRAs. Data in the self-study demonstrate the program's successes and aspirations in research and scholarly activities. For example, the program has exceeded its target \$7.1 million CAD research funding for all three years presented. It has also exceeded its target for number and percentage of successful grant applications over the last three years.</p>		
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		<p>During the site visit, faculty members said that they appreciate the various resources available to support their research activities, including course buyout, grants administration support, one-on-one meetings with the dean, and guidance in seeking diverse funding.</p> <p>Students discussed their appreciation for the multiple opportunities to hear about and engage in research including the undergraduate co-op, student research awards, and opportunities to work on faculty research. Students discussed the value of hearing about research in courses and have benefited from real-world connections that faculty members bring. Students remarked on the deep passion that faculty bring to their areas of research. University leaders confirmed their commitment to supporting the research goals of faculty members and students.</p>		
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E5. FACULTY EXTRAMURAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines expectations for faculty extramural service		All FHS faculty members are expected to render service to the community. The SFUFA Collective Agreement outlines broad guidance on expectations and criteria for service activities. The 2022 Guidelines for Evaluating Promotion and Tenure of the Faculty of Health Sciences recognizes service to the university, service to a faculty member's academic or professional community, and extramural service with community or partner organizations. The guidelines list examples of service to the broader	Click here to enter text.	
Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means				

		<p>community, including consulting, community presentations, and serving as a subject matter expert for legislative bodies, among others.</p> <p>Faculty members report service activities annually, and these are included as part of salary and rank advancement considerations. The university and FHS have clear promotion and tenure criteria related to community service for all faculty categories.</p> <p>The university provides general resources for faculty members in support of extramural service activities. For example, SFU's Community-Engaged Research Initiative seeks to build institutional capacity in areas such community-engaged research. The university's Partnership Hub facilitates and supports faculty connections with community organizations. The Centre for Dialogue facilitates transformative conversations around society's most pressing challenges, knowledge mobilization services for researchers, and the Big Data Hub providing services to empower community partnerships.</p> <p>The self-study provides examples of faculty members' extramural service. For example, the MPH program director serves on the British Columbia Health Officers Council and on the Population Health Committee. He incorporates the insights he gains from those service activities into the Core Concepts and Practice for Public Health courses.</p> <p>One faculty member is a past co-chair and a current advisory member of the committee for the national statistical report on cancer for Canada. He incorporates</p>		
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		<p>his service activities into his Seminar in Epidemiology to explain his work and illustrate the collaborative atmosphere of the agencies involved.</p> <p>Another faculty member uses her experience with radon gas research and policy development in her Health Communication course. She has helped change policy for building codes and real estate transactions and has worked with Interior Health to promote radon testing in schools. She uses her real-world experience to illustrate the obstacles to policy change and to strategize with her students on possible approaches to policy change. One of her students developed a radon awareness site oriented toward family pets.</p> <p>Several faculty members are embedded in the local healthcare system and the public health system with related service responsibilities.</p> <p>The program selected the following four measures, and provided targets, to illustrate its progress in extramural service over the last three years: 1) number of faculty members appointed on a professional practice track (target = 4); 2) percentage of faculty members providing training, education/capacity development of people working in public health-related settings (target = 50%); 3) percentage of faculty members engaged in public-private or cross-sector partnerships for engagement and service (target = 40%); and 4) percentage of faculty members participating in extramural service activities (target = 60%).</p> <p>The program met or exceeded its target for the first three indicators over the last three years. The last indicator has</p>		
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		<p>missing data for 2019 through 2021 due to a response option error. However, the 2022 responses indicate a high level of community involvement in service activities, such as service on advisory boards or steering committees, consulting on public policy, providing interviews to the media, and presenting to the public on scholarly topics.</p> <p>During the site visit, faculty members discussed how they determine community needs that influence extramural service decisions. For example, faculty members survey public health officers and practitioners to determine their challenges and needs, which then informs research decisions, translational research priorities, and contributions to community programming. Information about child and youth issues also comes through participation in an annual cross-sectoral event, from the provincial advisory council on youth, and from high school surveys to identify youth needs for consideration in research and programming plans.</p> <p>Students said that faculty community service and connections are a benefit to their education and professional development. They said that faculty members are willing and excited to share their experiences and foster connections within their professional networks. Students expressed that faculty members' involvement with community service helped ensure currency and applicability of classroom learning.</p>		
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F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Engages with community stakeholders, alumni, employers & other relevant community partners. Does not exclusively use data from supervisors of student practice experiences		The program recently established the FHS External Advisory Committee (EAC), which met for the first time in January 2022. Going forward, the EAC will meet twice per year, with its next meeting scheduled for November 2022. The EAC seeks to provide guidance to the faculty on opportunities for health research and education partnerships, shape degree programs that align with health system human resource needs and ensure that FHS is responsive to workforce challenges. Although the EAC was provided with the program's guiding statements and evaluation plan, due to the newness of the group, members did not provide input in this area prior to self-study submission.	Click here to enter text.	
Ensures that constituents provide regular feedback on all of these: <ul style="list-style-type: none"> • student outcomes • curriculum • overall planning processes • self-study process 		EAC members are key FHS partners, including an MPH alumnus, a health center medical director, an executive director of the health authority, and a dean of another CEPH-accredited public health program. In total, the EAC includes 15 members who serve two-year terms.		
Defines methods designed to provide useful information & regularly examines methods				
Regularly reviews findings from constituent feedback		The program also engages with community stakeholders in other ways. For example, two public health faculty members are full members of the Health Officers Council of BC (HOC, BC). HOC, BC represents public health physicians in the province and others who are closely allied with public health. The organization advises and assists in the development of and advocacy for public policies, programs, and reducing health inequities, and		

		<p>provides a forum for health-related governing bodies to discuss plans and obtain feedback.</p> <p>The director of professional programs and accreditation and the coordinator of the public health program meet regularly with key practicum partners, such as Fraser Health and the BCCDC, to review practicum placements and employment opportunities. These conversations allow for reflection about the preparedness of students and potential areas of improvement.</p> <p>Program leaders conducted a breakout session with a group of EAC members during the January 2022 meeting to gather feedback on graduates' preparation for practicum placements and post-graduation destinations. Members shared a perception that some MPH students are lacking in competencies focused on "soft" skills such as flexible thinking, emotional intelligence, and cultural sensitivity. They also suggested that students could benefit from additional skills in project management.</p> <p>The program also gathers feedback using an undergraduate co-op employer evaluation survey (98% response rate in 2021). During the site visit, program leaders explained that the co-op program allows undergraduate students to engage in full-time employment over three terms. The program allows students to gain work experience, feedback, and mentoring in a position related to their degree and career interests. Feedback gathered from these employers indicated that FHS students perform well in job-related skills such as communication, quality of work, showing integrity, and using judgment. The most frequently cited area of improvement was in building relationships.</p>		
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		<p>Reviewers noted that while students may be technically employed, the co-op program occurs while they are enrolled in the degree program and, thus, are not graduates.</p> <p>The commentary relates to the opportunity for the program to expand its methods for assessing employer perceptions of graduates' preparation in post-graduate destinations. Currently, the program relies on a subset of EAC members and undergraduate co-op employers to gather these data. Program leaders told site visitors that there are plans to revisit this area during the upcoming EAC meeting and that the discussion will address both undergraduate and MPH graduates. The program is encouraged to ensure that these discussions reflect its student body broadly.</p>		
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F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Makes community & professional service opportunities available to all students		Community and professional service opportunities are available to all students through various service-learning courses and through experiences outside of the classroom. Faculty leverage their connections within the community to link students with available opportunities.	Click here to enter text.	
Opportunities expose students to contexts in which public health work is performed outside of an academic setting &/or the importance of learning & contributing to professional advancement of the field		Students are encouraged to participate in activities hosted through the Public Health Association of BC (PHABC), a chapter of the Canadian Public Health Association. Students are also encouraged to attend the		

		<p>PHABC annual Summer School and Conference, and FHS covered the conference fees for 10 students in 2022.</p> <p>The program provided a list of recent student-organized community/professional service events. At the graduate level, the Graduate Caucus has co-hosted workshops with various offices on campus on topics such as the job interview process, imposter syndrome, and writing. The caucus also facilitates a peer mentorship program to connect incoming FHS students with current students for mentoring opportunities. The Health Sciences Undergraduate Student Union regularly facilitates a career panel to connect undergraduate students with alumni and employers. It also hosts a sexual health education campaign across campus and organizes various fundraising opportunities.</p> <p>Both undergraduate and MPH students have opportunities to partake in course-based service learning and professional development. For example, in the HSCI 495 course, undergraduate students work with partner agencies to design innovative communication strategies to address identified needs. Students pitch their design ideas to the community partner to gather feedback, which is integrated into a final deliverable. In the HSCI 855 course, MPH students participate in the student-led Healthy Campus Design Challenge initiative, working in small teams to identify a health promotion issue and co-designing a policy-related solution in local post-secondary schools.</p> <p>In response to student feedback and demand, the FHS Graduate Caucus developed an R Community of Practice to enhance opportunities for quantitative skill</p>		
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		<p>development in R software. The community is an open, interactive platform that allows master’s students, typically those pursuing epidemiology, to collaborate and share knowledge regarding the use of R and R studio. Students who participated in the site visit praised this community and said it is extremely helpful.</p> <p>The self-study states that the program has plans to explore ways to expand its formal and structured opportunities for student service. Ideas referenced in the self-study include working to support student volunteer initiatives and working more actively with the FHS Graduate Caucus and Health Sciences Undergraduate Student Union to identify community-based service opportunities for students.</p>		
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F3. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Provides activities that address professional development needs of the current public health workforce		<p>Program faculty deliver workforce development activities that address the professional development needs of the current public health workforce. Faculty are assessed on a biannual basis and at promotion on the extent to which they are engaged in external workforce development activities. Over the last three years, approximately half of the permanent, tenure-stream faculty have been engaged in providing training to the current public health workforce, much of which involves instructing a course or workshop or giving a presentation to the public health workforce.</p>	<p>Click here to enter text.</p>	

		<p>FHS also delivers workforce development programming through its various academic centers, including the Centre for Applied Research in Mental Health and Addiction and the Children’s Health Policy Center. These centers regularly offer knowledge translation activities with practitioners in the field and policy makers. FHS faculty also regularly co-chair, and lead training sessions at, the PHABC’s Summer Institute, which is targeted toward public health practitioners.</p> <p>The self-study lists five examples of recent workforce development trainings provided by faculty. For example, in 2021 and 2022, two program faculty presented at the SFU President’s Faculty Lecture series that is open to the public. One lecture discussed how to manage the use of travel restrictions more effectively during a pandemic and the other was on harm reduction during an unprecedented overdose crisis. Over 100 external participants were served. Another faculty member coordinated the Infectious Disease Genomic Epidemiology Workshop as part of the Canadian Bioinformatics Workshop Series. This was an intensive workshop designed to train public health professional working in the United States, Canada, and other countries and served approximately 50 external participants.</p>		
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G1. DIVERSITY & CULTURAL COMPETENCE

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Defines appropriate priority population(s)		The identification of underrepresented populations at SFU is governed by the Canadian Employment Equity Act, the	This issue was brought to the IEDI Advisory Circle in November and	The Council appreciates the program’s response to the site visit

Identifies goals to advance diversity & cultural competence, as well as strategies to achieve goals		BC Human Rights Act, and the Federal Contractors Program, which identify the following four groups as underrepresented: Indigenous people, women, persons with disabilities, and visible minorities. FHS prioritizes each of these groups for students, faculty, and staff.	December 2022. The Circle is currently drafting survey questions and methods to solicit data from faculty and staff regarding their perceptions of the climate. This will provide a rich source of information to guide the program's efforts and strategies toward achieving its priority goals with respect to Indigenization and equity, diversity, and inclusion.	team's report and looks forward to reviewing evidence of full implementation to ensure compliance with this criterion.
Learning environment prepares students with broad competencies regarding diversity & cultural competence		FHS aligns itself with the SFU employment policies, which state that the university will advance the interests of underrepresented members of the workforce. The university will also embrace gender and sexual diversity, ensure that equal opportunity is afforded to all who seek employment at the university, and treat all employees equitably. FHS has further prioritized Indigenous populations and has implemented calls to action from the 2017 report of the SFU Aboriginal Reconciliation Council and the In Plain Sight report, which detailed Indigenous-specific racism and discrimination in BC's health system.		
Identifies strategies and actions that create and maintain a culturally competent environment		For example, faculty have included mandatory components within the curricula that expose students to detailed knowledge of Indigenous-specific racism, colonialism, trauma-informed practice, and Indigenous health and wellness.		
Practices support recruitment, retention, promotion of faculty (and staff, if applicable), with attention to priority population(s)		FHS prioritizes Indigenization and equity, diversity, and inclusion (I-EDI) to build a community that is robust and ethical. The faculty has defined goals to advance the representation and ongoing success of its defined equity-deserving groups that are outlined as part of the FHS Academic Plan and FHS program goals, as well as the recently created I-EDI Advisory Circle.		
Practices support recruitment, retention, graduation of diverse students, with attention to priority population(s)		For example, the FHS Academic Plan and FHS program goals address the learning environment, curriculum, strengthening communications, enhancing capacity, hiring		
Regularly collects & reviews quantitative & qualitative data & uses data to inform & adjust strategies				
Perceptions of climate regarding diversity & cultural competence are positive				

