



PUBLIC HEALTH PROGRAMS

ACCREDITATION SELF STUDY REPORT

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CRITERION 1.0 –PUBLIC HEALTH PROGRAMS

INTRODUCTION

Introduction to the Faculty of Health Sciences at Simon Fraser University

Simon Fraser University (SFU), a public tertiary institution within the province of British Columbia, Canada, opened on September 9, 1965 with 2,500 students on one campus. Today, SFU boasts three distinct campuses, more than 30,000 students, 6,500 faculty and staff and over 130,000 alumni.

In this self-study we describe the development, organization, implementation, and evaluation of population and public health programs within the Faculty of Health Sciences (FHS) at SFU.

The FHS was formally created by the Senate and Board of Governors of SFU in September, 2004. Within one year, the first members of the faculty complement were hired and the Faculty accepted its first cohort of graduate students. Three years later, in June 2008, the FHS moved into a new purpose-built building in the heart of the institution at the main Burnaby Mountain campus.

From its inception, the vision of FHS has been the integration of biological and sociological conceptions of health and evidentiary practices to understand health from a life-course perspective. Interdisciplinary educational programming within the Faculty employs a “cell to society” motif. The Faculty’s mission is both consistent with, and supportive of, recent efforts in Canada to strengthen the public health system.

The original graduate programming of FHS consisted of an MSc-PPH degree with two streams, a research-focused thesis stream, and a practice-focused stream. This program admitted its first students in September, 2005. In 2008 the practice-based degree was renamed the “Master’s Degree in Public Health (MPH)” and a new research-oriented MSc degree in Health Sciences was approved by Senate and matriculated its first students in 2009. A PhD degree received senate approval and matriculated its first students in 2011.

Programming at the undergraduate level commenced in 2006 when the Faculty launched a Bachelor of Arts degree in Health Sciences, which focused principally on social and policy applications in public health. A second undergraduate degree, a Bachelor of Science in Health Sciences concentrating on biomedical sciences, was created in 2007. Both BA and BSc degrees have been designed on the basis of a broad and strong foundation in population and public health, and an interdisciplinary approach to health problems.

Today, FHS has grown from 9 to 48 faculty and 19 staff, developed two undergraduate major degree programs with approximately 1200 majors annually, and enrolls approximately 120 graduate students annually into its Master’s Degree in Public Health. The rapid growth in faculty, programs, and enrollments has been remarkable and our policies, procedures, and evaluation structures continue to evolve towards best practices.

For the purposes of this self-study, the *FHS at SFU defines its unit of accreditation as consisting of the personnel and resources that comprise, deliver, and support the professional MPH degree and its specialty streams as well as the academic BA and BSc degrees.*

Public Health in Canada

Canada has occupied a position of intellectual and policy-level leadership in modern public health. Marked by internationally-known reports, legislation and policy documents (including the Lalonde report of 1974, the Ottawa Charter for Health Promotion of 1986, the Epp report of 1986, and development of the concept of population health and its role in the WHO Commission on the Social Determinants of Health of 2008), Canadian health scholars and policymakers have long emphasized the importance of addressing the multiple determinants of health. The Lalonde report emphasizes the importance of intersecting determinants of health, including human biology, environment, lifestyle, and health care organization. Further, both the Lalonde and Epp reports argue that social inequalities produce health inequities, and that strategic action at a social and policy level is needed to improve population health. These reports also provide the foundational argument for reducing pressure on the health care system through strategic investments in health promotion and wellness and the primary and early secondary prevention of disease and injury. The reports, coupled with the passage of the Canada Health Act of 1980 (amending earlier legislation to extend comprehensive, universal, and accessible insured health care services to all Canadians without cost) established Canada as an international leader of the modern public health movement.

Remarkable as they now seem, these developments did not translate into either a well-organized or well-funded public health system within Canada. The vast majority of health care expenditures, then as now, remain in the secondary and tertiary health care sector. Estimates made in 2003 suggested that about 2.0 to 2.5 percent of health expenditures are spent on public health activities. Unlike the U.S.A. where public health at the state level is an independent system and where federal leadership is provided through the Centre for Disease Control, Canada's public health system is a variable grouping of provincial and regional level institutions, offices, and departments with varying roles and functions. Each province has its own public health legislation, the age and content of which varies considerably. In most provinces and territories, public health is delivered through regional health authorities or the provincial/territorial government. The federal government has not historically had a strong mandate in population and public health, and its roles and responsibilities have been, and to some extent remain, unclear.

Several incidents over the past two decades have exposed serious weaknesses in the Canadian public health system. In 2004, driven in large part by critical evaluation of the public health response to the SARS epidemic, the federal government chose to initiate national leadership in public health policy through the creation of an independent Public Health Agency of Canada (PHAC). The Agency has essential responsibilities related to preventing and controlling diseases and injuries, promoting good health, preparing for public health emergencies, strengthening intergovernmental collaboration on public health and facilitating national approaches to public health policy and planning in Canada. Although PHAC provides technical input into federal-level policies and funds programs at regional and local levels, it has little, if any, authority over core public health functions at the provincial level.

The creation of the PHAC has coincided with federal, and in some areas, provincial efforts to restructure funding for health-related research. The Canadian Institutes for Health Research (CIHR) was created in 2000 with a mission to sponsor a much broader range of health research than had previously been funded under the Medical Research Council (MRC). The environment for sponsored research has been favorable to the growth of University-based programs in population and public health. Unfortunately global health research in Canada has been seriously eroded over the past five years by the dismantling of the Canadian International Development Agency and other cutbacks in funding by the federal government.

Both PHAC and CIHR have pushed for expansion and skills upgrading of the public health workforce in Canada. A collaborative pilot program pioneered by the two agencies resulted in the establishment of funding for Masters of Public Health program students at Canadian Universities. In addition, PHAC has developed core competencies for public health practice that have provided the basis for the development of public health training across Canada.

The creation of a FHS at SFU with a strong mandate in population and public health and global health is in part a considered response to the developing Canadian health policy and funding landscape, and the national and provincial demand for public health professionals, well-trained public health researchers, and an increased need for scholars with policy expertise in the management of health systems and health care. FHS was also created in recognition of the critical need for a vision of improved interface and interconnection between academic institutions and practicing public health communities locally, nationally and internationally.

Population and Public Health within the FHS: Core Concepts and Definitions

FHS at SFU uses the term "population and public health" throughout this self-study to indicate the breadth of research and practice intended to improve population health across the life-course. As described by PHAC, "population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health." As defined and operationalized within FHS, this refers to the following categories of population and public health research and practice:

- **healthy public policy**, achieved through coordinated action that leads to health, income and social policies that foster greater equity but do not have health as the main policy objective, such as supportive housing, early childhood education, and the provision of income support;
- **health promotion**, the process of enabling people to increase control over, and to improve, their health that moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions;
- **health protection** strategies that tackle adverse consequences to health attributable to environmental hazards, such as inadequate food hygiene, water purity, environmental sanitation, and drug safety, through legislation, regulation, inspection and, if need be, enforcement and prosecution;
- **disease prevention**, including strategic actions to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established;
- **population health assessment and surveillance** strategies, which involve the ongoing systematic collection and analysis of data in order to provide a basis for decision-making with the timely dissemination of these data to those who need to know; and,
- **quality health care services**, demonstrated through their acceptability, accessibility, appropriateness, effectiveness, efficiency and safety, and robust **health care systems** that are appropriately organized and integrated to improve population health.

CRITERION 1.1 MISSION, GOALS, OBJECTIVES, AND VALUES

The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.

Mission

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

The Mission of the FHS is to strive to improve the health of individuals and populations and to reduce health inequities through excellence in interdisciplinary research and education, in partnership with local, national and global communities and with a commitment to social justice.

Central to the mission of FHS is the development of an understanding of the multiple factors that shape health experiences over the life course from a population perspective, and the application of this knowledge toward the development of policy and toward the service of communities, institutions and populations, both within Canada, and globally.

FHS at SFU is fundamentally interdisciplinary by design through an overarching, ecological approach and perspective to population and public health that recognizes the interactions and relationships among multiple determinants of health. Public health necessarily represents a consortium of disciplines, straddling molecular and cellular processes, field-based investigation, intervention and evaluation, as well as policy processes, that together address issues relating to the health of communities through instruction, research and service. It is important to note that we are striving to create an integrative approach to the health sciences that is ideally greater than the sum of the approaches represented by each of the constituent disciplines.

The Master's Degree in Public Health, the Bachelor of Arts Degree in Health Sciences, and the Bachelor of Sciences Degree in Health Sciences are all integral to the broader mission of the FHS.

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

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

Values

1.1.b A statement of values that guide the program.

The FHS is committed to academic excellence and leadership through the pursuit of interdisciplinary scholarly activities, including research, teaching and learning, and through community engagement and partnership. The Faculty is committed to social justice and aims to improve health and reduce health inequities locally, nationally and globally.

Our core values are:

- **Excellence in Teaching and Learning.** We strive to provide our students with an excellent education that will make a difference in their lives and help them apply their learning to make a difference in the world. We encourage critical thinking, intellectual creativity, and lifelong learning.

- **Academic Freedom, Integrity, Excellence.** We pursue: intellectual integrity; collegiality; academic freedom; academic rigor, quality and excellence; integration of education and research themes; and knowledge translation and exchange.

- **Equity and Diversity.** We value the diversity of academic knowledge perspectives, skill sets, and methodologies that our Faculty possesses. We support diversity within the Faculty that reflects the composition of the communities we serve. We believe equity and fairness are central to an inclusive and diverse environment.

- **Community Engagement.** We strive to engage with communities, adopt a community perspective, and embrace meaningful relationships with external partners.

- **Healthy Workplace.** We promote the health of our students, faculty members, administrators, and staff. We value dialogue across differences and disagreements as well as consensus-based and democratic decision-making. We recognize the responsibilities of participants to be engaged, and the responsibilities of leaders to respect policy and processes. We conduct ourselves ethically, respect others' areas of expertise, conduct our activities in an open, honest and transparent manner, and practice civility with candor and a sense of humour.

Operationalization of the values, concepts and ethical principles articulated above occurs in many aspects of the Faculty's educational programs. Many are integrated into coursework, case study based learning approaches, and practicum placement opportunities.

Core Value	Description	Operationalization
Excellence in Teaching and Learning	Provide our students with an excellent education that will make a difference in their lives and help them apply their learning to make a difference in the world. We encourage critical thinking, and intellectual creativity.	-The Public Health programs achieve excellence through comprehensive program planning and evaluation, stringent admission and graduation criteria, and stringent performance objectives in the areas of instruction, research and service.
Academic Freedom, Integrity, Excellence	We pursue: intellectual integrity; collegiality; academic freedom; academic rigor, quality and excellence; integration of education	-SFU has policies specifically directed to intellectual integrity and collegiality. Demonstration of academic rigor, quality and excellence of faculty members' research,

Table 1.1.b. Operationalization of Core Values		
Core Value	Description	Operationalization
	and research themes; and knowledge translation and exchange.	teaching and service activities is demanded for annual salary reviews, contract renewals, promotion and tenure considerations. -Research and academic themes are integrated in the processes of five year academic planning and program based faculty hiring plans
Equity and Diversity	We value the diversity of academic knowledge perspectives, skill sets, and methodologies that our Faculty possesses. We support diversity within the Faculty that reflects the composition of the communities we serve. We believe equity and fairness are central to an inclusive and diverse environment.	-SFU has a fundamental and articulated commitment in all major governing documents of the university to an appreciation for interdisciplinary and a respect for the diverse skill sets, methodologies, broad spectrum of research approaches, methods of inquiry, levels of analysis and research perspectives that comprise the university's academic framework. -The interwoven and inseparable interdisciplinary design of the Public Health programs within the FHS are fundamentally valued. -The diverse contributions to the academic programs and research successes of Public Health programs' faculty members is recognized fully in the assessment and criteria for faculty performance assessment and is codified in the unique standards and expectations written for and by the FHS. -SFU's policy framework for the recruitment of students and the hiring of staff and faculty demonstrates a commitment to hiring and student diversity and representation of the communities we serve. -The University has a faculty hiring equity guide to provide all academic units with a hiring process that encourages applications from disadvantaged communities in Canada
Community Engagement	Collaborate with communities; adopt a community perspective; and embrace relationships and partnerships with external partners.	-The University requires all faculty members to engage in service contributions to the external academic community and to other communities of relevance for their disciplines. Meaningful community collaboration and service is required for faculty member performance assessment for salary improvement, contract renewal, tenure and promotion. -Further, SFU is recognized as a Canadian leader in community collaboration for its

Table 1.1.b. Operationalization of Core Values		
Core Value	Description	Operationalization
		<p>outreach activities, academic partnerships, and inclusive engagement with the communities in which it is situated and which it serves.</p> <p>-The FHS recognizes that is Public Health programs can only be effective if they are founded upon a principle of collaboration with the diverse breadth of Canadian public health communities. This is achieved through memorandums of agreement, formal partnerships, practicum based graduate programming, health community advisory committees for our programming, public health practitioner engagement in our curricular offerings, and many other methods.</p>
Healthy Workplace	Behave ethically, respect others' expertise, conduct our activities in an open, honest and transparent manner; and practice civility with candor and a sense of humor.	<p>-The Public Health programs demand ethical engagement of its members, respect, transparency and civility.</p> <p>-SFU has formal policies governing student, faculty, and staff codes of conduct, and has a formal Statement of Principles specifically earmarking open and transparent, and collegial governance.</p> <p>-The structures of decision making both within the FHS and within the University generally are premised upon a foundation of collegial, interactive, and community based governance.</p> <p>-All internal stakeholder communities – students, staff and faculty – have representation on most formal decision making committees within the FHS and within the University.</p> <p>-The most senior decision-making committees of the University have open sessions for public attendance and report all minutes on websites.</p>

Goals

1.1.c One or more goal statements for each major function by which the program intends to attain its mission, including instruction, research and service.

The Public Health programs in the FHS will realize the mission of the Faculty through a focus on eight core goals. These goals reinforce each other and cross-cut the major functions of public health instruction, research and service within the Faculty:

- Goal 1:** *Assure that graduates are prepared to influence the factors that shape population and public health at local to global levels.*
- Goal 2:** *Assure a highly qualified and diverse student body.*
- Goal 3:** *Assure that appropriate resources are available to the program.*
- Goal 4:** *Assure that the program is relevant to community constituents and stakeholders.*
- Goal 5:** *Assure continuous program improvement.*
- Goal 6:** *Create a positive, interdisciplinary learning environment that enables faculty and students to meet the learning objectives of the program.*
- Goal 7:** *Assure that faculty conduct and publish high quality public health research.*
- Goal 8:** *Assure that students have ample opportunity, and are encouraged to participate in, faculty research and community practice.*

Objectives

1.1.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.

The mission and goals of the Public Health programs within the FHS are realized through specific program objectives that operationalize our activities and provide focus to the realization of excellence in public health instruction, research and service. Progress towards each of our goals and specific objectives is carefully monitored using a comprehensive framework of achievement targets, measureable performance indicators, and evaluation strategies to ensure continuous excellence and ongoing improvement. The targets and performance measures for the goals and objectives are presented in the relevant criterion of the self-study and in Table 1.2.c further below.

Goal 1: **Assure that graduates are prepared to influence the factors that shape population and public health at local to global levels.**

Objective 1a. *Program graduates will learn the core knowledge, functions and strategies of population and public health. (All Public Health programs – MPH, BSc, BA)*

Objective 1b. *Graduates of the Master's Degree in Public Health will be equipped with the*

knowledge and competencies to influence the factors that shape public health at local to global levels. (MPH)

Objective 1c. Students will have the analytical skills required for the critical assessment and evaluation of evidence relevant to population and public health research and practice. (All Public Health programs – MPH, BSc, BA)

Objective 1d. Students will have high-quality practicum placements in appropriate public health settings in order to facilitate the integration of theory, methods and practice relevant to population and public health strategies. (MPH)

Objective 1e. Students will be able to apply a social justice and health equity lens to their interpretation of a particular health problem or issue. (MPH)

Objective 1f. Students will have a culminating experience in which they integrate competencies across multiple public health disciplines to address a population and public health problem. (MPH)

Objective 1g. Successful student performance will be maintained throughout the program. (All Public Health programs – MPH, BSc, BA)

Goal 2: Assure a highly qualified and diverse student body.

Objective 2a. Recruit a highly qualified pool of applicants. (All Public Health programs – MPH, BSc, BA)

Objective 2b. Recruit a diverse applicant pool as measured by diversity in prior training, public health experience, professional background, age, gender, abilities/disabilities, and aboriginal status. (MPH Program)

Goal 3: Assure that appropriate resources are available to the program.

Objective 3a. Assure that library holdings are adequate to the needs of the program. (All Public Health programs – MPH, BSc, BA)

Objective 3b. Assure that space needs for students and faculty are met. (All Public Health programs – MPH, BSc, BA)

Objective 3c. Assure that relevant data sets and databases are available for program use. (All Public Health programs – MPH, BSc, BA)

Objective 3d. Assure that adequate stipends, fellowships, and scholarships are available to students. (MPH)

Objective 3e. Ensure that faculty members are conducting research of a high caliber to attract research funding

Objective 3f. Ensure that the Public Health programs are adequately resourced to support their student population

Goal 4: Assure that the program is relevant to community constituents and stakeholders.

- Objective 4a. Assure that students have skills valued by employers. (All Public Health programs – MPH, BSc, BA)*
- Objective 4b. Provide continuing education, for local and global medical and public health professionals, community members, and other interested publics. (All Public Health programs – MPH, BSc, BA)*
- Objective 4c. Increase the engagement and involvement of faculty, staff, and students in public health practice and policy in the community. (All Public Health programs – MPH, BSc, BA)*

Goal 5: Assure continuous program improvement.

- Objective 5a. Conduct program evaluations and student satisfactions surveys to ensure that program goals are met. (All Public Health programs – MPH, BSc, BA)*

Goal 6: Create a positive interdisciplinary learning environment that enables faculty and students to meet the learning objectives of the program.

- Objective 6a. Ensure that faculty have access to programs at SFU that foster instructional excellence. (All Public Health programs – MPH, BSc, BA)*
- Objective 6b. Encourage faculty to engage with the scholarly literature on best practices in teaching and learning. (All Public Health programs – MPH, BSc, BA)*
- Objective 6c. Provide a supportive learning environment for students. (All Public Health programs – MPH, BSc, BA)*

Goal 7: Assure that faculty conduct and publish high quality public health research.

- Objective 7a. Assure that the FHS develops policies, programs, and procedures that foster an environment conducive to knowledge creation. (All Public Health programs – MPH, BSc, BA)*

Goal 8: Assure that students have ample opportunity, and are encouraged to participate in, faculty research and community practice.

- Objective 8a. Ensure that students who desire to be involved in public health research are afforded the opportunity to do so. (All Public Health programs – MPH, BSc, BA)*
- Objective 8b. Ensure that students have opportunities to engage in community practice outside of the formal practicum experience, either locally or globally. (All Public Health programs – MPH, BSc, BA)*

Processes of Development, Monitoring, and Amendments

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

Creation of the mission of the FHS can be traced back to initial planning documents from late 2002. At the time of the approval of the creation of a new FHS by SFU's Senate in 2004, a broad conceptual framework – the seeds of a draft mission - was created.

In 2007, the FHS' Accreditation Self Study Working Group (ASSWG) felt it necessary to further develop its mission statement as a fundamental and guiding document for population and public health programming in the FHS. This mission statement was developed to better reflect the overarching goals, values, beliefs and broadened curriculum programming at the Masters and undergraduate level that had been developed for the Faculty's Public Health programs. It was also developed in consideration of the public health environment in Canada and the Public Health Agency of Canada's Core Functions Framework.

The first mission document was developed over a series of committee meetings between September 2007 and January 2008. A draft statement was posted on the FHS website and all stakeholder communities both within and external to FHS (faculty, staff, and students) were asked to provide comment and feedback. The mission document was formally presented to the Faculty Council in May of 2008, and a series of faculty consultations on the missions, goals, and objective statement, FHS values, as well as core competencies, were held in October and November, 2008. Finally, community input was sought by circulating to the Public Health Officer's Council of British Columbia (a registered society in BC of public health physicians who advise and advocate for public policies and programs directed to improving the health of populations) for feedback.

In consideration of feedback from both internal and external constituencies of the FHS, the draft mission was revised and in April, 2009, was adopted and approved by the FHS Faculty Executive Committee (FEC).

Further refinement to the Vision, Mission and Values Statement occurred during a two-day faculty and staff retreat in June 2012 as part of the preparation of the 2013-2018 Academic Plan for the Faculty (required by SFU on a five year cycle). Review and refinements of these foundational statements were viewed as necessary given the rapid expansion of the Faculty with many new faculty members arriving after 2008. Undergraduate and graduate students and external stakeholders both at SFU and in the wider community were surveyed on-line prior to the June retreat. Revised versions of these documents received input from all faculty and staff and final versions were subsequently ratified by Faculty Council September 27, 2012.

To date, and at least annually, the faculty and staff of the FHS have participated in planning retreats where the mission, goals, objectives, performance measures and other forms of input and suggestions for improving the overall quality of the educational programs are considered and evaluated. Based on their collective assessment, a variety of proactive steps for continuous quality improvement may be undertaken – recent examples include forming ad-hoc working groups to focus on specific issues, designing new courses, creating new academic programs, identifying new strategies for improving engagement with various stakeholder communities, etc. Should the results of the assessment, or the activities undertaken as a result

of the review, require amendment by the Faculty of its mission, goals, objectives and/or outcome measures, this will be undertaken consistent with the policy and procedural processes within the FHS and within SFU as required.

FHS also undertook a mandatory External Review of all of its programs and activities in 2012/13. External reviews are required of all academic units (Departments and non-departmentalized Faculties) by SFU on a six year cycle. This review required a comprehensive self-study documenting programs and providing outcome metrics for research, student experience, and administrative efficiencies. A three person external panel of experts in the broad field of health sciences conducted a three day site visit and produced a Report detailing recommendations for improvement. The Report generally applauded FHS for its extraordinary success in establishing a new Faculty quickly and with a recognized national and international reputation, but also provided a series of recommendations to improve overall quality. FHS faculty and staff reviewed these recommendations in a series of retreats in 2013 and tabled an Action Report to the University Senate and was approved at the January 6, 2014 University Senate meeting (Appendix 1.1.e). All of the Action items included in this Report have either been implemented or are in the process of being implemented.

Mission, Values, Goals, Objectives Reviewed and Revised

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

The program's mission, vision, goals, and objectives are widely shared and publicly available on our website: <http://www.fhs.sfu.ca> and are featured in our various public and promotional materials. The mission, vision, goals, and objectives are stated in student and faculty handbooks, orientation materials presented to new faculty and students, and disseminated to various stakeholder communities as part of other communications materials. Online materials are updated as soon as revisions are made, while print documentation is generally modified, if necessary, on a semi-annual basis to coordinate with our print recruiting materials.

The programs' goals and objectives are monitored through a comprehensive and ongoing assessment strategy designed to meet internal program standards of excellence, university requirements, and CEPH criteria.

The Vice President, Academic and/or Senate may require the FHS and its Public Health programs to revise elements of its mission, goals or objectives to sustain excellence and meet the expectations and standards of performance required by the University, through the processes of the External Review and production of an Academic Plan as described above..

