

CEPH Self-Study for a Public Health Program

**Final Submission
2018**

MPH in Global Health Leadership & Administration Program

University of Haifa

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Introduction

1) Describe the institutional environment, which includes the following:

a. Year institution was established and its type

The University of Haifa was established in 1963 under the sponsorship of the Hebrew University (in Jerusalem) and the Haifa Municipality, and was known as the University Institute of Haifa. In 1970, the University was granted institutional independence, and in 1972 it gained academic accreditation from Israel's Council for Higher Education (CHE) in accordance with the Council for Higher Education Law of 1958. The University of Haifa is a public university and is one of eight Universities recognized by the CHE.

b. Number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

The University has seven "Faculties": Humanities, Social Sciences, Education, Social Welfare and Health Sciences, Law, Natural Sciences, and Management. These are equivalent in the US to "colleges" or "schools". In turn the University faculties are divided into departments and "schools". Schools are larger than departments and tend to be multi-disciplinary units. The Heads of Departments and the Heads of Schools report to their respective deans in the faculties.

The university awards 42 BA degrees, 54 MA degrees and 46 doctoral degrees offered by the various departments and schools. The International MPH (I-MPH) is an independent unit of the Faculty of Social Welfare and Health Sciences. It awards the degree seeking accreditation from CEPH. There are a total of 14 English language master's degree programs (MA), the I-MPH being one of them. The School of Public Health - independent from the I-MPH, offers degrees at both the Master's and doctoral level, the Masters' degrees offered (in Hebrew) are: M.P.H., M.H.A., and the M.A.N. study program in Applied Nutrition.

c. Number of university faculty, staff and students

In 2016 academic year, there were a total of 18,060 students enrolled at University of Haifa. As of December 2016, there were 861 academic staff members employed by the University of Haifa, which amounted to 794.3 FTE. As of February 2017, there were 633 senior academic faculty at the University, which amounted to 589 FTE.

d. Brief statement of distinguishing university facts and characteristics

The University of Haifa is a developing and dynamic institution with a world-renowned reputation in many different fields of research, and it is a leading University in Israel in the fields of the Humanities, Social Sciences, Law, Welfare and Health Sciences, Natural Sciences, Education, and Management. The University offers 20 international academic programs in English, which attract many excellent students from Israel and abroad. The University was selected by the CHE to lead the field of Marine Research as well as the field of Education in a Networked Society. The University's academic excellence is showcased in many various interdisciplinary and international programs and by means of collaborations with academic institutions around the world.

The University is situated atop Mount Carmel, where Haifa's southern boundary borders the Carmel National Park. Over 18,000 students study here for their undergraduate, graduate and doctoral degrees. The student body reflects the ethnic make-up of Israeli society with all minorities very well represented. It prides itself on being a pluralistic institution of higher learning in Israel, and serves as an example of how excellent research and teaching can be conducted in an atmosphere of mutual respect and inclusion.

e. Names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds (list may be placed in the electronic resource file)

The Israel Council for Higher Education (CHE) accredits the University of Haifa. We have carefully confirmed that there are no other pertinent accreditations to report. (No additional information is provided in the ERF).

f. Brief history and evolution of the school of public health (SPH) or public health program (PHP) and related organizational elements, if applicable (e.g., date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

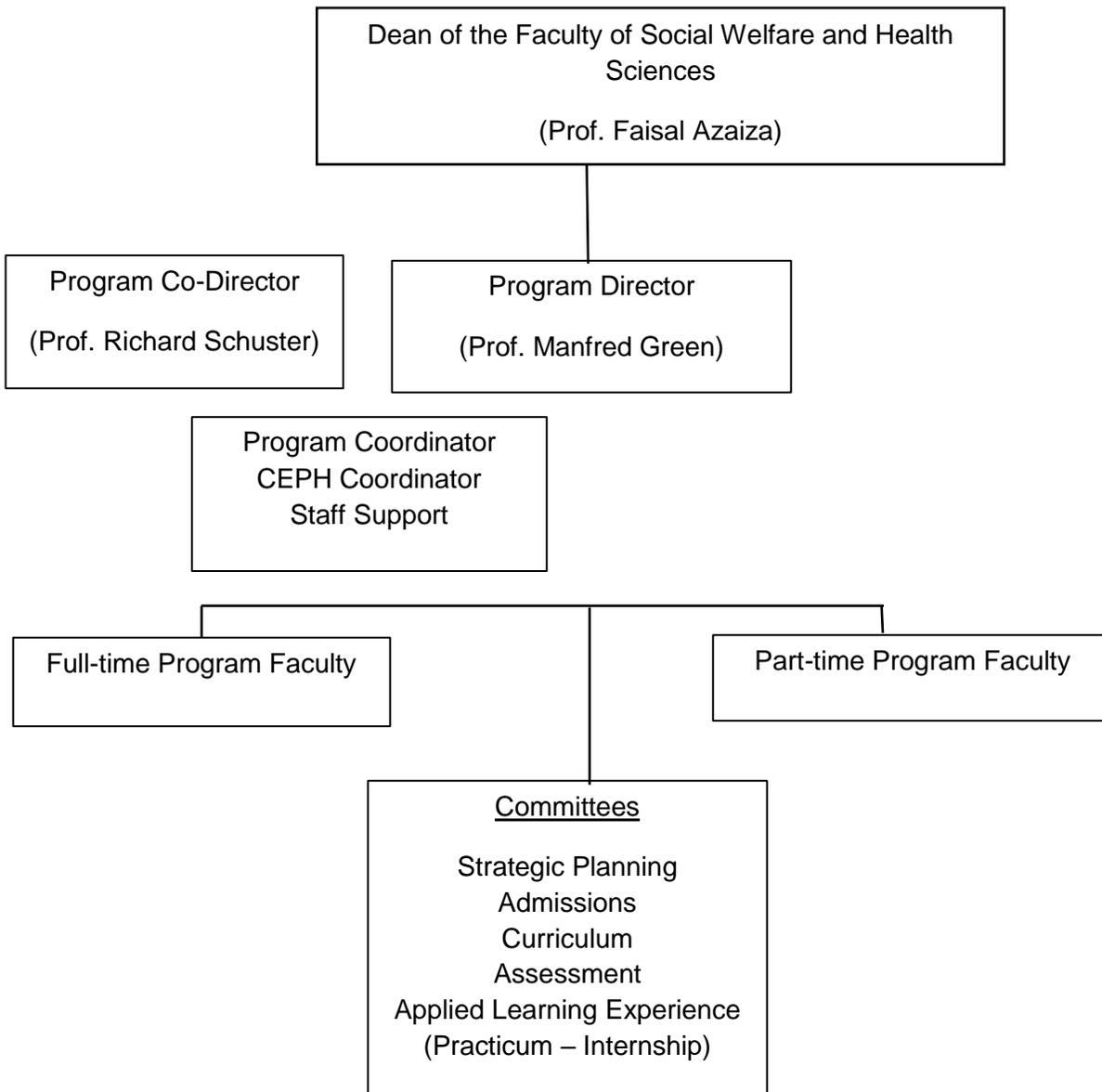
In October 2015, the **International MPH in Global Health and Administration** was created, (known as the **I-MPH** program). This program is a unit of the Faculty of Social Welfare and Health Sciences. The I-MPH Program Director reports directly to the Dean of the Faculty, NOT the Head of the School of Public Health. This three-semester program is taught entirely in English and attracts international and Israeli students. The first class of six had students from five countries. The second class has 16 students from 9 countries, including Israel. The third class (13 students from 8 different countries) is underway. The focus of the I-MPH is on Global Health Leadership, preparing graduates for careers as leaders in global health organizations, while providing the foundations and substance of public health.

The **Faculty of Social Welfare and Health Sciences** was established during the 1996-1997 academic year by the University of Haifa's authorizing bodies and the Council for Higher Education. Until 2006, the Faculty's name was the Faculty of Social Welfare and Health Studies. At this juncture the name was changed to the Faculty of Social Welfare and Health Sciences in order to reflect the high disciplinary development undergone by all the departments and schools comprising the Faculty. Today, the Faculty of Social Welfare and Health Sciences grants undergraduate (B.A.) degrees in six of its academic units (School of Social Work, Occupational Therapy, Physical Therapy, Nursing, Human Services and Communication Sciences and Disorders); master's degrees I-MPH, MPH (Hebrew), MHA and MAN degrees and an M.A. in: Gerontology, Social Work, Community Mental Health, Creative Arts Therapies, Nursing, Human Services, Physical Therapy, Occupational Therapy (M.Sc.) and Communication Sciences and Disorders. The Faculty of Social Welfare and Health Sciences offers doctoral (Ph.D.) degrees in Social Work, Gerontology, Occupational Therapy, Public Health, Nursing, and Community Mental Health.

The **School of Public Health (SPH)** was created in 2003. It offers programs independent from the I-MPH: MPH (Hebrew), MHA, MAN, and PhD options. The annual intake is about 150 students and there are approximately 400 students in the various programs, including 23 in the PhD program.

2) Organizational charts that clearly depict the following related to the school or program:

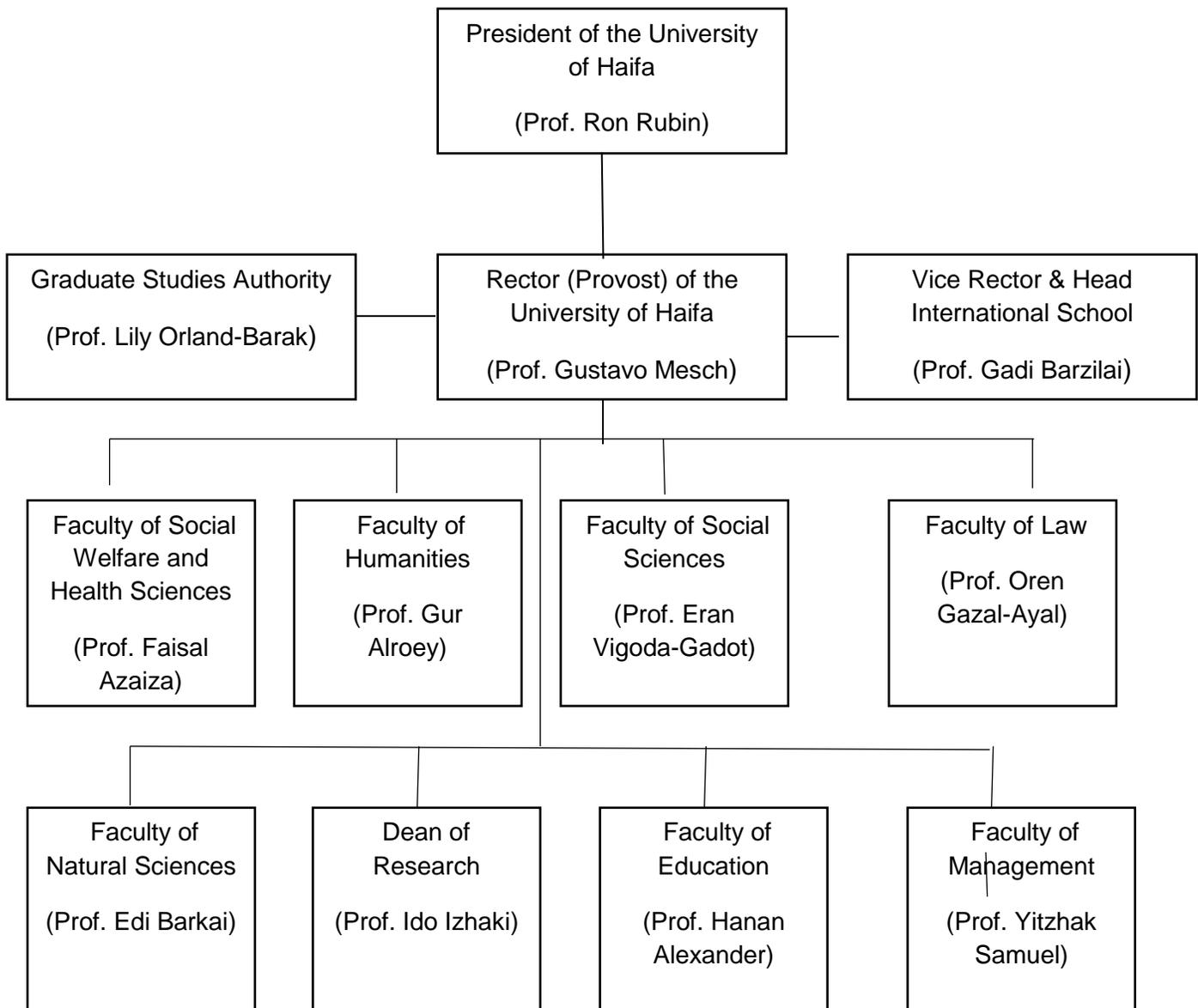
a) Program's Internal Organization



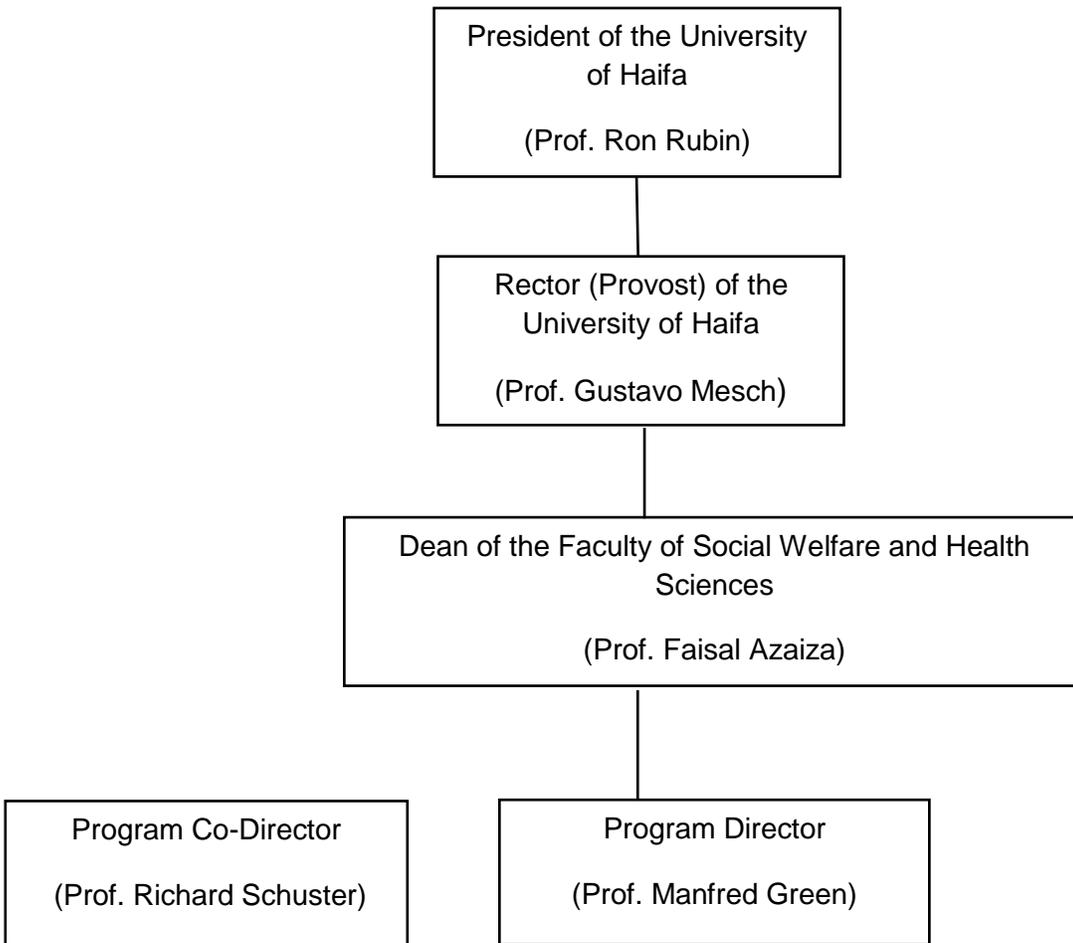
Note that the Program Co-Director, the Program Coordinator, CEPH Coordinator, Staff Support, full time and part time faculty and all committee members report to the Program Director, who in turn reports to the Dean.

b) The relationship between the program and other academic units within the institution

University of Haifa Faculties



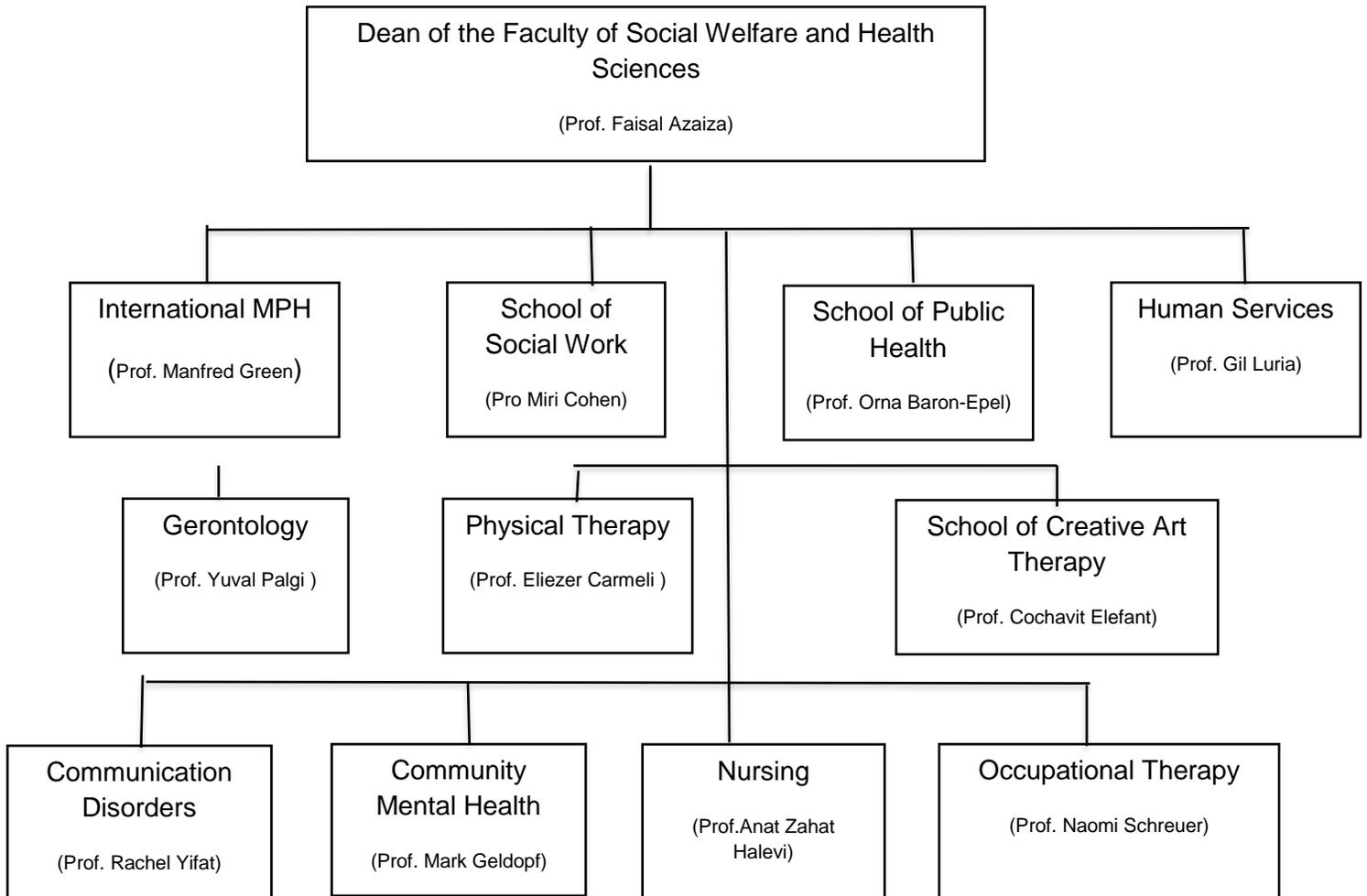
c) Lines of Authority



University of Haifa

Faculty of Social Welfare and Health Sciences

Departments and Programs



d. For multi-partner schools and programs (as defined in Criterion A2), organizational charts must depict all participating institutions

N/A

3) Instructional Matrix – Degrees and Concentrations

Instructional Matrix - Degrees and Concentrations			
Master's Degrees	Professional	Categorized as public health*	Campus based
<i>Concentration</i>	<i>Degree</i>	✓	✓
Global Health Leadership and Administration	MPH	X	X

4) Enrollment data for all of the program's degree programs

Degree		Current (2017-2018) Enrollment
Master's	MPH	13

A1. Organization and Administrative Processes

The school or program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The school or program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision-making and implementation.

School or program faculty have formal opportunities for input in decisions affecting the following:

- **Degree requirements**
- **Curriculum design**
- **Student assessment policies and processes**
- **Admissions policies and/or decisions**
- **Faculty recruitment and promotion**
- **Research and service activities**

The school or program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (e.g., participating in instructional workshops, engaging in program- or school-specific curriculum development and oversight).

Required documentation:

- 1) List the school or program's standing and significant ad hoc committees. For each, indicate the formula for membership (e.g., two appointed faculty members from each concentration) and list the current members. (self-study document)**

Programs should generally focus the response on the specific committees that govern the unit of accreditation, not on departmental or school committees that oversee larger organizational units. (self-study document)

The Program Director (Manfred Green) in consultation with the Co-Director (Richard Schuster) selects the faculty committee members under the supervision of the Dean, with the exception of the student members who are selected by the students. If the Program Director is unable to appoint committee members, they will be appointed by the Dean. The Program Director selects committee members based on the skills needed for each committee; there is no formula for selecting committee members from the faculty. The decision is his as noted above, in consultation with the Co-Director. The current number of people on the committees has been determined to be what is considered optimal. If committee members leave, they will be replaced to achieve the current number for each committee. The Curriculum Committee is a "committee of the whole" consisting of all of the faculty teaching in the program plus two students. There is no independent student organization, so student committee members are volunteers who choose to be on the committees. Recognizing that the program is only one year long and desiring to have student members immediately on the committees, the program leadership has decided not to wait for a student organization to be formed each year in order to select student members on committees. Instead, students self-select. At the Orientation at the beginning of the year, the program leadership announces the committees and the number of students on each committee. Then the students are invited to volunteer and they are placed on the committees on a first come – first serve basis. This way, the program leadership does not pick the

students, they are self-selected. The Admissions, Curriculum, and Assessment Committees have 2 students each, Applied Practice Committee 1. The Strategic Planning Committee does not have any students.

Strategic Planning

Chair- Manfred Green
Orna Baron-Epel
Sharon Sznitman
Richard Schuster

The Strategic Planning Committee meets approximately every four months, in addition on occasion there is a virtual meeting (either via email or potentially via video), and also as needed. As expected it is charged with the responsibility to advance general goals and directions for the I-MPH Program. The most recent meeting of this Committee has been in March 2018 and it will meet again in July.

Admissions

Manfred Green – Co-Chair (Program Director)
Richard Schuster – Co-Chair (Program Co-Director)
Orna Baron Epel
Clara Lew-Levy (student)
Michael Cygler (student)

The Admissions Committee reviews all applications. There are consistently two students on the Committee and each rotates reviews of applications to lessen their burden. Therefore, one student will review one application and the other will review the next. Based on University rules, the Program Director and Co-Director review all transcripts and judge if the applicants are academically qualified. Then the transcript information is removed from the application and forwarded to the student committee member reviewing the application. A majority vote results in acceptance to the Program. Any member of the committee can propose changes. The Committee does not formally meet to make admission decisions. Admissions decisions are made generally by electronic communication. The most recent meeting of this Committee has been in January 2018 and it will meet again in July.

Curriculum

Manfred Green - Chair
Program Faculty
Marissa Ostrovitz (student)
Juliane Esselbrugge (student)

This Committee reviews the curriculum of the I-MPH and makes changes / adjustments of courses. Likewise, the Committee reviews student perceptions of competence and other evaluative information. It consists of the faculty teaching the non-elective courses plus two student representatives. The entire non-elective I-MPH faculty makes a “Committee of the Whole”. Any member of the Committee (including students) can present issues of concern or proposals for

change. The Committee meetings take place 2 to 3 times a year. The most recent meeting of this Committee has been in March 2018 and it will meet again in July.

Assessment

Manfred Green
Richard Schuster – Chair
Sharon Snitzman
Shiran Bord
Emma Zoghlin (student)
Thet Duchi (student)

The Assessment Committee reviews the feedback provided to the Program from student evaluations. There are always two students on this committee. The University Student Association has a standardized, computerized form that students complete upon completion of a course. That information is compiled and sent to the faculty member as well as the program leadership. In addition, individual faculty are encouraged to create their own evaluations and they are likewise reviewed by the Committee. Finally, there is a Program Evaluation that is conducted by the Committee mid-way through the program and at the end of the Program; it is likewise reviewed by the Committee and potentially modified in the Committee process. The Committee meets about twice per year. Decisions are made by majority vote (when a vote is needed) and the students have equal votes to faculty. The most recent meeting of this Committee has been in March 2018 and it will meet again in July.

Applied Practice Experience (APE)

Manfred Green – Co-chair
Richard Schuster – Co-chair
Shiran Bord
Diane Levin
Ester Naw (student)

This Committee reviews the Applied Practice Experience (APE) or Practicum. It reviews the individual experiences the students have and helps to identify potential APE sites. There is one student committee member. The Committee meets twice a year. The most recent meeting of this Committee has been in November 2017 and it will meet again in November.

Committee meetings minutes can be found in the ERF section A → A1 → A1.5

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

The Committees described above meet periodically, either in person or virtually. Many decisions are made by consensus, but if needed a vote is taken with a majority vote being the determining factor. Each student on a committee has one vote as does each faculty member on the committee. Typically, the Program Director and Program Co-Director (or the Strategic Planning Committee) presents proposed changes to the degree requirements and curriculum design to the Curriculum Committee (the I-MPH faculty and two student representatives). The Program Director and Co-Director make recommendations, there is a discussion, and then the Curriculum Committee decides how to proceed. These changes are made either because of reviews of the program by students or potentially changes in either University or CEPH requirements. Likewise, student assessment (and faculty assessment) originates in the Assessment Committee. If there are issues that must be presented to the entire I-MPH faculty, they are presented from the Assessment Committee to the Curriculum Committee.

Faculty recruitment and promotion as well as research and service activities are maintained through either committees of the University or the Faculty of Human Welfare and Health Sciences.