		<p>and mentoring Indigenous health scholars, and strengthening a supportive internal culture for diversity and cultural competencies. The I-EDI Advisory Circle was developed by faculty to help advance diversity goals. The group's efforts are anchored in eight priorities and commitments that address self-assessment, enhanced communication, incentivized training, student-led initiatives, and robust and equitable recruitment.</p> <p>The self-study outlines multiple actions and strategies for each of the goals and indicates whether each strategy is "complete," "ongoing," and/or "on schedule." Although there are limitations within the Canadian context of providing quantitative data on the representation of priority populations, the self-study also provides data that documents the program's approaches and successes in supporting the persistence of its identified priority populations.</p> <p>For example, FHS defines six strategies to create a culturally safe learning environment for Indigenous students that includes identifying an FHS staff member to whom concerns may be reported, implementing cultural safety training modules for FHS faculty, front-line staff, teaching assistants, and lecturers, and hosting Indigenous cultural events. So far, seven faculty members have taken advantage of the cultural safety training opportunities offered.</p> <p>To support the goal of hiring and mentoring Indigenous health scholars, the program, in collaboration with the Office of the Vice President Academic and Provost and the First Nations Health Authority, FHS hired two Indigenous</p>		
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		<p>faculty members (in 2019 and 2022) and implemented a mentorship program to support these individuals.</p> <p>Reviewers confirmed FHS’s commitments to diversity and cultural competence in recruitment, retention, the curriculum, and specific attention to practices that support priority populations. The MPH and undergraduate curricula include numerous opportunities for students to be exposed to anti-racism, Indigenous allyship, and cultural competence within required courses. For example, graduate students receive this training in the Indigenous Health in Canada course and Social Determinants of Health course and undergraduates in the Foundations of Health Science course and Global Perspectives on Health course. Diverse members of the local community, Indigenous knowledge keepers, and content matter experts are regularly invited to provide guest lecturers, including on topics related to cultural safety, allyship, and racism in health care.</p> <p>The program collected data on student perceptions of the climate regarding diversity and cultural competence using the MPH Exit Survey and Undergraduate Student Survey in 2022. Among respondents, 100% of MPH students said that they felt part of a cohort that embodied diversity in personal and academic background and life experience, and 96% said that the program sufficiently prepared them to approach their work with cultural humility and to contribute to culturally safe practice. Undergraduates were asked to rate the extent to which SFU instructors provided them with learning experiences that are welcoming, respectful, and inclusive, to which 88% of students in 2021 agreed or strongly agreed. During the site visit, students remarked on FHS’s commitments to</p>		
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		<p>Indigenous knowledge and teachings. Students also remarked on the evident efforts to establish a culture of equity, diversity, and inclusion.</p> <p>The program reported that it does not have quantitative data that address faculty and staff perceptions. Faculty recently participated in a Centre for Educational Excellence -facilitated workshop and identified faculty strengths related to anti-racism. Insights included a solid basis of theoretical knowledge, a humble approach and inclusive teaching, openness and willingness to learn and listen, and experience as an active ally.</p> <p>The concern relates to the absence of regular collection and review of quantitative and qualitative data regarding faculty perceptions of the climate. While site visitors noted the presence of consistent informal conversations among faculty members addressing myriad diversity-related issues, the absence of regular, well-documented data collection processes in this area may limit the program’s ability to inform and adjust its strategies in support of program goals.</p>		
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H1. ACADEMIC ADVISING

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have ready access to advisors from the time of enrollment		All students have access to advisors from the time of enrollment. Academic advisors assist students to develop an academic program that meets their career objectives, life narrative, and ensure timely completion of curricular requirements.	Click here to enter text.	
Advisors are actively engaged & knowledgeable about the curricula				

<p>& about specific courses & programs of study</p>				
<p>Qualified individuals monitor student progress & identify and support those who may experience difficulty</p>		<p>The undergraduate academic advisor is a professional advisor who provides academic advising services to FHS BA and BSc students. FHS's manager of undergraduate programs provides additional advising to students when needed. These individuals are knowledgeable about the curriculum requirements and have experience with academic questions and concerns. First-year students who are directly admitted into FHS are automatically advised at the faculty level, and students who enter as undecided majors receive advising from SFU's central advising services until they declare a major. Undergraduate students are encouraged to meet with their advisor at least once a semester. Students and their advisors use a checklist that outlines degree requirements and other endeavors, such as an Honours Thesis, and tracks student progress toward graduation.</p>		
<p>Orientation, including written guidance, is provided to all entering students</p>		<p>MPH students receive advising and mentoring from more than a single faculty advisor. The Graduate Program Office houses academic advising services (including guidelines around course plans, graduate student regulations, and funding opportunities) and acts as a "faculty navigator" to direct students to a faculty member aligned with their interests. These advising services are offered in person and via email, phone, and/or video conferencing.</p> <p>Beyond the advising office staff, the program takes a distributive mentorship approach to advising. For example, the program director plays a pivotal role in guiding students through their courses of study and is available to answer questions. FHS encourages students to interact with faculty members, not just for academic advice, but also for learning about fields of practice and</p>		

		<p>career opportunities. The Student Mentee Program connects each new MPH student with a current student who can offer support and advice for navigating the program. The university's International Services for Students offers additional advising services to international students.</p> <p>FHS ensures that all graduate advisors meet the qualifications for the position. The associate director of educational programs and equity and the program director orient new advisor hires to the advising schedule, advising resources, and equitable access to advising. Professional development for academic advisors is encouraged and supported by the university, including membership and participation in activities of the National Academic Advising Association.</p> <p>Both undergraduate and MPH students complete an orientation prior to the start of classes. Undergraduates attend an SFU Welcome Day at the beginning of each term that introduces the curriculum, faculty, and available support services.</p> <p>Graduate student orientation is a hybrid model in which students complete an online course and an in-person event. The online course offers information on university services as well those specific to FHS. The in-person event occurs the week before classes begin, involves core MPH faculty members, and provides information as well as opportunities for students and faculty members to build community and engage with one another. An Indigenous Elder participates and provides perspective. The day ends with group activities and then a social event. The 2021 Welcome Package booklet for MPH candidates contains</p>		
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		<p>information on academic advising and how to find either drop-in times or how to schedule a session with an advisor.</p> <p>Data gathered from student exit surveys indicate an overall high degree of satisfaction with academic advising at both degree levels, although satisfaction has decreased in the most recent year for undergraduate students. Program leaders stated that the recently implemented central advising system, Adviser Link, will allow the faculty to better monitor undergraduate advising and consider whether additional resources are needed.</p>		
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H2. CAREER ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have access to qualified advisors who are actively engaged & knowledgeable about the workforce & provide career placement advice		<p>The university has a Career and Volunteer Services Office with a presence on all three campuses. This office offers services for undergraduate and graduate students as well as recent alumni. A designated career education manager provides customized services to FHS students and alumni. The manager is a Certified Career Development Practitioner with years of experience in the field who offers career coaching, education, and guidance on an individual basis as well as through job fairs, career panels, customized workshops, and recruitment activities. The manager also maintains professional relationships with industry experts and related associations in the healthcare sector and beyond, and interacts and collaborates with student groups, unions, and clubs.</p>	<p>Click here to enter text.</p>	
Variety of resources & services are available to current students				
Variety of resources & services are available to alumni				

		<p>Career education specialists/managers are hired based on their qualifications for the position and, once hired, are oriented to FHS needs by the faculty's program managers, their Career Services colleagues, and the director of career and volunteer services. The FHS career education manager regularly meets with undergraduate and MPH program managers and the program director to review the public health employment prospects in Canada and beyond.</p> <p>The self-study provides examples of recent career advising services provided to students. For example, undergraduate students partake in individual consultations and workshops that address a variety of topics including CV/résumé preparation, job interviews, developing an online presence (LinkedIn, etc.), professional networking, gaining career experience, assessing job offers, and salary negotiation. An example of one undergraduate consultation revealed how many of these topics can be linked together to form a comprehensive plan to explore career possibilities, gain experience, and establish contacts.</p> <p>Workshops on CV/résumé and cover letter preparation are also well attended by MPH students. For example, 30 MPH students attended such a session in January 2022, and 22 students attended individual appointments for assistance in developing a résumé. MPH students also attend workshops on interview skills; 15 students participated in a mock interview during January and February 2022.</p> <p>The West Coast Virtual Fair offered jointly by SFU, University of British Columbia, and the University of</p>		
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		<p>Vancouver is open to all FHS students and alumni. The fall 2021 event hosted more than 230 organizations with which people could book individual or group sessions to explore career, co-op, volunteer, and graduate school opportunities. During the site visit, APE supervisors said that practicum opportunities orient students to various jobs, and as a result, many sites hire graduates and employ students.</p> <p>Beyond formal career advising activities, faculty members offer informal career counseling and advice. Fourth-year undergraduate instructors often review job postings in class and arrange for individuals to describe more about those positions if students are interested.</p> <p>During the past three years, MPH students expressed a high level of satisfaction with the workshops offered by Career and Volunteer Services. Several MPH student exit surveys commented that more advice on jobs and career counseling would have been helpful. Undergraduate students have lower levels of satisfaction, with a drop in satisfaction reflected in the 2021 survey. Faculty members noted that challenges for undergraduates to access services during COVID-19 restrictions likely contributed to lower use of and satisfaction with the available resources.</p>		
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H3. STUDENT COMPLAINT PROCEDURES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defined set of policies & procedures govern informal complaint		Undergraduate and graduate students can offer feedback, raise concerns, and make complaints through multiple	Click here to enter text.	

resolution & formal student complaints & grievances		<p>avenues. SFU has policies on faculty member, staff, and student conduct. The Code of Faculty Ethics and Responsibilities and the Student Academic Honesty and Student Conduct policies form the bases of complaint procedures and conduct standards.</p> <p>The Dealing with Conflict in the Classroom Guideline provides students with a guide to how to handle issues that arise in the classroom. This document has links to the faculty ethics and student conduct policies. The document outlines the procedures to process complaints, dividing them into student-instructor and student-student issues. The procedure outlines a sequential process for resolution of complaints, passing to higher levels of authority if problems are unresolved. Students may also bring complaints directly to the director of professional programs and accreditation, or to the director of undergraduate programs as appropriate. Students can appeal to the associate dean or dean if concerns are not resolved at the director level.</p> <p>All SFU employees have mandatory workplace bullying and harassment training. Accordingly, all faculty and staff are in a position to help students deal with uncomfortable or threatening situations and direct them to additional actions as indicated.</p> <p>The academic integrity advisor serves as a resource for students, faculty, and staff for issues related to the university's Student Academic Integrity Policy and is responsible for carrying out this policy in a confidential (and, as needed, anonymous) manner.</p> <p>Most grievances and complaints are resolved at the faculty level. SFU has formal mechanisms for grievances</p>		
Procedures are clearly articulated & communicated to students				
Depending on the nature & level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate personnel				
Designated administrators are charged with reviewing & resolving formal complaints				
All complaints are processed & documented				