At a programmatic level, the FHS' Public Health program assesses its effectiveness in meeting the eight (8) overarching goals and 22 objectives annually. For the Master's Degree in Public Health, the Graduate Studies Committee (GSC) and the various subcommittees that it strikes, take the lead in developing, reviewing and revising program goals, objectives, curricular directions, and overall excellence in the areas of public health research, instruction and service. Quality assessment, relevance to stakeholder communities, and ongoing instructional and research excellence is actively monitored by the GSC at least annually, and for some areas, on an ongoing, course-by-course, or semester by semester basis. A parallel committee – the Undergraduate Studies Committee (UGSC) - performs similar functions and has similar

responsibility as the GSC for the baccalaureate programs – the Bachelor of Science in Health Sciences and the Bachelor of Arts in Health Sciences. The GSC and UGSC report regularly to the Faculty Executive Committee (FEC) and the Dean of FHS. And while these committees and senior executives of the FHS have managerial responsibility for the Public Health programs at SFU, all faculty members teaching and researching in the Public Health programs have a shared duty and commitment to meet the expectation of excellence and to execute and make real the values, mission, goals and objectives of the Public Health programs.

Because the FHS Public Health programs are integrated into the public health community and other external stakeholder communities, mission, goals and objectives review requires input and dialogue with these constituencies. We regularly meet and discuss our goals, and our program, with the Health Officers Council (chief public health officers) of British Columbia. Faculty leaders meet regularly with representatives of regional health authorities, the Public Health Agency of Canada (PHAC), the BC Centres for Disease Control (BCCDC) and the Provincial Public Health Services Authority (PHSA). Faculty leaders also participate in the Network of Schools and Programs in Public Health in Canada, a network of 17 schools and programs at Canadian Universities where Deans and Directors (or designates) meet on an annual basis.

FHS is in the process of forming an external MPH advisory committee. This committee will provide ongoing feedback to the Public Health programs throughout the year enabling us to ensure that our programs are effectively serving and meeting the needs of the public health environment in Canada and contributing to public health research nationally and globally. Feedback from this committee and from various other mechanisms for input from these constituencies (eg. surveys, placement interfaces, collaboration partnerships, faculty member service contributions, etc.), enables the FHS to proactively and significantly help shape the mission, goals and objectives of our Public Health programs on an continuing ongoing basis.

Criterion Assessment

1.1.g Assessment of the extent to which this criterion is met.

Strengths

- SFU's FHS has a clear and focused mission statement for its Public Health programs.
- The goals and objectives are derived directly from the mission statement and are achievable.
- Specific, measurable, outcome indicators have been developed for each objective.
- The goals, objectives and outcome indicators were created through an extensive consultative process that involved all stakeholders of our Public Health programs and have been refined internally and reviewed during the 2012/13 External Review required by SFU.

Weaknesses

- The development and refinement of the Vision, Mission and Goals of FHS have benefited from ad hoc input from the Public Health community and external reviews required by SFU but have not been subject to ongoing review by an advisory body to the faculty.

Future Plans

- We are currently establishing an external MPH advisory committee to review our Vision, Mission and Goals and how these are translated into our public health training programs, at the undergraduate and graduate level.

This Criterion is met.

CRITERION 1.2 – EVALUATION AND PLANNING

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

Evaluation Procedures and Planning Process Overview

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

Ultimately the Senate of SFU is responsible for the overall evaluation and monitoring of the program’s overall success in realizing the mission, goals and objectives of the Public Health programs within the FHS at SFU. However, at the operational level, responsibility rests with the Dean, Associate Deans for Education and Research of the Faculty, and the Graduate and Undergraduate Program Directors. Ultimately, the Associate Deans are responsible for implementation, assembly, analysis, and reporting of evaluation measures, preparation of reports, and feedback to the faculty of the results of ongoing evaluation and assessment. The Associate Deans for Education and Research, and the committees and staffs which report to them, also ensure that the day-to-day activities described below, are carried out; that deficiencies are identified and remedied, and that continuous ongoing improvement is realized.

The evaluation framework is designed in companion with the outcome measures and targets identified throughout this self-study to provide a comprehensive, multifaceted, strategy of qualitative and quantitative assessment of the Public Health program and the faculty, staff and students who lead, engage, and are educated through them.

In the following table we present the main evaluation activities organized by the individual / committee / group responsible and timeframe for evaluation.

Table 1.2.a. Public Health Programs Evaluation Framework		
Evaluation Activity	Who has Primary Responsibility?	Evaluation Timing
Goal 1 – Assure that graduates are prepared to influence the factors that shape population and public health at local to global levels.		
Review of course syllabi and materials	Graduate and Undergraduate Studies Committees	New course syllabi and new instructor syllabi are reviewed each semester
Student evaluations of each course in the context of course learning objectives and assessment strategies	Graduate Program Director, Undergraduate Program Director	Course-by-course, semester-by-semester

Table 1.2.a. Public Health Programs Evaluation Framework		
Evaluation Activity	Who has Primary Responsibility?	Evaluation Timing
Review of practicum placements	Public Health Program Director and Public Health Program Coordinator, MPH Committee	Annually, as needed
Student evaluation of their practicum experience	Public Health Program Coordinator will monitor and analyze evaluation. Public Health Program Director will ensure results are provided to the MPH Committee for discussion/action	Annually, as needed
Evaluation by supervisors, external evaluators, and the defense chair of the Capstone or Thesis Defense	Graduate Program Manager will oversee and analyze this evaluation. MPH Committee will discuss/take action, as needed	Semester-by-semester, as needed
Assessment of course grades and grading distributions	Graduate Program Director, Undergraduate Program Director	Annually
Goal 2 – Assure a highly qualified and diverse student body.		
Assessment of numbers of completed applications for the MPH program	Graduate Program Manager. MPH Committee will discuss/take action, as needed	Annually
Assessment of the number of accepted applicants who matriculate to SFU	Graduate Program Manager. MPH Committee will discuss/take action, as needed	Annually
Assessment of information regarding diversity provided on application forms, or through appropriate SFU offices	Graduate Program Manager, Undergraduate Program Coordinator	Annually
Assessment of enrollments in graduate diploma program	Graduate Program Manager	Annually
Goal 3 – Assure that appropriate resources are available to the program.		
Assessment of the amount and number of scholarship awards from all sources offered to incoming students	Graduate Program Coordinator. GSC will discuss/take action, as needed	Annually
Review library holdings with the SFU library representative	Undergraduate and Graduate Program Directors, Associate Deans	Annually

Table 1.2.a. Public Health Programs Evaluation Framework		
Evaluation Activity	Who has Primary Responsibility?	Evaluation Timing
Review of space allocations to faculty and student by the FHS space committee	Associate Dean, Research; FHS Space Management Advisory Committee	Annually
Review of databases available in the SFU data warehouse and which are accessible to students and faculty. Review conducted by Associate Dean-Research and appropriate technical staff	Associate Dean, Research; Manager of Data Warehouse	Annually
Assessment of the dollar amount of financial support available to MPH students	Graduate Program Director/Coordinator	Annually
Goal 4 – Assure that the program is relevant to community constituents and stakeholders.		
Evaluation of students by site preceptors	Public Health Program Coordinator will monitor and analyze evaluation. Results are provided to the MPH Committee for discussion/action	Annually, as needed
Assessment of the number of faculty, and students, in community service as reported in the annual update of activities.	Associate Dean, Education; Confidential Secretary	Annually
Goal 5 – Assure continuous program improvement.		
Exit surveys with graduating MPH students, or students leaving the MPH program.	Graduate Program Coordinator will monitor surveys and provide summary data to MPH Committee for discussion/action	As students graduate (semester-by-semester)
MPH alumni survey	Public Health Program Coordinator will coordinate alumni survey and provide feedback to MPH Committee for discussion/action	Annually
Conduct town hall meetings with undergraduate and graduate students	Associate Dean, Education; Graduate Program Director; Chair MPH Program; Undergraduate Program Director	Annually
Conduct meetings with external MPH advisory Committee	Dean	Planned for annually
Goal 6 – Create a positive, interdisciplinary learning environment that enables faculty and students to meet the learning objectives of the program.		
Assessment of the number of faculty participating in continuing education seminars.	Associate Dean, Education; Confidential Secretary	Annually
Assessment of the number of faculty who attend workshops on seminars conducted by SFU's Learning and Instruction Development Centre	Associate Dean, Education; Confidential Secretary	Annually

Table 1.2.a. Public Health Programs Evaluation Framework		
Evaluation Activity	Who has Primary Responsibility?	Evaluation Timing
Assessment of the number of workshops, retreats and/or seminars organized in the Faculty that focus on pedagogical scholarship	Associate Dean, Education; Confidential Secretary	Annually
Goal 7 – Assure that faculty conduct and publish high quality public health research.		
Assessment of number of faculty who have received external funding for research and/or intervention projects as determined by the FHS research grants facilitator	Associate Dean, Research; Research Grants Facilitator	Annually
Assessment of number of peer-reviewed publications generated by faculty	Chair, Tenure and Promotion Committee	Annually (though individual faculty are reviewed bi-annually)
Assessment of research policies and procedures by the Faculty Executive Committee	Dean, Faculty Executive Committee	Annually
Goal 8 – Assure that students have ample opportunity, and are encouraged to participate in, faculty research and community practice.		
Number of students serving on FHS standing and ad hoc committees	Associate Dean, Education; Confidential Secretary	Annually
Number of students engaged in research activities	Graduate Studies Committee	Annually

Parallel to, and integrated with, this program level assessment is a multi-layered university-level assessment of FHS and its Public Health programs. This extends the capacity for the managing committees and executives to have confidence in the attainment of learning objectives and core competencies by students. Included as part of this larger strategy are both an ongoing annual assessment by the Vice President, Academic (Provost) of the unit’s comparative progress and success against other academic units of the institution through a series of institutional performance indicators (see Academic Information Report in Appendix 1.2.a.i) as well as through an annual report on the progress made towards the FHS’ Academic 5 year plan (see Appendix 1.2.a.ii for the 5 year plan), required by each academic unit at SFU. Further, the University’s Office of Institutional Research and Planning undertakes a series of surveys annually to assess the satisfaction of students as to their educational experience, the quality of their program, and the extent to which the program is meeting their learning goals. Regular University-wide surveys include in ‘Resource not listed in Chapters’ folder called Program Evaluation Surveys/SFU Institutional Research and Planning Surveys.

Annual Undergraduate Student Survey – this survey examines the student’s perception of the quality of the academic experience, access to courses, impact of the WQB (writing, quantitative and breadth skills) university-wide curriculum, academic advising and other specialty topics.

- BC Baccalaureate Graduate Outcomes Survey – this survey follows undergraduate students who graduate from Simon Fraser Universities programs 2 years and 5 years following graduation. The survey assesses student’s satisfaction with their program, analyzes labor market activity, examines the fit between program of learning and employer, and provides assessment of core skills acquisition such as critical thinking, communication skills, and lateral thinking.
- SFU Graduate Student Survey – this survey was conducted as a pilot by the Department of Graduate Studies in 2011.

In addition, the Master's Degree in Public Health uses internal survey instruments and feedback strategies for assessing the extent to which core competencies and the program curriculum is providing students with clear acquisition of public health knowledge. These surveys are discussed further in Chapter 2.

In addition to these internal components of the evaluation framework for SFU's FHS Public Health programs, SFU policy requires that the programs are also reviewed by an external committee every seven years with oversight and direction from the University's most senior academic body, the University Senate and its sub-committee, the Senate Committee on University Priorities. As discussed in 1.1.e above, the most recent external review was conducted in 2012. The next scheduled external review of the FHS programs will occur in 2019.

Further, evaluation of the Public Health programs is not solely an administrative function. Integral to the overall commitment by FHS to participatory governance by all constituents, is the role of students in assessing the Public Health programs. A final and critically important component of the evaluation strategy by which overseers of the Public Health programs assure that learning competencies are being achieved by students is through the various program evaluation surveys completed by students and alumni. The Public Health programs have implemented Intake, Exit and Alumni Surveys to capture students' assessment of the programs. Students provide self-assessments of their learning achievements and the contributions of the program's curriculum to their competency development. Student survey results are analyzed by the MPH Committee and curriculum is reviewed and revised bi-annually in consideration of the survey feedback. Samples of these survey forms are available in 'Resource not listed in Chapters' folder called Program Evaluation Surveys.

Examples of changes to the undergraduate program in response to student feedback from town hall meetings is the creation of an undergraduate student lounge and study space in Blusson Hall, which is restricted for use by undergraduate majors in Health Sciences. The expansion of service learning course options offered through HSCI449 "Community and Health Service" is an example of changing curriculum offerings based on course evaluation and annual pizza lunch input from students. Student feedback from annual and semester surveys also provided evidence to support the increase in enrollment cap in several courses, as well as increasing the frequency of course offerings.

Examples of changes to the MPH program made in response to program evaluation and feedback include the following:

- **Practicum and capstone alignment.** These two core requirements provide students with the most flexible self-directed learning opportunities in the program but have not been formally linked. Our observation is that this has led to some delays in capstone completion as well as challenges for students to define a new learning opportunity for their capstones. Students are now required to develop capstone goals towards the end of the practicum that are informed by the practicum and that allow students to take their practicum experiences to a deeper level of inquiry in their capstone. It is hoped that this will also contribute towards student's efforts to develop more specialized learning outcomes.
- **Preceptor evaluation of practicums.** The mid-term and final preceptor evaluations currently in use do not sufficiently assess attainment of competencies. Following a review of these evaluations with preceptors these evaluations have been revised to include assessment of student progress to meet program competencies. This will be piloted for the current MPH student cohort embarking on practicums in the Summer 2015 semester. These changes are complemented by complete revision of the practicum bi-monthly reports completed by students in consultation with practicum preceptors. These bi-monthly reports require students to critically review their attainment of program competencies.

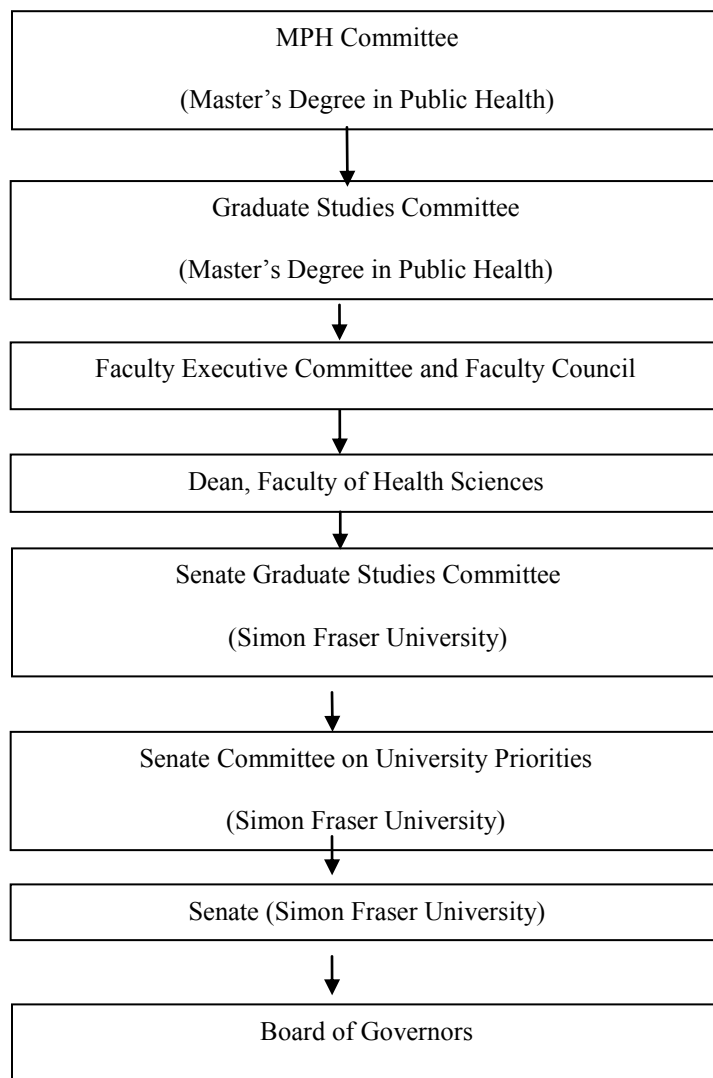
- **Improved practicum preparation.** The HSCI 900/901 practicum seminar courses have been enhanced by doubling the teaching time and credits. The content of the HSCI 815 course (Core Concepts in Population and Public Health), previously a core course for only two of the concentrations (Population Health and Environmental Health) has been migrated into the core HSCI 900/901 courses (now entitled Core Concepts and Practice for Population and Public Health I and II).
- **Consolidation for opportunities for Health Promotion specialization.** Minor course changes have been implemented to support students wanting to take up health promotion oriented practicums as a step towards developing higher-level training in this practice domain. Requests for this have emerged in town hall meetings, practicum debriefs and exit surveys. Resulting curriculum changes include reforming the HSCI 855 Disease and Prevention course to make this a more solid health promotion course. The course is now entitled Health Promotion in Practice: The Canadian Context. Students are now able to complete this course as well as HSCI 830 (Health Promotion in Partnership: Catalyzing Change) and HSCI 826 (Program Planning and Evaluation) before entering a health promotion oriented practicum and following this up with a health promotion centered capstone.
- **Developing pedagogical scholarship.** A number of faculty members teaching in the MPH Program have obtained development grants from the SFU Scholarship of Teaching and Learning in the Disciplines Program. To support these faculty members, a Teaching and Learning Inquiry Group of grant recipients has been established and is meeting regularly. Complementary events open to all teaching faculty occur each semester to provide opportunities for sharing teaching innovations and reflections including insights from the development grants.

Impact of Evaluation and Planning on Quality

1.2.b Description of how the results of 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.

As suggested by the frequency and comprehensiveness of evaluation processes outlined above under Criterion 1.2.a, the evaluation framework used by the Public Health programs provides for an up-to-date quality feedback system enabling the Dean, Associate Deans (Research and Education), Graduate Studies Committee and Undergraduate Studies Committee within the FHS to reform and continually improve the Public Health programs throughout the calendar year. Recommendations for substantive curricular revision from either of the Graduate Studies Committee or the Undergraduate Studies Committee within FHS are further evaluated through a number of university-based committees that ensure that standards, expectations, and quality of academic programs demanded and required by SFU are upheld. The following schematic demonstrate the flow of decision-making within SFU for substantive curricular revision and reform of existing academic programs. Chart 1.2.b below shows the process for the Master's Degree in Public Health. A parallel process exists for the undergraduate degrees being included in the unit of accreditation (namely the Bachelor of Arts in Health Sciences and the Bachelor of Science in Health Sciences), replacing the term "graduate" for the word "undergraduate" at the Faculty and University Senate level committees shown in the schematic.

CHART 1.2.b – DECISION PROCESS FOR CURRICULAR REVISION FOR THE MASTER’S IN PUBLIC HEALTH



Should the review and evaluation framework within the FHS lead to the recommendation of a new degree program or degree specialization, a secondary, external evaluation process is required by the University Act of British Columbia and is overseen by the Ministry of Advanced Education and Labour Market Development. This process consists of several phases – a Notice of Intent phase (NOI), a Full Program Proposal phase (FPP), and finally a Program Review and Approval phase. Appendix 1.2.b provides a summary of this process.

Outcome Measures, Targets, and Performance Demonstration

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

Table 1.2.c provides outcome measures for all 8 goals and objectives identified in 1.1.d above. In addition, we have identified four overarching outcome measures to monitor its effectiveness in meeting the mission, goals and objectives defined for its graduate and undergraduate programs. Our performance on the outcome measures, as well as additional measures related to specific objectives for service, teaching and research is discussed in corresponding criterion throughout this self-study report.

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
OVERALL MISSION						
Overall effectiveness in meeting the mission, goals and objectives of all public health programs being sought for accreditation	The Public Health programs of the Faculty of Health Sciences are successfully accredited by the Council on Education for Public Health (CEPH) and receive strong annual reviews by the CEPH	The Public Health programs of the Faculty of Health Sciences are successfully accredited by the Council on Education for Public Health (CEPH) and receive strong annual reviews by the CEPH	Approval of annual reviews and interim reports	Annual Review Complete; Interim Reports Approved	Annual Review Complete; Interim Reports Approved	Annual Review Complete; Interim Reports Approved

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
Overall effectiveness in meeting the mission, goals and objectives of all public health programs being sought for accreditation	The curriculum of our Public Health programs respond to professional standards, student needs, and the regional and national public health context and provides these constituencies with the skills and knowledge to enable them to address the determinants of health including social determinants to prevent diseases, injuries, or disabilities that may shorten life or impair health, well-being and quality of life	The curriculum of our Public Health programs responds to professional standards, student needs, and the regional and national public health context and provides these constituencies with the skills and knowledge to enable them to address the determinants of health including social determinants to improve health equity, prevent diseases, injuries, or disabilities that may shorten life or impair health, well-being and quality of life	UGS and GSC conduct curriculum reform; strengthen and further develop existing curriculum on social inequities and health across the MPH	Ongoing	Ongoing	Ongoing
Overall effectiveness in meeting the mission, goals and objectives of all public health programs being sought for accreditation	Collaborative relationships will be established between our Public Health programs and public health stakeholder partners for instruction, research, and service	Signing of new collaboration agreements, formal partnerships, memorandum of understanding for collaboration, and engagement of faculty in community-based research	At least 1 new partnership will be established annually	3 new agreements	1 new agreement	1 new agreement

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
Overall effectiveness in meeting the mission, goals and objectives of all public health programs being sought for accreditation	The Public Health Programs are committed to research excellence and international leadership by our faculty members	Proportion of the tenure-track faculty receiving research awards (See also Criterion 3.1.d)	At least 75% of the tenure-track faculty are awarded external peer reviewed research grant each year ^a	91%	94%	89%
Overall effectiveness in meeting the mission, goals and objectives of all public health programs being sought for accreditation	The Public Health Programs are committed to research excellence and international leadership by our faculty members	Proportion of faculty complement with leadership roles in international public health initiatives (See also Criterion 3.2.d)	At least 60% of the faculty complement have leadership roles in international public health initiatives	19%	23%	33%
^a Based on newly-granted research awards in each year. Most grants are multi-year awards but have only been counted once in the year they were awarded.						

