



# School of Public Health

SELF-STUDY REPORT

SEPTEMBER 2017



UNIVERSITY OF ALBERTA  
SCHOOL OF PUBLIC HEALTH

[publichealth.ualberta.ca](http://publichealth.ualberta.ca)

# School of Public Health

---

SELF-STUDY REPORT

SEPTEMBER 2017



UNIVERSITY OF ALBERTA  
SCHOOL OF PUBLIC HEALTH

[publichealth.ualberta.ca](http://publichealth.ualberta.ca)

Office of the Dean  
School of Public Health, University of Alberta  
3-300 Edmonton Clinic Health Academy  
11405 87 Avenue  
Edmonton, AB T6G 1C9

This document was prepared in response to the accreditation criteria provided by the Council on Education for Public Health, the independent accrediting agency recognized by the U.S. Department of Education to accredit schools of public health.

1010 Wayne Avenue, Suite 220  
Silver Spring, MD 20910

Phone: (202) 789-1050  
Fax: (202) 789-1895

**Table of Contents**

|  |         |
|--|---------|
| Executive Summary .....  | iii     |
| Acronyms .....   | v       |
| Electronic Resource Files .....                                  | vii     |
| <br>1.0 The School .....   | <br>1   |
| 1.1 Missions .....   | 1       |
| 1.2 Evaluation .....   | 5       |
| 1.3 Institutional Environment .....                              | 10      |
| 1.4 Organization and Administration .....                        | 13      |
| 1.5 Governance .....   | 17      |
| 1.6 Fiscal Resources .....                                       | 25      |
| 1.7 Faculty and Other Resources .....                            | 29      |
| 1.8 Diversity .....  | 38      |
| <br>2.0 Instructional Programs .....                             | <br>47  |
| 2.1 Degree Offerings .....                                       | 47      |
| 2.2 Program Length .....   | 50      |
| 2.3 Public Health Core Knowledge .....                           | 52      |
| 2.4 Practical Skills .....                                       | 55      |
| 2.5 Culminating Experience .....                                 | 69      |
| 2.6 Required Competencies .....                                  | 71      |
| 2.7 Assessment Procedures .....                                  | 76      |
| 2.8 Other Graduate Professional Degrees .....                    | 90      |
| 2.9 Bachelor's Degrees in Public Health .....                    | 91      |
| 2.10 Other Bachelor's Degrees .....                              | 92      |
| 2.11 Academic Degrees .....                                      | 93      |
| 2.12 Doctoral Degrees .....                                      | 97      |
| 2.13 Joint Degrees .....   | 101     |
| 2.14 Distance Education or Executive Degree Programs .....       | 102     |
| <br>3.0 Creation, Application and Advancement of Knowledge ..... | <br>105 |
| 3.1 Research .....   | 105     |
| 3.2 Service .....  | 128     |
| 3.3 Workforce Development .....                                  | 131     |
| <br>4.0 Faculty, Staff and Students .....                        | <br>137 |
| 4.1 Faculty Qualifications .....                                 | 137     |
| 4.2 Faculty Policies and Procedures .....                        | 152     |
| 4.3 Student Recruitment and Admissions .....                     | 155     |
| 4.4 Advising and Career Counseling .....                         | 161     |





## Executive Summary

The School of Public Health (the School) is the youngest faculty in the University of Alberta (UAlberta). In 2005, the task force convened by the provost and vice-president (academic) recommended the creation of a free-standing school of public health. The recommendation was approved by the Board of Governors in March 2006 and the School of Public Health came into being. It was the first free-standing school of public health to be re-established in Canada. Schools of hygiene in Toronto and Montreal were established in the 1920s but, by the 1970s, these had been absorbed into faculties of medicine. In 2012, the School became the first school of public health in Canada to be accredited by the U.S.-based Council on Education for Public Health (CEPH). It was not until 2017 that a second Canadian school (Université de Montréal) was accredited.

During the first 10 years of its existence, the School has firmly established itself as a leader in public health education, research and service in Canada. Schools of public health that are independent of medical schools are still a rarity in Canada (only four) and much remains to be done to increase the collective profile of schools of public health.

At the beginning of the Fall term of 2017/18, the School has a full-time core faculty of 36 individuals. Over the past three years, we have undergone a period of faculty renewal. The demographic balance is beginning to change with recent retirements and new recruitments.

School faculty collaborate extensively across campus and with other universities, government agencies, non-governmental organizations, and industry across Canada and overseas. Community engagement is highly valued and is reflected in the Faculty Evaluation Guidelines.

The major external environment factor affecting the School and UAlberta is the provincial economy. The outlook for increased provincial government support for post-secondary education in the coming years is not promising. Other environmental factors include stagnant federal and provincial research funding and the evolving practice of public health in Canada requiring the School to be adaptive in its curriculum design. Nevertheless, the School is in strong financial health, and we continue to carry over between \$4-5 million of positive balance in our budget in recent years, which we use as a strategic reserve to help increase our student financial support, start-up and bridge funding for faculty researchers, and special initiatives such as engagement with northern and indigenous communities.

The School is well supported by external career awards including chairs and professorships. For a small faculty, it is highly research intensive, with total research funding ranking 5<sup>th</sup> within UAlberta, behind only the major faculties of Science; Engineering; Medicine and Dentistry; and Agricultural, Life and Environmental Sciences. The annual research revenue is \$14 million from all sources. However, the trend in total funding is declining, although the more competitive tri-council grants have rebounded.

Student enrolment is climbing, with an increasing proportion of international students. There are a large number of specializations within the three degree programs (PhD, MSc and MPH) and the trend is towards consolidation. Curriculum reviews have been completed for PhD and MSc and is

## EXECUTIVE SUMMARY

near completion for the MPH. The new MPH curriculum is scheduled to be implemented in the fall of 2018.

We look forward to the re-accreditation process by CEPH and welcome the site visit team in October 2017. In the summer of 2017, we began the process to develop a new strategic plan (for 2019-2024) and this will continue under the leadership of a new dean.



| Acronym  | Full name   | Page first mentioned |
|----------|---|----------------------|
| AASUA    | Association of Academic Staff of the University of Alberta    | 20                   |
| ACHORD   | Alliance for Canadian Health Outcomes Research in Diabetes    | 112                  |
| AD (A)   | Assistant Dean (Administration)                               | 4                    |
| AD (E)   | Associate Dean (Education)                                    | 13                   |
| AD (R)   | Associate Dean (Research)                                     | 13                   |
| AHFMR    | Alberta Heritage Foundation for Medical Research              | 119                  |
| AIHS     | Alberta Innovates Health Solutions                            | 119                  |
| APCCP    | Alberta Policy Coalition for Chronic Disease                  | 110                  |
| APPLE    | <b>Alberta Project Promoting active Living healthy Eating</b> | 109                  |
| ASC      | Advisory Selection Committee                                  | 21                   |
| ASPPH    | Association of Schools and Programs of Public Health          | 70                   |
| AWG      | Accreditation Working Group                                   | 8                    |
| CAGS     | Canadian Association of Graduate Studies                      | 104                  |
| CaPS     | Career and Placement Services                                 | 163                  |
| CAQC     | Campus Alberta Quality Council                                | 5                    |
| CEPH     | Council on Education for Public Health                        | 8                    |
| CEPP     | Committee on Educational Policy and Program                   | 3                    |
| CEPP-AC  | Awards Committee  | 18                   |
| CEPP-CAS | Course Approval Sub-Committee                                 | 18                   |
| CFI      | Canada Foundation for Innovation                              | 123                  |
| CHPS     | Centre for Health Promotion Studies                           | 13                   |
| CIHR     | Canadian Institutes of Health Research                        | 26                   |
| CPH Exam | Certified in Public Health Exam                               | 76                   |
| CPRO     | Cancer Prevention Research Opportunity                        | 122                  |
| CRC      | Canada Research Chairs  | 126                  |
| CRISM    | Canadian Research Initiative in Substance Misuse              | 112                  |
| CRIO     | Collaborative Research and Innovation Opportunities           | 122                  |
| CTL      | Centre for Teaching and Learning                              | 36                   |
| DIAG     | Diversity and Inclusion Action Group                          | 19                   |
| DrPH     | Doctor of Public Health                                       | 87                   |
| EAC      | External Advisory Council                                     | 3                    |
| ECHA     | Edmonton Clinic Health Academy                                | 22                   |
| Eco-PaTH | Ecosystem and Participatory Approaches to Health              | 113                  |
| FCP      | Federal Contractors Program                                   | 44                   |
| FEC      | Faculty Evaluation Committee                                  | 3                    |
| FGSR     | Faculty of Graduate Studies and Research                      | 14                   |
| FHSI     | Fellowship in Health System Improvement                       | 133                  |
| FOMD     | Faculty of Medicine and Dentistry                             | 9                    |
| FSO      | Faculty Service Officer                                       | 17                   |
| GAP-MAP  | Gap Analysis of Public Mental Health and Addictions Programs  | 96                   |
| GET      | Graduate Ethics Training                                      | 66                   |
| GFC      | General Faculty Council                                       | 10                   |
| GPA      | Grade Point Average   | 19                   |
| GPR      | Graduate Program Review                                       | 5                    |
| GSA      | Graduate Student's Association                                | 24                   |
| HTPU     | Health Technology and Policy Unit                             | 114                  |
| ICHR     | Institute for Circumpolar Health Research                     | 112                  |



## ACRONYMS

|            |  |     |
|------------|--|-----|
| IC-IMPACTS | India-Canada Centre for Innovative Multidisciplinary Partnerships to Accelerate<br>Community Transportation and Sustainability | 123 |
| IPC        | Injury Prevention Centre   | 13  |
| LARCH      | Law and Risk Communication in Health   | 114 |
| MOU        | Memorandum of Understanding  | 9   |
| MPH        | Master of Public Health Degree   | 5   |
| MSc        | Master of Science Degree   | 5   |
| NCE        | Networks Centres of Excellence   | 108 |
| NSERC      | National Sciences and Engineering Research Council   | 26  |
| PCPH       | Professional Certificate in Public Health  | 133 |
| PEEIC      | President's Employment Equity Implementation Committee   | 45  |
| PhD        | Doctor of Philosophy Degree  | 5   |
| PHIRU      | Population Health Intervention Research Unit   | 115 |
| PLACE      | Policy, Location and Access in Community Environment   | 110 |
| POWER      | Promoting Optimal Weights through Ecological Research  | 110 |
| PVC        | President's Visiting Committee   | 8   |
| ROI4KIDS   | Return on Investment for Kids' Health  | 115 |
| SFR        | Student/Faculty Ratio  | 30  |
| SMC        | Senior Management Committee  | 6   |
| SPHAC      | School of Public Health Alumni Chapter   | 24  |
| SPHSA      | School of Public Health Student's Association  | 15  |
| SOPHAS     | Schools of Public Health Application System  | 161 |
| SSHRC      | Social Sciences and Humanities Research Council  | 26  |
| TIPH       | This is Public Health Lecture Series   | 135 |
| UAPPOL     | University of Alberta Policies and Procedures On-Line  | 21  |
| UAlberta   | University of Alberta  | 5   |
| USRI       | University Student Rating of Instructors Questionnaire   | 3   |
| UWS        | University Wireless System   | 37  |
| WCDA       | Western Canadian Dean's Agreement  | 104 |



**Criterion 1.0 The School****ERF #**

- 1.1 Strategic Planning Discussion Paper #1: Creation of Integrated Research/Education/Service Centres
- 1.2 Strategic Planning Discussion Paper #2: Professional Development Programs: Serving the Needs of Public Health Practitioners
- 1.3 Strategic Planning Discussion Paper #3: Renewing and Maintaining our Academic Human Resources
- 1.4 Strategic Planning Discussion Paper #4: Identifying and Enhancing Opportunities for Collaborations and Partnerships
- 1.5 Strategic Plan Update January 2016
- 1.6 U of A Graduate Program Review Self Study Mar 31 2017
- 1.7 U of A President's Visiting Committee Self Study Mar 31 2017
- 1.8 Summary of Criteria Survey Results
- 1.9 Office of the Provost and Vice-President (Academic) - Organizational Chart
- 1.10 School of Public Health – Organization Chart
- 1.11 Program Director Position Description
- 1.12 MPH Degree Coordinator – Roles and Responsibilities
- 1.13 MSc Degree Coordinator – Roles and Responsibilities
- 1.14 PhD Committee - Terms of Reference
- 1.15 2016 Employer Feedback Report
- 1.16 Partnership Consultation for the School of Public Health – Final Report
- 1.17 Application Review and Admission Process for MPH and MSc Students
- 1.18 Application Review and Admission Process for PhD Students
- 1.19 Search and Selection (Faculty Recruitment) Policies and Procedures
- 1.20 University of Alberta Faculty Agreement
- 1.21 Reference Manual - Faculty Evaluation Committees - Sept16
- 1.22 Faculty Evaluation Committee: Guidelines for Merit Increments, End of First Probationary Appointments, Tenure and Application for Promotion to the Rank of Professor

**Criterion 2.0 Instructional Programs**

- 2.1 SPH 598 Field Practicum - F2017 Course Syllabus
- 2.2 SPH 598 and 599 - Request for Modification Criteria & Template
- 2.3 J Russell - Request for Modification Criteria & Template
- 2.4 J Russell One Page Rationale Statement
- 2.5 J Russell Modification Approval 15 June 2017
- 2.6 I Anugom SPH 598 and 599 - Request for Modification
- 2.7 I Anugom Rationale for Practicum Modification Request

- 2.8 SPH 599 Capping Project - SP2017 Course Syllabus
- 2.9 Applied Biostatistics - Y Ruan **Capping Project**
- 2.10 Environmental Health Sciences – M Rogerson **Capping Project**
- 2.11 Epidemiology – J Ross **Capping Project**
- 2.12 Global Health – D Wiebe **Capping Project**
- 2.13 Health Policy Management – D Savage **Capping Project**
- 2.14 Health Promotion – K Howatson **Capping Project**
- 2.15 2015 SPH Professional Development Requirement
- 2.16 MPH Core and Specialization Competencies
- 2.17 MSc Core and Specialization Competencies
- 2.18 PhD Core and Specialization Competencies
- 2.19 MPH Core Competencies, Learning Activity and Assessment by Core Course
- 2.20 MSc Core Competencies, Learning Activities and Assessment by Core Course
- 2.21 PhD Core Competencies, Learning Activity and Assessment by Core Course
- 2.22 2016 Employer Feedback Report
- 2.23 SPH 555 Foundations of Public Health Research - F2016 Course Syllabus
- 2.24 SPH 596 Epidemiology Methods I – F2016 Course Syllabus
- 2.25 Master's Final Oral Exam Procedure
- 2.26 SPH 602 Engaged Scholarship for Health - W2017 Course Syllabus
- 2.27 SPH 603 Scientific Communication in Public Health - F2016 Course Syllabus
- 2.28 SPH 604 Advanced Theories and Methods - F2016 Course Syllabus
- 2.29 Guidelines for Proctors for Final Exams for Distance Students

**Criterion 3.0 Creation, Application and Advancement of Knowledge**

- 3.1 SPH 602 Engaged Scholarship for Health W2017 Course Syllabus
- 3.2 Research Activity of Faculty 2014 to 2017
- 3.3 Partnership Consultation for the School of Public Health
- 3.4 Service Activity of Faculty 2014, 2015, and 2016
- 3.5 Alumni Online Engagement Survey Report 2013
- 3.6 Alumni Engagement Survey Results 2012
- 3.7 Strategic Planning Discussion Paper 2 | Professional Development Programs Serving the Needs of Public Health Practitioners

#### **Criterion 4.0 Faculty, Staff and Students**

- 4.1 SPH Adjunct Academic Colleagues Policy
- 4.2 SPH Faculty Evaluation Committee Guidelines Rev 1July17
- 4.3 Application Review and Admission Process for MPH and MSc
- 4.4 Application Review and Admission Process for PhD
- 4.5 Course Sequencing for MPH Epidemiology
- 4.6 Exit Survey-Fall 2015 Summary
- 4.7 Exit Survey-Spring 2015 Summary
- 4.8 Exit Survey-Fall 2016 Summary
- 4.9 Exit Survey-Spring 2016 Summary
- 4.10 Exit Survey-Spring 2017 Summary
- 4.11 Grade Appeal Procedures

#### **5 - Course Syllabi**

MPH Core Courses

MPH Specialization Courses – by Specialization

MSc Core Courses

MSc Specialization Courses – by Specialization

PhD Core Courses

PhD Specialization Courses – by Specialization

Electives

#### **6 – Course Evaluations**

Reports- Fall 2016, Winter 2017

Comments - Fall 2016, Winter 2017

#### **6 - Curriculum Vitae**

36 Faculty Members

#### **7 – Committees**

Agendas, Minutes/Notes, Related Documents

Academic Events Committee

Awards Committee

Committee on Education Policy and Programs



## **ELECTRONIC RESOURCE FILES**

Diversity Inclusion Action Group

Faculty Evaluation Committee

Operations Improvement Working Group

Town Hall-Faculty Council

### **8 – Timetables**

Three Years (2015 – 2017)

### **9 – Evidence of Request for 3<sup>rd</sup> Party Comments**

Emails, Website Notices, Poster, Social Media Posts

# **Criterion 1.0**

The School of Public Health

## 1.0 The School of Public Health

### 1.1 Mission. The school shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

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

**Preamble:** The School of Public Health (the School) is committed to advancing health through interdisciplinary inquiry and by working with our partners in promoting health and wellness, protecting health, preventing disease and injury, and reducing health inequities locally, nationally and globally. As agents of change, our responsibility is to contribute to environmental, social and economic sustainability for the welfare of future generations. At its core, public health is about what is best for all of us, including the most vulnerable.

**Vision:** To be the leading school of public health in Canada—the most sought after school of public health for education, research and advice on public policy and practice.

**Mission:** To engage with partners to create knowledge, educate public health professionals, and to advance the public's health.

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

**Stewardship:** We are transparent and accountable for our decisions and use our resources wisely.

**Teamwork and Partnerships:** We value teamwork and collaboration, which contribute to our efforts to achieve personal and shared goals. We are committed to broad partnerships and interdisciplinary inquiry as essential to address public health issues.

**Excellence:** We are committed to excellence in all of our endeavours.

**Engagement:** We value opportunities to engage internally and with the public, communities, and decision makers to advance public health practice and policy.

**Respect:** Our relationships are based on mutual respect and personal trustworthiness and are strengthened by open communication. We value diversity and inclusiveness and the opportunity to promote the health of students, faculty and staff in a supportive working environment.

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

**Goal 1: Education.** Educate current and future leaders in public health policy, practice, education and research with an emphasis on critical thinking in an interdisciplinary environment.

**Goal 2: Policy and Practice.** Engage in collaborations and partnerships to identify health issues and advocate for, disseminate and implement public health policies and practices based on evidence.

**Goal 3: Research.** Pursue research to create knowledge to advance the public's health.

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

**Goal 4: Organization.** Create an environment whereby the values of the School are embodied in all of our endeavours and enhance the effectiveness and efficiency of the organization.

- d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

**Table 1.1.1 Measurable Objectives with Targets for each Goal Statement**

|   |   |
|---|---|
| <i>Goal 1. Education.</i> Educate current and future leaders in public health policy, practice and research with an emphasis on critical thinking in an interdisciplinary environment.                      |   |
| <b>Objective 1.1: Attract and retain highly qualified students</b>  | <b>Targets</b>  |
| Admission grade point average for each degree   | MPH = 3.5<br>MSc = 3.5<br>PhD = 3.5                   |
| Total student awards funding  | \$500,000   |
| <b>Objective 1.2: Provide excellent educational experience for students</b>   |   |
| Percentage of entry cohort completing their degree within allotted time   | MPH (6 yrs) 70%<br>MSc (4 yrs) 70%<br>PhD (7 yrs) 60% |
| Percentage of students who agree that the program was relevant and useful to their career goals   | 90%   |
| Percentage of students who agree that the balance between practical and theoretical focus was appropriate   | 80%   |
| Percentage of new research projects that include student participation  | 50%   |
| Percentage of publications with students as co-author   | 50%   |
| Percentage of students that wrote and passed the Certified in Public Health exam  | 85%   |
| Student/faculty ratio   | 10  |
| Median Universal Student Rating of Instruction (USRI) scores for course and instructor excellence   | Course = 4.0/5.0<br>Instructor = 4.0/5.0              |
| <i>Goal 2. Policy and Practice.</i> Engage in collaborations and partnerships to identify health issues and advocate for, disseminate and implement public health policies and practices based on evidence. |   |
| <b>Objective 2.1: Encourage faculty engagement in policy and practice</b>   | <b>Targets</b>  |
| Percentage of new research projects that are community-based  | 35%   |
| Percentage of faculty members that serve as a manuscript reviewer on a journal  | 90%   |
| Percentage of faculty members that serve as an editor or editorial board member on a journal  | 70%   |
| Percentage of faculty members that serve on a grant review committee  | 70%   |
| Percentage of faculty members that serve on non-academic advisory boards and committees   | 70%   |
| <b>Objective 2.2: Graduates obtain employment</b>   |   |
| Percentage of graduates that are employed within first year after graduation  | 80%   |
| <i>Goal 3. Research.</i> Pursue research to create knowledge to advance the public's health.  |   |
| <b>Objective 3.1: Encourage productivity in research and scholarship</b>  | <b>Targets</b>  |
| Total research funding per year   | \$15,000,000  |
| Research funding per faculty member per year  | \$400,000   |
| Peer-reviewed publications per faculty member per year  | 4   |
| <i>Goal 4. Organization.</i> Create an environment whereby the values of the School are embodied in all our endeavours and enhance the effectiveness and efficiency of the organization.                    |   |
| <b>Objective 4.1: Ensure financial sustainability</b>   | <b>Targets</b>  |
| Net budget each year is greater than \$0  | Yes   |
| <b>Objective 4.2: Enhance diversity of student, staff and faculty</b>   |   |
| Percentage of female faculty members  | 50%   |
| Percentage of female staff members  | 50%   |
| Percentage of students that are international students  | 30%   |
| Number of indigenous students   | 10  |
| Percentage of faculty members that participate in the School's peer-evaluation of teaching each year  | 10%   |

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

Between 2011 and 2013, a series of strategic planning retreats involving faculty, staff, students, alumni and external stakeholders were held, and various drafts of the School's mission, values and goals were proposed and discussed. This process was interrupted in 2013 during the search for the new dean. With the appointment of the new dean in August 2013, the process resumed.

In November 2013, the School appointed an executive-in-residence with experience in strategic planning who consulted widely within and outside the School. A survey was conducted in January 2014 to seek input from all members of the School on the proposed draft statements. These statements and the survey responses were subsequently discussed at a Town Hall meeting. By mid-February the revised vision, mission and values statements were available for comments by the School.

The dean then charged members of the Committee on Educational Policy and Programs (CEPP) and the Faculty Evaluation Committee (FEC) to identify goals and objectives that would enable the School to achieve its vision and mission. This group met several times and consulted with their colleagues before drafting a document with goals and objectives. The strategic plan was also discussed with the External Advisory Council (EAC) at its first meeting with the new dean on June 13, 2014.

The final proposal was presented at a Town Hall on April 25, 2014, and subsequently approved by the Faculty Council through an electronic vote. The vote was confirmed by Faculty Council at the meeting of May 23, 2014.

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

The approved strategic plan is posted on the School's public website under [Strategic Directions](#). The vision, mission, goals and pledge of the School are also permanently displayed on the main wall of the School's main administrative office in 3-300 Edmonton Clinic Health Academy.

For faculty, staff and students, all discussion documents and papers relating to the planning process during 2011-2013 are available on the School Intranet under [Academic/Strategic Planning](#).

Subsequent to the approval of the strategic plan, the dean developed and disseminated four discussion papers dealing with specific objectives relating to the development of research centres, professional development programs, a faculty renewal plan, and collaborations and partnerships. [Electronic Resource File - *ERF 1.1 Strategic Planning Discussion Paper #1: Creation of Integrated Research/Education/Service Centres in the School of Public Health*; *ERF 1.2 Strategic Planning Discussion Paper #2: Professional Development Programs: Serving the Needs of Public Health Practitioners*; *ERF 1.3 Strategic Planning Discussion Paper #3: Renewing and Maintaining our Academic Human Resources*; *ERF 1.4 Strategic*



## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

*Planning Discussion Paper #4: Identifying and Enhancing Opportunities for Collaborations and Partnerships.*]

On September 25, 2015, approximately a year after the approval of the strategic plan, a special Town Hall was convened to review each objective, assess the current status and determine the next steps. An Excel spreadsheet summarizing these discussions was compiled and distributed to the School community in October 2015. Another update, *Strategic Plan Update January 2016*, was developed in January 2016 and was presented and reviewed again at the Town Hall on January 13, 2017. [Electronic Resource File – *ERF 1.5 Strategic Plan Update January 2016*]

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

Criterion 1.1 is met.

**Strengths:** There was broad consensus on the statement of mission, goals, objectives and values. It has been broadly disseminated to stakeholders, posted on the School's website, and clearly displayed on the wall at the main entrance of the School for all visitors to see.

**Weaknesses:** By their nature, the statement of values is difficult to monitor and not amenable to objective measurement.

**Plans:** We intend to work towards a new strategic plan to be launched in 2019; preliminary consultations will begin in 2018 with the arrival of a new dean.

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

- a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

The School relies on university-level information systems to monitor its financial performance, research activity, human resource characteristics, student and course metrics, and faculty performance. Access to these systems is distributed throughout the School based on need. The assistant dean (administration) [AD (A)] has primary responsibility for monitoring financial performance and reports this to the dean on a quarterly basis. Staff in the Office of Educational Programs track applicant and student data and report to CEPP. Data related to faculty performance is evaluated annually by FEC. In addition to current information, the University of Alberta (UAlberta) maintains a data warehouse to facilitate trend analyses by faculties.

The School is reviewed periodically by UAlberta under its quality assurance program. This program is the primary method for the university to maintain and build upon the existing strengths of its programs, academic units and faculties. The reviews are administered according to guidelines that have been set by the Campus Alberta Quality Council (CAQC), the Office of the President and Vice-Chancellor, and the Office of the Provost and Vice-President (Academic). All programs and faculties are reviewed in a five- to seven-year cycle. The various stages of the quality assurance program are overseen and supported by the Office of the Provost and Vice-President (Academic) and the Office of the President and Vice-Chancellor, with added support provided by the Office of Strategic Analysis and Data Warehousing. This review involves two committees, the Graduate Program Review, to ensure programs have the necessary expertise, systems and resources to: (1) support effective and timely program delivery; (2) deliver content of appropriate breadth and rigour; and (3) engage, support and assess learning through a clearly defined set of learning outcomes. The President's Visiting Committee (PVC) is forward looking and strategic: the committee's review focuses on a faculty's quality, innovativeness, research impact and competitiveness in comparison to peer programs or faculties.

The School also provides regular opportunities for faculty, staff and students to provide input and feedback. The dean and vice-dean meet regularly with the student association executive to hear their concerns and issues. There is a monthly town hall meeting with all members of the School and both deans encourage interaction with an open-door policy and with wide access to their calendars.

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

Progress in many of the School's measurable objectives is the result of actions by individual

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

faculty members which are evaluated annually in the faculty evaluation process. These objectives include classroom performance, obtaining research grants, publishing manuscripts, supervising thesis-based students and engagement with the community. Each year, faculty members are required to submit an annual report which details their activities in teaching, research, service and engagement. Performance is rewarded using “merit increments.” Each academic unit has a fixed pool of increments to award to faculty based on relative performance (so called “merit increments”). Faculty evaluation is a two-stage process, the first stage being a review of annual reports by the dean and vice-dean, which generates a recommendation of merit increment. In stage two, all of the recommendations are reviewed by FEC and adjusted according to their review. This two-stage review and salary increment decision—by senior administration and a committee of peers—reinforces the importance of these outcomes to the School by tying them directly to faculty salary.

CEPP receives and reviews all data and measures (current loads and targets) regarding applications, admissions and student performance in the master of public health (MPH), master of science (MSc) and the doctor of philosophy (PhD) degrees. This committee develops policies and processes to address issues around student performance and program content.

Items arising from surveys of applicants and students, information gathered from employers and budget matters are presented and discussed at weekly Senior Management Committee (SMC) meetings. This information and proposed actions are then presented at Town Hall.

A financial report is made to the Faculty Council annually so that the overall fiscal health of the School is transparent and open to discussion with the dean.

- c. Data regarding the school’s performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (e.g. 1.6, 1.7, 1.8, 2.7, 3.1, 3.2, 3.3, 4.1 and 4.3), the school should parenthetically identify the criteria where the data also appear. See CEPH Outcome Measures Template.

**Table 1.2.1 School’s Performance on Measurable Objectives for 2014/15, 2015/16, 2016/17 and 2017/18**

| Outcome Measure  | Target  | 2014/15  | 2015/16  | 2016/17  | 2017/18                                | Criterion |
|--|---|--|--|--|--|-----------|
| <b>Goal 1. Education.</b> Educate current and future leaders in public health policy, practice and research with an emphasis on critical thinking in an interdisciplinary environment. |   |  |  |  |  |           |
| <b>Objective 1.1: Attract and retain highly qualified students.</b>  |   |  |  |  |  |           |
| Admission grade point average for each degree  | MPH = 3.5<br>MSc = 3.5<br>PhD = 3.5                   | MPH = 3.85<br>MSc = 3.58<br>PhD = 3.67             | MPH = 3.72<br>MSc = 3.81<br>PhD = 3.6              | MPH = 3.70<br>MSc = 3.70<br>PhD = 3.54             | MPH = 3.71<br>MSc = 3.70<br>PhD = 3.56 | 4.3       |
| Total student awards funding   | \$500,000   | \$635,218  | \$567,393  | \$674,614  | NA*                                    | 4.3       |
| <b>Objective 1.2: Provide excellent educational experience for students.</b>   |   |  |  |  |  |           |
| Percentage of entry cohort completing their degree within allotted time  | MPH (6 yrs) 70%<br>MSc (4 yrs) 70%<br>PhD (7 yrs) 60% | MPH (2008) 84%<br>MSc (2010) 48%<br>PhD (2008) 67% | MPH (2009) 73%<br>MSc (2011) 60%<br>PhD (2009) 80% | MPH (2010) 91%<br>MSc (2012) 70%<br>PhD (2010) 38% | NA                                     | 2.7       |
| Percentage of students who agree that the program was relevant and useful to their career goals  | 90%   | NA   | MPH = 83%<br>MSc = 100%<br>PhD = 100%              | MPH = 93%<br>MSc = 75%<br>PhD = 100%               | NA                                     | 4.4       |

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

| Outcome Measure   | Target                                   | 2014/15                               | 2015/16                                       | 2016/17                             | 2017/18              | Criterion |
|---|--|---------------------------------------|---|-------------------------------------|----------------------|-----------|
| Percentage of students who agree that the balance between practical and theoretical focus was appropriate   | 80%                                      | NA                                    | 67%   | 38%                                 | NA                   | 4.4       |
| Percentage of new research projects that include student participation  | 50%                                      | 54%                                   | 45%   | 73%                                 | NA                   | 2.7       |
| Percentage of publications with students as co-author   | 50%                                      | 41%                                   | 43%   | 55%                                 | NA                   | 4.3       |
| Percentage of students that wrote and passed the Certified in Public Health exam  | 85%                                      | NA                                    | 92%   | 83%                                 | NA                   | 4.3       |
| Student/faculty ratio   | 10                                       | 7.5                                   | 7.7   | 7.7                                 | Available in October | 1.7       |
| Median Universal Student Rating of Instruction (USRI) scores for course and instructor excellence   | Course = 4.0/5.0<br>Instructor = 4.0/5.0 | Course = 4.1<br>Instructor = 4.3      | Course = 4.1<br>Instructor = 4.2              | Course = 4.1<br>Instructor = 4.4    | Not Yet Available    | 4.1       |
| <b>Goal 2. Policy and Practice.</b> Engage in collaborations and partnerships to identify health issues and advocate for, disseminate and implement public health policies and practices based on evidence. |  |                                       |   |                                     |                      |           |
| <b>Objective 2.1: Encourage faculty engagement in policy and practice.</b>  |  |                                       |   |                                     |                      |           |
| Percentage of new research projects that are community-based  | 35%                                      | 52%                                   | 43%   | 17%                                 | NA                   | 3.2       |
| Percentage of faculty members that serve as a manuscript reviewer on a journal  | 90%                                      | 50%                                   | 54%   | 49%                                 | NA                   | 3.2       |
| Percentage of faculty members that serve as an editor or editorial board member on a journal  | 70%                                      | 28%                                   | 32%   | 15%                                 | NA                   | 3.2       |
| Percentage of faculty members that serve on a grant review committee  | 70%                                      | 28%                                   | 30%   | 33%                                 | NA                   | 3.2       |
| Percentage of faculty members that serve on non-academic advisory boards and committees   | 70%                                      | 56%                                   | 52%   | 39%                                 | NA                   | 3.2       |
| <b>Objective 2.2: Graduates obtain employment.</b>  |  |                                       |   |                                     |                      |           |
| Percentage of graduates that are employed within first year after graduation  | 80%                                      | MPH = 83%<br>MSc = 100%<br>PHD = 100% | MPH = 88%<br>MSc = 89%<br>PhD = Not Available | MPH = 32%<br>MSc = 33%<br>PhD = 50% | NA                   | 2.7       |
| <b>Goal 3. Research.</b> Pursue research to create knowledge to advance the public's health.  |  |                                       |   |                                     |                      |           |
| <b>Objective 3.1: Encourage productivity in research and scholarship.</b>   |  |                                       |   |                                     |                      |           |
| Total research funding per year   | \$15,000,000                             | \$15,578,400                          | \$13,882,400                                  | \$13,449,900                        | NA                   | 3.1       |
| Research funding per faculty member per year  | \$400,000                                | \$432,733                             | \$433,825                                     | \$407,573                           | NA                   | 3.1       |
| Peer-reviewed publications per faculty member, per year   | 4  | 6.9                                   | 7.7   | 7.5                                 | NA                   | 3.1       |

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

| Outcome Measure  | Target | 2014/15 | 2015/16 | 2016/17 | 2017/18              | Criterion |
|--|--------|---------|---------|---------|----------------------|-----------|
| <b>Goal 4. Organization.</b> Create an environment whereby the values of the School are embodied in all our endeavours and enhance the effectiveness and efficiency of the organization. |        |         |         |         |                      |           |
| <b>Objective 4.1: Ensure financial sustainability.</b>   |        |         |         |         |                      |           |
| Net budget each year is greater than \$0   | Yes    | Yes     | Yes     | Yes     | NA                   | 1.6       |
| <b>Objective 4.2: Enhance diversity of students, faculty and staff.</b>  |        |         |         |         |                      |           |
| Percentage of female faculty members   | 50%    | 36%     | 42%     | 47%     | 42%                  | 1.8       |
| Percentage of female staff members   | 50%    | 90%     | 90%     | 90%     | NA                   | 1.8       |
| Percentage of students that are international students   | 30%    | 13%     | 11%     | 11%     | Available in October | 1.8       |
| Number of indigenous students  | 10     | 3       | 6       | 5       | Available in October | 1.8       |
| Percentage of faculty members that participate in the School's peer-evaluation of teaching each year   | 10%    | -       | -       | -       | NA                   | 4.1       |

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

The last Council on Education for Public Health (CEPH) accreditation site visit took place in March 2012, which resulted in our receiving accreditation for a five-year period (the maximum allowed for first-time applicants).

The School began to work on the re-accreditation self-study in the spring of 2016. While this effort was in progress, we were informed by the Office of the Provost and Vice-President (Academic) that we were also to undergo the quality assurance process in 2017, consisting of a combined Graduate Program Review (GPR) [Electronic Resource File – *ERF 1.6 U of A Graduate Program Review Self Study Mar 31 2017*] and President's Visiting Committee (PVC) review [Electronic Resource File – *ERF 1.7 U of A President's Visiting Committee Self Study Mar 31 2017*]. The site visit for the GPR and PVC took place on April 20-21, 2017, while the first draft of the self-study report for CEPH was due on May 23, 2017. As a result we have been required to produce three separate self-study reports, although their contents overlap somewhat. Criterion 1 and 2 of the CEPH report were particularly relevant to the GPR and PVC reports.

The accreditation coordinator has compiled background information for these reports, and crafted drafts of the reports for review. Drafts were reviewed, edited and finalized by the Accreditation Working Group (AWG) which consists of the dean; vice-dean; AD (A); director, marketing and communications; and accreditation coordinator.

All sections of the self-study were made available to stakeholders including faculty, staff, students, postdoctoral fellows and adjunct faculty for input at Faculty Council / Town Hall meetings (July 2016, January, March and April 2017). That input was incorporated into all four sections, and a summary of the survey results is provided. [Electronic Resource File – *ERF 1.8 Summary of Criteria Survey Results*].



## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

All faculty members were invited to meet with AWG, on either April 25 or May 2, to review the self-study and provide feedback and input into the strengths, weaknesses, plans for the future, and measurable objectives.

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

Criterion 1.2 is met.

**Strengths:** As a non-departmentalized faculty there are no structural barriers to communication and collaboration across the faculty. The committee structure reports to an open Faculty Council / Town Hall meeting that provides a forum for discussing and addressing our progress towards achieving our mission, goals and objectives. Routine surveys of applicants, students and alumni are completed, reviewed by relevant committees and addressed as a faculty. Individual activities toward our common mission are reinforced in the faculty evaluation process.

**Weaknesses:** As a small faculty our processes are less formal than they might be in larger departmentalized faculties. We recognize that our annual planning, evaluation and monitoring processes can be improved.

**Plans:** We will continue to function as an open, multi-disciplinary unit that works to address the School's effectiveness in serving our community while strengthening formal annual evaluation processes. With our new associate deans in place we have a structure that will facilitate these processes.

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

### 1.3 Institutional Environment. The School shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.

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

UAlberta is a publicly funded university established under the Alberta Post-Secondary Learning Act in 1908. In the 2015-16 academic year, UAlberta had an enrolment of 27,500 undergraduate and 7,000 graduate students and 3,600 academic staff located in five campuses in the Edmonton region. With a consolidated budget of C\$1.8 billion (2015-16) and external research funding of C\$481.7 million (2014-15), UAlberta is one of Canada's top five universities. UAlberta has 18 individual faculties including the health science faculties of Medicine and Dentistry; Nursing; Pharmacy and Pharmaceutical Sciences; Physical Education and Recreation; Rehabilitation Medicine; Agricultural, Life and Environmental Sciences; and the School of Public Health.

Faculties with professional degree programs at UAlberta that are currently accredited by Canadian, U.S. or international bodies include the following:

- **Faculty of Medicine and Dentistry (FOMD):** medical program accredited by the Liaison Committee on Medical Education (U.S.) and the Committee on Accreditation of Canadian Medical Schools (Canada); the dental program accredited by the Commission on Dental Accreditation of Canada (Canada), which has a memorandum of understanding (MOU) with the Commission on Dental Accreditation of the American Dental Association (U.S.).
- **Faculty of Pharmacy and Pharmaceutical Sciences:** pharmacy program accredited by the Canadian Council for Accreditation of Pharmacy Programs (Canada), which has an MOU with the American Council on Pharmaceutical Education (U.S.).
- **Faculty of Engineering:** accredited by the Canadian Engineering Accreditation Board (Canada), which has an MOU with the Accreditation Board for Engineering and Technology (U.S.).
- **School of Business:** accredited by the Association to Advance Collegiate Schools of Business (international).
- **Faculty of Law:** accredited by the National Committee on Accreditation established by the Federation of Law Societies of Canada.

UAlberta governs itself with a bicameral governance structure, as set out in the [Alberta Post-Secondary Learning Act](#).

The [Board of Governors](#) has authority for [business governance](#) and the [General Faculties Council](#) (GFC) has authority for academic governance. While senior authority rests with the Board of Governors, the Board and GFC rely on effective structures, powerful instruments and time-honoured techniques to ensure that the university honours its mission, mandate, values and vision while complying with legislative requirements.

GFC, subject to the authority of the Board, is responsible for the academic and student affairs of UAlberta. Specific powers of GFC include granting of degrees, approval of

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

UAlberta's academic plan, academic programs, academic policies, academic awards and the University Calendar.

GFC is chaired by the president and is composed of 158 members including all university vice-presidents, all faculty deans and representatives of the academic staff and non-academic staff, students and librarians.

- b. One or more organizational charts of the university indicating the school's relationship to the other components of the institution, including reporting lines.

The organizational chart of the Office of the Provost and Vice-President (Academic) of the university is provided in the Electronic Resource File – *ERF 1.9 Office of the Provost and Vice-President (Academic)*.

- c. Description of the school's level of autonomy and authority regarding the following: – budgetary authority and decisions relating to resource allocation.

The School is one of 18 faculties at UAlberta, and is non-departmentalized. All faculty deans report directly to the provost and vice-president (academic). Each faculty dean is responsible for the leadership and administration of all aspects of the operations of their faculty, including budget and fund development. UAlberta uses incremental budgeting to determine each faculty's annual budget allocation; all faculties receive last year's budget plus or minus the percentage change in the grant from the Province. For example, if the School had a \$100,000 budget this year and the Province announced a 10% increase to the University grant, the School would receive \$110,000 the next year. The incremental allocation eliminates the need for deans to request, or compete for, budget allocations from the provost every year. Since the School has no formal departments the dean makes decisions on resource distribution and use with input from members of SMC.

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

All faculties at UAlberta have the same level of autonomy and authority.

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

Not applicable.

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

Not applicable.

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

Criterion 1.3 is met.

**Strengths:** The School is an independent faculty among 18 faculties within UAlberta and the dean sits as an equal among all other deans at Deans Council. The School has a voice on many university-wide committees and the dean reports directly to the provost. Our vision and mission are well aligned with the UAlberta's institutional strategic plan dedicated to building a diverse and inclusive community; experiential learning; excellence in teaching,

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

learning, research and service; engaging with communities to create mutually beneficial learning experiences and education, research and service; and sustaining these activities through excellence to the benefit of all Albertans.

While the School is the youngest faculty on campus, we have the advantage of having a core of mature and experienced faculty members to guide the growth of our training and research programs and mentor our junior faculty.

**Weaknesses:** Given that the core of our funding is received from a province facing deep budget constraints, the university and the faculty have increasingly focused efforts on doing the same or better with less. The university continues to face funding uncertainty from the government which limits the ability to engage in long-term planning. Despite such a climate, the School has been fiscally prudent, and we are maintaining our current graduate training levels while increasing our professional training programs.

**Plans:** We are a small faculty with limited resources to respond to the training and service demands in our province. The national and provincial funding environments have weakened with respect to public health training and research initiatives. We must continue to increase the visibility of public health through our public events, collaborations with other faculties and institutions and continue to engage our stakeholders in training needs to meet the increasing demands of the profession.

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

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

The organizational chart of the School is found in the Electronic Resource File – *ERF 1.10 School of Public Health - Organizational Chart*.

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

The organizational structure reflects a decision by the School to become a single non-departmentalized entity in August 2013, which was approved by GFC. This decision was the result of an extensive consultative process within the faculty to address concerns expressed regarding the impact of an imbalanced organizational structure made by two independent reviews: the accreditation team (February 2012) and the UAlberta unit review (June 2012). Faculty members continue to be responsible for teaching, research and service which support the degree programs offered by the School. The School also includes an Injury Prevention Centre (IPC), a major service and research unit reporting to the dean and externally funded by the provincial department of health. The Centre for Health Promotion Studies (CHPS) which has a distinguished history that predates the creation of the School no longer functions as a separate department with its own FEC, faculty salary budget and graduate degree programs. CHPS, however, remains as a university-recognized research centre and will, in 2017, undergo an external review and revitalization process.

**Dean:** The dean is the chief executive officer responsible for accomplishing educational, research and service objectives and the implementation of the policies and procedures of the School. The dean is a member of the UAlberta senior leadership team and works collaboratively with the UAlberta president, provost, vice-presidents (academic and research) and other school deans to implement university policies and the UAlberta strategic plan.

**Vice-Dean:** The vice-dean leads and manages key aspects of the School's activities related to education and faculty affairs through delegated authority from the dean. The vice-dean represents the dean in a wide variety of matters relating to the educational mission of the School; works closely with the associate dean (education) [AD (E)] and associate dean (research) [AD (R)], graduate degree program directors, the academic programs coordinator and senior university administrators to enhance the capacity and quality of education in the School. The vice-dean is also responsible for promotion and tenure applications and the annual evaluation of faculty members including recommendations to the FEC regarding merit-based salary increments. The vice-dean holds an academic faculty position in the School and contributes to the research and teaching mission of the School.

**Assistant Dean (Administration) and Administration Office:** The AD (A) is responsible to the dean for oversight and management of all fiscal matters of the School and ensures compliance with UAlberta and federal policies, including oversight of hiring practices. The

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

Administration Office manages the financial, human resource, information technology and physical resource planning for the School.

**Associate Dean (Research):** The AD (R) leads and manages key aspects of the School's activities related to research, through delegated authority from the dean. The AD (R) holds an academic faculty position in the School and contributes to the research and teaching mission of the School.

**Associate Dean (Education):** The associate dean (education) [AD (E)] functions as the graduate coordinator as defined by the Faculty of Graduate Studies and Research (FGSR), and directs the Office of Educational Programs and the day to day academic functions of the School.