		<p>and complaints that are available to public health students. The associate dean for students in the Graduate and Postdoctoral Studies Office handles student-supervisor issues. The SFU Office of the Ombudsperson deals with issues raised by undergraduate and graduate students. The director of human rights handles issues of harassment and discrimination with investigations and actions based in specific university policies for these areas. Students may also initiate formal complaints through the Graduate Student Society or the undergraduate Simon Fraser Student Society. These student societies can offer advice, act as intermediaries, serve as resources, advocate in dispute resolution, or raise the concerns to higher levels in the university.</p> <p>Specific university policies govern the procedures for academic issues such as appealing grades or alleging student dishonesty. During the site visit, students discussed the options they were aware of for initiating complaints and raising concerns. Some student groups also field complaints and assist students in initiating formal actions. Students said that the informal pathways for raising concerns with faculty members work well and that FHS is consistently responsive. Some students expressed their sense that many students did not know how to effectively bring concerns forward and that better orientation to the formal complaint process would be helpful. Students noted that the process was improving over recent years with improved clarity, access, and less complex processes. Students praised faculty members for their responses and assistance when issues did arise.</p> <p>In 2019, there were four complaints from undergraduate students and four complaints from graduate students</p>		
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		<p>pertaining to grading, instructors, and advising, all of which were resolved. In 2020, nine complaints came from undergraduates about grading or instructors and three from graduate students regarding instructor or supervisory concerns. One was resolved at the university level, two complainants were given referral, and no follow up was requested. In 2021, two graduate students filed complaints about supervisory concerns, and resolutions were reached.</p>		
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H4. STUDENT RECRUITMENT & ADMISSIONS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Implements recruitment policies designed to locate qualified individuals capable of taking advantage of program of study & developing competence for public health careers		<p>The program implements recruitment policies at both degree levels that are designed to locate and enroll qualified individuals.</p> <p>At the undergraduate level, the faculty's undergraduate advisor and manager of undergraduate programs attend career and education fairs at undergraduate institutions in the local area and represent FHS at SFU recruitment events. Recruitment materials are disseminated to prospective undergraduate students at recruitment fairs, educational events, and conferences, through mail and email campaigns, and on the SFU website.</p>	<p>Click here to enter text.</p>	
Implements admissions policies designed to select & enroll qualified individuals capable of taking advantage of program of study & developing competence for public health careers		<p>Admission to the undergraduate programs is handled centrally by the SFU Admissions Office according to established admission procedures. Faculty members and students from FHS engage in phone campaigns to</p>		

		<p>accepted students and their families to answer questions and address concerns.</p> <p>MPH program recruitment is handled by the manager for graduate programs, and the associate dean for education programs and equity oversees recruitment and marketing. The director of professional programs and accreditation; the university communications team; the associate dean of education; and the Office of Graduate and Postdoctoral Studies also support these efforts. The program's recruitment efforts include participation in the university's undergraduate welcome events as well as business and industry events. The program is also marketed in the SFU undergraduate newsletter, on the graduate studies website, and the FHS website. The staff of the MPH program respond to requests for information from phone calls, email requests, in-person visits, and virtual visits.</p> <p>Because of the structure of the accelerated MPH option, recruitment focuses on undergraduate students early in their academic careers. The undergraduate adviser receives admissions targets for the upcoming year and relevant recruitment materials. The undergraduate advisor targets undergraduate students with an expressed interest in pursuing graduate studies and acquaints them with the requirements of the program. Materials are also regularly featured in the undergraduate newsletter.</p> <p>FHS makes admissions decisions for the MPH program. The faculty uses the university's online OASIS Admission System to prepare applicant files for review. The OASIS system provides consistency among the files and the presentation of applicants' qualifications. OASIS also facilitates tracking and ranking of applicants during the</p>		
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		<p>process. After an initial review for completeness, applications are sent to the faculty's Graduate Admissions Committee. Groups of three (two faculty and one student) are assigned a group of qualified applications to review and rank. After the faculty makes admission decisions, the Graduate and Postdoctoral Studies Office approves and formally notifies applicants of admission.</p> <p>Recruitment efforts aim to include diverse groups. FHS often collaborates with the university's First Nations recruiter as programs in health and health inequities are popular academic areas for First Nations peoples. The university has multiple programs and resources in place to support Indigenous students. Conforming to the faculty and university diversity initiatives, Indigenous students not accepted into the program may receive individual coaching on how to improve their application for a subsequent year. International recruitment occurs in part through annual meetings with international agents who represent the university to other countries.</p> <p>The program's advertisements, publications, promotional materials, and recruitment activities are created in accordance with FHS practices and policies. Promotional materials appear on the faculty's website, in the faculty's Graduate Student Handbook, on the university calendar, and in recruitment brochures and presentations.</p> <p>The faculty chose the following three measures to demonstrate its progress toward meeting its defined targets for recruitment and admissions: 1) average GPA for newly matriculating MPH students (target 3.33); 2) average undergraduate admission percentage of admissions from secondary schools (target 83%); and</p>		
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		<p>3) undergraduate admission GPA scale for admissions from other sources such as transfer from other universities (target 2.60). The faculty has exceeded its targets in each of the past three years.</p> <p>FHS also tracks the proportion of undergraduate students enrolled in courses relative to those eligible to enroll in courses. The faculty generally exceeds the university average for the proportion of eligible students who actually enroll in courses each fall. Also, the faculty has met the university's criterion of full enrollment for undergraduate students in the past three years.</p>		
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H5. PUBLICATION OF EDUCATIONAL OFFERINGS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Catalogs & bulletins used to describe educational offerings are publicly available		The SFU and FHS webpages contain accurate and publicly available information concerning the undergraduate and MPH program academic calendars, admissions policies, grading policies, and degree completion requirements.	Click here to enter text.	
Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements		The webpages also contain publicly available information on the Code of Faculty Ethics and Responsibilities as well as policies on student academic honesty and student conduct.		
Advertising, promotional & recruitment materials contain accurate information		Promotional, advertising, and recruitment materials accurately portray the academic programs and student options for study.		

AGENDA

Wednesday, October 26, 2022

5:00 pm **Site Visit Team Executive Session 1**

Thursday, October 27, 2022

8:20 am **Team Setup on Campus (FHS Boardroom)**

8:30 am **Program Evaluation**

Participants	Topics on which participants are prepared to answer team questions
Tania Bubela , Professor & Dean Scott Venners , Associate Professor & Associate Dean, Education Bob Hogg , SFU Distinguished Professor & Associate Dean, Research Malcolm Steinberg , Director Professional Programs and Accreditation Nienke Van Houten , Director, Undergraduate Programs & Senior Lecturer Luciana Rad , Director, Administration and Strategic Planning Robyn Bailey , Associate Director Education Programs & Equity Kate Carty , Coordinator Public Health Programs	<i>Guiding statements – process of development and review?</i> <i>Evaluation processes – how does program collect and use input/data?</i> <i>Resources (personnel, physical, IT) – who determines sufficiency? Acts when additional resources are needed?</i> <i>Budget – who develops and makes decisions?</i>
Total participants: 8	

9:30 am **Break**

9:45 am **Curriculum 1**

Participants	Topics on which participants are prepared to answer team questions
Malcolm Steinberg , Director Professional Programs and Accreditation Anne- Marie Nicol , Associate Professor of Professional Practice Travis Salway , Assistant Professor Kate Carty , Coordinator Public Health Programs	<i>Foundational knowledge</i> <i>Foundational competencies – didactic coverage and assessment</i> <i>Concentration competencies – development, didactic coverage, and assessment</i>
Total participants: 4	

11:00 am **Break**

11:15 am **Curriculum 2**

Participants	Topics on which participants are prepared to answer team questions
<p>Kanna Hayashi, Assistant Professor Kate Carty, Coordinator Public Health Programs Malcolm Steinberg, Director Professional Programs and Accreditation Anne-Marie Nicol, Associate Professor of Professional Practice Paola Ardiles, Senior Lecturer Nienke Van Houten, Director Undergraduate Programs & Senior Lecturer Scott Venners, Associate Professor & Associate Dean, Education Robyn Bailey, Associate Director, Education Programs and Equity Brad Mladenovic, Manager, Undergraduate Programs Ben Lee, Undergraduate Advisor and Recruiter</p>	<p><i>Applied practice experiences</i> <i>Integrative learning experiences</i> <i>Public health bachelor's degrees</i></p>
Total participants: 10	

12:15 pm **Break & Lunch in Executive Session**

1:00 pm **Instructional Effectiveness**

Participants	Topics on which participants are prepared to answer team questions
<p>Bob Hogg, SFU Distinguished Professor & Associate Dean, Research Jeremy Snyder, Professor & Chair, Tenure and Promotion Committee Cecilia Kalaw, Grants Facilitator Nienke van Houten, Director Undergraduate Programs Anne-Marie Nicole, Associate Professor Ryan Woods, Assistant Professor William Hsiao, Associate Professor Bruce Lanphear, Professor Hasina Samji, Assistant Professor Paola Ardiles, Senior Lecturer Tania Bubela, Professor & Dean Kanna Hayashi, Assistant Professor Robyn Bailey, Associate Director, Education Programs and Equity</p>	<p><i>Currency in areas of instruction & pedagogical methods</i> <i>Scholarship and integration in instruction</i> <i>Extramural service and integration in instruction</i> <i>Integration of practice perspectives</i> <i>Professional development of community</i></p>
Total participants: 14	

2:00 pm **Break**

2:15 pm **Transport to Hotel**

3:15 pm **Students – hosted via Zoom**

Participants	Topics on which participants are prepared to answer team questions
<p>Samer Rihani, MPH student, Grad Caucus member Sherry Sandhu, MPH student, Grad Caucus member Yuki Sio, MPH student, Grad Caucus member Carolina Alejos, MPH student, Grad Caucus member Mari Del Casal, MPH student (thesis option) Nicole Heinzman, first-year MPH student Anupama Hettiarachchi, first-year MPH student</p> <p>Arti Shridhar, BA student, Health Sciences Undergraduate Student Union Priyanka Dhesa, BSc student PQHS concentration, Health Sciences Undergraduate Student Union Evan Barad, BSc student LS concentration Vivian Wong, BA student Nazafarin Esfandiari, BSc student PQHS concentration</p>	<p><i>Student engagement in program operations</i> <i>Curriculum</i> <i>Resources (physical, faculty/staff, IT)</i> <i>Involvement in scholarship and service</i> <i>Academic and career advising</i> <i>Diversity and cultural competence</i> <i>Complaint procedures</i></p>
Total participants: 12	

4:15 pm **Break**

4:30pm **Stakeholder/ Alumni Feedback & Input – hosted via Zoom**

Participants	Topics on which participants are prepared to answer team questions
<p><i>External Advisory Committee:</i> Gina Ogilvie, Canada Research Chair; Professor, School of Population and Public Health, UBC; Senior Public Health Physician, BC Centre for Disease Control Margot Parkes, Professor, School of Health Sciences, University of Northern BC; Co-Lead, Health Research Institute, UNBC Vishal Jain, Manager, Strategic Initiatives, Aboriginal Health Program, Fraser Health David Patrick, Director of Research and Medical Epidemiology Lead for Antimicrobial Resistance, BC Centre for Disease Control</p> <p><i>MPH Alumni:</i> Sigbrit Sochting, 2019 cohort Anastasiia Lisovkaiia, 2019 cohort Haley Montgomery, 2020 cohort Alison Andrews-Paul, 2020 cohort Adedolapo Abe-Dada, 2020 cohort</p> <p><i>Undergraduate Alumni:</i> Marco Zenone, BA, 2018 cohort Bipan Biran, BSc LS concentration, 2018 cohort Bakht Anwar, BSc PQHS concentration, 2019 cohort Charity Mudhikwa, BSc PQHS concentration, 2020 cohort Shabnam Raufi, BSc PQHS concentration, 2020 cohort</p>	<p><i>Involvement in program evaluation & assessment</i> <i>Perceptions of current students & school graduates</i> <i>Alumni perceptions of curricular effectiveness</i> <i>Applied practice experiences</i> <i>Integration of practice perspectives</i> <i>Program delivery of professional development opportunities</i></p>
Total participants: 14	

5:30 pm **Site Visit Team Executive Session 3**

6:15 pm **Adjourn**

Friday, October 28, 2022

8:30 am **University Leaders – hosted via Zoom**

Participants	Topics on which participants are prepared to answer team questions
<i>Wade Parkhouse, SFU Provost and Vice President Academic</i>	<i>Program’s position within larger institution Provision of program-level resources Institutional priorities</i>
Total participants: 1	

9:00 am **Break**

9:30 am **Site Visit Team Hotel Pickup: Transport to Campus**

10:00 am **Site Visit Team Executive Session 4**

12:00 pm **Exit Briefing**

MEMORANDUM

ATTENTION Faculty of Health Sciences; SCUP; Senate

DATE December 8, 2023

FROM Kris Magnusson, Acting Vice-Provost, Learning & Teaching; Alice Campbell, Senior Consultant, Program Assessment, Learning Experiences Assessment and Planning 

RE: Action Plan for Educational Goals (Undergraduate programs) associated with 2023 External Review of Faculty of Health Sciences

The Faculty of Health Sciences has recently undergone an external review and re-accreditation by the Council on Education for Public Health (CEPH). We congratulate FHS on its successful re-accreditation. In addition to developing an action plan in response to the external review team's recommendations, the Faculty has also developed an action plan for assessing their Educational Goals for its undergraduate programs (BA and BSc). We are heartened to learn of FHS' work in reviewing and aligning the undergraduate Educational Goals with CEPH requirements. We are excited to hear of the revisions of the Public Health and Data and Life Sciences concentrations. We applaud that wide consultation and collaboration with faculty has been embedded in the curriculum review process, and will be embedded in program assessment. We hope that you find opportunities to share your process with other units undergoing curriculum review, as it may provide a helpful model for them to follow.