Committee meeting minutes can be found in the ERF section A → A1 → A1.5

	<u>Committee</u>	<u>Decision-making process</u>
a Degree Requirements	Curriculum – faculty	Majority vote
<p>Degree Requirements are proposed by the program leadership (Director & Co-Director) to the Curriculum Committee and must recognize University policies. They are then discussed and approved (or not approved) by a majority vote of the Curriculum Committee. Each committee member (including students) has an equal vote.</p>		
b Curriculum Design	Curriculum – faculty	Majority vote
<p>Curriculum Design is proposed by the program leadership (Director & Co-Director) to the Curriculum Committee. Sometimes individual faculty or student members of the Committee present proposals / ideas. They are then discussed and approved (or not approved) by a majority vote of the Committee. Each committee member (including students) has an equal vote. This may be affected by input from the Assessment or Applied Practice Experience Committees.</p>		
c Student Assessment Policies & Processes	Faculty (Curriculum)	Majority vote

Student Assessment Policies and Processes are based on policies established at the University level. The Program Faculty modifies them within that framework. The Program Faculty meets typically after the Curriculum Committee to discuss individual students' issues and likewise Student Assessment Policies and Practices. There may be input provided by the Assessment Committee to this process. Decisions are made by a majority vote and do NOT include student participation.

d Admissions Policies And/or Decisions **Admissions** Majority vote

Admissions Policies and processes are based on policies established at the University level. The Admissions Committee modifies them within that framework. Decisions are made by a majority vote of the Admissions Committee and include student participation in the voting.

e Faculty Recruitment and Promotion **Promotions** Program Director recruits and recommends for promotion

To date, all faculty of the program have been recruited from within the existing University faculty. The exception has been the Co-Director (Professor Schuster). The Director recommended his hire to the Dean, approved and recommended to the Rector (Provost) who approved. Otherwise, the Director has recruited existing University faculty to participate in the program. If a new faculty position were created a formal University directed recruitment would be made by standard University policies. This would involve the creation of a Search Committee, a Committee Chair, review of application materials, Search Committee meetings, recommendations to the Dean and approval by the Dean and Rector.

Similarly, promotions are done at the University level through a formal process established by existing University promotion policies. In brief, the Program Director would recommend promotion to the faculty based Promotions and Tenure Committee. The Committee would deliberate by established University P&T processes, make recommendations to the Dean and Rector (Provost) with final promotion and tenure decisions made by the Rector.

f Research and Service Activities **Research and Service** Dept. heads to the dean

Department Heads and Deans review research and service activities. The University (the Rector – Provost and the Faculty Senate) establishes policies regarding expectations for Research and Service. These in turn are supervised by the Deans and then the Directors. When promotion and tenure decisions are made, these research and service activities become part of the deliberation conducted by the P & T Committees.

g. Executive Meetings **Executive** Deans & heads of departments / program / school

Executive decisions are ultimately the responsibility of the Rector (Provost). Depending on the importance to the University they are generally made at a lower level (Dean or Director [head]) of Program/Department/School. They are generally not made by committee decisions and there is not typically a vote. Some policy decisions are made by the University Faculty Senate, which meets quarterly and has formal votes, where a majority vote determines the outcome.

The International MPH Program does not have a formal Executive Committee. Decisions are made by the Program Director, in consultation with the Co-Director and sometimes the Strategic Planning Committee. Some decisions are presented to the Dean either for informational or decision making purposes and in turn those may be presented to the Rector for informational or decision making processes.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school or program.

See ERF section A → A1 → A.1.3

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

Faculty contribute in a variety of ways for decision-making at the institutional level. Informally, the culture is collegial in that the senior leadership of the University invites active involvement by the faculty. In a more formal way, faculty have access to the University leadership. For example, both Professors Green and Schuster have direct access to the Rector (Provost). Both the Rector and the Dean of our faculty (Professor Faisal Azaiza) are available for appointments – often on short notice – and communicate readily via email. In addition, faculty serve on various committees that are involved in key decision-making at the University. For example, the following faculty of the program are on the following committees: Prof. Manfred Green – Chairman of the PhD Committee of the School of Public Health, Dr. Sharon Sznitman – Member of the PhD Committee, Prof. Shai Tsafir – Member of the University Graduate Studies Committee.

All Committee meetings minutes can be found in the ERF section A → A1 → A1.5

5) Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

Israel is a relatively informal country with a horizontal organizational culture. Faculty feel free to interact openly and in an informal way with their colleagues and their superiors. Senior leadership (e.g. Dean and Rector) are typically available to senior faculty. All faculty interact in a non-hierarchical way.

Although minutes are placed in the ERF, they substantially underrepresent the interactive nature of the faculty. Part-time faculty are welcome to be as involved as their time permits. As they often have activities off campus, it is harder for them, but they have equal opportunity for decision-making and have equal votes on committees. They interact especially with the Program Director and Co-Director, reviewing curriculum and pertinence. Additionally, these part time faculty are often closer to the community, so they can help arrange Applied Practice Experience (APE-Practicum) or potentially even be supervisors.

Of the 9 program faculty teaching the required courses (Foundational and Core), 4 are full time and 5 are part time. Part-time faculty are asked to participate fully in the committee processes. They

have equal votes. There are sometimes scheduling conflicts for them to attend meetings, so their attendance is somewhat less frequent than the full-time faculty (about 50% as often as the full-time faculty). All 5 part-time faculty are involved in the committee processes.

All Committee meeting minutes can be found in the ERF section A → A1 → A1.5

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

As an international program, processes and decision-making are not quite the same as in the US, with a lot of input and less hierarchy than the US, but more top-down decision-making. Matching this program and university to a typical US university cannot be perfectly done.

A2. Multi-Partner Schools and Programs

N/A

A3. Student Engagement

Students have formal methods to participate in policy making and decision making within the school or program, and the school or program engages students as members on decision-making bodies whenever appropriate.

Required documentation:

- 1) Describe student participation in policy making and decision making at the school or program level, including identification of all student members of school or program committees over the last three years, and student organizations involved in school or program governance, if relevant to this criterion. Schools should focus this discussion on students in public health degree programs.**

There is no independent student organization specific to the I-MPH [there is a University wide student organization to which the I-MPH students belong], so student committee members are volunteers who choose to be on the committees. Recognizing that the program is only one year long and desiring to have student members immediately on the committees, the program leadership has decided not to wait for a student organization to be formed each year in order to select student members on committees. Instead, students self-select. At the Orientation at the beginning of the year, the program leadership announces the committees and the number of students on each committee. Then the students are invited to volunteer and they are placed on the committees on a first come – first serve basis. This way, the program leadership does not pick the students, they are self-selected. The Admissions, Curriculum, and Assessment Committees have 2 students each, Applied Practice Committee 1. The Strategic Planning Committee does not have any students.

2015 – 2016

With 6 students in the program, the program leadership met frequently with all 6 students. They were in a cohort so that feedback to the program was informal, but frequent. The Program Director and the Co-Director met with individual students on a number of occasions during the year. Final, exit interviews were conducted with each of the 6 students separately, together with the Program Director and Co-Director. Input was sought and program changes were made (e.g. reduction in Health Policy course, increase in Biostatistics course, addition of Community Health course) largely based on the feedback.

2016 - 2017

As the program increased in size to 16 students, more formal structures were put into place to involve students in policy and decision-making. The group was divided into two and the Program Director and Co-Director each took one of the two groups and met with them as a group and then individually to get feedback on the program as well as starting advising. We have called this a “Mentoring Program”; ½ of the students identified with the Director as their “Mentor” and the other ½ with the

Co-Director. Ultimately, it was concluded that the Mentoring Program was not needed and it ended with the academic years. Students therefore have equal access to both the Director and the Co-Director.

In addition, the program formalized its student involvement in committees. Students have full voting rights, except for the Admissions Committee where an occasional applicant has issues that are very personal (typically health or financial) and the student members do not participate in reviewing the entire application for those specific applicants (this was the case for 2 of ~ 20 applicants). Students were invited to volunteer for specific committees and self-selected on a first come basis. Committees with students include Admissions (2 students – Dahan & Rooks), Curriculum (2 students – Athamneh & Mufhandu), Assessment (2 students – Ronsin & Fewo), Internship – APE (1 student - Holmes). Meetings are conducted electronically or in person; students are actively involved in program feedback and decision-making, including admissions decisions. Student committee members have voting rights on the committees. Individual students are invited to freely contact either the Program Director or Co-Director with feedback on program issues. The Program Director or Co-Director meeting with each student formally at least 4 times during the year (discuss career, advising, discuss APE, discuss ILE). In addition, the vast majority of the students will meet with either the Director and/or Co-Director 2 or 3 more times. Additionally, group meetings occur every one to two months. There is time in the schedule reserved to discuss the APE or ILE in a group format 2 times per month. Those meetings allow informal interaction between the Program Director (Co-Director) with the students.

2017-2018

The 2017-2018 year will not be completed until early October, 2018. To date, it has been much like the previous year regarding student involvement. There are 13 students in the program. The students were invited to join committees at the Orientation and within 2 days the student committee members were identified (a 1st come, 1st serve process is used for student involvement on committees). The students are actively involved with the committees, making suggestions for changes, reviewing documents, participating in admissions decisions. Student Committee Membership includes Admissions (Clara Lewlevy and Michael Cygler), Curriculum (Marissa Ostrovitz and Juliane Esselbrugge), Assessment (Emma Zoghlin and Thet Duchi), and Applied Practice Experience (Ester Naw). There have been a number of social activities with virtually all students participating. Students have arranged numerous meetings with the Director and/or Co-Director either in person or via Skype (Professor Schuster). Professor Schuster and Professor Green have met with each student regarding the APE. Professors Green and Schuster will meet with each student in the spring to discuss their ILE. In addition, Professor Schuster will meet with each student individually in the summer to discuss career planning. Either Professor Green or Professor Schuster also meets with virtually all students for academic advising.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

N/A

B1. Guiding Statements

The school or program defines a *vision* that describes how the community/world will be different if the school or program achieves its aims.

The school or program defines a *mission statement* that identifies what the school or program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the school or program's setting or community and priority population(s).

The school or program defines *goals* that describe strategies to accomplish the defined mission. The school or program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

Together, the school or program's guiding statements must address instruction, scholarship and service and

- must define the ways in which the school or program plans to 1) advance the field of public health and 2) promote student success.
- may derive from the purposes of the parent institution but also reflect the school or program's own aspirations and respond to the needs of the school or program's intended service area(s).
- are sufficiently specific to allow the school or program to rationally allocate resources and to guide evaluation of outcomes.

Required documentation:

- 1) A one- to three-page document that, at a minimum, presents the school or program's vision, mission, goals and values.

The Vision, Mission, Values, and Goals are critical to the I-MPH Program. It is important for them to be presented to those who see us and therefore the program's web site has a separate tab just for the Vision, Mission, Objectives, and Values. This is especially important for applicants to the program:

<http://globalhealthleadership.haifa.ac.il/index.php/about/about-the-program>

The Vision, Mission, Objectives, and Values, and Goals are reproduced below as well:

Vision, Mission, Values, Goals and Objectives

Vision

Future leaders in global health organizations, including governmental and non-governmental, will serve to improve the health of all populations, reduce disparities throughout the world, and support efficient and effective health systems in high, middle, and low income countries.

Mission

The program's mission is to produce public health professionals who will become leaders in global health and who have integrated knowledge and training in epidemiology, biostatistics, social sciences, health and environmental sciences, health services management, and public health policy,

and who are capable of applying it to a diverse range of public health issues in multicultural environments.

Objectives

- To prepare students to work in public health practice in general and global health in particular.
- To endow students with the knowledge of public health at a global level.
- To produce a cadre of future leaders in global health and administration.
- To endow students with theoretical knowledge and practical tools to deal with multi-cultural issues in public health.
- To prepare students with the skills to identify and assess the health needs of diverse multicultural populations.
- To prepare students with the skills to plan, implement, and evaluate policies and programs to address these needs.
- To provide students with an invaluable opportunity to learn about health inequalities based on poverty, ethnicity, religion, immigration status, and gender around the world.
- To provide students with field experience that will build skills, knowledge, and unique perspectives, which can be applied to future careers.
- To strengthen the public health research environment with knowledge exchange and translation.
- To help students understand the conditions for the protection and promotion of the health of communities and their environments in different settings.
- To develop in students the capacity to organize, analyze, interpret and communicate knowledge in an applied manner.
- To develop and enhance personal and organizational leadership skills.
- To familiarize students with the knowledge of the international organizations involved in public health (WHO, UNICEF, UNFPA, UNAIDS, ECDC, CDC, Red Cross and Civil Society Organizations, CSOs).
- To contribute to improving the health of all peoples of the world.

Program Values:

- Promote health equity, social justice, and reductions in health disparities globally
- Promote Health as a human right

Program goals, measurable objectives, and targets

Goal 1: Instruction – Educate an international group of students committed to advancing global health with the expectation that a future generation of leaders in global health will require specific skills in leadership

Goal 2: Research – Advance global health research at the faculty and student level

Goal 3: Service – Serve the local, national, and global health communities through the involvement of faculty, students, and the University

- 2) If applicable, a school- or program-specific strategic plan or other comparable document: N/A
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area: N/A

B2. Graduation Rates

The school or program collects and analyzes graduation rate data for each public health degree offered (e.g., BS, MPH, MS, PhD, DrPH). The school or program achieves graduation rates of 70% or greater for bachelor’s and master’s degrees and 60% or greater for doctoral degrees.

Required documentation:

1) Graduation rate data for each public health degree.

Students in MPH Degree, by Cohorts Entering Between 2015-16 and 2017-18				
	Cohort of Students	2015-16	2016-17	2017-18
2015-16	# Students entered	6		
	# Students withdrew, dropped, etc.	0		
	# Students graduated	6		
	Cumulative graduation rate	100%		
2016-17	# entering for cohort		16	
	# Students withdrew, dropped, etc.		0	
	# Students graduated		15 *	
	Cumulative graduation rate		94%	
2017-18	# entering for newest cohort			13
	# Students withdrew, dropped, etc.			0
	# Students graduated			
	Cumulative graduation rate			

* 1 student has a health problem that have prevented completion; she is expected to complete her academic requirements within 6 months.

Students are expected to graduate in 12 months. They can extend this period to 24 months. Beyond 24 months, they must make a special appeal to continue.

2) Data on public health doctoral student progression in the format of Template B2-2.

N/A

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion’s expectations and plans to address these factors.

2015 – 2016

The program began in the Fall of 2015. Six students entered the program and all graduated.

2016 – 2017

Sixteen students entered the program. Fifteen have graduated. The remaining student has a health problem that has prevented her completion. She is 2 assignments away from completion and it is anticipated that she will complete the missing work and graduate within 6 months.