The AD (E) leads and manages key aspects of the School's activities related to education. The AD (E) is responsible for ensuring that the regulations and requirements of FGSR and UAlberta are met, admitting applicants to graduate programs, acting as an advisor concerning the appointment of supervisors, supervisory committees, and external examiners, monitoring the academic progress of graduate students and then acting as an advisor concerning any changes to a student's status or program, coordinating financial support for graduate students, including fellowships and assistantships, and providing advice to graduate students on the rules and procedures of the FGSR and the School. The AD (E) supports the Awards Committee functions and provides recommendations for changes in policy and procedure to the vice-dean. AD (E) holds an academic faculty position in the School.

**Academic Programs Coordinator:** The academic programs coordinator is responsible for the management and administrative coordination of the Office of Educational Programs and liaises with UAlberta's central administrative units. The incumbent manages the strategic planning related to information technology, space and budget forecasts for academic programs in the School and coordinates the development of administrative policy and procedures. The incumbent encourages an environment where School faculty and staff work together collaboratively to achieve the School's goals in graduate education, research and community engagement.

**Program Directors:** The program directors lead and manage the program specializations, job descriptions are available in the Electronic Resource File – *ERF 1.11 Program Director Position Description*. The incumbents are regular members of the faculty and are responsible for delivery of the specialty's educational programs.

**MPH, MSc Degree Coordinators and PhD Committee:** The degree coordinators and the PhD Committee work with the vice-dean, the AD (E) and program directors to ensure that the life of the student from start to finish is of a high quality. They assist with ensuring a high quality in student recruitment, admissions, orientation, professional development, practicum/capping (MPH) and advising/supervising. The degree coordinators and the PhD Committee evaluate and make recommendations on curriculum. The roles and responsibilities of the degree coordinators and the PhD Committee are available in the following Electronic Resource Files: *ERF 1.12 MPH Degree Coordinator – Roles and Responsibilities*, *ERF 1.13 MSc Degree Coordinator – Roles and Responsibilities*, *ERF 1.14 PhD Committee - Terms of Reference*.

**Director, Injury Prevention Centre:** The director, IPC, leads and manages the academic unit with accountability to the dean and supported by funding provided by the provincial government. The incumbent is a member of the faculty and is responsible for administration and delivery of IPC's mission: to reduce the societal and economic burden of injuries in Alberta by building partnerships, promoting effective strategies and sharing knowledge. IPC has five main roles to play in injury prevention: leadership, education, promotion of healthy public policy, initiative development and coordination and knowledge translation.

**Director, Marketing and Alumni Relations:** The director, marketing and alumni relations provides leadership and expertise to develop communications strategies and initiatives of the School in order to build trust, understanding and support between the School and its worldwide community of stakeholders. This includes directing all strategic communication activities; serving as the editor of School-related publications; managing the development of publications and presentations, serving as web administrator and managing School-related websites; serving as liaison between the School and various working groups within UAlberta (including University Relations staff, and campus wide communications staff) and outside UAlberta; and directing the media relations activities. The incumbent is also responsible for the writing, editing, production and distribution of all internal communication pieces and all other external publications.

**Associate Director (Advancement):** The associate director (advancement) reports jointly to the dean and UAlberta's senior director of faculty development. The incumbent is responsible for planning, implementing and evaluating the fund development programs of the School in order to maximize non-governmental support. This includes implementing creative strategies to attract major gifts based on careful planning and research. The incumbent works closely with the dean and other representatives of the School, UAlberta and members of the community to build relationships with potential donors.

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

Faculty members, by virtue of voting in favour of the School becoming a non-departmentalized faculty, have indicated their support for continuing to create a cooperative and collaborative environment. This move recognizes that, by definition, public health is multidisciplinary, requiring collaboration and cooperation in order to achieve our mission of advancing the public's health.

The senior leadership team provides a place for coordination, cooperation and collaboration of the teaching, research and service activities of the entire School. They meet with the executive of the School of Public Health Students' Association (SPHSA) quarterly to address student concerns and encourage an open and inclusive environment. Members of this team are responsible for fostering activities in support of our mission and goals with specific constituents: the vice-dean with faculty and students, the AD (E) with students, and the AD (R) with faculty and students.

The committee structure encourages interdisciplinary coordination, cooperation and collaboration. Faculty Council / Town Hall provides a regular opportunity for faculty, staff and students to raise and discuss issues of importance to all members of the School. CEPP

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

provides a central place for discussions related to educational programs and prior to discussion and voting at Faculty Council.

We have a number of opportunities for faculty and students to meet and interact together. In addition to the School Seminar Series, we have PhD and MSc groups which meet regularly providing a space to develop critical thinking through journal reviews, peer evaluation of individual research proposals and student presentations and discussions related to professional development and career planning. These are student driven groups with a faculty liaison to provide guidance and to ensure their objectives are being met in a collegial environment. In the last three years, we have run numerous faculty searches and through the committee structure these searches bring together a mix of School faculty, external faculty and student representation. This interdisciplinary collaboration extends to the entire School through faculty, staff and student engagement in the candidate interview and evaluation process.

The large number of research grants and publications that include multiple School and external faculty speak to our internal and external collaborations in creating new knowledge. A recent partnership assessment based on faculty annual reports indicated that our university collaborations are greatest with the Faculty of Medicine and Dentistry; Agricultural, Life and Environmental Sciences; and within the School of Public Health. Over 25% of our external partnerships are outside of North America. Certainly the support from the Research Services Office, with a dedicated School research facilitator, the Grant Assist Program, and the team grant assistant provided centrally all encourage coordination of research teams within and outside the faculty.

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

Criterion 1.4 is met.

**Strengths:** The School has built on its 2012 CEPH accreditation process by making a smooth and positive transition to a non-departmentalized faculty structure as recommended. This has allowed us to streamline the committee structures while continuing to engage faculty in working to achieve the vision and mission of the School within the values agreed upon as a community. This transition is allowing us to have more cohesive decision making while building a community with few silos and encouraging multi-disciplinary recruitment of faculty, training and research activities.

**Weaknesses:** Some roles in the School are fairly new, and there is a need to be aware that some adjustments may still need to be made.

**Plans:** We have been strengthening our staff:

- a. by training and hiring in the Office of Educational Programs to ensure that all students and educational programs are supported so that they can function optimally;
- b. through part-time staff support in the Research Office;
- c. through hiring a new continuing education coordinator to support development and coordination of professional training activities; and
- d. through a dedicated associate director (advancement).



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

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

**Table 1.5.1 Standing and Ad Hoc Committees**

| Name  | Charge  | Composition   | Reports To      |
|---|---|---|-----------------|
| Academic Events Committee                         | The role of the Academic Events Committee is to take a coordinated approach to the organization of conferences, seminars and workshops in the School.   | The dean; vice-dean; two student representatives; director, marketing and alumni relations; two faculty members.  | Dean            |
| Awards Committee (CEPP-AC)                        | The Awards Committee, a sub-committee of CEPP, manages the student awards, oversees the procedures and policies for student awards, and determines the allocation of School-wide student awards. The committee is also responsible for nominating students for university, provincial or national awards. | Eleven voting members: the chair, the academic programs coordinator; the associate dean (education); six faculty members, two student representatives (one from the thesis-based degrees, and one from the course-based degree).  | CEPP            |
| Committee on Education Policy and Programs (CEPP) | The purpose of CEPP is to: make recommendations regarding educational policy; assist in the implementation of educational policies (with students and faculty within programs); make recommendations regarding educational processes; conduct periodic student progress reviews.                          | The vice-dean (chair, until Jan 2017); program directors [applied biostatistics, epidemiology, environmental and occupational health, global health, health promotion, health policy and management, general public health (PhD and MSc), clinical epidemiology]; director of practicum and capping; student representatives (one MPH, one MSc and one PhD); AD (E) (co-chair started in January 2017), academic programs coordinator, graduate student advisor]. | Faculty Council |
| Course Approval Sub-Committee (CEPP-CAS)          | Reports to CEPP, and comprises the School course review and quality assurance capacity. The mandate includes review of courses to ensure that they are aligned with the School's degree competency frameworks and curriculum needs.   | Chair (designated by vice-dean); three or four faculty members (with teaching appointments and experience developing course syllabi and evaluating students).   | CEPP            |
| Diversity Inclusion Action Group (DIAG)           | To advocate within the School on issues of diversity and inclusion; raise the profile of diversity and inclusion; develop and evaluate training programs and events; produce guidelines and diversity   | Comprised of eight members; five students, two staff members (one is the chair) and a faculty member.   | Dean            |

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

| Name                                 | Charge  | Composition   | Reports To      |
|--------------------------------------|---|---|-----------------|
|                                      | competencies for courses and curriculum; identify people who can provide safe spaces and act as a referral services for issues; liaise with the SPHSA; advise the dean.   |   |                 |
| External Advisory Committee (EAC)    | Provides high-level strategic advice relating to ensuring the long-term goals and success of the School. Intended to offer insights, ideas and resources to assist the School in developing strategic initiatives   | Comprised of approximately 10 members appointed by the dean for three-year terms. Membership draws upon the talents and experience of leaders from a diversity of public and private sectors, foundations and non-governmental organizations to create new levels of innovation and partnership in public health.   | Dean            |
| Faculty Council                      | A Faculty Council may: determine the programs of study for which the faculty is established; appoint the examiners for examination in the faculty, conduct the examinations and determine the results of them; provide for the admission of students to the faculty; determine the conditions under which a student must withdraw from or may continue the student's program of study; authorize the granting of degrees, subject to any conditions or restrictions imposed by GFC. | Includes all continuing faculty (tenure-track, teaching, research, Board, AASUA Agreement), and three student representatives as voting members.  | UAlberta GFC    |
| Faculty Evaluation Committee (FEC)   | Responsible to: draft standards of performance for annual review of staff members; draft procedures for the granting of tenure; draft the procedures for promotion to full professor; consider applications for sabbaticals and make a recommendation to the dean; evaluate faculty members' performance relative to standards and peers.   | Comprised of eight voting members: dean; six tenured staff members, elected by Faculty Council; one tenured staff member external to the School, appointed by the provost and vice-president (academic); and one non-voting member, external to UAlberta, appointed by the dean.  | Faculty Council |
| Operations Improvement Working Group | The purpose is to identify areas in the day-to-day operations of the School where internal communications, policies and processes may be improved.  | The working group is comprised of the communications and media associate; the communications and alumni associate; the academic programs coordinator; the school administrator; the graduate programs administrator; assistant to the AD(R) and the assistant to the dean and vice-dean. The director, marketing and alumni relations, is the chair of the working group. | Dean            |

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

| Name                              | Charge  | Composition   | Reports To |
|-----------------------------------|---|---|------------|
| Senior Management Committee (SMC) | Reviews weekly issues and events in the School, shares information among portfolios, and achieves consensus on operational matters. | Comprised of the dean; vice-dean; AD (R); AD (E); AD (A); director, marketing and alumni relations. | Dean       |

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

**General School Policy Development:** SMC works with committees, staff, faculty and students to develop and draft policies and procedures particular to the School, within the broad UAlberta policy framework. The Faculty Council is where all proposed School policies are reviewed and voted on. School policies and procedures, once adopted, are made accessible to faculty, students and staff on the School's intranet.

**Planning and Evaluation:** Evaluation and planning activities are primarily the responsibility of SMC. CEPP is tasked with evaluating and planning student admissions as well as periodic review of student progress.

We conduct regular surveys of applicants, recent graduates and alumni to improve processes and identify factors that might enhance recruitment, retention and training of students. This data is reviewed by the SMC and CEPP with actions proposed by either committee.

**Budget and Resource Allocation:** At UAlberta, each faculty dean has full authority over the use of the budget allocation in their faculty. Since the School has no formal departments, the dean makes decisions on resource distribution and use with input from faculty and members of SMC. UAlberta uses incremental budgeting to determine each faculty's annual budget allocation; all faculties receive last year's budget plus or minus the percentage change in the grant from the Province. For example, if the School had a \$100,000 budget this year and the Province announced a 10% increase to the university grant, the School would receive \$110,000 the next year. The incremental allocation eliminates the need for deans to request, or compete for, budget allocations from the provost every year.

**Student Recruitment, Admission and Award of Degrees:** Under the Province of Alberta's Post-Secondary Learning Act, the School's Faculty Council provides for the admission of students to the faculty, determines the conditions under which a student must withdraw from or may continue the student's program of studies in the faculty, and authorizes the granting of degrees, subject to any conditions or restrictions that are imposed by the UAlberta GFC. CEPP, a committee of Faculty Council, is where these activities are operationalized. CEPP reviews and proposes recruitment efforts each year which are completed with collaboration by the School's Office of Marketing and Alumni Relations in partnership with the Office of Educational Programs. CEPP also is responsible for the review of applications and process of admission for the MPH, MSc and PhD degrees.

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

**Faculty Recruitment, Retention, Promotion and Tenure:** Faculty recruitment is planned at the School level by SMC with advice and input from Faculty Council. According to UAlberta policy, an Advisory Selection Committee (ASC) is formed by the dean and includes faculty member(s) from the program area, faculty member(s) from outside the program but within the School, faculty member(s) outside the School, but within UAlberta, and a student representative. An external member (e.g. from a government agency, professional organization) may be added at the discretion of the committee/dean. ASC conducts a search, chooses candidates for in-person visits and ranks candidate recommendations to the dean.

The School's policies and procedures for faculty recruitment, *Search and Selection (Faculty Recruitment) Policies and Procedures*, were approved by Faculty Council. [Electronic Resource File – *ERF 1.19 Search and Selection (Faculty Recruitment) Policies and Procedures*]

The School has been successful retaining faculty, mainly through encouraging tenured faculty to provide informal mentoring for new tenure-track faculty. The AD (R), working with the vice-dean, provides a more formal faculty mentoring process focused on developing a trajectory of teaching, research and service to prepare for successful promotions.

FEC is responsible for evaluating all faculty and deciding on annual salary merit increments, tenure decisions and promotion decisions. All faculty members are required to submit an annual report that documents their scholarship, teaching and service activities for the previous calendar year. Faculty are reviewed and evaluated annually by the vice-dean who makes a written recommendation to FEC for merit increments based on performance in agreed responsibilities.

UAlberta promotion and tenure procedures are outlined in the Faculty Agreement. [Electronic Resource File – *ERF 1.20 University of Alberta Faculty Agreement*]

UAlberta's Reference Manual for Faculty Evaluation Committees is a reference manual for use by FECs, department chairs, deans, and other administrators in the salary increment, promotion and tenure process. [Electronic Resource File – *ERF 1.21 Reference Manual - Faculty Evaluation Committees - Sept16*]

School-level requirements for promotion and tenure are described in the School's *Faculty Evaluation Committee Guidelines*. [Electronic Resource File – *ERF 1.22 Faculty Evaluation Committee Guidelines for Merit Increments, End of First Probationary Appointments, Tenure and Applic.*]

**Academic Standards and Policies, including curriculum development:** The School's Faculty Council has primary responsibility for academic standards and policies. CEPP, co-chaired by the vice-dean and the AD (E), discusses and proposes academic policy, planning initiatives, and curriculum development and reports to Faculty Council for information and / or approval as appropriate. A sub-committee of CEPP, CEPP-CAS is responsible for reviewing and ensuring the quality of new and continuing courses.

**Research and Service Expectations and Policies:** The expectations for research and service vary as a function of the rank and type of appointment held by a particular individual. The vice-dean and dean assign responsibility for research and service, typically in consultation with the faculty member.

It is expected that tenure-track and tenured faculty will teach, conduct research and engage in service. A typical faculty member is assigned 40% teaching, 40% research and 20% service. Faculty members who receive an external salary award are generally assigned 75% protected time for research, or some other proportion stipulated by the funding agency as a condition of the award.

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

The governance roles and responsibilities of the School's administrators, faculty and students are contained in various university documents. These documents are best accessed online through UAlberta's policy gateway, [U of A Policies and Procedures On-Line](#) (UAPPOL). Other important sources include the [University Calendar](#), [Staff Collective Agreements](#), and the [General Faculties Council Policy Manual](#).

The School has its policies and procedures for education, finance / accounting and human resources, in one section called "[Policies](#)" on the School Intranet.

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

**Table 1.5.2 Faculty Membership on University Committees 2016/17**

| Faculty           | Role                    | Committee   |
|-------------------|-------------------------|---|
| Ashbolt, Nicholas | Member and Advisor      | Steering Committee, Cross-Campus Water Initiative   |
| Bubela, Tania     | Member                  | Research Policy Committee   |
| Bubela, Tania     | Member                  | Health Panel – Health Research Ethics Board   |
| Bubela, Tania     | Member and Lead Drafter | Review Committee, Department of Pediatrics/Graduate Studies Program   |
| Bubela, Tania     | Member                  | Adjudication Committee, J Gordin Kaplan Award for Excellence in Research Social Sciences and Humanities Research Council (SSHRC; Science) |
| Bubela, Tania     | Member                  | Canadian Institutes of Health Research (CIHR) Selection Subcommittee, Banting Postdoctoral Fellow   |
| Bubela, Tania     | Member                  | Selection Committee, Health Science Research Council, Allocation of Space in Discovery Mall, Edmonton Clinic Health Academy (ECHA)        |
| Bubela, Tania     | Member                  | Panel 2, Institutional Awards, Canadian Foundation for Innovation   |
| Bubela, Tania     | Member                  | Killam and Notley Postdoctoral Awards Committee   |
| Bubela, Tania     | Member                  | Strategic Planning Committee-Research, Faculty of Medicine and Dentistry  |
| Carroll, Linda    | Member                  | FGSR Council  |
| Davis, Faith      | Member                  | Provost's Advisory Council of Chairs  |
| Davis, Faith      | Member                  | Chair's Council Executive   |
| Davis, Faith      | Member                  | Academic Standards Committee, General Faculties Council   |

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

| Faculty                     | Role                     | Committee   |
|-----------------------------|--------------------------|---|
| Eurich, Dean                | Member                   | PharmD Experiential Learning Advisory Steering Committee, Faculty of Pharmacy and Pharmaceutical Sciences |
| Eurich, Dean                | Member                   | Research Coordinating Committee, Alberta Diabetes Institute   |
| Francescutti, Louis         | Member                   | Dean's Wise Owls Council Group, Faculty of Medicine and Dentistry   |
| Hanington, Patrick          | External Ethics Reviewer | Animal Care Committee   |
| Hanington, Patrick          | Member                   | Biosafety Committee   |
| Jardine, Cindy              | Member                   | Interdisciplinary Indigenous Health Course Development Committee  |
| Jeon, Byeonghwa             | Member                   | Search Committee – Food Safety Engineer; Faculty of Agricultural, Life and Environmental Sciences         |
| Mumtaz, Zubia               | Mentor and Supervisor    | Team, International Global Health Care Competition, Emory University, Atlanta                             |
| Nykiforuk, Candace          | Member                   | Internal Advisory Committee, Master of Arts in Community Engagement, Faculty of Extension                 |
| Saunders, Duncan            | Member                   | Residency Program, Public Health and Preventive Medicine, Faculty of Medicine and Dentistry               |
| Senthilselvan, Ambikaipakan | Member                   | Graduate Scholarship Committee, Faculty of Graduate Studies and Research                                  |
| Springett, Jane             | Member                   | Steering Group, Community-University Partnership for Children, Families and Communities                   |
| Springett, Jane             | Advisor                  | Sustainability Network  |
| Storey, Kate                | Co-Chair                 | Campus United Way Campaign Team   |
| Wild, Cameron               | Participant              | Coalition for Action on High Risk Drinking  |
| Wild, Cameron               | Member                   | Board, Alberta Gaming Research Institute  |
| Wild, Cameron               | Member                   | General Appeals Committee   |
| Wild, Cameron               | Member                   | Scientific Advisory Committee, Neuroscience and Mental Health Institute                                   |
| Young, Kue                  | Member                   | Dean's Council  |
| Young, Kue                  | Member                   | General Faculties Council   |
| Young, Kue                  | Member                   | Health Sciences Council   |

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

The university recognizes that participation in the activities of student groups is a beneficial aspect of the university experience. The university encourages the formation of different student groups ([Student Group Procedure](#)). The university supports the activities of student groups, but also recognizes the need to regulate them for the benefit of the group, and the university community. Complaints regarding the conduct of individual members of a group and their guests are addressed under the [Code of Student Behaviour](#) and / or through other university policies, procedures, or other appropriate processes.

SPHSA is a student-run organization that serves as an academic and social support system for students. SPHSA serves as a liaison between students and the administration of the School.

The objectives of SPHSA are to:

- provide guidance and advocate on behalf of all students, including campus and distance students, and all specialty areas within the School of Public Health graduate programs;
- provide opportunities for, and inform School of Public Health students of, intellectual, cultural, social and recreational activities;
- ensure that School of Public Health graduate students are represented in the School of Public Health, the Graduate Students' Association (GSA), and the broader UAlberta committees;
- increase awareness of public health principles and practice, public health research, and graduate education in public health; and
- engage in and encourage public health initiatives, both local and global, on campus and in the community.

Students are represented on the following School-wide standing committees: CEPP, Faculty Council, School of Public Health Alumni Chapter (SPHAC), DIAG, Academic Events Committee, Staff Award Committee. Students are represented on ASCs for new faculty. Students are also represented at the program level for each specialization (applied biostatistics, environmental and occupational health, epidemiology, global health, health policy and management, and health promotion).

SPHSA provides governance and enrichment opportunities to all students. Requests for student involvement in governance committees are made to this executive and the student executive meets with the dean and vice-dean to discuss matters of interest each semester. All sanctioned student groups are eligible for funding through UAlberta's Graduate Students' Association. Student representation on committees is encouraged at program and School levels.

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

Criterion 1.5 is met.

**Strengths:** The School governance has been restructured since the last accreditation, and that process has strengthened faculty identity and engagement through the School.

UAlberta policies and various faculty and staff agreements govern the relationship between the School administration and staff and faculty. Academic policies relating to graduate students are codified by FGSR. Students participate in all School committees and the student association executive meets regularly (at least quarterly) with the dean, vice-dean and associate deans.

**Weaknesses:** There is a large grey area between clear infractions of university policies that require formal disciplinary action with an appeal process, and individual attitudes and behaviours that some part of the School community may find disagreeable. There is a perception among students that "nothing is done" when complaints about individual behaviours are made.

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

**Plans:** As the governance structure is relatively new, there are changes that have been and will continue to be made as we gain further experience, and with the arrival of a new dean in 2018. For example, we plan to elevate the administrative and professional staff of the practice degree to make them equal to the academic degrees.

The School administration and the student association worked very hard during 2016, and plan to propose and implement a policy on a respectful workplace before the end of 2017.



**1.6 Fiscal Resources. The school shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.**

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

**Operating Budget:** The Province of Alberta determines and grants UAlberta's operating budget on an annual basis. UAlberta uses an incremental budgeting approach to allocate the annual grant across the institution. The budget is approved by the Board of Governors.

**Tuition:** Tuition is collected centrally and is combined with the provincial grant prior to being allocated across the institution. There is no direct relationship between the amount of tuition paid by a faculty's students and the amount of operating budget allocated to that faculty. This has the benefit of stabilizing the operating budget if enrolment falls, but does not provide financial incentive to increase enrolment.

Students from other countries must pay an international differential tuition fee that essentially doubles their tuition cost. Faculties receive 85% of the international differential fees.

**Research Grants and Contracts:** Every faculty member is expected to apply for grants and contracts to support their research programs. Unlike funding agencies in many other countries, most Canadian funders do not support the salaries of university professors as part of an operating research grant or contract. A small number of research-intensive faculty obtain salary support through separate grant competitions. Most faculty salaries are provided by the UAlberta budget. Since 2010/11, the School averages C\$15M per year in total research grants and contracts.

Despite its small size in terms of faculty members and students, the School consistently ranks 5<sup>th</sup> among UAlberta's faculties, behind such large faculties as Science; Engineering; Medicine and Dentistry; and Agricultural, Life and Environmental Sciences; even ahead of larger faculties such as Arts, Business, and Physical Education and Recreation.

**Indirect Costs Allocation:** The three major federal funding agencies [Canadian Institute of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC), and Social Sciences and Humanities Research Council (SSHRC)] have an arrangement with all Canadian universities where an amount to cover indirect costs is calculated and distributed to the universities proportional to the research grants obtained from the agencies. UAlberta allocates these amounts to faculties in proportion to the faculty's share of total federal funding.

For research grants, contracts and technical service agreements that are not from the federal agencies, the indirect cost recovery rate is 20% of direct costs. This percentage is lower than is usually the case with universities in the United States. Starting in 2015, indirect cost recoveries are distributed 85% to the faculty dean and 15% to central administration. This has resulted in a significant increase in funds flowing to the School.

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

The School currently receives approximately C\$150,000 in indirect costs of research allocations from the federal agencies and approximately C\$400,000 from other research grants, contracts and service agreements annually.

**Donations and Gifts:** The School has received some significant donations in the past, the majority of which were in support of research activities. Private donations have also created several new scholarships in the past three years. Fiscal year 2017 saw the highest percentage of alumni give since the School was launched 11 years ago, and also demonstrated the highest donor retention rates.

A dedicated advancement officer was hired for the School in fall 2016, and fundraising plans have been developed. Working with the dean and UAlberta's senior director, faculty development, the School's associate director (advancement) has set a target of \$600,000 for the coming fiscal year. This is an increase of \$100,000 from last year and factors in the growth that is expected by having a dedicated professional on staff.

- b. A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. This information must be presented in a table format as appropriate to the school.

UAlberta uses incremental budgeting to determine each faculty's annual budget allocation; all faculties receive last year's budget plus or minus the percentage change in the grant from the Province. For example, if the School had a \$100,000 budget this year and the Province announced a 10% increase to the University grant, the School would receive \$110,000 the next year. The incremental allocation eliminates the need for deans to request, or compete for, budget allocations from the provost every year. Unspent money at the end of the fiscal year ("flex carry-forward") remains with the faculties to be used in the future. Spending in excess of the annual budget allocation is strongly discouraged.

Table 1.6.1 School Budget (\$,000)

| Revenue                          | 2013       | 2014     | 2015     | 2016     | 2017     |
|----------------------------------|------------|----------|----------|----------|----------|
| University Operating             | 7,475      | 7,584    | 7,324    | 7,216    | 7,350    |
| External Revenues <sup>1</sup>   | 233        | 577      | 413      | 429      | 480      |
| Unrestricted Donations           | 38         | 14       | 9        | 9        | 13       |
| Non-Credit Fees <sup>2</sup>     |            |          | 2        | 20       | 169      |
| Total Revenue                    | \$ 7,746   | \$ 8,175 | \$ 7,748 | \$ 7,674 | \$ 8,012 |
| <b>Salary Expense</b>            |            |          |          |          |          |
| Continuing Academic <sup>3</sup> | 4,992      | 4,276    | 4,405    | 4,250    | 4,560    |
| Graduate Student <sup>4</sup>    | 75         | 100      | 144      | 104      | 150      |
| Temporary Academic <sup>5</sup>  | 613        | 550      | 499      | 454      | 715      |
| Support Staff                    | 1,026      | 987      | 726      | 752      | 809      |
| Benefits                         | 1,243      | 1,245    | 1,268    | 1,186    | 1,377    |
| Total Salary + Benefits          | 6,706      | 5,913    | 5,774    | 5,560    | 6,234    |
| <b>Other Expense</b>             |            |          |          |          |          |
| Student Bursaries & Awards       | 153        | 188      | 145      | 251      | 313      |
| Misc. Operating                  | 1,469      | 660      | 1,364    | 2,687    | 1,823    |
| Total Expenses                   | \$ 8,328   | \$ 6,761 | \$ 7,283 | \$ 8,498 | \$ 8,370 |
| Transfers In <sup>6</sup>        | 165        | 980      | 636      | 807      | 454      |
| Transfers Out <sup>7</sup>       | 613        | 282      | 142      | 390      | 134      |
| Net Revenue-Expense              | \$ (1,030) | \$ 2,112 | \$ 959   | \$ (407) | \$ (38)  |
| Flex carry-forward               | 2,918      | 1,888    | 4,000    | 4,959    | 4,552    |
| <b>Year End Position</b>         | \$ 1,888   | \$ 4,000 | \$ 4,959 | \$ 4,552 | \$ 4,514 |

1. includes secondment salaries, conference fees, etc.

2. includes fees for PCPH, FHSI

3. includes all tenured and tenure-track faculty

4. includes graduate teaching assistantships

5. includes all sessional instructors and term staff

6. includes ICR, int'l differential, endowments, etc.

7. includes capital projects, lab renovations, etc.

- c. If the school is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by school of public health faculty who may have their primary appointment elsewhere.

Not applicable.

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

**Table 1.6.2. Performance on Measurable Objectives for Fiscal Resources  
for 2014/15, 2015/16 and 2016/17**

| Outcome Measure  | Target | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|--|--------|---------|---------|---------|---------|
| <i>Goal 4. Organization.</i> Create an environment whereby the values of the School are embodied in all our endeavours and enhance the effectiveness and efficiency of the organization. |        |         |         |         |         |
| <b>Objective 4.1: Ensure financial sustainability.</b>   |        |         |         |         |         |
| Net budget each year is greater than \$0   | Yes    | Yes     | Yes     | Yes     | NA      |

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

Criterion 1.6 is met.

**Strengths:** Since its creation in 2006, the financial health of the School has been good, weathering cycles of budget cuts imposed by the provincial government. As a research-intensive faculty, we have the benefit of a consistently high level of revenue from research grants, service contracts and indirect costs of research repatriated to the faculty. The large number of faculty members with external salary awards provides additional flexibility and room for growth. At UAlberta, revenue is not tied to enrolment, and thus there is less pressure to compromise quality by increasing enrolment. There is another advantage in that, when a senior faculty member retires, the School gets to keep the high salary of the retiree while replacing the retiree with a junior person with a much lower salary. This not only brings in new intellectual promise, but results in additional discretionary dollars.

**Weaknesses:** There is little room to grow, as our funding from UAlberta central administration is based on what the provincial government annually grants to all post-secondary institutions in the province. Despite our relatively high revenue from research grants, these cannot be used to cover faculty salary or other non-research related, operational expenditures of the School. Recent changes to financial management across the university has shifted cost-of-living and merit increments to faculty and staff salary from central administration to the faculties, which must absorb these uncontrollable increases.

**Plans:** With a stagnant (more likely declining) baseline budget from central administration, the School, as with all other faculties in the university, must be innovative in revenue generation. Since increasing enrolment will not result in increased revenue, we can only do so through contracted service and professional development courses. We have launched the online Professional Certificate in Public Health and the residential, executive Fellowship in Health Systems Improvement programs. These are still in their early days and have not yet generated sufficient profit.

The School is focused on raising money that strengthens research, supports student excellent and endows our professorships and chairs. Efforts are being focused on cultivating a portfolio of potential major donors, as well as growing annual giving via online donations, student calling program and electronic asks. The School is also working closely with the Corporate and Foundation Relations team in UAlberta Advancement to diversify and grow the funding base for the School.

**1.7 Faculty and Other Resources. The school shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.**

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

The headcount of primary faculty is shown in Table 1.7.1. There has been little growth over the last three years.

**Table 1.7.1 Primary Faculty by Core Knowledge Area**

| Concentration Area           | Fall 2015 | Fall 2016 | Fall 2017 |
|------------------------------|-----------|-----------|-----------|
| Biostatistics                | 5         | 5         | 5         |
| Environmental Health         | 6         | 7         | 7         |
| Epidemiology                 | 6         | 7         | 7         |
| Public Health                | 2         | 2         | 2         |
| Global Health                | 3         | 2         | 3         |
| Health Policy and Management | 6         | 7         | 7         |
| Socio-behavioural Sciences   | 6         | 6         | 5         |
| <b>Total</b>                 | <b>34</b> | <b>36</b> | <b>36</b> |

- b. A table delineating the number of faculty, students and SFRs, organized by department or specialty area, or other organizational unit as appropriate to the school, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see *CEPH Data Template 1.7.2*) and include at least the following information: a) headcount of primary faculty (primary faculty are those with primary appointment in the school of public health), b) FTE conversion of faculty based on % time appointment to the school, c) headcount of other faculty (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. All schools must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the school intends to include the contributions of other faculty in its FTE calculations.

A detailed table, Table 1.7.2 below, provides information on student / faculty ratio (SFR) indicates that the overall, SFR varies considerably, from almost 1.0 (biostatistics) to 14.5 (epidemiology) in Fall 2015, 2016 and 2017.

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

**Table 1.7.2. Faculty, Students and Student/Faculty Ratios by Core Knowledge Area  
for Fall 2015, 2016, 2017**

| Year and Core Knowledge Area   | HC Primary Faculty | FTE Primary Faculty | HC Other Faculty | FTE Other Faculty * | HC Total Faculty | FTE Total Faculty | HC Students | FTE Students | SFR by Primary Faculty FTE | SFR by Total Faculty FTE |
|--|--------------------|---------------------|------------------|---------------------|------------------|-------------------|-------------|--------------|----------------------------|--------------------------|
| <b>Fall 2015</b>   |                    |                     |                  |                     |                  |                   |             |              |                            |                          |
| Biostatistics (MPH Applied Biostatistics)  | 5                  | 5                   | 0                | 0                   | 5                | 5                 | 6           | 4.8          | 0.96                       | 0.96                     |
| Environmental Health (MPH Environmental & Occupational Health, MSc Environmental Health Sciences, MSc Occupational Health) | 7                  | 6                   | 1                | .11                 | 7                | 6.11              | 17          | 23.4         | 3.9                        | 3.8                      |
| Epidemiology (MSc Clinical Epidemiology, MPH, MSc & PhD Epidemiology)  | 6                  | 6                   | 6                | .66                 | 12               | 6.66              | 61          | 87.1         | 14.5                       | 13.1                     |
| Public Health (MSc and PhD General Public Health, PhD Public Health Sciences)  | 2                  | 2                   | 0                | 0                   | 2                | 2                 | 16          | 21.9         | 11                         | 11                       |
| Global Health (MPH & MSc Global Health)  | 3                  | 3                   | 1                | .11                 | 4                | 3.11              | 32          | 35.3         | 11.8                       | 11.4                     |
| Health Policy & Management (MPH Health Policy and Management, MSc Health Technology)                                       | 7                  | 7                   | 6                | 1.21                | 13               | 8.21              | 42          | 42           | 6.0                        | 5.1                      |

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

| Year and Core Knowledge Area   | HC Primary Faculty | FTE Primary Faculty | HC Other Faculty | FTE Other Faculty * | HC Total Faculty | FTE Total Faculty | HC Students | FTE Students | SFR by Primary Faculty FTE | SFR by Total Faculty FTE |
|--|--------------------|---------------------|------------------|---------------------|------------------|-------------------|-------------|--------------|----------------------------|--------------------------|
| <i>Assessment, MSc Health Policy Research, PhD Health Services &amp; Policy Research, MPH Public Health Leadership)</i>    |                    |                     |                  |                     |                  |                   |             |              |                            |                          |
| Socio-behavioural Sciences (MPH & MSc Health Promotion, PhD Health Promotion & Socio-behavioural Sci)                      | 6                  | 6                   | 11               | 1.76                | 17               | 7.76              | 62          | 46.4         | 7.7                        | 6.0                      |
| <b>Fall 2016</b>   |                    |                     |                  |                     |                  |                   |             |              |                            |                          |
| Biostatistics (MPH Applied Biostatistics)  | 5                  | 5                   | 0                | 0                   | 5                | 5                 | 6           | 4.8          | 0.96                       | 0.96                     |
| Environmental Health (MPH Environmental & Occupational Health, MSc Environmental Health Sciences, MSc Occupational Health) | 7                  | 6.2                 | 1                | .05                 | 8                | 6.25              | 20          | 25.8         | 4.2                        | 4.1                      |
| Epidemiology (MSc Clinical Epidemiology, MPH, MSc & PhD Epidemiology)  | 6                  | 6                   | 4                | .4                  | 10               | 6.4               | 53          | 77           | 12.8                       | 12                       |

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

| Year and Core Knowledge Area   | HC Primary Faculty | FTE Primary Faculty | HC Other Faculty | FTE Other Faculty * | HC Total Faculty | FTE Total Faculty | HC Students          | FTE Students         | SFR by Primary Faculty FTE | SFR by Total Faculty FTE |
|--|--------------------|---------------------|------------------|---------------------|------------------|-------------------|----------------------|----------------------|----------------------------|--------------------------|
| <b>Fall 2016</b>   |                    |                     |                  |                     |                  |                   |                      |                      |                            |                          |
| Public Health (MSc and PhD General Public Health, PhD Public Health Sciences)  | 2                  | 2                   | 4                | 2.6                 | 6                | 4.6               | 21                   | 30                   | 15                         | 6.5                      |
| Global Health (MPH & MSc Global Health)  | 3                  | 3                   | 5                | .6                  | 8                | 3.6               | 27                   | 31.1                 | 10.4                       | 8.6                      |
| Health Policy & Management (MPH Health Policy and Management, MSc Health Technology Assessment, MSc Health Policy Research, PhD Health Services & Policy Research, MPH Public Health Leadership) | 7                  | 7                   | 2                | .18                 | 9                | 7.18              | 36                   | 40.2                 | 5.7                        | 5.6                      |
| Socio-behavioural Sciences (MPH & MSc Health Promotion, PhD Health Promotion & Socio-behavioural Sci)  | 6                  | 6                   | 13               | 1.3                 | 19               | 7.3               | 78                   | 61.4                 | 10.2                       | 8.4                      |
| <b>Fall 2017</b>   |                    |                     |                  |                     |                  |                   |                      |                      |                            |                          |
| Biostatistics (MPH Applied Biostatistics)  | 5                  | 5                   | 0                | 0                   | 5                | 5                 | Available in October | Available in October | Available in October       | Available in October     |



## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

| Year and Core Knowledge Area   | HC Primary Faculty | FTE Primary Faculty | HC Other Faculty | FTE Other Faculty * | HC Total Faculty | FTE Total Faculty | HC Students          | FTE Students         | SFR by Primary Faculty FTE | SFR by Total Faculty FTE |
|--|--------------------|---------------------|------------------|---------------------|------------------|-------------------|----------------------|----------------------|----------------------------|--------------------------|
| <b>Fall 2017</b>   |                    |                     |                  |                     |                  |                   |                      |                      |                            |                          |
| Environ-mental Health (MPH Environmental & Occupational Health, MSc Environmental Health Sciences, MSc Occupational Health)  | 6.2                | 6.2                 | 1                | .05                 | 7.2              | 6.25              | Available in October | Available in October | Available in October       | Available in October     |
| Epidemi-ology (MSc Clinical Epidemi-ology, MPH, MSc & PhD Epidemi-ology)   | 6                  | 6                   | 5                | .45                 | 11               | 6.45              | Available in October | Available in October | Available in October       | Available in October     |
| Public Health (MSc and PhD General Public Health, PhD Public Health Sciences)  | 2                  | 2                   | 4                | 2.6                 | 6                | 4.6               | Available in October | Available in October | Available in October       | Available in October     |
| Global Health (MPH & MSc Global Health)  | 3                  | 3                   | 5                | .6                  | 8                | 3.6               | Available in October | Available in October | Available in October       | Available in October     |
| Health Policy & Manage-ment (MPH Health Policy & Manage-ment, MSc Health Technology Assess-ment, MSc Health Policy Research, PhD Health Services & Policy Research, MPH Public | 7                  | 7                   | 3                | .28                 | 10               | 7.28              | Available in October | Available in October | Available in October       | Available in October     |

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

| Year and Core Knowledge Area  | HC Primary Faculty | FTE Primary Faculty | HC Other Faculty | FTE Other Faculty * | HC Total Faculty | FTE Total Faculty | HC Students          | FTE Students         | SFR by Primary Faculty FTE | SFR by Total Faculty FTE |
|---|--------------------|---------------------|------------------|---------------------|------------------|-------------------|----------------------|----------------------|----------------------------|--------------------------|
| <i>Health Leadership)</i>   |                    |                     |                  |                     |                  |                   |                      |                      |                            |                          |
| <b>Fall 2017</b>  |                    |                     |                  |                     |                  |                   |                      |                      |                            |                          |
| Socio-behavioural Sciences (MPH & MSc Health Promotion, PhD Health Promotion & Socio-behavioural Sci) | 5                  | 5                   | 13               | 1.18                | 18               | 6.18              | Available in October | Available in October | Available in October       | Available in October     |

\* For "Other" Faculty, .1 FTE = one 3 credit course. For students, 1 FTE = 1 student taking 9 or more semester-credits per semester.

**Key:** HC = Head Count; Primary = Full-time faculty who support the teaching programs; FTE = Full-time-equivalent; Other = Adjunct, part-time and secondary faculty; Total = Primary + Other; SFR = Student/Faculty Ratio

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

**Table 1.7.3 Clerical and Professional Support Staff 2015-16**

| Staff      | Trust/Research Academic Staff | Trust/Research Support Staff | Administrative Support Staff* | Total |
|------------|-------------------------------|------------------------------|-------------------------------|-------|
| Head Count | 22                            | 74                           | 18                            | 114   |
| FTE        | 22                            | 46                           | 13                            | 81    |

\*includes Administrative Professional Officers

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

The School occupies five separate locations on the UAlberta North Campus. The environmental health group has five newly constructed laboratories plus office space in the South Academic Building (SAB). IPC and the Health Technology and Policy Unit are located in the Research Transition Facility. ACHORD is in the Li Ka Shing Innovation Centre, and the Population Health Intervention Research Unit is in the University Terrace Building. The majority of faculty and administrative staff, including the dean's office, have been housed in ECHA since December, 2011. The School shares the building with groups from four other health sciences faculties: Medicine and Dentistry; Nursing; Pharmacy and Pharmaceutical Sciences; and Agricultural, Life and Environmental Sciences. The ECHA occupants share 71 classrooms seating a total of 3,400 students and 36 meeting rooms. The building is designed architecturally to facilitate interdisciplinary learning, with a Research and Education Commons.

The total space (in square footage) occupied by the School of Public Health is 32,702, of which 23,634 are for academic / administrative support, 8,100 for research and 969 in meeting rooms.

Table 1.7.4 Space (in square footage) by Purpose

|                         | Research | Academic and<br>Administrative Support | Meeting<br>Rooms | Total  |
|-------------------------|----------|--|------------------|--------|
| School of Public Health | 8,100    | 23,634                                 | 969              | 32,702 |

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

The School's environmental health sciences group occupies four newly renovated labs comprising 4,300 square feet of laboratory space and an adjacent 1,900 square feet of office space in the South Academic Building. These labs are designed for individual and collaborative use. The labs are state-of-the art facilities developed with substantial infrastructure funding by the Canada Foundation for Innovation, and are focused particularly on water-based and foodborne pathogens, antimicrobial resistance and the immunology of certain vector-borne parasites.

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

Computer resources for the School are divided into two categories: services that are offered to all UAlberta constituents, and those that are only available to School staff and students. The School provides the same services to all staff, regardless of whether they are classified as faculty or administration.

**Computer Labs:** UAlberta offers 40 centrally supported computer labs for use by all staff and students. They range in size and include PC, MAC and Unix platforms. There are three computer labs in ECHA, two with 60 seats and one with 120 seats. These labs feature an instructor workstation connected to a projection system.

**Desktop:** The School provides a desktop workstation to staff; both Microsoft Windows and Apple MacOS are supported operating systems. The following services are available to all staff and faculty: file services; mail services, including email, calendar and contact sharing; secure remote access to staff workstations; file and mail services; applications including Microsoft Office and malware protection; network connectivity; printing services; web hosting; backup and recovery.

**Wireless:** Wireless access is available in all School locations through the [University Wireless Service](#) (UWS). This is an undertaking to provide robust and ubiquitous wireless access to all U of A constituents.

**E-Learning:** The [Centre for Teaching and Learning](#) (CTL) offers online teaching services powered by Moodle.

The faculty have collaborated with CTL on training of teaching assistants, providing instructional seminars on a variety of topics regularly, and providing pedagogical support for new and revised courses, and CTL staff have been collaboratively involved in the MPH curriculum revision process currently ongoing at the School.

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

**Technology Training:** The [Technology Training Centre](#) provides professional development, including online training resources and support to use technology in teaching and research.

**Information Technology Support:** [Information Services and Technology](#), the central information technology department at the University of Alberta, provides support services to the School including: on-site desktop support; phone support; infrastructure to support the network (i.e. file, e-mail, remote access, and printing services); and central support for computer labs.

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

The John W. Scott Health Sciences Library located in the Walter C. Mackenzie Health Sciences Centre is part of [UAlberta Libraries](#), the third largest research library in Canada. As UAlberta constituents, staff and students have access to over 31,000 e-journals, 500,000 e-books and eight million print volumes in all subject areas, including extensive holdings in the health sciences.

The librarian assigned to the faculty is regularly available within the School to students and faculty for consultation and attends faculty council to ensure she is aware of training initiatives. During the academic year, a librarian visits the main student area of the School for two hours each week to provide assistance in literature searches and access to academic resources.

- h. A concise statement of any other resources not mentioned above, if applicable.
- Not applicable.
- i. Identification of measurable objectives through which the school assesses the adequacy of its resources, along with data regarding the school's performance against those measures for each of the last three years. See [CEPH Outcome Measures Template](#).