We appreciate the rich description of the learning opportunities that students have to reach these Educational Goals. We suggest, if this has not been done already, that this mapping effort be made visible to faculty and students. For students, it may help them to identify linkages between course offerings, and to see how their various learning activities are designed and scaffolded in service of program-level learning objectives.

We appreciate that, at this juncture, you are working towards developing a program assessment framework. As you embark on this work, we encourage you to think of program assessment (Educational Goals assessment) as an activity in service of (a) evaluating how well your curriculum revisions (to the Public Health and Data and Life Sciences concentrations) are supporting student learning and (b) identifying fruitful directions for revising the BA program. With this said, we have some recommendations:

- Review the extent to which the Educational Goals are taught and assessed in the core courses.
- We note that many of the Educational Goals are addressed in 400-level seminar courses. Because program-level Educational Goals describe a unit's aspirations for student learning by the end of their program, student work in these seminars can provide concrete evidence of students' overall strengths and areas of development. Identifying one or two seminars that align with each of the concentrations may help you to assess over-all student learning in these concentrations.

- It may be feasible to integrate the assessment of Educational Goals into existing grading practices in a “lightweight” way. For example, when assessing student work within a course or seminar, instructors could also use a 3- or 4-point scale indicating students’ relative mastery of the relevant Educational Goals to provide simple, helpful aggregate data of students’ progress towards attaining these goals.
- Consider what baseline assessment measures could be used to help to shape BA program revisions.
- An exit survey, perhaps employing a post-pre methodology, could help to learn exiting students’ perceptions of their learning gains within the program. A survey of former students (1 to 3 years post graduation) would help to surface how well former students felt that their program prepared them for their future endeavours.

Staff in the AVPLT portfolio are well equipped to support you in this work. The LEAP (Learning Experiences Assessment and Planning) team supports program and Educational Goals assessment. Their supports include assessment design, quantitative and qualitative data collection and analysis, and support with data interpretation. This expertise may be of particular use should you choose to explore the implementation of exit surveys. Furthermore, members of the Centre for Educational Excellence are available to assist with program revisions and course design. Once again, congratulations on the careful and thorough documentation of your Educational Goals work; we hope that you will find our comments and suggestions both encouraging and helpful.

Educational Goals Assessment Plan Template

Unit/Program: Faculty of Health Sciences

Contact name: Scott Venners – Associate Dean Education

Date: 13 October 2023

This template is designed to help units implement assessment of Educational Goals after receiving feedback from their External Review. Units are not expected to assess every Educational Goal every year. *(Textboxes will expand as you type)*

1) Who were the members of your Educational Goals Assessment team? Outline who has worked on the assessment.

Nienke van Houten, Robyn Bailey, Scott Venners. Reviewed by Undergraduate Curriculum Committee and Faculty Executive Council.

2) Are your program's Educational Goals current, or do any of them need to be revised?

In some cases, Educational Goals may need to be revised to keep pace with changes in the discipline or in the program's course offerings, or to ensure they continue to align with a unit's mission and values. Feedback from the External Review may inform revision of Educational Goals.

The Educational Goals were revised in Spring 2023 to create alignment between the faculty goals and CEPH requirements. These are considered current for the BSc programs. The BA program goals are currently being reviewed and tailored to that program, but it is anticipated that there will be overlap.

3) Is your program's curriculum map up to date?

A curriculum map may need to be updated to reflect any major changes to the program's course offerings (i.e. new or substantially revised courses, courses that have been removed).

BSc curriculum for the PH&D and Life Sciences programs have recently been reviewed and reflect changes made to the curriculum. BA curricular reforms in progress 2023/24.

4) Assessment Plan

For each Educational Goal, outline what data you will use to assess student learning. Indicate what direct evidence you will draw on - which key courses you will sample from and, if possible, the course-based assessments you plan to use. These can be described in general terms (e.g. research paper, final exam questions targeting a particular Educational Goal). Indicate also whether or not you plan to gather indirect evidence (e.g. surveys, focus groups, interviews, etc.). The same indirect evidence method (e.g. a survey) can be used for multiple Educational Goals. Describe what would indicate to you that students had met the Educational Goal. Add or delete rows as needed.

Health Sciences Program Assessment and CEPH accreditation process:

Our program level learning objectives are closely integrated with the CEPH domains. We have already ensured through accreditation that our core course designs meet these goals for all students.

History of educational program development at FHS.

The focus of our educational programs over the last few years has been reviewing and establishing our programs. Undergraduate education goals were approved and finalized by FHS in 2018. A teaching and learning survey by the teaching faculty fellow was conducted “to understand what drives our teaching and learning practices, what is working, what hinders our teaching practices, and where to go from here.” Curriculum reform subcommittees subsequently began working on curriculum revisions, building on the goals and results of the survey.

Subsequent mini retreats were convened to streamline the 3 undergraduate majors. In August 2019, a meeting was convened to develop a curriculum revision pathway for the Population and Quantitative Health Sciences (PQHS) concentration. This process identified curriculum gaps and duplications, lack of intentional design, and need for scaffolding of foundational courses, interdisciplinary courses, methods courses, and upper-level (300- and 400-level) courses. The revised curriculum, renamed Public Health and Data, was recently implemented (after required Senate approvals) and delivered for the first time in Fall 2021. In 2022, the BSc Life Sciences concentration was revised to include a clearly articulated pathway for students to take to complete their degree. These changes were approved by UGSC in March 2022 and will be implemented in January 2023. The COVID-19 pandemic delayed curriculum reform activities for the BA degree but these have been re-established in Spring 2022.

Looking forward, we plan to develop an approach to assess student learning in relation to the educational goals that the faculty has defined and combined with the CEPH learning domains.

Movement towards a structure for program assessment:

In the upcoming year, we will develop a plan for program assessment. We will consult with faculty members and FHS committees. We will establish a framework for program assessment by working with consultants from CEE. We will also consider how indirect evidence such as surveys and CES reviews can contribute to the program assessment framework. By Fall 2024, we plan to pilot the assessment framework for the core FHS courses that are required across the curriculum by all of our undergraduate programs. These are the same courses that are reviewed extensively by CEPH and align with the learning domains set out by the accrediting body.

The table below shows all of undergraduate curriculum goals and some examples of how we present that information to CEPH. For a more comprehensive list, please see the file “Educational Goals cross-referenced to CEPH Domains Competencies and Concepts”. Other components of the assessment plan still need to be determined, and thus have not been filled in.

Educational Goal 1: <i>Interdisciplinarity through Depth and Breadth of Knowledge</i>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>11 public health domains are covered in the UG curriculum in the following courses: HSCI 130, 230, 305, 319; BISC 101, 102; Math 151,154,157; STAT 201,203,205,302,305</p>	<p>What would indicate that students had met the EG?</p> <p>Courses and assessments will be determined during the program assessment plan in Fall 2023- Fall 2024</p>	<p>Is this direct or indirect?</p> <p>Mixture</p>	<p>When do you plan to collect the data?</p> <p>Fall 2024 – Fall 2025</p>
Educational Goal 2: <i>Knowledge of Methodologies and Awareness of Limits of Knowledge</i>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>Research methods are introduced, reinforced, and applied in a variety of courses in the curriculum. For example, it is the primary concern in HSCI 207, Research Methods in Health Sciences. Research methods are also major parts of the student experience in upper-level (300- and 400-level) laboratory and seminar courses (HSCI 410, 416, 424, 432, 440, 441, 442, 474, 475, 476, 478, 479, 482, 483, 484, 485, and 486). In addition, students may be deeply engaged in research methodology through the honours program and work-study or co-op employment. Undergraduate student research awards are also available to students through federal-, SFU- and FHS-level funding opportunities for student to conduct research.</p>	<p>What would indicate that students had met the EG?</p> <p>Courses and assessments will be determined during the program assessment plan in Fall 2023- Fall 2024</p>	<p>Is this direct or indirect?</p> <p>Mixture</p>	<p>When do you plan to collect the data?</p> <p>Fall 2024 – Fall 2025</p>
Educational Goal 3: <i>Critical Thinking Skills and Creativity</i>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>Projects in several courses offer opportunities for creativity (HSCI 312, 333, 340, 345, 483, 431). 2 examples include developing a campaign for HIV awareness to the general public using a creative mix of audio, visual, audio-visual, a social media campaign, a TV ad etc. (HSCI 431). Creativity is a core component of the marking.</p>	<p>What would indicate that students had met the EG?</p> <p>Courses and assessments will be determined during the program assessment plan in Fall 2023- Fall 2024</p>	<p>Is this direct or indirect?</p> <p>Mixture</p>	<p>When do you plan to collect the data?</p> <p>Fall 2024 – Fall 2025</p>

<p>Another example is the creative representation project in HSCI 333. Students are asked to represent and explain a dimension of blood incorporating visual, physical, musical and/or symbolic elements. Students must think critically about how to convey a complex topic in an easy to grasp format. Critical thinking is required as a part of assessment and grading in many if not the majority of courses offered in the all majors. All of these courses are available as electives to all students, regardless of degree concentration.</p>			
Educational Goal 4: <i>Communication Skills</i>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>Of our core courses, HSCI 130 and HSCI 305 meet multiple competencies in this domain including: Communication with diverse audiences and through a variety of media, information literacy, locating evaluating and synthesizing information.</p>	<p>What would indicate that students had met the EG?</p> <p>Courses and assessments will be determined during the program assessment plan in Fall 2023- Fall 2024</p>	<p>Is this direct or indirect?</p> <p>Mixture</p>	<p>When do you plan to collect the data?</p> <p>Fall 2024 – Fall 2025</p>
Educational Goal 5: <i>Autonomy and Professional Capacity</i>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>Professionalism has been a recently defined educational goal for our curriculum under the category of Autonomy and Professional Capacity. It is covered in several courses: HSCI 130, 212, 214, 215, 216, 312, 319, 340, 416, 424, 426, 432, 478, 481, 485, and 495. Many other courses do discuss and reinforce professionalism as it applies to scholarship and authorship. Student exposure and development of professionalism in the workplace is gained via co-operative education employment.</p>	<p>What would indicate that students had met the EG?</p> <p>Courses and assessments will be determined during the program assessment plan in Fall 2023- Fall 2024</p>	<p>Is this direct or indirect?</p> <p>Mixture</p>	<p>When do you plan to collect the data?</p> <p>Fall 2024 – Fall 2025</p>
Educational Goal 6: <i>Respect and Reciprocity</i>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>Ethical frameworks for decision making at individual and societal levels is covered in HSCI 319W (required course) and HSCI 327 coursework. Ethical decisions are also</p>	<p>What would indicate that students had met the EG?</p> <p>Courses and assessments will be determined during the program assessment plan in Fall 2023- Fall 2024</p>	<p>Is this direct or indirect?</p> <p>Mixture</p>	<p>When do you plan to collect the data?</p>