2017 – 2018

Thirteen students entered the program in Mid-October, 2017. All remain active to date, taking full course loads and for now are expected to complete their MPH on time.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

N/A

B3. Post-Graduation Outcomes

The school or program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each public health degree offered (e.g., BS, MPH, MS, PhD, DrPH).

The school or program chooses methods that are explicitly designed to minimize the number of students with unknown outcomes. This expectation includes collecting data that accurately presents outcomes for graduates within approximately one year of graduation, since collecting data shortly before or at the exact time of graduation will result in underreporting of employment outcomes for individuals who begin their career search at graduation. In many cases, these methods will require multiple data collection points. The school or program need not rely solely on self-report or survey data and should use all possible methods for collecting outcome data.

The school or program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

- 1) Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree.

Post-Graduation Outcomes	2015-2016 Number and percentage	2016-2017 Number and percentage
Employed	2 = 33%	7 = 47%
Continuing education/training (not employed)	3 = 50%	6=40%
Not seeking employment or not seeking additional education by choice	1 = 17%	1=6%
Actively seeking employment or enrollment in further education	0	1=6%
Unknown	0	0
Total	6	15

Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

The students are surveyed via email to identify their postgraduate status. In addition, informal communications occur and many require letters of recommendation, which is a way to remain informed. Eight-five percent of the graduates are either employed or enrolled in educational programs. The academic year at the University of Haifa ends in October, so that many students take some months to find jobs. Additionally, as the program is primarily international, many people need to go home, get settled, and then find jobs. Finally, we currently have 2 grads who have health problems (one pregnancy/post-partum) that have delayed career advancement.

- 2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

N/A

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the school or program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The school or program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

The school or program documents and regularly examines its methodology as well as its substantive outcomes to ensure useful data.

Required documentation:

- 1) **Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.**

Graduates are surveyed as they complete the program and then 6 months later. The alumni, as they were graduating, were surveyed on their assessment of their personal level of competency in various areas. They were also asked to identify how successfully they believe they have integrated various competencies. Note that the Competencies changed from 2015-2016 to 2016-2017, leaving some imperfection in this analysis. These are detailed in the ERF. On a 1 – 5 Scale:

Class Self-Reported Competencies

	<u>2015- 2016</u>	<u>2016- 2017</u>
Competencies in Health Policy and Management	3.6	4.0
Evidence Based Competencies	4.3	3.5
Global Health	3.7	4.0
Leadership	3.9	4.3

The 3 lowest among them for 2015-2016 were:

- Apply the principles of strategic planning, program planning, development, budgeting, management and evaluation in organizational and community initiatives = 2.6
- Apply quality and performance improvement concepts to address organizational performance issues = 2.5
- Promote innovation and organizational learning = 2.8

The 2 lowest (no others were < 3.5) among them for 2016-2017 were:

- Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate = 2.75.
- Explain basic principles and tools of budget and resource management = 3.0.

The 7 highest for 2015-2016(1 was 4.8, 6 were 4.6) among them were:

- Identify basic theories, concepts & models from a range of social & behavioral disciplines that are used in public health research and practice = 4.8
- Identify the causes of social and behavioral factors that affect health of individuals and populations = 4.6
- Describe the role of health promotion and personal protective equipment in protecting worker health = 4.6
- Understand measurements of morbidity and mortality (incidence, prevalence, etc.) = 4.6
- Understand application of basic statistical concepts in epidemiology (power, p-value, CI, etc.) = 4.6
- Be able to interpret sensitivity and specificity as well as PPV and NPV = 4.6
- Define social epidemiology and the social determinants of disease = 4.6

The 5 highest for 2016-2017 were:

- Demonstrate honesty, integrity, flexibility and consistency = 4.75
- Apply social justice, human rights, and culturally appropriate principles in a domestic and/or global health setting = 4.6
- Perform effectively on interprofessional teams = 4.6
- Demonstrate knowledge and management of oneself, including understanding of personal strengths and weaknesses = 4.5
- Compare the organization, structure and function of health care and public health systems across national and international settings = 4.5

About 6 months post-graduation, the 6 graduates from the 1st year were asked to identify which competencies they had integrated with other competencies.

They reported integration in each of the major categories (Evidence based approaches to public health, public health and health care systems, leadership, communication, systems thinking, and the two areas specific to the concentration, global health and leadership). They identified about one half of the individual competencies that they felt were integrated.

In addition, we asked them “How, if at all, has the MPH program helped you with your career?” Some responses are below:

- “Haifa’s I-MPH program allowed me to pursue a fascinating practicum that gave me the opportunity to conduct my own research study on a subject matter unique to Haifa. Going through all stages of conducting research gave me invaluable experience, and I can take my lessons and insight from the study wherever I go. I know have the academic fulfillment of completing an MPH degree, and I believe my practicum experience sets me apart from other young MPH professionals.”
- “Helped me to understand global health status and awakened my interest”

- “Opened a few doors”
- “I really appreciated that this program tell me what epidemiology is and its application in a lot of areas as well as the beauty of data science.”
- “It has broadened my knowledge in the field and given me more opportunities to obtain a higher position.”

Although the answers are tangential to identified competencies, they certainly imply an analysis of the competencies.

For Year II of the program, one of the main health policy and management faculty was advised to alter his course to better meet student needs. For Year III, he is being replaced with a new faculty member. For Year II, more global health issues were incorporated into the curriculum.

2) Provide full documentation of the methodology and findings from alumni data collection.

As the 1st class graduated, they were asked to identify their perceptions of their levels of competency in 34 fields of public health and how many of those competencies have been integrated with other competencies. They were asked to score themselves on a 1 – 5 Likert Scale. Note that with 6 students total, data interpretation needs to be done cautiously. See ERF. We have surveyed the 15 graduating students from the 2nd graduating class. That data is provided in this Self-Study and the ERF B4.2.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The Competencies measured were changed by CEPH over the period of the Program Application. These changes have been incorporated into the more recent (2017 final and 2017-2018) surveys, but the cross over added some complexity to reporting.

B5. Defining Evaluation Practices

The school or program defines appropriate evaluation methods and measures that allow the school or program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the school or program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

Required documentation:

- 1) Present an evaluation plan that, at a minimum, lists the school or program's evaluation measures, methods and parties responsible for review. See Template B5-1. (self-study document)

Evaluation measures	Data collection method for measure	Responsibility for review
Goal 1: Instruction – Educate an international group of students committed to advancing global health with the expectation that a future generation of leaders in global health will require specific skills in leadership		
Measure 1: Courses that include global health content	Each faculty member is asked to identify which of the competencies – among the 33 identified by the program – he/she covers in their course. The information is put in a grid (which is provided in the ERF) and sent to the Program Co-Director. This information is presented to the Curriculum Committee for review and discussion. If it is believed that a course should have global health content and it doesn't, then either the Program Director or the Co-Director meets with individual faculty and encourages them to include this in their course. This discussion may occur at a Curriculum Committee meeting or it could occur individually.	R. Schuster
Measure 2: Courses that include leadership content	Each faculty member is asked to identify which of the competencies – among the 33 identified by the program – he/she covers in their course. The information is put in a grid (which is provided in the ERF) and sent to the Program Co-Director. This information is presented to the Curriculum Committee for review and discussion. If it is believed that a course should have global health content and it doesn't, then either the Program	R. Schuster

	Director or the Co-Director meets with individual faculty and encourages them to include this in their course. This discussion may occur at a Curriculum Committee meeting or it could occur individually.	
Measure 3: Program students will include non-Israeli students	Admissions information comes from the International School to the Program; as the admissions cycle occurs this data comes from the applications and is collated by the marketing/admissions coordinator (Ms. Taubman) and presented to program leadership. It is also presented to the Curriculum Committee / Faculty.	D. Taubman (R. Schuster)
Measure 4: Variety of nations represented	Admissions information comes from the International School to the Program; as the admissions cycle occurs this data comes from the applications and is collated by the marketing/admissions coordinator (Ms. Taubman) and presented to program leadership. It is also presented to the Curriculum Committee / Faculty.	D. Taubman (R. Schuster)
Measure 5: Some graduates will have jobs in global health	An alumni survey is conducted by the CEPH coordinator or the program coordinator. Each student is asked if they have a job in global health. The Program accepts the student's definition of "a job in global health". The data is collated and presented to the Program leadership. In addition, it is discussed by the Curriculum Committee and/or the Assessment Committee.	D. Taubman (R. Schuster)
Goal 2: Research – Advance global health research at the faculty and student level		
Measure 1: Program faculty will do research in global health	A faculty questionnaire has been developed by the program leadership. It is sent out annually (beginning in the 2 nd year of the program) by a key faculty member (Dr. Snitzman), collected, and collated by her, then presented to the program leadership and ultimately the faculty of the program at a Curriculum Committee meeting / Faculty meeting.	S. Snitzman
Measure 2: There will be public health grants submitted with global health components	A faculty questionnaire has been developed by the program leadership. It is sent out annually (beginning in the 2 nd year of the program) by a key faculty member (Dr. Snitzman), collected, and collated by her, then	S. Snitzman (M. Green)

	presented to the program leadership and ultimately the faculty of the program at a Curriculum Committee meeting / Faculty meeting.	
Measure 3: Students will participate in research projects in global health	Students are surveyed annually by the CEPH Coordinator or the Program Coordinator. That data is collated by the CEPH or Program Coordinator and presented to program leadership as well as being presented to the Assessment and/or Curriculum Committee.	D. Taubman (M. Green)
Goal 3: Service – Recognizing the efforts at global reach for the program, with an international group of students the goal is to serve the local, national, and global health communities through the involvement of faculty, students, and the University		
Measure 1: Students will have Practice Experiences in various community health agencies	Program Co-Director tracks and records APE data annually. This data is collated and reported to the Curriculum Committee, the Applied Practice Experience Committee and program leadership.	R. Schuster
Measure 2: Students will have Practice Experiences in various non-Israeli community health agencies	Program Co-Director tracks and records APE data annually. This data is collated and reported to the Curriculum Committee, the Applied Practice Experience Committee and program leadership.	R. Schuster
Measure 3: Students will have Practice Experiences that are integrated into public health and general health care facilities	Program Co-Director tracks and records APE data annually. This data is collated and reported to the Curriculum Committee, the Applied Practice Experience Committee and program leadership.	R. Schuster
Measure 4: Conduct an educational program hosted by the University for local public health professionals that focuses on a pertinent topic in global health	The Co-Director contacts the Director and the head of public health at the University annually and notes occurrence of these conferences. This in turn is reported to the Curriculum Committee.	M. Green, R. Schuster, O. B-Epel

2) Briefly describe how the chosen evaluation methods and measures track the school or program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success. (self-study document)

The program believes that these measures are a reasonable way to measure our Mission and Goals for the program as they sample key aspects of them. The most important success is the value the program has to its graduates and these measures will help the program leadership achieve that goal. Assuring that the fundamentals of public health are taught and learned is paramount, but in addition, have an international student cohort and exposing them to a curriculum in global health and leadership is important. Promoting research and conducting service are integral to the program as well.

We consider it a challenge to attract and prepare an international class of students to work in public health/global health either in Israel or for those non-Israeli's to their home country or another country. Our Service Goal #3 is to "serve the local, national, and global health communities through the involvement of faculty, students, and the University". The Program leadership recognizes that some of the students will remain in Israel and will serve their local community, hence the need to prepare them for work in public health locally, yet others will be working either nationally in Israel or more likely nationally in their home country and finally others will be working neither at home nor in Israel, but rather in a 3rd nation, particularly low and middle income countries. It is our goal to prepare them for any of these situations. Our Measures are designed to help the Program to see if it is helping to prepare them. We believe that assuring that many of the students are in the community for their APE, that at least some are going outside of Israel (and then bringing those experiences back to the other students) will help expose everyone to a more global health environment. Likewise, having local public health professionals exposed to global health issues, by promoting global health research among the faculty, and by encouraging students to be involved in global health research will help to create a culture in the Program to prepare them to work in local, national, and global settings.

3) Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success. (electronic resource file)

See ERF B→B5→B5.3 for "CEPH Goal Achievement" document for a report on the measures relating to education, research, and service activities. Goals, measures, data, outcomes, analysis, implementation plan, re-analysis, and re-implementation plan are provided for all Goals noted in Self Study section B 5-1. Supporting documents are also provided in B5.3 showing the surveys and data that comprise the "CEPH Goal Achievement" document.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

N/A

B6. Use of Evaluation Data (SPH and PHP)

The school or program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The school or program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

Required documentation:

1) Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself. (self-study document)

- I. Goal 1, Objective #2: Attract an international complement of students
- Measure 1 - Program students will include non-Israeli students.
 - Measure 2 - Variety of nations represented

The program leadership believes that the program is enriched by producing an international diversity of students. Although the goals of > 50% of students in the program coming from outside Israel and more than 5 countries represented were met, it was felt that the program needed a greater variety of international students, especially from Low and Middle Income Countries. In the 2nd and 3rd year of the program, some scholarship funds were identified and allocated expressly to support students from low or middle income countries in order to diversity the student representation.

- II. Goal 1, Objective #1: Implement a public health curriculum in global health leadership
- Measure 1 - Courses that include global health content

In the 1st year of the program, only 31% of the courses had global health content. The states goal was > 50%. The Introduction to Global Health course was created to be a survey of global health. In the 1st year, much of the course was taught by other faculty who were invited to come and present an introduction to their own courses. Based on feedback at the final interview, the program leadership's (Director and Co-Director) impressions, and after review with the Evaluation Committee, the course was changed significantly to rely primarily on two faculty (Professor Green and Dr. Sznitman) to provide a more unified curriculum in global health. That and other efforts resulted in the 2nd year with > 50% of the courses having global health content.