**Table 1.7.5. Performance on Measurable Objectives for Faculty and Other Resources  
for 2014/15, 2015/16 and 2016/17**

| Outcome Measure   | Target | 2014/15 | 2015/16 | 2016/17 | 2017/18              |
|---|--------|---------|---------|---------|----------------------|
| <i>Goal 1. Education.</i> Educate current and future leaders in public health policy, education and research with an emphasis on critical thinking in an interdisciplinary environment. |        |         |         |         |                      |
| Student/Faculty ratio   | 10     | 7.5     | 7.7     | 7.7     | Available in October |

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

Criterion 1.7 is met.

**Strengths:** As a small, relatively new faculty, the School benefits from support services provided centrally (e.g., instructional support, research administration, advancement, international relations, etc.). With the completion of the multi-faculty building ECHA, there

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

has been significant improvement in physical proximity of the majority of staff, faculty and students, in spite of the fact that we still occupy five different locations on campus.

**Weaknesses:** While there is still space to expand in ECHA, other sites have reached saturation in terms of ability to provide space for faculty, staff and students. Space shortage is especially critical in environmental health with its multi-million dollar renovated labs located in a building that is also occupied by the university president and vice-presidents. Plans for the senior central administration to be relocated have been put on hold, thus constraining the ability of our environmental health group to expand further.

**Plans:** We will continue to maximize the utilization of central university services provided and to work with our faculty, staff and students to find the appropriate balance of resources to support the mission and goals of the School.

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

### 1.8 Diversity. The School shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and services practices.

- a. A written plan and/or policies demonstrating systematic incorporation of diversity within the school. Required elements include the following:
  - i) Description of the school's under-represented populations, including a rationale for the designation.

The federal government has defined “designated groups” as: females, Aboriginal Peoples, visible minorities and persons with disabilities. All four of these groups are identified only through self-declaration. As such, these groups are identifiable only through direct survey mechanisms.

UAlberta asks newly hired employees to complete the Employment Equity Census Questionnaire requesting voluntary self-identification in these four designated groups. The questionnaire is voluntary but the university is mandated to collect the data under the Federal Contractors Program. The aggregate data are used to measure the university's progress in achieving a diverse workforce.

With regard to faculty, data from the Employment Equity Census Questionnaire show that the School's proportion of faculty who are women is 40%. While that proportion is higher than the campus as a whole, the School would like to see that proportion reach 50%.

**Table 1.8.1: Data from Faculty Employment Equity Census Questionnaire**

|  |               | 2013         | 2014         | 2015         | 2016 |
|--|---------------|--------------|--------------|--------------|------|
| <b>Female</b>                                | <b>School</b> | <b>32.1%</b> | <b>36.0%</b> | <b>42.3%</b> | NA   |
|  | University    | 34.0%        | 33.8%        | 34.4%        | NA   |
| <b>Aboriginal Peoples<sup>1</sup></b>        | <b>School</b> | *            | *            | *            | NA   |
|  | University    | 1.1%         | 1.0%         | 1.0%         | NA   |
| <b>Visible Minorities<sup>2</sup></b>        | <b>School</b> | <b>28.6%</b> | <b>32.0%</b> | <b>26.9%</b> | NA   |
|  | University    | 16.2%        | 16.6%        | 16.6%        | NA   |
| <b>Persons with Disabilities<sup>3</sup></b> | <b>School</b> | *            | *            | *            | NA   |
|  | University    | 1.3%         | 1.2%         | 1.4%         | NA   |

<sup>1</sup> Aboriginal peoples are persons who identify as North American Indian (Status, non-Status, and Treaty), Inuit, or Métis.

<sup>2</sup> Members of visible minorities are persons, other than Aboriginal Peoples, who are non-Caucasian in race or non-white in color, regardless of their birthplace or citizenship. The visible minority category includes: Chinese, South Asian, Black, Arab, West Asian, Filipino, Southeast Asian, Latin American, Japanese, Korean, Indigenous People from outside North America, and Persons of Mixed Origin.

<sup>3</sup> Persons with disabilities are persons who have a long-term or recurring physical, mental, sensory, psychiatric or learning disability

**Note:** \* Representations of 0 to 3 suppressed for confidentiality

Among support staff, 90% of employees are female. To ensure gender diversity across the School, we would like to see the proportion of support staff that are female approach 50%.

**Table 1.8.2: Data from Staff Employment Equity Census Questionnaire**

|  |               | 2013         | 2014         | 2015         | 2016 |
|--|---------------|--------------|--------------|--------------|------|
| <b>Female</b>                                | <b>School</b> | <b>90.9%</b> | <b>90.0%</b> | <b>90.0%</b> | N/A  |
|  | University    | 61.2%        | 61.7%        | 61.6%        | N/A  |
| <b>Aboriginal Peoples<sup>1</sup></b>        | <b>School</b> | *            | *            | *            | N/A  |
|  | University    | 1.9%         | 1.8%         | 1.8%         | N/A  |
| <b>Visible Minorities<sup>2</sup></b>        | <b>School</b> | <1%          | <1%          | <1%          | N/A  |
|  | University    | 13.5%        | 13.6%        | 13.3%        | N/A  |
| <b>Persons with Disabilities<sup>3</sup></b> | <b>School</b> | *            | *            | *            | N/A  |
|  | University    | 2.8%         | 3.1%         | 2.6%         | N/A  |

<sup>1</sup> Aboriginal peoples are persons who identify as North American Indian (Status, non-Status, and Treaty), Inuit, or Métis.

<sup>2</sup> Members of visible minorities are persons, other than Aboriginal Peoples, who are non-Caucasian in race or non-white in color, regardless of their birthplace or citizenship. The visible minority category includes: Chinese, South Asian, Black, Arab, West Asian, Filipino, Southeast Asian, Latin American, Japanese, Korean, Indigenous People from outside North America, and Persons of Mixed Origin.

<sup>3</sup> Persons with disabilities are persons who have a long-term or recurring physical, mental, sensory, psychiatric or learning disability

**Note:** \* Representations of 0 to 3 suppressed for confidentiality

The School has also identified two under-represented groups in the student population. The first is students who are Aboriginal (i.e. First Nations, Inuit or Métis). The other is students who are not Canadian citizens, identified by the university as international students; see Table 1.8.3 below. Increasing recruitment and retention of students from these two groups is consistent with UAlberta initiatives and with the [FGSR Council Statement on Recruitment](#) that we will use to foster multicultural sensitivity and international literacy in a pending recruitment strategy. The goal is to have 30% of the student body international students and to have at least 10 students who are First Nations or Aboriginal Peoples.

**Table 1.8.3: Fall Headcount of International and Aboriginal Students**

|                      | 2013  | 2014  | 2015  | 2016 | 2017                 |
|----------------------|-------|-------|-------|------|----------------------|
| International %      | 13.8% | 12.6% | 11.1% | 11%  | Available in October |
| Aboriginal Peoples # | 5     | 3     | 6     | 5    | Available in October |

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

The School's goals for achieving diversity include faculty complement being 50% female, staff complement 50% female, and a student body that is 30% international with at least 10 students self-identified as aboriginal.

These goals are consistent with UAlberta's Institutional Strategic Plan, [For the Public Good](#), approved in June 2016. The plan's first goal is to build a diverse, inclusive community of exceptional students, faculty and staff from Alberta, Canada and the world. To achieve this, UAlberta will move towards an international graduate enrolment target of 30% of the graduate student body, increase access and engagement of under-

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

represented groups, particularly Aboriginal and rural students, and work towards the development of a campus environment that is safe for and inclusive of gender and sexual minorities.

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

UAlberta's [Discrimination, Harassment and Duty to Accommodate Policy](#) is intended to foster and protect a respectful environment for work, study and living that supports the dignity and equality of all members of UAlberta. This policy ensures that UAlberta will meet both its obligations under law and its ethical responsibilities as an institution of higher learning. These legal and ethical responsibilities include the duty to accommodate and the provision of opportunities to persons who require accommodation based on protected grounds, including race, colour, sexual orientation, mental or physical disability. Compliance with the policy extends to all members of the university community.

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

UAlberta's [Discrimination, Harassment and Duty to Accommodate Policy](#) has published separate procedures for allegations against staff (which includes faculty members) and students. As a leading teaching and research institution whose work is local, national and international, the university is responsive to the needs of a diverse student population and workforce, as well as to the urban, rural, Francophone, Aboriginal and multicultural communities in which it does its work. The university is enriched by diversity, and it welcomes and seeks to include many voices, including those that have been under-represented or excluded.

As part of its policies, UAlberta has a *Statement on Equity in Student Affairs*:

The University of Alberta strives to provide a fair, open and supportive environment for students.

Acknowledging the diversity of the Canadian population, and the University's obligation to remain open to all sectors of society, the University of Alberta encourages applications for admission from all qualified persons including Aboriginal peoples, persons with disabilities, visible minorities, and women. In this manner the University demonstrates its commitment to improving the representativeness of its communities.

The *Alberta Human Rights Act*, sections 3 and 11.1, requires that no individual be discriminated against on the basis of race, religious beliefs, color, gender, physical disability, mental disability, marital status, age, ancestry, or place of origin, family status, or source of income except where the discrimination can be shown to be reasonable and justifiable. The University of Alberta recognizes and accepts its responsibility to comply with the requirements of this Act in its consideration of students for admission, promotion, and graduation. Of its own volition the



University of Alberta does not discriminate on the basis of sexual orientation or political belief.

Subject to the limits set out in the *Alberta Human Rights Act*, the University of Alberta affirms its right to determine the criteria by which applicants are accepted into the University community. Individuals seeking admission to or continuance in academic programs must meet the qualifications and performance standards set out by the University's governing bodies.

In addition, there is a University Equity Statement:

The University of Alberta hires on the basis of merit. We are committed to the principle of equity in employment. We welcome diversity and encourage applications from all qualified women and men, including persons with disabilities, members of visible minorities and Aboriginal persons.

This statement is used on all academic and support staff job postings as outlined in the procedures for [Academic Staff Posting and Advertising](#) and [Support Staff Posting and Advertising](#).

Both equity statements are currently under review in order to reflect changes to Alberta Human Rights legislation and changing norms in diversity and equity within the academy.

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

The current MPH health equity competencies are to:

- describe key concepts related to health equity/inequity, the impact of population growth, population movement and resource consumption on health across world regions and populations;
- identify and describe vulnerable, susceptible and underserved populations in Canada and internationally;
- describe the structural impediments to social justice and equity within and between societies; and
- identify and describe the paradigms, issues and evidence for policy, strategies and programs to reduce inequities at the local and/or global levels.

The School offers a number of courses that affords students the opportunity to work with communities in solving public health problems: SPH 510 Health Promotion with Communities, SPH 566 Health, Community and Development, SPH 566 Health Promotion with People in Low-Resource Countries. Descriptions are available in the Electronic Resource File – 5-Course Syllabi – Electives.

Other programs and activities that provide opportunities to enhance building competency in diversity and cultural considerations are:

- [Aboriginal People's Network](#)

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

- [University of Alberta International](#)
- [Sexual and Gender Diversity](#)
- [Helping Individuals at Risk Program](#)

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

GFC approved *Opening Doors: A Plan for Employment Equity at the University of Alberta* (February 19, 1993 edition) on March 29, 1993. The Board of Governors approved [Opening Doors](#) on January 7, 1994. The plan is fundamentally about fairness and it continues the university's long-standing commitment to excellence with equity and diversity. Equity, at its heart, is about removing barriers, biases and obstacles that impede equal access and opportunity to succeed at educational and employment endeavours within the academy. Diversity is fundamentally about valuing human and institutional differences. Inclusion is the active engagement of diversity and equity. Access goes beyond physical accessibility to include principles of universal design in all aspects of the university's operations. Revised versions of *Opening Doors* will assist the university community in continuing to move forward in creating respectful and inclusive work, teaching, learning and living environments.

On May 13, 2011, UAlberta approved the [Employment Relationship Policy](#); its sole purpose is to promote transparent procedures concerning the ongoing employment relationship between the staff member and the university. It commits UAlberta to making reasonable efforts to remove employment-related barriers which may impact its employment relationship with individuals in the designated groups identified in the *Employment Equity Act* and other individuals who possess personal characteristics identified as protected grounds in the *Alberta Human Rights Act* and the University of Alberta's *Discrimination, Harassment and Duty to Accommodate Policy*.

For strategic and senior faculty appointments such as the Canada Research Chairs, the university's employment equity advisor is a non-voting member of ASC to ensure that diversity issues are appropriately addressed.

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

See response to 1.8.a (vi) above.

### viii) Policies and plans to recruit, admit, retain and graduate a diverse student body.

As part of the general university policies, UAlberta has a Statement on Equity in Student Affairs. (See 1.8.a.(iv) above.)

The School participates in special events organized by FGSR in outreach to Aboriginal students. These include fairs targeting undergraduate Aboriginal students in UAlberta. FGSR is also planning visits to several First Nations post-secondary colleges in the province to promote our graduate programs. The School will participate fully in such initiatives.

The Al Rashid Educational Foundation Scholarship, funded by the Al Rashid Educational Foundation and the School in 2016 is awarded to a student with superior academic achievement enrolled in any year of a MPH program who is a member of the

University Muslim Students' Association. Selection is based on academic standing. Preference is given to a student with demonstrated leadership in the field of public health, and involvement in community, volunteer and / or extracurricular activities.

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

The Employment Equity Census Questionnaire and student data are updated annually.

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

The School has documented its commitment to diversity in multiple ways. Two examples are: 1) efforts to establish a program of excellence in northern and indigenous population health, and 2) through committee (DIAG) structure and activities.

- 1) Building a program of excellence in northern and indigenous population health. During 2017, the School recruited two new faculty members with a special interest in northern Canada and its indigenous population. One started in September 2017 and the other will start in July 2018. In addition to strengthening our research capacity in improving the health of this marginalized population, it also enables us to develop a special strategy to improve recruitment of students.

To this end, the School has scheduled a retreat for November 18 and 19 in Yellowknife, Northwest Territories, consisting of School leadership and local community and government leaders to develop a student recruitment plan targeting northern, especially indigenous, students. The School will also establish a branch office in this northern city to provide study space, support services and mentorship for such students.

- 2) Diversity and Inclusion Action Group. DIAG is an active group comprised of faculty, staff and students. They have held several relevant workshops with invited facilitators for the school. The next workshop will focus on “unconscious bias” and will be held on October 20 for the entire School community. This group has developed guidelines for creating inclusive meetings which has been shared with the School and are posted as a reminder in meeting rooms. This committee also participates in the fall orientation program for incoming students.
- 3) During 2017, DIAG worked on an action plan with detailed recommendations for the School to adopt to improve the School environment. A preliminary report was presented and discussed at Town Hall on June 16, 2017. This was followed by a special meeting of SMC and members of DIAG to examine the list of recommendations and to prioritize their implementation. A final report is being prepared and will be presented to Faculty Council in November.

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

In 1986, the Government of Canada established the Federal Contractors Program (FCP), a program which identifies **Aboriginal peoples, persons with disabilities, members of visible minorities and women** as groups historically disadvantaged in employment in Canada. The program is designed to ensure that organizations doing business with the

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

Government achieve and maintain a representative workforce. Under the program, organizations employing 100 persons or more and wishing to bid on or receive contracts of more than C\$200,000 to supply goods and services to the Federal Government must commit themselves to employment equity. (It is important to note that the FCP is intended to enhance employment opportunities for Canadians within the Canadian workforce. Questions related to international hiring and their potential impact on employment equity are outside the bounds of the FCP.)

Research at UAlberta includes contracts, which meet the criteria specified under the FCP. The university became a signatory to FCP in March 1987, thereby committing itself to the design and implementation of an employment equity plan, which will make its workforce representative of the broader community. When it signed its Certificate of Commitment, the university undertook to develop an employment equity plan in accordance with the following criteria:

- communication of management commitment;
- assignment of senior personnel;
- collection and maintenance of data;
- analysis of designated group representation;
- elimination or modification of adverse employment policies and practices;
- establishment of goals;
- development of employment equity work plan;
- consideration of special measures and reasonable accommodation;
- establishment of a favourable climate;
- adoption of monitoring procedures; and
- authorization for Canada Employment and Immigration Commission to enter premises.

The commitment of the university's senior administrators to FCP is clearly evident in the creation of the President's Employment Equity Implementation Committee (PEEIC), which would develop an employment equity plan for the university. The terms of reference of PEEIC were:

- to prepare an employment equity plan for the University of Alberta which meets the terms and conditions of the Federal Contractors Program, and which is acceptable to the University community and observes the policies of General Faculties Council and the Board of Governors respecting employment;
- to submit the plan to GFC and the Board of Governors;
- to assist in the design and completion of studies undertaken to develop the employment equity plan, including the workforce analysis, the development of a workforce profile and the review of personnel policies and practices;
- to participate in the development of a University-wide communication strategy for the implementation of employment equity;
- to seek input from organizations representing the designated groups: aboriginal peoples, persons with disabilities, visible minorities, and women;

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

- to monitor the implementation of the University of Alberta's employment equity plan, once approved by General Faculties Council and the Board of Governors; and
- to recommend modifications to the University of Alberta's employment equity plan from time to time, in light of the University's changing circumstances.

The committee was structured to involve all university offices or groups which had a major influence on employment policies and practices, and to reflect the decentralized nature of recruitment, hiring, promotion, advancement and termination at UAlberta. Four representatives-at-large ensured that the designated groups were represented on the Committee.

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

We have committed ourselves to developing a student recruitment strategy that will provide a highly competitive, diverse pool of applicants for our merit based admissions process. These outcomes will be captured in the university databases and assessed annually by CEPP and SMC.

With respect to our faculty diversity goals we have hired eight new professors in the last three years of which over 60% (n=5) are women. This is consistent with reaching our diversity goal over time while retaining our merit based selection processes.

In these faculty searches we have had no aboriginal applicants, which reflects the lack of trained public health academicians in this community across the country. As such we made a decision to focus a recent hire in the area of aboriginal and northern health. Two recent hires will increase our northern training and research activities that will also help to attract aboriginal faculty and students.

e. Identification of measureable objectives by which the school may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years.

**Table 1.8.4. Performance on Measurable Objectives for Diversity for 2014/15, 2015/16, 2016/17 and 2017/18**

| Outcome Measure  | Target | 2014/15 | 2015/16 | 2016/17 | 2017/18              |
|--|--------|---------|---------|---------|----------------------|
| <i>Goal 4. Organization. Create an environment whereby the values of the School are embodied in all our endeavours and enhance the effectiveness and efficiency of the organization.</i> |        |         |         |         |                      |
| Percentage of female faculty members   | 50%    | 36%     | 42%     | 47%     | 42%                  |
| Outcome Measure  | Target | 2014/15 | 2015/16 | 2016/17 | 2017/18              |
| Percentage of female staff members   | 50%    | 90%     | 90%     | 90%     | NA                   |
| Percentage of students that are international  | 30%    | 13%     | 11%     | 11%     | Available in October |
| Number of indigenous students  | 10     | 3       | 6       | 5       | Available in October |

## CRITERION 1.0 THE SCHOOL OF PUBLIC HEALTH

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

Criterion 1.8 is met.

**Strengths:** Our diversity goals are consistent with the university's goals and we will work together in implementing strategies to reach our goals. Our recent faculty hiring suggests that our gender diversity goals will be achieved over time. The two most recent hires reflect a commitment to increasing our northern presence and, in turn, increase our pool of aboriginal students. DIAG is working to increase awareness of diversity and inclusion issues throughout the School.

**Weakness:** We have no specific student recruitment strategy to increase the diversity of our student population.

**Plans:** We plan to develop and implement a recruitment strategy that reflects our goals of having a highly qualified and diverse student population. We will work with University of Alberta International in developing specific international student recruitment strategies. We are developing a strong presence in and with northern communities that, over time, will increase the pool of qualified applicants for faculty, staff and students in the School from this community. We will support the activities of DIAG within the School and will provide funding for interested faculty and staff to attend relevant workshops as they are identified.

# **Criterion 2.0**

## Instructional Programs

## 2.0 Instructional Programs

- 2.1 Degree Offerings.** The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

The areas of knowledge basic to public health include the following:

**Biostatistics** – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;

**Epidemiology** – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;

**Environmental health sciences** – environmental factors including biological, physical and chemical factors that affect the health of a community;

**Health services administration** – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and

**Social and behavioral sciences** – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

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

The instructional matrix presenting all of the school's degree programs and areas of specialization is found in Table 2.1.1. All degrees are campus-based unless otherwise noted.

**Table 2.1.1. Instructional Matrix**

| Degrees and Specializations               | Academic | Professional |
|---|----------|--------------|
| Applied Biostatistics                     |          | MPH          |
| Clinical Epidemiology                     | MSc      |              |
| Environmental and Occupational Health     |          | MPH          |
| Environmental Health Sciences             | MSc      |              |
| Epidemiology                              | MSc      | MPH          |
| Food Safety                               |          | MPH          |
| General Public Health                     | MSc      |              |
| Global Health                             | MSc      | MPH          |
| Health Policy and Management              |          | MPH          |
| Health Policy Research                    | MSc      |              |
| Health Promotion <sup>1</sup>             | MSc      | MPH          |
| Health Technology Assessment <sup>2</sup> | MSc      |              |
| Occupational Health <sup>2</sup>          | MSc      |              |



## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Degrees and Specializations                    | Academic | Professional |
|--|----------|--------------|
| <b>Doctoral Degrees</b>                        |          |              |
| Epidemiology                                   | PhD      |              |
| Health Promotion and Sociobehavioural Sciences | PhD      |              |
| Health Services and Policy Research            | PhD      |              |
| Public Health                                  | PhD      |              |

<sup>1</sup> Distance- and campus-based format

<sup>2</sup> Not currently admitting to the MSc in Health Technology Assessment or the MSc in Occupational Health.

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

The School produces and maintains a [general program brochure](#). In addition, there are companion brochures for the [MPH](#), [MSc](#) and [PhD](#) programs.

The School's website lists all relevant curricular programs and requirements, and has other related information under [Programs](#).

The [University Calendar](#) provides complete curricular information on all degree programs offered at the university.

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

Criterion 2.1 is met.

**Strengths:** Since 2012, the School has been successful in stabilizing its academic faculty, programs and resources while formalizing academic policy and procedures. We are attracting a large number of applicants to our degrees that allow us to create a highly qualified student body. We have added a “first in Canada” MPH in food safety specialization reflecting our growing faculty and existing research expertise in this emerging area. We have created two graduate embedded certificates, communicable diseases (approved) and epidemiology (pending university approval), in response to the demand of stakeholders, faculty and students. We are also re-evaluating specializations with low enrolments and have suspended admission for two MSc specializations: health technology assessment and occupational health. Elective courses on these topics remain available to students.

**Weaknesses:** We are unlikely to increase our faculty count substantially in the future and considering our faculty size and composition we have a large number of specializations within degrees with some specializations undersubscribed.

**Plans:** In an effort to consolidate specializations we are considering general specializations in all degrees, and two are currently in place. The new university-wide embedded certificates provide us with an opportunity to create specialization certification (available to graduate degree students only) concurrent with general degree requirements, and we are exploring this mechanism to enhance our research degrees and replace current MPH specializations. While students are generally reluctant to give up the specialization designation, this plan will give students both an MPH credential and

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

a specialization certificate. This plan will also allow administration more flexibility in responding to emerging training needs. Students who have cross-disciplinary interests will have the option to enroll in more than one certificate which will extend the time it takes them to complete their degree.

We have two MPH specializations and one MSc specialization with lower than targeted enrollments that we are plan to incorporate in new recruitment efforts, the MPH in applied biostatistics, MPH in environmental and occupational health, and the MSc in clinical epidemiology.

In an effort to support multidisciplinary training in our constrained environment faculty recruitments are focused on finding highly qualified individuals with areas of expertise that are relevant to at least two areas of specialization in the School.

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

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

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

A three-credit course consists of a minimum of 39 hours of classroom/lecture contact hours over the duration of an academic semester (13 weeks).

A six-credit course will typically run over the full academic year (i.e. both fall and winter semesters).

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

The minimum degree requirements (42 to 51 credits) for the MPH degree includes:

- 7 core required courses (23 or 24 credits),
- 3 or 4 specialization courses (9 or 12 credits), and
- 6 to 12 credits of graduate elective courses.

Students select one of seven areas of specialization: applied biostatistics (44 credits required), environmental and occupational health (45 credits required), epidemiology (44 credits required), food safety (45 credits required), global health (45 credits), health policy and management (51 credits), and health promotion (42 credits).

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

No MPH degrees have been awarded with fewer than 42 credits.

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

Criterion 2.2 is met.

**Strengths:** Prior to the creation of the School, faculty in the predecessor department and centres had long experience with graduate education. The professional MPH has grown substantially since the School was created. The faculty has adapted well to the new degree, and increasingly we are successful in hiring new faculty with significant practice experience, supplemented by a strong network of adjunct appointments from the public health practice community.

**Weaknesses:** The differences in credits required for the various MPH specializations have been a source of confusion for students, and also led to the perception that shorter programs with fewer credits are easier than others. Some program directors are reluctant to reduce the number of course credits for fear of dilution. Some specializations have a limited number of students which is not sustainable in the future.

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

**Plans:** The differential credit requirements across different MPH specializations will be addressed by the curriculum revision currently underway. Discontinuation or enhancement of low enrolment programs has been discussed under 2.1.

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

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

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

The identification of how the School assures that all graduate professional degree students has the fundamental competence in the areas of knowledge basic to public health is found in Table 2.3.1.

**Table 2.3.1. Core Public Health Knowledge for MPH Degree**

| Core Knowledge Area         | Course Number and Title   | Description  | Credits |
|-----------------------------|---|--|---------|
| <b>Biostatistics</b>        |   |  |         |
|                             | <b>SPH 519</b> Biostatistics I<br>(Required for applied biostatistics and epidemiology specializations) | An introduction to elementary biostatistical methods used to analyze epidemiologic data. Topics will include analysis of 2 x 2 tables, nonparametric methods, linear regression, analysis of variance, direct and indirect standardization, and analysis of censored data.   | 3       |
|                             | <b>OR</b><br><b>SPH 531</b> Statistical Methods in Health Research                                      | Basic biostatistical concepts and methods used in health science research including: the role of biostatistics in research including ethics-related issues and data management; exploratory data analysis and data presentation by tabulations and graphics; estimation and comparisons of means, proportions, rates; introduction to regression analysis; and non-parametric methods.   | 3       |
| <b>Environmental Health</b> |   |  |         |
|                             | <b>SPH 514</b> Introduction to Environmental Health   | Introduces environmental health issues and scientific understanding of their causes in developed and developing countries. Examines the role of environmental factors (biological, chemical, and physical) and its importance in relation to other factors that affect health of a community. Provides case studies of how environmental factors are dealt with in practice; including methods and approaches for assessment, prevention, and control. | 3       |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| <b>Core Knowledge Area</b>             | <b>Course Number and Title</b>   | <b>Description</b>  | <b>Credits</b>             |
|--|--|---|----------------------------|
| <b>Epidemiology</b>                    |  |   |                            |
|  | <b>SPH 596</b> Epidemiology Methods I<br>(Required for applied biostatistics and epidemiology specializations)<br><br><u><b>AND</b></u><br><br><b>SPH 561</b> Topics in Public Health: Epidemiology Module(s)<br><br><u><b>OR</b></u><br><br><b>SPH 597</b> Fundamentals of Epidemiology for Public Health | <p>An introduction to the theory of epidemiology with an emphasis on study design. Topics include the nature of epidemiologic reasoning, indices used to describe and measure health status, interpretation of studies, causation, descriptive studies, analytic studies, intervention studies and ethics.</p> <p>Students that take SPH 596 must also complete a 1 credit Epidemiology Module, a number of choices are available on a rotating schedule throughout the year: Cancer Epidemiology, Environmental Epidemiology or Genetic Epidemiology, HIV – A Public Health Perspective, etc.</p> <p>The aim of this course is to promote an understanding of epidemiological methods and study designs and their application to improving human health, and is designed for students not specializing in epidemiology or biostatistics. Topics include measures of disease frequency, study design, bias, confounding, and assessing causation. A focus will be on critical review of epidemiologic studies through case studies.</p> | <p>2</p> <p>1</p> <p>3</p> |
| <b>Health Services Administration</b>  |  |   |                            |
|  | <b>SPH 500</b> Introduction to Health Policy and Management  | The course provides an overview of the development, organization, financing, delivery and management of the Canadian health system. Students will examine the health care system's central assumptions, the distribution of power and authority within the system, current debates about the system's future, and the potential for political action. Recognizing that the existing health care system is the result of power struggles and contestable political choices, the lectures and readings will encourage students to think critically about health care policy in Canada. By the end of the course, students should be formulating their own opinions about future directions for health care.   | 3                          |
| <b>Social and Behavioural Sciences</b> |  |   |                            |
|  | <b>SPH 501</b> Determinants of Health  | Students will be expected to apply knowledge of selected social determinants of health to multi-level interventions to improve health of individuals, communities, and populations. The course takes an ecological approach to the analysis of health needs and the design of public health actions. Students will apply key social science theories to the analysis of social determinants of health.  | 3                          |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

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

Criterion 2.3 is met.

**Strengths:** All five core public health areas are covered in the course requirements for the MPH degree. The curriculum is the same in the distance and campus courses. Three of the degree programs use the same core courses (environmental health, health policy and management, and health promotion), while two (applied biostatistics and epidemiology) provide course instruction in statistics and epidemiology that is more in-depth for students in their specializations. Students in applied biostatistics and epidemiology are required to take SPH 519 Biostatistics I, SPH 596 Epidemiology Methods I and SPH 561 Topics in Public Health: Epidemiology Modules that reinforce methods in SPH 596.

**Weaknesses:** The faculty have recognized that, while our MPH core courses provide high quality training for our students, it may not be easy for students to translate what they have learned into the workplace.

**Plans:** We are now assessing these traditional disciplinary silos in public health with a focus on creating a degree that provides the knowledge and skill sets required for a professional in the current/emerging transdisciplinary public health workplace. As faculty have elicited input from employers, and learned by working with practitioners through the field experience and capstone processes, they have gained a deeper understanding of the place for a professional degree over the last five years. The School has come to a consensus on creating an integrated core of courses based on the concepts (approved June 2015), and competencies (approved May, 2016) by the faculty. This curriculum review started in 2014, and we expect to implement the new MPH curriculum for the Fall 2018 term.

We have begun discussions about creating a general MPH degree to allow students a strong basis in public health, yet gain sufficient competencies in specific content areas using graduate embedded certificates.

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

- a. Description of the school's policies and procedures regarding practice experiences, including the following: selection of sites; methods for approving preceptors; opportunities for orientation and support for preceptors; approaches for faculty supervision of students; means of evaluating student performance; means of evaluating practice placement sites and preceptor qualifications; criteria for waiving, altering or reducing the experience, if applicable.

All MPH students are required to complete a 6-credit 13-week full-time equivalent field practicum [Electronic Resource File – ERF 2.1 *SPH 598 Field Practicum - F2017 Course Syllabus*] with a community-based or “real world” organization that addresses public health-related issues. It is a great opportunity for students to bridge theory and practice, while contributing to a host organization's capacity to execute or evaluate population and public health strategies.

**Selection of Sites and Methods for Approving Preceptors:** Students are placed in a wide range of different types of governmental, non-governmental, non-profit and industry host organizations across sectors that address public health. Field practicum sites are identified by several means:

- A host organization's expression of interest and, in some cases, submission of a proposal.
- Practice coordinators initiate exploration with host organizations (cold contact), based on a student's public health competency self-assessment and identified learning outcomes.
- A student has explored opportunities and suggested a practicum site and/or preceptor.

Field practicum placements are tailored to students' interests, learning outcomes and specializations. The student and practice coordinator will decide collaboratively who will take the lead in contacting prospective organizations and preceptors. When possible, students are encouraged to explore more than one opportunity and to practice professional skills by taking responsibility for decision making and communicating their decisions to the prospective organizations/preceptors and the practice coordinator.

Once the student has decided on a placement site, the student, practice coordinator and host organization share responsibility for planning and implementing the field practicum. The student's practice coordinator takes responsibility for assisting with set up of all practicum experiences and must finalize all placements. The practice coordinator discusses the course requirements with the preceptor and gains the necessary commitment to acting as a mentor/supervisor. Roles and responsibilities of the practice coordinator, student, preceptor and academic advisor are outlined in Appendix 1 of the Electronic Resource – ERF 2.1 *SPH 598 Field Practicum - F2017 Course Syllabus*. Once confirmed, the student negotiates a learning contract (Appendix 3 of the SPH 598 Syllabus) with the preceptor, outlining learning outcomes and a work plan, including products or deliverables. The practice coordinator also sends a formal confirmation letter to the preceptor and, in most cases, also arranges a legal placement agreement.



## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

between UAlberta and the organization. The practice coordinator reviews the student's negotiated learning contract and may suggest revisions to maximize the mutual benefit of the placement.

**Means of Evaluating Practice Placement Sites and Preceptor Qualifications:** The quality of the field practicum is in no small part due to the professionals who serve as preceptors. Host organizations are required to designate an appropriate preceptor. Preceptors must have expertise or experience in the focus area of the student's identified learning outcomes and work plan outlined in the learning contract (e.g., if a student wants to gain experience in evaluation, the preceptor must have experience in evaluation, similarly for community health promotion or epidemiology). Preceptors should be interested in mentoring a student and able to teach, guide, support, supervise and evaluate the student's practice and learning at a graduate level. The practice coordinator is responsible for ensuring that the preceptor is appropriate for the particular field placement and learning contract. Preceptors are not required to have specific credentials, but we do request preceptors' resumes or CVs.

**Opportunities for Orientation and Support for Preceptors:** Host organizations are located in Edmonton, Alberta, across Canada and around the world, including in global health settings. The practice coordinator orients preceptors to the field practicum parameters, requirements and expectations in person or by email, phone or Skype. She provides a Fact Sheet and a Preceptor Package, which outlines the requirements and includes a Learning Contract template and Student Evaluation Form.

Once in the placement, both students and preceptors are encouraged to contact the practice coordinator with any questions or concerns as they arise. Students are required to set up a mid-point evaluation touch-base with their practice coordinator, preceptor(s) and academic advisor. An agenda template (Appendix 6 in the Electronic Resource – ERF 2.1 *SPH 598 Field Practicum - F2017 Course Syllabus*) is provided for students to adapt to their own situations. This meeting, carried out through whatever vehicle works best (in person, by phone or Skype), is an important opportunity to review the practicum experience, learning and progress, clarify expectations, address any challenges and provide support to the student and preceptor. It also familiarizes the student's academic advisor with the learning contract and expected deliverables.

**Approaches for Faculty Supervision of Students:** The practice coordinator is primarily responsible for practicum oversight. However, the student's academic advisor is expected to participate in a mid-point touch-base with the student, preceptor(s) and practice coordinator. The academic advisor is also responsible for formal evaluation of the student's final practicum documents (Appendix 8 in the Electronic Resource – ERF 2.1 *SPH 598 Field Practicum - F2017 Course Syllabus*). The focus of the academic advisor's evaluation is the master's quality of the student's work. Advisors sometimes require students to revise final documents to address deficiencies and to bring them up to the expected quality.

Overall, the academic advisor is expected to: provide the student with accurate information about practicum pre-requisites specific to the student's specialization; guide the student in exploring career goals and identifying anticipating practicum interests and learning outcomes, planning courses to foster readiness for the field practicum; liaise

with the student and practice coordinator as requested to identify potential relevant field practicum placements; consult with the student, practice coordinator and preceptor on an as-needed basis to offer relevant academic input or advice.

**Means of Evaluating Student Performance:** The student, practice coordinator, preceptor and academic advisor share responsibility for student evaluation.

- The field practicum preceptor completes the Student Evaluation Form (Appendix 5 in the SPH 598 Syllabus) at mid-point and upon the conclusion of the field practicum, and discusses it with the student. The evaluation emphasizes assessment of cross-cutting skills for professional practice. Students also have the opportunity to add their comments to the form prior to both parties signing it. Students are required to submit the completed form to the practice coordinator prior to the mid-point touch-base and at the conclusion of the field practicum experience along with other required documents.
- Students submit two self-reflective evaluations, one at mid-point and the other at the conclusion of the placement (Appendix 4 in the Electronic Resource – ERF 2.1 *SPH 598 Field Practicum - F2017 Course Syllabus*). They are asked to reflect on: their experience overall, progress on and challenges with completing the work plan they laid out, the extent to which their learning outcomes were met, what coursework was most valuable to their practicum work and gaps in their learning.
- Academic Advisor Evaluation Form - refer to above. Advisors are responsible for assigning a final grade of credit, non-credit or extension required.
- We are considering the best way for practice coordinators to provide overall feedback to the student on the entire period from practicum planning to completion.

**Criteria for Waiving, Altering or Reducing the Field Practicum:** To date, we have no provision for waiving the field practicum. The only adjustments to our typical protocol are to a) allow students to complete the field practicum in the organization where they are employed, as long as it is a work reassignment or secondment where the student will be carrying out work that is different from usual and involves reporting to a different manager; and b) to allow students with special circumstances to weigh their field practicum (6 credits) and capping (3 credits) requirements differently.

During the 2016-2017 academic year, we began to offer this option for students with extensive public health practice experience. We established criteria, and students are required to apply. Requests must be approved by the student's academic advisor, practice coordinator and the MPH practice program director [Electronic Resource File - *ERF 2.2 SPH 598 and 599 - Request for Modification Criteria & Template*]. To date, we have approved three applications, two examples are provided in the Electronic Resource File – *ERF 2.3 J Russell - Request for Modification Criteria & Template*, *ERF 2.4 J Russell One Page Rationale Statement*, *ERF 2.5 J Russell Modification Approval 15 June 2017*, *ERF 2.6 I Anugom SPH 598 and 599 - Request for Modification*, *ERF 2.7 I Anugom Rationale for Practicum Modification Request*.

s

We do not anticipate reducing the required field practicum overall; however, in future we will allow students with extensive public health experience to petition to demonstrate

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

their professional skills in a different way, such as through deliverables from other coursework, special projects, and so on.

- b. Identification of agencies and preceptors used for practice experiences for students, by program area, for the last two academic years.

See Table 2.4.1 below for a list of agencies and preceptors, by program area for 2015/16 and 2016/17.