<p>discussed in many courses (see Template D9-1 section on Health Policy, Law, Ethics, and Economics). There is also a student-founded and -led Health Ethics Club which is open to all students for participation.</p> <p>Appreciation of community dynamics and investment in health is covered in HSCI 312, Health Promotion: Individuals and Communities, and HSCI 449, Community and Health Service, the latter of which directly participates with different community groups through service learning with these partners. New courses, HSCI 495, Applied Health Science Project, and HSCI 496, Special Topics in Experiential Global Health Learning, are also directly connected to community partners and require understanding of the community dynamics at play. All of these courses are available as electives to all students, regardless of degree concentration.</p>			Fall 2024 – Fall 2025
Educational Goal 7: <i>Experiential Learning</i>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>Senior seminar courses where current peer-reviewed literature is discussed, analyzed, and critiqued. HSCI 481 Senior Seminar in Social Health Sciences HSCI 482 Senior Seminar in Infectious Disease HSCI 483 Senior Seminar in Environmental Health HSCI 484 Senior Seminar in Population Health Research HSCI 485 Senior Seminar in Mental Health HSCI 486 Senior Seminar in Global Health HSCI 427 Immune Responses in Health and Disease HSCI 474 Seminar in Neuropharmacology HSCI 475 Seminar in Molecular Mechanisms of Epigenetics HSCI 476 Seminar in Molecular Basis of Drug Action and Environmental Exposure HSCI 477 Seminar in Vaccine Immunology HSCI 478 Seminar in Molecular Epidemiology of Infectious Disease HSCI 482 Seminar in Infectious Disease</p> <p>Service learning and community-based courses:</p>	<p>What would indicate that students had met the EG?</p> <p>Courses and assessments will be determined during the program assessment plan in Fall 2023- Fall 2024</p>	<p>Is this direct or indirect?</p> <p>Mixture</p>	<p>When do you plan to collect the data?</p> <p>Fall 2024 – Fall 2025</p>

<p>HSCI 449 Community and Health Service HSCI 495 Applied Health Science Project</p> <p>International field course with applied activities integrated into clinical and community settings. HSCI 496 Special Topics in Global Health Experiential Learning</p> <p>Advanced laboratory courses providing hands-on experimentation. HSCI 440 Cellular Pathophysiology Laboratory HSCI 441 Virology Laboratory HSCI 442 Immunology Laboratory</p> <p>Honours Thesis and Directed Studies</p>			
Educational Goal 8: <i>Originality</i>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>Projects in several courses offer opportunities for creativity (HSCI 312, 333, 340, 345, 483, 431). 2 examples include developing a campaign for HIV awareness to the general public using a creative mix of audio, visual, audio-visual, a social media campaign, a TV ad etc. (HSCI 431). Creativity is a core component of the marking. Another example is the creative representation project in HSCI 333. Students are asked to represent and explain a dimension of blood incorporating visual, physical, musical and/or symbolic elements. Students must think critically about how to convey a complex topic in an easy to grasp format. Critical thinking is required as a part of assessment and grading in many if not the majority of courses offered in the all majors. All of these courses are available as electives to all students, regardless of degree concentration.</p>	<p>What would indicate that students had met the EG?</p> <p>Courses and assessments will be determined during the program assessment plan in Fall 2023- Fall 2024</p>	<p>Is this direct or indirect?</p> <p>Mixture</p>	<p>When do you plan to collect the data?</p> <p>Fall 2024 – Fall 2025</p>

5) How do you plan on sharing your findings within your unit?

Via UGSC, EPC and FC meetings, perhaps at specialty faculty events and seminars such as the town hall.

6) Assessment Timeline

Fall 2023 – Fall 2024 – Develop a program assessment framework starting with Core FHS courses

Fall 2024 – Fall 2025 – Pilot data collection and review

Next Mid-cycle Review:

Next External Review:

MEMORANDUM

ATTENTION	Faculty of Health Sciences; SCUP; Senate
DATE	December 8, 2023
FROM	Kris Magnusson, Acting Vice-Provost, Learning & Teaching; Alice Campbell, Senior Consultant, Program Assessment, Learning Experiences Assessment and Planning 
RE:	Action Plan for Educational Goals (MPH) associated with 2023 External Review of Faculty of Health Sciences

The Faculty of Health Sciences has recently undergone an external review and re-accreditation by the Council on Education for Public Health (CEPH). In addition to developing an action plan in response to the external review team's recommendations, the Faculty has also developed a plan for assessing their Educational Goals for the Master of Public Health (MPH) program. While the Educational Goals assessment plan specifically addressed the MPH program, we include comments about both the MPH program and the M.Sc. and Ph.D. programs, which were addressed in the external review and FHS' Action Plan.

We congratulate FHS on its successful re-accreditation by the Council on Education for Public Health (CEPH), which involved a review of 27 core competencies. It is unclear what the specific assessment requirements are for CEPH re-accreditation, and how these may align with the Educational Goals work that has been proposed. In future, it would be helpful to provide an overview of what assessment the CEPH requires, some high-level findings of areas of strength and areas requiring further development. This would make it easier for us to understand how the Educational Goals assessment plan aligns with work required for CEPH re-accreditation.

The Action Plan prepared by FHS indicates that there are two identified areas for improvement to the MPH program: foundational competency 16 ("Apply leadership and/or management principles to address a relevant issue"), which is captured within Educational Goal 5: Leadership, and additional supports (guidelines and forms) for the thesis option. The external reviewers offered suggestions for improving the M.Sc. and Ph.D. graduate programs, namely reviewing and changing/modifying two required courses, 902 & 903, and reviewing the seminar series.

We appreciate FHS' careful attention to developing this Educational Goals assessment plan. There are many commendable elements of this plan, including the articulation of sub-goals for each Educational Goal, the embedding of this work in Faculty committees, the description of the rich and creative learning opportunities that MPH students have to reach these Educational Goals, the focus on direct assessment of student learning, and the intention to survey both graduating students and recent alumni. In that same spirit of careful attention to principle, you may wish to consider a modest redirection. The current assessment plan seems driven by measuring specific

competencies, as one would expect for CEPH accreditation. We recommend aligning Educational Goals assessment with the proposed curriculum review work. We expect that this will streamline your work and ensure that it will be helpful to the MPH program.

- Curricular changes to address foundational competency 16 are addressed in the Action Plan through a proposed added assignment to HSCI 901. Student work that aligns with the competency will be reviewed with a rubric. It may be helpful to use existing and future rubric data to conduct a pre-post analysis of improvements to student learning that result from the course-level change.

Educational Goals describe a unit's intentions for the fundamental knowledge, skills and attributes that students will develop by the end of their program. Coursework provides students with a foundation to build these. Many come to fruition in students' work in their theses and other integrative capstone learning opportunities, which encapsulate and integrate learning from the overall program of study.

- Program changes to better support the thesis option as an "integrative learning experience" do not appear to be captured within the program's Educational Goals assessment plan. We suggest defining an Educational Goal that addresses the knowledge and skills that students demonstrate through the thesis.
- Assessment of students' theses and capstones, and the steps leading to their theses (e.g. proposal) could provide strong evidence of students' attainment of the MPH's program fundamental aims, and identify areas for potential improvements.

The Educational Goals assessment plan did not address the MSc and PhD programs. Nevertheless, we offer some thoughts on assessing the effects of proposed changes to those programs described in the Action Plan.

- A review of HSCI 902/903 could address the Educational Goals for those courses, and identify how they align with the program Educational Goals.
 - Distinct Educational Goals may be articulated for MSc and PhD students entering into their programs, in alignment with their learning needs.
 - If these courses change, direct assessment of student work produced in these courses could help measure if and how the changes improved student learning. Indirect assessment (such as student surveys, focus groups, interviews) could measure if and how changes improved students' learning experiences.
 - Assessment of PhD students' needs in terms of "higher level issues in research" could be used to provide a needs assessment for a potential new course for incoming PhD students. If the new course is developed and offered, this data could potentially offer a baseline measure to use when evaluating the impact of that course on student learning and experience.
- Educational Goals could be articulated for the seminar series, which may help clarify to students what the series' pedagogical aims are, and how series articulates with their overall program of study.
- Similar to the MPH program, assessment of student theses would provide rich evidence of students' attainment of the MSc and PhD programs' Educational Goals.

A key aim of a graduate program is to prepare students for further study or professional practice. For all programs, we agree that an exit survey, perhaps employing a post-pre methodology, could help to gain exiting students' perceptions of their learning gains within the program, as well as how well former students felt that their program prepared them for their future endeavours.

Staff in the AVPLT portfolio are well equipped to support you in this work. The LEAP (Learning Experiences Assessment and Planning) team supports program and Educational Goals assessment. Their supports include assessment design, quantitative and qualitative data collection and analysis, and support with data interpretation. The Centre for Educational Excellence can help with program revisions and course design.

Once again, congratulations on the careful and thorough documentation of your Educational Goals work; we hope that you will find our comments and suggestions both encouraging and helpful.

Educational Goals Assessment Plan Template

Unit/Program: Master of Public Health (MPH), Faculty of Health Sciences

Contact name: Malcolm Steinberg

Date: October 13, 2023

This template is designed to help units implement assessment of Educational Goals after receiving feedback from their External Review. Units are not expected to assess every Educational Goal every year. *(Textboxes will expand as you type)*

1) Who were the members of your Educational Goals Assessment team? Outline who has worked on the assessment.

The Professional Programs & Accreditation Committee (PPAC), the Associate Dean of Education, and the Associate Director, Education Programs and Equity.

2) Are your program's Educational Goals current, or do any of them need to be revised?

In some cases, Educational Goals may need to be revised to keep pace with changes in the discipline or in the program's course offerings, or to ensure they continue to align with a unit's mission and values. Feedback from the External Review may inform revision of Educational Goals.

The Educational Goals are current. The MPH Program has recently been reaccredited by the Council on Education for Public Health (CEPH). A detailed Self-Study was undertaken as a requirement of the re-accreditation process. This included a review of all 27 Core competencies for the program.

3) Is your program's curriculum map up to date?

A curriculum map may need to be updated to reflect any major changes to the program's course offerings (i.e. new or substantially revised courses, courses that have been removed).

The curriculum map is up to date.

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4) Assessment Plan

For each Educational Goal, outline what data you will use to assess student learning. Indicate what direct evidence you will draw on - which key courses you will sample from and, if possible, the course-based assessments you plan to use. These can be described in general terms (e.g. research paper, final exam questions targeting a particular Educational Goal). Indicate also whether or not you plan to gather indirect evidence (e.g. surveys, focus groups, interviews, etc.). The same indirect evidence method (e.g. a survey) can be used for multiple Educational Goals. Describe what would indicate to you that students had met the Educational Goal. Add or delete rows as needed.

Educational Goal 1: Evidence-based Approaches to Public Health			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>1. <u>Apply epidemiological methods to settings and situations in public health practice (HSCI 802 Principles of Epidemiology for Public Health; HSCI 845 Environmental and Occupational Health).</u></p> <p><u>HSCI 802:</u> This is a Group Project and Presentation: Students work in groups of 3–5 students to critically appraise an epidemiological article, selected from a list of provided articles. The objectives of the group projects are three-fold: (1) to gain experience working with public health colleagues; (2) to get practice with and feedback on critical appraisals; and (3) to develop oral communication skills. Students a 10-minute presentation during class, followed by 5 minutes of Q&A. Presentations are organized to correspond to the five major epidemiological study designs covered in the course: ecological, cross-sectional, case-control, cohort, and RCT.</p> <p><u>HSCI 845:</u> This includes a. Group Paper: Students review epidemiologic literature and an exercise in Week 3 to analyze a simulated data set; and b. Student evaluate exposure assessment errors..</p>	<p>What would indicate that students had met the EG?</p> <p><u>HSCI 802:</u> Term Paper. The term paper is a 4,000-word submission that supports the students in practising the following four skills necessary for evidence-based practice:</p> <p>a) formulate an epidemiological public health question in a manner that allows its evidence base to be assessed;</p> <p>b) search health science literature, using PubMed, to find relevant publications;</p> <p>c) apply epidemiological knowledge learned in HSCI 802 to critically appraise the published papers in a systematic manner; and</p> <p>d) synthesize the evidence and communicate the findings in the form of a written report.</p> <p><u>HSCI 845:</u> For the group paper, students demonstrate ability to evaluate individual- and household-level interventions.</p> <p><u>Week 3 exercise:</u> Students demonstrate ability to evaluate the influence of exposure assessment errors on health effects estimates in epidemiologic studies.</p>	<p>Is this direct or indirect?</p> <p>Direct</p>	<p>When do you plan to collect the data?</p> <p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>2. <u>Select quantitative and qualitative data collection methods appropriate for a given public health context (HSCI 802 Principles of Epidemiology for Public Health; HSCI 803 Qualitative Research Methods; HSCI 826 Program Planning and Evaluation).</u></p> <p><u>HSCI 802:</u> Group tutorials present students with case studies of epidemiological research questions that may be addressed using a range of study designs and methods. Students are prompted to reflect on the most appropriate data collection methods for a given research question and context.</p>	<p><u>HSCI 802:</u> Tutorials: Students are appraised through a participation self-assessment completed at the end of the course.</p> <p><u>HSCI 803:</u> Student assignments reviewed for completion of minimum requirements outlined in rubrics.</p> <p>For the final Research Proposal, this is reviewed for completion of minimum requirements outlined in the rubric. Each group member also completes a self-assessment noting their areas of strength and areas for improvement and what</p>	<p>Direct</p>	<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on</p>