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
GOAL 1						
Goal 1: Assure that graduates are able to understand, and equipped to influence, the factors that shape population and public health at local and global levels.	Program graduates will learn the core knowledge, functions and strategies of population and public health. (All Public Health Programs – MPH, BSc, BA)	A review of course materials by the Undergraduate and Graduate Studies Committees indicates that core courses address at an appropriate level the knowledge, functions, and strategies of population and public health, and use appropriate teaching strategies and assessment tools to achieve course-specific learning objectives.	New course syllabi and new instructor syllabi are reviewed each semester in the context of program core competencies	Reviews complete	Reviews complete	Reviews complete
	Graduates of the Master’s Degree in Public Health will be equipped with the knowledge and competencies to influence the factors that share public health at local to global levels	MPH Student self-assessments of attainment of core competencies in exit surveys ^a (See also Criterion 2.7.b.i)	75% of students will report having achieved program core competencies at a satisfactory level	92% > 3 59% >4	98% > 3 43% >4	IP
	Graduates of the Master’s Degree in Public Health will be equipped with the knowledge and competencies to influence the factors that share	Graduates self-assessment of achievement in stream-specific competencies in exit surveys ^a (See also Criterion 2.7.b.i)	At least 60% in each stream will report that they achieved the necessary competencies in their specialty area	GH 100% >3 87% >4	100% >3 48% >4	IP
PH 100% >3 78% >4				90% >3 50% >4	IP	
EOH 100% >3 100% > 4				100% >3 80% >4	IP	

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	public health at local to global levels			SIH	100% >3 100% > 4	IP
	Students will have the analytical skills required for the critical assessment and evaluation of evidence relevant to population and public health research and practice. (All Public Health Programs – MPH, BSc, BA)	As determined in review of course materials by the Graduate and Undergraduate Studies Committees, core courses that address development of analytic skills in population and public health use appropriate teaching strategies and assessment tools to achieve course-specific learning objectives	All core courses will be reviewed in the context of program core competencies addressing analytical skills and critical assessment	Review complete	Review Complete	Review Complete
	Students will have high-quality practicum experiences in appropriate public health settings in order to facilitate the integration of theory, methods and practice relevant to population and public health strategies. (MPH)	Preceptors' evaluation of the degree to which students attained competencies during practicum	New measure. Baseline to be determined in 2014/15	N/A	N/A	N/A

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Students will have high-quality practicum experiences in appropriate public health settings in order to facilitate the integration of theory, methods and practice relevant to population and public health strategies	Students evaluation of practicum experience in Practicum Debrief Survey ^b (See also Criterion 2.7.b.1)	80% of students report meeting their practicum learning objectives	N/A	N/A	94%
	Students will have high-quality practicum experiences in appropriate public health settings in order to facilitate the integration of theory, methods and practice relevant to population and public health strategies	Students evaluation of practicum experience in Practicum Debrief Survey ^b (See also Criterion 2.7.b.i)	80% of students would recommend their practicum site to future students	N/A	N/A	90%
	Students will have high-quality practicum experiences in appropriate public health settings in order to facilitate the integration of theory, methods and practice relevant to population and public health strategies	Preceptor evaluation of the degree to which students attained competencies during practicum	New measure starting in 2014/15	N/A	N/A	N/A

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Students will be able to apply a social justice and health equity lens to their interpretation of a particular health problem or issue. (MPH)	As determined in review of course materials by the Graduate and Undergraduate Studies Committees, core courses that address development of social justice health equity to achieve course-specific learning objectives (see also Criterion 1.8.e)	All core courses will be reviewed in the context of program core competencies addressing social justice health equity	Review complete	Review Complete	Review Complete
	Students will be able to apply a social justice and health equity lens to their interpretation of a particular health problem or issue. (MPH)	Proportion of concentration specific courses that include issues of diversity (See also Criterion 1.8.e)	Greater than 30%	>50%	>50%	>50%
	Students will complete a culminating experience in the form of a Master's Project or Thesis that demonstrates their ability to integrate competencies across multiple public health disciplines to address a population and public health problem. (MPH)	Evaluation of Master's Projects / Thesis by supervisors, external evaluators, and the chair of whether and how well students meet this learning objectives ^c (See also Criterion 2.7.b)	Master's Projects are judged to meet learning objectives at least at a satisfactory level on key measures 85% of the time	Key Measures Discuss public health problem within the context of public health practice and /or policy in Canada or globally = 95% Critically review the research literature of relevance to the topic = 87% Analyze and interpret findings and draw appropriate conclusions and recommendations for policy/and or practice = 90%		

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Student academic performance will be of the highest level	Assessment of course grades and grading distributions for MPH students. (See also Criterion 2.7.b.i)	90% of students will achieve an overall GPA of A-	96%	91%	92%
	Student academic performance will be of the highest level	Proportion of MPH students who complete their degree in the expected degree completion timeframe ^d (See also Criterion 2.7.b.i)	80% graduation rate	94.4% (6 yr) 75.5% (2 yr)	90% (6 yr) 70.2% (2 yr)	92.7% (6 yr) 66.7% (2 yr)
	Student academic performance will be of the highest level	Average semesters to complete ^e (See also Criterion 2.7.b.i)	7	6.5	7.0	7.1
	Student academic performance will be of the highest level	Assessment of course grades and grading distributions for BA and BSc students. (See also Criterion 2.7.b.ii)	100% of students will achieve an overall CGPA of C or better.	100%	100%	100%
	Student academic performance will be of the highest level	Proportion of BA/BSc students placed on Academic Probation (See also Criterion 2.7.b.ii)	At or below the SFU annual average for students placed on academic probation	7% SFU 9.6%	16.5% SFU 14%	23% SFU 18%

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Student academic performance will be of the highest level	Proportion of BA/BSc students who complete their Degree in the expected degree completion timeframe ^f (See also Criterion 2.7.b.ii)	At or above the graduation rate for SFU undergraduates overall BA 4 yr grad BA 5 yr grad BA 6 yr grad BSc 4 yr grad BSc 5 yr grad BSc 6 yr grad SFU 4 yr grad SFU 5 yr grad SFU 6 yr grad	36% 52% 57% 43% 57% 61% 26% 45% 58%	48% 67% IP 37% 52% IP 28% 47% IP	27% IP IP 31% IP IP 28% IP IP
<p>^a Graduate exit survey analysis. Data for 2013/14 entry cohort are in progress. Based on ratings of 3 and above on a scale of 1 to 5 with 5 being the highest.</p> <p>^b Practicum Debrief Survey initiated in 2014. First used with students who did practicum in summer 2013.</p> <p>^c Capstone Assessment Tool. Data are cumulative for all completed assessments and not annualized.</p> <p>^d Data are provided for two graduation timelines, 2 years and 6 years which is the maximum time to graduate.</p> <p>^e Note that the average semesters to complete is an average over 3 years. For example, Year 11/12 is the average number of semesters from 2009 to 2012.</p> <p>^f Data Source: Graduation matrix from IRP.</p> <p>*I/P = In Progress</p>						
GOAL 2						
Goal 2: Assure a highly qualified and diverse student body	Recruit a highly qualified pool of applicants (MPH)	Average Entry GPA of MPH students (See also Criterion 4.3.f)	3.50	3.30	3.43	3.50
	Recruit a highly qualified pool of applicants (MPH)	Proportion of MPH students accepting offers of admission (See also Criterion 4.3.f)	75%	4.26%	50%	41%

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Recruit a diverse applicant pool as measured by diversity in prior training, public health experience, professional background, age, gender, abilities/disabilities, aboriginal status, and visible minority membership. (MPH Program)	Assessment of the applicant pool in terms of personal, and academic background and life experience (including prior public health preparation, practice and/or research, international experience, and/or clinical experience)	Diversity on these dimensions is considered acceptable by the Graduate Studies Committee in its review of applicants and recommendations for admission	See diversity measures below		
	Recruit a highly qualified pool of applicants (BA/BSc)	Average entry percentage grade of Undergraduate students (See also Criterion 4.3.f)	68%	87.4%*	87.6%*	87.3%*
	Recruit a highly qualified pool of applicants (MPH)	Proportion of Undergraduate students accepting offers of admission (See also Criterion 4.3.f)	60%	39.5%	39%	46.5%
	Recruit a diverse applicant pool as measured by diversity in prior training, public health experience, professional background, age, gender, abilities/disabilities, aboriginal status (MPH Program)	Proportion of MPH students who are female (See also Criterion 1.8.e)	50%	82.9%	76.4%	75.1%

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Recruit a diverse applicant pool as measured by diversity in prior training, public health experience, professional background, age, gender, abilities/disabilities, aboriginal status (MPH Program)	Proportion of MPH students who are international students (See also Criterion 1.8.e)	10%	25.1%	16.3%	16.9%
	Recruit a diverse applicant pool as measured by diversity in prior training, public health experience, professional background, age, gender, abilities/disabilities, aboriginal status (BA/BSc Program).	Proportion of Undergraduate students who are female (See also Criterion 1.8.e)	50%	68.5%	70.4%	71.3%
	Recruit a diverse applicant pool as measured by diversity in prior training, public health experience, professional background, age, gender, abilities/disabilities, aboriginal status, and visible minority membership (BA/BSc Program).	Proportion of Undergraduate students who are international students (See also Criterion 1.8.e)	10%	9.4%	6.9%	7.2%
* SFU admits undergraduate students by percentage grades rather than GPA. These percentages, however, are well above the target GPA.						

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
GOAL 3						
Goal 3: Assure that appropriate resources are available to the program.	Assure that library holdings are adequate to the needs of the program. (All Public Health Programs – MPH, BSc, BA)	Annual qualitative review of library holdings with library representative	Annual reports received	Annual review complete	Annual review complete	Annual review complete
	Assure that space needs for students and faculty are met. (All Public Health Programs – MPH, BSc, BA)	Annual qualitative review of space needs	Annual reports received	Annual review complete	Annual review complete	Annual review complete
	Assure that relevant data sets and databases are available for program use. (All Public Health Programs – MPH, BSc, BA)	Annual qualitative review of data sets and databases	Annual reports received	Annual review complete	Annual review complete	Annual review complete
	Assure that adequate stipends, fellowships, and scholarships are available to students (MPH Program).	Assessment of the dollar amount available to MPH students from all sources (See also Criterion 1.6.d)	Increase and/or sustain the per capita funding from internal and external sources	Total external funding ¹ \$4,640 Total internal funding ² \$252,552 Total funding per headcount \$1,948	Total external funding ¹ \$11,350; Total internal funding ² \$304,541 Total funding per headcount \$2,449	Total external funding ¹ \$109,679 Total internal funding ² \$347,451 Total funding per headcount \$3,841.43
	Assure that adequate stipends, fellowships, and scholarships are available to graduate students	Number of financial support awards (See also Criterion 1.6.d)	Increase and/or sustain the number of support opportunities for MPH students	74	73	160

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Ensure that faculty members are conducting research of a high caliber to attract research funding	Research dollars per FTE faculty (See also Criterion 1.6.d)	Increase from baseline (established by 2011/2012)	\$104,045	\$58,600	\$91,157
	Ensure that faculty members are conducting research of a high caliber to attract research funding	Dedicated staff and resources are in place to enable faculty to attract research funding (See also Criterion 1.6.d)	2 FTE to support faculty for research	1.0	2.0	3.0
	Ensure that the Public Health programs are adequately resourced to support their student population	Institutional expenditure per FTE student ³ (See also Criterion 1.6.d)	Increase and/or sustain expenditure levels per FTEs	\$11,424.81	\$15,030.35	\$14,583.31 ³
¹ External funding includes, private awards, competitive grants from CIHR and other funding sources external to SFU. ² Internal funding includes, Fellowships, Entrance Awards, and FHS Practicum Stipend. These funds come from three internal sources; FHS, Department of Graduate Studies and SFU. ³ Funding sources considered for the calculation were components of original budget allocation for each year (tuition and fees, and provincial grant) for graduate and undergraduate programs divided by the respective number of FTEs						
GOAL 4						
Goal 4: Assure that the program is relevant to community constituents and stakeholders	Assure that students have skills valued by employers (All public health programs, MPH, BSc, BA)	Proportion of MPH graduates employed one year after graduation ^a (See also Criterion 2.7.b.1)	80%	86% data was available for 61% of graduates	86% data was available for 62% of graduates	64% data was available for 53 % of graduates ^b

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Assure that students have skills valued by employers (All public health programs, MPH, BSc, BA)	Among MPH graduates who are employed, the proportion employed in population and public health positions ^a (See also Criterion 2.7.b.i)	80%	92%	83%	90%
	Provide continuing education, for local and global medical and public health professionals, community members, and other interested publics. (All Public Health Programs – MPH, BSc, BA)	Proportion of faculty participating in community-based continuing education events (See also Criterion 4.1.d)	At least 50%	26%	33%	33%
	Provide continuing education, for local and global medical and public health professionals, community members, and other interested publics. (All Public Health Programs – MPH, BSc, BA)	Proportion of faculty participating in community-based scholarship (See also Criterion 4.1.d)	At least 75%	51%	63%	63%

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Increase the engagement and involvement of faculty, staff, and students in public health practice and policy in the community. (All Public Health Programs – MPH, BSc, BA)	Proportion of tenure-track faculty who participate on advisory boards, committees, consultation processes, within the Canadian public health community and the public health policy arena (See also Criterion 3.1.d)	50%	58%	61%	62%
	Increase the engagement and involvement of faculty, staff, and students in public health practice and policy in the community. (All Public Health Programs – MPH, BSc, BA)	Proportion of faculty who will assume at least one leadership role in local, provincial, or national professional organizations that aim to preserve or promote the principles and the field of community health education (See also Criterion 3.2.d)	60%	37%	42%	49%

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Increase the engagement and involvement of faculty, staff, and students in public health practice and policy in the community. (All Public Health Programs – MPH, BSc, BA)	Proportion of faculty who will assume at least one leadership role in international professional organizations that aim to preserve or promote the principles and the field of community health education (See also Criterion 3.2.d)	60%	19%	23%	33%
	Increase the engagement and involvement of faculty, staff, and students in public health practice and policy in the community. (All Public Health Programs – MPH, BSc, BA)	Proportion of faculty who will participate annually in one research collaboration, consultation, and/or other health education-related activity with local, provincial, or national community organizations, and initiatives (See Criterion 3.2.d)	60%	53%	65%	74%

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Increase the engagement and involvement of faculty, staff, and students in public health practice and policy in the community. (All Public Health Programs – MPH, BSc, BA)	Proportion of faculty who will participate annually in one research collaboration, consultation, and/or other health education-related activity international community organizations, and initiatives (See also Criterion 3.2.d)	60%	35%	40%	42%
	Increase the engagement and involvement of faculty, staff, and students in public health practice and policy in the community. (All Public Health Programs – MPH, BSc, BA)	Proportion of faculty who will engage in annually in at least one public outreach initiative to increase knowledge of public health issues in society (See also Criterion 3.2.d)	60%	35%	51%	53%
^a Data reported each year is for previous year graduates (i.e., data reported for 2011/12 is for 2010/11 graduating year). Non-respondents are not included in percentage. ^b Only 8 months post-graduation						
GOAL 5						
Goal 5: Assure continuous program improvement.	Conduct program evaluation and satisfaction surveys with students to ensure program goals are met	Proportion of BA/BSc graduates who report “very satisfied” or “somewhat” satisfied with their overall program of study and learning experience ^a (See also Criterion 2.7.b.i)	At least 70%	52%	67%	IP

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Conduct program evaluation and satisfaction surveys with students to ensure program goals are met	Proportion of MPH graduates who report in exist surveys “very” or “somewhat” satisfied with their overall program of study and learning experience (See also Criterion 2.7.b.ii)	At least 75%	87%	98%	86.6%
^a Data Source: SFU Undergrad Student Survey Fall 2011, 2012, 2013 (HSCI). Data for 2013/14 not available until 2014 SFU Undergraduate Student Survey Results released.						
GOAL 6						
Goal 6: Create a positive learning environment that enables faculty and students to meet the learning objectives of the program.	Ensure that faculty has access to programs at SFU that foster instructional excellence. (All Public Health Programs – MPH, BSc, BA)	Proportion of faculty participating in activities to improve their instructional effectiveness (See also Criterion 4.1.d)	At least 50%	40%	42%	44%
	Provide a supportive learning environment for students. (All Public Health Programs – MPH, BSc, BA)	Proportion of Sessional faculty contributing to the Public Health programs core course offerings (See also Criterion 4.1.d)	Less than 20%	15% MPH 44% UG	14% MPH 17% UG	10%MPH 20% UG

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Provide a supportive learning environment for students. (All Public Health Programs – MPH, BSc, BA)	Proportion of Baccalaureate level Health Sciences program who continue their academic training in a relevant Health Sciences graduate program	Establish Baseline in 2014 and increase annually	N/A	N/A	N/A
GOAL 7						
Goal 7: Assure that faculty conduct and publish high quality public health research.	Assure that the Faculty of Health Sciences develops policies, programs, and procedures that foster an environment conducive to knowledge creation. (All Public Health Programs – MPH, BSc, BA)	Proportion of tenure-track faculty currently with external research funding (See also Criterion 3.1.d)	75%	91%	94%	89%
	Assure that the Faculty of Health Sciences develops policies, programs, and procedures that foster an environment conducive to knowledge creation. (All Public Health Programs – MPH, BSc, BA)	Proportion of tenure-track faculty engaged in community-based research (See also Criterion 3.1.d)	50%	62%	61%	62%

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
	Assure that the Faculty of Health Sciences develops policies, programs, and procedures that foster an environment conducive to knowledge creation. (All Public Health Programs – MPH, BSc, BA)	Proportion of tenure-track faculty producing peer-reviewed publications (See also Criterion 3.1.d)	100%	100%	94%	91%
	Assure that the Faculty of Health Sciences develops policies, programs, and procedures that foster an environment conducive to knowledge creation. (All Public Health Programs – MPH, BSc, BA)	Proportion of tenure-track faculty presenting research in <u>national or international</u> conferences / professional meetings annually (See also Criterion 3.1.d)	100%	84%	82%	66%
	Assure that the Faculty of Health Sciences develops policies, programs, and procedures that foster an environment conducive to knowledge creation. (All Public Health Programs – MPH, BSc, BA)	Proportion of faculty serving on research review committees, editorial boards, or other distinguished roles premised on their reputation as scholars annually (See also Criterion 3.1.d)	50%	60%	72%	79%

Table 1.2.c Outcome Measures, Targets and Performance						
Goal	Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
GOAL 8						
Goal 8: Assure that students have ample opportunity, and are encouraged to participate in, faculty research and community practice	Students who desire to be involved in public health research are afforded the opportunity to do so.	Proportion of Graduate Students participating in research programs (as hired Research Assistants) of the Public Health programs ^a (See also Criterion 3.1.d)	10%	7%	9%	8.4%
	Students who desire to be involved in public health research are afforded the opportunity to do so.	Proportion of undergraduate students introduced to the research environment (See also Criterion 3.1.d)	25%	40% for entire duration – see Appendix 3.1.c		
	Students have opportunities to engage in community practice outside of formal practicum	Proportion of tenure-track faculty engaged in community-based research (See also Criterion 3.1.d)	50%	62%	61%	62%
^a as measured by students with research assistantships						

Self-Study Development Process

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

Upon receiving notification of our 5 year Accreditation renewal the Accreditation Self Study Steering Group – ASSSG) was re-established by the Associate Dean of Education. In addition to the Associate Dean, the committee consisted of graduate and undergraduate program directors, FHS Director of Administration, the practicum coordinator, one faculty selected at large from the MPH program, and senior professional education staff including the Graduate Programs Manager, Research Grants Facilitator, Finance and Budget Coordinator, and Information Technologies Services Manager.

Similar to the process for the first self-study, the ASSSG was assigned the following mandate:

1. Create an open, transparent, inclusive, and extensive consultation strategy for the self-study process and the core elements contained within ensuring an engaging, consultative, and informative process for faculty, staff, students, and external public health community stakeholders; and,
2. Produce a self-study document.

Key individuals were assigned to review the 2009 self-study document and consult with relevant faculty, students and external stakeholders about revisions required for the current self-study. Progress towards the development of each of the chapters was regularly reviewed by the ASSSG. Final drafts were then assigned to one or more key chapter reviewers. A standing CEPH agenda item was added to our monthly Faculty Executive Committee (FEC) and Faculty Council (FC) Meetings to report back on progress and discuss emerging items, e.g. summaries from dialogue meetings (see below) and selection of faculty, staff and student members to attend the May CEPH visit.

A web page was developed to share information about the self-study process, and invite comments on the preliminary and final self-study documents from the FHS community and stakeholders. The webpage can be found at: <http://www.sfu.ca/fhs/accreditation2015.html>. The wider community was also invited to submit comments to CEPH via an invitation circulated widely in the FHS newsletter. A copy of the newsletter is included in Appendix 1.2.d.i.

A series of dialogue meetings was held with FHS community, including students, faculty and staff, to consider the accreditation process and to prioritize issues for further consideration. The dialogue meetings were promoted on the FHS website:

http://www.sfu.ca/fhs/news-events/news/year/2015/CEPH_Accreditation_Dialogue_March12.html

The first CEPH dialogue session took place on January 20th, 2015 and covered the following issues:

- History and background of accreditation at FHS
- Overview of accreditation process and;
- A discussion of the opportunities and tensions around accreditation

The second dialogue session took place on Thursday, March 12th, 2015. A facilitated discussion around the three themes identified from the first meeting:

- Curriculum/teaching in an accredited program
- Learning in an accredited program
- Administering an accredited program

See appendix 1.2.d.ii & 1.2.d.iii for minutes of dialogue sessions. The general nature of the feedback from the dialogue sessions was that the accreditation process identifies both opportunities and tensions within the public health programs. Although students, staff and faculty raised some overlapping issues it should be noted that each group has slightly differing experiences with accreditation and the processes that flow from it. Below we summarize the key points emerging from the dialogue sessions:

Opportunities:

Students focused on the value of accreditation for job opportunities and professional credibility that is transferable across jurisdictions. Staff acknowledged that the accreditation process helps develop and sustain meaningful curriculum renewal and build a faculty that is still trying to solidify its identity. Faculty noted that the self-study process assists in discussion and reflection to enable deep discussion and engagement about the program.

Tensions:

Students spoke about their knowledge gap around accreditation. They are uncertain about the value of accreditation with respect to employment opportunities (especially in Canada), as well as what aspects of the program are dictated by accreditation standards. Students expressed their desire to participate and identified their need for more clarity regarding their role in the accreditation process. Staff felt that the process helps develop and sustain meaningful curriculum renewal, but noted the heavy workload required and need for data systems that might conflict with other curriculum renewal efforts. Faculty expressed concerns that accreditation process appears to exclude the contributions of some of our faculty (bench scientists), limits the time they can devote to other FHS programs, introduces tensions between applied vs research based practice, poses limitations on curriculum and raised some concerns about the suitability of the US accreditation process for the Canadian context. Faculty also discussed the need for more transparency about the accreditation renewal process.

In summary, the issues identified by students, faculty and staff suggest that more clarity is needed around factors that shape and impact the program (to distinguish between those that are CEPH requirements and FHS /SFU requirements). Greater transparency, communication and engagement of all parties is needed to facilitate buy-in and collaboration.

In addition to the dialogue sessions described above, a similar process was conducted with external stakeholders. In January 2015, the MPH Advisory Committee reviewed the preliminary self-study document. See Appendix 1.2.d.iv, and 1.2.d.v for the MPH Advisory Committee's Terms of Reference, committee membership and meeting minutes (Appendix 1.2.d.vi). Several key issues identified by the self-study process facing the MPH program were shared. As noted in the Terms of Reference for the MPH Advisory Committee, the committee's purpose is to advise the MPH Committee and the Director of Public Health Practice on matters related to the professional MPH degree in FHS. The following areas were confirmed as priority areas to be explored with the committee:

1. Criterion 2.1 (Degree Offerings) and Criterion 2.3 (Public Health Knowledge).
We feel that we need to think more about specialization in our degree offerings. This includes our unique focus and our niche, our current concentrations and better ways to scaffold our program so that students are able to attain deeper achievement of key competency areas.
2. Criterion 2.5 (Culminating Experience)
Our choice of a capstone for the culminating experience requires one-on-one senior supervision assignments that place significant pressure on our resources. We struggle to ensure that students use the capstone as an additional opportunity to develop their competencies and need to improve our assessment of this attainment. We also want to draw clearer linkages between the practicum and the capstone learning experiences.
3. Criterion 2.6 (Competencies)
We need to revisit our stated MPH Program competencies to ensure that the competencies and their associated learning objectives are appropriate and relevant to the public health workforce.