**Table 2.4.1. Agencies and Preceptors by Program Area 2015/16, 2016/17**

| Term / Year | Specialization               | Organization  | Preceptor   | Preceptor Qualifications |
|-------------|------------------------------|---|---|--------------------------|
| Fall/2015   | Applied Biostatistics        | Laboratory Medicine, Alberta Health Services, Edmonton, Alberta   | Regan Wolansky, Director                                  |                          |
|             | Health Promotion             | SU Wellness Centre, University of Calgary, Calgary, Alberta   | Ashley Humeniuk, Team Lead, Health Promotion and Outreach | BKin, MPH                |
|             |                              | Raven Song Community Health Centre, Vancouver Coastal Health, Vancouver, BC   | Barbara Crocker, Public Health Dietitian                  |                          |
|             |                              | Grand Bend Community Health Centre, Grand Bend, Ontario   | Cindy Maxfield, Health Promotion Partnership Coordinator  |                          |
|             |                              | Peterborough County-City Health Unit, Peterborough, Ontario   | Hallie Atter, Manager                                     | BEd, MPH                 |
|             |                              | South Community Health Centre, Vancouver Coastal Health, Vancouver, BC  | Rebecca Tran, Public Health Dietitian                     |                          |
|             |                              | Alberta Centre for Child, Family and Community Research, Edmonton, Alberta  | Roxanne Felix-Mah, Project Manager                        | BSc, MSc                 |
| Winter/2016 | Epidemiology                 | Department of Health and Human Services, Public Health Agency of Canada, Government of Northwest Territories, Yellowknife, NT | Caroline Newberry, Communicable Disease Consultant        | BScN                     |
|             | Global Health                | Family Medicine and Community Health Services, University of Calgary, Calgary, Alberta  | James Dickinson, Professor                                | MBBS, PhD                |
|             | Health Policy and Management | Health Programs Prairie Region, Health Canada, Edmonton, Alberta  | Mary Frances MacLellan-Wright, Regional Director          | BA, MA                   |
|             |                              | Primary Health Care, Alberta Health Services, Edmonton, Alberta   | Reverdi Darda, Executive Director                         | BScN                     |
|             | Health Promotion             | Public Health, Nova Scotia Health, Antigonish, NS   | Christine Johnson, Health Equity Lead                     | MSc, AHN, PDt            |
|             |                              | Public Health Agency of Canada, Toronto, Ontario  | Francis Rubio   |                          |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Term / Year                | Specialization                                 | Organization  | Preceptor   | Preceptor Qualifications |
|----------------------------|--|---|---|--------------------------|
| Winter/2016<br>cont'd      | Health<br>Promotion<br>cont'd                  | Health Promotion Division &<br>Resources, Research, Evaluation and<br>Development (RRED) Division,<br>Sudbury District Health Unit,<br>Sudbury, Ontario                               | Lesley Andrade,<br>Foundational Standard<br>Specialist                      | BSc, BAS,<br>MHSc        |
|                            |  | Western Region, Public Health<br>Agency of Canada, Edmonton,<br>Alberta   | Pamela Amulaku, Senior<br>Program Officer                                   | BSW, MA                  |
| Spring-<br>Summer/<br>2016 | Applied<br>Biostatistics                       | The Alliance for Canadian Health<br>Outcomes Research in Diabetes<br>(ACHORD), Edmonton, Alberta  | Dean Eurich   | BSP, MSc, PhD            |
|                            | Environmental<br>and<br>Occupational<br>Health | Workplace Health and Safety<br>Services, Alberta Health Services,<br>Edmonton, Alberta  | Connie Pietrzyk,<br>Manager   | RN, BScN,<br>OHN(c)      |
|                            |  | OHS Policy and Program<br>Development, Alberta Labour,<br>Edmonton, Alberta   | Diane Radoff, Senior<br>Occupational Hygienist                              | PEng, MEng,<br>CIH       |
|                            |  | Workplace Health and Safety<br>Services, Alberta Health Services,<br>Calgary, Alberta   | Norma Wood, Executive<br>Director   | BA, MSc                  |
|                            |  | Edmonton Mennonite Centre for<br>Newcomers, Edmonton, Alberta   | Ricki Justice, Manager<br>of Program Services                               | BA, MA                   |
|                            | Epidemiology                                   | Surveillance and Assessment<br>Branch, Alberta Health, Edmonton,<br>Alberta   | Allison Scott,<br>Epidemiologist  | MSc, PhD                 |
|                            |  | Surveillance and Assessment<br>Branch, Alberta Health, Edmonton,<br>Alberta   | Amy Colquhoun, Senior<br>Epidemiologist                                     | PhD                      |
|                            |  | Hip and Knee Arthroplasty, Alberta<br>Bone and Joint Health Institute,<br>Calgary, Alberta  | Christina Barr, Project<br>Manager  | BA, MPP                  |
|                            |  | First Nations and Inuit Health<br>Branch, Health Canada, Edmonton,<br>Alberta   | Ibrahim Agyemang,<br>Epidemiologist/<br>Biostatistician                     |                          |
|                            |  | Injury Prevention Centre, University<br>of Alberta, Edmonton, Alberta   | Kathy Belton, Associate<br>Director   | BA, MEd, PhD             |
|                            |  | First Nations and Inuit Health<br>Branch, Health Canada   | Parminder Thiara,<br>Public Health and<br>Preventive Medicine<br>Specialist |                          |
|                            |  | Epidemiology & Disease Registries<br>Unit, Population Health Division,<br>Department of Health and Social<br>Services, Government of the<br>Northwest Territories, Yellowknife,<br>NT | Heather Hannah,<br>Territorial<br>Epidemiologist                            |                          |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Term / Year                | Specialization | Organization  | Preceptor   | Preceptor Qualifications  |
|----------------------------|----------------|---|---|---|
| Spring-Summer /2016 cont'd | Global Health  | Innovative Canadians for Change, Edmonton, Alberta  | Badeia Jawhari  | BComm, MSc  |
|                            |                | First Nations and Inuit Health Branch, Government of Canada, Edmonton, Alberta  | Comfort Airuehia, Senior Program Officer                | BSc, MSc, MPH   |
|                            |                | Pulmonary Medicine, Tuberculosis Program Evaluation and Research Unit, Edmonton, Alberta  | Courtney Heffernan, Project Coordinator                 | BA, MA, PhD   |
|                            |                | Anishnawbe Mushkiki, Thunder Bay, Ontario   | Crystal Davies, Program Manager and Nurse Practitioner  | BScN, NP Certificate, MPH   |
|                            |                | Inner City Health and Wellness Program, Royal Alexandra Hospital, Edmonton, Alberta   | Elaine Hyshka, Evaluation Consultant                    | BA, MA, PhD   |
|                            |                | Public Health Capacity and Knowledge Management, Ontario Regional Operations, Health Promotion and Chronic Disease Branch, Public Health Agency of Canada, Toronto, Ontario | Freda Burkholder, Manager                               | BScKin, MSc   |
|                            |                | Innovative Canadians for Change, Edmonton, Alberta  | Jessica Hogan   | BScN, MSc   |
|                            |                | Action Coalition on Human Trafficking, Edmonton, Alberta  | Karah Rowson, Manager of Communications and Development | BComm   |
|                            |                | Kuwangisana, Beira, Mozambique  | Perpetua Marcos Alfazema, Executive Director            | DSW, Bachelor Sustainable Business, Community Support Worker Cert |
|                            |                | Pulmonary Medicine, Tuberculosis Program Evaluation and Research Unit, University of Alberta, Edmonton, Alberta   | Richard Long, Director                                  | BSc, MD   |
|                            |                | International Operations, Canadian Red Cross, Ottawa, Ontario   | Salim Sohani, Senior Health Advisor                     | MBBS, MPH   |
|                            |                | Ontario Regional Operations, Health Promotion and Chronic Disease Branch, Public Health Agency of Canada, Toronto, Ontario  | Stephanie Cerutti, Analyst                              | BA, MA  |
|                            |                | Data Integration, Measurement and Reporting, Alberta Health Services, Edmonton, Alberta   | Vanessa Gibbons-Reid, Lead                              | BSc, MSc  |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Term / Year                  | Specialization               | Organization  | Preceptor  | Preceptor Qualifications |
|------------------------------|------------------------------|---|--|--------------------------|
| Spring-Summer/2016<br>cont'd | Health Policy and Management | HHR Applied Research and Education, Alberta Health, Edmonton, Alberta   | Anita Paras, Director  | BN, MN                   |
|                              |                              | Corporate Services Division, Department of Health and Social Services, Whitehorse, Yukon  | Kathy Fredrickson, Director, Corporate Planning and Risk Management  |                          |
|                              |                              | Health, UNFPA Bangladesh, Dhaka, Bangladesh   | Sathyanarayanan Doraiswamy, Chief-Health                             | MBBS, MD                 |
|                              |                              | Canadian Patient Safety Institute, Edmonton, Alberta  | Sandi Kossey, Senior Director  | BSc-PT, MHS              |
|                              | Health Promotion             | Nursing Research Department, Bern University of Applied Sciences Health Division, Bern, Switzerland   | Hahn Sabine, Head  | RPN, MSc, PhD            |
|                              |                              | Ottawa Service Providers Hub, Somerset West Community Health Centre, Ottawa, Ontario  | Hector Addison, ACB Community Developer Coordinator                  | MSc, MSc, PhD            |
| Fall/2016                    | Health Promotion             | Faculty of Health Sciences, University of Lethbridge, Lethbridge, Alberta   | Kathy Haight, Instructor   | BScN, MN                 |
|                              |                              | BC Healthy Communities, Victoria, BC  | Michelle Sandsmark, Program Coordinator                              | BA, MPH                  |
|                              |                              | Chronic Disease Prevention and Oral Health, Healthy Living, Population, Public and Aboriginal Health, Alberta Health Services, Calgary, Alberta | Behnaz Somji, Manager, Integration and Innovation                    | MPH                      |
|                              |                              | Population and Public Health, Winnipeg Regional Health Authority, Winnipeg, MB  | Craig Ross, Program Specialist, Healthy Sexuality and Harm Reduction | BSW, MA                  |
|                              |                              | Provincial Oral Health Office, Alberta Health Services, Edmonton, Alberta   | Cynthia Huber, Team Lead   | MSc                      |
|                              |                              | TCV Diabetes Initiative, Tribal Chiefs Ventures Inc, Edmonton, Alberta  | Dale Steinhauer, Health Advisor                                      | BA, BEd                  |
|                              |                              | TCV Diabetes Initiative, Tribal Chiefs Ventures Inc, Edmonton, Alberta  | Dave Scott, Executive Director                                       | BComm, MBA, LLB          |
|                              |                              | Nutrition Students Teachers Exercising with Parents (NSTEP), Calgary, Alberta   | Deb Hymers, Founder and Director                                     | BHE, MBA                 |
|                              |                              | Vaccination and Influenza Services, Public Health, Alberta Health Services, Calgary, Alberta  | Joanne Coldham, Program Manager                                      | BN, Med                  |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Term / Year         | Specialization                | Organization   | Preceptor   | Preceptor Qualifications             |
|---------------------|-------------------------------|--|---|--------------------------------------|
| Fall/2016<br>cont'd | Health<br>Promotion<br>cont'd | Alberta Health Services, Edmonton,<br>Alberta  | Peggy Clarke, Behaviour<br>Change Consultant                      | BDH                                  |
|                     |                               | Provincial Oral Health Office, Alberta<br>Health Services, Edmonton, Alberta   | Rafael Figueiredo,<br>Provincial Dental Public<br>Health Officer  | BDS, MSC<br>(DPH),<br>FRCDC(C)       |
|                     |                               | Prevention and Early Intervention,<br>Children's Services, Edmonton,<br>Alberta  | Silvia Vajushi, Executive<br>Director                             | BSW                                  |
|                     |                               | TCV Diabetes Initiative, Tribal Chiefs<br>Ventures Inc, Edmonton, Alberta  | Dale Steinhauer, Health<br>Advisor                                | BA, BEd                              |
|                     |                               | TCV Diabetes Initiative, Tribal Chiefs<br>Ventures Inc, Edmonton, Alberta  | Dave Scott, Executive<br>Director                                 | BComm, MBA,<br>LLB                   |
|                     |                               | Nutrition Students Teachers<br>Exercising with Parents (NSTEP),<br>Calgary, Alberta  | Deb Hymers, Founder<br>and Director                               | BHE, MBA                             |
|                     |                               | Vaccination and Influenza Services,<br>Public Health, Alberta Health<br>Services, Calgary, Alberta                                       | Joanne Coldham,<br>Program Manager                                | BN, MEd                              |
|                     |                               | Alberta Health Services, Edmonton,<br>Alberta  | Peggy Clarke, Behaviour<br>Change Consultant                      | BDH                                  |
|                     |                               | Provincial Oral Health Office, Alberta<br>Health Services, Edmonton, Alberta   | Rafael Figueiredo,<br>Provincial Dental Public<br>Health Officer  | BDS, MSC<br>(DPH),<br>FRCDC(C)       |
|                     |                               | Prevention and Early Intervention,<br>Children's Services, Edmonton,<br>Alberta  | Silvia Vajushi, Executive<br>Director                             | BSW                                  |
| Winter/2017         | Health<br>Promotion           | Public Health Programs Unit,<br>Western Region, Public Health<br>Agency of Canada, Edmonton,<br>Alberta                                  | Amanda Roberts,<br>Manager  | BSc, MSc                             |
|                     |                               | Professional Services & Health<br>Benefits Division: Health Professions<br>Policy and Partnerships, Alberta<br>Health, Edmonton, Alberta | Andrew Douglas,<br>Director                                       | BA, Master of<br>Criminal<br>Justice |
|                     |                               | Tobacco Control, Canadian Cancer<br>Society, Alberta/NWT, Edmonton,<br>Alberta   | Angeline Webb, Senior<br>Director, Policy and<br>Health Promotion | BA                                   |
|                     |                               | Recreation and Physical Activity<br>Division, Alberta Culture and<br>Tourism, Edmonton, Alberta  | Brad Babisk, Director,<br>Strategy and Policy                     | BPW, MSc                             |
|                     |                               | Office of the Chief Medical Officer of<br>Health, Public Health Agency of<br>Canada, Whitehorse, YT                                      | Brendan Hanley, Chief<br>Medical Officer of<br>Health Yukon       | MD                                   |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Term / Year             | Specialization                | Organization  | Preceptor   | Preceptor Qualifications |
|-------------------------|-------------------------------|---|---|--------------------------|
| Winter/2017<br>(cont'd) | Health Promotion<br>(cont'd)  | PolicyWise of Children and Families, Calgary, Alberta   | Cathie Scott, Chief Knowledge and Policy Officer              | BSc(PT), MSc, PhD        |
|                         |                               | Health Promotion and Protection, First Nations and Inuit Health Branch-Health Canada            | Chris Sarin, Deputy Medical Officer of Health                 | BSc, MD                  |
|                         |                               | Canadian Public Health Association, Ottawa, Ontario   | Frank Welsh, Director of Policy                               | BSc, MSc, PhD            |
|                         |                               | Population and Public Health, Fraser Health Authority, Surrey, BC                               | Judi Mussenden, Manager                                       |                          |
|                         |                               | Public Health, Government of Nova Scotia, Bridgewater, NS                                       | Lynda Earle, Medical Officer of Health                        | MD                       |
|                         |                               | Healthy Children and Youth Team, Alberta Health Services, Calgary, Alberta                      | Nannette Gropp, Health Promotion Coordinator                  | BSc, RD                  |
|                         |                               | Hunter New England Population Health, Newcastle, New South Wales, Australia                     | Tara Clinton-McHarg, Research Fellow                          | PhD                      |
|                         |                               | Health Canada, Kelowna, BC  | Yvonne Herbison, Regional Pesticide Officer                   |                          |
| Spring-Summer/ 2017     | Applied Biostatistics         | Provincial Laboratory for Public Health (ProvLab); Public Health Agency of Canada, Edmonton, AB | Sabrina Pitt, Field Surveillance Officer                      | MSc, PhD                 |
|                         |                               | Provincial Laboratory for Public Health (ProvLab); Alberta Health Services, Edmonton, AB        | Carmen Charlton, Clinical Microbiologist                      | MSc, PhD                 |
|                         | Environmental Health Sciences | Health Protection Branch, Alberta Health, Edmonton, AB  | Marcus Edino, Environmental Public Health Scientist           | PhD                      |
|                         |                               | Health Protection Branch, Alberta Health, Edmonton, AB  | Shelley Morris, Environmental Public Health Advisor           | BSc                      |
|                         |                               | Office of the Chief Medical Officer of Health, Alberta Health, Edmonton, AB                     | Jon Elliott, Project Manager                                  | MPH                      |
|                         |                               | Water Policy Branch, Policy & Planning Division, Alberta Environment and Parks, Edmonton, AB    | Mary Metz, Acting Director, Water Resource Policy Section     | MA                       |
|                         |                               | Surface Water Policy, Alberta Environment and Parks, Edmonton, AB                               | Joey Hurley, Water Policy Advisor                             | BSc, PAg                 |
|                         | Epidemiology                  | Population, Public and Indigenous Health, Alberta Health Services, Calgary, AB                  | Anmmd Kamruzzaman, Epidemiologist, Surveillance and Reporting | MSc                      |



## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Term / Year                  | Specialization             | Organization   | Preceptor   | Preceptor Qualifications          |
|------------------------------|----------------------------|--|---|-----------------------------------|
| Spring-Summer/2017<br>cont'd | Epidemiology<br>cont'd     | Population, Public and Indigenous Health, Alberta Health Services, Edmonton, AB    | Adrienne MacDonald, Epidemiology, Lead, Surveillance and Reporting          | MPH                               |
|                              |                            | PolicyWise for Children, Edmonton, AB  | Christine Werk, Research Scientist  | PhD                               |
|                              | Food Safety                | Safe Food Section, Alberta Agriculture and Forestry, Edmonton, AB                  | Natisha Stashko, Director   | PhD, PBio                         |
|                              |                            | Program and Policy Section, Alberta Agriculture and Forestry, Edmonton, AB         | Saida Essendoubi, Food Safety Surveillance Scientist                        | PhD                               |
|                              |                            | Program and Policy Section, Alberta Agriculture and Forestry, Edmonton, AB         | Sharlet Zaretski, Policy Analyst  | BSc                               |
|                              | Global Health              | United Nations Development Programme, Kigali, Rwanda                               | Stephen Rodriques, Country Director   | MPhil, MBA                        |
|                              |                            | Mata Jai Kaur Maternal and Child Health Centre, Rajasthan, India                   | Aneel Brar, Chief Operating Officer   | MMed Sci (Global Health Delivery) |
|                              |                            | VWB/VSF Canada Headquarters, Ottawa, ON  | Kristen Rodrigues, Volunteer Cooperation Program Manager                    |                                   |
|                              |                            | The Lake Clinic, Siem Reap, Cambodia   | Jon Morgan, Executive Director  | BA, MA, BSN, MPH                  |
|                              |                            | World Health Organization, Accra, Ghana  | Stanley Kwasi Diamenu, Immunization Advisor                                 | MA & Certificates                 |
|                              | Health Policy & Management | Mental Health Unit, Alberta Health, Edmonton, AB                                   | Ryan Lacanilao, Assurance and Strategy Advisor                              | BSc, MSc                          |
|                              |                            | Addiction & Mental Health – Edmonton Zone, Decision Support Services, Edmonton, AB | Shireen Surood, Manager   |                                   |
|                              |                            | Business Intelligence – Addiction and Mental Health – Edmonton Zone, Edmonton, AB  | Robert Brown, Supervisor, Decision Support Services                         | PhD                               |
|                              |                            | Population, Public & Indigenous Health, Alberta Health Services, Edmonton, AB      | Teresa Curtis, Provincial Injury Prevention Coordinator – Adult/Older Adult | BPE                               |
|                              |                            | Alberta Ministry of Health, Edmonton, AB   | Alan Casson, Senior Provincial Clinical Advisor                             | MSc, MBChB                        |
|                              |                            | Governance and Strategy, Alberta Health, Edmonton, AB                              | Terry Risbey, Director  |                                   |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Term / Year                  | Specialization                         | Organization  | Preceptor   | Preceptor Qualifications |
|------------------------------|--|---|---|--------------------------|
| Spring-Summer/2017<br>cont'd | Health Policy and Management<br>cont'd | Regulatory Operations and Regions Branch, Health Canada, Edmonton, AB           | Mary Frances Wright, Director, Tobacco Control and Pesticides Compliance Division | MA                       |
|                              | Health Promotion                       | Institute for Health Policy, Colombo 2, Sri Lanka                               | Upeka Samarakoon, Research Fellow   | MS, PhD, MPH             |
|                              |  | Canadian Forces Morale and Welfare Services, Government of Canada, Victoria, BC | Maryse Neilson, Manager of Health Promotion, CFB Esquimalt                        | BA, BSW, MSW             |
|                              |  | College of Licensed Practical Nurses, Edmonton, AB                              | Leah Phillips, Director of Research   | PhD                      |

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

No students received a waiver.

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

The preventive medicine residents completing the MPH degree is provided in Table 2.4.2.

**Table 2.4.2. Preventive Medicine Residents – Practicum Completed  
Spring 2013-Winter 2017**

| Term / Year | Residency Program   | Practicum Completed   |
|-------------|---|---|
| Spring/2013 | U of A Public Health and Preventive Medicine Program – Occupational Health / MPH in Occupational and Environmental Health | <p><b>Setting:</b> EWI Works, Edmonton: EWI Works is a consulting company with more than 20 years' experience providing a full range of ergonomic consulting and training options from workplace assessments to delivering customized ergonomic training to national and international clients.</p> <p><b>Duration:</b> 13 weeks full-time equivalent</p> <p><b>Work Completed:</b> The aim of my practicum was to understand how ergonomics helps to promote a healthy and productive work environment.</p> <ol style="list-style-type: none"> <li>1. Participation and shadowing of certified Ergonomists in a variety of activities at an industrial and office level.</li> <li>2. Collected information at the industrial level for a Job Demand Analysis, which is a useful tool for assisting with hiring and management disability (return to work of injured workers).</li> </ol> |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Term / Year           | Residency Program  | Practicum Completed  |
|-----------------------|--|--|
| Spring 2013<br>cont'd | U of A Public Health and Preventive Medicine Program – Occupational Health / MPH in Occupational and Environmental Health cont'd | <p>3. Work group risk assessments that involve a group of workers in a work area to identify hazards and provide recommendations.</p> <p>4. Additional training related to construction and energy sites among others.</p> <p><b>Deliverables:</b> The main practicum deliverable was an appraisal of EWI Works Office ergonomics training - literature review of positive effects of ergonomic education and workstation adjustment compared to workstation adjustment alone as a preventive measure for work related upper limb disorders among computer users.</p>  |
| Spring/2015           | U of A Public Health and Preventive Medicine Program – Occupational Health / MPH in Occupational and Environmental Health        | <p><b>Setting:</b> Occupational Disease and Injury Prevention, Government of Alberta – responsible for provincial surveillance, informatics, science and research, evaluation supports for occupational health.</p> <p><b>Duration:</b> 13 weeks full-time equivalent</p> <p><b>Work completed:</b></p> <ol style="list-style-type: none"> <li>1. Development of evaluation framework and toolkits, environmental scans of chemical lists and chemical use reduction initiatives and indicators of occupational injury.</li> <li>2. Develop evaluation supports to the occupational health and safety staff in performing valid and efficient evaluations for policy/program/activity, which can be the reference to future modification and improvement.</li> <li>3. Environmental scan of occupational injury indicator to explore potential valid indicators of occupational injury, in order to provide reliable information about occupation health and safety in Alberta.</li> </ol> <p><b>Deliverables:</b> Drafted part of the evaluation framework and toolkits and reports of environmental scans.</p> |
| Spring/2015           | U of A Public Health and Preventive Medicine Program – Occupational Health / MPH in Health Promotion                             | <p><b>Setting:</b> Evaluation Services, Research Priorities and Implementation, Alberta Health Services, Edmonton, Alberta</p> <p><b>Duration:</b> 13 weeks full-time equivalent</p> <p><b>Work Completed:</b> Support the evaluation of CoACT, a province-wide programme focused on partnership between patients, families and inter-professional health care teams meant to deliver the highest quality care using a team-based, patient and family-centred approach within a culture of continuous quality and improvement. Currently CoACT is implemented in various states across medical and surgical acute care services over 20 hospitals in the province.</p> <ol style="list-style-type: none"> <li>1. Drafting a Methodological Report outlining how the evaluation of CoACT would be done.</li> </ol>  |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Term / Year                        | Residency Program   | Practicum Completed   |
|------------------------------------|---|---|
| Spring/2015<br>cont'd              | U of A Public Health and Preventive Medicine Program – Occupational Health / MPH in Health Promotion cont'd | 2. Designing and writing a Physician Interview Guide with stakeholder input.<br>3. Recruiting and interviewing physician participants.<br>4. Transcribing and analyzing the interviews.<br>5. Recruited and conducted focus groups with unit managers, including revising the focus group guide, taking notes, analyzing data, and drafting the final report.<br>Contributed to ethics review of the evaluation project.  |
| Spring/2015                        | U of A Public Health and Preventive Medicine Program – Occupational Health / MPH in Epidemiology            | <b>Setting:</b> Alberta Health Services – Surveillance and Reporting, Edmonton, Alberta<br><br><b>Duration:</b> 13 weeks full-time equivalent<br><br><b>Work Completed:</b> Developing a STI (Sexually Transmitted Infection) Dashboard was the main task of my practicum:<br>1. Learning about dashboards and completing a review of the current dashboards at Alberta Health Services.<br>2. A literature review and stakeholder engagement analysis allowed for identification of key indicators for STIs.<br>3. Creation of the AHS STI Dashboard required training with the software Tableau and routine feedback and changes.<br><br><b>Deliverables:</b> The AHS Dashboard Review and the AHS STI Dashboard. |
| Spring/2015<br>and Winter/<br>2017 | U of Toronto Public Health and Preventive Medicine / MPH in Health Promotion                                | 1. Public Health, Nova Scotia: 4 weeks - Introduction to Public Health rotation: Compilation of a comparative analysis between the Ontario and Nova Scotia public health systems.<br>2. 8 weeks being completed in during my Health Promotion and Chronic Disease Prevention.   |
| Spring/2017                        | UAlberta Public Health and Preventive Medicine Program/MPH in Health Policy and Management                  | <b>Setting:</b> Alberta Health Services – Population, Public & Indigenous Health, Provincial Injury Prevention Coordinator – Adult/Older Adult<br><br><b>Duration:</b> 13 weeks full-time equivalent<br><br><b>Work Completed:</b> Development of recommendations for action for older adult falls based on a situational analysis of the issue, development of a logic model for the strategy, and assisting with the development of an implementation and evaluation plan for the selected strategy actions.<br><br><b>Deliverables:</b> Environmental Scan and Literature Review of “best practices” in falls prevention intervention, Recommendations Framework, Logic Model                                    |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

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

Criterion 2.4 is met.

**Strengths:** Overall, this is a strong component of our MPH degree program across all specializations. Centralized responsibility for the field practicum has been well received. We have added capacity with the addition of one full-time practice coordinator. Overall, field placements are relevant to students' identified learning outcomes and specializations, and contribute greatly to relevant MPH competency development, especially cross-cutting professional skills. We review new placements for relevance and quality, based on practice coordinators' experience and student and preceptor input. When students recommend not using a placement host organization or preceptor again, we consider this carefully.

**Weaknesses:** The main challenges pertaining to our current processes are (a) meaningful engagement of academic advisors, and (b) locating high quality placements in global health settings.

Practice coordinators take primary responsibility for field practicum planning and implementation. Expectations for the level of involvement of academic advisors in field practicum have increased in the last three years. They are now expected to participate in the mid-point evaluative touch-base meeting to familiarize themselves with their students' field experiences, to complete a formal evaluation of their students' field practicum deliverables. Availability of academic advisors during the timeframe of the field practicum varies, and it is not always possible to include them. Moreover, some do not regard MPH field practicum as a priority among their many responsibilities associated with their research students. With respect to the formal evaluation of students' practicum work, some do not feel comfortable assessing work that they did not supervise.

With respect to global health placements, we are usually successful in locating overseas sites. However, we do not have sustained engagement with placement settings that we know will provide high quality opportunities. We found that some partners in the last several years did not provide sufficient mentorship, with the result that students experienced a gap between expectations and realities.

**Plans:** Discussion sessions for academic advisors are being organized to share information about expectations and to share approaches to this dilemma. The goal is to improve academic advisors' engagement with their MPH students' programs and interests.

For global health placements, we have begun to try working through third-party international agencies based in Canada, such as the United Nations Association in Canada, work directly with the overseas organizations to vet and implement placements.

**2.5 Culminating Experience. All graduate professional degree programs, both professional public health and other professional degree programs, identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.**

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

The capping project is the culminating requirement for the MPH degree in all specializations [Electronic Resource – *ERF 2.8 SPH 599 Capping Project - SP2017 Course Syllabus*]. It requires students to demonstrate the ability to integrate and synthesize competencies acquired in coursework and practice through examination of a question that has significance for the field of public health practice. The capping project is an individual student project, carried out with a high degree of independence. It is not meant as another field practicum.

The capping project has three components that are evaluated on standard rubrics: four-page Operational Proposal, 25-page Paper/Report and a Communique. The proposal and paper/report are assessed by the student's course instructor, advisor and an identified field-based practitioner relevant to the topic. The communique is assessed by the both course instructors. Detailed processes and assessment rubrics are included in the course syllabus. (Appendix II and III in Electronic Resource – *ERF 2.8 SPH 599 Capping Project - SP2017 Course Syllabus*)

SPH 599 is a credit/non-credit course with evaluation based on demonstration of the key concepts and methods applicable to the chosen topic. A grade of "credit" will be submitted if both the paper/report and the communique have received overall ratings of at least *Adequate*. A student with "good" on all criteria for the paper/report and communique will be considered for nomination of a Dean's Gold Medal.

Examples of capping projects are provided for each specialization in the Electronic Resource File – *ERF 2.5 Capping Projects*:

- *ERF 2.9 Applied Biostatistics - Y Ruan Capping Project*
  - *ERF 2.10 Environmental Occupational Health – M Rogerson Capping Project*
  - *ERF 2.11 Epidemiology – J Ross Capping Project*
  - *ERF 2.12 Global Health – D Wiebe Capping Project*
  - *ERF 2.13 Health Policy and Management – D Savage Capping Project*
  - *ERF 2.14 Health Promotion – K Howatson Capping Project*
- b. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

Criterion 2.5 is met.

**Strengths:** The required individual culminating project has served the School well in assessing the strengths and weaknesses of our MPH curriculum. Satisfactory completion requires consideration of the role and critical appraisal of evidence in public health and

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

translation of knowledge for practice or policy. However, it also calls upon professional practice skills, such as navigating between academic and practice expectations and assessments from multiple reviewers, and time management and priority setting.

**Weaknesses:** The current capping project does not always approximate public health practice. Most students complete it in the term following the field practicum. Student evaluations are quite mixed, with some students reporting that it is not a valuable culminating project, or that our current curriculum has gaps in some of the criteria that are used to assess the project.

**Plans:** As part of our MPH core curriculum renewal, we are looking ahead to a different model of capping project that would require students to work in interdisciplinary groups on actual public health problems designed by practitioners. It would also come before the field practicum. This will mean that students who have completed all their other coursework will end their degree in the field, which is often a high note for the student and allows transitioning into a job, should that option develop.

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

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

**Ethics and academic integrity training** is mandatory for all UAlberta graduate students who started their degree program on or after September 1, 2004. Each student is normally expected to complete the equivalent of at least eight hours of structured academic activity to meet this requirement.

The School requires students to complete the ethics training by completing the requirements provided in Table 2.6.1.

**Table 2.6.1 Ethics and Academic Integrity Requirements**

| Degree  | Requirement   | Competencies  |
|---|---|---|
| MPH – All (except for the MPH in applied biostatistics, epidemiology) | FGSR Online Ethics Module – Graduate Ethics Training (GET) – 4 hours equivalent | GET: <i>Remembering</i> issues of conflict of interest; conflict resolution; intellectual property; integrity and scholarship; graduate student-supervisor relationships.           |
|   | AND   |   |
|   | Completion of the following MPH required courses) – 4 hours equivalent.         |   |
|   | SPH 500 Introduction to Health Policy & Management                              | SPH 500: <i>Understanding</i> ethics of resource allocation; public health policy making.   |
|   | SPH 501 Determinants of Health  | SPH 501: <i>Applying</i> ethical principles of equity and justice.  |
|   | SPH 597 Fundamentals of Epidemiology for Public Health                          | SPH 597: <i>Understanding</i> ethical use of epidemiology databases: including issues in using various types of data, population based data sources, and electronic health records. |



## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Degree                                       | Requirement   | Competencies   |
|--|---|--|
| MPH – applied biostatistics and epidemiology | FGSR Online Ethics Module (GET) – 4 hours equivalent<br><br>AND<br><br>Completion of the following MPH required courses) – 4 hours equivalent.<br><br>SPH 500 Introduction to Health Policy & Management<br><br>SPH 501 Determinants of Health<br><br>SPH 519 Biostatistics I | GET: <i>Remembering</i> issues of conflict of interest; conflict resolution; intellectual property; integrity and scholarship; graduate student-supervisor relationships.<br><br>SPH 500: <i>Understanding</i> ethics of resource allocation; public health policy making.<br><br>SPH 501: <i>Applying</i> ethical principles of equity and justice.<br><br>SPH 519: <i>Understanding</i> data and data management; informed consent; conflicts of interest; research ethics considerations (including indigenous peoples framework); legislative framework for health information (provincial and federal). |
| MSc and PhD - all                            | FGSR Online Ethics Module Graduate Ethics Training (GET) – 4 hours equivalent<br><br>AND<br><br>Completion of an SPH Research Ethics Workshop – 4 hours equivalent  | GET: <i>Remembering</i> issues of conflict of interest; conflict resolution; intellectual property; integrity and scholarship; graduate student-supervisor relationships.  |

**Professional development** is an important component of graduate study; it refers to the knowledge and skills that complement the disciplinary knowledge and technical skills that assists students to transition into employment. Starting in Fall 2016, all graduate students at UAlberta are required to spend at least eight hours on completing an individualized professional development plan.

The professional and leadership competencies primarily gained in professional development activities are:

- **Self-Management** - *Act* in a manner consistent with ethical and legal principles;
- **Ethics** - *Describe* foundational ethical concepts and principles;
- **Leadership** - *Create* environments where others have a meaningful opportunity to contribute and collaborate;
- **Problem Solving** - *Identify* multiple elements of a problem and causal relationships among them. *Use* analytical techniques to identify several solutions, weighing the value of each; and

- **Interpersonal Skills/Communication** - *Demonstrate* skills in working with groups of people. *Communicate* and *disseminate* data and information about health and well-being and/or stressors to health and well-being. *Convey* information clearly in reports and presentations appropriate to the recipient.

The School has developed specific requirements for professional development, and requires all graduate students admitted in 2015 and onwards, to complete a minimum of eight hours of professional development during their degree. All students will develop and adopt a Professional Development Plan (PDP), a career and skills planning document that allows graduate students to plan their participation in professional development in conjunction with their academic work. (Electronic Resource File – ERF 2.15 2015 SPH Professional Development Requirement)

We do not offer an undergraduate degree in public health. Students come into our MPH degree programs with little or no background in public health. The core courses are designed at an introductory level to ensure that students receive grounding in core bodies of knowledge in public health. In some cases, course syllabi identify a higher level competency beyond comprehension. Students are expected to apply and demonstrate skills from core courses in subsequent specialization courses. We note that the level of current MPH competencies is compatible overall with the level of the new CEPH MPH core competencies.

The core course competencies for each degree are:

- **MPH core competencies** are provided in the Electronic Resource File – *ERF 2.16 MPH Core and Specialization Competencies*
- **MSc core competencies** are provided in the Electronic Resource File – *ERF 2.17 MSc Core and Specialization Competencies*
- **PhD core competencies** are provided in the Electronic Resource File – *ERF 2.18 PhD Core and Specialization Competencies*

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

The specialization competencies for each degree are:

- **MPH specialization competencies** are provided in the Electronic Resource File – *ERF 2.16 MPH Core and Specialization Competencies*
- **MSc specialization competencies** are provided in the Electronic Resource File – *ERF 2.17 MSc Core and Specialization Competencies*
- **PhD specialization competencies** are provided in the Electronic Resource File – *ERF 2.18 PhD Core and Specialization Competencies*

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

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

The **MPH** matrix that identifies the specific course, learning activity and assessment tool by which the **core competencies** are met are found in the Electronic Resource File – *ERF 2.19 MPH Core Competencies, Learning Activity and Assessment by Core Course*

The **MSc** matrix that identifies the specific course, learning activity and assessment tool by which the **core and specialization competencies** are met are found in the Electronic Resource File – *ERF 2.20 MSc Core Competencies, Learning Activities and Assessment by Core Course*

The **PhD** matrix that identifies the specific course, learning activity and assessment tool by which the **core competencies** are met are found in the Electronic Resource File – *ERF 2.21 PhD Core Competencies, Learning Activity and Assessment by Core Course*

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

The programs have good coverage of competencies, including general public health knowledge for all degrees, as well as sufficient depth for each specialization. During the competency mapping exercise, we verified with instructors that reported coverage was up-to-date with content and reminded instructors to keep syllabi updated with relevant competencies.

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

The accreditation coordinator worked collaboratively with the program directors and faculty to review the MPH, MSc and PhD required and, where available, specialization competencies from the 2012 Self-Study Report to CEPH. These competencies were circulated to School program directors for review and revision. Each program/specialization provided revisions (additions or deletions to competencies as appropriate) and the accreditation coordinator met with individual instructors of the core required courses to review the competencies as appropriate for their course(s).

At the individual course level, instructors will use the competencies to develop or revise course specific learning objectives, modular topics, teaching/learning methodologies and assigned readings. Instructors will continue to design/revise methods to assess student achievement of the competencies, including exams, case studies, assignments, and so on.

At the beginning of each course, every student is provided with a course syllabus that includes specific learning objectives that have been tied to core and concentration competencies.

The School will provide the competencies to potential and current students via the website and orientation materials.

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

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

The School receives input from formal alumni and employer surveys, and from surveys of each student as they complete their practicum and degree.

The School's EAC provides advice and direction for the School (see Criterion 1.5.a.), including real-world input to the School's strategic planning process.

Additionally, faculty members are involved, either as a community service activity or through collaborative research, with a wide range of public health and community-based organizations (see Criterion 3.2). This provides a regular source of information for assessing the evolving needs of public health practice. Through involvement in professional societies, peer review of publications, and research linkages and partnerships, the faculty remain closely tied to national trends. Instructors are encouraged to include outside experts in their classroom activities, bring new thoughts, directions and trends directly to students.

The School initiates periodic curriculum reviews and when implemented evaluates the results of changes to the degrees.

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

Criterion 2.6 is met.

**Strengths:** Substantial changes are occurring in the practice of public health, which are reflected in the competencies that we require for our degree programs. The MPH curriculum renewal that is currently underway required us to question each competency to determine if it is still valid and relevant. It is also opportune that the Association of Schools and Programs of Public Health's (ASPPH) *Framing the Future* has been developed since our 2012 CEPH self-study report. This, and other documents such as those developed by the Public Health Agency of Canada, have been helpful.

**Weaknesses:** There is substantial variation in the number and degree of detail of required competencies across degree programs, specializations and courses. It is often the case that development of course content precedes the development of competencies.

**Plans:** The MPH curriculum renewal will be completed this academic year and fully implemented by the fall of 2018. We will evaluate and review the curriculum of all degree specializations to ensure we are achieving our objectives and modify as necessary.

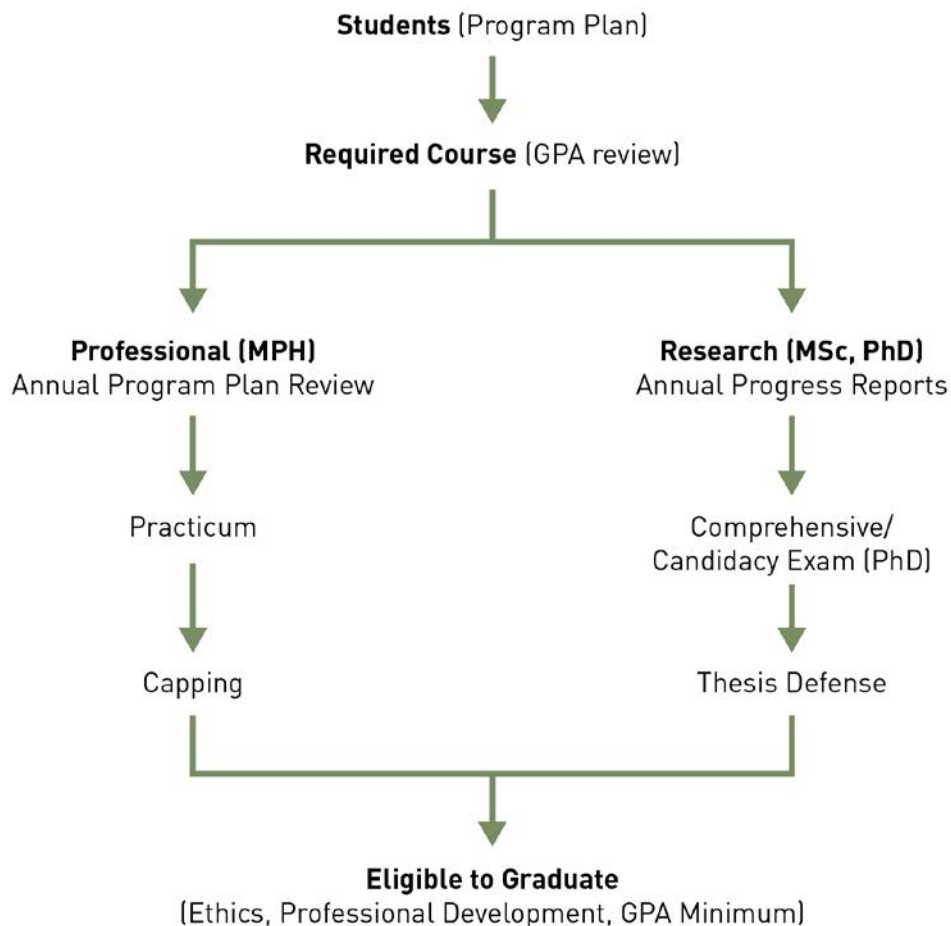
## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

**2.7 Assessment Procedures.** There shall be procedures for assessing and documenting the extent to which each professional public health, other professional and academic degree student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

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

The School carefully monitors and evaluates student progress towards achieving the expected competencies and the overall quality of its educational programs. Student competence is assessed at multiple points throughout their programs as seen in Figure 2.7.1.

**Figure 2.7.1 Evaluation of Programs**



**Process of Evaluating Student Academic Progress and Achievements by Degree**

**Review of course performance:** The performance in the required and elective courses for all students is reviewed at the end of each academic year. This review ensures the student has achieved the minimum degree requirements (GPA, courses completed, etc.) to continue in the program (GPA of 2.7 or greater).

A report summarizing all student academic performance is then tailored and provided to the academic advisor/supervisor and program director for their review. Concerns about academic standing or performance trigger a discussion with the student.

**Professional Students: Master of Public Health (MPH)**

**Team Advising:** We promote a team advising approach for MPH students. Using this approach, the student can touch base with multiple people with questions and concerns during their academic program. While the academic advisor is expected to take a lead role in advising MPH students, additional support is provided by staff in the Practice Office and the Office of Educational Programs:

- **Academic Advisor** – A faculty member who advises students on their plans for taking specialization and elective courses, timing/sequencing of courses, personalization of the program to the student's specific interests. This includes advice on the preparation for a career in the discipline and suggesting/providing networking and professional development opportunities. The academic advisor is responsible for reviewing and approving each MPH student's program plan at the beginning of their program, as well as approving any subsequent changes that may emerge.
- **Practice Coordinators** – Staff with professional public health expertise advise students in the process of developing cross-cutting public health competencies and provide support related to preparation for professional practice, including skills based seminars as preparation for field practicum, and relevant connections with field, career development, professional development opportunities.
- **Office of Educational Programs** – Administrative staff provide advice to students on general program requirements, and UAlberta and School policies and procedures relevant to the degree (e.g. total credits, total time to completion, professional development and ethics requirements), and respond to issues and challenges that students may face in their program completion.

Each of the MPH competencies is addressed in one or more of the required courses (core or specialization), so successful completion of the course requirements is an essential approach for assuring that students are achieving the expected competencies.

The student's academic advisor, preceptor and practice coordinator all participate in a mid-point touch-base with the student. The final practicum assessment is outlined in detail in Criterion 2.4.a. Means of Evaluating Student Performance.

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

### **Research Students: Master of Science (MSc) and Doctor of Philosophy (PhD)**

All research students have a supervisor identified upon admission to the degree. Supervisors are expected to meet with their students a minimum of once each term and, during the research process, many faculty meet with their students much more frequently.

The supervisor is a source of input and guidance on timely completion of program milestones, general professional development, mentorship and academic advocacy. Each of the MSc and PhD competencies are addressed in one or more of the required courses, successful completion of these courses is an essential component of assuring that students are achieving the expected competencies and the GPAs are reviewed annually.

Prior to the start of the first term of their program, students meet with their supervisor to review course and program requirements. A program plan, completed within the first term, is submitted to the Office of Educational Programs to ensure program requirements are being followed. Student progress reports, signed by the supervisor, are requested annually. Student's academic performance and the achievement of milestones within the recommended timeframe are reviewed by a graduate advisor, and provided to the AD (E). The AD (E) works with the supervisor, student and degree coordinator to trigger discussions where necessary when concerns about program tracking and/or academic performance are apparent.

In addition to coursework, each research student is expected to complete and defend a thesis. The MSc student thesis process involves declaring a supervisory committee and defending the research work done under their guidance. MSc students are also required to attend the MSc Seminar Series to ensure exposure to a variety of public health research topics and methods.

The PhD student thesis process is more involved; requiring successful completion of both a comprehensive examination, an oral candidacy exam and a thesis defense. The assessment of these milestones is determined by the supervisory committee. For more details on these requirements see Section 2.11 Academic Degrees (MSc) and Section 2.12 Doctoral Degrees (PhD).

**Eligibility to Graduate:** The Office of Educational Programs maintains a progress review spreadsheet, which includes the courses taken by each student, record of the ethics and professional development requirement and the milestones in each program. Performance on the courses (GPA) for all students is reviewed by the graduate advisor for graduation requirements at the end of each academic year (May). A notification is sent to students that, if they are eligible to graduate, they should notify the Office of Educational Programs of their intent to graduate. A review is then completed to ensure that students have met the degree requirements (course requirements, ethics and professional development) and notification of eligibility to graduate is forwarded to FGSR.

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

- b. Identification of outcomes that serve as measures by which the school will evaluate student achievement in each program, and presentation of data assessing the school's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees for each of the last three years. If degree completion rates in the maximum time period allowed for degree completion are less than 70% for master's and 60% for doctoral degrees, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of the graduates at any level who can be located, an explanation must be provided.