<p><u>HSCI 803</u>: Qualitative data collection methods are addressed through all three course assignments. The literature review assignment builds familiarity with use of standard techniques, interview assignment provides practice developing materials and practical experience interviewing, and the final proposal assignment requires students to select appropriate methods for their research questions and justify their use and decisions. In addition to the three assignments mentioned, students work in groups to develop a research proposal and select the qualitative methods they would use in the proposal. HSCI 826: This Group Evaluation Proposal asks students select a range of qualitative and quantitative methods as used in program evaluation in a proposal to conduct an evaluation of a real health program.</p>	<p>they learned about themselves through the process of teamwork needed to complete this assignment. <u>HSCI 826</u>: This Group Evaluation Proposal is reviewed for completion of minimum requirements outlined in a rubric.</p>		<p>completion of program. Survey of MPH students one year after completing program.</p>
<p>3. <u>Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. (HSCI 801 Biostatistics for Population Health Practice 1; HSCI 803 Qualitative Research Methods; HSCI 901 Core Concepts and Practice for Public Health II).</u> <u>HSCI 801</u>: Assignments 1–4 include questions that require students to describe and understand study design in epidemiology, perform descriptive statistics, as well as analyze data and perform hypothesis testing. Weekly labs include statistical problems: students need to use R to perform the analysis and interpret their result and report their conclusion on the research questions. Assignments add analysis using (1) administrative databases on vital statistics and (2) latest statistical methods and R packages implementing these statistical methods for handling missing data. Mid-term and final exams include questions that require students to perform statistical hypothesis testing and describe basic biostatistical concepts including interpretation of graphical and tabular display. They also include questions about the characteristics of different study designs used in epidemiology. <u>HSCI 803</u>: For the Interview Assignment, each student conducts an individual, semi-structured in-depth interview and performs preliminary analysis (thematic analysis) of the data collected. <u>HSCI 901</u>: For this Web-based Survey assignment that covers public health surveys, students explore the Canadian Community Health Survey (CCHS) dataset to determine a research question that can be addressed using survey methods. In teams of three, students create, administer, and analyze a short web-based survey using Survey Monkey. Each team member is required to pilot test the questionnaire with five respondents from their social/professional network and pose additional questions to evaluate the questionnaire.</p>	<p><u>HSCI 801</u>: Assignments are reviewed for completion of minimum requirements. Mid-term and final exams are graded according to a rubric. <u>HSCI 803</u>: The assignment is reviewed for completion of minimum requirements outlined in a rubric. <u>HSCI 901</u>: The assignment is reviewed for completion of minimum requirements outlined in a rubric.</p>	Direct	<p>Within and at the end of teaching semester for these courses. Exit survey of MPH students on completion of program. Survey of MPH students one year after completing program.</p>
<p>4. <u>Interpret results of data analysis for public health research, policy or practice (HSCI 801 Biostatistics for Population Health Practice 1; HSCI 802 Principles of Epidemiology for Public Health; HSCI 803 Qualitative Research Methods; HSCI 821 Introduction to Global Health; HSCI 835 Social Determinants of Health; HSCI 845 Environmental and Occupational Health).</u></p>	<p><u>HSCI 801</u>: Mid-term and final exams include questions that require students to interpret the results of hypothesis testing in relation to public health research studies and interpretation of graphical and tabular display. <u>HSCI 802</u>: The Term Paper is reviewed for completion of minimum requirements. As part of the appraisal and presentation of the Group Project and Presentation,</p>	Direct	<p>Within and at the end of teaching semester for these courses.</p>

<p><u>HSCI 801</u>: For Assignments 1-4, students are required to read research articles in epidemiology and prepare written summaries to demonstrate their understanding of the analysis and the results and discuss the conclusion of the findings. Assignments include interpreting results for public health research, policy, and practice (1) from analysis of administrative databases on vital statistics and (2) from analysis using latest statistical methods and R packages implementing these statistical methods for handling missing data.</p> <p><u>HSCI 802</u>: In a Term Paper, students are required to critically interpret epidemiological literature and compare and contrast the study designs and findings from three peer-reviewed scientific papers to identify best practices and to provide a rationale for population health programs, policy decisions, and advocacy.</p> <p>For their Group Project and Presentation, students work in groups of 3–5 students to critically appraise an epidemiological article, selected from a list of provided articles.</p> <p><u>HSCI 803</u>: For the Interview Assignment, students interpret the results of the data analysis they perform and submit a written summary of the findings from the qualitative interview.</p> <p><u>HSCI 821</u>: For the Country Health and Development Assessment Assignment each student is required to interpret data related to health and population indicators for a selected lower- or middle-income country (LMIC). For the final Country Health Assessment Group Project, which is a culmination of the student’s individual work from Assignment 1 on the selected country, students are required to work in groups to engage in a evidence-based priority setting and root-cause analysis exercise, and to develop recommendations and action plans to address the key public health issues identified through the situational analysis. Students in each county group simulate that they represent a county expert public health task force synthesizing epidemiological and demographic data with the purpose of formulating policies.</p> <p><u>HSCI 835</u>: For the Practice Brief: Advocating for Change assignment, students are required to interpret the evidence about what equity-focused public health action is needed to address a public health equity issue of their choice. Students use upstream and system-level thinking, evidence-informed examples, and at least one framework taught in the course to develop main pathways for change in a practice brief.</p> <p><u>HSCI 845</u>: Students complete three exercises. The week 2 exercise asks students to evaluate and interpret results from visualization tools provided by the Global Buren of Disease study. The week 3 exercise asks students to analyze a simulated data set to evaluate the influence of exposure assessment errors on health effects estimates in epidemiologic studies. For the week 5 exercise, students obtain and interpret air quality measurement data from various agencies in BC and beyond.</p>	<p>students must interpret a primary measure of association between exposure and outcome and must comment on the public health implications of the study.</p> <p><u>HSCI 803</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 821</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 835</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 845</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>		<p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>Educational Goal 2: Public Health & Health Care Systems</p>			

<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>5. <u>Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings (HSCI 827 Analysis of the Health Care Delivery System).</u></p> <p>The Comparative Health Systems assignment asks students to explore the organization, structure, and function of the health systems in a country other than Canada chosen from the following list of countries: Australia, China, India, New Zealand, Sweden, and Taiwan. Each student prepares an individual assignment to answer specific questions about their chosen country and within their regular discussion groups, the students compare what they learned about the systems of different countries. The questions students must answer are as follows:</p> <ol style="list-style-type: none"> 1. How is health care financed in this country? (2 marks, 200 words maximum) 2. How are health promotion and preventive services organized in this country? (4 marks, 400 words maximum) 3. Is the problem you explored in Assignment 1 also a problem in this health system? Why or why not? What are two features of the financing or organization of this health system that shape your answer to this question? (4 marks, 400 words maximum). 	<p>What would indicate that students had met the EG?</p> <p><u>HSCI 827:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Is this direct or indirect?</p> <p>Direct</p>	<p>When do you plan to collect the data?</p> <p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>6. <u>Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels (HSCI 821 Introduction to Global Health; HSCI 827 Analysis of the Health Care Delivery System; HSCI 835 Social Determinants of Health; HSCI 845 Environmental and Occupational Health).</u></p> <p><u>HSCI 821:</u> Students complete a Country Health Assessment Group Project in which they prepare a detailed situational analysis of burden of diseases and population health priorities. This includes identifying how various determinants of health, such as structural bias, social inequities, and racism impact specific/vulnerable populations. Students perform root-cause analysis and propose how to address these factors in an action plan to improve the situation.</p> <p><u>HSCI 827:</u> Students research and analyze a problem in the health care system. Students must provide background information about the problem (problem definition and diagnosis), including identifying any how structural bias, social inequities, and/or racism contribute to the problem. Building on this assignment, students describe and analyze a problem in the health care system using the Control Knobs framework to consider the full range of policy approaches and evaluate potential policy solutions including any implications for health equity.</p> <p><u>HSCI 835:</u> For this assignment, students are required to identify and explain the means by which structural bias, social inequities, and racism can contribute to health inequities through working in groups to create an educational resource guide of various forms of media.</p>	<p><u>HSCI 821:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 827:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 835:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 845:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>		<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>

<p>In a further assignment, students take the equity approaches and frameworks discussed in class related to structural bias, social inequities, racism, etc., and create their own original framework explaining one of the following: (1) how to be a reflexive researcher or practitioner; (2) how to meaningfully incorporate intersectionality, equity, and/or Métis-specific Gender-Based Analysis Plus (GBA+) tool into research or practice; (3) how to address upstream and structural components of health inequities; or (4) what considerations are when conducting community-based participatory research. Students also prepare a written summary for the visual framework and discuss how a SDOH is shaped by social structures, including structural bias and racism, and is a contributing factor to health, illness, and disease and possibly contributes to health inequities.</p> <p><u>HSCI 845</u>: In this reflection assignment, students consider and critique the “mobility differences” argument, which posits that environmental inequities are unavoidable because differences in wealth lead to differences in mobility, and thus the poorer and less mobile will be more likely to live near locally unwanted land uses.</p>			
Educational Goal 3: Planning and Management to Promote Health			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p><u>7. Assess population needs, assets and capacities that affect communities’ health (HSCI 826 Program Planning and Evaluation; HSCI 835 Social Determinants of Health; HSCI 855 Health Promotion in Practice).</u></p> <p><u>HSCI 826</u>: In this assignment, students create a logic model using a planning model that begins with identifying the situation or problem to be addressed and assessing the needs, assets, and capacities.</p> <p><u>HSCI 835</u>: In this assignment, students create a resource guide about a public health inequity and are asked to find resources written by those equity-deserving populations being affected to assess the needs and assets of the community’s health. Students are encouraged to include diverse sources of media, including poems, podcasts, community statements, etc.</p> <p><u>HSCI 855</u>: For this Healthy Campus Design Challenge Team Project, students are required to assess the needs, assets and capacities of a community (typically part of the university community) using appropriate techniques, including surveys, interviews, and/or focus groups, and reviewing the findings to identify themes and identify needs of the population of interest in an iterative process with community stakeholders.</p>	<p>What would indicate that students had met the EG?</p> <p><u>HSCI 826</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 835</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 855</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Is this direct or indirect? Direct</p>	<p>When do you plan to collect the data?</p> <p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p><u>8. Apply awareness of cultural values and practices to the design implementation (HSCI 803 Qualitative Research Methods; HSCI 835 Social Determinants of Health; HSCI 900 Core Concepts and Practice for Public Health I; HSCI 901 Core Concepts and Practice for Public Health II).</u></p>	<p><u>HSCI 803</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 835</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Direct</p>	<p>Within and at the end of teaching semester for these courses.</p>

<p><u>HSCI 803</u>: For this Literature Review Assignment, students examine existing and current qualitative studies related to cultural issues that are often central to the problems, interventions, access, and barriers.</p> <p><u>HSCI 835</u>: Each student identifies historical factors, cultural factors, structural factors, and critical factors related to a health equity problem and applies their awareness of these factors to propose interventions (programs, policies) to address the health problem.</p> <p><u>HSCI 900</u>: For this Indigenous Health Module Reflection, students prepare a written submission to identify and describe the importance of both individual responsibility as well as structural changes within academia and public health practice, notably the achievement of cultural safety within practice, to respond to the Truth and Reconciliation Commission calls to Action (TRC) and the United Nations Declaration on the Rights of Indigenous People (UNDRIP).</p> <p><u>HSCI 901</u>: for this assignment on Reflexive Practice, students are asked to consider the populations they will engage, directly or indirectly, during their practicum and prepare a one-page written response to the following question: “How do you think your “race”/ethnicity, social class, gender, and any other social identities you have will affect the work you do in your practicum?”</p>	<p><u>HSCI 900</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 901</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>		<p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>9. <u>Design a population-based policy, program, project or intervention (HSCI 826 Program Planning and Evaluation; HSCI 855 Health Promotion in Practice; HSCI 900 Core Concepts and Practice for Public Health I).</u></p> <p><u>HSCI 826</u>: Students create a logic model for a program, or intervention related to public health (for an existing program or intervention delivered by a health authority or a community-based agency, or for a program, project, or intervention they would like to see in the future).</p> <p><u>HSCI 855</u>: Students design a program, project, or intervention using the principles of equity-centred design to iteratively identify potential “solutions” to address an identified health challenge on the university campus and a selected literature review of existing services of comparable/similar programs. Students compare their program ideas to the identified needs and existing services and review their initial solutions with key stakeholders to select a program, project, or intervention to develop into a prototype.</p> <p><u>HSCI 900</u>: During the lectures and through assigned readings, students learn about different types of budgets and steps in the budgeting process. Students prepare a one-page summary of the key principles and issues related to financial planning and budgeting. This prepares them to complete an in-class assignment to analyze a simple operating budget and perform a variance analysis.</p>	<p><u>HSCI 826</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 855</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 900</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>		<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>10. <u>Explain basic principles and tools of budget and resource management (intervention (HSCI 900 Core Concepts and Practice for Public Health I).</u></p>	<p><u>HSCI 900</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>		<p>Within and at the end of teaching</p>