- III. Goal 3, Objective #2 –Develop Global Health internship experiences overseas from Israel
- Measure 1: Students will have internships (APE) in various non-Israeli community health agencies

The measured goal is that > 20% of APE experiences (internship/practicum) will occur outside Israel. In the 1st year of the program 17% of the experiences were outside Israel, in the 2nd year 19%. The total number of students remains relatively small, so this may be a “small numbers problem”, but the Program Leadership has interpreted this as meaningful. Although it is close to the goal, the Program Leadership is also concerned that it is a hard task to accomplish and needs continuous attention. We are encouraging students to make contacts, the Program leadership has made contacts. In addition, in 2017 Professor Green traveled to South Africa trying to making connections for recruiting students, recruiting APE sites, and

recruiting scholarships funds for APE experiences as well as general tuition scholarships.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

NA

C1. Fiscal Resources

The school or program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

Required documentation:

1a) Briefly describe how the school or program pays for faculty salaries. For example, are faculty salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this varies by individual or appointment type, indicate this and provide examples. For programs, if faculty salaries are paid by an entity other than the program (such as a department or college), explain.

The program employs both senior and adjunct faculty. Senior faculty are employed by the Faculty of Welfare and Health Sciences and as part of their position also teach in the I-MPH program. Senior faculty are paid by the University. Adjunct faculty salaries are paid from the program budget. Faculty salaries are guaranteed on an annual basis. Faculty are not expected to raise funds to support salaries.

1b) Briefly describe how the school or program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.

An administrative and operations assistant was hired for the I-MPH program, according to the funding allocated in the program's budget. The creation of this position was decided by both the Program Director and the Co-Director. In addition, the program has a part-time staff position funded by Foundation funds for marketing, recruiting, and assisting with accreditation efforts. Funding for hiring part-time or adjunct faculty is based on budget funding and curriculum needs and is decided by the Program Director in consultation with the Co-Director. All of the faculty in the program are already University of Haifa faculty. The program can pay a faculty member to teach a course, or "buy" time from another program to pay the faculty. These funds come from the Program budget. This budget is the responsibility of the Program Director. If he wants to add a new course or hire a new faculty member, he pays from his budget. This same approach pertains to staff.

1c) Describe how the school or program funds the following:

a. operational costs (schools and programs define "operational" in their own contexts; definition must be included in response).

Operational costs are those that pay for day to day costs of teaching materials, supplies, or unusual costs. An example of an "unusual cost" would be to pay for a bus to provide a field experience for the entire class. Operational expenses such as: office supplies, tour buses, and the like, are funded from the program's budget, see budget line: "Operations".

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

Student scholarships are funded by donors such as Pfizer or by private donors. The International School does offer partial tuition scholarships to some students based on need. Miscellaneous student activity costs are covered from the limited operations budget. For example, if a field trip occurs, the cost of the bus would be funded from the Operations Budget. There are no funds currently available to support other types of student travel. For example, when a student travels for their Applied Practice Experience, or if a student wants to go to a conference, or a student wants an overseas experience, there are NO funds currently available from the program for this. The students must find their own funding. The Program is trying to seek funding to support students in this type of activity. Faculty sometimes have research funding that can be allocated for student activities.

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

Senior academic faculty are usually funded by the individual faculty members' travel budget (the University grants each faculty member a budget for travel to international academic conferences [\$10,000/year each for full time senior faculty members]). Auxiliary faculty are funded on an ad hoc basis, with funds coming from the program budget. Additionally, the Dean's Office (the Faculty of Social Welfare and Health Sciences) sometimes has funds to support faculty development activities.

1d) In general terms, describe how the school or program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

The Program has accounts funded by the "Foundation". These Foundation funds come from organizations such as the American Society of the University of Haifa, or the British Society of the University of Haifa. Professor Green is currently organizing the creation of a South African Society of the University of Haifa. These funds are primarily donations given by individuals to these Societies. In turn, those funds are transferred to the University of Haifa Foundation. The Program has accounts from the Foundation that it can spend on the program, depending on the funds provided. Professors Green and Schuster and Dr. Amster have, to date raised funds from donors that have gone to Program Foundation accounts, which have paid for various expenses of the program. Those funds that are in the Program Foundation accounts are allocated solely at the discretion of the Program Director.

Some of the ongoing operational expenses are paid for by the University and the Faculty of Health Sciences and Social Welfare, such as: salaries for the administrative staff of the SPH, and salaries for the senior faculty who teach in the program.

In addition to tuition and fees, the University receives funding from the government. These funds represent approximately 40% of the amount provided by tuition and fees. They are used by the central administration of the University (Rector) to provide for overhead costs of the university and also provide funds – when needed – that can be used to cover program costs at the discretion of the Rector and provide funding for the part-time program coordinator.

The International School offers housing in the form of student apartments and social activities such as hikes and tours (either free or for a modest fee), connects students with host families for weekends and/or holidays, arranges Sabbath activities, provides assistance in the case of a medical emergencies, and has a psychological counselor available 24/7. Some students choose (at their discretion) to live off campus.

For additional funds, a special funding request would be initiated by the Program Director to the Dean. Depending on the details (especially the amount) that request might then be referred to the Rector for a determination. For example, a group bus field trip to learn about Syrian “refugee” care was arranged and funded outside the program budget.

1e) Explain how tuition and fees paid by students are returned to the school or program. If the school or program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the school or program’s funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

Eighty percent of all income from tuition is directed to the program's operational budget until a breakeven is achieved. If funds are available beyond the breakeven, the Program can retain some of those additional funds.

Tuition funds must be spent in the academic year they are funded. They cannot be carried over. Foundation funds can remain indefinitely and be spent at the discretion of the Program Director.

1f) Explain how indirect costs associated with grants and contracts are returned to the school or program and/or individual faculty members. If the school or program and its faculty do not receive funding through this mechanism, explain.

Operational expenses such as: offices, cleaning fees, electricity, and water are included in the overhead costs. Typically, 12.5% of funds from “indirects” are returned to the faculty member receiving the grant/contract; there are some exceptions. The rest of these indirect funds are retained by the University (Rector).

2) A clearly formulated school or program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

Sources of Funds and Expenditures by Major Category, 2015 to 2017			
	Year1	Year 2	Year 3
Source of Funds	2015-2016	2016-2017 - budget	2017-2018 – budget
Tuition & Fees	48,959	104,000	114,000
State Appropriation			
University Funds	32,668	45,000	22,705
Endowment	5,215		
Gifts		10,000	7,000
Other Pfizer Scholarships		10,000	
Total	86,842	169,000	143,705

Expenditures			
Faculty Salaries & Benefits	68,982	135,000	108,000
Staff Salaries & Benefits		9,005	6,105
Operations	2,552	1,070	1,100
Overhead	14,307	23,994	28,500
Total	85,841	195,169 *	143,705

Note: The figures displayed here are in USD and have been converted from NIS using the conversion rate 1.00 USD=3.8 NIS

* In 2016 – 2017, the expenditures were notably greater than the revenue. The University provided scholarships to 3 low – middle-income students, absorbing the costs and creating the imbalance in revenue vs. expenditures.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

N/A

C2. Faculty Resources

The school or program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Primary instructional faculty, as defined in these criteria, provide the basis for initial levels of review of the adequacy of a school or program's resources.

This criterion employs a three-step review (outlined in C2-A through C2-C) in assessing adequacy of faculty resources.

PHP only: Primary instructional faculty must meet ALL THREE requirements outlined below: • Employed full-time as faculty members at the home institution/university. The program uses the university's definition of "full-time." • Have regular responsibility for instruction in the program as a component of employment. Individuals whose sole instructional responsibility is advising individual doctoral or research students do not meet CEPH's definition of primary instructional faculty. • Spend a majority of time/effort (i.e., 0.50 FTE or greater) on activities associated with the program, including instruction. Research and service effort should also be included in the FTE allocated to the program if the research or service projects impact the program and its students. The program defines FTE allocations consistently and transparently and can clearly account for all time, effort and instructional or other responsibilities spent on degree programs outside the unit of accreditation.

Required documentation:

A table demonstrating the adequacy of the school or program's instructional faculty resources in the format of Template C2-1. (Note: C2-1 has different formats for schools vs. programs.) The school or program need not list all faculty but must list sufficient faculty to demonstrate compliance with C2-B and C2-C. For example, if the school or program exceeds the number of 13 faculty needed to document compliance (as defined in these criteria), the school or program may note the number of faculty available in addition to those identified by name in Template C2-1. The data reflect the most current academic year at the time of the final self-study's submission and should be updated at the beginning of the site visit if any changes have occurred since self-study submission. (self-study document)

	MASTER'S			ADDITIONAL FACULTY ⁺
CONCENTRATION	PIF 1	PIF 2	PIF 3	
Global Health Leadership & Administration MPH	Manfred Green 1.0 FTE	Richard Schuster 1.0 FTE	Sharon Sznitman 1.0 FTE	Non-PIF: 8 8

TOTALS:	Named PIF	3
	Total PIF	3
	Non-PIF	8

2) Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. Programs must present calculation methods for primary instructional and non-primary instructional faculty. (self-study document)

A full-time academic position includes both teaching and research, where the teaching load for a full-time position is 8 weekly hours for a faculty member in the regular track and 12 weekly hours for a faculty member in the specialist track. The Specialist Track is for individuals whose primary professional activity is outside the University. They are part time faculty, are paid by the number of credits taught (hours) they teach, and are not required to have the same research expectations as the regular faculty. A faculty member in the Specialist track teaches 2 hours / week would be a 2/12 faculty (0.17 FTE). The Regular track faculty are either tenured or tenure track. They have expectations to conduct research, publish, get research funding, and to develop international recognition. Additionally, there are some special faculty hires by the Rector (Provost).

3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

All three faculty counted as PIF work full time for UH, are instructional faculty in the MPH, and commit > 50% of their effort for the I-MPH. The non-PIF faculty all teach in the I-MPH various amounts (at least one course each) and have various relationships to the UH.

4) Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters. a. Advising ratios (faculty and, if applicable, staff) by degree level (bachelor's, master's, doctoral), as well as the maximum and minimum. If both faculty and staff advise, present and calculate both ratios b. If applicable, average number of baccalaureate students supervised in a cumulative or experiential activity⁹ c. Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D7), as well as the maximum and minimum d. Average number of DrPH students advised, as well as the maximum and minimum e. Average number of PhD students advised, as well as the maximum and minimum f. Average number of academic public health master's students advised, as well as the maximum and minimum As noted in Template C2-2's instructions, schools should only present data on public health degrees and concentrations. If primary instructional faculty, non-primary instructional faculty and/or staff are all regularly involved in these activities, indicate this and present data separately for each group, as applicable. Though the self-study requires only the most recent year, the school or program may wish to present additional years of data for context. For example, if the most recent year's results are anomalous, additional data may be helpful. (self-study document)

Faculty regularly involved in advising, mentoring and the integrative experience

General advising & career counseling *			
Degree level	Average	Min	Max
Master's	1:8	1:7	1:9

Advising in MPH integrative experience *		
Average	Min	Max
1:8	1:7	1:9

* Note: All formal Advising is done by the Program Director & the Program Co-Director. Informal advising is done by other faculty

5) Quantitative data on student perceptions of the following for the most recent year: (self-study document)

a. Class size and its relation to quality of learning (e.g., The class size was conducive to my learning)

Completely satisfied (84.62%); mostly satisfied (15.38%). 14 respondents of 20 possible. This information is based on survey's done of the students....the surveys are provided in the ERF (see C.2-C).

b. Availability of faculty (i.e., Likert scale of 1-5, with 5 as very satisfied)

Completely satisfied (53.85%); mostly satisfied (38.46%); somewhat satisfied (7.69%) – 13 respondents of 20 possible respondents. This information is based on survey's done of the students....the surveys are provided in the ERF (see C.2-C). 7.69% of the students were only "somewhat satisfied". This represents one student. It's hard to know for sure how this one student was only somewhat satisfied...it's hard to satisfy everyone....the health policy course was not especially popular, specifically the faculty member. It may be that this was an expression of dissatisfaction with that faculty member. He is no longer teaching and has been replaced by a new course and a new faculty member.

6) Qualitative data on student perceptions of class size and availability of faculty. Schools should only present data on public health degrees and concentrations. (summary in self-study and full results/backup documentation in electronic resource file)

The students report high levels of satisfaction with class size and availability of faculty. In all 3 years of the program the feedback has been consistent that the class size is highly desirable and that the faculty is available. The Program conducts a survey (provided in the ERF C2-C) of each class and additionally, the Program Director and Co-Director meet with the students formally and informally

and students have repeatedly stated that they were pleased with the class size – big enough for variety of discussion and small enough to be actively involved in discussion. Likewise, students state that most faculty are very available.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

This is the 3rd year of the program and the data for these criteria are only available for the 1st 2 classes, a total of 20 students. It is harder to interpret this information with the limited number of students.

C3. Staff and Other Personnel Resources

The school or program has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

“Staff” are defined as individuals who do not have faculty appointments and for whom staff work is their primary function. “Other personnel” includes students who perform work that supports the program’s instructional and administrative needs (e.g., individuals who enroll first as students and then obtain graduate assistant or other positions at the university are classified as “other personnel,” while individuals hired into staff positions who later opt to complete coursework or degrees are classified as “staff”).

Required documentation:

- 1) A table defining the number of the school or program’s staff support for the year in which the site visit will take place by role or function.

Role/function	FTE
Ella Berkovich / Administrative Support	0.4
Gila Assas / Administrator	0.1
Danielle Taubman / Marketing & Recruitment + CEPH Coordinator	0.13

Gila Assas is the Administrator of the School of Public Health, responsible for the Hebrew MPH, the PhD programs, and other masters programs as well as the other functions of the School; in addition she provides support to the I-MPH. Ella Berkovich, provides administrative support. Danielle Taubman, MPH, coordinates marketing, recruitment, admissions, and is the CEPH Coordinator. Specific support is provided by staff in the International School; they provide help with financial aid issues and help the program with admissions (Tim Alexander) and marketing (Tomer Udi and Rachel Ben-Eli). The University provides broad and detailed support – as does any other University – for all functions of the University. Staff providing that support, include University operations (cleaning, repairs), personnel, library, admissions, student support, computer systems, electronic learning, financial, and University leadership among others.