4. Criterion 2.7 (Assessment Procedures)

We need to build relationships with practice environments to inform assessment approaches/tools and opportunities for experiential learning). We need to go beyond our reliance on alumni self-assessment of the relevance of their training and the competencies prioritized by our program. We see our practicum placements as opportunities to develop these assessment approaches.

5. Criterion 3.3 (Workforce Development)

We need to demonstrate how we contribute to capacity development of the public health workforce. We have relied on our collaboration with PHABC through the annual conference and summer schools as well as the knowledge translation work of our research centres to fulfill this criterion. We are reviewing potential opportunities to work more directly with key practice settings to support workforce development activities.

Criterion Assessment

1.2.e Assessment of the extent to which this criterion is met.

Strengths

- FHS has a clear, comprehensive and multifaceted evaluation framework to maintain the outstanding quality of its Public Health programs.
- The frequency of review structures enables the Public Health programs to identify needed changes, implement them promptly, and be responsive to the changing needs of the broader public health community in Canada.
- The Public Health programs at SFU have clear overarching qualitative and quantitative criteria and measures for monitoring its achievement towards its mission, goals and objectives. The overarching evaluation criteria are supported by significant and meaningful detailed objectives, outcomes and targets derived directly from the mission and goals of the Public Health programs.
- The self-study document and the structures of evaluation to be used by the Public Health programs were developed through the active engagement of public health stakeholders both within and external to FHS.
- The self-study process has been characterized by an open, transparent, inclusive, and extensive consultation strategy for the self-study process and the core elements contained within ensuring an engaging, participatory, and informative process for faculty, staff, students, and external public health community stakeholders.

Weaknesses

- Not all elements of our multifaceted evaluation framework have been implemented as originally planned. For example, our evaluation framework did not include data collection systems to enable regular reporting and tracking of some measures including undergraduate student satisfaction and undergraduate job placement. This self-study process has helped us identify where there are need for modifications to our evaluation framework (and data systems) to better enable us to ensure that we have the right evaluations structures for continuous quality improvement with effective feedback loops and meaningful engagement of our stakeholder constituent groups.

Plans

- Our immediate focus is on improving faculty wide administrative processes to support several areas of operations and quality improvement activities. The faculty is working with a process re-engineering

- consultant to improve work processes across the Faculty.
- We are in the process of establishing an MPH advisory committee

This Criterion is met.

CRITERION 1.3 INSTITUTIONAL ENVIRONMENT

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

Institutional context

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

Brief Description of SFU

Named after the explorer Simon Fraser, the University opened on September 9, 1965. Taking only 30 months to grow from the idea stage into an almost-completed campus with 2,500 students it was dubbed the “Instant University”.

Almost 50 years later, SFU has over 35,000 students and 100,000 alumni, more than 940 academic faculty and nearly 1,700 staff.

SFU’s early start on Burnaby Mountain has grown into three vibrant campuses spread across the lower mainland of Vancouver, British Columbia. The main campus is located atop Burnaby Mountain in the city of Burnaby. A downtown campus in the heart of Vancouver, British Columbia has grown substantially over the twenty five years since its inception and now extends to provide a major presence in the heart of the city with state of the art facilities at Harbour Centre, the Wosk Centre for Dialogue, the Segal Centre for Business, and a new Contemporary Arts Building at Woodward’s in the downtown Eastside of Vancouver. A third campus was opened in 2002 in Surrey, Canada’s fastest growing city and now the second largest city in British Columbia. Each campus has a unique role and mandate that maximizes its strengths in meeting the needs of the different communities within which it is situated. This unique recognition of, and responsiveness to, our diverse communities has succeeded in distinguishing SFU from other universities in Canada. Despite its distinctive and responsive community character at each of its campuses, SFU remains an integrated institution.

Over its short history SFU’s reputation has grown and is now considered a leader for innovative teaching, research, and community outreach. This excellence and innovation has resulted in SFU repeatedly being ranked by Macleans magazine as the top comprehensive University offering baccalaureate, masters and doctoral level programming in Canada.

Oversight of SFU

The CEPH requires that the institution seeking accreditation be “one that is accredited by a regional accrediting agency recognized by the US Department of Education”.

Effective January 11, 2012 the Northwest Commission on Colleges and Universities approved SFU as a Candidate for Accreditation at the doctoral degree level. "Candidate for Accreditation" is a status of affiliation with the NWCCU which indicates that the institution has achieved initial recognition and is progressing toward accreditation. <http://www.sfu.ca/vpacademic/accreditation/draft3report.html>

In Canada, the Federal Government sets out nation-wide standards for education of Canadian citizens, post-secondary education is a mandated responsibility of each unique provincial territory. The British Columbia Provincial Government has enacted the [University Act](#) (see Appendix 1.3.a) of British Columbia which outlines the powers and responsibilities of the Provincial Government and those of each provincially established University. SFU is one of four primary research institutions within the province of British Columbia established in, and granted powers by, the University Act.

The autonomy of operational powers on matters of academic standards granted to the University under the University Act of British Columbia does not grant it independence from oversight, regulation, or ongoing annual monitoring by the Provincial Government. The Ministry of the Provincial Government specifically assigned responsibility for providing operational grant funding to BC Public Universities is the Ministry of Advanced Education and Labour Market Development. With the base operating grant of SFU substantially dependent upon the provincial government, there remains very tight control and evaluation of the University's expenditure of public resources. This evaluation and oversight takes various forms including accountability and performance indicator monitoring by the Provincial Government's Ministry of Advanced Education and Labour Market Development on an annual basis, submission by the University each year to justify enrolment targets, enrolment production, and programming quality. New funding to the Universities is achieved only by the Ministry of Advanced Education and Labour Market Development's approval of submissions from the Research Universities of British Columbia funding proposals or by their own declaration of priorities.

FHS and the Public Health programs at SFU have benefited significantly from the priority agendas of the Provincial Government of BC generally, and the Ministry of Advanced Education and Labour Market Development in particular. Funding for the FHS and enrolment growth in public health disciplines both were supported directly from priority initiatives of the BC Government.

SFU is also responsible externally to two additional government bodies. The first is the Public Sector Employers Council which is a quasi-independent arm of the provincial government that governs the terms, conditions, financial settlements, and policy agreements between the Universities and all paid employees of the institution. The second is the Federal Contractors Act which requires the universities to annually report on its goals, targets, and progress towards the inclusion of underrepresented groups in Canada. These two oversight agencies ensure that SFU meets the standards of inclusivity, payment equity, and overall conditions of and protection related to employment within the Province of British Columbia.

Finally, SFU, as part of its financial framework, has been bonded and rated by Dominion Bond (AA(L)) rating equivalent to that of the rating of the Province of British Columbia and Moody's Investor Service (Aa3 rating). The institution as a whole is also being considered for accreditation by the U.S.-based Northwest Commission on Colleges and Universities, required as part of SFU's application to join the National Collegiate Athletic Association as a Division II institution. The final decision on university-wide accreditation is expected in 2015.

These external oversight processes are complemented by two significant internal oversight bodies established and mandated as part of the University Act of British Columbia. The first oversight body is the Board of Governors of SFU. The "management, administration and control of the property, revenue, business and affairs of the university are vested in the Board" under section 27, article 1 of the Act.

The second internal oversight body established by the University Act of British Columbia is the Senate. Consisting of a cross-section and representation from all constituent groups of the university's stakeholder communities (students, staff, faculty, academic administrators, and alumni), the Senate of SFU has authority and mandate for all matters of academic governance ensuring academic excellence at the institution in areas of curriculum and academic

programming, admission and degree granting, teaching and education, the environment for research including management and conduct of the library, and for matters involving the university and its external communities.

It is noteworthy that SFU has a number of disciplines that are professionally accredited. These include the School of Engineering by the Canadian Engineering Accreditation Board, the School of Kinesiology by the Canadian Council of University Physical Education and Kinesiology Administrators (CCUPEKA), and the Faculty of Business Administration by the International Association to Advance Collegiate Schools of Business. These examples of program level accreditation provide evidence of the overall excellence of programming within SFU and are testimony to the standards of excellence to which all programs are held by the University's Senate and Board of Governors.

Organizational Structure

1.3.b One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

SFU is administered by the President through seven major divisions each captured as a Vice Presidential portfolio: Academic (including Students), Research, Advancement, Finance and Administration, Legal Affairs, University Relations, and SFU International. All primary academic Faculties and academic support units report through to the Vice President, Academic. This academic organizational structure is revealed in chart 1.3.b.i on the following page.

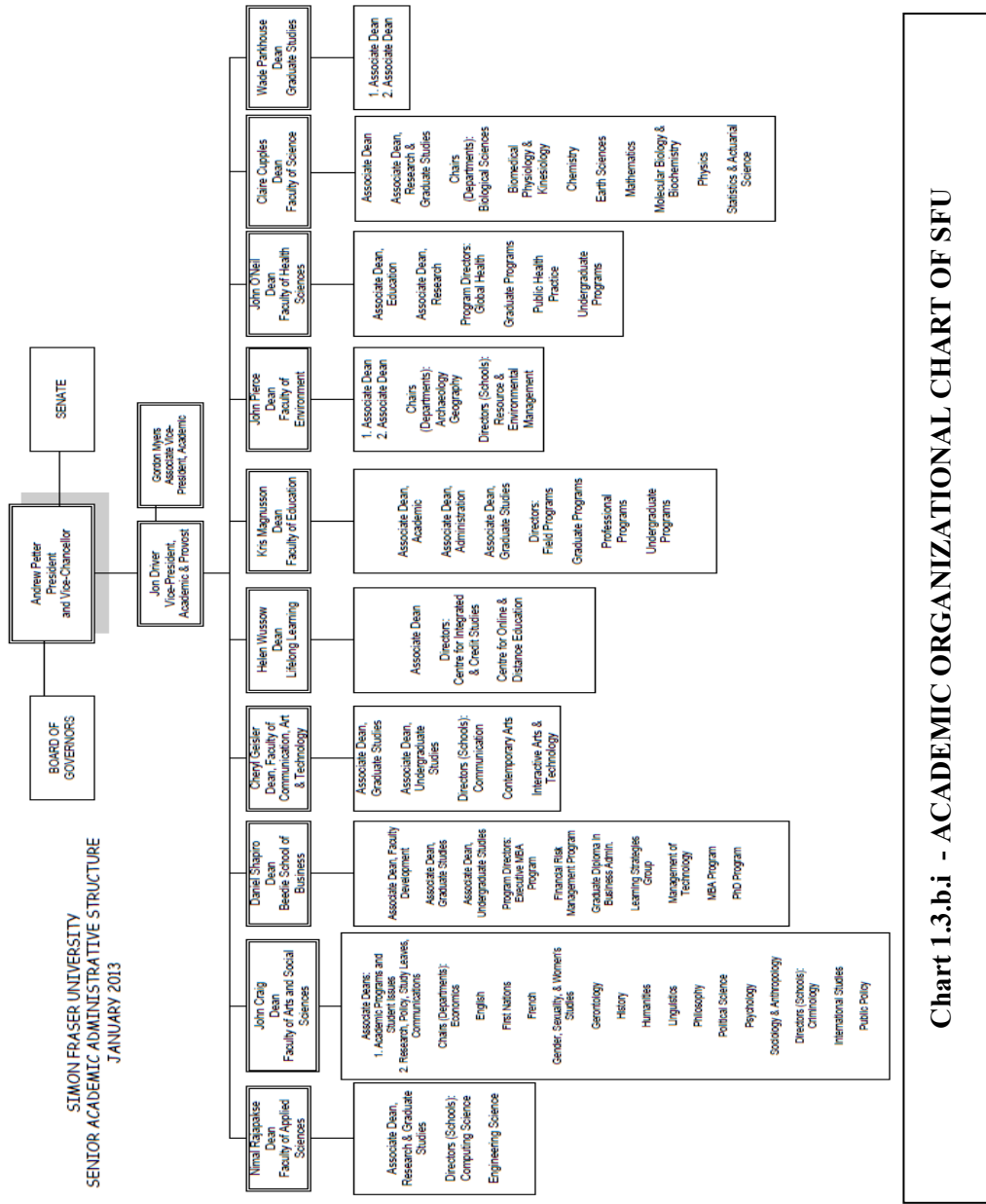


Chart 1.3.b.i - ACADEMIC ORGANIZATIONAL CHART OF SFU

Internal Practices

1.3.c Description of the program's involvement and role in the following:

- I. Budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising
- II. Personnel recruitment, selection and advancement, including faculty and staff
- III. Academic standards and policies, including establishment and oversight of curricula.

1.3.c.i Budgeting and Resource Allocation

The annual resource allocation process at SFU begins with the Research Universities of BC President's Council formulating a joint submission to the Ministry of Advanced Education and Labour Market Development of the funding priorities for the BC research university sector. In addition, the Provincial Government may, at its leisure, institute funding calls to the universities calling for proposals for a particular priority initiative.

The Ministry of Advanced Education and Labour Market Development then represents its priority agenda to the BC Ministry of Finance. In late spring of each year, each BC University receives a "*General Letter of Expectations*" that identifies the extent of operating grant funding that will be provided from the Province of British Columbia to SFU for a three year period. This document is updated annually. In addition to the general operating grant, the "*General Letter of Expectations*" identifies specific enrollment requirements at the undergraduate and graduate level as well as identifies any specific purpose funding either as discretionary envelope funding for a specified priority or enrolment-targeted to specific disciplines. Finally the Provincial Government also writes to the University regarding its annual capital allowance which is driven by a square footage formula of government.

Once the University receives the Provincial Grant Letter, it then engages in a distributive process to the Vice Presidential portfolios for further decentralized budget allocation to the academic Faculties. Additional details about Faculty-level processes are provided under Criterion 1.6.a.

1.3.c.ii. Personnel Recruitment

Tenure-track and continuing Lecturer Faculty hiring begins at SFU at the level of the program. The Dean requests faculty members to submit proposals for faculty positions. Proposals are required to address curricular issues for both the short and long term. Proposals are then forwarded to the Faculty Executive for discussion, ranking and ultimately identification as part of the faculty recruitment strategy forwarded from the Dean to the Vice President, Academic.

The Vice President, Academic, requires each Faculty Dean to identify his/her hiring intention and the area of specialization being sought for all existing vacant faculty complement positions or those that are known to become vacant due to attrition from retirements or resignations. The Dean must further specify any additional complement needs that might be required to meet student enrolment demands, new curriculum directions, or program expansion. The Vice President, Academic reviews the faculty recruitment plan of each Faculty and then submits a university-wide plan to the Academic Operations Committee of the Board

of Governors. Typically this Faculty Recruitment and Retention Plan contains all direct replacement position requests of the Faculty. Incremental faculty position growth may be included in this plan along with a plan for budgetary provision. Once approved by the Academic Operations Committee of the Board of Governors, the faculty recruitment processes may commence.

Faculty recruitment may also be undertaken through limited term contractual positions and Professors of Professional Practice. The former positions are concluded by the Dean and are generally used to respond to short term needs and opportunities where budget flexibility supports new hires. Professors of Professional Practice are relatively new academic positions at Simon Fraser and are designed to provide Faculties with the opportunity to employ practitioners in diverse disciplines. FHS uses this opportunity to engage faculty who are also compensated by Health Authorities and other national and international organizations.

SFU has a comprehensive policy framework for the recruitment, selection and appointment of academic personnel as well as professional, support and technical staff. These policies can be found on the University's policy website. Policies governing academic personnel can be found at <http://www.sfu.ca/policies/gazette/academic.html>. A list of these policies is provided in Appendix 1.3.c.iv. The category of academic appointment determines the level of approval required and the constituents involved in the recruitment process. A general overview of the participants involved and the level of approval required by academic position category is also provided in Appendix 1.3.c.iv.

To create a positive environment for faculty recruitment, selection and appointment that enhances the participation of underrepresented groups of the Canadian population, SFU's Academic Relations department has created a Faculty Hiring Guide (see Appendix 1.8.a.ii).

Finally, provisions for the recruitment, selection and appointment of administration and support staff follow policies set out by SFU's Human Resources department. There are three groups of non-academic staff on campus - members of CUPE, APSA and Poly Party. The staff at the Faculty of Health Sciences are members of either CUPE or APSA. CUPE collective agreement can be found at:

http://www.sfu.ca/content/dam/sfu/human-resources/forms-documents/agreements/Cupe%20CA%202010%20-%202014_Good%20Copy.pdf

APSA information can be found at: <http://www.sfu.ca/human-resources/apsa.html>

When the Faculty of Health Sciences has a non-academic staff vacancy, we prepare a job description (JD) that is vetted through our Human Resources Department to determine grade and salary. Once the JD has been approved, it is posted for a minimum of 5 working days on the Human Resources Job Postings Page and on 3 posting boards throughout the Burnaby Campus (Strand Hall, Academic Quadrangle, and Convocation Mall). New postings are placed on Tuesdays and Thursdays.

Once the posting is closed, the supervisor convenes a search committee made up of staff and faculty and they review the applicants. A shortlist of applicants is made and interviews are scheduled. Once a candidate is selected, the supervisor completes the hire by contacting HR and sending in the required paperwork.

Additional information on the hiring process can be viewed at <http://www.sfu.ca/human-resources/managers-supervisors/staffing-faq.html>.

This framework of policies and agreements provides a transparent, inclusive, and non-discriminatory environment for faculty and staff complement hiring.

1.3.c.iii Academic Standards and Policies

The Academic Standards of SFU are governed by both internal and external oversight bodies: internally by the University Senate, and externally by the Ministry of Advanced Education and Labour Market Development. These governance bodies and their roles are described previously under Criterion 1.3.a. The establishment of the academic standards for students in SFU's Public Health programs are recommended by the FHS, reviewed and recommended by the Senate Undergraduate/Graduate Studies Committees, and ultimately approved by the University Senate. These standards are articulated in the SFU calendar and are used to govern admission, academic probation and graduation requirements for students of the Public Health programs. Expectations for students in relation to the academic standards and procedural following should the standards be violated, are outlined in the [University Calendar](#) general guidelines.

Further, in addition to the provisions and regulations identified in the University calendar, there are a number of policies that explicitly govern academic standards and conduct expectation for both faculty and students at SFU.

Policies that Govern Academic Standards and Conduct Expectation for both Faculty and Students

S10.01 Code of Student Conduct (<http://www.sfu.ca/content/dam/sfu/policies/files/students/S10.01.pdf>)

S10.02 Principles and Procedures for Student Discipline

(<http://www.sfu.ca/content/dam/sfu/policies/files/students/S10.02.pdf>)

S10.03 University Board on Student Discipline

(<http://www.sfu.ca/content/dam/sfu/policies/files/students/S10.03.pdf>)

S10.04 Senate Committee on Disciplinary Appeals

(<http://www.sfu.ca/content/dam/sfu/policies/files/students/S10.04.pdf>)

T20.01 Grading and the Reconsideration of Grades

(http://www.sfu.ca/content/dam/sfu/policies/files/teaching_policies/T20.01.pdf)

Included in the Calendar are descriptions of the policies regarding graduate admission, advancement to candidacy, graduation requirements, academic standards, and fulfillment of the university's graduation requirement (thesis, project, or senior seminar). Individual programs are free to establish higher standards than those published in the Calendar, as long as they are included in all program documents, clearly communicated to students, and approved by Senate. While undergraduate and graduate level curricula are designed by the program, they must be reviewed and recommended by FHS, by a Senate sub-committee (Senate Undergraduate Studies Committee / Senate Graduate Studies Committee), followed by approval by the University Senate. This structure of curricular review is in place for all revisions to the curriculum of the Public Health programs. New program proposals must also be reviewed and approved by the Ministry of Advanced Education and Labour Market Development of the government of British Columbia.

Students are not the only members of the University community governed by policies related to academic standards. The faculty complement also is governed by processes and policies documented in the University's policy framework. The primary governing document is Academic Policy A30.01 Code of Faculty Ethics and Responsibilities

(http://www.sfu.ca/content/dam/sfu/policies/files/academic_policies/30_series/A30-1.pdf) which outlines expectations in the performance of teaching, research and outreach duties to ensure that the standards of academic excellence of SFU are realized. See Appendix 1.3.c.iii for a copy of the policy.

Collaborative Program Description

1.3.d If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

The Master's Degree in Public Health programs in FHS at SFU are not collaborative programs.

Collaborative Program Agreements

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

The Master's Degree in Public Health programs in FHS at SFU is not a collaborative program.

Criterion Assessment

1.3.f Assessment of the extent to which this criterion is met.

Strengths

- There are clear lines of accountability and direct access of the leadership of the Public Health programs to the most senior university officials at the University.
- SFU operates using a fairly decentralized model of financial responsibility that extends to the major academic areas of the University. This enables the Public Health programs to allocate budgetary and personnel resources as required to ensure the sustained excellence of its programming.
- There is an overarching framework for budgetary allocation at SFU that ensures equitable resource provision across the University and which allows for the strategic provision of resources to priorities of the University. FHS and its Public Health programs have benefited significantly from this strategic direction of resources.
- SFU has a comprehensive and well developed framework for ensuring the highest academic standards are met and maintained.

Weaknesses

- We believe the budgetary, accountability and policy framework to be a best practice for creating excellence in public health programming and therefore do not identify specific weaknesses at this time.

Plans

- There are currently no plans to change the university framework for accountability, resource allocation, personnel recruitment, or maintenance of academic standards.

This Criterion is met.

CRITERION 1.4 – ORGANIZATION AND ADMINISTRATION

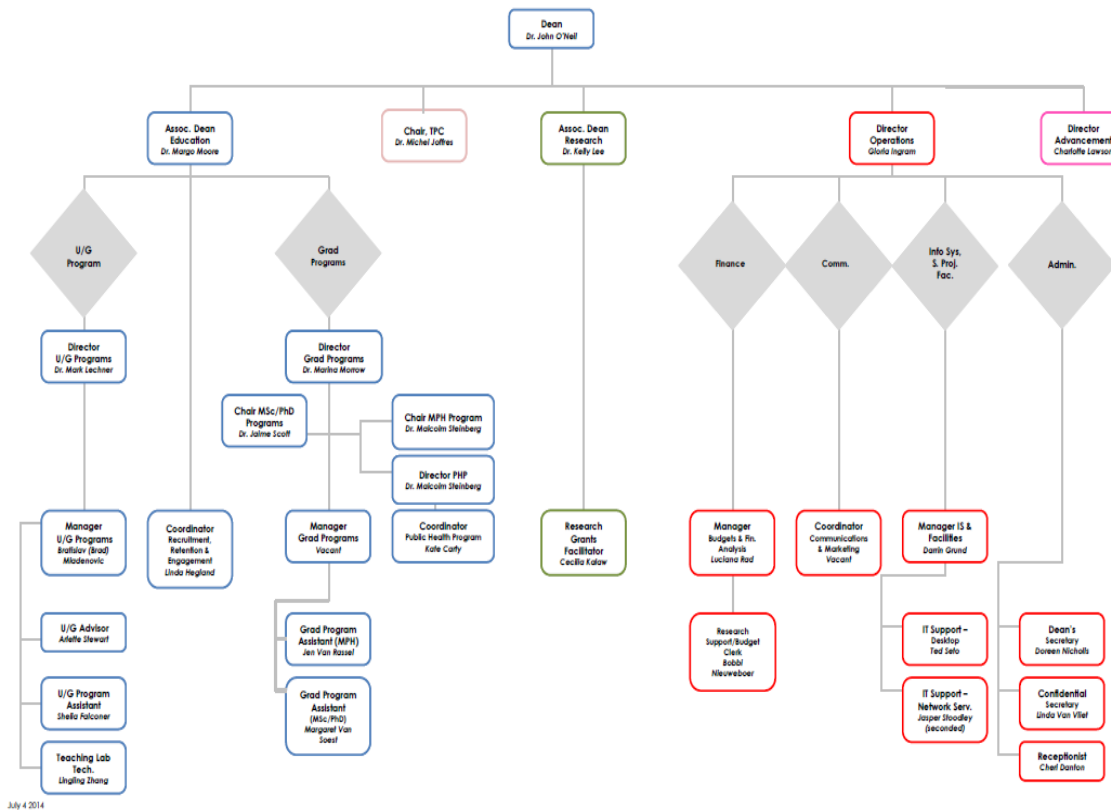
The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program’s public health mission. The organizational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

Program Organizational Structure

1.4.a One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.