<p><u>HSCI 900</u>: During the lectures and through assigned readings, students learn about different types of budgets and steps in the budgeting process. Students prepare a one-page summary of the key principles and issues related to financial planning and budgeting. This prepares them to complete an in-class assignment to analyze a simple operating budget and perform a variance analysis.</p>			<p>semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>11. <u>Select methods to evaluate public health programs (intervention (HSCI 826 Program Planning and Evaluation).</u></p> <p><u>HSCI 826</u>: Students create a logic model for a program or intervention related to public health. As part of the logic model, the student must select logic model elements that align with the problem being addressed by the program and the program's theory of change (i.e., evaluability assessment).</p> <p>For their Group Evaluation Proposal, student teams prepare an evaluation proposal for a real program that includes describing the purpose of the evaluation, key questions to be addressed, and the methods and approaches they have selected to use and why.</p> <p>In this assignment, students select a blog posting from the American Evaluation Association's 365 Blog and present its content to the class; these postings are often about evaluation methods.</p>	<p><u>HSCI 826</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>		<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>Educational Goal 4: Policy in Public Health</p>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>12. <u>Discuss the policy-making process, including the roles of ethics and evidence (HSCI 827 Analysis of the Health Care Delivery System; HSCI 900 Core Concepts and Practice for Public Health I; HSCI 842 Indigenous Health in Canada).</u></p> <p><u>HSCI 827</u>: In this assignment, students research and analyze a problem in the health care system, identify and evaluate possible solutions, and make recommendations for policy reform. Students must provide background information about the problem (problem definition and diagnosis) and make a case for its importance by providing evidence. Students</p>	<p>What would indicate that students had met the EG?</p> <p><u>HSCI 827</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 900</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 842</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Is this direct or indirect?</p> <p>Direct</p>	<p>When do you plan to collect the data?</p> <p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on</p>

<p>also must apply the 3-Is framework to identify and explain how ideas, institutions, and interests (e.g., ethics and politics) interact to influence the policy-making process.</p> <p><u>HSCI 900</u>: Public Health Ethics Case Study: In a three-page written submission, each student responds to a set of questions posed to a selected public health ethics case study (changes each year). For example, the most recent case study focused on the ethics of critical care triage in pandemics and included asking students to identify options available to decision makers to respond to the surge in cases and to prepare a communication to decision makers describing and justifying the options based on ethical reasoning.</p> <p><u>HSCI 842</u>: Indigenous Public Health Presentation. Students identify and present their chosen policy options and community partners (each with pros and cons and one suggested or recommended for decision makers).</p>			<p>completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>13. <u>Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes (HSCI 826 Program Planning and Evaluation; HSCI 827 Analysis of the Health Care Delivery System; HSCI 880 MPH Practicum).</u></p> <p><u>HSCI 826</u>: As part of the evaluation proposal, students prepare an evaluation design memo that includes a stakeholder engagement plan that proposes strategies to identify stakeholders, and a communication plan for sharing evaluation findings among stakeholders (as well as building coalitions, etc., to influence outcomes). As part of the preparation for this assignment a lecture video on “Stakeholder Analysis” in Study Week 1 teaches about identifying and engaging stakeholders. The “Framework to Plan an Evaluation” in Study Week 3 also includes “Engaging Stakeholders” and the “Collaborative/Participatory” evaluation approach (also in Study Week 3) is an approach to involving stakeholders in all aspects of designing and executing evaluations.</p> <p><u>HSCI 827</u>: Students research and analyze a problem in the health care system, identify and evaluate possible solutions, and make recommendations for policy reform. Students must provide background information about the problem (problem definition and diagnosis) and make a case for its importance by providing evidence. Students also must apply the 3-Is framework to identify and explain how ideas, institutions, and interests (e.g., ethics and politics) interact to influence the policy-making process. Students identify a specific policy maker in a position to address a problem and prepare a targeted briefing note with their recommendations, or they prepare an op-ed piece for general readership to explain the problem and advocate for an approach to solve it.</p> <p><u>HSCI 880</u>: While in the practicum, each student completes an assignment on intersectoral collaboration. They are required to propose strategies to identify external stakeholders in the work they are doing and provide an example of something they are doing that enables them to work effectively with other partners, collaborators, or professions.</p>	<p><u>HSCI 827</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 900</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 842</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Direct</p>	<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>

<p>14. <u>Advocate for political, social or economic policies and programs that will improve health in diverse populations (HSCI 821 Introduction to Global Health; HSCI 827 Analysis of the Health Care Delivery System; HSCI 835 Social Determinants of Health; HSCI 900 Core Concepts and Practice for Public Health I; HSCI 901 Core Concepts and Practice for Public Health II).</u></p> <p><u>HSCI 821:</u> Each student is required to identify a topic in global health and advocate for specific action to be taken to address the problem.</p> <p><u>HSCI 827:</u> Students identify a specific policy maker in a position to address a problem and prepares a targeted briefing note with their recommendations, or they prepare an op-ed piece for general readership to explain the problem and advocate for an approach to solve it.</p> <p><u>HSCI 835:</u> Using the National Collaborating Centre for Determinants of Health public health action report template, the students identify a public health issue to address, use upstream and system-level thinking, and identify a desired outcome and the pathways for achieving this desired outcome.</p> <p><u>HSCI 900:</u> for the final exam assessment, students are presented with questions that situate them in a scenario from public health practice or public health education. Each year, at least one question asks student to advocate for a key public health or related issue. For example, students were asked to prepare a written submission to advocate for a Basic Income Grant Program as if they were submitting a response to a government request for input/submission on the topic (modified from an actual request from the BC government).</p> <p><u>HSCI 901:</u> Students write a one- to two-page letter to a minister, Member of the Legislative Assembly, Member of Parliament, or another decision maker/organizer or person in a leadership position to advocate for enhanced prevention measures to tackle a public health problem of interest. Students are also required to do an in-class assignment to apply their understanding of public health advocacy and prepare a tweet advocating for legislation to support an intervention—for example, safe-injection sites to improve health and well-being of people who inject drugs.</p>	<p><u>HSCI 821:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 827:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 835:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 900:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 901:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Direct</p>	<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>15. <u>Evaluate policies for their impact on public health and health equity evidence (HSCI 827 Analysis of the Health Care Delivery System; HSCI 842 Indigenous Health in Canada).</u></p> <p><u>HSCI 827:</u> Building on their first assignment where students describe and analyze a problem in the health care system, in Assignment 3, students use the Control Knobs framework to consider the full range of policy approaches and evaluate potential policy solutions including any implications for health equity. An in-class quiz includes a question that asks students to evaluate various policy options with respect to theories of distributive justice (health equity).</p> <p><u>HSCI 842:</u> In this Indigenous Public Health Presentation Peer Review, students are assigned peer review partners to evaluate their presentations in relation to (a) clear reasoning on why the policies are needed, (b) the strengths and weaknesses of the presentation, and (c) any specific suggestions for improvement.</p>	<p><u>HSCI 827:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 842:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Direct</p>	<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p>

			Survey of MPH students one year after completing program.
Educational Goal 5: Leadership			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>16. <u>Apply leadership and or management principles to address a relevant issue (HASCI 855 Health Promotion in Practice; HSCI 901 Core Concepts and Practice for Public Health II).</u></p> <p><u>HSCI 855:</u> Students are required to do a pre-and post-self-assessment about their professional development with a particular focus on leadership as it applies to the practice of Health Promotion.</p> <p><u>HSCI 901:</u> In the second lecture of the module on Leadership and Conflict Resolution Session, a guest speaker delivers a didactic lecture on leadership principles. Required reading for this session include articles about public health leadership in the 21 Century and the Leadership Competency Statements for Public Health Practitioners in Canada. We will be extending an in-class leadership exercise that asks students to reflect on their leadership activities to presenting a Leadership Case Study where students will ‘act’ in a leadership role (i.e. as the Assistant Director in a Public Health Department) in response to a public health challenge. Students will be required to apply principles of leadership in a written assignment where they are assessed on their justification for the course of action they propose, their proposed vision for change and methods for engaging, empowering and fostering collaboration.</p>	<p>What would indicate that students had met the EG?</p> <p><u>HSCI 855:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 901:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Is this direct or indirect? Direct</p>	<p>When do you plan to collect the data?</p> <p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>17. <u>Apply negotiation and mediation skills to address organizational or community challenges (HSCI 855 Health Promotion in Practice).</u></p> <p>As part of a Healthy Campus Design Challenge Team Project, students are required to conduct a brainstorm session to design a program, project, or intervention to address a university campus health challenge. Students also solicit and receive feedback on their proposed solution from stakeholders outside of class. Students apply negotiation and mediation skills to work as a team to consider the feedback, evaluate the relevance of the feedback, and as a group come to an understanding about the feedback that is most important to making the program a success and revise (iterate) the program accordingly.</p>	<p><u>HSCI 855:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Direct</p>	<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>

Educational Goal 6: Communication			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>18. <u>Select communication strategies for different audiences and sectors (HSCI 821 Introduction to Global Health; HSCI 827 Analysis of the Health Care Delivery System; HSCI 901 Core Concepts and Practice for Public Health II).</u></p> <p><u>HSCI 821:</u> For this assignment, identify a topic in global health and prepare a written letter to advocate for specific action to be taken to address the problem. Student submissions are reviewed by peers and assessed on whether the letter was in an appropriate format and voice for the audience (e.g., letter to the editor, public health periodical, elected public official, public-facing petition, etc.).</p> <p><u>HSCI 827:</u> Students identify a specific policy maker in a position to address a problem and prepare a targeted briefing note with their recommendations, or they prepare an op-ed piece for general readership to explain the problem and advocate for an approach to solve it.</p> <p><u>HSCI 901:</u> Students complete an In-class exercise where they select a communication strategy to address a contemporary public health issue.</p>	<p>What would indicate that students had met the EG?</p> <p><u>HSCI 821:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 827:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 901:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Is this direct or indirect?</p> <p>Direct</p>	<p>When do you plan to collect the data?</p> <p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>19. <u>Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation (HSCI 802 Principles of Epidemiology for Public Health; HSCI 821 Introduction to Global Health; HSCI 845 Environmental and Occupational Health; HSCI 855 Health Promotion in Practice; HSCI 880 MPH Practicum; HSCI 900 Core Concepts and Practice for Public Health I).</u></p> <p><u>HSCI 802:</u> Students work in groups of 3–5 students to critically appraise an epidemiological article, selected from a list of provided articles. The objectives of the group projects are three-fold: (1) to gain experience working with public health colleagues; (2) to get practice with and feedback on critical appraisals; and (3) to develop oral communication skills. Students make a 10-minute presentation during class, followed by 5 minutes of Q&A.</p> <p><u>HSCI 821:</u> In this final group project of a country health assessment, students prepare both a written technical report and an oral and/or audiovisual presentation of the group’s finding and recommendations to a hypothetical audience of government officials, NGO representation, international donors, and health care providers. Posters, infographics, and short videos are potential media for presentation that the groups can choose. This activity is also peer-reviewed, and the effectiveness of the presentation is assessed as one of the evaluation criteria.</p> <p><u>HSCI 845:</u> In this final group paper, students select a topic of interest, explore the scientific literature, and propose solutions and/or areas for further inquiry. Students prepare the</p>	<p><u>HSCI 802:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 821:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 845:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 855:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 880:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 900:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Direct</p>	<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>