**Table 2.7.1. Performance on Measurable Objectives for Evaluation of Student Achievement for 2014/15, 2015/16 and 2016/17**

| Outcome Measure   | Target  | 2014/15  | 2015/16  | 2016/17  | 2017/18                               |
|---|---|--|--|--|---------------------------------------|
| <b>Goal 1. Education.</b> Educate current and future leaders in public health policy, practice, education and research with an emphasis on critical thinking in an interdisciplinary environment. |   |  |  |  |                                       |
| <b>Objective 1.1: Attract and retain highly qualified students.</b>   |   |  |  |  |                                       |
| Admission grade point average for each degree   | MPH = 3.7<br>MSc = 3.7<br>PhD = 3.8                   | MPH = 3.85<br>MSc = 3.58<br>PhD = 3.67             | MPH = 3.72<br>MSc = 3.81<br>PhD = 3.60             | MPH = 3.7<br>MSc = 3.7<br>PhD = 3.54               | MPH = 3.71<br>MSc = 3.7<br>PhD = 3.56 |
| Total student award funding   | \$500,000   | \$635,218  | \$567,393  | \$674,617  | NA                                    |
| <b>Objective 1.2: Provide excellent educational experience for students.</b>  |   |  |  |  |                                       |
| Percentage of entry cohort completing degree within allotted time   | PhD (7 yrs) 60%<br>MSc (4 yrs) 70%<br>MPH (6 yrs) 70% | MPH (2008) 84%<br>MSc (2010) 48%<br>PhD (2008) 67% | MPH (2009) 73%<br>MSc (2011) 60%<br>PhD (2009) 80% | MPH (2010) 91%<br>MSc (2012) 70%<br>PhD (2010) 38% | NA                                    |
| Percentage of students who agree that the program was relevant and useful to their career goals   | 90%   | Not Available                                      | MPH = 83%<br>MSc = 100%<br>PhD = 100%              | MPH = 93%<br>MSc = 75%<br>PhD = 100%               | NA                                    |
| Percentage of students who agree that the balance between practical and theoretical focus was appropriate   | 80%   | Not Available                                      | 67%  | 38%  | NA                                    |
| Percentage of new research projects that include student participation  | 50%   | 54%  | 45%  | 73%  | NA                                    |
| Percentage of publications with students as co-author   | 50%   | 41%  | 43%  | 55%  | NA                                    |



## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Outcome Measure   | Target                                   | 2014/15                               | 2015/16                             | 2016/17                             | 2017/18              |
|---|--|---------------------------------------|-------------------------------------|-------------------------------------|----------------------|
| Percentage of students that wrote and passed the Certified in Public Health exam  | 85%                                      | Not Available                         | 92%                                 | 83%                                 | NA                   |
| Student/faculty ratio   | 10                                       | 7.5                                   | 7.7                                 | 7.7                                 | Available in October |
| Median Universal Student Rating of Instruction (USRI) scores for course and instructor excellence   | Course = 4.0/5.0<br>Instructor = 4.0/5.0 | Course = 4.1<br>Instructor = 4.3      | Course = 4.1<br>Instructor = 4.2    | Course = 4.1<br>Instructor = 4.4    | NA                   |
| <i>Goal 2. Policy and Practice.</i> Engage in collaborations and partnerships to identify health issues and advocate for, disseminate and implement public health policies and practices based on evidence. |  |                                       |                                     |                                     |                      |
| <b>Objective 2.2: Graduates obtain employment.</b>  |  |                                       |                                     |                                     |                      |
| Percentage of graduates that are employed within first year after graduation  | 80%                                      | MPH = 83%<br>MSc = 100%<br>PhD = 100% | MPH = 88%<br>MSc = 89%<br>PhD = N/A | MPH = 32%<br>MSc = 33%<br>PhD = 50% | NA                   |

**Table 2.7.2. MPH, MSc and PhD Degree Completion Rates**

### MPH Degree

| Academic Year | Cohort of Students   | 2010-2011 | 2011-2012 | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 |
|---------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 2010-2011     | # Students entered   | 54        |           |           |           |           |           |           |           |
|               | # Students withdrew  | -2        |           |           |           |           |           |           |           |
|               | # Students transferred (+/-)                                   | -2        |           |           |           |           |           |           |           |
|               | # Students graduated   | 0         |           |           |           |           |           |           |           |
|               | Cumulative graduation rate                                     | -         |           |           |           |           |           |           |           |
| 2011-2012     | # Students entered/continuing at beginning of this school year | 50        | 48        |           |           |           |           |           |           |
|               | # Students withdrew  | 0         | -3        |           |           |           |           |           |           |
|               | # Students transferred (+/-)                                   | +2 -1     | 0         |           |           |           |           |           |           |
|               | # Students graduated   | 22        | 0         |           |           |           |           |           |           |
|               | Cumulative graduation rate                                     | 41%       | -         |           |           |           |           |           |           |
| 2012-2013     | # Students entered/continuing at beginning of this school year | 29        | 45        | 57        |           |           |           |           |           |
|               | # Students withdrew  | 0         | 0         | -2        |           |           |           |           |           |

**CRITERION 2.0 INSTRUCTIONAL PROGRAMS**

| Academic Year       | Cohort of Students   | 2010-2011 | 2011-2012 | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 |
|---------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 2012-2013<br>cont'd | # Students transferred (+/-)                                     | 0         | -1        | -1        |           |           |           |           |           |
|                     | # Students graduated   | 12        | 18        | 0         |           |           |           |           |           |
|                     | Cumulative graduation rate                                       | 63%       | 38%       | -         |           |           |           |           |           |
| 2013-2014           | # Students entered/continuing at beginning of this school year   | 17        | 26        | 54        | 58        |           |           |           |           |
|                     | # Students withdrew  | 0         | -1        | -3        | -1        |           |           |           |           |
|                     | # Students transferred (+/-)                                     | 0         | 0         | +1        | 0         |           |           |           |           |
|                     | # Students graduated   | 6         | 9         | 24        | 0         |           |           |           |           |
|                     | Cumulative graduation rate                                       | 74%       | 56%       | 42%       | -         |           |           |           |           |
| 2014-2015           | # Students entered / continuing at beginning of this school year | 11        | 16        | 28        | 57        | 41        |           |           |           |
|                     | # Students withdrew  | -2        | -1        | -1        | -1        | -2        |           |           |           |
|                     | # Students transferred (+/-)                                     | 0         | 0         | 0         | 0         | -2        |           |           |           |
|                     | # Students graduated   | 2         | 4         | 4         | 30        | 0         |           |           |           |
|                     | Cumulative graduation rate                                       | 78%       | 65%       | 49%       | 50%       | -         |           |           |           |
| 2015-2016           | # Students entered/continuing at beginning of this school year   | 7         | 11        | 23        | 26        | 37        | 52        |           |           |
|                     | # Students withdrew  | 0         | 0         | 0         | 0         | 0         | -4        |           |           |
|                     | # Students transferred (+/-)                                     | 0         | 0         | 0         | 0         | 0         | -1        |           |           |
|                     | # Students graduated   | 5         | 8         | 10        | 13        | 15        | 0         |           |           |
|                     | Cumulative graduation rate                                       | 87%       | 81%       | 67%       | 74%       | 37%       | -         |           |           |
| 2016-2017           | # Students entered/continuing at beginning of this school year   | 2         | 3         | 14        | 13        | 22        | 47        | 43        |           |
|                     | # Students withdrew  | 0         | 0         | 0         | 0         | -1        | 0         | 0         |           |
|                     | # Students transferred (+/-)                                     | 0         | 0         | 0         | 0         | 0         | 0         | +2        |           |
|                     | # Students graduated   | 2         | 2         | 7         | 7         | 9         | 17        | 1         |           |
|                     | Cumulative graduation rate                                       | 91%       | 85%       | 79%       | 86%       | 59%       | 33%       | 2%        |           |
| 2017-2018           | # Students entered/continuing at beginning of this school year   |           | 1         | 7         | 6         | 12        | 30        | 44        | 51        |
|                     | # Students withdrew  |           |           |           |           |           |           |           |           |
|                     | # Students transferred (+/-)                                     |           |           |           |           |           |           |           |           |
|                     | # Students graduated   |           |           |           |           |           |           |           |           |
|                     | Cumulative graduation rate                                       |           |           |           |           |           |           |           |           |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

### MSc Degree

| Academic Year | Cohort of Students                                     | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 |
|---------------|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 2012-2013     | # Students continuing at beginning of this school year | 30        |           |           |           |           |           |
|               | # Students withdrew, dropped, etc.                     | 0         |           |           |           |           |           |
|               | # Students transferred (+/-)                           | +1        |           |           |           |           |           |
|               | # Students graduated                                   | 0         |           |           |           |           |           |
|               | Cumulative graduation rate                             | -         |           |           |           |           |           |
| 2013-2014     | # Students continuing at beginning of this school year | 31        | 26        |           |           |           |           |
|               | # Students withdrew, dropped, etc.                     | 0         | -1        |           |           |           |           |
|               | # Students transferred (+/-)                           | -3        | 0         |           |           |           |           |
|               | # Students graduated                                   | 0         | 0         |           |           |           |           |
|               | Cumulative graduation rate                             | -         | -         |           |           |           |           |
| 2014-2015     | # Students continuing at beginning of this school year | 28        | 25        | 28        |           |           |           |
|               | # Students withdrew, dropped, etc.                     | 0         | -1        | -1        |           |           |           |
|               | # Students transferred (+/-)                           | 0         | -2        | -1        |           |           |           |
|               | # Students graduated                                   | 12        | 1         | 0         |           |           |           |
|               | Cumulative graduation rate                             | 39%       | 4%        | -         |           |           |           |
| 2015-2016     | # Students continuing at beginning of this school year | 16        | 21        | 26        | 23        |           |           |
|               | # Students withdrew, dropped, etc.                     | 0         | 0         | 0         | -1        |           |           |
|               | # Students transferred (+/-)                           | 0         | -1        | -2        | 0         |           |           |
|               | # Students graduated                                   | 9         | 7         | 0         | 0         |           |           |
|               | Cumulative graduation rate                             | 68%       | 31%       | -         | -         |           |           |
| 2016-2017     | # Students continuing at beginning of this school year | 7         | 13        | 24        | 22        | 17        |           |
|               | # Students withdrew, dropped, etc.                     | 0         | 0         | 0         | 0         | 0         |           |
|               | # Students transferred (+/-)                           | 0         | 0         | 0         | -2        | -3        |           |
|               | # Students graduated                                   | 1         | 10        | 13        | 2         | 0         |           |
|               | Cumulative graduation rate                             | 70%       | 69%       | 46%       | 8%        | -         |           |
| 2017-18       | # Students continuing at beginning of this school year | 6         | 3         | 11        | 22        | 14        | 23        |
|               | # Students withdrew, dropped, etc.                     |           |           |           |           |           |           |
|               | # Students transferred (+/-)                           |           |           |           |           |           |           |
|               | # Students graduated                                   |           |           |           |           |           |           |
|               | Cumulative graduation rate                             |           |           |           |           |           |           |

### PhD Degree

| Academic Year | Cohort of Students                                     | 2010-2011 | 2011-2012 | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 |
|---------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 2010-2011     | # Students continuing at beginning of this school year | 8         |           |           |           |           |           |           |           |
|               | # Students withdrew, dropped, etc.                     | -1        |           |           |           |           |           |           |           |

**CRITERION 2.0 INSTRUCTIONAL PROGRAMS**

| Academic Year       | Cohort of Students   | 2010-2011 | 2011-2012 | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 |
|---------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 2010-2011<br>cont'd | # Students transferred (+/-)   | 0         |           |           |           |           |           |           |           |
|                     | # Students graduated   | 0         |           |           |           |           |           |           |           |
|                     | Cumulative graduation rate   | -         |           |           |           |           |           |           |           |
| 2011-2012           | # Students continuing at beginning of this school year                     | 7         | 7         |           |           |           |           |           |           |
|                     | # Students withdrew, dropped, etc.   | 0         | -1        |           |           |           |           |           |           |
|                     | # Students transferred (+/-)   | 0         | 0         |           |           |           |           |           |           |
|                     | # Students graduated   | 0         | 0         |           |           |           |           |           |           |
|                     | Cumulative graduation rate   | -         | -         |           |           |           |           |           |           |
| 2012-2013           | # Students continuing at beginning of this school year                     | 7         | 6         | 12        |           |           |           |           |           |
|                     | # Students withdrew, dropped, etc.   | 0         | -1        | -1        |           |           |           |           |           |
|                     | # Students transferred (+/-)   | 0         | 0         | 0         |           |           |           |           |           |
|                     | # Students graduated   | 0         | 0         | 0         |           |           |           |           |           |
|                     | Cumulative graduation rate   | -         | -         | -         |           |           |           |           |           |
| 2013-2014           | # Students continuing at beginning of this school year                     | 7         | 5         | 11        | 6         |           |           |           |           |
|                     | # Students withdrew, dropped, etc.   | 0         | 0         | 0         | 0         |           |           |           |           |
|                     | # Students transferred (+/-)   | 0         | 0         | 0         | +2        |           |           |           |           |
|                     | # Students graduated   | 0         | 0         | 0         | 0         |           |           |           |           |
|                     | Cumulative graduation rate   | -         | -         | -         | -         |           |           |           |           |
| 2014-2015           | # Students continuing at beginning of this school year <b>(11 FT/1 PT)</b> | 7         | 5         | 11        | 8         | 12        |           |           |           |
|                     | # Students withdrew, dropped, etc.   | 0         | 0         | 0         | 0         | 0         |           |           |           |
|                     | # Students transferred (+/-)   | 0         | 0         | 0         | 0         | +1        |           |           |           |
|                     | # Students graduated   | 0         | 0         | 0         | 0         | 0         |           |           |           |
|                     | Cumulative graduation rate   | -         | -         | -         | -         | -         |           |           |           |

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

| Academic Year | Cohort of Students   | 2010-2011 | 2011-2012 | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 |
|---------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 2015-2016     | # Students continuing at beginning of this school year <i>(6 FT)</i> | 7         | 5         | 11        | 8         | 13        | 7         |           |           |
|               | # Students withdrew, dropped, etc.                                   | 0         | 0         | 0         | 0         | -1        | -1        |           |           |
|               | # Students transferred (+/-)   | 0         | 0         | 0         | 0         | 0         | 0         |           |           |
|               | # Students graduated   | 1         | 1         | 0         | 0         | 0         | 0         |           |           |
|               | Cumulative graduation rate   | 12%       | 14%       | -         | -         | -         | -         |           |           |
| 2016-2017     | # Students continuing at beginning of this school year               | 6         | 4         | 11        | 8         | 12        | 6         | 6         |           |
|               | # Students withdrew, dropped, etc.                                   | 0         | 0         | 0         | -1        | -1        | 0         | 0         |           |
|               | # Students transferred (+/-)   | 0         | 0         | 0         | 0         | 0         | 0         | 0         |           |
|               | # Students graduated   | 2         | 2         | 2         | 0         | 0         | 0         | 0         |           |
|               | Cumulative graduation rate   | 38%       | 43%       | 17%       | -         | -         | -         | -         |           |
| 2017-2018     | # Students continuing at beginning of this school year               | 4         | 2         | 9         | 7         | 11        | 6         | 6         | 8         |
|               | # Students withdrew, dropped, etc.                                   |           |           |           |           |           |           |           |           |
|               | # Students transferred (+/-)   |           |           |           |           |           |           |           |           |
|               | # Students graduated   |           |           |           |           |           |           |           |           |
|               | Cumulative graduation rate   |           |           |           |           |           |           |           |           |

We survey graduates one year from graduation for employment data. Table 2.7.3 provides the destination of graduates by degree from 2012 to 2016. In 2015, there were 25 MPH graduates, all of whose destinations are known; 22 (88%) were employed, 2 (8%) were pursuing continuing education, and 1 was (4%) actively seeking employment. There were 18 MSc graduates, of all whose destinations are known; 16 (88.8%) were employed, 1 was (5.6%) actively seeking employment, and 1 (5.6%) was not seeking employment by choice. There were no PhD graduates in 2015.

For Spring 2016 graduation, there were 40 MPH graduates. The job placement information is known on 18 (40%); 16 (35%) were employed, 1 (2%) was pursuing continuing education, and 1 (2%) actively seeking employment. There were 27 graduates who did not complete the survey, and whose employment status is unknown. There were 6 MSc graduates; 2 (33%) were employed, and 4 did not complete the survey, so employment status is unknown. There were 2 PhD graduates in 2016; 1 (50%) was employed, and 1 did not complete the survey.

**Table 2.7.3 Destination of Graduates (Job Placement) for 2012 to 2016**

| <b>Destination of MPH Graduates (Job Placement)</b>                       | <b>2012</b>   | <b>2013</b>  | <b>2014</b>   | <b>2015</b>   | <b>2016</b> |
|---|---------------|--------------|---------------|---------------|-------------|
| Employed  | 88.8% (16/18) | 100% (20/20) | 77.7% (14/18) | 88% (22/25)   | 32% (13/40) |
| Continuing education  | 5.6% (1/18)   | 0            | 5.6% (1/18)   | 8% (2/25)     | 2% (1/40)   |
| Actively seeking employment   | 0             | 0            | 11.1% (2/18)  | 4% (1/25)     | 2% (1/40)   |
| Not seeking employment (not employed, not continuing training, by choice) | 5.6% (1/18)   | 0            | 5.6% (1/18)   | 0             | 0           |
| Unknown   | 0             | 0            | 0             | 0             | 25          |
| <b>Destination of MSc Graduates (Job Placement)</b>                       | <b>2012</b>   | <b>2013</b>  | <b>2014</b>   | <b>2015</b>   | <b>2016</b> |
| Employed  | 57.1% (4/7)   | 50% (3/6)    | 50% (4/8)     | 88.8% (16/18) | 33% (2/6)   |
| Continuing education  | 48.9% (3/7)   | 16.7% (1/7)  | 12.5% (1/8)   | 0             | 0           |
| Actively seeking employment   | 0             | 33.3% (2/6)  | 25% (2/8)     | 5.6% (1/18)   | 0           |
| Not seeking employment (not employed, not continuing training, by choice) | 0             | 0            | 12.5% (1/8)   | 5.6% (1/18)   | 0           |
| Unknown   | 0             | 0            | 0             | 0             | 4           |
| <b>Destination of Doctorate (PhD) Graduates (Job Placement)</b>           | <b>2012</b>   | <b>2013</b>  | <b>2014</b>   | <b>2015</b>   | <b>2016</b> |
| Employed  | 100% (3/3)    | 100% (6/6)   | 100% (3/3)    | 0             | 50% (1/2)   |
| Continuing education  | 0             | 0            | 0             | 0             | 0           |
| Actively seeking employment   | 0             | 0            | 0             | 0             | 0           |
| Not seeking employment (not employed, not continuing training, by choice) | 0             | 0            | 0             | 0             | 0           |
| Unknown   | 0             | 0            | 0             | 0             | 1           |

Job placement data for the years 2012-2015 were collected using a survey; it included graduates employed within 12 months of graduation and those not employed but pursuing further education. Rates were calculated as follows: job placement rate =  $[B/A \times 100\%]$ , in which A = number of alumni who responded to survey, B = number employed and/or pursuing further education within 12 months of graduation].

Table 2.7.4 provides the percentage of students employed by degree from 2012 to 2016. It shows that, in 2015, the percentages of students employed by degree are: MPH degree 88% and MSc degree 88.8%. The most recent data for the PhD degree is in 2014, which shows that 100% of students are employed. The 2016 data is for the spring convocation only; the fall convocation data is not yet available.

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

**Table 2.7.4. Percentage of Students Employed by Degree for 2012 to 2016**

| Outcome Measure  | Target | 2012   | 2013               | 2014   | 2015            | 2016 |
|--|--------|--------|--------------------|--------|-----------------|------|
| Percentage of MPH students who are employed (or continuing education)            | 80.0%  | 94.4%  | 100.0%             | 83.3%  | 88.0%           | 32%  |
| Percentage of MSc students who are employed (or continuing education)            | 80.0%  | 100.0% | 66.7% <sup>1</sup> | 100.0% | 88.8%           | 33%  |
| Percentage of doctoral (PhD) students who are employed (or continuing education) | 80.0%  | 100.0% | 100.0%             | 100.0% | 0% <sup>1</sup> | 50%  |

\*1 No responses were received for the doctorate degree for 2015, therefore we are unable to determine job placement.

The School's data on successful job placement of graduate students reflects job placement upon graduation.

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

The School collects job placement information regularly, one year from graduation, through annual alumni surveys of recent graduates. The surveys are administered electronically using Survey Monkey, and email reminders are sent to non-respondents.

The number of graduates surveyed, and response rates by degree program for the years 2012-2015 are displayed in Table 2.7.5.

**Table 2.7.5. Summary of Graduates Surveyed, and Response Rates**

| Year | Degree | Graduates Surveyed | Responses | Response Rate % |
|------|--------|--------------------|-----------|-----------------|
| 2012 | MPH    | 46                 | 18        | 39%             |
|      | MSc    | 22                 | 7         | 32%             |
|      | PhD    | 5                  | 3         | 60%             |
| 2013 | MPH    | 40                 | 20        | 50%             |
|      | MSc    | 16                 | 6         | 38%             |
|      | PhD    | 9                  | 6         | 67%             |
| 2014 | MPH    | 42                 | 18        | 43%             |
|      | MSc    | 23                 | 7         | 30%             |
|      | PhD    | 6                  | 3         | 50%             |
| 2015 | MPH    | 50                 | 25        | 50%             |
|      | MSc    | 28                 | 18        | 64%             |
|      | PhD    | 1                  | 0         | 0%              |
| 2016 | MPH    | 40                 | 15        | 37%             |
|      | MSc    | 6                  | 2         | 33%             |
|      | PhD    | 2                  | 1         | 50%             |

The School recognizes that response rates to the surveys are not ideal, so in summer 2016, the Office of Educational Programs and accreditation coordinator oversaw the development of a survey for the 2015 graduates and a method for improving response rates using a personalized follow up email to all non-responders. Surveys were then sent to all graduates, and one reminder was sent a week after the survey.

The survey was sent by email to 79 alumni from the Spring 2015 graduating class; 56 (70.9%) opened the email. Of the 56 who opened the email, 33 (41.8%) completed (or partially completed) the survey. In total, 33 (41.8%) responses were received from the 79 alumni who received the message.

A personalized email from the Office of Educational Programs and accreditation coordinator was sent to all non-respondents two weeks later, and an additional eight alumni completed the survey. This increased the response rate from 41.8% to 54.4%. The School will explore the use of more reminders and personalized email communication to non-responders with the hopes of increasing future response rates.

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

The School has encouraged students to write the Certified Public Health exam ([CPH Exam](#)) offered by the National Board of Public Health Examiners (NBPHE), by funding the cost since June 2015. To date, we have had 20 students (8/June 2015; 5/October 2015; 2/June 2016; 4/October 2016; 1/Feb 2017) take the exam and 18/20 have passed.

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

The School commissioned a qualitative evaluation of employers in December 2016 to ask, "How are our graduates doing in the workplace?" (Electronic Resource File – *ERF 2.22 2016 Employer Feedback Report*) The participants of the study were 14 leaders in the field of public health who worked for the Government of Alberta, Alberta Health Services and several non-governmental organizations. Interviews completed revealed a number of areas of strength and possible improvement.

Employers were reluctant to separate graduates from the students they received through practicums and internships. To them, practicum students and interns (despite not having yet graduated) were potential employees and, to their knowledge, skills and abilities at the time of these placements mattered almost as much as at the time of graduation. Practicum and internships were therefore viewed as a testing ground for finding new talent in the field. The decision to hire new graduates (or not) appears to be a direct result of student's work during the practicum or internship.

Four themes were selected to present the data. These themes represent core areas that employers felt were essential for graduates to have in the workforce: relational assets, workplace knowledge, application and professional communication. A summary of the data is provided in Table 2.7.6.



## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

**Table 2.7.6. Summary of Employer Assessment of Graduates**

| Theme                             | Skills  | Assessment <sup>1</sup> |
|-----------------------------------|---|-------------------------|
| <i>Relational Assets</i>          | Values – good character, professionalism, and enthusiasm  | 3.0                     |
|                                   | Initiative – ability to work independently, think about next steps in a process   | 4.0                     |
|                                   | Collaboration – ability to form relationships, to foster co-learning with colleagues, to display leadership skills                      | 2.0                     |
|                                   | Being inquisitive – extent to which graduates were keen and open to learning new concepts and techniques                                | 4.0                     |
| <i>Workplace Knowledge</i>        | Theory – theoretical understanding, source of renewal   | 4.0                     |
|                                   | Research and evaluation methods – ability to produce a logic model, evaluation methods, application and appraisal (SAS Logic Modelling) | 2.0                     |
|                                   | System and context – knowledge of public health system and context, social policy context, interdisciplinary learning                   | 1.0                     |
| <i>Application</i>                | Analysis and synthesis – ability to take large amounts of information, synthesize it, select salient points according to project        | 1.0                     |
|                                   | So what? – ability to apply the evidence in a practice-based context  | 1.0                     |
| <i>Professional Communication</i> | Knowledge translation – ability to take synthesized ideas and communicate them to appropriate audiences                                 | 2.0                     |
|                                   | Resistance – ability to overcome resistance through communication.  | 1.0                     |
|                                   | Advocacy – ability to speak out as an advocate for the field of public health.  | 1.0                     |

<sup>1</sup> Employers indicated which areas are stronger than others on a four-point scale, with 1 = needs improvement, 2 = fair, 3 = good and 4 = very good.

Graduates performed varyingly across the four themes, stronger in terms of relational assets and their workplace knowledge, compared to the application of this knowledge. Communication was mixed, with most employed graduates being able to write and speak effectively, but many struggling with brevity and key messaging.

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

Criterion 2.7 is met.

**Strengths:** There are measurable milestones, checklists and progress reports to monitor student progress in terms of acquiring the required competencies.

**Weaknesses:** Competencies acquired through course work tend to be more easily assessed and documented (e.g. passing a course that covers the competencies) than those that are acquired in practice setting. The monitoring process of student progress has not always occurred in a timely fashion. Unfortunately, FGSR's plans to modernize its data management systems has proceeded very slowly and, to date, we still do not have a streamlined capacity to monitor student progress and send out alerts or red flags in the case of faltering performance.

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

**Plans:** We need to strongly impress on our faculty the need to maintain close supervision of student progress in the absence of an automatic, electronic student data tracking system.

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

- 2.8 Other Graduate Professional Degrees.** If the school offers curricula for graduate professional degrees other than the MPH or equivalent public health degrees, students pursuing them must be grounded in basic public health knowledge.

Not applicable.

**2.9 Bachelor's Degrees in Public Health.**

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

Not applicable.

## **CRITERION 2.0 INSTRUCTIONAL PROGRAMS**

### **2.10 Other Bachelor's Degrees**

**If the school offers baccalaureate degrees in fields other than public health, students pursuing them must be grounded in basic public health knowledge.**

Not applicable.

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

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

A thesis-based master's degree emphasizes original research and research methodology. Students will develop and demonstrate advanced research skills under the supervision of a professor. A thesis-based master's degree program involves a mixture of coursework, research and an oral defense of a thesis. The specializations for the master of science (academic) degree are provided in Table 2.11.1.

**Table 2.11.1. Master of Science Specializations**

| Program   | Full Time | Part Time | Campus |
|---|-----------|-----------|--------|
| Clinical Epidemiology                           | *         | *         | *      |
| Environmental Health Sciences                   | *         | *         | *      |
| Epidemiology                                    | *         | *         | *      |
| General Public Health                           | *         | *         | *      |
| Global Health                                   | *         | *         | *      |
| Health Policy Research                          | *         | *         | *      |
| Health Promotion and Socio-behavioural Sciences | *         | *         | *      |
| Occupational Health                             | *         | *         | *      |

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

The requirements for the MSc degree includes 3 credit hours of public health and 3 credit hours of epidemiology. To meet these requirements we provide the following core courses in:

**Foundations of Public Health Research (SPH 555):** The purpose of the course in the foundations of public health research [Electronic Resource File – *ERF 2.23 SPH 555 Foundations of Public Health Research - F2016 Course Syllabus*] is to ensure that research thesis-based students with a variety of backgrounds and interests acquire a common core understanding of what public health is, what it does, and the different types of research methods that can be used to advance public health. We hope to instill a population perspective and illustrate the breadth of the science and practice of public health. Although the formal course title is “Foundations of Public Health Research,” brackets are put around “Research” as the contents are broader than just about doing research in public health.

The course addresses five broad core competencies in our MSc curriculum. Upon completion of this course, students will be able to:

- *Describe, explain and assess* determinants of individual and population health;
- *Describe* methods and approaches related to public health research and practice;
- *Identify* paradigms and methodologies for inquiry into public health issues,

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

differences between them, and how they may lead to differing questions and approaches;

- *Differentiate and identify* research questions with appropriate methodologies and approaches (quantitative, qualitative and mixed-methods);
- *Discuss* knowledge generation, synthesis and translation approaches related to public health research and practice.

The course is team taught with instructors from different disciplinary backgrounds: epidemiology, health promotion, health policy and global health. We also have the former chief medical health officer of Alberta provide an overview of the public health system in Canada.

**Epidemiology Methods I (SPH 596):** [and a selection of four one-credit courses (SPH 561) applying the concepts from SPH 596 to a public health area.]

The MSc curriculum committee recommended that these courses be revised three years ago (approved by Faculty Council) in an effort to clearly distinguish the core for the MSc degree from the core of the MPH degree. The intent was to introduce our MSc students to a breadth of research questions in public health, while at the same time begin to look at these questions through a disciplinary research lens.

The epidemiology methods course [Electronic Resource File – ERF 2.24 *SPH 596 Epidemiology Methods I – F2017 Course Syllabus*] was shortened to 2-credits to focus on introducing students to the primary methodological approaches in this discipline. This methodologically focused course is then followed by a complementary 1-credit course (the student can choose from four topics) which focuses on a public health area, demonstrates the process of hypothesis generation and testing, and illustrates the application of epidemiology methods in the context of a public health specialty. The content areas we have designed these courses around are based on faculty expertise and currently are: genetic epidemiology, cancer epidemiology, environmental epidemiology and surveillance.

Combined, successful completion of these 6 credits of coursework ensure that our MSc students, regardless of background, have a public health orientation and recognize the methodological tools available with which to begin to pursue answering research questions through the thesis process.

Opportunities for other public health content is available in the specialization required courses, and each specialization also encourages students to take elective courses in their chosen area of research.

- c. Identification of the culminating experience required for each academic degree program. If this is common across the school's academic degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

All MSc students will successfully complete and defend a thesis on a research topic in the program area, defined in consultation with the student's supervisor(s). The scope and quality of the thesis should normally be appropriate to form the basis of a refereed journal publication.

The MSc competencies that are met in the completion of a thesis are to:

- *demonstrate* the ability to apply research methods of one's chosen discipline;
- *critically evaluate and synthesize* relevant scientific literature, integrating it with appropriate contextual information;
- *conduct* independent research related to a specific topic;
- *interpret* research results, making appropriate inferences based on results;
- *communicate* information clearly in reports using appropriate written and oral media;
- *demonstrate* self-awareness and take responsibility for own performance;
- *manage* time in order to meet deadlines;
- *apply* ethical principles to public health practice;
- *apply* knowledge of ethical issues involved in public health research;
- *develop* effective working relationships through professional networks;
- demonstrate ability to develop inclusive and respectful collaboration with those of diverse backgrounds;
- *demonstrate* project management skills; and
- *demonstrate* leadership skills.

All thesis-based students defend their thesis at a final oral examination, where the candidate's knowledge of the thesis subject and of related fields is tested. The decision of the examining committee is based on the content of the thesis and the candidate's ability to defend it. The School has developed procedures for master's final oral examination to assist supervisors and students in the appointment of the master's final oral examination and the student presentation [Electronic Resource File - *ERF 2.25 Master's Final Oral Exam Procedure*]

FGSR provides guidelines for the completion/format of the thesis in a website section called [Thesis Requirement and Preparation](#).

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

Criterion 2.11 is met.

**Strengths:** At the time of its creation, the School opted for a path towards multiple specializations that cover all the basic disciplines of public health. Many of our students indicate that the availability of specialized programs is what attracted them to apply to UAlberta. Despite the multiple specializations, the core courses required by all students ensure that they receive a broad understanding of public health. These core courses also engender a cohort identity that the students maintain once they move on to their specializations.



## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

**Weaknesses:** The availability of multiple specializations is both a strength and a weakness. After 10 years, the pendulum has begun to swing towards a more generalist orientation. A credential with a specific label can both facilitate and hinder job seeking by our graduates.

**Plans:** We seek a balance between generalist and specialized training. The introduction of embedded certificates, which may enable students to acquire additional competencies and thus increase their appeal to employers. The first such certificate (in communicable diseases) has been approved, and a second one (in epidemiology) has been submitted for approval by FGSR and GFC. We will evaluate the experience with these certificates as we go forward.

**2.12 Doctoral Degrees. The school shall offer at least three doctoral degree programs that are relevant to three of the five areas of basic public health knowledge.**

- a. Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The School offers doctoral degrees in epidemiology, health promotion and socio-behavioural sciences, health services and policy research, and public health. During a PhD degree program students will increase their ability to generate new knowledge in the field of public health.

Students enrolled in the doctoral degree have seven years from the date of first registration to complete all of their degree requirements.

- b. Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

Doctoral students are supervised and primarily funded by faculty members in the School. In 2016-17 fiscal year, PhD students received a total of \$588,925 in financial support for their academic activities (not including payment for providing teaching or research services). This total comprised \$352,235 from faculty research grants, \$92,940 from UAlberta scholarships including the School, and \$143,750 from scholarships external to the university.

The [Public Health Doctoral Recruitment Scholarship](#) recruits superior students at the doctoral (PhD) level. This scholarship (value \$10,000 for each of two students), will provide support for one year, non-renewable, and is open to both domestic and international nominees.

The [Public Health Continuing Doctoral Scholarship](#) (value \$20,000) is to support one superior student at the doctoral (PhD) level in the School. This scholarship will provide funding for one year, non-renewable, and is open to both domestic and international students. Students in the PhD program are eligible to receive this scholarship if they: strongly demonstrate the application of public health principles in their current or proposed research; demonstrate the potential to contribute to knowledge generation, dissemination and engaged scholarship.

The School has organized [travel support for conferences presentations](#) for students to build knowledge in their discipline. Doctoral students can be awarded up to \$1000 twice in their program. The following forms of **presentations** are supported: paper presentation, poster presentation or invited roundtable discussion or any other scholarly activity. Funding received will be directed towards **professional conference travel**, accommodation, allowable per diem rates (for travel outside of Edmonton) and conference registrations fees.

Most doctoral students receive research or teaching assistantships that fund tuition, fees and a monthly stipend. These opportunities provide students with the research and teaching experience necessary for success in their future careers.

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

**FGSR:** The University of Alberta Doctoral Recruitment Scholarship is provided by FGSR to recruit superior students at the doctoral level who have the potential to contribute to the university's community and research. This scholarship is offered in increments of \$5,000. The School decides how many increments of \$5,000 to offer a student. This scholarship is awarded to students who: are Canadian citizens, permanent residents or international students; are admitted to a doctoral program; are registered full-time; have an admission GPA of at least 3.5/4.0. The School received an allocation of a total of \$25,000 (five increments of \$5,000) for Fall 2017 admissions.

**GSA:** GSA is a student-run, not-for-profit organization, and the official representative body for all master's and PhD students at UAlberta.

**SPHSA:** SPHSA is a student run organization that serves as an academic and social support system for students.

**Student Group Services** - Student groups are registered and supported through Student Group Services and the Office of the Dean of Students.

- c. Data on student progression through each of the school's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program.

The progression of doctoral students through the degree, by specialization is provided in Table 2.12.1.

**Table 2.12.1. Doctoral Student Progression by Specialization**

|   | Epidemiology | Health Promotion and Socio-behavioural Sciences | Health Services and Policy Research | Public Health |
|---|--------------|---|-------------------------------------|---------------|
| # newly admitted in 2016-2017                         | 3            | 0   | 2                                   | 1             |
| # currently enrolled (total) in 2016-2017             | 17           | 9   | 6                                   | 19            |
| # completed coursework during 2015-2016               | 5            | 0   | 2                                   | 1             |
| # advanced to candidacy (cumulative) during 2015-2016 | 6            | 6   | 2                                   | 9             |
| # graduated in 2015-2016                              | 0            | 1   | 0                                   | 1             |

- d. Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

The doctoral degrees in the School require all students to complete a minimum of 24 credits of coursework. The School requires 6 credits to be completed by all students. These core courses are restricted to PhD students:

SPH 602 Engaged Scholarship for Health [Electronic Resource File – *ERF 2.26 SPH 602 Engaged Scholarship for Health – W2017 Course Syllabus*] is an interdisciplinary seminar intended to prepare students with the knowledge and skills necessary to engage effectively with communities (broadly defined) and the health system in research and practice. Students will explore the concepts of engaged scholarship and

how these can be best applied in their field of expertise to promote research that is both relevant and of high quality.

SPH 603 Scientific Communication in Public Health [Electronic Resource File – *ERF 2.27 SPH 603 Scientific Communication in Public Health Fall 2017 Course Syllabus*] is an interdisciplinary seminar designed to explore communication in public health, written and oral communication of research to scientific and lay audiences, grant proposal and manuscript writing, and poster and oral presentations. The competencies gained and refined in this course will have application to everything done en route to a PhD and beyond. Through SPH 603, students will adapt their writing style to suit the audience, purpose and genre or conventions in their area of specialization.

SPH 604 Advanced Theory and Research Methods [Electronic Resource File – *ERF 2.28 SPH 604 Advanced Theories and Methods Fall 2017 Course Syllabus*] emphasizes methodological and theoretical issues in the justification, design and execution of public health research. Students will discuss key concepts, principles and approaches used in research projects and research programs designed to inform and improve the health of the public. The overall intent is to encourage students to a) develop a scholarly outlook, b) engage in critical thinking about public health research methods and theory, c) develop appreciation for the varied disciplinary approaches that inform public health research, and d) cultivate a commitment to effective knowledge exchange with other scholars and non-academic public health stakeholders.

In the last three years these PhD courses have served 106 students, four of which were not in the PhD program but met the instructor's criteria for registration.

The PhD specialization areas also have required courses: health promotion and socio-behavioural sciences requires SPH 608 Psychosocial Perspectives on Health, and SPH 622 Theory and Practice of Health Promotion Interventions, while health services and policy research requires SPH 600 Health Policy Development. Other graduate students are allowed to register in these courses with the consent of the instructor.

The PhD specialization in epidemiology requires SPH 719 Biostatistics III and SPH 766 Advanced Epidemiology Methods. These 700-level courses are advanced methods courses and the consent of the instructor is required in order for other graduate students to register. The expectation is that the work completed in these courses will be at an advanced doctoral level and instructors only accept students into the course with the background and ability to achieve these expectations.

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

Criterion 2.12 is met.

**Strengths:** The School offers three specialized PhD programs in epidemiology, health promotion/socio-behavioural sciences, and health services and policy research, as well as one in general public health. Programs such as global health and environmental health, which do not have their own doctoral programs, can enroll

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

students under the general public health rubric. The tendency is towards multidisciplinary research theses, with supervisory committee membership drawn from different areas.

**Weaknesses:** Our time to completion is less than ideal and remains a concern, triggering interim reports to CEPH in some of the years since the 2012 accreditation.

**Plans:** We do not as yet offer the doctor of public health (DrPH) degree, although support for such a program is mixed. There is no DrPH program in Canada, and this is a potential area where UAlberta can take the lead. We have done some preliminary planning, but will pursue it with more rigour after this year of preparing for reaccreditation, and now that we have a faculty member with a DrPH on staff to help move it forward. At least in the health services and policy research field, the national health research funding agency in Canada (CIHR) has launched an ambitious and innovative program to embed postdoctoral and doctoral students in health agencies and ministries, with both academic and policy maker co-supervision. Discussions on whether we pursue a PhD that is practice focused or a DrPH which is the CEPH-accredited degree will be pursued as soon as feasible.

- 2.13 Joint Degrees.** If the school offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

Not applicable.

## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

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

- a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The School offers the MPH in health promotion as both a campus and distance program, for either a full- or part-time student.

A recommended sequencing of required and elective courses is provided to both campus and distance, and part-time and full-time students at the School's [orientation](#) in the fall, as well as in the School's online orientation module (SPH 101). In meetings with the MPH advising team (as outlined further in Criterion 4.4) students are able to discuss and review possible options for the completion of their degree over the next six years.

A number of distance elective courses are offered in the fall, winter and spring terms, and this is also reviewed when students meet with their academic advisor. In terms of electives offered by other faculties, and because of the interdisciplinary nature of health promotion, students are also strongly encouraged to choose at least one elective from outside the School. For example, courses in anthropology, native studies, rural economy and sociology may be applicable, or health promotion-related courses with the Faculty of Nursing or Faculty of Physical Education and Recreation.

Students in the distance program may also take courses from other universities, through the [Western Canadian Deans' Agreement](#) (WCDA) or the [Canadian Association of Graduate Studies](#) (CAGS). These agreements promote graduate student mobility. CAGS negotiated two protocols with its member institutions, one dealing with short-term research visits, and the other allowing graduate students to take courses in another university. WCDA provides an automatic tuition fee waiver for visiting students. Graduate students paying normal required tuition fees to their home institution will not pay tuition fees to the host institution.

- b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the school's rationale for offering these

programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the school, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

The MPH in health promotion (distance) program provides access to high quality educational opportunities for students unable to attend the on-campus program. This program meets the needs of working professionals seeking advanced training and credentials, and health systems across Canada seeking to build capacity to deliver public health services more effectively. **eClass** (Moodle) is what UAlberta uses for web-based courseware. The software, is also used to support our courses on campus and online courses.

Centre for Teaching and Learning ([CTL](#)) has resources available to faculty and students to support the effective use of the [educational technology](#).

The majority of online discussion takes place in a text-based **forum**; discussions may be conducted over the period of a week in an online course. Interacting is similar to posting messages on a bulletin board and may be intuitive for some, while more challenging for others.

Instructors vary in their use of the forum tool. Most use it to discuss ideas presented in assigned readings. Normally, an instructor will install one or more **guiding questions** to start and organize class interactions. The discussion process typically broadens and deepens understanding of course content, and provides ways to illustrate application of the concepts. Instructors may, therefore, use a discussion to create opportunities for students to enhance their analytical skills and develop communication and teamwork competencies.

The administrative and student support services in the School are provided through the Office of Educational Programs in the same capacity for all students in the School (advising, registration assistance, policy and procedure advice, and so on). The program lead for the MPH in health promotion program has primary responsibility for the distance students. Faculty in the health promotion program are providing advising to students in the practicum and capping courses in both the campus and distance programs.

Admission requirements for the MPH in health promotion in the distance or campus mode of delivery requires the same academic credentials. All distance courses have the same expectations of student performance and evaluation methods and standards as the campus-based courses.

- c. Description of the processes that the school uses to verify that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

Upon admission to the university, all students are provided with individual user names and passwords that they must use to access any courses through the university registration system (BearTracks). UAlberta's [Code of Student Behaviour](#) prohibits username and password sharing.



## CRITERION 2.0 INSTRUCTIONAL PROGRAMS

The School has developed guidelines for proctors for final exams for distance students [Electronic Resource File – *ERF 2.29 Guidelines for Proctors for Final Exams for Distance Students*]. Instructors and students interact frequently on a one-to-one basis throughout the program and, as the advisor, the program lead for the MPH in health promotion develops a strong relationship with students during their practicum and capping projects. This helps to ensure that the student who demonstrates this knowledge at the end of the program is, in fact, the same one who has registered and completed the courses.

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

Criterion 2.14 is met.

**Strengths:** At the moment, we offer one MPH program in health promotion via distance education. This program satisfies an important market of public health practitioners who are unable, for personal or financial reasons, to enroll in a campus program.

**Weaknesses:** The distance-based MPH program is based on a small faculty and so relies on adjunct and sessional instructors in the delivery of courses. To date, this program has been operating at a financial loss. A major re-thinking is needed to make it sustainable. We have done surveys of students in this program and discovered that many students chose the health promotion specialization because it is the only one offered by distance. Their interests are, in fact, broader than just health promotion.

**Plans:** CEPP has begun examining the viability and feasibility of converting the MPH in health promotion (distance) into a general MPH.

## **Criterion 3.0**

Creation, Application and  
Advancement of Knowledge

### 3.0 Creation, Application and Advancement of Knowledge

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

Researchers at the School create knowledge and link evidence with health policy and practice. Some of our research is curiosity driven, spearheaded by our faculty members and research teams. Other research is community driven, its direction determined by priorities and policies of our community-based partner organizations.

Our work spans the full range of public health disciplines, and it involves multiple methods and approaches. Researchers work with others to protect water supplies, prevent chronic diseases such as diabetes and cancer, build community capacity for health and wellness, and develop and evaluate health technology and health policies.

Through interdisciplinary inquiry and engaged partnerships locally, nationally and globally, the School is promoting health and wellness, protecting health, preventing disease and injury, and reducing health inequities.

After our first ten years, the School has established itself as a leader in Canadian public health research. We are a hub for methodological work and research training in chronic and communicable disease epidemiology, basic and applied environmental health sciences, health systems improvement, population health interventions in schools, communities and public policy, and in addressing health inequities among our most vulnerable citizens—be they marginalized homeless and addicted populations in inner cities, women experiencing poor access to maternal care in the global south, or northern indigenous populations reclaiming their health from the ravages of colonization. Efforts of core faculty are supported by research intensive PhD and MSc students, postdoctoral fellows and a large cadre of jointly appointed, cross-appointed and adjunct faculty members drawn from other faculties at UAlberta and from communities of public health practice. Contributions to the peer-reviewed scientific literature, as well as services provided to a variety of peer-reviewed grant committees and disciplinary societies, are built on the productive research programs of the School's primary faculty members and trainees. Collectively, these academic activities contribute to the academic public health community at UAlberta, the Province of Alberta, across Canada and around the world.

A distinctive feature of the School—within UAlberta and across Canada—is its formal commitment to engaged research, activities designed to link knowledge creators and non-academic users of public health knowledge. Primary faculty members within the School are evaluated on how effectively they create and maintain functional working relations with non-academic public health stakeholders outside of UAlberta. The School has entrenched this within the FEC guidelines as an expression of the principle that the research activities of a UAlberta faculty member should be evaluated for their relevance to public health practice, policies and services, as well as to the scientific community. In this regard, the School was the first faculty at UAlberta to formally recognize and reward effective engagement with non-academic interests and agendas in FEC deliberations. Other faculties are modeling their practices on ours. The idea of engaged scholarship intersects with our education programs,

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

with the Engaged Scholarship for Health course [Electronic Resource File – *ERF 3.1 SPH 602 Engaged Scholarship for Health W2017 Course Syllabus*], a core course for all PhD students.

In addition, the School is home to several longstanding research platforms that have built effective working relationships with knowledge users in a wide variety of governmental and non-governmental ministries, agencies and organizations. These research platforms are complemented by a suite of professional development service activities, designed to enhance capacity in the public health workforce through continuing education. Collectively, these innovative activities link creators and users of knowledge across all areas of public health and at local, provincial, regional, national and international levels.

a. **Description of the school's research activities, including policies, procedures and practices that support research and scholarly activities.**

Research productivity in the School is built on a foundation of faculty members' individual and collaborative research programs. The School is home to 36 primary faculty members, whose research programs span the five core disciplines underlying public health: epidemiology, biostatistics, health promotion and socio-behavioural sciences, health policy and management, and environmental health. In addition, some 93 jointly appointed (2), cross-appointed (37) and adjunct (54) faculty members representing a diverse mix of academics and public health practitioners contribute to School research activities. Since its inception, the School has consistently been the most productive of all small faculties at UAlberta in terms of total revenue received from grants and contracts [Electronic Resource File – *ERF 3.2 Research Activity of Faculty 2014 to 2017*]. On an annual basis, the School consistently and collectively generates over \$13M in research revenue from competitive grants and contracts, leads 100 distinct research projects as principal investigators, publishes over 175 articles in peer reviewed academic journals, and engages non-academic stakeholders of research in more than 200 distinct knowledge transfer and exchange activities (e.g. presentations, briefings, plain-language documents and other activities) designed to link public health research with non-academic users of knowledge.

The School also participates in a variety of initiatives designed to build capacity for public health research at UAlberta and at local and regional levels, including:

- Participation in **Campus Alberta Health Outcomes and Public Health**, an Alberta-wide consortium that facilitates collaborative research across Alberta on health services, population and public health, with representation from UAlberta's Faculty of Medicine and Dentistry, University of Calgary's O'Brien Institute of Population and Public Health, and the University of Lethbridge.
- Participation as a distinct faculty at UAlberta's **Health Sciences Council**, a consortium of six health sciences faculties designed to enhance cross-faculty and interdisciplinary collaboration in health research and education.
- The Research Services Office in the university also hosts a Grants Assist Program designed to enhance success of UAlberta's researchers in applying for peer-reviewed funding from the Tri-Council funding agencies, including CIHR and NSERC. Grants Assist Program includes training seminars and workshops on grant writing and peer review processes. It also recruits seasoned researchers to provide

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

individual feedback on grant applications. The School's researchers participate as both reviewers and recipients of training.

Research in the School is informed by the core disciplines in public health, including biostatistics, environmental health, epidemiology, global health, health policy and management, and health promotion and socio-behavioural health sciences.

In addition to running productive individual research programs, faculty in the School participate with colleagues and partners in a variety of teams, networks, and consortia. These larger research collaborations provide a multidisciplinary perspective on complex public health issues facing communities. The following describes an overview of strong thematic areas of interdisciplinary research within the School, along with indicators of collective research impact.

#### **Non-Communicable Disease Epidemiology, Prevention and Management:**

Spanning epidemiology, health policy and management, biostatistics and health promotion, this thematic cluster includes research into the prevalence, prevention and control of diabetes, obesity, cancer, cardiovascular disease, as well as injury. Epidemiological and biostatistical work revolves around injury, diabetes and cancers, particularly rare cancers such as brain and ovarian cancers. Primary prevention includes individual interventions in health systems such as primary care settings, where secondary prevention and disease management interventions are also studied, including impact on quality of life indicators and other patient reported outcome measures.