Chart 1.4.a on the following page demonstrates both the administrative organization for the program. The following organizational chart reveals the reporting lines for each of the Public Health Programs within the unit of accreditation.

CHART 1.4.A. – ORGANIZATIONAL STRUCTURE OF PUBLIC HEALTH PROGRAMS



Interdisciplinary Coordination, Cooperation and Collaboration

1.4.b Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

Interdisciplinary coordination, cooperation and collaboration is created fundamentally through the design of FHS and the curriculum of the Public Health programs. From its inception, the vision for FHS at SFU has been the integration of biological, population, and social science conceptions of science and evidentiary practices to understand health from a life-course perspective. Interdisciplinary educational programming employs a “cell to society” motif. The Faculty does not have departments, facilitating communication across disciplinary boundaries. Committees include representatives from all FHS disciplines.

Within the institutional context, interdisciplinary coordination is a highly valued principle of the University. The University’s five core values make explicit reference to interdisciplinarity:

“We champion the liberal arts and sciences and *pioneering interdisciplinary* and professional programs.” (emphasis added)

Further, the Strategic Research Plan (Appendix 3.1.a.ii) of the University has as one of its 10 major objectives the “facilitation of collaboration across disciplinary and institutional boundaries”. Building on this theme, the overarching strategic thematic research areas (one of which is “health”) require integrative topics that cross disciplinary boundaries. Additionally, the University’s Centers and Institutes policy R40.01 provides an institutionalized structure to promote and develop interdisciplinarity at SFU. The primary purpose of Centers is therein identified to be the “facilitation of collaborative research, especially multi-disciplinary research”.

This institutional framework and governing environment for interdisciplinarity provides a unique and supportive setting in which the interdisciplinarity fundamental to public health programming can occur.

Criterion Assessment

1.4.c Assessment of the extent to which this criterion is met.

Strengths

- FHS has a comprehensive administrative structure to effectively and efficiently create, administer, monitor and be accountable for its teaching, research and service functions.
- Interdisciplinary coordination, collaboration and cooperation at SFU and within FHS are not only in evidence but are foundational principles that run through both the Faculty and the University’s governing values, strategic plans and overall academic curricular design.

Weaknesses

- The University has a solid and comprehensive organizational and administrative setting conducive to teaching, learning, research and service. We do not detect any significant gaps in this area.

Plans

- There are currently no plans to change the organizational and administrative framework for FHS.

This Criterion is met.

CRITERION 1.5 – GOVERNANCE

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

Committees

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

Standing Committees

The main governance committees within the FHS Public Health programs are as follows:

- Faculty Council: Comprised of all voting faculty members, staff and student representatives, the Director of Administration, and the Recording Secretary; the latter two are ex-officio, non-voting positions (unless also occupying a role as elected staff representative). Other FHS non-voting faculty may attend Council meetings and participate in discussions, but may not vote. The Faculty Council considers matters of policy or academic appointments, discusses and approves policy documents developed by the Faculty Executive Committee, informs voting faculty members of University-wide academic issues, discusses and raises questions as they arise, ratifies Standing Committee recommendations, excluding recommendations from the Tenure Promotion Committee, and addresses other academic or research infrastructure matters in the FHS.
- Faculty Executive Committee: Comprised of the heads of standing committees, Associate Deans, the Dean, Chair of the Tenure and Promotion Committee, staff and student representatives and an elected faculty complement, the Faculty Executive Committee is responsible for providing overall strategic advice to the Office of the Dean. FEC is responsible for working with the Dean to develop new policies, procedures, and overall planning for the Faculty. See Appendix 1.4.b.iii.
- Tenure and Promotion Committee: Comprised of a Committee Chair and six elected faculty members by the Faculty, the Tenure and Promotion Committee is responsible for the evaluation and recommendation in all matters of contract renewal, tenure, and promotion of faculty members within the Public Health Programs. See Appendix 1.4.b.iv.
- Graduate Studies Committee: Comprised of eight faculty members elected to the MPH and MPC Committees, including the Chair (non-voting), two graduate students elected by the HSGSU, and support staff. The Graduate Studies Committee shall be the decision-making authority for normal curricular matters and admissions review to the MPC and MPH Committees. The Graduate Studies Committee shall be the Faculty-level adjudication committee with respect to graduate student reviews and appeals, graduate scholarships, awarding of graduate degrees, diplomas and certificates, and other matters of general concern to all graduate students. See Appendix 1.4.b.i.
- Undergraduate Studies Committee: Comprised of seven faculty members, including the Chair, one

undergraduate student, of two who are elected by the HSUSU and support staff. The Undergraduate Studies Committee shall be the major administrative body within FHS with respect to assessing and improving the undergraduate curriculum, and making recommendations about undergraduate programs and policies. The Undergraduate Studies Committee shall be the Faculty-level adjudication committee with respect to undergraduate student appeals, undergraduate scholarships, awarding of undergraduate degrees, diplomas and certificates, and other matters of concern to individual undergraduates. See Appendix 1.4.b.ii.

- The work of the Undergraduate and Graduate Studies Committees is coordinated by the Associate Dean, Education. The role of the ADE is to set policy for the educational programs, to adjudicate on issues that arise within the undergraduate and graduate programs as well as coordinate course planning for both the undergraduate and graduate programs. To facilitate this, the ADE and the two Directors and program managers meet monthly to discuss items relevant to education (courses, instructors, policy) within the whole group. The new university initiative to allow an accelerated Master's program (concurrent Bachelor's and Master's degree program) will be implemented in FHS within the next 2 years. This will permit a small selected group of outstanding students to do a '4+1' accelerated program, and our strong coordination between the UGSC and GSC will facilitate its implementation. In addition, representatives from UGSC and GSC provide formal reports to Faculty Executive Committee
- Faculty Development Committee: Comprised of the Dean, Associate Deans, Director of Administration, , and other staff as required, the Faculty Development Committee is responsible for day-to-day operation of the Faculty, including oversight and management of the Faculty budget.

Ad-Hoc Committees

Ad hoc committees of relative permanence include:

- Ethics Committee: Reporting to the Dean, the Ethics Committee, provides advice to the Faculty Executive Committee and Faculty Council on ethical matters and in particular, on the contributions/funding from government and industry partners.
- Space Management Advisory Committee: Reporting to the Dean, the Space Management Advisory Committee is responsible for advising the Dean and Director of Administration on laboratory, office, and other space assignment decisions. (See Appendix 1.4.b.v)
- Education Management Group: Responsible for day-to-day management of education programs. This group includes the Undergraduate Studies Committee and Graduate Studies Committee Chairs, the Public Health Program Coordinator and their support staff. This group is chaired by the Associate Dean, Education and advises on matters of curriculum, scheduling, and course planning.

Table 1.5.a. Participation of Public Health Program Members on Internal Committees (2014/15)		
Committee Name	Current Members	Term of Appointments
Faculty Council	All voting faculty members (see FHS Constitution); Gloria Ingram	ongoing
Faculty Executive Committee	John O'Neil, Margo Moore, Mark Lechner, Marina Morrow, Malcolm Steinberg, Elliot Goldner, Frank Lee, Pablo Nepomnaschy Laurie Goldsmith, Bruce Lanphear, Denise Zabkiewicz, , Michel Joffres	Ongoing (members will change with terms)
Tenure and Promotion Committee	Michel Joffres (chair), Charlotte Waddell, Lawrence McCandless, Bohdan Nosyk, Mark Brockman, Denise Zabkiewicz, Meghan Winters, Frank Lee, Pablo Nepomnaschy	The TPC is elected annually in May for the following academic year.
Graduate Studies Committee	Marina Morrow (chair), Malcolm Steinberg, Scott Venners, Nicole Berry, Maya Gislason, Zabrina, Brumme, Malcolm King, Ralph Pantophlet, Elliot Goldner. Students: Emma Dunkley & Mary Catherine Breadner. Ex Officio: Margo Moore, Linda Hegland, Jen Van Rassel, Margaret Van Soest	One-third of members elected annually
Sub-committee of GSC: MPH Committee	Malcolm Steinberg (Chair), Scott Venners, Nicole Berry, Maya Gislason, Emma Dunkley, Rehana Bachuus, Kate Carty. Ex Officio: Jen Van Rassel, Margaret Van Soest,	Members elected to MPH and are part of the GSC Committee
Sub-committee of GSC: MPC	Elliot Goldner (Chair), Zabrina Brumme, Malcolm King, Ralph Pantophlet, Mary Catherine Breadner, Rehana Bachuus. Ex Officio: Jen Van Rassel, Margaret Van Soest,	Members elected to MPC and are part of GSC Committee
Undergraduate Studies Committee	Mark Lechner (chair), Andrea Nicki, Scott Lear, Ryan Allen, Kate Tairyan, Anne-Marie Nicol, Nienke van Houten, Margo Moore. Students: Alana Nemetchek, Sana Javaheri. Staff: Linda Hegland, and Brad Mladenovic	One-third of members elected annually
Faculty Development Committee	John O'Neil, Margo Moore, Kelley Lee, Gloria Ingram	Ongoing

Education Group	Margo Moore, Mark Lechner, Marina Morrow, Malcolm Steinberg, Elliot Goldner, Brad Mladenovic, Rehana Bacchus, Linda Hegland, Jen Van Rassel, Sheila Falconer, Margaret Van Soest, Arlette Stewart.	Ongoing
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Program Governance

1.5.b Description of the program’s governance and committee structure and processes, particularly as they affect:

- General program policy development
- Planning
- Budget and resource allocation
- Student recruitment, admission and award of degrees
- Faculty recruitment, retention, promotion and tenure
- Academic standards and policies
- Research and service expectations and policies

The Public Health Programs are part of the integrated governance and committee structure within FHS. Most program procedures, standards, evaluation mechanisms and planning are developed within the context of ongoing and inclusive dialogue among members of the Public Health programs – students, faculty, staff, senior administrators, and external advisory bodies. Formal committees or working groups oversee and implement specific aspects of program planning, implementation, evaluation, and improvement and other areas of development that are not previously covered by the standing Graduate Studies Committee, Undergraduate Studies Committee, Tenure and Promotion Committee, Faculty Development Committee, or Faculty Executive Committee. There are monthly meetings of the Faculty Council (all faculty), ongoing dialogues and consultation processes for new initiatives and policies, and “town-hall” style meetings that provide opportunities for the meaningful engagement of all members of the Public Health programs community.

General Program Policy Development: the Public Health programs within FHS follow the policies, procedures, and guiding documents of SFU in all matters of teaching, learning, research, service and a fair and equitable environment. Within this framework, supplemental policies are developed within FHS and its Public Health programs, through ad-hoc working committees, standing committees, or administrative staff assignment. These policies and procedures are taken for review and ratification by the unit as a whole and ultimately approved by the Faculty Executive Committee.

Planning: Strategic Planning within FHS Public Health programs is achieved through the five year academic planning process and annual progress reporting process of the University. Each Public Health program committee provides recommendations to the Faculty Executive Committee. Planning activities that result in any significant impact on the program are required to be circulated for consultation, ratification and final approval. Representatives from all of the Public Health program internal communities (faculty, staff and students) participate as part of the planning activities within the programs. The most recent strategic planning retreat was held on June 2012 for purposes of developing the next 2013-2018 five year academic plan.

Budget and Resource Allocation: The 5 year academic plan of FHS provides the broad brush-strokes for budgetary and resource allocation and management within the FHS. As noted elsewhere in this chapter (criteria 1.3 and 1.6), the budget for the Public Health programs is decentralized from the University's central administration to individual Faculties. This includes all staff and faculty complement salary lines, as well as the day-to-day operating budget of the Faculty. Resource allocation in terms of staff and faculty positions is achieved through the academic planning process wherein individual programs prepare a hiring plan and rationale case for consideration by the Faculty Executive Committee. All aspects of the budget are centrally managed in the Dean of the Faculty of Health's office enabling the Public Health programs to receive full support for their operations and activities.

Student Recruitment, Admissions, and Award of Degrees: Recruitment to FHS is achieved through a multifaceted recruitment strategy conducted by FHS in supplement to general recruitment activity conducted by SFU's student recruitment office. Admission to FHS in either graduate or undergraduate Public Health programs requires that students meet the standards of admission to SFU as a whole. Graduate applicants who meet the University's standards are reviewed by an admissions committee struck by the Graduate Studies Committee within FHS. For the MPH program, the MPH Committee identifies applicants in each concentration and asks concentration leads to assess the applicants. The Committee also identifies admission award and scholarship nominees. Recommendations for admission from the Graduate Studies Committee are sent to the Dean of Graduate Studies (for graduate admission) for final admission approval. The awarding of degrees is concluded by the Registrar's Office for Undergraduate students and the Dean of Graduate Studies for Graduate students upon the review of and recommendation by the FHS.

Faculty Recruitment, Retention, Promotion and Tenure: SFU has a comprehensive suite of policies governing the recruitment, appointment, retention, promotion and tenure of tenure-track, continuing lecturer, contractual and professional practice faculty members in FHS. Full details are provided in Chapter 4. For tenure track and continuing positions, the process begins at the program level with Search Committee recommendations requiring demonstrated support through on-line ratification by all faculty members, moving to the Dean, followed by the Vice President, Academic, the University Appointments Committee (in certain circumstances), the President, and finally, the Academic Operations Committee of the Board of Governors of SFU. In most cases the Search Committees will recommend up to three candidates for in-person interviewing and assessment.

The University mandates the procedure and framework under which consideration of contract renewal, tenure and promotion occurs for continuing faculty members in the Public Health programs of SFU. The policy framework also establishes university-wide expectations and performance standards for the tenure and promotion decisions. Further, the University requires each academic unit to develop, ratify, and reconfirm or amend every 3 years, its discipline-specific standards and criteria for salary review, contract renewal, tenure and promotion at each rank. Appendix 1.5.a provides a copy of the current standards and expectations of the FHS. The Faculty Tenure and Promotion Committee (TPC) is responsible for drafting the standards and criteria framework within FHS and for making recommendations on all contract renewal, tenure and promotion cases within the Faculty.

FHS also has two faculty members who are elected representatives of the Faculty College which considers appeals of university tenure and promotion cases.

Academic Standards and Policies: The academic standards and policies governing the Public Health programs are those that govern all academic personnel at SFU.

Research and Service Expectations and Policies: The Tenure and Promotion Committee (TPC) for FHS establishes the expectations for research and service for faculty members in the Public Health programs at SFU. Broad guidelines are also provided for in academic Policy A11.05 – Criteria for Appointment, Contract Renewal, Tenure and Promotion. Additionally, the University’s Faculty Workload policy (A30.03) provides further expectations regarding the commitment to research and service expected of members of the faculty complement.

Rights and Obligations of Administrators

1.5.c A copy of the constitution, bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program.

The Public Health programs of FHS at SFU follow all policies, procedures and guidelines of the University regarding the rights and obligations of its administrators, faculty, and students in program governance. In supplement, the mission, goals and core values of the Public Health programs, serve as a critical reference point for expectations and obligations of Public Health program members.

The primary document governing administration of FHS Public Health programs is the FHS Constitution. This document is provided as Appendix 1.5.b.i. In addition, the appointment of the governing administrative positions of FHS - Dean, Associate Dean, and Program Director are covered by University Policies A13.01, A13.03, A13.05 and A13.07. Copies of each are provided as Appendix 1.5.b.ii to 1.5.b.v, respectively.

In addition, the University articulates the role and responsibilities of the Dean of FHS through policy A13.06 (see Appendix 1.5.b.vi).

The rights and obligations of faculty members are provided under Academic Policy A30.01 (see Appendix 1.3.c.iii).

The rights and obligations of students are covered by University policy S10.01 and S10.02 (see Appendix 1.5.b.viii and 1.5.b.ix) as well as the [University Calendar](#).

University Committee Membership

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

Under the University Act of British Columbia, the University Senate has mandated responsibility for the academic governance of the University and the authority to monitor, control, approve and oversee all matters of academic quality at SFU. It undertakes these responsibilities through the establishment and operation of a number of standing and ad-hoc committees. Following is a list of the principal Standing Committees of Senate in which members of the Public Health programs have a role.

It is noteworthy that all other Senate Committees have Senate-elected faculty representatives. Members of the Public Health programs and FHS may be elected to these committees. All Senate committees have student representation, typically at both the undergraduate and graduate levels.

Type of Committee	Committee Name	Representative	Term of Appointment
Senate	Senate	3 Faculty members: Julian Somers, (2 vacant positions currently) Dean of Health Sciences – John O’Neil	Faculty members – 3 years Dean ongoing
Senate	Research Ethics Board	Jeremy Snyder	2 years – to May 31, 2015
Senate	Senate Committee on Enrolment Management and Planning	Dean John O’Neil	Ongoing
Senate	Senate Committee on University Honours	Julian Somers	3 years – to May 31, 2017
Senate	Senate Committee on University Priorities	Vacant – must be a senator	2 years – to May 31, 2015
Senate	Senate Committee on Undergraduate Studies	Chair, FHS Undergraduate Studies Committee - Mark Lechner	Ongoing
Senate	Senate Committee on University Teaching and Learning	Nienke van Houten	3 years – to May 31, 2015
Senate	Senate Graduate Awards Adjudication Committee	Ralph Pantophlet	2 years – to May 31, 2015
Senate	Senate Graduate Studies Committee	Chair of FHS Graduate Studies Committee – Malcolm Steinberg	Ongoing
Senate	Senate Library Committee	Vacant	2 years – to May 31, 2015
Senate	Senate Nominating Committee	John O’Neil	2 years – to May 31, 2015

In addition to membership and active engagement on Senate governance committees of the University, members of FHS also participate actively in the governance of the University through membership on Policy-based committees, planning committees, and ad-hoc committees as established at the University from time-to-time.

Membership of Public Health program members on University policy-based, planning, or other administrative committees include:

Type of Committee	Committee Name	Representative	Term of Appointment
University Academic Policy A11.04	Faculty College (matters of salary review, contract renewal, promotion, tenure)	2 faculty members	One year
University Academic Policy A11.04	University Salary Appeals Committee	1 faculty member	One year
University Academic Policy A11.04	University Appointments Committee	1 faculty member	One year
University Academic Policy A13.05	Search Committee for Deans	1 faculty member from each Faculty is required on each search for an academic Dean at the University	Term of search (typically there is at least 1 decanal search each year)
University Academic Policy A13.05	Search Committee for Dean of FHS	4 faculty members from the FHS, 1 graduate student, 1 undergraduate student, 1 staff member	Term of search, once every 5 years
VP Academic	First Nations University-Wide Steering Committee	1 faculty member	
VP Academic	Excellence in Teaching Awards Committee	1 faculty member	

Student Roles in Governance

1.5.e Description of student roles in governance, including any formal student organizations, and student roles in evaluation of program functioning.

Students are important and included contributors to the governance of SFU. With representation on most Senate level and Board committees, students have a voice in the highest level of academic governance of the institution.

Within the FHS, students are voting members of the Faculty Council, Faculty Executive Council, Graduate Studies Committee and the Undergraduate Studies Committee. Students also are represented on many of the ad-hoc committees established within FHS.

The Graduate Student Caucus and the Health Sciences Undergraduate Student Union independently nominate and elect representatives to serve on the standing committees and the ad-hoc committees as established. Both student organizations advocate on behalf of students on issues such as class availability and resources for students.

In February 2015, Graduate Student Caucus identified their goals for the 2015 Academic year including:

1. Creating a more inclusive environment for students in Faculty Health Sciences (FHS)
2. Transparency of the our role in the FHS department
3. Promotion of Grad Caucus' role as a resource
4. Fostering a greater sense of community
5. Working with students, rather than for students

To learn more about the Graduate Student Caucus activities visit <http://fhsgradcaucus.wix.com/home>

The mission of the FHS Undergraduate Student Union (HSUSU) is “to promote and represent the interests of undergraduate students in the Faculty of Health Sciences and to provide opportunities for professional development”. To learn more about the Undergraduate Student Union activities visit www.hsusu.com. A copy of the constitution of the HSUSU is provided as Appendix 1.5.e.

SFU and FHS and its Public Health programs pride themselves in providing meaningful structures of engagement, dialogue, and decision-making for students.

A brief summary of the activities of each student organization are provided as part of Criterion 3.2.e Student Service Activities.

Criterion Assessment

1.5.f Assessment of the extent to which this criterion is met.

Strengths

- FHS has a clear, known and effective governance structure that provides for effective and efficient administration of the Public Health programs at SFU.
- The collegial, inclusive, and democratically participative underpinnings of SFU provide for a comprehensive committee structure at all levels of the University that govern the academic endeavors of the University.
- The faculty members of Health Sciences and the Public Health programs have positions on all major decision-making and governance committees for the University.
- Students at SFU are an integral part to the University’s structure of governance, and are actively engaged in the administration and governance of the University both within FHS and on committees of the University in general, extending to the most senior governing committees of the University.

Weaknesses

- The pervasive nature of collegial governance requires extraordinary service demands of faculty members in the Public Health programs in FHS.

Plans

- There are currently no plans to change the governance framework for FHS

This Criterion is met.

CRITERION 1.6 – FISCAL RESOURCES

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

Budget and Allocation Processes Overview

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

The Public Health programs' budgets are integrated with the overall FHS budget.

Requests for specific Public Health program support is developed as part of the overall annual budget process within, and external to, the FHS budget development process. FHS has a transparent budget policy, with the Directors of Public Health programs given full access to the annual budget. Budget and resource information is also available to faculty, students, and the public upon request.

Criterion 1.3.c.i outlines the Provincial funding process for SFU. Once notice of provincial grant funding is received by the SFU Administration, an allocation is then made to individual Faculties.

In fiscal 2011/12, the University implemented a new performance-based budget model. This model was updated for fiscal 2012/13. In addition, a Faculty Allocation model (FAM) was developed which distributes a portion of the revenue received by the University (tuition, provincial grant and indirect costs of research), and indirect costs of research to the Faculties based primarily on the University Enrolment Plan using different methodologies depending on the revenue sources.

The provincial grant has two main categories; the undergraduate and the graduate funding. The portion of the provincial grant funding received by Faculties is similarly distributed for both categories, based primarily on the University Enrollment Plan and three year moving average WAFTEs.