- 2) Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.

Some of our I-MPH students work as graduate assistants, helping faculty on research or service projects. They serve the program indirectly but assisting the faculty in their work. These graduate assistants do not typically assist in the education aspects of the program.

One student in 2017-2018 (Dr. Abdullah) receives a partial scholarship and in return she is assisting in helping with the administration of the Leadership Seminar Series.

- 3) Provide narrative and/or data that support the assertion that the school or program’s staff and other personnel support is sufficient or not sufficient.

Staffing in Israel is not nearly as plentiful as in the US. With that said the program runs smoothly.

The marketing and admissions occurs in a timely manner. Students are assisted in registration and have access to staff for scheduling issues. The staff is helpful to the faculty in arranging teaching rooms, getting courses scheduled, working with the budget, and similar administrative activities. The faculty likely plays a greater role in helping with administrative activities than in the US, but the system seems to work, with students satisfied with their education and good faculty retention. We have just added Ella and her efforts will help with administrative functions (uploading grades, admissions forms, etc.). Staff and personnel support is sufficient.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

This is not a program in the US. The funding amounts and infrastructure are different from the US.

C4. Physical Resources

The school or program has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

Required documentation:

1) Briefly describe, with data as applicable, the following.

- Faculty office space
Professors Green, Schuster, and Dr. Snitzman have their own offices.
- Staff office space
Staff for the program have shared offices with workstations and a wi-fi networked printer.
- Classrooms
Classes are scheduled as are all other classes at the University. The classrooms are fitted with whiteboards, computer projectors, an audio system, and often DVD players. Faculty need to bring a laptop and plug it into the system.
- Shared student space
Students can use the conference room. The conference room is a multi-purpose space used by students and faculty; it is not typically used by staff. It has 3 work stations for students and seating for about 10 – 12 people around a table. There is a projector attached to one of the computers for projections and Wi-Fi (throughout the entire university) that allows Internet and Skype connections. This, in turn, allows faculty and students to join meetings from off-site if needed. The Library is very large and modern (see below) and it provides a lot of space for students. There is also informal space for students to meet and to work individually throughout the University. There are numerous coffee shops / restaurants / cafeterias that serve as social and work spaces for many students.
 - Laboratories, if applicable to public health degree program offerings: NA

2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.

The current space is adequate, as faculty and staff are able to get their work completed. The I-MPH offices, conference room, and student space will be moving to a brand-new building that is currently under construction. This space – shared with the Hebrew MPH, MHA, and Master of Nutrition program will be more than double the current. This new space will allow more faculty offices, more student space, and more administrative space and for all of the programs will have 8396 SF. There should be 26 rooms for faculty members – academic & administrative staff, a seminar room 270 SF, students study area 1410 SF, cafeteria 667 SF, patio 904 SF & computers open space about 377 SF. Estimated completion date – March 2019.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The space for the Program needs to be expanded to meet its future growth. The University has provided a temporary space beginning about 2 years ago (current space), which is notably larger than the previous space. More space is needed and will be provided when the new building is occupied in ~ 2019 (more than double the current space). For now, people must coordinate space and share with their colleagues.

C5. Information and Technology Resources

The school or program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

Required documentation

1) Briefly describe, with data if applicable, the following:

1. Library resources and support available for students and faculty

There is a modern, large library and an extensive, sophisticated information technology system. The library staff are skilled at assisting students with electronic database searching. There are numerous computer work stations in the library available to students.

Library and Information Technology (IT)

Physical Layout of the Library

On June 7, 2012, the library's main floor was officially reopened to the public following nearly two years of extensive and impressive renovations. The library's new entrance, adjacent to the Main Building's entrance on the 700 level, leads to a large open area where the library's core services are centralized: circulation, reference, reserves, media, and photocopy services. The renovation enabled concentration of the library's intensively used and special collections-- the Hebrew journal collection, video, music CDs, multimedia, psychological and other assessment tools—onto one floor and alongside service desks. The library now offers hundreds of seats for individual study, 150 public computer workstations, Wi-Fi service, viewing and listening stations, and technologically equipped conference rooms for group study and teaching. In total, the library has over 980 seats, and over 200 computer workstations (including both public and classroom stations).

Stairs and bridges connect the central floor to the North Wing, which houses three floors of book collections and maps, and the recently built three-story South Wing extension which houses conference and group study rooms, the foreign print journal collection and adjacent reading room, a 70-seat auditorium, and offices.

Ratio of Required Books to Students per Course

The University purchases additional copies of required books as needed for a large number of readers, according to a ratio of 15 BA students per book per course and 10 MA students per book per course. For each course, the maximum number of copies is decided upon in consultation with the course teachers. Likewise, students have access to electronic articles and book chapters that are required reading for courses via the Moodle course site, following instructor requests to have these materials made electronically available. Moodle is a web based password protected program (like Blackboard, ELC, or similar programs) that allows faculty to post syllabi, reading materials, video, and allows student to communicate with each other (chat room or asynchronous) and the faculty.

Opening Hours

The library is open Sunday through Thursday, 8:00-20:00 (8:00-18:00 during the summer semester); on Fridays, it is open 8:00-13:00.

Remote Access (via a computer code)

Students and faculty of the University of Haifa can connect from anywhere in the world to the library's

computerized databases and resources using an access code.

Loan Policy

There is no limit to the number of books faculty and students can borrow. Loaned books are renewed automatically as long as they have not been requested by another user. Users can submit loan requests via computer and are notified by email when requested books are available or when loaned books need to be returned. The library offers interlibrary-loan and document delivery services from any academic library in Israel and foreign libraries worldwide. These services are sometimes associated with a small fee.

Collection Development Policy

The library has a general collection development policy that is authorized by the Faculty Library Committee. The library distributes information about new publications in relevant fields to University faculty members and information specialists responsible for collection development. Purchase and collection development requests are initiated by faculty members who rank and prioritize their requests. In addition, the library collection developers recommend purchases to enrich collections in accordance with departmental policy, thereby balancing the purchase requests made by faculty members for their specific research and teaching needs.

Collection Management

The library has a weeding policy that complements its book purchasing policy. Each year the library consults with the departments before renewing journal subscriptions.

Public Health Books:

As of summer, 2017:

Printed books: 32,464 titles (Public Health & related fields)

Printed books: 8,248 Public Health titles

Printed books: 9,086 Medical Sciences, including Public Health

Electronic books: 1,020 titles

University of Haifa theses (MA): 300 titles

University of Haifa theses (PhD): 22 titles

Journals: 754 related to Public Health

Databases: 70 related to Public Health

2. Student access to hardware and software (including access to specific software or other technology required for instructional programs)

Computerization

For teaching, computers serve students and lecturers for the following purposes:

- Teaching the use of various software packages installed on the computers (such as RefWorks);
- As a means to search Internet databases;
- As a multimedia tool;
- Providing access to online courses;
- Viewing video-taped classes on the video server;
- Email exchange;
- Use of various tools when doing exercises and preparing homework and assignments.

Resources Available to Students

Resources made available to students by the University include Linux/Unix software, computer laboratories, online course servers, email addresses, a video studio, a University and inter-university network, wireless network, remote access, computer accounts, computer kiosks, computer laboratory supervisors, computer software, student technical support, and a distance learning infrastructure. In total, 597 public stations are administrated by the Computing and Information

Systems Division.

Computerization

Linux/Unix servers of different types principally serve researchers and students. On the students' server, different learning programs are available. Access to UNIX systems is through computer classrooms and kiosks or via remote access.

Computer laboratories: Computer laboratories are available in a number of buildings on campus and are open to the entire student community. Most are concentrated in the "500 floor" of the Main Building. The SPH uses these laboratories for the instruction of software such as SPSS. Likewise, computer kiosks, available for use at no charge, are located at a number of central points on campus, including in the dormitories. Laser printers and copier machines can be found throughout the campus. There is a fee for the use of these printers, payable through photocopying or credit cards. The PC's in these laboratories are part of a local network. Each lab has a computer that serves as a server for software packages and backup image.

Online course servers store presentations, lecture summaries, recorded lectures, video films, interactive exercises, tests, and more. The University utilizes the Moodle software for these purposes (like Blackboard). Each instructor is responsible for the content of their course sites. There are also various forums: asynchronous communication between lecturer and students, chat rooms, and so forth.

University and inter-university network: The computer laboratories and kiosks are connected to the University's local area network, HALAN, which uses TCP/IP protocol. Access may be gained through the network to each of the University's computers that provides services to students. The Internet can also be accessed for permitted uses only.

Wireless network: Many areas of the campus are covered by Wi-Fi, enabling both academic staff and students who have portable computers and a wireless network card to hook up to the campus network. Once on the network, a user may connect to every University computer (assuming they have access permissions), and to the Internet.

Remote access: Students can communicate with University computers and the Internet from a personal computer at home, using a high-speed Internet connection (cables or ADSL) through an external supplier, or via the University by means of a modem.

Student dormitories: In addition to the public computer kiosks in the dormitories, every room of the "700" and "800" dormitory buildings has a connection to the campus network. In addition, there are four working stations for the sight-impaired.

Opening a Computer Account: An **e-mail** address and a computer account are provided automatically for every student who has completed his or her course registration process. Entitled students will find his or her password in the Student Portal. For computerized registration, online courses, and library reprints, access is gained through the uniform identification system (SSO). Computer users must meet the terms of the **Commitment for Proper Usage of a Computer Agreement**.

Classroom instruction: Computer classrooms serve both for teaching and for individual work. At the entrance to every such classroom, a list of the hours when the room is used for instruction is posted. Free access will not be allowed during these hours, and the lesson should not be disturbed.

Computer kiosks: These are workstations in public areas throughout the campus that are available to students during all hours of University activity. Most of the software installed in the computer classrooms is also found in the computers in these kiosks.

Computer software: The University offers a variety of software for students, with a reduced price for software licenses or at no cost to the student. The programs offered include: IBM SPSS (with a personal two-year license), SAS (at no cost), EndNote (with a personal license until July 2019), Office 365 ProPlus (at no cost), and more.

Distance Learning Infrastructure

Video conferencing Studio: Video conferencing has been met with great success at the University of Haifa, whether involving other parties elsewhere in Israel and/or around the world. The sophisticated studio enables the transmission of lectures in real-time to and from different sites located outside the campus. Students can view the lecture proceedings and participate actively in the class. The studio also serves the community by linking schools in Haifa with Jewish schools in the United States. The videoconferencing system connects the University of Haifa with other universities worldwide as well as with colleagues, friends and donors.

Webcasting: The system broadcasts conferences and lectures through the Internet so an interested party located outside the University can participate in it virtually. The address for these broadcasts is <http://live.haifa.ac.il>.

Video on Demand: Video tapes of lectures, courses, conferences and research materials are converted to digital format and preserved on video servers. These servers can be accessed from any computer and viewed by means of Windows Media Player or any other interface. For a list of videos, see the option "Video on Demand" on the link: <http://video.haifa.ac.il>

Wiki – Collaborative Learning Environment: The Computing and Information Systems Division has installed and maintains collaborative learning based on the Media Wiki platform. There are a number of courses operating in this environment at the University (e.g., Faculty of Education, School of Management).

Services through an Internet Site:

Details of the services provided by the Division and explanations of the different applications can be found by accessing the Computing and Information Systems Division's website (<http://computing.haifa.ac.il>). Information and services for students are available through the Students Portal (<http://stud.haifa.ac.il/irj/portal>). Students can also receive support services through Chat and Facebook. Online course sites allow access only to students who are registered for these courses.

Computer Labs (classrooms for teaching and practice): 16 rooms, 470 Stations

"Computers kiosks" - PC in public areas: 98 stations

Public PCs in the Students Dormitories – for use of these students only: 29 stations

3. Faculty access to hardware and software (including access to specific software or other technology required for instructional programs)

Faculty have access largely as described in the above section for students. Additionally, the University uses an international educational software platform, Moodle, which (like Blackboard, ELC, etc.) allows faculty to upload courses and run them through a web-based program. Students can upload and download papers, articles, etc. Faculty have access to on-site and off-site international web based databases of academic search engines, journals and other databases

4. Technical assistance available for students and faculty (self-study document)

Professional Staff and Qualifications

The library has 63 employees. The majority of the staff are certified librarians (senior librarians and specialists), with an undergraduate, graduate or doctoral degree. The library staff also includes 10 information technology specialists. The library has ISO-2001 certification.

Assistance and Instruction

At the beginning of each academic year, the library offers new students introductory orientation that includes a tour of its facilities and resources, and explanations of how to use them. The library's Internet homepage provides online instruction and information guides for most of the databases.

Course-related library instruction is offered in all subject areas; faculty and graduate students can request consultation sessions with a librarian for individual help with research and databases. Assistance to users is offered during all hours of operation at help desks, by telephone, email and online chat. The Circulation, Reference and Reserve/Media help desks are staffed whenever the library is open.

Computer laboratory supervisors: The staff is responsible for the functioning of the computer classrooms and the computer kiosks and serve as liaisons between the students and the Computing and Information Systems Division.

Student Support: Students can receive technical support from the staff in regard to the following areas:

- Wi-Fi accessibility;
- Connectivity to university resources;
- Help with campus mail;
- Purchase of software packages;
- Training for foreign students.