- **Research impact** includes informing the development of cancer registries, clinical practice guidelines, policy change related to medication efficacy and safety, policies to increase insurance coverage of supplies for diabetes self-monitoring, as well as passage of Bill 6 in 2015, the *Enhanced Protection for Farm and Ranch Workers Act*.
- **Research groups** (described below) working on the non-communicable disease prevention and management theme include the [Alliance for Canadian Health Outcomes Research in Diabetes](#) (ACHORD), Population Health Intervention Research Unit, [IPC](#), and the [Alberta Patient Reported Outcome Measures \(PROMs\) and EQ-5D Research and Support Unit](#).

**Population Health Interventions:** Including **health promotion and social-behavioral sciences**, as well as **epidemiology**, the population health intervention thematic cluster includes research into the process and impact of settings, environmental and population-based interventions for obesity, chronic disease, and injury prevention in schools, workplaces, communities/ municipalities, and through healthy public policy.

Research into changing school culture to align with a comprehensive school health approach for improving health behaviours of students is primarily accomplished through strong partnerships with foundations [**Alberta Project Promoting active Living** and healthy Eating ([APPLE Schools](#))] and government ([Alberta Healthy School Communities Wellness Fund](#)).

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

- **Research impact** includes demonstration of improved student physical activity and dietary habits, decreased obesity, improved learning outcomes and return on investment.
- Research into creating healthy communities through developing supportive environments and settings based interventions includes projects assessing preschool play spaces, food environments in recreation facilities, and the role of the built environment in structuring opportunities (and barriers) for physical activity and healthy eating for promoting healthy weights and prevention chronic diseases.
- **Research impact** includes adoption and scale up of a research-based model of community capacity building for health promotion by Alberta Health Services, and ongoing community partnerships.
- Research into the development, implementation and evaluation of interventions for healthy public policy, including a nutrition report card on children's food environments, restrictions on marketing of unhealthy foods and beverages to children, taxation of sugar sweetened beverages, implementation of a universal school food strategy, and zoning bylaws to promote healthy living is accomplished through ongoing partnerships with Alberta Health Services, the [Alberta Policy Coalition for Chronic Disease Prevention](#) (APCCP) and national coalitions.
- **Research impact** includes increasingly positive attitudes among policy makers for policy approaches to address nutrition and physical activity, and a current Senate Bill (S-228) to amend the food and Drug act to prohibit marketing of unhealthy foods to children.
- **Research Groups** working on the Population Health Intervention theme include the Population Health Intervention Unit (including [REALKids Alberta](#)), [Policy Location and Access in Community Environments](#) (PLACE), the [Centre for Health and Nutrition](#), and [Promoting Optimal Weights through Ecological Research](#) (POWER UP!).

**Environmental Health:** The **environmental health** cluster focuses on water-based and foodborne pathogens, antimicrobial resistance, the immunology of certain vector-borne parasites, and environmental and occupational exposures to organic compounds and particulates.

**Water research** is a priority theme in environmental health, with a focus on safe, secure water supplies. Researchers study the removal efficiencies of pathogens from wastewater supplies to develop detection methods that may be used in monitoring systems of reused wastewater. This work informs a risk assessment framework for decision makers and is conducted in collaboration with policy-makers. Another water-based theme is a drinking water safety plan, which assesses chemical and microbial hazards that might cause harm from local sources and focus on management at control points all the way to residential water taps. Waterborne parasites are also a research focus, both from a molecular biology perspective to the applied perspective of monitoring outbreaks of swimmer's itch in collaboration with Alberta Health Services.

**Air quality** is another priority theme of environmental health researchers. Research into the sources, fate and effects of persistent organic pollutants associated with Alberta's oil sands production has helped to inform policy decisions around industrial

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

growth and has contributed to decisions to monitor changes over time to ensure pollution levels remain low. Research into occupational exposures to nanoparticles and ultrafine particles inform employers of occupational health risks.

**Food safety** is an emerging area of research in the School. A ONE Health approach, acknowledging the interconnections between human and animal health, helps to inform work on food safety. Food safety is an important public health issue worldwide and, increasing prevalence of antibiotic-resistant food-borne pathogens threatens public health. Major food-borne pathogenic bacteria are of animal origin, inhabiting the intestines of various domestic animals and wildlife. Fecal materials from animals may disseminate pathogenic bacteria to the environment and food systems. The ability of pathogenic bacteria to resist various stress conditions and antibiotics has a huge impact on public health. Research into food safety focuses on the elucidation of antibiotic/stress resistance of food-borne pathogens, and the development of intervention strategies to control antibiotic-resistant pathogens.

- **Research impact** includes a patent filed by B.H. Jeon: Combinational therapy for synergistic inhibition of Gram-negative and Gram-positive bacteria. PCT (PCT/CA2016/000230).
- Researchers in the **socio-behavioural sciences** also contribute to the environmental health stream through research into community impact of environmental hazards, as well as risk communication.

**Addressing Health Inequities:** At its core, public health is about what is best for all of us, including the most vulnerable. The reducing inequities thematic cluster, which spans **health promotion and socio-behavioural sciences, epidemiology, and health policy and management** disciplines, addresses health inequities among our most vulnerable citizens.

**Inner City Health and Wellness Program** addresses marginalized homeless and addicted populations in inner cities. Primarily conducted through the Royal Alexandra Hospital and in partnership with the Canadian Research Initiative on Substance Misuse (CRISM) - Prairie Node (described below under collaborations). Research includes the 2014 [\*Gap Analysis of Public Mental Health and Addictions Programs\*](#) (GAP-MAP) for Alberta Health, which was the first ever comprehensive enumeration and costing of all Alberta addiction and mental health services funded by the province, a program of studies to develop an omnibus screener of substance and behavioural addictions, biennial Alberta data collection for the Canadian Student Tobacco, Alcohol, and Drugs Survey, as well as interviews of 350 inner-city injection drug users for the Edmonton Drug Use and Health Survey as part of a project on evidence-based harm reduction policy.

- **Research impact** of longstanding commitment as scientific advisors to the Access to Medically Supervised Injection Services Edmonton working group led to City Council's unanimous decision in 2016 to provide administrative support to move forward with a federal exemption allowing a supervised injection site in Edmonton. Health services for addicted and mentally ill populations have been redefined in collaboration with service providers and policy-makers.

**Global Health** research spans **basic sciences**, **socio-behavioural sciences**, and **health policy**. Researchers address inequities by working with women experiencing poor access to maternal care in the global south, and informing changes in health systems (formal and informal) to improve access. A further focus is studying the pathogenesis and dynamics of malaria infections during pregnancy by analyzing the parasite genotypes and immune status in women, and evaluating the clinical outcomes in the mother and infant at delivery.

- **Research impact** includes improved access to maternal health care for marginalized women, and improved diagnostics for malaria that can trigger appropriate treatment and improved health outcomes.

**Northern and Indigenous Research:** Edmonton is known as the “gateway to the north” and, as such, it is fitting that the School includes a focus on northern and Indigenous populations in research. This thematic area spans **health promotion and social-behavioural sciences**, and **health policy and management**. Research includes participatory research with Indigenous communities in northern Canada to better understand their risk perspectives and risk communication needs. Research is based on the concepts of engaged scholarship, using partnerships with both decision makers and community members to ensure that all forms of knowledge are known, understood and incorporated into risk decision-making. Research also examines mental health concerns among Indigenous youth in Alberta through arts-based interventions to promote mental health and well-being, examining the health effects from Alberta wildfires to Indigenous peoples and communities in Wood Buffalo, and examining pregnancy risk factors during the evacuation of the Fort McMurray wildfire. The ability of the School to rapidly respond to the needs of the northern communities affected by the 2016 wildfire evacuations is a testament to community engagement. In 2014, the School signed an affiliation agreement with Institute for Circumpolar Health Research (ICHR) to provide core support to develop research capacity in the north, facilitate faculty and student outreach, and liaise with territorial governments and regional health authorities.

**Research Groups and Units:** Researchers with common interests and working on collaborative projects have established research groups and units as follows:

- **Alliance for Canadian Health Outcomes Research in Diabetes (ACHORD) -** [ACHORD](#) is an established team in diabetes research, in Canada and internationally. ACHORD investigators and collaborators have been involved individually and in collaboration in various sectors of health research, namely the clinical, health services and population health sectors. Jeff Johnson [professor and associate dean (education)] is chair of the ACHORD group of investigators. Dean Eurich, Arto Ohinmaa and Paul Veugelers are among the faculty who collaborate with ACHORD.
- **Canadian Research initiative in Substance Misuse (CRISM) -** [CRISM](#) is a national initiative, created in response to growing concerns about the impact of substance misuse—ranging from alcohol use to prescription and non-prescription drugs. The Prairie CRISM node includes UAlberta, University of Calgary and University of Saskatchewan, and involves partnerships with over 50 researchers,



### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

service providers, consumer advocates and policy-makers from across Alberta, Saskatchewan and Manitoba. UAlberta School professor Cam Wild is the nominated principal investigator for the Prairie node. Elaine Hyshka, School assistant professor, is a researcher with CRISM.

- **Centre for Health Promotion Studies** - [CHPS](#), has established itself as a Canadian leader in research on health promotion and socio-behavioural health.

This area is explicitly interdisciplinary in its research focus. Methodologically, researchers are committed to a balanced perspective that includes descriptive qualitative work, participatory approaches, as well as population surveys and randomized efficacy and effectiveness trials. This group offers research-intensive students extensive opportunities to work with faculty who provide mentorship in a variety of theoretical and empirical approaches.

Faculty interests are focused on prevention of a variety of common chronic diseases, including obesity, cancer, addictions and other mental health conditions. Researchers also investigate dynamics of community responses to health threats, and the social and political dimensions of health systems and services. Faculty aligned with CHPS include Candace Nykiforuk (director), Elaine Hyshka, Stephanie Montesanti, Kim Raine, Jane Springett, Kate Storey and Cam Wild.

- **Ecosystem and Participatory Approaches to Health** - Ecosystem and Participatory Approaches to Health (Eco-PAtH) uses participatory action research approaches to address public health issues.

Led by Jane Springett, the Eco-PAtH team focuses on a range of health issues including peer support and health literacy, climate change and health equity, and the ability of participatory methods in health research and practice to support social change.

The Eco-PAtH team recognizes the interrelatedness of humans and the natural world when approaching improvements in health. Aligning with this holistic perspective, the Eco-PAtH way of working promotes community-engaged scholarship, and incorporates participatory and reflexive approaches to health research. The team works *with* people, rather than on them. They value, but also question, all forms of knowledge.

- **Environmental Health Sciences** - Environmental health sciences is devoted to protecting and improving the health of human populations by characterizing and limiting their exposure to chemical, biological, and physical hazards in the environment. This involves interdisciplinary knowledge from both basic and applied chemical and biological sciences to develop assessment and management strategies.

The School's environmental health sciences group occupies four newly renovated labs comprising 4,300 square feet of laboratory space and an adjacent 1,900 square feet of office space in the South Academic Building. These labs are state-of-the-art facilities developed with substantial infrastructure funding by the Canada Foundation for Innovation, and are focused particularly on water-based and

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

foodborne pathogens, antimicrobial resistance and the immunology of certain vector-borne parasites.

Nicholas Ashbolt, Norm Neumann, Patrick Hanington, Warren Kindzierski, Jeon Byeonghwa, and Bernadette Quemerais have primary affiliations with environmental health sciences, while associated researcher Jane Springett explores social and cultural contexts of environmental health.

- **Health Technology and Policy Unit** - The Health Technology and Policy Unit (HTPU) is creating knowledge to support fair, evidence-informed decision making around the introduction and use of health technologies in Canada. Led by Devidas Menon, HTPU focuses on research relevant to health care decision makers and health systems in Canada.

Most recently, a CIHR New Emerging Team Grant: Rare Diseases established the [PRISM: Promoting Rare-Disease Innovations through Sustainable Mechanisms](#) network of research on evidence requirements, decision making processes and social values concerning funding treatments for rare disorders.

Areas of expertise are:

- **Health Technology Assessment:** Comprehensive health technology assessments that are used by Alberta Health and other agencies to make evidence-based decisions on introducing and funding particular health technologies.
- **Health Technology Decision Making:** Research concerns policy options for providing access to new health technologies. These include comparative analyses that examine coverage policies and processes in other Canadian and international jurisdictions.
- **Public Engagement in Health Technology Decisions:** Research includes the development and evaluation of methods to elicit public preferences and social values (for example, through citizens' juries) on specific therapies and health care technologies.
- **Injury Prevention Centre** - [IPC](#) is a provincial organization that focuses on reducing catastrophic injury and death in Alberta. Current priorities focus on increasing awareness about preventable injuries, along with reducing the incidence and severity of injuries that are common in Alberta, including falls, self-harm and suicide, poisoning and motor vehicle-related injuries. IPC also works to reduce the impact of catastrophic injury on vulnerable populations, such as children, youth, and rural and remote populations. IPC acts as a catalyst for action by supporting communities and decision makers with knowledge and tools. Led by Don Voaklander, IPC consists of researchers, data analysts, program coordinators, educators and communicators who work with partners across Alberta to control injury.
- **Law and Risk Communication in Health** - Co-led by Tania Bubela and Cindy Jardine, [Law and Risk Communication in Health](#) (LARCH) creates dialogues around potential risks that incorporate the scientific aspects of risk assessment

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

- together with the social, cultural, ethical, political and legal considerations that shape informed decisions on personal and societal management of risk.
- **Policy, Location and Access in Community Environment Lab** - Led by Candace Nykiforuk, [PLACE](#) contributes to understanding the people-policy-place relationships in chronic disease interventions and prevention initiatives. Work in the PLACE lab involves community-based participatory research, qualitative and quantitative methodologies, and GIS mapping.
- **Population Health Intervention Research Unit** - The Population Health Intervention Research Unit (PHIRU) conducts research related to nutrition, lifestyle, socio-economic factors and intervention programs to influence new health policies and programs for chronic disease prevention. In an effort to curtail the growing issue of overweight and obesity among Canadian children, schools have been the setting of choice for health promoting strategies. While the need for effective child health promotion programs and policies is well recognized, details on the implementation and cost-effectiveness of different policies and programs are still unclear. The Return on Investment for Kids' Health (ROI4Kids) collaborative team aims to evaluate and improve school health programs, estimate program and avoided health care costs, explore broader academic and health benefits, as well as understand how to optimize program implementation. Paul Veugelers is the director of PHIRU. Kate Story and Arto Ohinmaa are associated researchers.

**Research Policies, Procedures and Support:** As a distinct faculty at UAlberta, the School's research administration is guided by research policies under [UAPPOL](#). Policies and procedures cover eligibility to [apply for and hold research funding](#), [animal and human ethics policies](#), [research and scholarship integrity](#), and [research administration](#).

The general philosophy for financial administration of research grants is for oversight processes to occur at the researcher/principal investigator level as much as possible (i.e., a decentralized system); faculties and departments are mandated with a significant review role as internal control. UAlberta does, however, perform periodic sampling and review of expenditures with the Travel Claims unit, Research Services Office, Financial Services and Internal Audit.

The [Research Administration Roles and Responsibilities Procedure](#) was originally approved in May 2004 in response to a monitoring review by the Canadian tri-council funding agencies in order to clearly identify research administration roles and responsibilities for all the relevant parties (e.g., researchers, faculties, research facilitators, Research Services Office and financial services). The current policy was most recently updated and approved on May 31, 2016.

Research facilitators are based in the central Research Services Office. These facilitators are assigned to each faculty, and according to the 2005 Canadian tri-council funding agency report, the research facilitator initiative is cited as an example of a best practice in the area of research administration. While the research facilitator is housed centrally, the research facilitator regularly attends meetings in the faculty and is available for telephone, email or in-person support.

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

The research facilitator identifies and implements services, systems and processes to enhance research administration, improve communication with researchers and administrators, and ensure accountability to all stakeholders. Specific research facilitator responsibilities include:

- providing a first point of contact for School-based researchers and administrators with regard to research administration matters;
- working collaboratively with internal and external partners of the School to implement best practices in research administration, accountability and compliance;
- working with central administration and the School to ensure researchers and staff are appropriately educated on and familiar with UAlberta and sponsoring agencies' policies;
- providing mentoring and assistance to School-based researchers in the development of applications and proposals; and
- reviewing and signing applications on behalf of UAlberta to ensure compliance with university and sponsor policy.

Support for research at the School is provided by the AD (R), the research facilitator and part-time administrative support. Communication of funding opportunities and research news is facilitated through the weekly e-bulletin, 4U@SPH, which is distributed to all faculty, students and administrators.

b. *Description of current research undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.*

In 2016, we conducted an inventory of collaborations and partnerships [Electronic Resource File *ERF 3.3 Partnership Consultation for the School of Public Health*] in which our faculty members are involved. The information was extracted from the faculty members' annual reports submitted to FEC and a survey conducted for this purpose.

We identified some 1,100 agencies and institutions from around the world with which the School or its faculty members have partnership/collaboration arrangements and/or formal agreements. These could be broken down into:

- Within the U of A – 26%; of these, the Faculty of Medicine and Dentistry accounted for 39%; followed by the School (23%); Agricultural, Life and Environmental Sciences (9%); Engineering (5%) and others.
- Other academic – 37%; of these, universities in Canada accounted for 60%, USA (13%), UK (6%), other Europe (9%), Australasia (7%), Asia and Africa (3% each) and Latin America (0.5%).
- Government agencies – 24%; of these, 45% were with the Alberta provincial government (including ministries and regional health authorities), other provincial governments (14%), the federal government of Canada (13%), municipalities (11%) and foreign governments (16%)
- Non-governmental organizations – 10%
- Industry – 3%

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

Community and academic partnerships are essential for fostering strong and effective public health practice and policy development. We continue to build links with researchers, practitioners and policy decision makers across a variety of sectors to pursue opportunities for addressing public health issues. We are proud to work collaboratively with other academic institutions, and non-governmental and governmental organizations locally, nationally and internationally. In addition, we are actively engaged in many associations and networks aimed at promoting health and well-being. Examples include:

- **Alberta Policy Coalition for Chronic Disease Prevention** - APCCP was established in 2009 and is housed in the School. Co-directors are Kim Raine and Candace Nykiforuk. APCCP represents a broad range of practitioners, policy-makers, researchers, and community organizations that have come together to coordinate efforts, generate evidence and advocate for policy change to reduce chronic disease in Alberta. Initially funded as a research project through a Population Health Innovative Intervention by the Alberta Cancer Prevention Legacy Fund, ongoing infrastructure funding for the secretariat has been provided since 2011, primarily by the Heart and Stroke Foundation. APCCP is composed of 16 member organizations who work together in advocating for healthy policy changes for a healthier Alberta: Action on Smoking and Health, Alberta Centre for Active Living, Canadian Cancer Society, Alberta Food Matters, Alberta Public Health Association, Vivo for Healthier Generations, Diabetes Canada, Dietitians of Canada, Heart and Stroke, the Lung Association, plus internal research programs of the co-directors (POWER and PLACE).
- **Alberta Recreation and Parks Association** - In 2013, the School signed a protocol agreement with the [Alberta Recreation and Parks Association](#). Recognizing that we have mutual interests and shared objectives, the agreement provides a framework for us to collaborate on research and programs, as well as professional development offerings. In addition, it opens the door for discussion about developing strong community leaders and Alberta communities.
- **Campus Alberta Health Outcomes and Public Health** - The School engages with provincial partners in Campus Alberta. This initiative promotes a coordinated approach towards public health research that supports the development of healthy public policy. With the partners, we seek internationally leading innovation by aligning our creativity, expertise, educational programs and research platforms for better health outcomes and public health.
- **Institute for Circumpolar Health Research** - [ICHR](#) is a northern-based health research centre based in Yellowknife with networks and collaborations extending across the Arctic regions of Canada, the Nordic countries, Russia, Alaska and Greenland. In 2014, the School signed an affiliation agreement with ICHR to provide core support to develop research capacity in the North, facilitate faculty and student outreach, and liaise with territorial governments and regional health authorities.
- **Royal Alexandra Hospital** - The School has a formal agreement with the Royal Alexandra Hospital in Edmonton's inner city. Specifically, Elaine Hyshka, assistant professor of health policy and management, is also scientific director of the Inner City Health and Wellness Program, where her applied program of health services

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

and policy research engages clinicians, senior hospital leaders, patients and community partners to implement changes to clinical practice and hospital policy that redefine the health care experience for people living with substance use disorders. CHPS and faculty members in biostatistics also fulfill evaluation roles for the Royal Alexandra Hospital on a continuing contract basis.

- c. A list of current research activity of all primary faculty identified in Criterion 4.1.a., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following information organized by department, specialty area or other organizational unit as appropriate to the school: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and, h) whether research provides for student involvement.

See Research Activity of Faculty 2014 to 2017 [Electronic Resource File – *ERF 3.2 Research Activity of Faculty 2014 to 2017*].

- d. Identification of measures by which the school may evaluate the success of its research activities, along with data regarding the school's performance against those measures for each of the last three years. For example, schools may track dollar amounts of research funding, significance of findings (e.g, citation references), extent of research translation (e.g, adoption by policy or statute), dissemination (e.g, publications in peer-reviewed publications, and presentations at professional meetings) and other indicators.

**Table 3.1.1. Performance on Measurable Objectives for Success of Research Activities for 2014/15, 2015/16, 2016/17 and 2017/18**

| Outcome Measure  | Target       | 2014/15      | 2015/16      | 2016/17      | 2017/18 |
|--|--------------|--------------|--------------|--------------|---------|
| <i>Goal 3. Research. Pursue research to create knowledge to advance the public's health.</i> |              |              |              |              |         |
| Total research funding per year  | \$15,000,000 | \$15,578,400 | \$13,882,400 | \$13,449,900 | NA      |
| Research funding per faculty member per year   | \$400,000    | \$432,733    | \$433,825    | \$407,573    | NA      |
| Peer-reviewed publications per faculty member, per year                                      | 4            | 6.9          | 7.7          | 7.5          | NA      |

**Success of Research Activities and Measures of Performance:** This report has grouped success of research activities under the following measures of performance: research-related impact includes research and scholarly funding, research outputs (publications, citations), and research related awards. Examples of policy, health service, health and societal impact are embedded in the previous overview of strong thematic areas of interdisciplinary research within the School:

- **Research and Scholarly Funding** - The School is a research intensive, highly productive faculty. Our research creates new knowledge and links evidence with health policy and practice. Some research is investigator-driven while others are applied and targeted at specific, externally determined priorities. Our research spans the full range, including wet-lab research, health care services and policy, population-based studies and participatory action research.

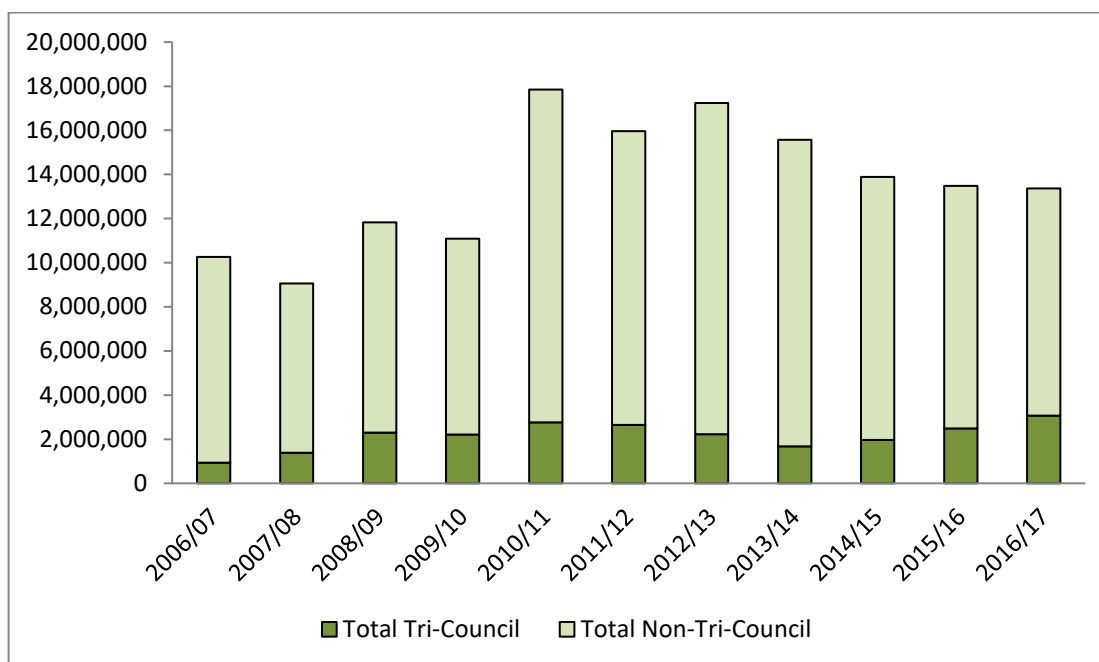
As a small faculty, we are very proud of our research funding record. We consistently rank 5<sup>th</sup> among 17 UAlberta faculties behind such large, multi-

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

department faculties as Medicine and Dentistry; Science; Engineering; and Agricultural, Life and Environmental Sciences.

There is a disconcerting downward trend in more recent years, from a high of just under \$18 million in 2010/11 to just under \$14 million in 2016/17 (Figure 3). This trend parallels that of UAlberta as a whole.

**Figure 3. Trend in Research Funding Received from All Sources**



The research funding environment is grim. Among the three national Canadian research funding agencies—collectively referred to as “tri-council”—the School receives funding from the CIHR and NSERC. SSHRC explicitly does not fund health research. There has been little real growth in parliamentary allocations to these councils in recent years, while the applicant pool continues to increase. The success rate for CIHR’s open operating grant competitions has plummeted from 22.5% in 2011/12 to 14.1% in 2014/15 (UAlberta’s success rate dropped from 22.5% to 9.62%; the School was 11.5%). This has a severe impact on junior investigators at the start of their career.

For years, Alberta has been the envy of other provinces in having the resources of the Alberta Heritage Foundation for Medical Research (AHFMR), which changed its name to Alberta Innovates Health Solutions (AIHS) in 2010. AHFMR / AIHS greatly enriched the health research environment in Alberta. Although its focus has been predominantly biomedical and clinical, public and population health has also benefitted from special competitions, team grants and salary awards. Late in 2016, the provincial government merged AIHS and other agencies into a single Alberta Innovates Corporation. In addition to AIHS, researchers, especially those in environmental health, have also received substantial funding from Alberta Innovates—Energy and Environment Solutions in the past. It remains to be seen



### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

what impact the new Alberta Innovates Corporation will have on health research funding in the province, but a decrease in resources available is widely expected.

To determine funding success rates, we tracked only CIHR, NSERC and AIHS applications submitted during fiscal year 2013-2016 (Table 3.1.2). These are the most competitive, and therefore indicative of research excellence. Also, the application numbers are large enough for the rates to be meaningful. The results are categorized according to “program” as defined by the agencies. For CIHR, different types of team based special initiatives are grouped under “team grants.”

**Table 3.1.2. Applications Submitted/Approved to AIHS and NSERC and CIHR, 2013-2016**

| Funding Agency   | Submitted  | Approved  | %           |
|--|------------|-----------|-------------|
| <b>Alberta Innovates Health Solutions</b>                |            |           |             |
| CRIO Program, Project, Team                              | 21         | 4         | 19.0        |
| CPRO   | 2          | 2         | 100.0       |
| PRIHS  | 1          | 0         | 0.0         |
| Other Operating  | 2          | 1         | 50.0        |
| <b>Subtotal</b>  | <b>26</b>  | <b>7</b>  | <b>26.9</b> |
| Conference Grant   | 3          | 2         | 66.7        |
| Studentship/Fellowship                                   | 42         | 7         | 16.7        |
| <b>Total AIHS</b>  | <b>71</b>  | <b>16</b> | <b>22.5</b> |
| <b>Natural Sciences and Engineering Research Council</b> |            |           |             |
| Discovery Grant -Individual                              | 7          | 3         | 42.9        |
| Discovery Grant -Group                                   | 1          | 1         | 100.0       |
| Strategic Partnerships Grant                             | 3          | 0         | 0.0         |
| Research Tools and Instruments                           | 1          | 0         | 0.0         |
| <b>Total NSERC</b>                                       | <b>12</b>  | <b>4</b>  | <b>33.3</b> |
| <b>Canadian Institutes of Health Research</b>            |            |           |             |
| Operating Grant  | 52         | 6         | 11.5        |
| Project Scheme   | 8          | 2         | 25.0        |
| Foundation Scheme  | 6          | 0         | 0.0         |
| Team Grant   | 16         | 6         | 37.5        |
| Proof of Principle Grant                                 | 4          | 2         | 50.0        |
| Catalyst Grant   | 2          | 1         | 50.0        |
| Knowledge Synthesis Grant                                | 3          | 1         | 33.3        |
| Chairs and New Investigators                             | 7          | 1         | 14.3        |
| <b>Subtotal</b>  | <b>98</b>  | <b>19</b> | <b>19.4</b> |
| Meeting/Planning/Dissemination Grant                     | 8          | 4         | 50.0        |
| Travel Awards  | 4          | 2         | 50.0        |
| Doctoral Research Award                                  | 11         | 2         | 18.2        |
| Fellowship   | 7          | 1         | 14.3        |
| <b>Total CIHR</b>  | <b>128</b> | <b>28</b> | <b>21.9</b> |



### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

- **Trend in Research Revenues** - Table 3.1.3, shows the trend over the past five years (fiscal year 2011/12 to fiscal year 2015/16).

**Table 3.1.3. Research Revenues by Source, 2013-2016**

| Source                          | 2011/12           | 2012/13           | 2013/14           | 2014/15           | 2015/16           |
|---------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Government of Alberta           | 8,267,490         | 8,855,194         | 9,138,667         | 7,848,779         | 8,093,399         |
| Government of Canada            |                   |                   |                   |                   |                   |
| CIHR                            | 2,633,084         | 2,140,977         | 1,612,186         | 1,903,041         | 2,389,281         |
| NSERC                           | 18,000            | 81,000            | 63,000            | 67,500            | 101,500           |
| Other                           | 901,339           | 988,061           | 1,252,596         | 1,456,512         | 1,292,963         |
| Other governments               | 985,223           | 949,674           | 454,786           | 834,796           | 529,228           |
| Businesses                      | 2,375,522         | 3,249,006         | 1,728,249         | 352,650           | 168,914           |
| Not-for-profits and individuals | 695,404           | 949,561           | 1,320,812         | 1,419,131         | 874,656           |
| Sales and investment income     | 62,909            | 22,074            | 8,139             | 8,778             | 29,135            |
| <b>Total</b>                    | <b>15,938,971</b> | <b>17,235,548</b> | <b>15,578,434</b> | <b>13,882,409</b> | <b>13,449,942</b> |

There has been a downward trend from the peak year of 2012/13 when over \$17 million in research funding were received. However, the amount of tri-council funding has rebounded and in 2015/16 returned to the level attained in 2011/12. The overall decline in research funding during the five-year period is due mainly to decrease in funding from the private sector—businesses, non-for-profit organizations and individual donors.

The major categories are organized by the Office of the Vice-President (Research). They are examined in further detail for the most recent four years from fiscal years 2012/13 to 2015/16 to illustrate the diversity of sources and their relative importance.

**Government of Alberta:** Under this category are research and service contracts from the provincial ministry of health and other ministries that broadly represent the social determinants of health, and competitive operating grants from the Alberta Innovates suite of agencies. Table 3.1.4 below, shows the research and service contracts from Government of Alberta agencies.

**Table 3.1.4. Research and Service Contracts from Government of Alberta Agencies**

| Government of Alberta            | FY 12/13  | FY 13/14  | FY 14/15  | FY 15/16  | Total      | %    |
|----------------------------------|-----------|-----------|-----------|-----------|------------|------|
| AB Health                        | 6,430,886 | 6,072,583 | 4,539,321 | 4,770,075 | 21,812,865 | 64.3 |
| AB Innovates-Health Solutions    | 661,804   | 161,060   | 1,972,653 | 2,174,474 | 6,419,540  | 18.9 |
| AB Advanced Education            | 0         | 191,749   | 250,000   | 597,688   | 1,039,437  | 3.1  |
| AB Transportation                | 548,038   | 422,132   | 15,279    | 23,681    | 1,009,130  | 3.0  |
| AB Education                     | 500,000   | 250,000   | 235,000   | -12,096   | 972,904    | 2.9  |
| AB Innovates-Energy Enviro Soln  | 0         | 338,175   | 421,825   | 120,000   | 880,000    | 2.6  |
| University of Calgary [subgrant] | 537,547   | 0         | 85,747    | -119,030  | 504,264    | 1.5  |
| Alberta Health Services          | 176,997   | 85,665    | 36,999    | 177,360   | 477,022    | 1.4  |

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

| Government of Alberta          | FY 12/13         | FY 13/14         | FY 14/15         | FY 15/16         | Total             | %          |
|--------------------------------|------------------|------------------|------------------|------------------|-------------------|------------|
| AB Livestock and Meat Agency   | 0                | 69,000           | 106,500          | 233,000          | 408,500           | 1.2        |
| AB Labour                      | 0                | 0                | 128,455          | 10,885           | 139,340           | 0.4        |
| Health Quality Council Alberta | 0                | 0                | 0                | 117,360          | 117,360           | 0.3        |
| AB Environment and Parks       | 0                | 74,000           | 30,000           | 0                | 104,000           | 0.3        |
| AB Innovates-Bio Solutions     | 56,526           | -2,248           | 0                | 0                | 54,278            | 0.2        |
| AB Cancer Foundation/Board     | -78              | 27,000           | 27,000           | 0                | 53,922            | 0.2        |
| <b>Government of Alberta</b>   | <b>FY 12/13</b>  | <b>FY 13/14</b>  | <b>FY 14/15</b>  | <b>FY 15/16</b>  | <b>Total</b>      | <b>%</b>   |
| AB Innovates-Tech Futures      | -56,526          | 0                | 0                | 0                | -56,526           | -0.2       |
| <b>Total</b>                   | <b>8,855,194</b> | <b>9,138,665</b> | <b>7,848,779</b> | <b>8,093,399</b> | <b>33,936,037</b> | <b>100</b> |

**Note:** The names of government ministries are as on January 1, 2017.

**Alberta Health** contributed over 60% of the funding in this category during the four years. These are accounted for by major contracts to IPC for injury surveillance and program evaluation (Don Voaklander), the Alberta Healthy School Community Wellness Fund (Jane Springett), for health technology assessments (Dev Menon), and for environmental quality monitoring (Warren Kindzierski), among others. In addition, some faculty members have received funding from Alberta Health through partner organizations, including the Institute of Health Economics, such as Jeff Johnson for diabetes health services/health outcomes (e.g., \$5.2 million grant for Alberta's Caring for Diabetes Project).

Among large team grants exceeding \$1 million awarded by **AIHS** to the School are a Collaborative Research and Innovation Opportunities (CRIO) grant to Paul Veugelers on return-on-investment for child health interventions, and a CPRO (Cancer Prevention Research Opportunity) grant to Kim Raine on benchmarking food environments to reduce cancer risk.

**Government of Canada:** Included are the tri-councils and other funding bodies, and federal government departments such as Health Canada and the Public Health Agency of Canada.

**CIHR** accounted for 60% of federal research funding. Among major grants exceeding \$1 million each are projects on rare diseases policy development (Dev Menon), waste water reuse (Nick Ashbolt), diabetes outcomes research (Jeff Johnson), substance misuse (Cam Wild), and the circumpolar health system innovations (Kue Young), among others. The **Canadian Partnership Against Cancer** was created by the federal government to implement the national strategy to control cancer. Kim Raine received a major grant to investigate policy interventions to reduce obesity and chronic disease risk. Table 3.1.5 on the next page shows the research and service contracts from Government of Canada agencies.

**Table 3.1.5. Research and Service Contracts from Government of Canada Agencies**

| Government of Canada                      | FY 12/13         | FY 13/14         | FY 14/15         | FY 15/16         | Total             | %          |
|---|------------------|------------------|------------------|------------------|-------------------|------------|
| CIHR                                      | 2,140,977        | 1,612,186        | 1,903,041        | 2,389,327        | 8,045,531         | 60.3       |
| CA Partnership Against Cancer             | 0                | 808,057          | 796,966          | 792,347          | 2,397,370         | 18.0       |
| Canada Research Chairs                    | 225,000          | 200,000          | 283,333          | 200,000          | 908,333           | 6.8        |
| Canada Foundation<br>Innovation           | 594,321          | 45,139           | 144,400          | 49,538           | 833,398           | 6.2        |
| NSERC                                     | 81,000           | 63,000           | 67,500           | 101,500          | 313,000           | 2.3        |
| Health Canada                             | -102             | 0                | 112,013          | 127,816          | 239,727           | 1.8        |
| NCE Stem Cell Network                     | 103,500          | 51,400           | 79,800           | 0                | 234,700           | 1.8        |
| Royal Canadian Mounted<br>Police          | 35,000           | 35,000           | 40,000           | 40,000           | 150,000           | 1.1        |
| Grand Challenges Canada                   | 0                | 113,000          | 0                | 0                | 113,000           | 0.8        |
| International Development<br>Research Ctr | 0                | 0                | 0                | 51,036           | 51,036            | 0.4        |
| NCE Biotherapeutics Cancer<br>Rx          | 0                | 0                | 0                | 32,226           | 32,226            | 0.2        |
| Public Health Agency Canada               | 30,343           | 0                | 0                | 0                | 30,343            | 0.2        |
| <b>Total</b>                              | <b>3,210,039</b> | <b>2,927,782</b> | <b>3,427,054</b> | <b>3,783,790</b> | <b>13,348,665</b> | <b>100</b> |

Tania Bubela is a network investigator of two **Networks of Centres of Excellence** (NCE)—the Stem Cell Network and the Biotherapeutics for Cancer Treatment Network—of which she is a founding investigator. Bubela contributes legal and ethical expertise to these primarily biomedical NCEs. Not listed in the table is Stephanie Yanow, who has just been funded by the India-Canada Centre for Innovative Multidisciplinary partnerships to Accelerate Community Transformation and Sustainability (IC-IMPACTS) network devoted to Indian-Canada collaborations in developing community-based solutions to health and sustainability.

The Canada Foundation for Innovation (CFI) funds research infrastructure such as equipment, laboratories, databases, computer hardware and software, communications linkages and buildings. School researchers have obtained CFI grants for research on comprehensive school health (Paul Veugelers), diabetes outcomes (Jeff Johnson), and construction/renovation of laboratories to study the immunology of schistosomiasis (Patrick Hanington), environmental biohazards (Norm Neumann), antibiotic resistance against campylobacter (Byeonghwa Jeon) and pathogens in plumbing biofilms (Nick Ashbolt).

**Other Governments:** This is a heterogeneous category that includes municipalities, agencies in other Canadian provinces, and foreign funding agencies. The majority of sources are sub-grants from universities in other jurisdictions.

**Businesses:** In the research revenue database, the source of over 90% of the business donations are grouped into “Canadian businesses – various.” Among individually named businesses, the amounts are relatively modest, ranging from \$10,000 to \$112,500. These are from a variety of sectors, including pharmaceuticals (Pfizer Canada), energy (TransAlta), utilities (EPCOR, American Water), clinical diagnostics (Aquila), agricultural/foods (IDEXX, Prairie Agricultural Machinery) and environmental engineering (Tetra Tech).

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

**Not-for-profits and Individuals:** Under this category are charitable foundations and societies focused on specific diseases such as heart disease, stroke, diabetes, cancer, lung diseases and multiple sclerosis (19%). These organizations award grants through open competitions and based on peer review. Local funding bodies such as MSI Foundation, Policy Wise, Genome Alberta are also competitive and peer-reviewed. The remainder is more general philanthropic organizations and individuals. The Pure North S'Energy Foundation was the largest single donor during the four-year period, accounting for 27% of the total amount contributed.

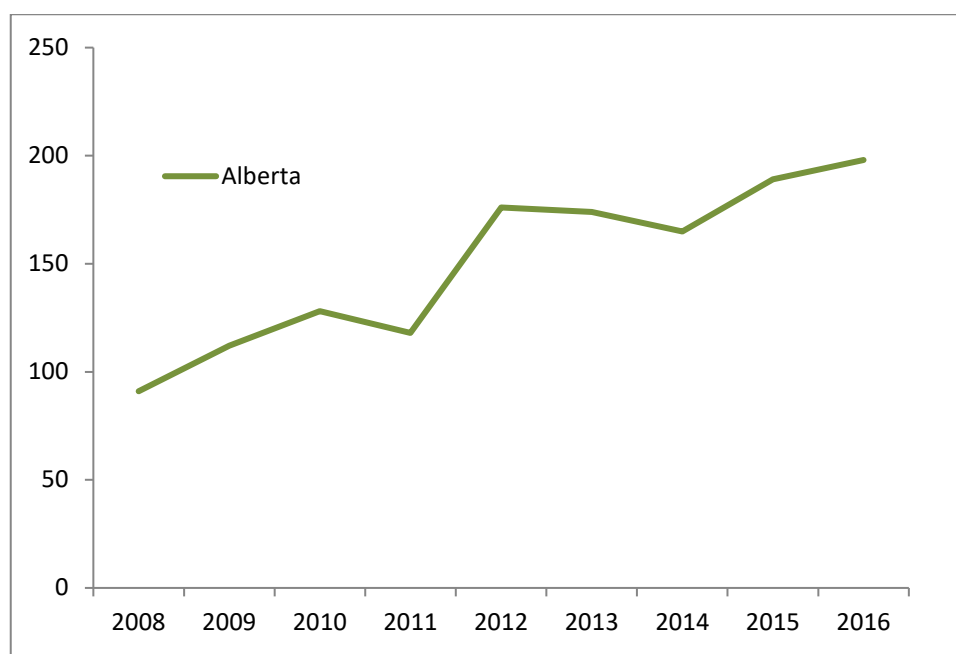
- **Research Output Indicators**

**Bibliometrics:** Learning Services was contracted to conduct a basic bibliometric study, focusing on publications and citations, covering the period 2008-2016. Data were retrieved from the Web of Science Core Collection. The attribution of publications to the School involved searching a combination of addresses and authors. InCites was used to determine international collaboration, category normalized citation impact and articles in the top 1 and 10% of highly cited publications for their journal subject category.

**Table 3.1.6. Key Bibliometric Indicators for School Faculty**

| Indicator                                |        |
|--|--------|
| No. core faculty members                 | 32     |
| Publications [reviews and articles only] |        |
| Total number                             | 1,351  |
| Average number per year                  | 150.1  |
| Average number per faculty member        | 42.2   |
| % with international author              | 37.7   |
| Citations [articles and reviews only]    |        |
| Total number including self-citations    | 17,168 |
| Number per publication                   | 12.7   |
| Average number per faculty member        | 536.5  |
| Total number excluding self-citations    | 15,959 |
| Number per publications                  | 11.8   |
| Average number per faculty member        | 498.7  |
| Category normalized citation impact      | 1.25   |
| % articles in top 1%                     | 1.04   |
| % articles in top 10%                    | 15.8   |

Figure 4 shows the time trend in the total number of publications over the nine-year period.

**Figure 4. Trend in Number of Publications (articles and reviews only) by School Faculty**

One should interpret these data with caution. It is difficult to attribute a publication to a school of public health. Many public health researchers who are not core faculty in a school may list the school as their affiliation; conversely there are also core faculty members who do not list the school of public health in their addresses but only list a constituent division or centre. There is a broader debate about the validity, reliability and relevance of bibliometric indicators as measures of the quality of research productivity.

**Patents:** Patents are not the common by-products of public health research. Among current faculty members there is only one patent that has been filed:

Jeon Byeonghwa: Combinational therapy for synergistic inhibition of Gram-negative and Gram-positive bacteria. PCT (PCT/CA2016/000230)

Prior to his joining the School, Nick Ashbolt has one patent filed in Australia:

Ashbolt N, Dorsch M, Veal D, Williams, Vesey G. Method for detection of viable *Cryptosporidium parvum* cells. Australian Patent Number 96/00274; EP0840799 A1.

Stephanie Yanow is currently developing a cross-species vaccine against malaria for which she will be applying for a patent.

Researchers such as these indicate the multidisciplinary research environment in the School, with strong wet-lab basic scientists alongside more traditional population-based researchers.

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

- **Research-related Awards**

The quality of research engaged by faculty members can be gauged by the many research chairs and professorships awarded by national and provincial granting agencies.

**Canada Research Chairs:** Created by the Government of Canada in 2000, the Canada Research Chairs (CRC) program is designed to recruit and retain world-class researchers to Canadian universities and research institutions. Since its inception, four professors have been recruited to the Tier 2 Chair and 1 to the Tier 1 Chair.

- Yutaka Yasui, (2005-10, 2010-15) in Biostatistics and Epidemiologic Research
- Paul Veugelers (2006-11, 2011-16) in Population Health Interventions
- Jeff Johnson (2002-12) in Diabetes Health Outcomes
- Dean Eurich (2014-19) in Chronic Disease Management and Prevention
- Tim Caulfield (cross-appointed in Faculty of Law) (2002-09, 2009-14) in Health Law and Policy

As of January 1, 2017, three Tier 2 Chairs are allocated to the School. In addition to the chair occupied by Dean Eurich, we have nominated one candidate for a chair in social epidemiology and are awaiting the decision, and we have initiated the search for a chair in Northern and Aboriginal health systems.