The tuition revenue is distributed using different methodology depending on the category; undergraduate premium or non-premium fee revenue generated and graduate regular or specialty fee revenue generated. The portion of tuition revenue available for distribution to Faculties is allocated based on the share of total specialty fee revenues collected by each faculty for graduate specialty programs and undergraduate premium fee generated programs. The three year moving average WAFTEs and enrollment plan is used to determine the share of graduate regular fees and undergraduate non-premium fees for each Faculty.

The Indirect Costs of Research (ICP) allocation is part of a Government of Canada introduced to defray some of the hidden costs associated with research activities funded by the Tri-Council. The ICP grants are calculated each year and awarded to SFU based on a three year moving average of the research grant

funding received from CIHR, NSERC and SSHRC. SFU will then allocate it through a distributive model that provides 45% of the revenue generated by each Faculty back to each Faculty.

In addition to this distribution of grant funding, the University also receives funding from the Federal Government of Canada known as the “Indirect Costs of Research”. This funding is controlled by the Vice President, Research and is allocated through a distributive model that provides 45% of the revenue generated by each Faculty back to each Faculty.

In addition to this standard flow of budgetary resources, there are several features of the budget model at SFU that are noteworthy. First, the budget of staff and academic positions are uniquely controlled in a decentralized model by each Faculty. As a consequence the decision to direct budget resources to faculty / staff complements is predominantly a Faculty decision, as is the decision to redirect complement positions to operating grant activities, or leave positions vacant in order to have flexibility in the fall-out of base allocated position resources to other purposes in any given year of a vacant position. Second, all salary and benefit budgets are centrally negotiated and funded. As a consequence, changes to the salary and benefit budgets of the Faculties resulting from performance based increases of faculty and staff complements or through negotiated agreements for cost of living and other increases are the responsibility of the central administration and not individual Faculty budget lines. Faculty budget lines are annually augmented by these centralized increases to compensation budgets. Third, there are a number of budget envelopes to which FHS and the Public Health programs (through the Dean of FHS) can apply. The primary instrument of this discretionary funding is the Strategic Initiatives fund of the Vice President, Academic and the Renovations Fund of the Associate Vice President, Academic. The Strategic Initiatives Fund of the Vice President, Academic was the source of funding for the establishment and first 5-year build out of the FHS at SFU.

In addition to these standardized processes for provincial and federal funding of the University and its academic Faculties, there are also several provincial and federal programs that provide special resources for supporting academic positions directly at BC Universities. The first, and largest, is the Canada Research Chairs program established by the Federal Government of Canada in 2000. In total 2000 research professors of excellence were established. These professorships were of two types: Tier I for world leading scholars, and Tier II for junior faculty who had the potential to be world leading scholars. Canada Research Chairs positions are allocated to the University on a three-year revolving average based on tri-council funding success. SFU has been awarded 42 Canada Research Chairs. FHS was internally awarded 5 of these Chairs; a Tier 1 in Vaccine Development, a Tier 2 in Children’s Health Policy, a Tier 1 and Tier 2 in Global Health and a Tier 2 in Viral Pathogenesis and Immunity. Tier 1 Chairs are funded at \$200,000 annually; Tier II Chairs are funded at \$100,000 annually by the Federal Government.

A further major funding source significant to faculty complement and graduate student training support is the Michael Smith Foundation for Health Research (MSFHR). The MSFHR has a Personnel Program directed to improve BC's ability to attract, support and retain outstanding health researchers and trainees. The Foundation's career-path personnel programs provide awards to support researcher’s development from Trainee through to the Scholar. MSFHR also supports an Infrastructure Program designed to help create a vibrant and sustainable health research environment that is recognized for excellence, is responsive to BC's health needs, and contributes to building BC's economy. FHS and the Public Health programs at SFU have benefited from these programs and currently have five faculty member supported by an MSFHR award. In addition, two faculty members are supported by external peer-reviewed salary awards from the Canadian Institutes of Health Research.

FHS has also been successful in establishing four Endowed Research Chairs:

- Leslie Diamond Chair in Cancer Survivorship
- Maureen and Milan Illich/Merck Chair in Statistics for Arthritis and Musculoskeletal Diseases
- Pfizer/Heart & Stroke Foundation Chair in Cardiovascular Prevention Research
- CANFAR Chair in Health Economics of HIV/AIDS

Finally, FHS has a number of academic positions co-funded with other organizations. Currently there are the following co-funded positions of members of the Public Health programs at SFU:

- SFU and the Fraser Health Authority (3 positions)
- SFU and BC Centre of Excellence in HIV/AIDS (3 positions)
- SFU and the Children’s Hospital Research Institute of the Provincial Health Services Authority (1 position)
- SFU and St. Paul’s Hospital /Providence Health Authority (1 position)

The co-funding of positions not only helps to support the budgetary requirements of FHS, but more importantly these appointments are actively sought because of the connections they create to the public health profession in Canada, to the facilitation they provide in terms of applied training and research opportunities for students, and the enrichment that these connections and their practice-focused perspectives offer to our academic curriculum.

With the multitude of funding sources and strategies identified above to secure sufficient resources for the effective operation and indeed outstanding quality of our Public Health programs, it is noteworthy that we do not require faculty members to generate funding for any portion of their compensation. Note that in Canada external operating grants given in support of research normally do not provide salary stipends for principal investigators. All faculty in FHS at SFU are compensated on a 12-month calendar year basis.

Program budget statement

1.6.b A clearly formulated program 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. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate.

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Source of Funds					
Tuition and Fees	\$242,882		\$2,697,732	\$2,896,805	\$2,657,194
State Appropriation	N/A				
University Funds (Provincial Grant to the University)	\$6,753,307	\$7,051,271	\$4,241,818	\$4,367,188	\$4,314,998
Grants/Contracts	N/A				
Indirect Cost Recovery	N/A		\$149,992	\$156,007	\$287,808
Endowments ¹	\$102,569	\$256,167	\$323,432	\$422,967	\$501,147
Gifts	N/A				

Other (salary recoveries – excluding endowment accounts) ⁴	\$924,109	\$820,132	\$717,938	\$1,116,772	\$2,177,134
Other (FIC funding) ²	\$50,240	\$12,093	\$47,720	\$51,120	\$54,280
Other (allocation of previous year carry forward)		\$162,407	\$162,626	\$104,178	\$139,433
Other (Additional funding for TA support)	\$250,000				
Total Income	\$8,323,107	\$8,302,100	\$8,341,258	\$9,115,036	\$10,131,993
Expenditures					
Faculty Salaries and Benefits	\$5,950,704	\$6,441,274	\$6,349,333	\$6,950,520	\$7,914,316
Staff Salaries and Benefits	\$1,249,141	\$1,195,219	\$1,247,843	\$1,155,668	\$1,294,067
Equipment Purchases	\$153,117	\$60,723	\$14,087	\$44,645	\$36,222
Operations ⁵	\$451,808	\$6,702	\$189,119	\$368,658	\$307,671
Travel	\$21,878	\$22,430	\$32,575	\$21,886	\$16,040
Student Support ³	\$40,000	\$80,000	\$89,016	\$137,565	\$105,198
Other: Faculty start-ups and research support	\$205,000	\$112,917	\$47,086	\$127,661	\$99,776
Other: Consulting and Professional fees	\$213,708	\$145,708	\$170,385	\$118,828	\$37,251
Total Expenditures	\$8,256,357	\$8,041,722	\$8,129,679	\$8,803,491	\$9,908,485

*In Canadian dollars.

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

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

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

³ The student support reported is composed of:

- The amount of funds transferred during the fiscal to the Office of Graduate Studies from FHS operating funds.
- The MPH practicum support disbursed in the form of awards from the income generated by the Djavad Mowafaghian endowment account
- The practicum stipends FHS decided to incorporate as a separate budget line in the operating budget starting with fiscal 2013/14. The amount budgeted for that year was \$117,000.

- ⁴ Sources for other salary recoveries excluding endowment accounts are: Canada Research Chair program, Michael Smith Foundation for Health Research Career Investigator Scholar Award, CIHR New Investigator Award, co funded positions with Fraser health Authority and Provincial health Services Authority
- ⁵ The operating section includes phone related expenses, general office expenses, teaching lab materials and supplies, printing related expenses, telephone, repairs and alterations, overhead recoveries and expenses and all other operating related type of expenses not identified in a separate category in the table

FHS typically retains control of carry forward balances. “Fall-out” funds from vacant complement positions may be used for operational, temporary salary, or other discretionary purposes identified by the Dean. Often, carry forward budgets are a primary source of funding for teaching assistants, operating requirements, or ad-hoc infrastructure development initiatives.

Budget Statement for Collaborative Programs

1.6.c If the program 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 program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

The Public Health programs in FHS at SFU are not collaborative programs.

Measurable Objectives

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

Table 1.6.d. Resource Adequacy Quantitative Measures					
Objective	Outcome Measure	Target	2011/12	2012/13	2013/14
Assure that adequate, fellowships, stipends and scholarships are available to graduate students	Assessment of the dollar amount of available to MPH students from all sources	Increase and/or sustain the per capita funding from internal and external sources	Total external funding ¹ \$4,640 Total internal funding ² \$252,552 Total funding per headcount \$1,948	Total external funding ¹ \$11,350; Total internal funding ² \$304,541 Total funding per headcount \$2,449	Total external funding ¹ \$109,679 Total internal funding ² \$347,451 Total funding per headcount \$3,841.43
Assure that adequate fellowships, and scholarships are available to graduate students	Number of financial support awards	Increase and/or sustain the number of support opportunities for MPH students	74	73	160
Ensure that the Public Health programs are adequately resourced to support their student population	Institutional expenditure per full-time-equivalent student	Increase and/or sustain expenditure levels per FTEs ³	\$11,424.81	\$15,030.35	\$14,583.31
Ensure that faculty members are conducting research of a high caliber to attract research funding	Research dollars per full-time-equivalent faculty	Increase from baseline (to be established by 2009/2010)	\$104,045	\$58,600	\$91,157
Ensure that faculty members are conducting research of a high caliber to attract research funding	Dedicated staff and resources are in place to enable faculty to attract research funding	2 FTE to support faculty for research	1.0	2.0	3.0

¹External funding includes, private awards, competitive grants from CIHR and other funding sources external to SFU.

²Internal funding includes, Fellowships, Entrance Awards, and FHS Practicum Stipend. These funds come from three internal sources; FHS, Department of Graduate Studies and SFU.

³Funding sources considered for the calculation were components of original budget allocation for each year (tuition and fees, and provincial grant) for graduate and undergraduate programs divided by the respective number of FTEs

Criterion Assessment

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

Strengths

- FHS has very positive financial resources on a per student FTE basis.
- The Public Health programs are situated within a context of strong budgetary oversight and support both within the University and vis-à-vis external funding agencies at both Federal and Provincial levels.
- The Faculty brings in substantial research funding.

Weaknesses

- FHS has demonstrated steady progress in attracting increases in internal and external revenue and the budget process is largely controlled at the Faculty level. We see no weaknesses at this time.

Plans

- There are currently no plans to change the budget and allocation framework for FHS as this is a University function.

This Criterion is met

CRITERION 1.7- FACULTY AND OTHER RESOURCES

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

1.7.a A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years, organized by concentration.

	2012-13	2013-14	2014-15
Population Health	21	23	20
Global Health	11	12	8
EO Health	4	5	7
Social Inequities & Health	11	12	11

Faculty headcount and FTE considers all effort allocated to the undergraduate and graduate level public health students. Nearly all faculty teach in both the BA/BSc and MPH programs however the concentrations reported are in accordance with the MPH program. The BA/BSc program does not employ concentrations to reflect the purposely designed non-departmentalized and interdisciplinary nature of our undergraduate program. Faculty who contribute at least 0.5 FTE to the Public Health Programs in our unit of accreditation (MPH and BA/ BSc) are included in the Primary Faculty Headcount.

Please also see Faculty CV folder found in the 'Resources not listed in Chapters' folder

14/15 AY Primary Faculty and Degrees They Support.

Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Allan	Ryan	X	X	X			
Beischlag	Timothy	X	X	X			
Berry	Nicole	X	X		X		
Brumme	Zabrina	X	X		X	X	
Calvert	John	X	X		X	X	X
Gislason	Maya	X	X	X			X
Goldner	Elliot	X	X			X	X
Goldsmith	Charles		X			X	
Goldsmith	Laurie	X	X			X	X
Hogg	Robert	X	X		X	X	
Hunt	Rodney	X	X			X	X
Joffres	Michel	X	X			X	
Kaida	Angela	X	X		X		
Lanphear	Bruce	X	X	X		X	
Lechner	Mark	X					
Lear	Scott	X	X			X	
Lee	Frank	X					

Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Lee	Kelley	X	X		X		
McCandless	Lawrence	X	X			X	
Morrow	Marina		X				X
Nepomnaschy	Pablo	X	X			X	
Nicol	Ann-Marie	X	X	X			
O'Neil	John		X		X	X	X
Pantophlet	Ralph	X					
Somers	Julian	X	X			X	
Steinberg	Malcolm		X			X	X
Takaro	Timothy	X	X	X			
Tairyan	Kate	X	X		X	X	
Tucker	Rochelle	X	X			X	X
Van Houten	Nienke	X					
Waddell	Charlotte	X	X			X	X
Winters	Meghan	X	X	X		X	
Zabkiewicz	Denise	X	X			X	X
Total Primary Faculty	33	29	29	7	8	20	11

14/15 Other Faculty and Degrees they Support (includes faculty and sessional hires who contribute less than 0.5FTE to unit of accreditation)

Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Brockman	Mark		X		X		
Catherine	Nicole		X			X	
Corbett	Kitty	X	X			X	
Erikson	Susan	X	X		X		X
Janes	Craig		X		X		
King	Malcolm	X	X				X
Miller	Cari	X	X		X	X	
Nicki	Andrea	X	X			X	
Niikura	Masahiro	X					
Prefontaine	Gratien	X					
Snyder	Jeremy	X	X		X		X
Scott	Jamie	X					
Small	Will		X			X	
Venners	Scott	X	X	X			
Whitehurst	David	X	X			X	
Total 2⁰ Faculty	15	12	12	1	5	6	3
Sessionals¹							
Amran	Ofer	X	X	X			
Ardiles	Paola		X			X	
Baxter	Susan	X					
Deck	Penny	X					
Davidson	Karen	X					

Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
King	Alexandra		X				X
Kim	Julie	X	X		X		
Labrecque	Mark	X					
Lachowsky	Nathan	X					
McGovern	Rachel	X					
Roberts	Martha	X					
Parpouchi	Milad	X					
Salajegheh	Mandana	X					
Salters	Kate	X					
Scott	Jennifer	X					
Stanton	Alisa	X					
Vlahaki	Elaine	X	X				
Total Sessional	17	15	5	1	1	2	1

¹Sessionals are non-faculty hires

13/14 AY Primary Faculty and Degrees They Support.

Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Berry	Nicole	X	X		X		
Beischlag	Tim	X	X	X			
Brumme	Zabrina	x	x		X	X	
Calvert	John	X	X		X	X	X
Corbett	Kitty	X	X			X	
Erikson	Susan	X	X		X		X
Goldner	Elliot	X	X			X	X
Goldsmith	Charles		X			X	
Goldsmith	Laurie	X	X			X	X
Hunt	Rodney	X	X			X	X
Hogg	Robert	X	X		X	X	
Janes	Craig		X		X		
Joffres	Michel	X	X			X	
Kaida	Angela	X	X		X		
Lanphear	Bruce	X	X	X		X	
Lechner	Mark	X					
Lear	Scott	X	X			X	
Lee	Frank	X					
Lee	Kelley	X	X		X		
McCandless	Lawrence	X	X			X	
Mikura	Masahiro	X					
Miller	Cari	X	X		X	X	
Morrow	Marina		X				X
Nepomnaschy	Pablo	X	X			X	
O'Neil	John		X		X	X	X
Pantophlet	Ralph	X					
Prefontaine	Gratein	X					
Snyder	Jeremy	X	X		X		X

Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Somers	Julian	X	X			X	
Steinberg	Malcolm		X			X	X
Takaro	Tim	X	X	X			
Tairyan	Kate	X	X		X	X	
Tucker	Rochelle	X	X			X	X
Van Houten	Nienke	X					
Venners	Scott	x	x	X			
Waddell	Charlotte	X	X			X	X
Winters	Meghan	X	X	X		X	
Zabkiewicz	Denise	X	X			X	X
Total Primary Faculty	38	33	32	5	12	22	12

13/14 AY Other Faculty and Degrees They Support (includes faculty and sessional hires who contribute less than 0.5FTE to unit of accreditation)

Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Allan	Ryan	X	X	X			
Brockman	Mark		X		X		
Fisher	Benedikt	X	X		X		
Nicki	Andrea	X	X			X	
Nicol	Ann Marie	X	X	X			
Scott	Jamie	X					
Small	Will		X			X	
Whitehurst	David	X	X			X	
Total 2 ⁰ Faculty		5	7	2	2	3	0
Sessionals							
Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Currie	Lauren	X					
Currie	Lauren	X					
Cohen	Macey	X					
Fox	Warrend	X					
Laviolette	Tarya	X					
MacPherson	Jennifer	X					
Salajegheh	Mandana	X					
Salters	Kate	X					
Salters	Kate	X					
Scott	Jennifer	X					
Cohen	Macey					X	
Curran	Jason		X	X			
Galway	Lindsay		X	X			
GileS	Luisa		X	X			
Rodriguez	Jorge		X			X	
Rodrigues	Jorge		X			X	

Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Snyder	Karen		X			X	
Total Sessional		10	6	3		4	

12/13 AY Primary Faculty Members and Degrees They Support

Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Berry	Nicole	X	X		X		
Calvert	John	X	X		X	X	X
Corbett	Kitty	X	X			X	
Erikson	Susan	X	X		X		X
Fisher	Benedict	X	X		X		
Goldner	Elliot	X	X			X	X
Goldsmith	Charles		X			X	
Hogg	Robert	X	X		X	X	
Janes	Craig		X		X		
Kaida	Angela	X	X		X		
Lanphear	Bruce	X	X	X		X	
Lechner	Mark	X					
Lear	Scott	X	X			X	
Lee	Kelley	X	X		X		
McCandless	Lawrence	X	X			X	
Miller	Cari	X	X		X	X	
Morrow	Marina		X				X
Nepomnaschy	Pablo	X	X			X	
Nicki	Andrea	X	X			X	
O'Neil	John		X	X	X	X	X
Palmer	Karen	X	X		X	X	
Snyder	Jeremy	X	X		X		X
Somers	Julian	X	X			X	
Steinberg	Malcolm		X			X	X
Tairyan	Kate	X	X		X	X	
Tucker	Rochelle	X	X			X	X
Van Houten	Nienke	X					
Venners	Scott	x	x	X			
Waddell	Charlotte	X	X			X	X
Winters	Meghan	X	X	X		X	
Zabkiewicz	Denise	X	X			X	X
Total	31	26	29	3	12	20	10

12/13 AY Other Faculty and Degrees They Support (includes faculty and sessional hires who contribute less than 0.5FTE to unit of accreditation)

Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Allan	Ryan	X	X	X			
Beischlag	Tim	X	X	X			
Brumme	Zabrina	X	X		X	X	
Brockman	Mark		X		X		
Erikson	Susan	X	X		X		X
Goldsmith	Laurie	X	X			X	X
Halinka	Lorraine	X	X			X	
Hunt	Rodney	X	X			X	X
Joffres	Michel	X	X			X	
Mikura	Masahiro	X					
Lee	Frank	X					
Pantophlet	Ralph	X					
Prefontaine	Gratein	X					
Scott	Jamie	X					
Small	Will		X			X	
Takaro	Tim	X	X	X			
Whitehurst	David	X	X			X	
Total 2 ⁰ Faculty		15	12	3	3	7	3
Sessionals							
Last Name	First Name	BA/BSc	MPH	MPH-EOH	MPH-GH	MPH-PH	MPH-SIH
Currie	Lauren	X					
Currie	Lauren	X					
Cohen	Macey	X					
Fox	Warrend	X					
Laviolette	Tarya	X					
MacPherson	Jennifer	X					
Salajegheh	Mandana	X					
Salters	Kate	X					
Salters	Kate	X					
Scott	Jennifer	X					
Cohen	Macey					X	
Curran	Jason			X			
Galway	Lindsay			X			
GileS	Luisa			X			
Rodriguez	Jorge					X	
Rodrigues	Jorge					X	
Snyder	Karen					X	
Total Sessional		10	7	3		4	

1.7.2.b A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years.

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Specialty Area

Please refer the tables above to identify unique faculty members supporting each degree option and total faculty complement including primary, and other (secondary faculty and sessional instructors).

Specialty Area	HC Primary Faculty ¹	FTE Faculty ²	Head Count Other ³	FTE Other ⁴	Total Faculty HC	Total FTEF	HC Students ⁵	FTE Students ⁶	SFR/Core FTEf	SFR by Total FTEf
Fall 2014										
BA/BSc	29	21.45	27	3.23	56	24.68	1159	1043*	48.62	42.26
MPH-PH	21	2.75	7	1.59	28	10.37	53	39.1*	4.47	3.78
MPH-GH	8	3.09	6	1.41	15	4.5	33	29.2*	9.45	6.49
MPH-EOH	7	3.41	2	0.59	9	4	7	5.2*	1.52	1.3
MPH-SIH	11	3.34	4	0.51	15	3.85	18	16.2*	4.85	4.21
Total MPH	29	18.71	17	4.1	36	22.81	111	89.7*	4.79	3.93
Fall 2013										
BA/BSc	33	27.73	16	1.62	49	29.35	1153	1024.9	36.96	34.92
MPH-PH	22	11.09	5	1.08	27	12.17	53.	44.5	4.01	3.66
MPH-GH	12	5.26	3	0.73	15	5.99	31	24.9	4.73	4.16
MPH-EOH	5	2.83	3	1.25	8	4.08	10	10	3.53	2.45
MPH-SIH	12	4.3	1	0.13	13	4.43	25	18.9	4.40	4.27
Total MPH	32	23.48	12	2.81	44	26.67	119	98.3	4.19	3.69
Fall 2013										
BA/BSc	26	19.74	25	2.59	51	22.33	1115	986.5	49.97	44.18

Specialty Area	HC Primary Faculty ¹	FTE Faculty ²	Head Count Other ³	FTE Other ⁴	Total Faculty HC	Total FTEF	HC Students ⁵	FTE Students ⁶	SFR/Core FTEf	SFR by Total FTEf
MPH-PH	20	8.63	11	1.53	31	1.16	55	45.1	5.23	4.44
MPH-GH	12	5.08	3	0.3	15	5.38	36	32.8	6.46	6.10
MPH-EOH	3	3.06	6	1.23	9	4.29	14	12.7	4.15	2.96
MPH-SIH	10	1.37	3	0.47	13	1.84	24	21.5	15.69	11.68
Total MPH	29	18.14	19	3.53	68	21.67	129	112.1	6.18	5.17

***14/15 student FTE represents Fiscal year not academic year.**

Notes for table:

¹ The unit of accreditation includes an MPH and undergraduate BA and BSc degrees. Faculty headcount and FTE considers all effort allocated to the undergraduate and graduate level public health students. Faculty who contribute at least 0.5 FTE to the Public Health Programs in unit of accreditation are included. Faculty may also teach in more than one program but the HC presented above are the unique HCs for the MPH and BA/BSc. The division of faculty among BA and BSc programs is not reported as many courses and faculty assigned to courses in these programs are shared between the two degrees and reflect the purposely designed non-departmentalized and interdisciplinary nature of our undergraduate program.