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

The University Library is modern and extensive with many print books, but also computer work stations, meeting rooms, and staff to support the Library's mission and access to information that is needed for a successful University to function. The University of Haifa is a modern university with up to date and extensive information and technology resources. Recognizing the international character of the I-MPH, the program uses IT extensively with students and faculty connecting while overseas and some lectures / seminars provided live by video conference by speakers who are overseas from Israel (e.g. US CDC). The University provides excellent staff support to students and faculty to achieve modern connectivity and access to print and electronic media.

3) If applicable, assess strengths and weaknesses in this area.

N/A

D1. MPH Foundational Public Health Knowledge

The school or program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

Grounding in foundational public health knowledge is measured by the student's achievement of the learning objectives listed below, or higher-level versions of the same objectives.

Required documentation:

1) Provide a matrix, in the format of Template D1-1, which indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the school or program. (self-study document)

The foundational public health knowledge required is provided in the Foundational Courses offered in our MPH program. The "10 Essential Services" are presented as a group in the Introduction to Global Health course and then individually in other courses as noted below. We do not have admissions requirements that are pertinent. We have reviewed the learning objectives and matched them with the associated courses that provide this knowledge and present it here in chart format: D1-1.

Template D1-1		
Content	Course number(s) or other educational requirements	
1. Explain public health history, philosophy and values	Intro to Global Health (286.4700)	Global Health Systems (286.4160)
2. Identify the core functions of public health and the 10 Essential Services*	See Below	
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	Epidemiology (286.4720)	Research Methods (286.4725)
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	Intro to Global Health (286.4700)	Epidemiology (286.4720)
5. Discuss the science of primary, secondary and tertiary prevention in population health, including Theories & Models of Health Behavior, screening, etc.	Intro to Global Health (286.4700)	Theories & Models of Health Behavior (286.4734)
6. Explain the critical importance of evidence in advancing public health knowledge	Research Methods (286.4725)	
7. Explain effects of environmental factors on a population's health	Environmental Health (286.4721)	
8. Explain biological and genetic factors that affect a population's health	Intro to Global Health (286.4700)	Epidemiology (286.4720)

9. Explain behavioral and psychological factors that affect a population's health	Theories & Models of Health Behavior (286.4734)	
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	Intro to Global Health (286.4700)	Global Health Systems (286.4160)
11. Explain how globalization affects global burdens of disease	Intro to Global Health (286.4700)	Global Health Systems (286.4160)
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	Intro to Global Health (286.4700)	Epidemiology (286.4720)
<u>* 10 Essential Public Health Services</u>		
1. Monitor health status to identify and solve community health problems.	Epidemiology (286.4720)	
2. Diagnose and investigate health problems and health hazards in the community.	Epidemiology (286.4720)	Environmental Health (286.4721)
3. Inform, educate, and empower people about health issues.	Theories & Models of Health Behavior (286.4734)	
4. Mobilize community partnerships and action to identify and solve health problems.	Introduction to Global Health (286.4734)	Leadership Seminar Series (286.4744)
5. Develop policies and plans that support individual and community health efforts.	Decision Making & Policy in Health Systems (286.4702)	
6. Enforce laws and regulations that protect health and ensure safety.	Decision Making & Policy in Health Systems (286.4702)	
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	Decision Making & Policy in Health Systems (286.4702)	
8. Assure competent public and personal health care workforce.	Intro to Global Health (286.4700)	Global Health Systems (286.4160)

9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	Epidemiology (286.4720)	Decision Making & Policy in Health Systems (286.4702)
10. Research for new insights and innovative solutions to health problems	Research Methods (286.4725)	

2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.

We have provided the pertinent course syllabi and samples of exams and other methods we use to demonstrate this knowledge. We do not have admissions prerequisites that are pertinent. See the ERF Section D → D1 → D1.2

3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.

N/A

D2. MPH Foundational Competencies

All MPH graduates demonstrate the following competencies. The school or program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency below, during which faculty or other qualified individuals (e.g., preceptors) validate the student’s ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school or program must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as crosscutting and emerging public health areas.

1) List the coursework and other learning experiences required for the school or program’s MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.

Template D2-1 (Optional)		
	Global Health Leadership and Administration- Concentration	
Requirements for MPH Degree, Concentration		
Course number	Course name*	Credits (if applicable)
	Core Knowledge Area	
286.4706	Biostatistics & SPSS	3
286.4720	Epidemiology & Analysis of Epidemiological Data	3
286.4721	Environmental & Occupational Health	2
286.4700	Introduction to Global Public Health (including social determinants of health)	2

286.4734	Theories & Models of Health Behavior	2
286.4702	Decision Making in Health Systems	2
286.4705	Human Rights & Public Health Ethics	2
286.5700	Applied Practice Experience (APE) [Practicum]	3
286.5711	Integrative Learning Experience (ILE) [Capstone]	3
		22
	Required Concentration Courses	
286.4725	Research Methods	2
286.4160	Global Health Systems	3
286.4740	Health Economics & Health Systems Finance	3
286.4741	Managing Organizations	3
286.4742	Leadership & Management	3
286.4744	Leadership Seminar Series	3
		16
	Electives (minimum of 6 credits)	
286.4750	Vaccines	2
286.4770	Current Dilemmas in Maternal & Child Health	2
286.4166	Sociology of Health & Illness	2
286.4763	Public Health Perspectives on Sexual & Reproductive Health	2
286.5701	Research Elective	2
286.5700	Applied Practice Experience (APE) [Practicum] – ELECTIVE (additional)	3
		6
	TOTAL CREDITS	44

*Also include any requirements for degree completion that are not associated with a course (e.g., 25 hours of community service).

2) Provide a matrix, in the format of Template D2-2, which indicates the assessment activity for each of the foundational competencies listed above.

University of Haifa - International MPH in Global Health & Administration --- Competencies D2-2 See ERF D2.3 for supporting documents (Syllabus, Exam, Assignments)		
<p>**Note that the faculty believes in some cases that evaluating competencies is best done through a number of assessment measures – multiple questions on exams and/or assignments instead of one single assessment (e.g. one exam question). In other cases, the faculty is comfortable with a single source of evaluation for a competency. See below for each of the competency evaluations.**</p>		
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	Epidemiology 286.4720	<p><u>Teaching</u> See Syllabus Classes #1 - #9 which deal with the basics of epi methods from measurement of effect to confounding and bias. Lectures #10-13 deal with application of these principles in infectious, social and health service epi research.</p>
		<p><u>Evaluation:</u> Problem set 1, questions 3 – 7; Problem set 2, question 1-3, 6; Problem set 3, question 3a-e, 4a-d. Final Exam Questions– Q #2-5, 7-12, case scenario Q14-22, case scenario Q23-26, 27-31, 34, 38-40</p>
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	Research Methods 286.4725	<p><u>Teaching</u> Study designs for quantitative methods for data collection, sampling methods and sample size computation. Qualitative research for the design and evaluation of questionnaires. Evaluation of biases in data. See Syllabus Classes #3 & #4</p>
		<p><u>Evaluation</u> Exam questions #2 & #6, #9, #32 & #34. See Exercise on sampling and sample size computation: “Exercise 3 – Research Methods – Exercise on Computing Sample Size”.</p>

3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	Biostatistics (quantitative only) 286.4706	Quantitative Only <u>Teaching</u> Ex. 1, Ex. 4, Ex. 5, Ex. 6,
		<u>Evaluation</u> Final Exam #1 - #6
	Research Methods 286.4725 (qualitative only)	<u>Qualitative Teaching</u> See Syllabus #9 & 10 (How to conduct in depth interviews and focus groups to identify important items for the questionnaire. How to test for face, content and consensual validity using consultation.)
		<u>Evaluation</u> See “Exercise 1 – Research Methods– SurveyMonkey 1-11-16” Create a questionnaire on a selected subject using SurveyMonkey and evaluate it using your co-students and the subjects.
	Behavioral Health 286.4725 (qualitative only)	<u>Teaching</u> See Syllabus #3
		<u>Evaluation</u> Mid-term exam question # 7 & 18
4. Interpret results of data analysis for public health research, policy or practice	Biostatistics 286.4706	<u>Teaching</u> Ex. 5 (#6c), Ex. 6, Ex. 7,
		<u>Evaluation</u> Final Exam #7 - # 10
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care and public health systems across national and international settings	Global Health Systems 286.4160	<u>Teaching</u> See Syllabus (Class I.g., II.a.,” Introduction to Health Systems” & IV.1-3 “Presentations & Financial Models of Health Systems”, & V.1-2 “Presentations”)
		<u>Evaluation</u> Quiz #1,9 & Student Presentation #1 See Syllabus for instructions and evaluation criteria (Class III-V)
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at	Introduction to Global Health 286.4700	<u>Teaching</u> See “ Intro to Global Health Syllabus - MSG” & “Intro to Global Health–Syllabus Updated–SS”)” (Class 5 & 6) Social determinants of health and health disparities

organizational, community and societal levels		<u>Evaluation</u> Assignment #3 (see “Intro to Global Health–Syllabus Updated–SS”) Exercises on selected topics, class presentations and an individual essay.
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities’ health.	Health Behavior 286.4734	<u>Teaching</u> See Syllabus Classes: # 1-2
		<u>Evaluation</u> Mid-term exam (“Competency 7 Exam Questions”) question # 7 & 18
8. Apply awareness of cultural values and practices to the design or implementation of public health programs	Leadership & Management 286.4742	<u>Teaching</u> See Syllabus Class VI (“Leadership in a Multi-Cultural Environment”)
		<u>Evaluation</u> See Syllabus instructions for Advocacy Presentation #2 & Scoring for Presentation #2 in Syllabus Final Exam: Question #6, 9, 10
9. Design a population-based project, program or intervention	Health Behavior 286.4734	<u>Teaching</u> See Syllabus Class #5–10, 12
		<u>Evaluation</u> See Syllabus Class 8-11 and “Paper Presentation & Expectations”
10. Explain basic principles and tools of budget and resource management	Health Economics & Finance 286.4740	<u>Teaching</u> See Health Economics & Finance Syllabus Class #1, 2, 9, 12; & for student instructions on Student Presentations (p4): Sessions #3, 11
		<u>Evaluation</u> Student Presentations: Sessions #3, 11 Home Exercise #1 (the exercise deals with “Health financing budget and expenditure management”) Final Exam: #1(c), #2, #3
11. Select methods to evaluate public health programs	Health Economics & Finance 286.4740	<u>Teaching</u> See Health Economics & Finance Syllabus Class #4, 5, 7, 10; & for student instructions on Student Presentations (p4): Sessions #6, 8
		<u>Evaluation</u> See Syllabus & Presentation Scoring - Student Presentations: Sessions #6, 8

		Home Exercise #2 (the exercise deals with “Demand for healthcare services and public health programs”) Final Exam: #1(a), 1(b), 1(c), 2, 3
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	Decision Making & Policy in Health Systems 286.4702	<u>Teaching</u> See Syllabus, #4,5,6. Assignment: Decision Making in Health Care
		<u>Evaluation</u> Exam Question # 2
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	Leadership & Management 286.4742	<u>Teaching</u> See Syllabus Class VI, VIII, IX
		<u>Evaluation</u> Final Exam: Q #4, 17, 23
14. Advocate for programs and political, social and economic, policies that will improve health in diverse populations	Leadership & Management 286.4742	<u>Teaching</u> See Leadership Course Syllabus Class VI, VIII, IX & (p8) for student instructions on Student Presentations: Sessions #VI, VIII, IX (p5-6) and “Advocacy Presentation Evals”
		<u>Evaluation</u> Student Presentations: Sessions #VI, VIII, IX (p5-6) and “Advocacy Presentation Evals”
15. Evaluate policies for their impact on public health and health equity	Decision Making & Policy in Health Systems 286.4702	<u>Teaching</u> See Syllabus #1, 4, 6 Also see “Competency 15 – Policies & Public Health”
		<u>Evaluation</u> See DMiHCS Home Exam Questions 2.1, 2.2, 3.5 Also see “Competency 15 – Policies & Public Health”
Leadership (Foundational)		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	Leadership Seminar Series 286.4744 [Note this is a different course than Leadership & Management 286.4742]	<u>Teaching</u> See Leadership Seminar Series Course Syllabus. See “Topic, Goals, LO’s, & Student Activities #2”. Students have interactive case discussions with ~ 14 health care leaders over ~ 20 sessions. They will learn principles of leadership and at the end of the course apply those principles in a summary discussion of the cases.