<p>report to target readers with a university education but no background in environmental health.</p> <p><u>HSCI 855</u>: As part of their healthy campus design challenge team project, students are required to make an oral presentation with appropriate visuals about the final proposed program, project, or intervention to the rest of the class (stakeholders are invited as scheduling permits). Students also submit a written report summarizing the design experience from beginning to end, including individual reflections from each team member.</p> <p><u>HSCI 880</u>: Each student is required to create and orally present a poster about their practicum experience.</p> <p><u>HSCI 900</u>: Each student is required to identify and summarize a public health or related issue/event as if they were making a posting to a public health–related, non-academic forum e.g., newsletter, blog, etc. to raise awareness of the issue/event.</p>			
<p>20. <u>Describe the importance of cultural competence in communicating public health content (HSCI 835 Social Determinants of Health; HSCI 900 Core Concepts and Practice for Public Health I).</u></p> <p><u>HSCI 835</u>: For their knowledge translation and equity frameworks assignment, students are encouraged to interrogate their own bias, their cultural competence, and social location and discussion the importance of these concepts in relation to their practice as public health practitioners. Throughout the semester, students write four journal reflections based on various key readings. These reflections get students to critically think about the importance of cultural competence, decolonizing methodologies, etc., in the future of public health work.</p> <p><u>HSCI 900</u>: Each student prepares a written submission to identify and describe the importance of cultural competence to guide their own actions and the structural changes required by regional health authorities and governments to implement the Truth and Reconciliation Commission Calls to Action (TRC) and the United Nations Declaration on the Rights of Indigenous People (UNDRIP). The reflection also requires students to socially locate themselves in this work.</p>	<p><u>HSCI 835</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 900</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	Direct	<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
Educational Goal 7: Interprofessional and/or Intersectoral Practice			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>21: <u>Integrate perspectives from other sectors and/or professions to promote and advance population health (HSCI 880 MPH Practicum; HSCI 900 Core Concepts and Practice for Public Health I).</u></p> <p><u>HSCI 880</u>: While on practicum, every student completes an assignment drawing on concepts and information they learned in HSCI 900, Module 4: Collaborative Public Health Practice. They are required to identify and engage with at least one profession/sector (outside of public health) during their practicum and discuss the approaches and strategies they use to</p>	<p>What would indicate that students had met the EG?</p> <p><u>HSCI 880</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Is this direct or indirect?</p> <p>Direct</p>	<p>When do you plan to collect the data?</p> <p>Within and at the end of teaching semester for these courses.</p>

<p>work effectively with this profession/sector, what they have learned from and about the profession/sector, and how they can work with other professions/sectors to maximize impact in the area of practice of their practicum. Students also submit one example of something they have done (a report, presentation, brief, spreadsheet, or fact sheet) or an experience they had with a profession/sector outside of public health.</p> <p><u>HSCI 900</u>: Students participate in classroom discussion on intersectoral partnerships, interprofessional teams and working in teams, and then share reflections from group discussions with their peers.</p>			<p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>Educational Goal 8: Systems Thinking</p>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p> <p>22: <u>Apply a systems-thinking tool to visually represent a public health issue in a format other than standard narrative (HSCI 827 Analysis of the Health Care Delivery System; HSCI 901 Core Concepts and Practice for Public Health II).</u></p> <p><u>HSCI 827</u>: Students research and analyze a problem in the health care system. Students apply the 3-Is framework to identify how ideas, institutions, and interests may help understand how the problem came to be.</p> <p><u>HSCI 901</u>: Students complete an in-class exercise where they are required to use a systems thinking tool (iceberg tool) in small groups to tackle a complex problem of interest (drawing on problems identified in individual reflection assignments completed before the session). Examples chosen include climate change, opioid crisis, housing affordability, misinformation, food security, and gender-based violence. Students are asked to use the iceberg tool to identify the visible outcomes in the chosen system, patterns or trends that have emerged over time, unseen structures driving those patterns, and deeply held beliefs and values that drive the system. Following these considerations, students are asked to identify where it would make sense to intervene. Small groups share their work in a plenary session.</p>	<p>What would indicate that students had met the EG?</p> <p><u>HSCI 827</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 901</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Is this direct or indirect?</p> <p>Direct</p>	<p>When do you plan to collect the data?</p> <p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>Educational Goal 9: Generalist Concentration Educational Goals (Reflexive Practice, Indigenous Health, Social Theory, Global Health, Social Ecological Determinants of Human Health)</p>			
<p>Description of Assessment Methods: (e.g. Term paper from Course X, will randomly sample 20% of student work; exit survey of graduating students)</p>	<p>What would indicate that students had met the EG?</p> <p><u>HSCI 802</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Direct</p>	<p>Within and at the end of teaching</p>

<p>23: <u>Engage in self-reflection and self-reflexivity about one’s own social position relative to others and discuss implications of one’s positionality for research and practice addressing health inequities (HSCI 802 Principles of Epidemiology for Public Health; HSCI 821 Introduction to Global Health; HSCI 855 Health Promotion in Practice; HSCI 901 Core Concepts and Practice for Public Health II).</u></p> <p><u>HSCI 802:</u> At the end of the course, students are asked to write a 300- to 500-word statement reflecting upon their participation and group interactions within the course. Special attention is given to critical reflexivity. More specifically the students are prompted as follows: “‘Critical-reflexivity’ requires questioning your own social practices. A reflexive learner is someone who considers how they have worked and related to others. The goal here is to reflect on what you did and how you’d like to do it differently in the future, particularly with regard to group dynamics in HSCI 802 (group work, tutorials, etc.).”</p> <p><u>HSCI 821:</u> Students are invited to engage in a reflexive, analytic process of examining their learning and growth in the context of the course topics and their professional development and lifelong learning. This exercise requires engagement with one’s feelings and analytic and evaluative capabilities to recognize the gains and limitations of the process and create action plan for personal and professional development. In this part of the course, students also reflect on the Equity-Centred Global Health Research Principles.</p> <p><u>HSCI 855:</u> An equity-centred design approach requires students, working in teams, to notice and reflect on their own and each other’s social positioning and to integrate this awareness in their identification of a campus health concern and their relationship to the issue and to other stakeholders. Students report on these reflections in individual and group work and during their mid-term and final oral presentations.</p> <p><u>HSCI 901:</u> In their final assignment prior to the practicum, students are asked to think about the populations centred in the work they will be doing and to answer the following question: How do you think your “race”/ethnicity, social class, gender, and any other social identities will affect the work you do in your practicum?</p>	<p><u>HSCI 821:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 855:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 901:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>		<p>semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>24. <u>Describe the Indigenous social determinants of health, demonstrate understanding of and respect for Indigenous perspectives on health and well-being, and appreciate the practice of cultural safety and anti-racism practice for Indigenous peoples within health and welfare services and public health initiatives (HSCI 827 Analysis of the Health Care Delivery System; HSCI 842 Indigenous Health in Canada, HSCI 901 Core Concepts and Practice for Public Health II).</u></p> <p><u>HSCI 827:</u> Students research and analyze a problem in the health care system. Students must provide background information about the problem (problem definition and diagnosis), including identifying how structural bias, social inequities, and/or racism contribute to the</p>	<p><u>HSCI 827:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 842:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 901:</u> Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	Direct	<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p>

<p>problem. Many students choose to discuss and analyze issues related to Indigenous health and the experience of Indigenous peoples within the Canadian health care system.</p> <p><u>HSCI 842</u>: For their final paper, students are required to critically analyze their three chosen policy options. They focus on why the status quo is not working and why the policies are needed, with an inclusion of a literature review, an environment scan, three policy options (and one suggested recommended for decision makers). Students must explore the feasibility of these solutions, advantages and limitations of each policy option, the way the policies will be implemented, and the way this process will work (strategy). They must give a brief summary of evidence collected to reinforce their recommended policy option.</p> <p><u>HSCI 901</u>: Building on an Indigenous health module in HSCI 900 and a session on anti-racism practice and allyship in HSCI 901, students receive a half-day workshop training in cultural safety that includes tackling instances of discriminatory practices in public health practice and in workplace settings directed toward Indigenous peoples. This workshop supports insights for completion of the final assignment prior to the practicum.</p>			<p>Survey of MPH students one year after completing program.</p>
<p>25. <u>Identify theories and frameworks that explain constructions of gender and sex, race and ethnicity, social class, and other markers of social location with attention to their intersections, historical and contemporary contexts, and relationships to health equity (HSCI 821 Introduction to Global Health; HSCI 855 Health Promotion in Practice).</u></p> <p><u>HSCI 821</u>: Students prepare and deliver weekly interactive, in-depth, peer-reviewed discussion and analysis sessions on various global health topics/issues. One of these topics is titled “The gendered face of global health” in which the concepts of gender and sex are examined from historical, political, economic, and cultural perspectives in global and local contexts.</p> <p><u>HSCI 855</u>: Students prepare summaries of key literature, including writings about how social location should be considered in health promotion interventions, theorizing, and practice. Students review and assess each other’s assignments and discuss these findings in class and produce a “mind map” of the major arguments in the material. Assigned readings include material on health promotion in relation to gender and intersectionality; considerations of health promotion with Indigenous communities and decolonizing approaches; and equity as a central theme in health promotion practice.</p>	<p><u>HSCI 821</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 855</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Direct</p>	<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>26: <u>Identify, define, and critically analyze historical, current and emerging issues in global health and their impacts on population health (HSCI 821 Introduction to Global Health; HSCI 827 Analysis of the Health Care Delivery System).</u></p> <p><u>HSCI 821</u>: In these weekly peer-reviewed discussion and analysis sessions (designed and led by the students), students thoroughly cover major public health milestones, global health challenges, and wicked problems, allowing students to critically reflect on the importance of those events for population health, health equity, and sustainable development. The importance of the 1978 Alma-Ata Declaration of primary health care, formulation of</p>	<p><u>HSCI 821</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 827</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Is this direct or indirect? Direct</p>	<p>When do you plan to collect the data? Within and at the end of teaching semester for these courses.</p>

<p>millennium development goals and sustainable development goals, and the current movement toward universal health coverage are among topics discussed in this domain.</p> <p><u>HSCI 827</u>: Students explore the organization, structure, and function of the health systems in a country other than Canada, chosen from the following list of countries: Australia, China, India, New Zealand, Sweden, and Taiwan. Each student prepares an individual assignment to answer specific questions about their chosen country and within their regular discussion groups, the students compare what they learned about the systems of different countries.</p>			<p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>
<p>27. Examine major global environmental challenges including the impacts of planetary change and the interaction of occupation, environmental hazards and social-ecological determinants on human health (<u>HSCI 821 Introduction to Global Health</u>; <u>HSCI 845 Environmental and Occupational Health</u>).</p> <p><u>HSCI 821</u>: One of the student-led sessions is devoted to examining the global environmental health challenges and is titled “Imperiling the health of the global environmental commons.” This includes discussion and analysis of topics such as ecological or planetary boundaries, loss of biodiversity, climate change, water and food scarcity and security, shared responsibility and action for a sustainable and just future.</p> <p><u>HSCI 845</u>: Students complete an exercise question on the global burden of disease. This exercise aims to expose students to numerous environmental and occupational health issues and to encourage critical thinking and reflection on these issues and what can be done to address them. This exercise also aims to inspire interest in the role of the environment in promoting and maintaining the health of populations across the world.</p> <p>One of the student-led sessions is devoted to examining the global environmental health challenges and is titled “Imperiling the health of the global environmental commons.” This includes discussion and analysis of topics such as ecological or planetary boundaries, loss of biodiversity, climate change, water and food scarcity and security, shared responsibility and action for a sustainable and just future, etc.</p>	<p><u>HSCI 821</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p> <p><u>HSCI 845</u>: Student assignments are reviewed for completion of minimum requirements outlined in a rubric.</p>	<p>Direct</p>	<p>Within and at the end of teaching semester for these courses.</p> <p>Exit survey of MPH students on completion of program.</p> <p>Survey of MPH students one year after completing program.</p>

5) How do you plan on sharing your findings within your unit?

Findings are regularly reviewed within the Professional Programs & Accreditation Committee (PPAC). In addition, findings are occasionally shared with the Education Programs Committee, the Faculty Executive Committee and the Faculty Council. Action plans based on the findings are formulated by the PPAC. For example, the PPAC has recently decided to examine scaffolding of public health concepts across the curriculum after noting some overlap in the assignments across various courses.

6) Assessment Timeline

Next Mid-cycle Review: [Redacted]

Next External Review: [Redacted]