²FTE Primary Faculty is defined as follows: 1) The proportion of teaching workload allocated to different degree programs. 2) The proportion of mentoring/advising of MPH versus MSc/PhD students, weighted by the student FTE metrics (WAFTEs), where 1 MPH = 1.5 MSC = 2 PHD students). 3) Unless a faculty member sits on committees dedicated to a specific degree program, their service allocation is divided equally across the degree programs. 4) Faculty research is equally divided between programs unless their research portfolio (see website) indicates that their research falls outside of what would be defined as population and public health. 4) Finally, these metrics are adjusted by the faculty's contracted workload within the FHS (i.e. regular 40/40/20 load, for teaching, research and services respectively, enhanced teaching loads for teaching faculty, Research Chairs with enhanced research loads, and modified loads for administrative faculty, Individuals in the latter two positions teach 1.5 courses per year rather than the standard 3 courses per year). Nearly all faculty teach in both the BA/BSc and MPH programs. Faculty on study leave may be underrepresented in FTE allocations since they do not teach during this time

³Headcount Other includes secondary faculty and external sessionals hired to teach courses but not Adjunct faculty.

⁴FTEf for other includes secondary faculty (those who contribute less than .5fte to the program of accreditation) as determined by the same workload proportions described above for primary faculty, but also and includes additional FTE allocation from sessional instructors. A full time sessional FTE is 8 courses and FTE is calculated as total courses taught during the academic year divided by 8.

⁵Headcount students are defined as follows: a) UG headcount based on number of registered students approved into the BA or BSc program in the FHS at end of week 3 of classes in the Fall term. b) GR headcount based on number of registered students in the MPH program at end of week 3 of classes in the fall term.

⁶FTEs for students: 1)UG FTE is an annualized program FTE where 1 PFTE = 30 credits. 2) GR FTE is an annualized activity FTE where 1 AFTE = 24 credits.

Reviewers of the preliminary self-study asked us to describe typical SRFs for comparable undergraduate degrees in the University. Please see Appendix 1.7.b.i for a summary of all SFRs for all faculty's at SFU. This table indicates that the faculty of health sciences UG SFR is comparable if not better than other faculties at SFU. It should be noted that the data presented in Appendix 1.7.b.i is based on the SFU formula for faculty workload which is different than the formula we used to define FTE for faculty as defined in note #2 above. This formula (as per noted #2 above) has been used to report our faculty workload contribution to the unit of accreditation in previous Annual Reports to CEPH. As a result, the UG SFR in Table 1.7 and Appendix 1.7.b.i are not the same.

Non-Academic personnel

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

Current headcount and FTE of non-faculty personnel is 19.

Space

1.7.d A description of space available to the program for various purpose (offices, classrooms, common space for student use, etc.), by location.

FHS at SFU is located in Blusson Hall. Designed by award winning Canadian architectural firm Busby, Perkins & Will, the Blusson Hall (FHS building) meets the requirements for Silver US LEED standards for “green” buildings.

Table 1.7.d. Public Health Program Space in Net Assignable Square Metres (NASM) by Functional Category						
Category	General (NASM)	Dry (NASM)	Wet (NASM)	Flex (NASM)	Research Offices (NASM)	Sub-Total (NASM)
Classrooms	756					818
Teaching Laboratories		810	320			1,130
Research Laboratories		800	1,337	700	373	3,210
Academic Offices	1,427					1,427
Library / Student Study	492					430
					Total NASM	7,015
					Total Gross SM	11,224

Laboratory Space

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

Laboratory space encompasses dedicated research space for tenure-track faculty as well as teaching laboratory space. The teaching laboratory is used for four different 400-level advanced laboratory courses and a 300-level interdisciplinary elective course. It is certified for biosafety level II use, and is equipped with 8 class II biosafety cabinets, 2 chemical fume hoods, a range of instrumentation for analytical and research studies (e.g. fluorescent plate reader, ultracentrifuge, thermocyclers, electrophoresis equipment, phase contrast microscopes, and fluorescent microscope). The teaching laboratory space has also been used for occasional educational outreach events for middle and high school students.

Research Laboratories

The Faculty continues to develop research laboratories¹ in areas such as immunology, neurobiology, microbiology, virology, toxicology, reproductive health and epigenetics. Each laboratory is led by a faculty member with training in the life sciences, with research activities largely funded by external grants and salary awards.

Environmental Exposures Lab (Venners Lab)

Director: Dr. Scott Venners

Epigenetics Laboratory (Prefontaine Lab)

Director: Dr. Gratien Prefontaine

Lab Tel: 778-782-8746

Building Address: Level 10 (2nd fl) Lab Rm 10750, Blusson Hall

HIV/AIDS Molecular Epidemiology Laboratory (Brumme Lab)

Director: Dr. Zabrina Brumme

Personnel: Tristan Markle (Research Assistant)

Lab Tel: 778-782-8889

Building Address: TASC2 (Technology and Applied Sciences Building 2) Room 8130

Infectious Diseases Immunology Laboratory (Pantophlet Lab)

Head: Dr. Ralph Pantophlet

Personnel: Brenda Clark (Research Assistant)

Lab Tel: 778-782-8751

Building Address: Level 11(3rd fl) Lab, Rm 11750, Blusson Hall

Infectious Diseases Virology Laboratory (Niikura Lab)

¹ Laboratories constitute a dedicated space for experimental work and contain specialized equipment required for the PI's research. Most of the research would be performed within the laboratory by the PI, graduate students and staff.

Director: Dr. Masahiro Niikura
Lab Tel: 778-782-8743
Building Address: Level 11(3rd fl) Lab, Rm 11750, Blusson Hall

Maternal and Child Health Laboratory (Nepomnaschy Lab)

Director: Dr. Pablo Nepomnaschy
Personnel: Dr. Katrina Salvante (Lab Manager)
Building Address: Level 11(3rd fl) Lab, Rm 11750, Blusson Hall

Molecular and Cell Biology Laboratory (Beischlag Lab)

Director: Dr. Tim Beischlag
Personnel: Kevin Tam (Lab Manager):
Lab Tel: 778-782-8752
Building Address: Level 10 (2nd fl) Lab North, Rm 10750 Blusson Hall

Molecular and Cellular Neuropathology Laboratory (T. Niikura Lab)

Director: Dr. Takako Niikura
Personnel: TBD
Lab Tel: 778-782-8746
Building Address: Level 10 (2nd fl) Lab, Rm 10750 Blusson Hall

Molecular Immunity Lab (Scott Lab)

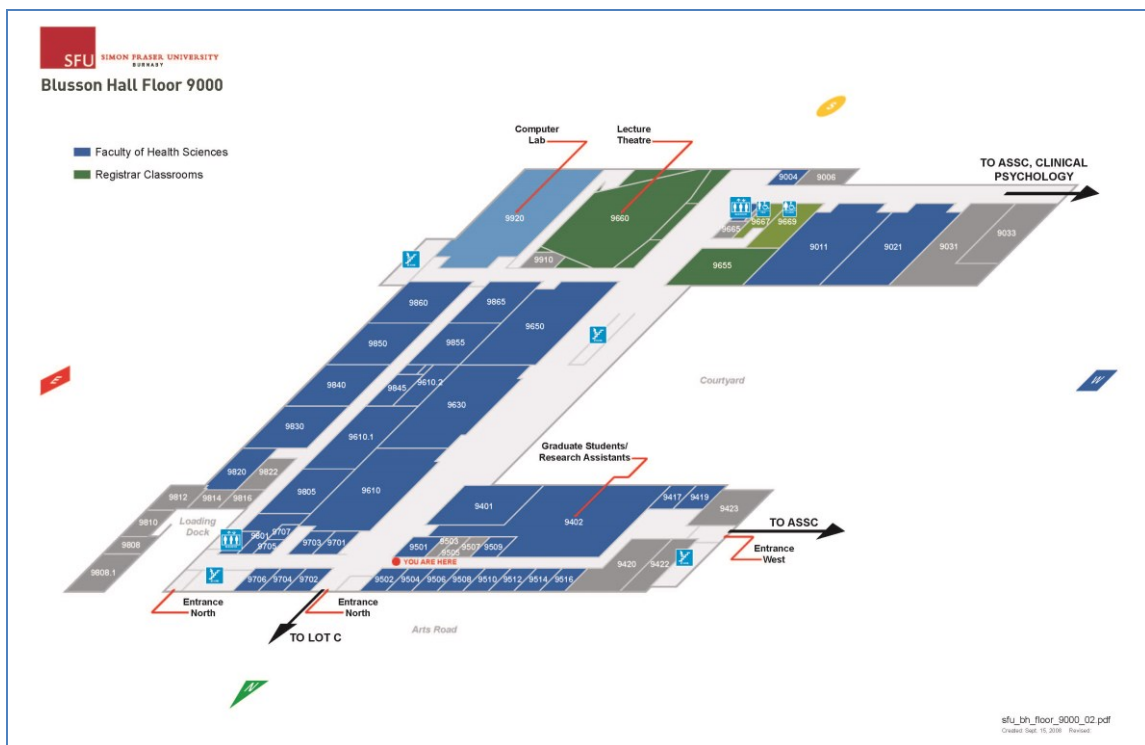
Director: Dr. Jamie Scott, Tier 1 CRC in Molecular Immunity
Personnel: Navroop Sandhu, Lab Assistant
Lab Tel: 778-782-5656
Building Address: Dept. of Molecular Biology and Biochemistry, Science Building 7144

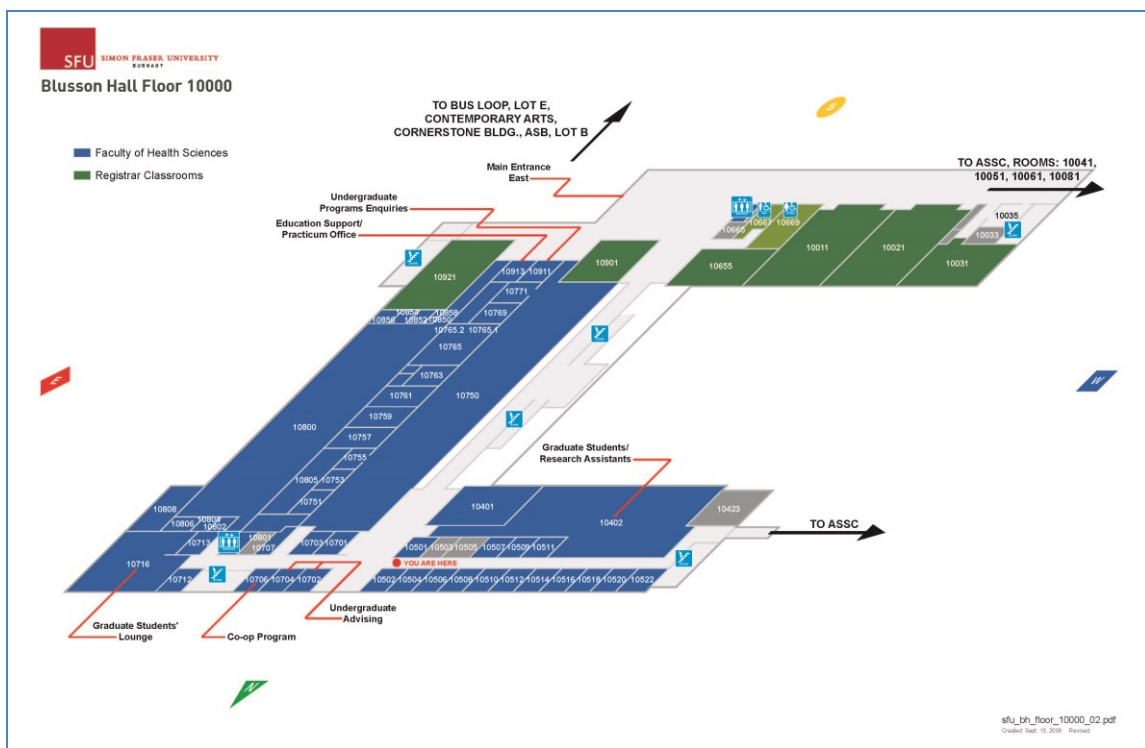
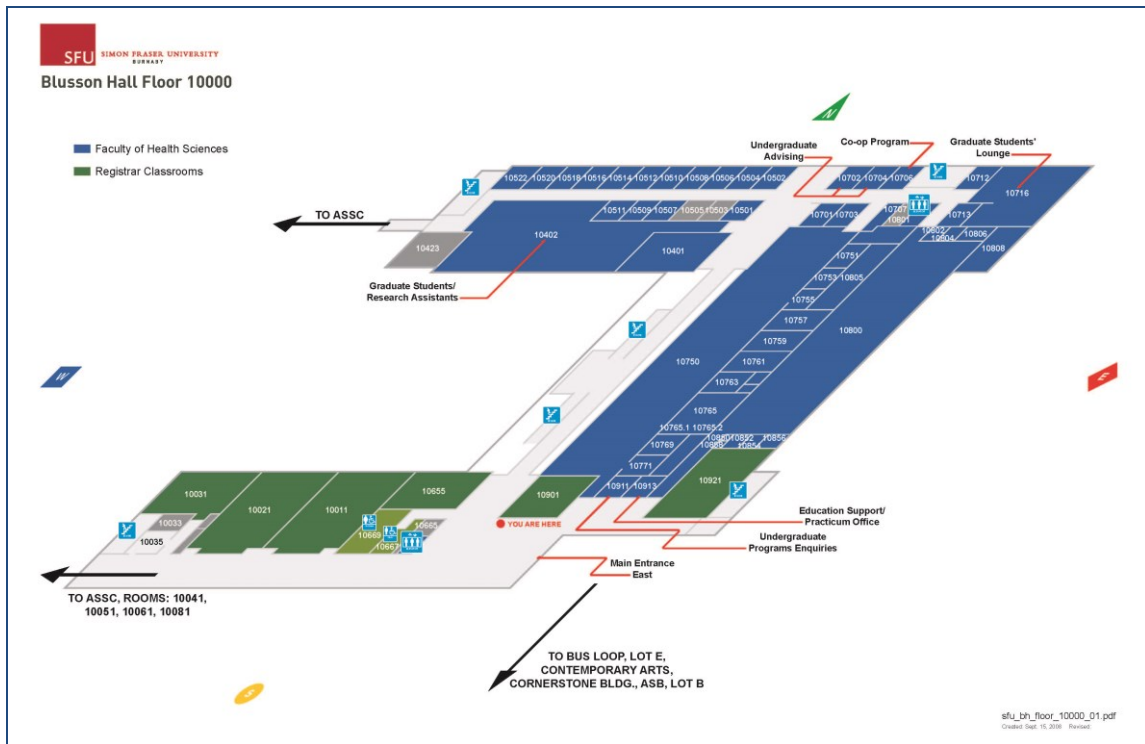
Molecular Neurobiology Laboratory (Lee Lab)

Director: Dr. Frank Lee
Personnel: Beryl Luk (Lab Manager)
Lab Tel: 778-782-8752
Building Address: Level 10 (2nd fl) Lab, Rm 10750, Blusson Hall

Teaching Lab

Senior Lab Lecturer: Dr. Mark Lechner
Teaching Lab Technician: Ling Ling Zhang
Lab Tel: 778-782-8747
Building Address: Teaching Lab, Level 1 Rm 9610, Blusson Hall





Computing Facilities

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

The location of computing facilities is shown in the floor plans presented under criterion 1.6.h. above.

FHS Computing Facilities and Supports

Student Facilities

Blusson Hall has complete wireless network access for authenticated users. Students can access the network with a standard computer or other portable telecommunication devices (smartphones, BlackBerry, iPhone, etc.). Blusson Hall also has a 36 completely outfitted workstation computing lab available to Public Health program's students.

There are also numerous working areas available in the building with network connectivity and power. Authenticated students also have access to multifunction printing devices located throughout the building

Further, SFU has an extensive array of services and computing facilities available to all students of the University, including students enrolled in the Public Health programs of FHS. This combination of free tutorials, drop in labs, printing services, and specialized computing infrastructure is outlined on the Academic Computing Services website of the University at:

http://www.sfu.ca/itservices/deptsol/student_services.html.

Faculty, Administration and Staff

All faculty and staff within the Public Health programs are provided with individual desktop computers. Many also have individual printers. All have access to networked printers, located in various service centers throughout the building. In addition, each new faculty member is automatically established with the core computing hardware and software that they unique require to establish themselves as researchers and educators at SFU. Specialized research computing infrastructure requirements of new faculty are provided on a case-by-case basis as part of new faculty start up grants. In subsequent years, faculty members may use their annual professional development funds provided by the University towards the purchase of supplementary or upgrading computing infrastructure. Additionally, there are a variety of external research infrastructure grants that faculty may apply for to upgrade their computing requirements over the lifecycle of their careers.

FHS is supported by three full time Information Technology staff, whose primary responsibility is to ensure computing networks and systems are operational. Some key services include centralized computing management which ensures consistency in anti-virus protection, software updates, operating system updates, and standardized computer configuration.

IT services also maintain a number of administrative computer servers which provide secure file storage/file backup for the entire FHS operation including student files. Servers also support the FHS web site which is entirely administered by FHS IT services.

IT services also support the faculty’s audio visual needs which include fully AV integrated teaching areas and mobile video conferencing devices.

Library Resources

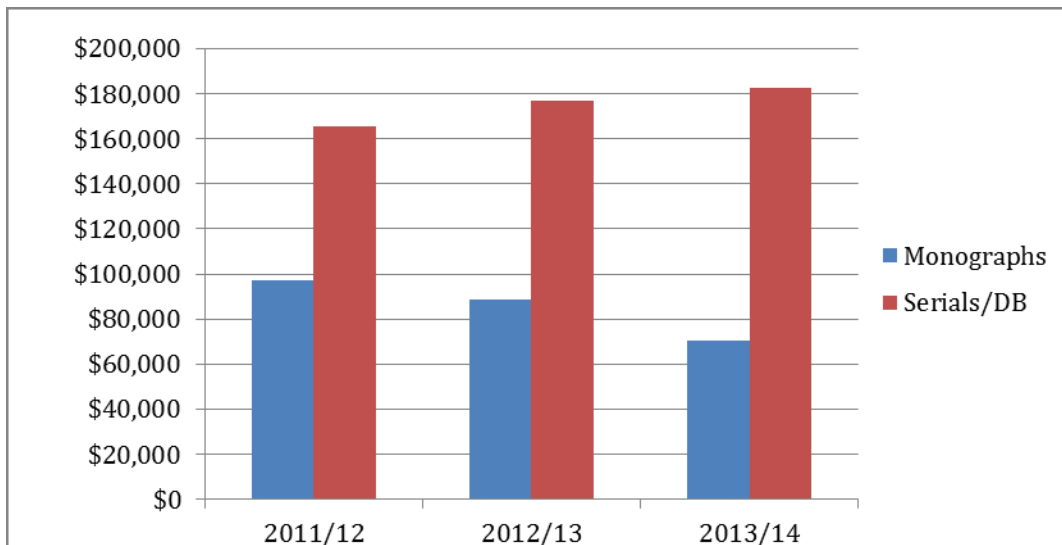
1.7.g A concise statement of library/information resources available for program use, including description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities , and document delivery services.

Library Acquisitions Expenditures – Health Sciences - 2011/12 to 2013/14

The SFU Library continues to work closely with the Faculty of Health Sciences to establish and maintain a collection in support of teaching and research. The FHS has one of the most robust budget lines in the Library’s Collections Budget, and the Health Sciences Librarian works in consultation with the FHS Library Rep and other faculty to ensure we are collecting material to support research.

SFU Library Expenditures on Health Sciences Acquisitions 2011-2014

	2011/12	2012/13	2013/14
Monographs	\$97,361	\$88,481	\$70,568
Serials/DB	\$165,280	\$176,646	\$182,839
TOTAL	\$262,640	\$265,127	\$253,407



Serials

The Health Sciences budget lines support over 60 individual journal subscriptions, all but two of which are available electronically. The SFU Library was a leader in the migration from print to electronic journals, beginning our migration in 2002.

Health Sciences' serials lines also support membership in the Electronic Health Library of British Columbia (e-HLbc). Our participation in e-HLbc provides researchers access to the LWW Total Access Journal Collection, a collection of over 200 medical, nursing, and life science journals, all available online.

A 2013-2014 title list with costs is available on the Library's website: http://lib-db1.lib.sfu.ca/cgi-bin/collections/serials_list5.pl?subcategory=33.

As could be expected with a faculty as interdisciplinary as the FHS, other relevant serials include many titles funded by other faculty or departmental budget lines, as well as online access to all of the journals published by major publishers such as Informa Healthcare, Nature Academic Journals, Sage, Elsevier, Cambridge & Oxford University Presses, Springer, Wiley, Taylor & Francis, etc. These are not included in the title-by-title cost list above.

Books

With the interdisciplinary nature of the FHS, it is near impossible to give an exact count of the numbers of books held by the SFU Library that support Health Sciences Research. In general, faculty and students at SFU have access to over 1,350,000 print books and more than 400,000 e-books.

The FHS has a healthy book budget. New acquisitions funded by FHS budget lines can be found here: <http://ow.ly/DiG94>

In 2008, the Library changed our Health Sciences approval profile with our primary book vendor to an e-preferred plan. This has dramatically increased our e-book collections.

Databases and Indexes

- FHS Researchers and Students have access 500+ databases. Highlights specific to health sciences research:
- **MEDLINE:** Available on both the Ovid and EBSCO platforms, as well as local holdings visible in PubMed. MEDLINE contains approximately 12 million references to journal articles in life sciences with a concentration on biomedicine. EBSCO's MEDLINE with Full Text provides full text for more than 1,370 journals of the most used journals indexed in MEDLINE
- **CINAHL with Full Text:** provides indexing for 2,719 journals from the fields of nursing and allied health, and full text for 331 journals, plus legal cases, clinical innovations, critical paths, drug records, research instruments and clinical trials. PDF backfiles to 1982 are also included.
- **Evidence Based Medicine Reviews:** Includes Cochrane Database of Systematic Reviews, ACP Journal Club, Database of Abstracts of Reviews of Effectiveness, Cochrane Central Register of Controlled Trials, Cochrane Methodology Register, Health Technology Assessments, and the NHS Economic Evaluation Database.

- **e-CPS/e-Therapeutics+**
- **Canadian Public Policy/Canadian Health Research Collection:** a collection of monograph publications from Canadian research institutes, government agencies and university centres working in the area of public policy, health, and medical research.
- **BioMed Central**
- **Global Health:** a public health database that provides information on international health, biomedical life sciences, non-communicable diseases, public health nutrition, food safety and hygiene, etc. Over 3,500 serials, books, conference proceedings, patents, and other sources are indexed here. Material included in the database originates from more than 125 countries and over 50 languages. This database contains nearly 900,000 records dating back to 1973.
- Access is also provided to a wide variety of related, general, and interdisciplinary databases such as AGELINE, POPLINE, TOXNET, Web of Science, PAIS International, PsycINFO, Sociological Abstracts, Academic Search Premier, and more.