**CIHR Career Awards:** CIHR is the major national funding agency for health research in Canada. In addition to research grants, it also supports the career development of faculty members with salary awards. Those salary awards that support current faculty since the School's establishment are as follows:

- *Applied Public Health Chairs:* Kim Raine (2009-13), in partnership with the Heart and Stroke Foundation of Canada; and Candace Nykiforuk (2014-19), in partnership with the Public Health Agency of Canada and Alberta Innovates-Health Solutions
- *New Investigators:* Dean Eurich (2009-14)

**Alberta Innovates – Health Solutions Career Awards:** AIHS is the successor organization to AHFMR. In 2014, it enabled the School to recruit from the U.S. Environmental Protection Agency Nick Ashbolt, a world authority on the risk assessment of water-borne pathogens, to the *Translational Health Chair in Disease Prevention*.

AIHS also supported the career development of faculty members through the *Population Health Investigator* award to Dean Eurich (2008-15) and Zubia Mumtaz (2010-17); the *Health Scholar* award to Linda Carroll (2003-08), Jeff Johnson (2004-09), Cam Wild (2006-13), and Paul Veugelers (2007-14); and the *Senior Health Scholar* award to Kim Raine (2005-10), Yutaka Yasui (2006-13), Tim Caulfield (2007-14), Linda Carroll (2008-15), and Jeff Johnson (2009-16).

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

**Other External Awards:** Katerina Maximova received the Career Development Award in Prevention Research from the Canadian Cancer Society Research Institute.

**University of Alberta Professorships:** UAlberta awards several named professorships in recognition of outstanding academic members. The School was honoured by the award of the *Centennial Professorship* to Jeff Johnson in 2012. This professorship is among the most prestigious of honours bestowed by the University and is tenable for seven years, renewable for another seven years. Each year, *Killam Annual Professorships* are selected across the university for distinction in scholarship, teaching and community service. Jeff Johnson received this award in 2010 and Zubia Mumtaz received this honour in 2016. Each of the “large” faculties and the “small” faculties collectively (to which the School belongs) are awarded a *McCalla Professorship*, with particular emphasis on excellence in integrating teaching with research. Tania Bubela was the recipient in 2014.

**Endowed and Named Chairs:** The School does not have any endowed chair from private sources. However, our major donor funded the Alberta Research Chair in Nutrition and Disease Prevention awarded to Paul Veugelers for a five-year period (2013-2018).

- **Research Impact**

Increasingly funding agencies, governments, and indeed the general public, are demanding value-for-money, seeking return on investment in university-based research. Simply pointing to the number of presentations, publications, citations, trainees and so on, is no longer adequate. Instead, there is now a strong focus on research impact in advancing knowledge, building capacity, informing decision-making, ultimately leading to improvements in health care and the health and socio-economic well-being of Canadians.

Under the leadership of the AD (R), the School began in early 2017 to collect systematically quantitative and qualitative data on research impact based on the [Canadian Academy of Health Sciences framework](#). A small corps of faculty members have gone through research impact assessment training in workshops/ courses organized by AIHS. It is anticipated in future accreditation and quality assurance exercises, research impact assessment will be an integral component.

- e. **Description of student involvement in research.**

Students are involved in a variety of research and engaged scholarship activities conducted through the School and benefit from opportunities to work closely with faculty members, many of whom are nationally and internationally recognized in their respective disciplines.

All research-intensive (MSc and PhD) students in the School are required to create, implement and defend original theses and dissertations and, by definition, involved in research. Annual reporting by faculty members is used to cross-classify student involvement in research a) as hired personnel on research grants and research contracts, b) as part of their graduate degree program, and c) with respect to

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

community-initiated and community-involved research conducted at the School. Of the research projects in the School [Electronic Resource File – *ERF 3.2 Research Activity of Faculty 2014 to 2017*], 82% hired students as personnel on grants and contracts, 49% sponsored students as part of their MSc or PhD degree and 68% worked with students as part of community-initiated or community-involved research.

The School also encourages faculty members to involve students in the publishing process. The School requires faculty members to annotate their annual reports to indicate student involvement in publishing. The School's Research Office collates this information annually and monitors trends in student involvement in publishing original research with School faculty members. Student involvement in peer-reviewed publications has steadily increased, from 35 publications in 2008, to 57 in 2009 and to 71 publications in 2010.

In addition to research conducted as part of their graduate degree requirements, students have additional opportunities to participate in research as paid or unpaid research assistants. These opportunities provide supplemental training for students in research design, data collection and data analyses.

The School provided research assistantship funding in 2013-14 to 48 students for an average of \$9876.75/student, in 2014-15 to 45 students for an average of \$10872.13/student, in 2015-16-11 to 46 students for an average of \$13124.12/student, and in 2016-17 to 55 students at an average of \$11226.73/student.

The U of A has a collective agreement with GSA that provides regulations governing [Academic Employment of Graduate Students](#) (AEGS).

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

Criterion 3.1 is met.

**Strengths:** The School has performed extremely well in research in terms of grants received, publications and career awards awarded to faculty and scholarships awarded to trainees. Much of the research is multi- and inter-disciplinary, and involve collaborators in other faculties within the university, and other academic institutions around the world. Until recently, the existence of a strong provincial funding agency has made Alberta the envy of the country.

**Weaknesses:** There is a decline in research revenue from all sources in recent years, a reflection of the increasingly competitive funding environment in Canada. The future of provincial funding for research is uncertain, given recent organizational change and the dismal outlook for the provincial economy.

**Plans:** In addition to the existing IPC and soon-to-be-renamed CHPS, we plan to create new research centres to consolidate research in areas of strength and establish the School as the source for credible and authoritative evidence based policy advice. In collaboration with the Faculty of Agricultural, Life, Environmental Sciences, we have just launched a Centre for Health and Nutrition. We plan to launch a Centre for Health Systems during 2017, to be followed by a Centre for Health and Environment. Such



### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

centres will attract high quality students and provide them with an even richer training environment.

The School fully supports the increasing attention placed on research impact beyond traditional measures such as grants, publications and trainees, but rather evidence that research has affected health policy and practice, improved health and well-being of the population, and strengthened the health system. The School will build up a cadre of faculty members (and postdoctoral fellows and doctoral students) who have received training in research impact assessment, to be applied to their own research projects, as well as the research enterprise of the School overall.

## CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

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

- a. Description of the school's service activities, including policies, procedures and practices that support service. If the school has formal contracts or agreements with external agencies, these should be noted.

The mission of the School is "to engage with partners to create knowledge, educate public health professionals and advance the public's health." Two stated objectives of the School's strategic directions are to "identify future opportunities with local organizations to increase knowledge and develop/provide evidence to influence adoption of effective public health policies and practice," and to "identify future opportunities with organizations with whom our School could undertake research (including service contracts)."

A review was commissioned by the dean to obtain stakeholder feedback and advice in the development of a partnership strategy for the School. A report titled *Partnership Consultation for the School of Public Health* was completed and presented to the School in October 2016 [Electronic Resource File – *ERF 3.3 Partnership Consultation for the School of Public Health*].

Faculty, staff and students provide evaluation, research, consultation, technical assistance and program development support to a variety of public health programs, services and policy initiatives. School contributions to service range from individual faculty member activities to larger research platforms operating out of the faculty [Electronic Resource File – *ERF 3.4 Service Activity of Faculty 2014, 2015, and 2016*]. A summary of the faculty service contributions are in Table 3.2.1.

**Table 3.2.1. Faculty Service Activities – 2014/15, 2015/16 and 2016/17**

| Activities   | 2014/15 | 2015/16 | 2016/17 |
|--|---------|---------|---------|
| Number of faculty members that serve as a manuscript reviewer on a journal.              | 16      | 19      | 17      |
| Number of faculty members that serve as an editor or editorial board member on a journal | 9       | 11      | 5       |
| Number of faculty members that serve on a grant review committee                         | 9       | 10      | 11      |
| Number of faculty members that serve on non-academic advisory boards and committees      | 18      | 17      | 13      |

The School established an [external advisory council](#) to provide high-level strategic advice related to ensuring the long-term goals and success of the School. This executive level council is intended to offer insights, ideas and resources to assist the School in developing strategic initiatives to ensure the provision of unparalleled education for students, completion of leading edge and relevant research, and engagement in significant policy and service roles. The roles of EAC are three-fold: strategic, ambassadorial and developmental. EAC draws upon talents and experience of senior-level representatives from a diversity of public and private sectors, foundations and non-governmental organizations to create new levels of innovation and

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

partnerships in public health. The terms of reference and membership of the EAC are included in Criterion 1.5.

- b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Every faculty member has a proportion of their time dedicated to service. In evaluating service performance, FEC values service related activities within the School and UAlberta, as well as with academic and professional organizations and public health services external to the university. Participation in various committees or working groups, including substantial leadership roles, brings value to the academic community. Similar contributions to external stakeholders are considered a representation of engaged service and societal betterment. External stakeholders that are valued in FEC considerations include professional or scientific organizations, government, and non-governmental or community organizations.

- c. A list of the school's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years.

A detailed list, of service activity of faculty is provided in the Electronic Resource File – *ERF 3.4 Service Activity of Faculty 2014, 2015, and 2016*

- d. Identification of the measures by which the school may evaluate the success of its service efforts, along with data regarding the school's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

**Table 3.2.2. Performance on Measurable Objectives for Success of Service Efforts  
for 2014/15, 2015/16 and 2016/17**

| Outcome Measure   | Target | 2014/15 | 2015/16 | 2016/17 |
|---|--------|---------|---------|---------|
| <i>Goal 2. Policy and Practice.</i> Engage in collaborations and partnerships to identify health issues and advocate for, disseminate and implement public health policies and practices based on evidence. |        |         |         |         |
| Percentage of new research projects that are community-based.   | 35%    | 52%     | 43%     | 17%     |
| Percentage of faculty members that serve as a manuscript reviewer on a journal.   | 90%    | 50%     | 54%     | 49%     |
| Percentage of faculty members that serve as an editor or editorial board member on a journal.   | 70%    | 28%     | 32%     | 15%     |
| Percentage of faculty members that serve on a grant review committee.   | 70%    | 28%     | 30%     | 33%     |
| Percentage of faculty members that serve on non-academic advisory boards and committees.  | 70%    | 56%     | 52%     | 39%     |

- e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

Students in the School are involved in service to the public health practice community through several channels. One of the main ways they are involved is through School-sponsored service activities like the Green and Gold Community Garden, Campus Alberta Students' Conference on Health, bi-weekly MSc seminars and bi-weekly PhD discussion groups.

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

Students also play an active role on various committees or working groups within the School, on campus and beyond academia. They are represented on AEC, DIAG, Town Hall and Faculty Council, CEPP, GSA and Alberta-Wide Epidemiologists and Biostatisticians, to name a few. They have also served as key stakeholders in the development of the School of Public Health pledge, Alumni Anniversary Award, Dean's Gold Medal and the Staff Recognition Award, all legacy initiatives for our tenth anniversary celebrations.

The School has also engaged students through volunteer opportunities. We have had them serve as volunteers at our various events like INSIGHTS, International Forum on Public Health Education, Report to the Community, Transforming Health Care in Remote Communities, Welcome Back BBQ, orientation and social events. We have also created a peer mentoring opportunity for continuing students to assist with the transition for incoming students.

Additionally, our students are involved in SPHSA volunteer activities, such as CIBC Run for the Cure, Canadian Blood Services Blood Drive, UAlberta's Health Week, Relay for Life and networking events.

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

Criterion 3.2 is met.

**Strengths:** The School explicitly enshrines "engaged scholarship" in the FEC Guidelines and offers criteria on which the extent this is achieved in research, education and service. The School is outward looking, with many faculty members collaborating with government agencies, non-governmental organizations and private industry, as evidenced by a recent inventory of partnerships and collaborations.

**Weaknesses:** There is no coordinated strategy for service, however individual faculty members proactively pursue service partnerships based on existing networks and relationships, some of which are longstanding. At various times in the School's history, an office of "public health practice," "community engagement" and / or "partnerships" have been proposed and discussed, however the School has not created such an office.

**Plans:** The proposed development of research centres will form the foci of service contracts with specific sectors—government ministries, NGOs and community organizations, and industry. Given the economic outlook of the province, long-term contracts will become increasingly rare. The faculty need to be alert to respond quickly and effectively to new opportunities that may arise from time to time.

Expand practice office which supports MPH practicum placements to become a resource for research faculty/students and to expand our practice partnerships.

**3.3 Workforce Development. The school shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.**

- a. Description of the ways in which the school periodically assesses the continuing education needs of the community or communities it intends to serve.

The School has assessed the continuing education needs of the community in determining the format and structure of the Fellowship in Health System Improvement (FHSI) program, and the Professional Certificate in Public Health (PCPH), and through consultation with EAC. These assessments were primarily done face to face, and the School also surveys alumni to identify their interest in professional development [Electronic Resource Files - ERF 3.5 *ERF 3.5 Alumni Online Engagement Survey Report 2013*, ERF 3.6 *Alumni Engagement Survey Results 2012*].

- b. A list of the continuing education programs, other than certificate programs, offered by the school, including number of participants served, for each of the last three years.

**Fellowship in Health System Improvement Program:** The School offers the [FHSI](#) program, started in the Fall 2016 as a revenue generating activity, and to meet the needs of senior health system leaders. This program is designed to enable current leaders and senior managers in health systems to integrate learning with their demanding work schedules. Table 3.3.1 below, provides application and enrollment data for the Fall 2016 and 2017 sessions. This program runs during six weekends from September 2016 to April 2017, with four of the six sessions taking place in Banff, Alberta, and a final session in Edmonton. In 2017-18 it will move to a 3/3 split.

A [promotional brochure](#) describes the FHSI program and includes information about the School and UAlberta. It also includes comments from past participants. In addition, participants speak about their experience in this [video](#) posted to the School's YouTube channel.

**Table 3.3.1. Fellowship in Health Systems Improvement Applications and Enrollments – 2016, 2017**

|              | Fall 2016 | Fall 2017 |
|--------------|-----------|-----------|
| Applications | 35        | 30        |
| Enrollment   | 20        | 24        |

**Professional Certificate in Public Health Program:** The School has offered the [PCPH](#) program since January 2015 as a revenue generating activity. This is a non-credit professional development program that is available in a distance-learning format and may be completed on a part-time basis. It provides learners with a strong foundation in the knowledge and skills that are essential to public health practitioners. Table 3.3.2. provides application and enrollment data for Winter 2015, 2016 and Fall 2015, 2016 and 2017 sessions.

A [promotional brochure](#) outlines the format for the PCPH program and includes a brief description of each course. Information about the School and the UAlberta is included.

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

This program is designed for practitioners and clinicians currently working in health, government and non-governmental organizations. Students are eligible to write the CPH Exam after the successful completion of this program.

**Table 3.3.2. Professional Certificate in Public Health Applications and Enrollments – 2015, 2016, 2017**

|              | Winter 2015 | Fall 2015 | Winter 2016 | Fall 2016 | Fall 2017 |
|--------------|-------------|-----------|-------------|-----------|-----------|
| Applications | 4           | 12        | 4           | 15        | 10        |
| Enrollment   | 3           | 6         | 1           | 9         | 6         |

These programs are funded by a combination of tuition and internal funding.

- c. Description of certificate programs or other non-degree offerings of the school, including enrollment data for each of the last three years.

As described in Item “B” above.

- d. Description of the school’s practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

In 2014, the dean initiated faculty in conversations about continuing education and workforce development strategies through a discussion paper entitled *Professional Development Programs / Serving the Needs of Public Health Practitioners*. This led to developing and launching two programs: FHSI and PCPH. [Electronic Resource File – ERF 3.7 Strategic Planning Discussion Paper 2 Professional Development Programs | Serving the Needs of Public Health Practitioners]

Participants in the FHSI program receive multiple evaluations (after the first session, at the midpoint and again at the end) where feedback on speakers, mentors, and other program aspects is solicited. Evaluation results are reviewed by the program steering committee that includes the mentors, program director, continuing education associate and the dean.

Students in the PCPH program are evaluated alongside their MPH peers in each course. While the evaluations are run through different systems, they are largely similar in nature, evaluating course material, assignments and the instructor. The evaluations are reviewed by the continuing education associate and the vice-dean, and feedback is conveyed to the relevant instructors. Additionally, if students choose to leave the program before achieving the certificate, they are asked to complete an exit evaluation. A program evaluation is planned for Winter 2018 which will help to guide program discussions concurrent with MPH courses revisions.

In addition to the programs mentioned above, continuing education opportunities are made available, and promoted to alumni and others with an interest in public health. They include: a weekly guest lecture speaker series, and two signature public lectures: *This is Public Health* (TIPH) and the *Douglas R Wilson Lecture Series*.

- **Douglas R. Wilson Lecture:** This annual lecture series is a signature event of the School. It is named in honour of Douglas R. Wilson, former dean of the University

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

of Alberta's Faculty of Medicine and Dentistry, and former senior advisor to the dean of the School of Public Health. The purpose of this series is to:

- increase awareness about the School to the University community and general public.
- create a new educational and networking opportunity for the internal School community.
- celebrate and highlight an important member of the School community, Douglas R. Wilson.
- bring awareness to a current public health issue using a high-profile public health professional.
- **This is Public Health Lecture:** This biannual public lecture series explores the many facets of public health and the work being done by School researchers to protect and improve the health of populations. These lectures are open to everyone and members of the public are encouraged to attend.

The lecture series is one element of a broader long-term to build awareness and understanding of the School of Public Health and its impact by:

- engaging audiences in discovering public health at work.
- demonstrating "everyday" public health impact.
- engaging the School community in telling public health stories.
- building association between "this is public health" and the School.

**Table 3.3.3 Attendance at Guest Lecture Speaker Series and Public Lectures, 2016-17**

| Continuing Education Opportunity  | Attendance |
|---|------------|
| <b>Weekly Guest Lectures</b>  |            |
| Creating a sustainable wellness foundation: VicHealth a case study from Australia<br>Dr. Lyn Roberts; September 14, 2016                                    | 22         |
| Data Access in Alberta: A Changing Landscape<br>Dean Eurich (Moderator), Finlay McAlister, Stafford Dean, Tim Murphy, David Onyschuk;<br>September 28, 2016 | 100+       |
| Assessing the determinants of immunization uptake using administrative and survey data<br>Shannon MacDonald; October 19, 2016                               | 12         |
| Alberta's Tomorrow Project: a health research resource<br>Paula J Robson ; October 26   | 5          |
| Transforming Canada's Marlboro Country<br>Les Hagen; November 16, 2016  | 5          |
| "Animal Health-Food Safety-Public Health<br>Dr. Hussein Keshwani; January 12, 2017  | 6          |
| Social barriers in reducing infant mortality rates in Bangladesh: a qualitative approach<br>Bushra Alam, Tahmid Kashem; February 15, 2017                   | 4          |

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

| Continuing Education Opportunity  | Attendance |
|---|------------|
| <b>Weekly Guest Lectures (cont'd)</b>   |            |
| I'm all in:" One CHPS alumnus' observations on health promotion and the future of public health<br>Jeffrey R. Masuda; March 8, 2017 | 7          |
| Political action and health promotion<br>Keren Tang; March 29, 2017   | 8          |
| Two Truths and a Lie - Lessons Learned from Real Health Care Change<br>Linda Revell; April 5, 2017                                  | 20         |
| <b>Douglas R Wilson Lecture</b>   |            |
| <i>Conflict, Hope, Peace and Public Health</i> (March 2016)   | 221        |
| One World: Our Health (November 2016)   | 190        |
| <b>This is Public Health Lecture</b>  |            |
| The Water Revolution: Reimagining our Water System (March 18, 2015)   | 110        |
| 10 Things to Know About Addiction (November 19, 2015)   | 200        |
| Dying in Childbirth: Delivering Solutions for Mothers Around the Globe (March 8, 2016)  | 130        |
| Old MacDonald Had a Farm Injury (March 9, 2017)   | 95         |

- e. A list of other educational institutions or public health practice organizations, if any, with which the school collaborates to offer continuing education.

Community and academic partnerships are essential for fostering strong and effective public health practice and policy development. We continue to build links with researchers, practitioners and policy decision makers across a variety of sectors to pursue opportunities for addressing public health issues. We are proud to work collaboratively with other academic institutions, and non-governmental and governmental organizations locally, nationally and internationally. In addition, we are actively engaged in many associations and networks aimed at promoting health and well-being. The following summarizes some of the organizations we work with extensively:

- Alberta Recreation and Parks Association:** In 2013, our School signed a protocol agreement with the Alberta Recreation and Parks Association. Recognizing that we have mutual interests and shared objectives, the agreement provides a framework for us to collaborate on research and programs, as well as professional development offerings. In addition, it opens the door for discussion about developing strong community leaders and Alberta communities.
- Canadian College of Health Leaders:** Through a 2010 memorandum of agreement with the [Canadian College of Health Leaders](#) (formerly the Canadian College of Health Service Executives), our School is able to leverage educational and professional opportunities for our students. The intent of this partnership is to develop experiences for those in leadership and management roles in the health services field. Students of our School are eligible to request a student membership and begin working on their Certified Health Executive designation that



### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

is offered through the Canadian College of Health Leaders. This designation will enhance their knowledge and career prospects, and is recognized as a national standard of professionalism in health management and leadership.

The School collaborates with several additional organizations on continuing education.

Agreements are in place with three bodies for participants in the FHSI program to obtain continuing education credits: the Royal College of Physicians and Surgeons of Canada, the College and Association of Registered Nurses of Alberta, and the Alberta College of Pharmacists. In addition, Alberta Health and Alberta Health Services provided considerable feedback on the structure and content of the program. Alberta Health Services has covered tuition for some employees to participate.

The School has negotiated sponsorship support from various organizations in offering two signature public lecture series targeted to the *Douglas R Wilson* lecture (i.e. the Institute of Health Economics) and the *This is Public Health* lecture series (i.e. Prominent Homes Charitable Foundation Ltd. and Alberta Innovates-Health Solutions).

In addition, the School has co-sponsored conferences and workshops with local, provincial and national organizations, such as the Area-Wide Epidemiology and Biostatistics Group, the Alberta Society for Demographers, the Alberta Public Health Association, Canadian Society for Epidemiology and Biostatistics, American Society of Parasitologists, and so on. The School is also a member of the steering committee of the Campus Alberta Health Outcomes and Public Health, which provides seed grants to researchers to develop provincial networks and organizes an annual conference.

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

Criterion 3.3 is met.

**Strengths:** The online PCPH program and the FHSI executive program are recent initiatives. We received start-up financial support from the provost and the programs are intended to become self-sustaining within five years. These two programs reach out to different markets in the public health and health system workforce.

**Weaknesses:** While still early days, neither of these two programs has generated enough revenue to be completely self-sustaining. Nevertheless, the School recognizes their importance and will continue to subsidize them through internal reallocation of resources. Despite a well-recognized need for continuing education for certain sectors of the public health workforce (e.g., public health inspectors / environmental health officers), we have yet to launch courses to address their needs.

**Plans:** FHSI, which targets training mid-level health systems leadership, completed its first cycle in April 2017. The response of participants, government partners and faculty is unanimous in supporting the continuation of the program and in making improvements based on feedback from this initial experience. PCPH, which targets early career public health professionals, expects to produce its first graduates in winter 2018. Given the feedback from students and faculty, and the extensive curriculum changes taking place in the MPH degree we are planning to restructure this program. A

### CRITERION 3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

high priority will be adding some environmental health professional development courses for health inspectors.

We plan to expand our relevance to the profession and community by increasing our capacity for providing professional development training. We are committed to evaluating each program, new and continuing, to ensure they are meeting specified training objectives and reaching the appropriate audience while moving towards the goal of becoming revenue neutral.

## **Criterion 4.0**

Faculty, Staff and Students

#### 4.0 Faculty, Staff and Students

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

- a. A table showing primary faculty who support the degree programs offered by the school. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests.

The primary faculty who support the degree programs offered by the school is provided in Table 4.1.1.

**Table 4.1.1. Primary Faculty who Support Degree Offerings of the School – Fall 2017**

| Name                                     | Title/<br>Rank | Tenure<br>Status | FTE | Graduate<br>Degrees<br>Earned | Institution<br>where<br>degrees<br>were<br>earned      | Discipline<br>in which<br>degrees<br>were<br>earned     | Teaching<br>Area                                | Research<br>Interest   |
|--|----------------|------------------|-----|-------------------------------|--|---|---|--|
| <b>Biostatistics</b>                     |                |                  |     |                               |  |   |   |  |
| Dinu, Irina                              | Assoc<br>Prof  | Tenured          | 1.0 | PhD                           | University<br>of Alberta                               | Statistics  | Biostatistics                                   | Development<br>of biostatistical<br>tools for<br>analysis of<br>microarray<br>data   |
| Jhangri,<br>Gian                         | Assoc<br>Prof  | Tenured          | 1.0 | MSc (2)                       | University<br>of Alberta/<br>Punjabi<br>University     | Statistics<br>and Applied<br>Probability/<br>Statistics | Statistical<br>Methods in<br>Health<br>Research | Biostatistical<br>collaborative<br>research  |
| Senthil-<br>selvan,<br>Ambikai-<br>pakan | Prof           | Tenured          | 1.0 | PhD,                          | University<br>of<br>Newcastle<br>Upon-Tyne,<br>England | Biostatistics/<br>Applied<br>Statistics                 | Biostatistics                                   | Biostatistics,<br>epidemiology<br>of respiratory<br>diseases   |
| Yasui,<br>Yutaka                         | Prof           | Tenured          | 1.0 | PhD                           | Johns<br>Hopkins<br>University                         | Biostatistics   | Advanced<br>Methods in<br>Biostatistics         | Developing<br>and applying<br>biostatistical<br>methods in the<br>intersection of<br>biology and<br>public health/<br>clinical<br>sciences |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name                             | Title/<br>Rank | Tenure<br>Status | FTE | Graduate<br>Degrees<br>Earned | Institution<br>where<br>degrees<br>were<br>earned | Discipline<br>in which<br>degrees<br>were<br>earned | Teaching<br>Area   | Research<br>Interest  |
|----------------------------------|----------------|------------------|-----|-------------------------------|---|---|--|---|
| <b>Biostatistics (continued)</b> |                |                  |     |                               |   |   |  |   |
| Yuan, Yan                        | Assist<br>Prof | Tenure<br>Track  | 1.0 | PhD                           | University<br>of Waterloo                         | Statistics/<br>Biostatistics                        | Biostatistics  | Biostatistics   |
| <b>Environmental Health</b>      |                |                  |     |                               |   |   |  |   |
| Ashbolt,<br>Nicholas             | Prof           | Tenured          | 1.0 | PhD                           | University<br>of Tasmania                         |   | Microbial<br>Risk<br>Assessment  | Next<br>generation<br>municipal<br>water services<br>framed around<br>resource<br>recovery for<br>improved eco-<br>health and<br>living<br>conditions,<br>integrated with<br>quantitative<br>microbial risk<br>assessment to<br>identify<br>research gaps<br>and<br>management<br>targets |
| Hanington,<br>Patrick            | Assoc<br>Prof  | Tenured          | 1.0 | PhD                           | University<br>of Alberta                          | Physiology,<br>Develop-<br>ment and<br>Cell Biology | Introduction<br>to Environ-<br>mental<br>Health  | Schistosomia-<br>sis  |
| Jeon,<br>Byeonghwa               | Assoc<br>Prof  | Tenured<br>Track | 1.0 | PhD                           | University<br>of Tokyo                            | Antibiotic<br>Resistance                            | Food Safety<br>and<br>Nutritional<br>Toxicology  | Antibiotic<br>resistant<br>foodborne<br>pathogens   |
| Kindzierski,<br>Warren           | Assoc<br>Prof  | Tenure d         | 1.0 | PhD,                          | University<br>of Alberta                          | Civil & Env<br>Engineer-<br>ing                     | Environmen<br>tal<br>Contaminan<br>t Exposure<br>Assessment,<br>Environmen<br>tal Risk<br>Assessment | Exposure<br>Assessment,<br>Environmental<br>Health Risk<br>Assessment   |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name                                    | Title/<br>Rank | Tenure<br>Status | FTE | Graduate<br>Degrees<br>Earned | Institution<br>where<br>degrees<br>were<br>earned | Discipline<br>in which<br>degrees<br>were<br>earned | Teaching<br>Area                           | Research<br>Interest  |
|---|----------------|------------------|-----|-------------------------------|---|---|--|---|
| <b>Environmental Health (continued)</b> |                |                  |     |                               |   |   |  |   |
| Neumann,<br>Norman                      | Prof           | Tenured          | 1.0 | PhD                           | University<br>of Alberta                          | Biological<br>Sciences –<br>Cell<br>Physiology      | Public<br>Health<br>Biology, One<br>Health | Development<br>of novel<br>approaches<br>and tools for<br>detecting,<br>tracking and<br>assessing<br>human health<br>risks<br>associated<br>with biological<br>hazards in the<br>environment        |
| Otto,<br>Simon                          | Assist<br>Prof | Tenure<br>Track  | 1.0 | PhD                           | University<br>of Guelph                           | Veterinary<br>Medicine                              | One-Health                                 | Epidemiology<br>of<br>antimicrobial<br>resistance &<br>food-borne<br>pathogens in<br>the farm-to-<br>fork continuum   |
| Quemerais,<br>Bernadette                | Assoc<br>Prof  | Tenured          |     | PhD                           | University<br>of Nantes,<br>France                | Molecular<br>Chemistry                              | Occupation-<br>al Hygiene                  | Nonoparticles<br>and ultrafine<br>particles.<br>Techniques for<br>sampling and<br>analyzing<br>nanoparticles<br>and ultrafine<br>particles,<br>assessing<br>health effects<br>of these<br>particles |
| <b>Epidemiology</b>                     |                |                  |     |                               |   |   |  |   |
| Davis, Faith                            | Prof           | Tenured          | 1.0 | PhD                           | Yale<br>University                                | Chronic<br>Disease<br>Epidemiol-<br>ogy             | Cancer<br>Epidemiol-<br>ogy                | Rare cancers<br>and<br>environmental<br>exposures,<br>including<br>ionizing<br>radiation  |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name                            | Title/<br>Rank | Tenure<br>Status | FTE | Graduate<br>Degrees<br>Earned | Institution<br>where<br>degrees<br>were<br>earned | Discipline<br>in which<br>degrees<br>were<br>earned | Teaching<br>Area   | Research<br>Interest  |
|---------------------------------|----------------|------------------|-----|-------------------------------|---|---|--|---|
| <b>Epidemiology (continued)</b> |                |                  |     |                               |   |   |  |   |
| Eurich,<br>Dean                 | Prof           | Tenured          | 1.0 | PhD                           | University<br>of Alberta                          | Public<br>Health                                    | Critical<br>Appraisal of<br>Health<br>Sciences<br>Literature in<br>Epidemiol-<br>ogy | Clinical<br>epidemiology<br>and natural<br>history of<br>disease and<br>patterns of<br>health service<br>delivery   |
| Maximova,<br>Katerina           | Assist<br>Prof | Tenure<br>Track  | 1.0 | PhD                           | McGill<br>University                              | Epidemiol-<br>ogy                                   | Epidemiol-<br>ogy<br>Methods   | Development<br>of<br>cardiovascular<br>risk in pediatric<br>populations,<br>focusing on the<br>prevention of<br>hypertension,<br>obesity and<br>physical<br>inactivity                    |
| Pabayo,<br>Roman                | Assist<br>Prof | Tenure<br>Track  | 1.0 | PhD                           | University<br>of Montreal                         | Epidemiol-<br>ogy/Public<br>Health                  | Epidemiol-<br>ogical<br>Methods  | Social<br>Epidemiology  |
| Veugelers,<br>Paul              | Prof           | Tenured          | 1.0 | PhD                           | University<br>of<br>Amsterdam                     | Medicine  | Public<br>Health<br>Nutrition  | Importance of<br>nutrition,<br>health lifestyle,<br>socio-<br>economic<br>factors,<br>intervention<br>programs and<br>policies in<br>relation to<br>overweight<br>and chronic<br>diseases |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name                                | Title/<br>Rank | Tenure<br>Status | FTE | Graduate<br>Degrees<br>Earned | Institution<br>where<br>degrees<br>were<br>earned                      | Discipline<br>in which<br>degrees<br>were<br>earned | Teaching<br>Area   | Research<br>Interest   |
|-------------------------------------|----------------|------------------|-----|-------------------------------|--|---|--|--|
| <b>Epidemiology (continued)</b>     |                |                  |     |                               |  |   |  |  |
| Voaklander<br>, Donald              | Prof           | Tenured          | 1.0 | PhD                           | University<br>of Alberta   | Physical<br>Education                               | Fundament-<br>als of<br>Epidemiol-<br>ogy, Issues<br>in Injury<br>Control,<br>Epidemiol-<br>ogy of<br>Injuries/<br>Design and<br>Evaluation<br>of Injury<br>Intervention | Injury<br>prevention and<br>injury<br>outcomes   |
| Yamamoto,<br>Shelby                 | Assist<br>Prof | Tenure<br>Track  | 1.0 | PhD                           | University<br>of<br>Heidelberg   | Epidemiol-<br>ogy                                   | Environ-<br>mental<br>Epidemiol-<br>ogy  | Impact of air<br>pollution on<br>chronic and<br>infectious<br>diseases   |
| <b>Global Health</b>                |                |                  |     |                               |  |   |  |  |
| Hodgins,<br>Stephen                 | Assoc<br>Prof  | Tenured          | 1.0 | DrPH                          | U of North<br>Carolina<br>Chapel Hill                                  | Public<br>Health<br>Leadership                      | Global<br>Health   | Maternal and<br>Child Health in<br>Developing<br>Countries   |
| Mumtaz,<br>Zubia                    | Assoc<br>Prof  | Tenured          | 1.0 | PhD                           | London<br>School of<br>Hygiene<br>and Tropical<br>Medicine,<br>England | Public<br>Health                                    | Health<br>Program<br>Evaluation  | Gendered<br>social and<br>cultural<br>determinants<br>of women's<br>reproductive<br>health   |
| Yanow,<br>Stephanie                 | Assoc<br>Prof  | Tenure<br>Track  | 1.0 | PhD                           | University<br>College<br>London,<br>England                            | Cell Biology  |  | Development<br>and application<br>of molecular<br>diagnostics for<br>the detection<br>of malaria in<br>different public<br>health settings |
| <b>Health Policy and Management</b> |                |                  |     |                               |  |   |  |  |
| Chatwood,<br>Susan                  | Assoc<br>Prof  | Tenured          | 1.0 | PhD                           | University<br>of Toronto   | Health<br>Policy and<br>Manage-<br>ment             | Mixed<br>Methods   | Health System<br>Performance   |



## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name  | Title/<br>Rank | Tenure<br>Status | FTE | Graduate<br>Degrees<br>Earned | Institution<br>where<br>degrees<br>were<br>earned | Discipline<br>in which<br>degrees<br>were<br>earned | Teaching<br>Area   | Research<br>Interest  |
|---|----------------|------------------|-----|-------------------------------|---|---|--|---|
| <b>Health Policy and Management (continued)</b> |                |                  |     |                               |   |   |  |   |
| Hyshka,<br>Elaine                               | Assist<br>Prof | Tenure<br>Track  | 1.0 | PhD                           | University<br>of Alberta                          | Public<br>Health<br>Sciences                        | Health<br>Policy &<br>Manage-<br>ment  | Health services<br>and policy<br>research<br>focused on<br>advancing<br>public health<br>approaches to<br>substance   |
| Johnson,<br>Jeff                                | Prof           | Tenured          | 1.0 | PhD                           | University<br>of Arizona,<br>USA                  | Health<br>Services                                  | Advanced<br>Theories<br>and<br>Methods,<br>Methods for<br>the<br>Assessment<br>of Health-<br>Related<br>Quality of<br>Life | Diabetes<br>epidemiology<br>and pharmaco-<br>epidemiology,<br>surveillance<br>using large<br>administrative<br>databases,<br>quality and<br>efficiency of<br>health care for<br>Type 2<br>diabetes  |
| Menon,<br>Dev                                   | Prof           | Tenured          | 1.0 | PhD                           | University<br>of Alberta                          | Theoretical<br>Physics                              | Health<br>Policy<br>Develop-<br>ment   | Health<br>technologies in<br>health systems   |
| Montesanti<br>, Stephanie                       | Assist<br>Prof | Tenure<br>Track  | 1.0 | PhD                           | McMaster<br>University                            | Health<br>Policy                                    |  | Policy<br>intervention<br>and analysis,<br>design and<br>evaluation of<br>public and<br>community<br>engagement<br>processes to<br>inform health<br>services<br>planning and<br>decision<br>making,<br>determinants<br>of health policy<br>change |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name  | Title/<br>Rank | Tenure<br>Status | FTE | Graduate<br>Degrees<br>Earned | Institution<br>where<br>degrees<br>were<br>earned | Discipline<br>in which<br>degrees<br>were<br>earned | Teaching<br>Area   | Research<br>Interest   |
|---|----------------|------------------|-----|-------------------------------|---|---|--|--|
| <b>Health Policy and Management (continued)</b> |                |                  |     |                               |   |   |  |  |
| Ohinmaa,<br>Arto                                | Prof           | Tenured          | 1.0 | PhD                           | University<br>of Oulu,<br>Finland                 | Economics   | Economic<br>Evaluation<br>of Health<br>Care,<br>Introduction<br>to Health<br>Care<br>Finance                                     | Economic<br>evaluation of<br>health care<br>programs,<br>health related<br>quality of life<br>measurement,<br>health<br>technology<br>assessment,<br>distribution of<br>health and<br>health care<br>costs in the<br>population,<br>economic<br>assessment of<br>health<br>assessment<br>and public<br>health<br>promotion<br>programs |
| Paulden,<br>Mike                                | Assist<br>Prof | Tenure<br>Track  | 1.0 | PhD                           | University<br>of Alberta                          | Health<br>Economics                                 | Cost<br>Effective-<br>ness<br>Modelling<br>for Health<br>Technology<br>Assessment<br>Economic<br>Evaluation<br>of Health<br>Care | Discounting in<br>economic<br>evaluations of<br>health<br>technologies   |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name   | Title/<br>Rank | Tenure<br>Status | FTE | Graduate<br>Degrees<br>Earned | Institution<br>where<br>degrees<br>were<br>earned | Discipline<br>in which<br>degrees<br>were<br>earned | Teaching<br>Area   | Research<br>Interest   |
|--|----------------|------------------|-----|-------------------------------|---|---|--|--|
| <b>Health Promotion and Socio-behavioural Sciences</b> |                |                  |     |                               |   |   |  |  |
| Nykiforuk,<br>Candace                                  | Assoc<br>Prof  | Tenured          | 1.0 | PhD                           | University<br>of Waterloo                         | Health<br>Studies                                   | Engaged<br>Scholarship   | Examining the<br>role of place<br>(built and<br>social<br>environments)<br>on the<br>development<br>and success of<br>community<br>interventions<br>and policy<br>changes to<br>support health<br>and well-being |
| Raine, Kim   | Prof           | Tenured          | 1.0 | PhD                           | Dalhousie<br>University                           | Education<br>Foundations                            | Determin-<br>ants of<br>Health,<br>Theory and<br>Practice of<br>Health<br>Promotion<br>Interventions | Social and<br>environmental<br>determinants<br>of the<br>emerging<br>obesity<br>epidemic   |
| Springett,<br>Jane                                     | Prof           | Tenured          | 1.0 | PhD                           | Leeds<br>University<br>England                    | Health<br>Service<br>Studies                        |  | Participatory<br>evaluation,<br>health cities,<br>participatory<br>action,<br>research to<br>support<br>marginalized<br>communities  |
| Storey,<br>Kate  | Assist<br>Prof | Tenure<br>Track  | 1.0 | PhD                           | University<br>of Alberta                          | Nutrition<br>and<br>Metabol-<br>ism                 | Qualitative<br>and<br>Community-<br>Based<br>Approaches<br>in Health<br>Research                     | Health<br>promotion and<br>disease<br>prevention   |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name   | Title/<br>Rank | Tenure<br>Status | FTE | Graduate<br>Degrees<br>Earned | Institution<br>where<br>degrees<br>were<br>earned | Discipline<br>in which<br>degrees<br>were<br>earned | Teaching<br>Area   | Research<br>Interest  |
|--|----------------|------------------|-----|-------------------------------|---|---|--|---|
| <b>Health Promotion and Socio-behavioural Sciences (continued)</b> |                |                  |     |                               |   |   |  |   |
| Wild, Cam  | Prof           | Tenured          | 1.0 | PhD                           | University<br>of Alberta                          | Psychology  | Psychologic-<br>al<br>Perspectives<br>on Health                                  | Etiology,<br>prevention and<br>treatment of<br>addictive<br>behaviours and<br>disorders,<br>treatment<br>systems, and<br>the impact of<br>social policies<br>on addictive<br>behaviours |
| <b>Public Health</b>   |                |                  |     |                               |   |   |  |   |
| Francescutti,<br>Louis   | Prof           | Tenured          | 1.0 | PhD                           | University<br>of Alberta                          | Immunol-<br>ogy                                     | Advocacy for<br>Public<br>Health,<br>Basics of<br>Public<br>Health<br>Leadership | Reducing<br>injuries in all<br>age groups and<br>in all at-risk<br>populations  |
| Young, Kue   | Prof           | Tenured          | 1.0 | DPhil                         | Oxford<br>University,<br>England                  | Biological<br>Anthropol-<br>ogy                     | Introduction<br>to Public<br>Health  | Northern and<br>Aboriginal<br>health,<br>particularly in<br>the<br>epidemiology<br>of chronic<br>diseases such<br>as diabetes<br>and<br>cardiovascular<br>diseases                      |

- b. If the school uses other faculty (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the school, e) highest degree earned (optional: schools may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the school.

Other faculty (adjunct, instructor, MPH program lead, practice coordinator, practicum coordinator, practicum program director and capping course coordinator) are summarized in Table 4.1.2.