Document Delivery Services / Interlibrary Loan

SFU recognizes that no library can collect all of the materials published in a subject area and that material needed by students and faculty might not be available in the local collection. To ensure students and faculty gain access to these materials, SFU provides an excellent interlibrary loan service. Unlimited interlibrary loan service is available free of charge to faculty, staff, and students. The Library uses software that allows users to directly request items from over 40 academic libraries across Canada. This software also checks the Library's holding and links to the full-text when we have online access.

As well, the SFU Library has a special arrangement with the University of Alberta, whereby they ship materials within 24 hours of receipt of request and deliver physical materials by overnight courier.

Articles and book chapters are delivered to our patrons in digital format.

Lastly, through the Canadian University Reciprocal Borrowing Agreement, faculty and students are eligible for library cards from most other Canadian university libraries at no charge, allowing them to borrow materials directly.

Reference Services

The SFU Library uses a liaison librarian model, whereby a designated reference librarian serves as the information specialist for each academic department at the university. In turn, each academic department appoints a faculty member as library representative to inform the liaison librarian of departmental issues, developments, and concerns related to the library. The representative for the FHS is currently Professor Kelley Lee.

Personal assistance is available to students at the library reference desk, by email, by telephone and also via live virtual chat. Most assistance to faculty and graduate students is through email or in-person consultation with the liaison librarian. In addition to personal assistance, many users access the Information Resources guide for Health Sciences, which lists selected print and electronic information sources at <http://www.lib.sfu.ca/help/subject-guides/health-sciences/home>

Instruction

Research instruction is given to Health Sciences classes when requested by the instructor. Since 2011, librarians have taught approximately 35 library workshops/seminars to over 1,800 students in Health Sciences classes.

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

The Public Health programs of the FHS at SFU have very strong and integrated relationship with the external public health community. Members of public health agencies, health authorities, and a diverse range of community health organizations are actively engaged through practicum participation, co-operative education arrangements, guest lecturing and program advising. Faculty members also are significantly engaged in partnerships and projects with the external public health community as is outlined under Criterion 4.1, Table 4.1.2.i.

In addition to this array of faculty member and institutional connections to support instruction, research and service, FHS has formal memoranda of understanding as follows:

Table 1.7.h.i. Collaborations – Memorandums of Understanding		
Partnership Organization	Commencement Date of Partnership	Purpose of Agreement
National Institute of Medical Sciences and Nutrition Salvador Zubiran (INCMN)	September 2006	Collaboration on academic and research activities including, but not limited to, exchange of scholarship publications and information; exchange of faculty, staff and students; development of collaborative research projects; discussion of academic and administrative developments in education; cooperation in the development of education, including the potential for offering joint programs; and pursuit of consulting and project opportunities.
National Institute of Public Health, Mexico (INSP)	October 2006	Collaboration on academic and research activities including, but not limited to, exchange of scholarship publications and information; exchange of faculty, staff and students; development of collaborative research projects; discussion of academic and administrative developments in education; cooperation in the development of education, including the potential for offering joint programs; and pursuit of consulting and project opportunities.
Health Sciences University of Mongolia, School of Public Health	September 2006	Collaboration on academic and research activities including, but not limited to, exchange of scholarship publications and information; exchange of faculty, staff and

Table 1.7.h.i. Collaborations – Memorandums of Understanding		
Partnership Organization	Commencement Date of Partnership	Purpose of Agreement
		students; development of collaborative research projects; discussion of academic and administrative developments in education; cooperation in the development of education, including the potential for offering joint programs; and pursuit of consulting and project opportunities.
Fraser Health Authority (Surrey, BC)	2009	Development and integration of collaborative training, education and research programs into FHA and SFU through: joint/shared faculty positions; mentored research; new multidisciplinary educational programs that address critical human resource needs (physicians, nurses, and allied health professionals); infrastructure and resources to support innovative models of training primarily targeted to public health practitioners; and training opportunities for students in the FHA environment
Vancouver Coastal Health Authority (Vancouver BC)	2009	Development and integration of collaborative training, education and research programs into FHA and SFU through: joint/shared faculty positions; mentored research; new multidisciplinary educational programs that address critical human resource needs (physicians, nurses, and allied health professionals); infrastructure and resources to support innovative models of training primarily targeted to public health practitioners; and training opportunities for students in the FHA environment
National Taiwan University	2009	Student Exchange Agreement
Mongolian Family Welfare Association, Mongolia	2010	Education, Training, Research
Cantho University of Medicine & Pharmacy, Vietnam	2010	Education, Training and Research
Mekelle University, Ethiopia & SFU	2011	Academic/Education

Table 1.7.h.i. Collaborations – Memorandums of Understanding		
Partnership Organization	Commencement Date of Partnership	Purpose of Agreement
Deakin University, Australia	2011	Student Exchange Agreement
Cambodia, School of Public Health (NIPH), Phnom Peng	2011	Education, Training and Research
School of Public Health, Health Sciences, University of Mongolia	2012	Academic/Research
Hanoi School of Public Health, Hanoi, Vietnam	2014 (Renewal)	<p>Collaboration on academic and research activities may include, but is not limited to the following:</p> <ol style="list-style-type: none"> 1. Exchange of scholarly publications and information 2. Exchange of faculty, staff, and students 3. Development of collaborative research programs or projects of mutual interest 4. Discussion of academic and administrative developments, including co-sponsorship of symposia, seminars and conferences 5. Co-operation in the development of education generally, including the potential for offering joint programs, and 6. Pursuit of consulting and project opportunities.

In addition to the contributions described under Criterion 1.6.h. above, SFU's Public Health programs benefit from the generous in-kind contributions of many organizations and individuals in the local area. Community partners participate in the academic activities of the program including class presentations, serving as fieldwork mentors, and being available for class-related assignments such as practitioner interviews, case studies, research projects, and informal consultation. Probably the main form of in-kind contribution is provided in the form of practicum preceptorships for the Master's Degree in Public Health. A selection of organizations and individuals who have hosted our practicum students are identified under Criterion 2.4.b. A full listing of these are provided in Appendix 2.4.b.i

Adequacy Outcome Measures

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

Stemming from its original goals and objectives articulated in Chapter 1, the FHS has as one of its major overarching goals, a commitment to adequate resourcing of the program.

Goal 3: Assure that appropriate resources are available to the program.

- Objective 3a. Assure that library holdings are adequate to the needs of the program. (All Public Health Programs – MPH, BSc, BA)*
- Objective 3b. Assure that space needs for students and faculty are met. (All Public Health Programs – MPH, BSc, BA)*
- Objective 3c. Assure that relevant data sets and databases are available for program use. (All Public Health Programs – MPH, BSc, BA)*
- Objective 3d. Assure that adequate bursaries, fellowships, and scholarships are available to students. (MPH)*

The first three of these objectives are measured through qualitative evaluative strategies as follows:

- (1) an annual review of library holdings with SFU library representative (see above) and,
- (2) an annual review of space needs for students and faculty.
- (3) an annual review of data sets and data bases available in the SFU data warehouse

Recommendations from these reviews will be evaluated by the Faculty Development Committee, the Associate Deans, and Faculty Executive Committee and will form advice to the Dean.

Criterion Assessment

1.7.j Assessment of the extent to which this criterion is met.

Strengths

- The Public Health programs in FHS are extremely well resourced in terms of space, computing equipment, library resources, and financial support from the University.
- There is a substantial primary faculty complement with diverse expertise spanning all areas of public health. The primary faculty complement is primarily comprised of permanent, tenure-stream faculty who contribute at least 0.5 FTE to the research, service, and teaching activities of the Public Health programs.

Weaknesses

- While informal partnerships in support of the practicum and cooperative education experiences are

plentiful and the external public health community is actively participating in the instructional and research activities of the programs, further opportunities for formalized agreements between SFU and the external health community are desired.

Plans

- The FHS is proactively seeking new opportunities to form formal agreements with external public health communities at local, national and international levels.

This Criterion is met.

Criterion 1.8 Faculty, Staff, and Student Diversity

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

1.8.a A written plan and/or policies demonstrating systematic incorporation of diversity within the program.

1.8.a.i Description of the program’s under-represented populations, including a rationale for the designation.

The identification of under-represented populations at SFU is governed by the Canadian Employment Equity Act, the BC Human Rights Act and the Federal Contractors’ Program which identify 4 groups – women, aboriginal people, persons with disabilities and visible minorities as under-represented. The University Policy on Employment Equity (see Appendix 1.8.a.i) states that the University will advance the interests of underrepresented members of the work force, specifically aboriginal people, persons with disabilities, visible minorities and women (the designated groups); ensure that equal opportunity is afforded to all who seek employment at the University; and treat equitably all employees. The University has a faculty hiring equity guide (see Appendix 1.8.a.ii) to provide all academic units with a hiring process that encourages applications from disadvantaged communities in Canada.

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

SFU strongly values and is firmly committed to a diverse faculty and staff complement that is inclusive of all members of Canadian societies and which provides opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin. SFU’s policy framework for the recruitment of students and the hiring of staff and faculty demonstrates a commitment to hiring and student diversity and representation of the communities we serve.

In accordance with the University policy, the Public Health Program aims to recruit, retain and promote a diverse faculty and staff, and offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

Simon Fraser University has an Aboriginal Undergraduate Admissions Policy that supports students with Aboriginal heritage to transition into full time undergraduate studies. Students who apply are reviewed by a three member committee composed of participants from the Indigenous Student Centre, the specific faculty applied to, and University Admissions. The Faculty of Health Sciences has a faculty member who sits on this committee and reviews applicants interested in pursuing our Health Sciences undergraduate program. In this way we are attempting to ensure that students with Aboriginal heritage get the opportunity to come into our undergraduate program.

As a graduate program we have begun working more closely with our Indigenous colleagues and the Indigenous Graduate Student Coordinator to identify ways to recruit and retain Indigenous students.

In addition, our MPH Admissions Committees include diversity criteria when reviewing applicants to each of the 4 concentrations. We attempt to seek students with diverse personal and academic backgrounds and life experiences. This is used to help the committees recruit a diverse student body. For our last recruit (Fall 2015) all students that self-identify as Aboriginal on their applications were noted for the Committee.

With respect to cultural competency some of our faculty have taken a newly developed on line course designed by the Provincial Health Services Authority on Indigenous cultural competency (<http://www.culturalcompetency.ca/>) and regularly present our students with information about how to access the course and faculty integrate some of the material into teaching.

The MPH program has a specific concentration dedicated to the study of health and social inequities (SIH). The goal of the Social Inequities and Health (SIH) Curriculum (which is comprised of three core courses HSCI 838, 807 and 839) is to prepare students for critical and reflexive research and practice that addresses health inequities related to poverty, racism, colonialism, sexism and other forms of structural violence. Upon completion of the curriculum, learners have a commitment and capacity to advance theory, research, and practice that explains why systemic social inequities persist and how best to reduce their effects on population health.

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

The British Columbia Human Rights Code governs the University in this regard and is explicitly mandated:

- a) “to foster a society in British Columbia in which there are no impediments to full and free participation in the economic, social, political and cultural life of British Columbia;
- b) to promote a climate of understanding and mutual respect where all are equal in dignity and rights;
- c) to prevent discrimination prohibited by the Code;
- d) to identify and eliminate persistent patterns of inequality associated with discrimination by the Code; and,
- e) to provide a means of redress for those persons who are discriminated against contrary to the Code.” (section 3, of the code, refer to http://www.bchrt.bc.ca/human_rights_code/s2-7.htm#2)

This BC Human Rights Code is provided under a national framework of the Canadian Human Rights Code. SFU upholds these legal frameworks and moral obligations and commitments through its general policy GP 18 - Human Rights Policy (see Appendix 1.8.a.iii). This policy serves to prevent discrimination, provide procedures to handle complaints, resolve problems, and remedy situations when a violation of the policy occurs.

Under this policy, and consistent with the Human Rights Code of British Columbia, **“grounds of discrimination”** are age, race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, and, in the case of employment, unrelated criminal convictions. **“Age”** means an age of 19 years or more and less than 65 years.

Notwithstanding this codified definition of inclusiveness, and the University’s commitment to it, the University is also bound by the Freedom of Information and Protection of Privacy Act of British Columbia (FOI/POP). FOI/POP provides restrictions and grants voluntary rights to individuals under certain circumstances. The Act identifies personal information as information that “includes, but is not limited to names, home addresses and telephone numbers, age, sex, marital or family status, identifying number, race,

national or ethnic origin, colour, religious or political beliefs or associations, educational history, medical history, disabilities, blood type, employment history, financial history, criminal history, anyone else's opinions about an individual, an individual's personal views or opinions, and name, address and phone number of parent, guardian, spouse or next of kin.” The Act provides that personal information must in almost all cases be collected only by direct collection from the individual and except where required by law is provided by the individual on a voluntary basis.

Taken together the FOI/POP act and the legal Human Rights laws, provides for a logistically difficult environment for the collection of demographic information. As a consequence, except where required in compliance with a Federal Contractors Act, the University has chosen not to collect demographic data on areas such as race, national or ethnic origins, colour, and religious or political beliefs or associations. The University has instituted a process whereby there is voluntary identification by faculty and staff of their membership in the following classifications:

- membership in a visible minority
- member of a First Nations peoples
- woman
- a person with a disability

However, the last formal purpose-directed systematic data collection effort by the University occurred in 2005. Subsequent university-wide strategy is to solicit responses to a questionnaire which is circulated shortly after hire. However, there is no required completion of this questionnaire and follow-up efforts have been inconsistent. The last formal data collection exercises precedes faculty and staff complements in the new FHS and so cannot provide insight into the demographic diversity of the current community in the Public Health programs at SFU. The University is working to implement new structures for meaningful data collection on the four classifications of diversification noted above. With these renewed efforts, the FHS should be able to provide nominal diversity information for future updates to the CEPH.

Nevertheless, in the absence of systematic data collection, the principles underlying an inclusive and free from discrimination environment, have led to the development of a number of procedural guides and educational programs to ensure that the University's values are maintained.

The Human Rights Office serves as the central source for educational materials, advising, and investigation for issues related to inclusivity, discrimination, and harassment. Its website demonstrates some of the types of services it offers in these areas: <http://www.sfu.ca/hro>.

SFU Policy on Workplace Harassment and Bullying, <http://www.sfu.ca/srs/ehs/bh/wbh-program.html>

At this time the program does not have any specific policies related to diversity but the Graduate Studies Committee is planning to strike a working group to further faculty discussions about how to better promote equity within our programs and to consider policies that will foster diversity.

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

SFU provides a single community-wide (covering faculty, staff and students) Human Rights Policy that sanctifies the promotion of a working and learning environment that allows for the full and free participation of all members of the University community free from discrimination. The right to an environment free from discrimination is not only morally obligated but also provincially required under the

Human Rights Code of British Columbia. The University's policy (GP18) expressly adopts the "grounds of discrimination" provided for under the Human Rights Code and includes the creation of an environment free from discrimination based on "age, race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, and, in the case of employment, unrelated criminal convictions. "Age" means an age of 19 years or more and less than 65 years." The University has a dedicated office – the Human Rights Office – the Director for which is responsible for administering the Human Rights Policy, coordinating the University's employment equity program, and serving as the University's senior resource person on matters related to human rights, equity, and harassment.

Faculty members are also governed by a code of faculty ethics (Policy A30.01). See Appendix 1.3.c.iii

1.8.a.v Polices 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 External Review cycle (every 6 years) and the Academic Plan cycle (every 5 years) include expectations that each unit ensures that competency in this area is developed.

As described above in 1.8. iii the MPH program has a Social Inequities and Health (SIH) concentration which consists of three core courses that focus specifically on theorizing, researching and reducing inequities in health. Within the context of this concentration students pursue practica that focus on service learning related to social inequities. Faculty who teach and supervise students in this concentration meet regularly to discuss and refine the curriculum. Students from the SIH concentration also meet regularly with faculty in a brown bag lunch series where issues related to social inequities and health and the MPH curriculum are regularly discussed.

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

The Public Health Program of the FHS is required to abide by University policy for all aspects of faculty recruitment. To assist academic units with developing strategies to develop a diverse and inclusive faculty complement, and to provide strategy suggestions for reaching out to underrepresented groups within the University community and disadvantaged groups in Canada, the Vice President, Academic office created a Faculty Hiring Guide designed to provide a best practices appointment process. This Faculty Hiring Guide is provided in Appendix 1.8.a.ii).

In addition to this documentary aid in achieving diversity and reaching out to diverse groups, FHS proactively seeks in its advertising of faculty and staff positions, women, peoples of First Nations, and indirectly members of impoverished nations and people of colour through international organizations wherein there are identifiable outlets for position promotion. That is, FHS actively seeks outlets to advertise faculty positions that will encourage applicants from populations that have historically been under-represented in the University.

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

Same as above.

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

The Faculty is committed (insofar as Canadian law and BC POP/FOI regulations allow) to achieving a diverse student body that reflects the composition of the population and surrounding communities. It is also committed to preparing students to work in a multicultural society. To carry out its commitments, the Faculty strives to create an environment that welcomes and encourages all students to participate in the life of the Faculty and in activities that foster academic achievement and social cohesiveness.

Recruitment efforts are aimed at presenting to as many diverse groups as possible. To that end, collaboration is in place between the First Nations university recruiter and the recruiter for FHS. First Nations peoples tend to focus their higher education pursuits in the areas of teaching, law, and health. As FHS addresses health inequities, social determinants of health, etc., it is an especially appealing area of study to First Nations peoples. Additionally, SFU has initiated First Nations programs aimed at recruiting First Nations students to university and then having resources in place to assist in the transition to university. Specifically to the FHS, students are recruited to the Aboriginal Pre-Health Bridging program. This program is an attempt to work with high schools to better prepare First Nations students for university and to put culturally-specific student learning modules in place to assist them with learning once they are here, and to ease their way into Health Sciences curriculum. In collaboration with the First Nations recruiter, presentations specific to First Nations interests have been developed. Also, we ensure FHS attendance at education fairs aimed at predominantly First Nations high schools.

Recruiting Events

The following recruiting events took place from Fall 2011 - Fall 2013 (NB: some events are annual and participated in every instance):

Off-Campus Events

- Various School District Career & Education Events
- BC Science Outreach Workshop (annual)
- Let's Talk Science!

Graduate and Professional School Fairs

- Idealist.org Graduate Programs for the Public Good (Seattle, WA in fall of 2014 - upcoming)
- Graduate Programs and Professions Fair (Vancouver, BC)

On-Campus Events

- Academic Options Day (yearly in the Spring semester)
- Counselor's Day (yearly in the fall)
- SFU's World SuperTours (four per year)
- SFU Surrey Education Fair
- Health Career Centre Fair
- Science Alive Fair
- Information Evening
- FHS Parent Info Evenings (two per year)
- FHS Conversion Night (in spring)

Community and Special Events

- BC Innovations Science Fair winners
- Community reception for prospective students

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

The University is working to implement new structures for meaningful data collection on the four classifications of diversification noted above. With these renewed efforts, the FHS should be able to provide nominal diversity information for future updates to the CEPH.

Nevertheless, in the absence of systematic data collection, the principles underlying an inclusive and free from discrimination environment, have led to the development of a number of procedural guides and educational programs to ensure that the University's values are maintained.

The Human Rights Office serves as the central source for educational materials, advising, and investigation for issues related to inclusivity, discrimination, and harassment. Its website demonstrates some of the types of services it offers in these areas: <http://www.sfu.ca/hro>.

At present FHS has no specific mechanism to evaluate its success in achieving diversity and cultural competence. As mentioned in 1.8.a.iii the Graduate Studies Committee is looking at the idea of striking a working group to further faculty discussions about how to better promote equity within our programs and to consider policies that will foster diversity.

1.8.b Evidence that shows that 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.

One of the most important additional measures to establish and maintain an environment that supports diversity is through the overriding principles of the FHS and the ways these are embedded in curriculum. As shown in the Public Health programs mission, goals, values, in Chapter 1 and in the curricular core competencies in Chapter 2, awareness, respect, and understanding of diversity is a cornerstone of the perspective on population health within the FHS at SFU. Equity and diversity are expressed in our core values and expressed in our commitment to a diverse faculty that reflects the composition of the communities we serve. We believe equity and fairness is central to an inclusive and diverse environment.

See Appendix 2.4.b.i for a listing of MPH student practicums for examples of the diverse settings students are exposed to during their practicums.

See Outcome Measures Table 1.8.e below for recent data regarding the composition of faculty, staff and students.

As described above in 1.8.iii the MPH program has a Social Inequities and Health (SIH) concentration which consists of three core courses that focus specifically on theorizing, researching and reducing inequities in health. (Course syllabi are provided in the syllabi folder in "Resources not listed in Chapters") Within the context of this concentration students pursue practica that focus on service learning related to social inequities. Specific examples of these practicum sites can be found in Appendix 2.4 b.i

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

Diversity policies are approved by the University Senate which includes representatives from administration, faculty and students.

See answer in 1.8.a.ix

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

See answer in 1.8.a.ix

The University Senate is responsible for ongoing monitoring of diversity policy. The FHS is bound by University policy.

1.8.e Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity, For non-US based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis, Measureable objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.

Given the restrictions identified in section 1.8.a.iii, the identification of diversity measures is difficult for the Public Health programs within SFU. As a consequence, quantitative outcome measures are difficult to establish. However, we provide data on some outcome measures below.

Faculty and Staff Measures, Targets and 3 Year Diversity Data				
Outcome Measure	Target	2011/12	2012/13	2013/14
Proportion of primary faculty who are female	Greater than 40%	39%	37%	39%
Proportion of staff who are female	Greater than 40%	83%	83%	845
Proportion of senior administration in FHS (Director or above) who are female	10%	43%	43%	57%
Proportion of concentration specific courses that include issues of diversity	Greater than 30%	>50%	>50%	>50%
Student Measures, Targets and 3 Year Diversity Data				
Outcome Measure	Target	2011/12	2012/13	2013/14
Proportion of MPH students who are female	50%	82.9%	76.4%	75.1%
Proportion of MPH students who are international students	10%	25.1%	16.3%	16.9%
Proportion of Undergraduate students who are female	50%	69.5%	70.4%	71.3%
Proportion of Undergraduate students who are international students	10%	9.4%	6.9%	7.2%

Criterion Assessment

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

Strengths

- Despite provincial and national legal frameworks that constrain effective data collection, the University has been successful in attracting a diverse and inclusive community profile.
- The University has a governing policy framework and centralized support office committed to upholding the values and university commitments of diversity, equity, non-discrimination, and freedom from harassment.
- The University provides guides and educational information to develop best-practice appointment processes that will increase the success of diverse peoples being hired at the institution.
- The Public Health programs show success in attracting women to its faculty and staff positions.
- The Public Health programs demonstrate proactive efforts to increase diversity of the student complement.
- The Public Health programs report a large proportion of females participating in its programs at both graduate and undergraduate levels.
- The Public Health programs show an ability to attract international students to its programs.

Weaknesses

- Legislative constraints prevent the full monitoring and evaluation of efforts to increase the diversity of the faculty, staff and student populations.
- Increased efforts to attract international students are required.
- The Public Health programs are not able to quantitatively evaluate the proportion of First Nations students it attracts, but there is a view that this is an area in need of improvement and more proactive recruitment.

Plans

- FHS Public Health programs aims to devise a more comprehensive strategy for recruitment and retention of international and First Nations students and will continue to review diversity measures.

This Criterion is met given the constraints of reporting identified in 1.8.a.iii.