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

**Table 4.1.2. Other Faculty Used to Support Teaching Programs – Fall 2017**

| Name                        | Title/<br>Academic<br>Rank | Title and Current<br>Employer  | FTE | Graduate<br>Degrees<br>Earned | Discipline for<br>earned graduate<br>degrees            | Teaching Areas   |
|-----------------------------|----------------------------|--|-----|-------------------------------|---|--|
| <b>Environmental Health</b> |                            |  |     |                               |   |  |
| Tierney, Keith              | Adjunct                    | Associate Professor,<br>Biological Sciences,<br>Faculty of Science,<br>UAlberta                                  | .05 | PhD, MBA,<br>MSc              | Toxicology  | Principles of<br>Toxicology  |
| <b>Epidemiology</b>         |                            |  |     |                               |   |  |
| Armijo-Olivo,<br>S          | Instructor                 | Principal Research<br>Lead, Institute of<br>Health Economics   | .05 | PhD,<br>MScPT,<br>BScPT       | Rehabilitation<br>Sciences, Physical<br>Therapy         | Systematic<br>Reviews  |
| Goodman,<br>Karen           | Adjunct                    | Professor, Medicine/<br>Gastroenterology,<br>Faculty of Medicine,<br>UAlberta                                    | .10 | PhD, MA,<br>MPH               | Epidemiology  | Epidemiology<br>Methods III  |
| Ospina, Maria               | Adjunct                    | Assistant Professor,<br>Obstetrics and<br>Gynecology, Faculty<br>of Medicine,<br>UAlberta                        | .10 | PhD, MSc,<br>BSc              | Clinical<br>Epidemiology                                | Fundamentals of<br>Epidemiology for<br>Public Health                                     |
| Straube,<br>Sebastian       | Adjunct                    | Interim Divisional<br>Director, Associate<br>Professor, Preventive<br>Medicine, Faculty of<br>Medicine, UAlberta | .10 | DPhil                         | Physiology  | Systematic<br>Review of<br>Randomized<br>Clinical Trials and<br>Observational<br>Studies |
| Svenson,<br>Larry           | Adjunct                    | Executive Director,<br>Analytics and<br>Performance<br>Reporting, Alberta<br>Health                              | .10 | PhD                           | Epidemiology  | Introduction to<br>Surveillance  |
| <b>Global Health</b>        |                            |  |     |                               |   |  |
| Doroshenko,<br>Alexander    | Adjunct                    | Assistant Professor,<br>Department of<br>Medicine, Faculty of<br>Medicine, UAlberta                              | .10 | FRCPC,<br>FFPH, MPH,<br>MD    | Infectious Diseases<br>and Pediatrics,<br>Public Health | Vaccine<br>Preventable<br>Diseases   |
| Hawkes,<br>Michael          | Adjunct                    | Assistant Professor,<br>Department of<br>Pediatrics, Faculty of<br>Medicine, UAlberta                            | .10 | PhD                           | Disadvantaged<br>Populations                            | Malaria  |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name                                | Title/<br>Academic<br>Rank | Title and Current<br>Employer   | FTE | Graduate<br>Degrees<br>Earned              | Discipline for<br>earned graduate<br>degrees                                | Teaching Areas  |
|-------------------------------------|----------------------------|---|-----|--|---|---|
| <b>Global Health (continued)</b>    |                            |   |     |  |   |   |
| Houston, Stan                       | Adjunct                    | Professor,<br>Department of<br>Medicine, Faculty of<br>Medicine, UAlberta                                   | .20 | MD,<br>DTM&H,<br>FRCPC,<br>Canada,<br>1985 | Communicable<br>Disease   | Epidemiology and<br>Control of<br>Infectious<br>Diseases,<br>HIV/AIDS           |
| Ortiz, Lucenia                      | Instructor                 |   | .10 | PhD, MA                                    | Human Ecology;<br>Urban and<br>Regional Planning                            | Global Health<br>Project<br>Development   |
| Sharafeldin,<br>Noha                | Instructor                 | Postdoctoral Scholar,<br>Department of<br>Medicine, University<br>of Alabama at<br>Birmingham               | .10 | MSc, PhD                                   | Public Health;<br>Community,<br>Environmental &<br>Occupational<br>Medicine | Genetic<br>Epidemiology   |
| <b>Health Policy and Management</b> |                            |   |     |  |   |   |
| Eagle, Chris                        | Instructor                 | Adjunct Professor,<br>Community Health<br>Sciences and<br>Anesthesia,<br>University of Calgary              |     | MD, MBA                                    | Anesthesia  | Leadership<br>Theory to Health<br>Issues  |
| Ogbobu,<br>Ubaka                    | Instructor                 | Assistant Professor,<br>Faculties of Law and<br>Pharmacy and<br>Pharmaceutical<br>Sciences, UAlberta        | .05 | JSD, LLM,<br>LLB                           | Law   | Public Health Law<br>and<br>Administration                                      |
| Philippon,<br>Don                   | Instructor                 | Program Director,<br>Fellowship in Health<br>System<br>Improvement, School<br>of Public Health,<br>UAlberta | .08 | PhD, MA,<br>BEd, BA                        | Educational<br>Administration,<br>Interdisciplinary<br>Social Sciences      | Comparative<br>Health Systems;<br>Fellowship in<br>Health System<br>Improvement |
| Stafinski,<br>Tania                 | Instructor                 | Director, Health<br>Technology Policy<br>Unit, School of Public<br>Health, UAlberta                         | .10 | PhD, MSc                                   | Public Health<br>Sciences,<br>Epidemiology                                  | Technology<br>Assessment for<br>Health Care                                     |
| <b>Health Promotion</b>             |                            |   |     |  |   |   |
| Atkey, Kayla                        | Instructor                 | Policy Analyst, School<br>of Public Health,<br>UAlberta   | .04 | MSc, BA                                    | Health Promotion  | Health Promotion<br>Planning and<br>Evaluation                                  |
| Barber, Sarah                       | Instructor                 | Consultant, SGBarber<br>Consulting  | .04 | MSc, BA                                    | Health Promotion  | Health Promotion<br>Planning and<br>Evaluation                                  |
| Dawson,<br>Janet                    | Instructor                 | Health Promoter,<br>Peterborough Public<br>Health   | .05 | MSc, BSc                                   | Health Promotion,<br>Health Education                                       | Determinants of<br>Health   |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name                                | Title/<br>Academic<br>Rank   | Title and Current<br>Employer  | FTE | Graduate<br>Degrees<br>Earned | Discipline for<br>earned graduate<br>degrees                   | Teaching Areas   |
|-------------------------------------|------------------------------|--|-----|-------------------------------|--|--|
| <b>Health Promotion (continued)</b> |                              |  |     |                               |  |  |
| Farish, Tanis                       | Adjunct                      | Faculty Member,<br>PISE, Camosun<br>College, Victoria, BC                                    | .10 | PhD, MEd,<br>BSc              | Exercise Science,<br>Physical and<br>Health Education          | Qualitative and<br>Community-<br>based<br>Approaches in<br>Health Research |
| Goldblatt,<br>Ann                   | Adjunct                      | Consultant, Goldblatt<br>Consulting  | .10 | MHSc                          | Health Promotion   | Health Promotion<br>with<br>Communities                                    |
| Jamal,<br>Zenobia                   | Adjunct                      | Co-founder and<br>Partner, Zenev and<br>Associates, Diversity<br>and Inclusion<br>Associates | .10 | MEd, BSc                      | Diversity and<br>Inclusion                                     | Diversity and<br>Health in Families<br>and Communities                     |
| Kongats,<br>Krystyna                | Instructor                   | PhD Student, School<br>of Public Health,<br>UAlberta   | .05 | MPH, BSc                      | Health Promotion,<br>Nutrition and<br>Nutraceutical<br>Science | Determinants of<br>Health  |
| Krupa, Gene                         | Adjunct                      | E Krupa Research and<br>Development  | .10 | PhD                           | Health Promotion   | Health Promotion<br>with People in<br>Low Resource<br>Countries            |
| Patten, San                         | Instructor                   | Evaluation<br>Consultant, San<br>Patten and<br>Associates                                    | .10 | MSc, BSc                      | Community Health<br>Services                                   | Strategies in<br>Health Promotion<br>Practice                              |
| Talbot, Jim                         | Instructor                   | Former Chief Medical<br>Officer of Health  | .20 | MD, PhD,<br>BSc, FRCPC        | Biochemistry   | Determinants of<br>Health; Capping<br>Project                              |
| Whitfield,<br>Kyle                  | Adjunct                      | Associate Professor,<br>Faculty of Extension,<br>UAlberta                                    | .10 | PhD, MSc,<br>BEnvStudie<br>s  | Community<br>Development                                       | Health,<br>Communities and<br>Development                                  |
| Yates, Mary<br>Jane                 | MPH<br>Program<br>Lead       | Academic Advisor,<br>School of Public<br>Health, UAlberta                                    | .10 | MSc, BScN                     | Health Promotion   | Strategies in<br>Health Promotion<br>Practice                              |
| Zulla,<br>Rosslynn                  | Instructor                   | PhD Student, School<br>of Public Health,<br>UAlberta   | .10 | MEd, BSc                      | Educational<br>Psychology,<br>Psychology                       | Qualitative and<br>Community-<br>based<br>Approaches in<br>Health Research |
| <b>Public Health</b>                |                              |  |     |                               |  |  |
| Hagen, Les                          | Instructor                   | Executive Director,<br>Action on Smoking<br>and Health                                       | .10 | Diploma                       | Technology   | Advocacy for<br>Public Health  |
| Pollock, Erin                       | Practice<br>Coordina-<br>tor | School of Public<br>Health, UAlberta   | 1.0 | MSc                           | Health Promotion   | Capping Project  |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Name                             | Title/<br>Academic<br>Rank   | Title and Current<br>Employer        | FTE | Graduate<br>Degrees<br>Earned | Discipline for<br>earned graduate<br>degrees | Teaching Areas                |
|----------------------------------|--|--------------------------------------|-----|-------------------------------|--|-------------------------------|
| <b>Public Health (continued)</b> |  |                                      |     |                               |  |                               |
| Wolbeck<br>Minke,<br>Sharlene    | Practicum<br>Coordinat<br>or   | School of Public<br>Health, UAlberta | .50 | MSc                           | Health Promotion                             | Practicum                     |
| Wolfe, Ruth                      | Practicum<br>Program<br>Director<br>and<br>Capping<br>Course<br>Coordina-<br>tor | School of Public<br>Health, UAlberta | 1.0 | PhD                           | Human Ecology                                | Practicum,<br>Capping Project |

- c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the school. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The School includes faculty with public health practice experience. Many faculty members have served local, provincial and national entities, providing guidance to health programs and developing public policy. Several faculty members hold professional positions in the public health field, bring practice perspectives with them into the classroom. Faculty are involved in community service, evaluation of community-based outreach initiatives, and research with community-based public health organizations. Faculty who serve as capstone advisors and contents experts have regular contact with community preceptors.

Among full time primary faculty members, the following have particular practice experience in public health outside academe, prior to their joining the faculty:

- Stephen Hodgins was recruited to the School from Save the Children (Washington DC) where he was senior program director with the Saving Newborn Lives program. He had 15+ years working with international development organizations such as USAID, WHO and UNICEF in Africa and South Asia. Earlier in his career he was director of public health for the Nunavik region in northern Quebec.
- Simon Otto - Prior to his joining the School faculty, he was provincial veterinary epidemiologist with the Alberta Department of Agriculture and Forestry.
- Norman Neumann - About 30% of his time is seconded to the Provincial Laboratory of Public Health in charge of environmental monitoring.
- Stephanie Montesanti served as policy analyst with health agencies in Ontario and Alberta.
- Dev Menon was the founding executive director of the national health technology assessment agency in Canada.
- Louis Francescutti served as the president of the Canadian Medical Association and also the president of the Royal College of Physicians and Surgeons of Canada, the national organization of medical specialists.



## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

- Kue Young was medical director of the Sioux Lookout Zone in northern Ontario with the Canadian equivalent of the Indian Health Service.
- Bernadette Quemarais was an industrial hygienist with the Canadian Armed Forces.
- Susan Chatwood, newly recruited in 2017, has had extensive experience in the Canadian North as a primary care nurse and public health consultant advising the territorial governments and indigenous people's organizations.

Additionally, faculty invite public health practitioners to serve as guest lecturers to integrate perspectives from the field of practice. These and other experiences and activities are reflected in faculty vitae.

The School recognizes public health professionals who have a record of contribution to the School, and who have demonstrated leadership in a core function of public health practice by providing an adjunct faculty appointment. [Electronic Resource File – *ERF 4.1 SPH Adjunct Academic Colleagues Policy*]

- Identification of measurable objectives by which the school assesses the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years.

**Table 4.1.3. Performance on Measurable Objectives for Faculty Qualifications  
for 2014/15, 2015/16 and 2016/17**

| Outcome Measure  | Target                                   | 2014/15                          | 2015/16                          | 2016/17                          | 2017/18 |
|--|--|----------------------------------|----------------------------------|----------------------------------|---------|
| <i>Goal 4. Organization.</i> Create an environment whereby the values of the School are embodied in all our endeavours and enhance the effectiveness and efficiency of the organization. |  |                                  |                                  |                                  |         |
| Percentage of faculty members that participate in the School's peer-evaluation of teaching per year*   | 10%                                      | -                                | -                                | -                                | NA      |
| Median USRI scores for course and instructor excellence per year   | Course = 4.0/5.0<br>Instructor = 4.0/5.0 | Course = 4.1<br>Instructor = 4.3 | Course = 4.1<br>Instructor = 4.2 | Course = 4.1<br>Instructor = 4.4 | NA      |

\*School Peer-Evaluation of Teaching will start in the Fall of 2018.

The qualifications for tenured faculty have evolved over the years. At this point all of our faculty, except one, have doctoral degrees in an area relevant to public health.

We expect faculty members to remain active and up to date in their area of specialization through their teaching and research activities. As many faculty graduated from institutions that did not have teaching or pedagogical requirements we focus our professional development activities on improving the mentoring and instructional capacity of the faculty. In academic years 2014-15 and 2015-16, faculty development seminars were incorporated into our student orientation days, as most faculty were available on those days.

In discussions about teaching evaluations with CEPP, FEC and Faculty Council, it became apparent that relying on the university electronic student ratings for instruction (USRI) was an inadequate way to assess instructional activities so we embarked on developing a peer evaluation of teaching process. That process has been developed with the faculty under the guidance of Jeff Johnson, then FEC chair, with the support of the

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

Centre for Teaching and Learning staff. Criteria for faculty assessment were incorporated into our FEC guidelines in Spring 2017 and we are now in the process of training peer evaluators to implement this program in Fall 2018. The performance measure will demonstrate the successful implementation of that activity, which will be complemented by assessing our student evaluations over time.

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

Criterion 4.1 is met.

**Strengths:** With 36 full-time tenured / tenure-track faculty, the School is small but highly productive. Teaching load is low relative to other faculties with large undergraduate student populations. Our faculty have trained in institutions around the world and come from various disciplinary backgrounds. In more recent recruitment efforts, candidates who can teach / research in more than one area / field are favoured. We maintain that appointment is to the School, not to a specific program, although in terms of teaching allocations (and as required by CEPH), individuals are designated as primarily or secondarily affiliated with one of the traditional public health disciplines and training programs.

**Weaknesses:** Given the lack of substantial new resources, the School has not been able to develop an academic human resources strategy. After a period of no new recruitment, the past two years have seen several new appointments to replace retirements. In lieu of a recruitment strategy, there is an informal list of priorities that the faculty has reached consensus on in terms of the sequence of conducting searches.

**Plans:** Faculty renewal is a priority and will continue apace during 2017/18 with new recruitment for biostatistics, socio-behavioural science, and northern Aboriginal health systems. Three new faculty are joining the School in Fall 2017 with expertise in foodborne infectious diseases, social epidemiology and global health. It is anticipated that a recruitment strategy will be a prominent feature of the new School strategic plan to be developed during 2018.

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

### 4.2 Faculty Policies and Procedures. The school shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

#### a. A faculty handbook or other written document that outlines faculty rules and regulations.

The following documents govern faculty recruitment, appointment, evaluation and promotion:

**Recruitment:** The School follows the [Academic Selection Procedure](#) for regular full-time faculty recruitment approved by GFC.

The dean is the authorized appointing officer on the advice of ASC. The committee consists of a chair, several faculty members (from within the specialization / program, outside the program but within the School, outside the School but within UAlberta) and a student representative. Depending on the position advertised, a member external to UAlberta may also be included. For CRC recruitment, an employment equity officer from the university's Human Resources Services is also included.

The committee meets to discuss the job requirements and criteria, and the wording of the advertisement. Upon approval by Human Resources Services, the advertisement is posted on the UAlberta website and published in various print and electronic media, based on the advice of the selection committee. After the closing date, a short list of candidates is prepared and invited to visit the School. During the visit, the candidate meets the committee as a whole, and with senior academic leaders, faculty members and students either individually or in groups. He or she presents a seminar on a research topic, as well as an outline of proposed research and teaching at the School. The seminar is advertised as a "candidate presentation" and is open to all. Faculty members and students present at the seminar are given an evaluation form to fill in and submit to the selection committee. The committee ranks the short-listed candidates and submits the recommendation to the dean. The dean makes the final decision and begins the negotiation and appointment process with the successful candidate.

Newly recruited faculty members receive a start-up fund. The amount varies from \$5,000 to \$225,000, depending on the expressed needs of the faculty member and is subject to negotiation with the dean. Higher amounts are awarded if laboratory equipment and materials are needed. Of 13 start-up funds awarded between 2010 and 2016, the average amount was \$81,000 and the median \$45,000.

**Faculty Evaluation Committee:** Our faculty members undergo annual performance reviews which involve preparation of an annual report, interviews with the dean and vice-dean, and evaluation by an elected FEC. Based on its decision, merit increments are allocated to faculty members, and tenure and promotion applications approved. Our FEC Guidelines underwent major revisions in 2014; a copy of the Guidelines is provided in the Electronic Resource File – *ERF 4.2 Faculty Evaluation Committee Guidelines Rev 1July17*.

- b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

Faculty development takes a variety of formats, both formal and informal. Most senior faculty members have taken it upon themselves to provide guidance to junior members in their field on an informal basis. If, in discussion with the search committee and the faculty member, an appropriate mentor emerges a formal mentor may be assigned. Otherwise, the vice-dean encourages the new faculty member to identify and seek out mentors to assist in the multiple aspects of academic growth as they wish to achieve. As such the extent of interactions with assigned and solicited mentors varies with individual needs. The annual evaluation meetings with the vice-dean and dean also provide an opportunity to have discussions relevant to individual academic growth and strategies for academic success. Informally, the vice-dean checks in with faculty to follow up on issues that may arise in the classroom and / or committee meetings.

For the past two years, the AD (R) has organized workshops on grantsmanship to junior faculty members. The Research Services Office in the university also has a Grants Assist Program with workshops, and it also recruits seasoned researchers to provide individual feedback on grant applications.

There are both campus-wide and School-specific orientation events and workshops for newly recruited faculty.

**Gold College:** This is a cohort-based program for faculty and administrative staff members who aspire to future leadership positions at UAlberta. It emphasizes the sharing of insights and experiences with peers from a variety of academic and administrative units. [Gold College](#) spans the months of September through June, with monthly workshops covering 11 learning modules. To date, three professors and one academic professional officer from the School have participated in Gold College.

**Teaching Support:** UAlberta's [CTL](#) offers online teaching services powered by Moodle. The faculty has utilized CTL services on training of teaching assistants, instructional seminars on a variety of topics, pedagogical support for new and revised courses. Individual faculty members can also request CTL to conduct a peer assessment of teaching to help improve teaching effectiveness. CTL staff have also been involved in the MPH curriculum revision process and designing a system for the peer review of teaching performance. The Technology Training Centre provides professional development, including online training resources and support to use technology in teaching and research.

- c. Description of formal procedures for evaluating faculty competence and performance.

Our FEC Guidelines [Electronic Resource File – *ERF 4.2 SPH Faculty Evaluation Committee Guidelines Rev 1July17*] specify indicators of performance in research, education and service. Performance is graded as “excellent,” “acceptable” or “unacceptable.” Each year, faculty members are required to prepare and submit an annual report to the vice-dean concerning performance in the preceding year based on achievement and contribution in all areas of responsibility. The School values engaged teaching, research, service.

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

- d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

Students evaluate courses and instructors using an online system at the end of each semester, a [USRI](#) questionnaire. Results are provided to the instructor and the vice-dean. As noted in 4.2.c., student feedback becomes part of each faculty member's annual performance evaluation, to which student evaluation scores and comments are included in faculty promotion and tenure documentation.

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

Criterion 4.2 is met.

**Strengths:** Policies for search processes are in place. FEC guidelines provide guidance for promotions and annual evaluations. The annual evaluation of academic performance conducted initially by the vice-dean, and ultimately assessed and adjudicated by a group of faculty peers (elected from the faculty), is rigorous and fair. It has "teeth" in that increment in salary is based on this merit review process, and persistent unsatisfactory performance in one or more areas can lead to dismissal. These processes are supported by having a member of the President's Committee serve on FEC to ensure consistency with university guidelines.

**Weaknesses:** The School has grappled for years with addressing unsatisfactory performance of faculty. There is a history of FEC decisions being overturned on appeal outside of the faculty.

**Plans:** The Faculty Relations Office, Office of the Provost and Vice-President (Academic), is available for consultation on these matters, particularly when the faculty association becomes involved at the request of a faculty member. We will continue to monitor the dissemination and implementation of university policies and procedures and update our FEC Guidelines as gaps are identified. As faculty become increasingly familiar with these policies and procedures, as more faculty get experience serving on FEC and as junior faculty are integrated into the culture of the School, we anticipate that appeals will become unnecessary.

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

- a. Description of the school's recruitment policies and procedures. If these differ by degree (e.g. bachelor's vs. graduate degrees), a description should be provided for each.

The School has the autonomy to choose its recruitment agenda and activities which are meant to bolster applicant pools. These activities are reviewed and discussed by CEPP each year. Recruiting involves multiple approaches including distributing brochures, maintaining online resources, providing on-and off-campus seminars to targeted student groups, participating in on-campus formal events, hosting booths at select conferences (e.g. Canadian Public Health Association), and interacting with prospective students via advisement-type activities. The School's Office of Marketing and Alumni Relations, in partnership with the Office of Educational Programs, organizes and staffs recruitment events. In addition to events and print brochures, they also support recruitment through the website and social media.

- b. Statement of admissions policies and procedures. If these differ by degree (e.g. bachelor's vs. graduate degrees), a description should be provided for each.

The School follows the admission requirements of FGSR, and students must have obtained a UAlberta baccalaureate degree or its academic equivalent from this or another recognized academic institution.

Degrees can vary greatly from institution to institution. Consequently, UAlberta is obliged to examine in detail the content of courses completed elsewhere by students seeking to enroll in a graduate program in order to establish equivalencies between these courses and those offered at UAlberta. This examination has as its goal the establishment of curricular equivalencies, and with it the appropriate placement of incoming students, and can entail, among other things, a comparative assessment of syllabi, consultation with departments and discussions with other institutions.

In seeking the appropriate placement of its students, UAlberta strives to optimize their opportunity to succeed academically, while maintaining a high standard in its graduate programs.

To qualify for admission students must have a GPA of at least 3.0 (MPH and MSc degrees) or 3.4 (PhD degree), on the four-point letter grading system used at UAlberta, or an equivalent standing from another recognized academic institution. The admission GPA will normally be calculated on the most recent coursework and over a total number of units of course weight equivalent to two years of undergraduate full-time study. When it is not possible to evaluate a 60 units of course weight GPA or equivalent, the evaluation will be based on the overall coursework completed for the degree(s). Failing marks and re-examination marks are included in the GPA calculation. Individual departments may require a higher average.

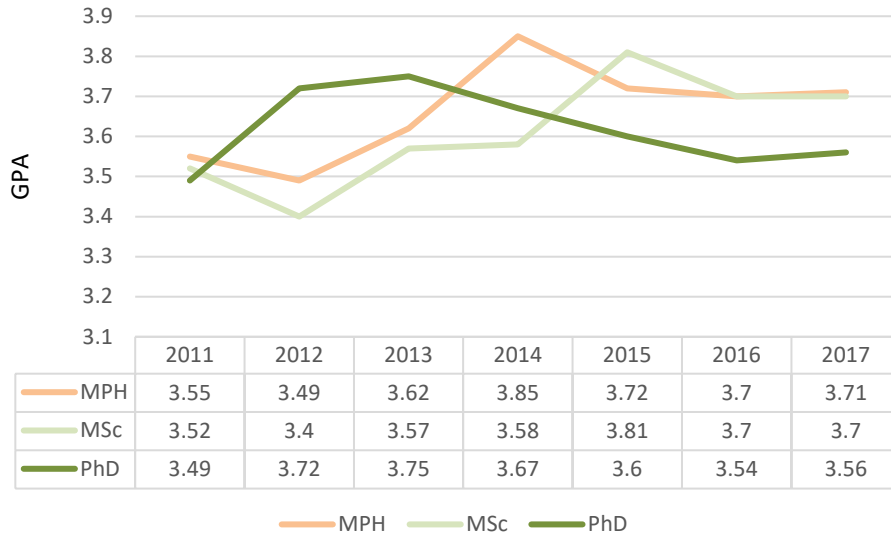
International documents can be evaluated over 60 credits, over the last 10 full course equivalents (60 course weights), over the last two years, or on the overall mark sheet / transcript. In most cases, they are evaluated over the last two years. The reason for this

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

variety of approaches is that the unit value of courses and the year of completion of the courses are not always provided on international mark sheets / transcripts.

**Figure 2** below, shows the average GPA of students admitted into the School from 2011 to 2017.

**Figure 2. Average Admission GPA by Degree for 2011 – 2017**



The School has developed the Application Review and Admission Process for the MPH and MSc degrees. [Electronic Resource File - *ERF 4.3 Application Review and Admission Process for MPH and MSc*] In addition, an Application Review and Admission Procedure is applied for the PhD degree. [Electronic Resource File - *ERF 4.4 Application Review and Admission Process for PhD*]

- c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the school. If a school does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the school. In addition, references to website addresses may be included.

The School's [graduate programs brochures](#) are provided on the School's website.

- d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format.

The number of applicants, accepted and currently enrolled students for the last three years is provided in Table 4.3.1.

**Table 4.3.1. Quantitative Information on Applicants, Acceptances, and Enrollments,  
2014 to 2017**

| Degree - Specialization                   |                 | 2014-2015  | 2015-2016  | 2016-2017  | 2017-2018  |
|---|-----------------|------------|------------|------------|------------|
| MPH – Applied Biostatistics               | Applied         | 20         | 5          | 11         | 36         |
|   | Accepted        | 4          | 2          | 4          | 11         |
|   | Enrolled        | 2          | 2          | 2          | 4          |
| MPH – Environmental / Occupational Health | Applied         | 68         | 32         | 25         | 69         |
|   | Accepted        | 5          | 6          | 9          | 8          |
|   | Enrolled        | 1          | 2          | 4          | 5          |
| MPH - Epidemiology                        | Applied         | 107        | 45         | 78         | 145        |
|   | Accepted        | 9          | 9          | 11         | 12         |
|   | Enrolled        | 4          | 6          | 2          | 4          |
| MPH – Food Safety                         | Applied         | -          | 1          | 1          | 19         |
|   | Accepted        | -          | 1          | 0          | 3          |
|   | Enrolled        | -          | 1          | 0          | 2          |
| MPH – Global Health                       | Applied         | 150        | 86         | 75         | 177        |
|   | Accepted        | 12         | 13         | 12         | 18         |
|   | Enrolled        | 9          | 9          | 5          | 8          |
| MPH – Health Policy and Management        | Applied         | 94         | 61         | 48         | 134        |
|   | Accepted        | 11         | 11         | 15         | 16         |
|   | Enrolled        | 8          | 5          | 9          | 11         |
| MPH – Health Promotion                    | Applied         | 148        | 80         | 99         | 184        |
|   | Accepted        | 27         | 36         | 31         | 24         |
|   | Enrolled        | 16         | 27         | 21         | 17         |
| <b>MPH Totals</b>                         | <b>Applied</b>  | <b>587</b> | <b>309</b> | <b>337</b> | <b>764</b> |
|   | <b>Accepted</b> | <b>68</b>  | <b>78</b>  | <b>82</b>  | <b>92</b>  |
|   | <b>Enrolled</b> | <b>40</b>  | <b>52</b>  | <b>43</b>  | <b>51</b>  |
| MSc – Clinical Epidemiology               | Applied         | 22         | 7          | 8          | 15         |
|   | Accepted        | 12         | 2          | 3          | 7          |
|   | Enrolled        | 7          | 2          | 3          | 7          |
| MSc – Environmental Health Sciences       | Applied         | 14         | 4          | 5          | 19         |
|   | Accepted        | 6          | 4          | 2          | 2          |
|   | Enrolled        | 5          | 4          | 2          | 2          |
| MSc - Epidemiology                        | Applied         | 24         | 17         | 15         | 36         |
|   | Accepted        | 8          | 7          | 10         | 11         |
|   | Enrolled        | 5          | 6          | 7          | 8          |
| MSc – General Public Health               | Applied         | -          | -          | 4          | 14         |
|   | Accepted        | -          | -          | 0          | 0          |
|   | Enrolled        | -          | -          | 0          | 0          |
| MSc - Global Health                       | Applied         | 22         | 9          | 8          | 28         |
|   | Accepted        | 8          | 3          | 4          | 1          |
|   | Enrolled        | 5          | 2          | 3          | 0          |
| MSc – Health Policy Research              | Applied         | 11         | 10         | 3          | 21         |
|   | Accepted        | 4          | 7          | 0          | 5          |
|   | Enrolled        | 1          | 5          | 0          | 3          |
| MSc – Health Promotion                    | Applied         | 5          | 6          | 2          | 16         |
|   | Accepted        | 2          | 6          | 2          | 4          |
|   | Enrolled        | 2          | 4          | 2          | 3          |



## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Degree - Specialization                               |                 | 2014-2015  | 2015-2016 | 2016-2017 | 2017-2018  |
|---|-----------------|------------|-----------|-----------|------------|
| MSc – Health Technology Assessment                    | Applied         | 6          | 1         | 0         | 0          |
|   | Accepted        | 3          | 0         | 0         | 0          |
|   | Enrolled        | 1          | 0         | 0         | 0          |
| MSc – Occupational Health                             | Applied         | 10         | 4         | 9         | 0          |
|   | Accepted        | 2          | 0         | 0         | 0          |
|   | Enrolled        | 2          | 0         | 0         | 0          |
| <b>MSc Totals</b>                                     | <b>Applied</b>  | <b>114</b> | <b>58</b> | <b>54</b> | <b>149</b> |
|   | <b>Accepted</b> | <b>45</b>  | <b>29</b> | <b>21</b> | <b>30</b>  |
|   | <b>Enrolled</b> | <b>16</b>  | <b>20</b> | <b>17</b> | <b>23</b>  |
| PhD - Epidemiology                                    | Applied         | 9          | 17        | 13        | 21         |
|   | Accepted        | 10         | 2         | 3         | 3          |
|   | Enrolled        | 5          | 2         | 3         | 3          |
| PhD – Health Promotion and Socio-behavioural Sciences | Applied         | 5          | 14        | 8         | 7          |
|   | Accepted        | 4          | 3         | 1         | 0          |
|   | Enrolled        | 1          | 2         | 0         | 0          |
| PhD – Health Services and Policy Research             | Applied         | 5          | 12        | 10        | 22         |
|   | Accepted        | 4          | 1         | 3         | 3          |
|   | Enrolled        | 1          | 1         | 2         | 3          |
| PhD – Public Health                                   | Applied         | 16         | 15        | 13        | 21         |
|   | Accepted        | 11         | 2         | 3         | 5          |
|   | Enrolled        | 5          | 2         | 1         | 2          |
| <b>PhD Totals</b>                                     | <b>Applied</b>  | <b>35</b>  | <b>58</b> | <b>44</b> | <b>71</b>  |
|   | <b>Accepted</b> | <b>29</b>  | <b>8</b>  | <b>10</b> | <b>11</b>  |
|   | <b>Enrolled</b> | <b>12</b>  | <b>7</b>  | <b>6</b>  | <b>8</b>   |

Applied = number of completed applications

Accepted = number to whom the school/program offered admissions in the designated year

Enrolled = number of first-time enrollees in the designated year

- e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time- equivalent conversion, by concentration, for each degree, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format.

The number of students enrolled (head count and full-time equivalent) in each specialization for the last three years, is provided in Table 4.3.2.

**Table 4.3.2. Total Enrollment for Fall 2015, 2016 and 2017**

| Degree and Specialization                    | 2015-2016 |      | 2016-2017 |      | 2017-2018            |                      |
|--|-----------|------|-----------|------|----------------------|----------------------|
|  | HC        | FLE  | HC        | FLE  | HC                   | FLE                  |
| MPH in Applied Biostatistics                 | 6         | 4.75 | 6         | 4.79 | Available in October | Available in October |
| MPH in Environmental and Occupational Health | 6         | 5.71 | 9         | 7    | Available in October | Available in October |
| MPH in Epidemiology                          | 10        | 8.79 | 9         | 7.21 | Available in October | Available in October |
| MPH in Food Safety                           | -         | -    | 0         | 0    | Available in October | Available in October |

| Degree and Specialization                              | 2015-2016       |                | 2016-2017       |                | 2017-2018            |                      |
|--|-----------------|----------------|-----------------|----------------|----------------------|----------------------|
|  | HC              | FLE            | HC              | FLE            | HC                   | FLE                  |
| MPH in Global Health                                   | 21              | 16.63          | 16              | 13.75          | Available in October | Available in October |
| MPH in Health Policy and Management                    | 22              | 14.25          | 21              | 15.71          | Available in October | Available in October |
| MPH in Health Promotion                                | C*=18<br>D**=47 | 13.25<br>19.29 | C*=22<br>D**=37 | 16.13<br>18.13 | Available in October | Available in October |
| MSc in Clinical Epidemiology                           | 13              | 19.62          | 12              | 17.66          | Available in October | Available in October |
| MSc in Environmental Health Sciences                   | 9               | 14.16          | 9               | 15.44          | Available in October | Available in October |
| MSc in Epidemiology                                    | 19              | 28.42          | 16              | 24.55          | Available in October | Available in October |
| MSc in General Public Health                           | -               | -              | 0               | 0              | Available in October | Available in October |
| MSc in Global Health                                   | 11              | 18.66          | 11              | 17.38          | Available in October | Available in October |
| MSc in Health Policy Research                          | 9               | 13.3           | 7               | 12.61          | Available in October | Available in October |
| MSc in Health Promotion                                | 11              | 13.9           | 11              | 13.67          | Available in October | Available in October |
| MSc in Health Technology Assessment                    | 5               | 6.5            | 3               | 3.83           | Available in October | Available in October |
| MSc in Occupational Health                             | 2               | 3.5            | 2               | 3.33           | Available in October | Available in October |
| PhD in Epidemiology                                    | 19              | 30.33          | 16              | 27.6           | Available in October | Available in October |
| PhD in Health Promotion and Socio-behavioural Sciences | 8               | 12.16          | 8               | 13.5           | Available in October | Available in October |
| PhD in Health Services and Policy Research             | 6               | 7.89           | 5               | 8.05           | Available in October | Available in October |
| PhD in Public Health                                   | 17              | 21.88          | 18              | 26.39          | Available in October | Available in October |

NB: Fall head count + FLE

\*C = Campus-based Students

\*\*D = Distance Students

- f. Identification of measurable objectives by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures for each of the last three years.

**Table 4.3.3. Performance on Measurable Objectives for a Qualified Student Body for 2014/15, 2015/16 and 2016/17**

| Outcome Measure   | Target                              | 2014/15                                | 2015/16                                | 2016/17                                | 2017/18                                |
|---|-------------------------------------|--|--|--|--|
| <i>Goal 1. Education.</i> Educate current and future leaders in public health policy, practice, education and research with an emphasis on critical thinking in an interdisciplinary environment. |                                     |  |  |  |  |
| Admission GPA by degree   | MPH = 3.7<br>MSc = 3.7<br>PhD = 3.8 | MPH = 3.85<br>MSc = 3.58<br>PhD = 3.67 | MPH = 3.72<br>MSc = 3.81<br>PhD = 3.60 | MPH = 3.70<br>MSc = 3.70<br>PhD = 3.54 | MPH = 3.71<br>MSc = 3.70<br>PhD = 3.56 |
| Total student award funding received.   | \$500,000                           | \$635,218                              | \$567,393                              | \$674,614                              | NA                                     |
| Percentage of students that wrote and passed the Certified in Public Health Exam  | 85%                                 | -                                      | 92%                                    | 83%                                    | NA                                     |
| Percentage of publications with students as co-author   | 50%                                 | 41%                                    | 43%                                    | 55%                                    | NA                                     |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

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

Criterion 4.3 is met.

**Strengths:** The School has consistently received far more applications for admission than it can accommodate and has been able to recruit highly qualified students without a targeted recruitment strategy, for example, in terms of country / province of origin, educational background, practical experience, and so on. That we have been the only CEPH-accredited school in Canada until recently [although there are a couple of CEPH-accredited MPH programs] has been a factor in attracting students. The School, however, has been active in a variety of local and national recruitment venues including career fairs and professional conferences.

**Weaknesses:** Our admission process continues to evolve, having moved from a paper-based labour-intensive process to the Schools of Public Health Application Service (SOPHAS), and now to UAlberta's new electronic graduate admission management system. The most recent change has not been smooth, as there are numerous technical glitches.

The School has not been successful in recruiting individuals of Aboriginal identity who are under-represented in the student body (and the faculty). This is partly due to the lack of a specific strategy to target Aboriginal students. However, it is also well recognized that highly qualified Aboriginal students with an undergraduate degree are highly sought after, especially by the professional faculties.

**Plans:** With the initiation of the next strategic plan in 2018, student recruitment needs to be a major focus. In the interim, the School will continue its current activities in promoting our programs, but will need to reach out to targeted groups of potential students to grow our biostatistics, environmental health and new food safety degree programs. In terms of outreach to under-represented groups, such as Aboriginal students, the School will participate in fairs and visits organized by FGSR and the Office of the Provost. The planned search for a CRC in Aboriginal Health will considerably strengthen our teaching and research in this community, which will also attract Aboriginal students to consider applying to the School.

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

- a. Description of the school's advising services for students in all degree programs, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

In lieu of a formal student handbook, policies and procedures and other student resources are on the School website and Intranet. During the summer prior to the start of a student's program, they participate in SPH 101, an online introduction to UAlberta and the School. SPH 101 is expected to prepare them for program planning, course registration and the School's campus orientation.

**MPH Students:** All MPH students in the School develop an individual program plan. Plans vary depending upon whether students intend to take courses via eLearning or on campus, study part time (one or two courses per term) or full time (three or more courses per term). A program shows the typical path for MPH students laid out for each specialization. An example appears in the Electronic Resource File - *ERF 4.5 Course Sequencing for MPH Epidemiology*. Students construct the best plan using the template at the beginning of the program, discuss it with their team of advisors and adjust it later if/when circumstances change.

We promote a team advising approach for MPH students. Using this approach, the academic advisor is expected to take a lead role in advising MPH students, with additional support from the Practice Office and the Office of Educational Programs.

- **Academic Advisor:** These individuals advise on specialization and elective courses, timing / sequencing of courses, specialization specific expertise, preparation for career in discipline, networking and professional development opportunities. They are responsible for approving each MPH student's program plan at the beginning of their program, and evaluating their practicum deliverables and their capping project at the end of their program.
- **Practice Coordinators:** Practice coordinators advise on cross-cutting public health expertise and provides support related to preparation for professional practice, including preparation for field practicum, and relevant connections with field, career development and professional development.
- **Office of Educational Programs:** Staff in this office advise on general program requirements, university / School policies and procedures relevant to the degree (e.g., total credits, total time to completion, professional development and ethics requirements), and general issues and challenges with program completion.

Team advising orientation for faculty in the School has taken place at the [School's orientation](#) at the beginning of the last two fall terms. Now that faculty are more comfortable with their roles in this new advising model, the training for team advising will be incorporated into our orientation of new faculty going forward.

**MSc Students:** All MSc students have a supervisor identified upon admission to the degree program. Students will meet with their supervisor prior to the start of the first term of their program to review course and program requirements. Once completed, a program

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

plan is submitted to the Office of Educational Programs within the first term of study. Supervisors are expected to meet with their students a minimum of once each term.

**PhD Students:** All PhD students have a supervisor identified upon admission to the degree. Students will meet with their supervisor prior to the start of the first term of their program to review course and program requirements. A completed program plan is submitted to the Office of Educational Programs within the first term of study. Supervisors are expected to meet with their students a minimum of once each term.

**Faculty Training for MSc and PhD Supervisors:** Incoming faculty meet with the vice-dean and associate deans for an orientation to the faculty; this extends the university faculty orientation. This orientation includes an overview of teaching and mentoring expectations, faculty evaluation processes, teaching and research support.

In 2012 and 2013, we had annual faculty development sessions to ensure familiarity with degree policies and procedures for student advising / supervising of all faculty. Since then, our priority has been to ensure that incoming faculty become familiar with the institutional requirements for mentoring research students. We encourage new faculty to take advantage of the experience of program directors, degree leads and senior faculty within or outside their program area. Staff in the Office of Educational Programs are available for questions about student procedures and the AD (E) and vice-dean are available for issues that may arise around student policies and specific situations.

To ensure readiness for research advising, we require that faculty gain knowledge and experience with the supervision process by having an experienced colleague as a co-supervisor for their first PhD student, and by having an experienced colleague as the chair of the final examination for their first MSc student. After these students graduate, a faculty member is allowed to be the sole supervisor. We are a small faculty with one or two faculty arriving each year (since 2015), and relying on the above process has ensured that our supervisors are well prepared with appropriate resources to support them in this supervisory role.

- b. Description of the school's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to specific needs in the school's student population.

The UAlberta Career Centre, Career and Placement Services (CaPS) is a university student service and the source for career and employment information and expertise at UAlberta.

CaPS provides the essential link between those looking for work and those looking to hire, and offer services for students, alumni, faculty and staff, employers and members of the public.

The School contracts with CaPS to work with our students. Presentations and workshops on networking, individual resume building and mock interviews are some of the services provided by CaPS.

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

For the research degrees, we expect faculty to provide career counseling as relevant to their research and specialization area. Professional MPH students have their team of advisors available to assist in the career counseling process.

Networking events that incorporate alumni, seminars and public presentations are also opportunities for students to connect with local practitioners.

### c. Information about student satisfaction with advising and career counseling services.

Over 90% of the students that responded to our graduate exit surveys in Fall and Spring 2015, Fall and Spring 2016, Spring 2017 feel their program was relevant and useful towards their career goals. Students are happier with the flexibility of the programs more recently, which may reflect that we now allow campus based students to take some online core courses when room is available. [Electronic Resource Files - *ERF 4.6 Exit Survey-Fall 2015 Summary*, *ERF 4.7 Exit Survey-Spring 2015 Summary*, *ERF 4.8 Exit Survey-Fall 2016 Summary*, *ERF 4.9 Exit Survey-Spring 2016 Summary*, *ERF 4.10 Exit Survey-Spring 2017 Summary*]

The perception of assistance provided by advisors to MPH students in finding their future careers is disappointing. Faculty supervisors of MSc/PhD students seem to be providing more assistance in the career trajectories of their students than the MPH advisors. This may reflect that some academic staff have little public health practice experience themselves. We have expanded our collaboration with individuals working in the field (contributing to instruction and practicum placements) and increased our practicum office staff in order to provide more professional expertise to students transitioning into careers.

The proportion of students indicating that the quality of guidance they received from our AD (E) is also disappointing. A new AD (E) was appointed in January 2017, and we are asking that faculty who take on this role now make a three-year commitment.

**Table 4.4.1. Ratio of students who responded “agree or strongly agree” for selected questions from exit surveys in 2015, 2016 and Spring 2017**

| Question  | Degree Type | “Agree or Strongly Agree” |           |             |           |             |
|---|-------------|---------------------------|-----------|-------------|-----------|-------------|
|   |             | 2015 Spring               | 2015 Fall | 2016 Spring | 2016 Fall | 2017 Spring |
| Graduate program was relevant and useful for my career goals        | MPH         | 8/8                       | 2/4       | 14/17       | 5/6       | 14/15       |
|   | MSc         | 3/3                       | 7/7       | 2/2         | 12/12     | 3/4         |
|   | PhD         | *                         | *         | *           | 2/2       | 2/2         |
| Flexibility of the program was excellent                            | MPH         | 4/8                       | 2/4       | 12/17       | 4/6       | 10/15       |
|   | MSc         | 2/3                       | 6/7       | 2/2         | 11/12     | 4/4         |
|   | PhD         | *                         | *         | *           | 2/2       | 1/2         |
| Expectations of students were reasonable                            | MPH         | 8/8                       | 3/4       | 14/17       | 5/6       | 13/15       |
|   | MSc         | 3/3                       | 7/7       | 2/2         | 12/12     | 4/4         |
|   | PhD         | *                         | *         | *           | 2/2       | 1/2         |
| The balance between practical and theoretical focus was appropriate | MPH         | 5/8                       | 2/4       | 9/17        | 4/6       | 5/15        |
|   | MSc         | 2/3                       | 6/7       | 2/2         | 9/12      | 2/4         |
|   | PhD         | *                         | *         | *           | 2/2       | ½           |

## CRITERION 4.0 FACULTY, STAFF AND STUDENTS

| Question  | Degree Type | “Agree or Strongly Agree” |           |             |           |             |
|---|-------------|---------------------------|-----------|-------------|-----------|-------------|
|   |             | 2015 Spring               | 2015 Fall | 2016 Spring | 2016 Fall | 2017 Spring |
| My advisor/supervisor assisted me with finding my future career.                            | MPH         | 1/8                       | 1/4       | 4/17        | 2/6       | 4/15        |
|   | MSc         | NA                        | NA        | NA          | NA        | NA          |
|   | PhD         | *                         | *         | *           | NA        | NA          |
| My supervisor provided assistance with future employment.                                   | MPH         | NA                        | NA        | NA          | NA        | NA          |
|   | MSc         | 3/3                       | 3/7       | 1/2         | 6/12      | 2/4         |
|   | PhD         | *                         | *         | *           | 1/2       | 0/2         |
| The director of graduate education/associate dean (education) was helpful and knowledgeable | MPH         | 5/8                       | 1/4       | 5/17        | 2/6       | 6/15        |
|   | MSc         | 2/3                       | 5/7       | 1/2         | 3/12      | 1/4         |
|   | PhD         | *                         | *         | *           | 1/2       | 1/2         |

<sup>1</sup> Ratio = number of students “agree or strongly agree”/total # responding

\*No responses to survey.

- d. Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

The School abides by the policies outlined in the FGSR Graduate Program Manual: [Section 9.1 Dispute Resolution Related to Graduate Studies Issues](#) for all matters related to student plagiarism, cheating, harassment, disruption of classes, misuse of property or computer facilities, apprehended danger, threatening or violent conduct, or misconduct in research and scholarship. The AD (E) is the first point of contact for students, and this individual is the liaison between the School and FGSR in student academic matters. For student concerns about a course grade, the School has a Grade Appeal Procedure. [Electronic Resource File - *ERF 4.11 Grade Appeal Procedures*]

Students are represented on Faculty Council and participate in Town Hall where they can add to the agenda as they choose.

The SPHSA Executive meets quarterly with the dean and vice-dean, and the agenda for this meeting is set by the SPHSA.

In the last three years we have addressed the following number of formal student complaints: 2015 (0); 2016 (1); 2017 (0).

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

Criterion 4.4 is met.

**Strengths:** Students have centralized support for general career services, so that faculty are able to focus their career advising on specialization specific issues. Faculty mentoring of research students results in a high proportion having jobs, and students generally feel supported in attaining those jobs. Professional students have a number of individuals on their advising team from which to obtain career counseling and placement advice. The practicum placement coordinator and field supervisor provide linkages for students in their career decision making.

#### CRITERION 4.0 FACULTY, STAFF AND STUDENTS

**Weaknesses:** Some faculty are not as familiar with professional placement opportunities as others, so career advice for professional students may be uneven.

**Plans:** We will expand the practice office staff to allow for increased linkages with practitioners and alumni that can be used in career counselling as the student body grows.



*This* is **PUBLIC HEALTH**



**UNIVERSITY OF ALBERTA**  
**SCHOOL OF PUBLIC HEALTH**

---

3-300 Edmonton Clinic Health Academy, 11405 87 Avenue, Edmonton, AB, Canada T6G 1C9