		<p style="text-align: center;"><u>Evaluation</u></p> <p>See Leadership Seminar Series Course Syllabus, “Student Activity #2” and Grading Rubric. Students will <u>apply</u> principles of leadership, etc. through their analysis of cases and summary descriptions of their own approaches to leadership.</p>
17. Apply negotiation and mediation skills to address organizational or community challenges	Leadership & Management 286.4742	<p style="text-align: center;"><u>Teaching</u></p> <p>See Syllabus Class VII (watch and discuss movie – “12 Angry Men” to understand negotiation, mediation); VIII (Discuss Rodgers “Diffusion of Innovation” and “Get Them on Your Side”), to learn formal approaches to mediation/negotiation.</p>
		<p style="text-align: center;"><u>Evaluation</u></p> <p>Final Exam: Q #36 [Essay question requires the application of skills in mediation/negotiation learned previously]</p>
Communication		
18. Select communication strategies for different audiences and sectors	Leadership & Management 286.4742	<p style="text-align: center;"><u>Teaching</u></p> <p>See Syllabus Class VII (watch and discuss movie – “12 Angry Men” to understand negotiation, mediation); Class VIII (Discuss Rodgers “Diffusion of Innovation” and “Get Them on Your Side”), to learn how to <i>select</i> proper communication strategy to reach various audiences.</p>
		<p style="text-align: center;"><u>Evaluation</u></p> <p>Students are required to do Advocacy Presentations. See instructions in Syllabus (Assignment #2) and grading rubric for Assignment #2; they must select proper strategies for the audience. Final exam: #12, 15, 17</p>
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	Health Economics & Finance 286.4740	<p style="text-align: center;"><u>Teaching</u></p> <p>See Health Economics & Finance Syllabus – Class #1, 2, 4, 5, 7, 9, 10, 12; & for student instructions on Student Presentations (p4): Sessions #3, 6, 8, 11</p>

		<p style="text-align: center;"><u>Evaluation</u></p> <p>Student Presentations: Sessions #3, 6, 8, 11</p> <p>Home Exercise #1 (the exercise deals with “Health financing budget and expenditure management”)</p> <p>Home Exercise #2 (the exercise deals with “Demand for healthcare services and public health programs”)</p>
20. Describe the importance of cultural competence in communicating public health content	Leadership & Management 286.4742	<p style="text-align: center;"><u>Teaching</u></p> <p>See Syllabus Class VI (Discuss case “RJS to China” and then discuss Erin Myer articles in HBR, then review Cultural Map of class and discuss cultural differences in public/global health) & VII (watch and discuss movie – “12 Angry Men” to understand how to understand and communicate with different cultures);</p>
		<p style="text-align: center;"><u>Evaluation</u></p> <p>Final Exam # 6, 9, 20, 21</p>
Interprofessional Practice		
21. Perform effectively on interprofessional teams	Leadership Seminar Series 286.4744 [Note this is a different course than Leadership & Management 286.4742]	<p style="text-align: center;"><u>Teaching</u></p> <p>See Leadership Seminar Series Course Syllabus. See “Goals, LO’s, & Student Activities #1”. Students have interactive case discussions with ~ 14 health care leaders over ~ 20 sessions. They will function as an interprofessional team, analyzing cases and demonstrating to their classmates the perspective they have and learn the perspectives of other professions.</p>
		<p style="text-align: center;"><u>Evaluation</u></p> <p>See Leadership Seminar Series Course Syllabus, “Student Activity #1” and Grading Rubric #2. Students will apply principles of leadership, etc. through their analysis of cases and summary descriptions of their own approaches to leadership</p>
Systems Thinking		
22. Apply systems thinking tools to a public health issue	Global Health Systems 286.4160	<p style="text-align: center;"><u>Teaching</u></p> <p>See Syllabus Class I (1.c.,d.,e.) & Class II (2.a. “Comparing Health Systems – what tools are used”, 3.b. – Toyota as a model of systems tool application)</p> <p>See Syllabus Class III-V and VI-VIII for student presentations [see instructions for presentations in Syllabus P-10-11</p>

		Students demonstrate use of systems thinking tools]
		<u>Evaluation</u> See Syllabus (~ page 10-11) for instructions for students about Assignments A (1 st Student Presentation) and B (2 nd Student Presentations VI – VIII and/or Seminarian Paper) See Presentation Scoring Form #1 & #2

A more extensive presentation of all competencies matched to all courses is provided in the ERF. See ERF section D→ D2→ D2.2

3) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus. See ERF section D→ D2→ D2.3 for all Competencies tied to courses, syllabi, and exams.

D3. DrPH Foundational Competencies (if applicable): N/A

D4. MPH & DrPH Concentration Competencies

MPH and DrPH graduates attain competencies in addition to the foundational competencies listed in Criteria D2 and D3. These competencies relate to the school or program's mission and/or to the area(s) of concentration.

The school or program defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The list of competencies may expand on or enhance foundational competencies, but the school or program must define a specific set of statements that articulates the depth or enhancement for all concentrations and for generalist degrees. It is not sufficient to refer to the competencies in Criterion D2 or D3 as a response to this criterion.

The school or program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (e.g., preceptors) validate the student's ability to perform the competency. These assessment activities may be spread throughout a student's plan of study.

Because this criterion defines competencies beyond the foundational competencies required of all MPH and DrPH students, assessment opportunities typically occur in courses that are required for a concentration or in courses that build on those intended to address foundational competencies. Assessment may occur in simulations, group projects, presentations, written products, etc.

If the school or program intends to prepare students for a specific credential (e.g., CHES/MCHES) that has defined competencies, the school or program documents coverage and assessment of those competencies throughout the curriculum.

Required documentation:

- 1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. (self-study document).**

See ERF section D → D4 → D4.1

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GLOBAL HEALTH & LEADERSHIP

<p>23. Demonstrate the skills to collaborate and/or partner, especially with NGO's and/or GO's in a domestic and/or international setting</p>	<p>Global Health Systems 286.4160</p>	<p><u>Teaching</u> See Syllabus (Class VII – Emerging Nation – NGHO Program Exercise)</p> <hr/> <p><u>Evaluation</u> Quiz #4, #11 Final Exam #35</p>
<p>24. Demonstrate socio-cultural and political awareness skills in a global health setting</p>	<p>Global Health Systems 286.4160</p>	<p><u>Teaching</u> See Syllabus (Class VII – Emerging Nation – NGHO Program Exercise) [Student Presentations #1] (Class III – V)</p> <hr/> <p><u>Evaluation</u> Final Exam #3,4,5,35 Evaluation of Student Presentations #1 (Class III – V)</p>
<p>25. Promote innovation and organizational learning in all settings and in the LMIC setting promote local organizational self-reliance</p>	<p>Global Health Systems 286.4160</p> <hr/> <p>Introduction to Global Health 286.4700</p>	<p><u>Teaching</u> See Syllabus Class I (1.c.,d.,e.) & Class II (2.a. “Comparing Health Systems – what tools are used”, 3.b. – Toyota as a model of systems tool application) See Syllabus Class III-V and VI-VIII for student presentations [see instructions for presentations in Syllabus P-10-11 Students demonstrate use of systems thinking tools]</p> <hr/> <p><u>Evaluation</u> See Syllabus (~ page 10-11) for instructions for students about Assignments A (1st Student Presentation) and B (2nd Student Presentations VI – VIII and/or Seminarian Paper) See Presentation Scoring Form #1 & #2</p> <hr/> <p><u>Teaching</u> See “Intro to Global Health Syllabus – Updated - MSG” and “Intro to</p>

		<p>Global Health – Syllabus Updated - SS” (Class #3, #4, #7, & 11) Sustainable development goals and their implementation in LMIC settings, use of health indicators to identify areas for intervention.</p>
		<p><u>Evaluation</u> Exam #18, 21, 27,30 ("Intro to Global Health – Syllabus Updated - SS") Assignment 3: Student Paper after class presentations (Assignment #2) relating the selected topics to the SDGs</p>
26. Demonstrate understanding in leading or participating in complex multi-national, multi-cultural teams in organizations	Global Health Systems 286.4160	<p><u>Teaching</u> See Syllabus (Class VI – Case studies of “Schusteristan” & “Green-Land”) Class VII – Emerging Nation – NGHO Program Exercise)</p>
		<p><u>Evaluation</u> See Syllabus (Class VI – VIII) Final Exam #4, 35</p>
	Introduction to Global Health 286.4700	<p><u>Teaching</u> See (“Intro to Global Health – Syllabus Updated - SS”) (Class #5-6) Multi-disciplinary approach to major health problems such as infant, child and maternal mortality</p>
		<p><u>Evaluation</u> See Assignment #2, 3 in (“Intro to Global Health – Syllabus Updated - SS”) for assessment Class presentations relating selected topics to these indicators and the potential for multi-disciplinary intervention</p>
	Leadership Management 286.4742	<p><u>Teaching</u> See Syllabus (Class VI, “Leadership in Multi-Cultural Environment”</p>
		<p><u>Evaluation</u> Final Exam (#20, 21, 36)</p>

27. Demonstrate knowledge of transnational issues (i.e. global) in health care	Introduction to Global Health 286.4700	<u>Teaching</u> Global differences in health indicators and the relative contribution of social determinants and healthcare See ("Intro to Global Health – Syllabus Updated - SS" (Class #2,3,12)
		<u>Evaluation</u> See Assignment #1,3 in Syllabus ("Intro to Global Health – Syllabus Updated - SS") for assessment Class presentations demonstrating the importance of trans national issues in health care for selected topics such as climate change and childhood obesity.
28. Demonstrate knowledge related to the unique health issues affecting Low and Middle Income Countries (LMIC)	Global Health Systems 286.4160	<u>Teaching</u> See Syllabus (Class VI – Case studies of "Schusteristan") See Syllabus (Class VII – Emerging Nation – NGHO Program Exercise)
		<u>Evaluation</u> Quiz #8,11 Final Exam #2,10,18,36
29. Demonstrate skills in organizational and team leadership, especially understanding leadership personalities and styles - their strengths and weaknesses	Leadership & Management 286.4742	<u>Teaching</u> See Syllabus (Class I – students are taught principles of leadership then learn their own leadership strengths & weaknesses), (Class I, IV – through role play and case discussions "A Board Meeting", Class II - "George & Rocky", Class III – "Health Commissioner Makes a Decision" students are videoed and analyze their own and colleagues organizational and team leadership skills).
		<u>Evaluation</u> Each student must submit "Goleman EI Self-Assessment" to demonstrate self-understanding (see Syllabus Assignment #3) Final Exam: #36 [Essay question requires demonstration of skills in organizational and team leadership]
	Leadership & Management	<u>Teaching</u>

<p>30. Apply social justice, human rights, and culturally appropriate principles in a domestic and/or global health setting</p>	<p>286.4742</p>	<p>See Syllabus (Classes I – Lectures “RJS Lecture – Intro to Leadership” and “Leadership Principles & Styles” provides social justice, human rights, and culturally appropriate responsibilities and roles in leadership), Class VI (Presentation on application of culturally appropriate principles), Class VII (Movie “12 Angry Men” application of social justice and human rights”).</p> <p><u>Evaluation</u> Final Exam: #6, 9, 10, 21, 36</p>
<p>31. Demonstrate skills as a change agent</p>	<p>Leadership & Management 286.4742</p>	<p><u>Teaching</u> See Syllabus (Class VII “12 Angry Men” movie – discuss change agent role, Class VIII discuss Evert Rogers “Diffusion of Innovation” & “Get Them on Your Side” as tools for change agency, then Class VIII & IX each student presents and serves as a change agent). See Assignment #2 in Syllabus.</p> <p><u>Evaluation</u> See Syllabus for student instructions on Student Presentations - Assignment #2 and grading rubric in Syllabus and “Presentation Advocacy Scoring”</p>
<p>32. Demonstrate knowledge and management of oneself, including understanding of personal strengths and weaknesses</p>	<p>Leadership & Management 286.4742</p>	<p><u>Teaching</u> See Syllabus Classes I (Students take Myers-Briggs/Kiersey Self-Assessment) and Class I & II (students discuss their own leadership style with emphasis on strengths & weaknesses)</p> <p><u>Evaluation</u> See Syllabus Assignment #3: Each student submits “Goleman EI Self-Assessment”</p>
<p>33. Demonstrate skills in resource allocation</p>	<p>Leadership & Management 286.4742</p>	<p><u>Teaching</u> See Syllabus Class VIII (Discuss Evert Rogers “Diffusion of Innovation” & “Get Them on Your Side” related to resource allocation)</p>

		<p style="text-align: center;"><u>Evaluation</u></p> <p>See Syllabus for student instructions on Student Presentations - Assignment #2 and grading rubric in Syllabus and "Presentation Advocacy Scoring"</p>
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2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school or program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

N/A – students to not individually tailor competencies in the Concentration.

3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.

See ERF section D → D4 → D4.3

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.: N/A

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences. Applied practice experiences may be concentrated in time or may be spread throughout a student's enrollment. Opportunities may include the following:

- **a practicum or internship completed during a summer or academic term**
- **course-based activities (e.g., performing a needed task for a public health or health care organization under the supervision of a faculty member as an individual or group of students)**
- **activities linked to service learning, as defined by the program, school or university**
- **co-curricular activities (e.g., service and volunteer opportunities, such as those organized by a student association)**
- **a blend of for-credit and/or not-for-credit activities**

Required documentation:

- 1) Briefly describe how the school or program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies. (self-study document) Present at least five sample matrices in the format of Template D5-1. (electronic resource file)**

The students in the MPH program are asked to identify their perceived level of competency in each of 33 categories (as noted above) at the beginning and end of the program. At the end of the program, we believe they have some familiarity with these competencies. As they submit their APE, we also ask them to report on the competencies they used for the APE. (We also ask them to identify the competencies they *integrate* for the ILE – Capstone). We have updated the Syllabus for what was the “Practicum” into what is now the Applied Practice Experience (APE). As we have done that, we have specified that students must identify competencies (as directed by CEPH) in 5 categories, including at least 3 that are Foundational. As the students plan their APEs with us, we are mindful of the competencies and we attempt to help them arrange their APEs so that they will complete the experience with the needed competencies. We review with them the status of the APE as it proceeds and finally, we require that in their final report to us regarding the APE that they expressly identify the competencies acquired. (In the 2015-2016 [1st] year, we asked for competencies, but did so less clearly. In the 2016-2017 year and beyond we have been clearer on this.)

See ERF section D→ D5→ D5.1 for a sample of the Template D5-1 and the APE reports.

- 2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.**

See ERF section D→ D5→ D5.2

- 3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The school or program must provide samples of complete sets of materials (i.e., the documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or**

generalist degree. If the school or program has not produced five students for which complete samples are available, note this and provide all available samples.

See ERF section D→ D5→ D5.3

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. N/A

D6. DrPH Applied Practice Experience (if applicable)

N/A

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

The ILE represents a culminating experience and may take many forms, such as a practice-based project, essay-based comprehensive exam, capstone course, integrative seminar, etc. Regardless of form, the student produces a high-quality written product that is appropriate for the student's educational and professional objectives. Written products might include the following: program evaluation report, training manual, policy statement, take-home comprehensive essay exam, legislative testimony with accompanying supporting research, etc. Ideally, the written product is developed and delivered in a manner that is useful to external stakeholders, such as non-profit or governmental organizations.

Professional certification exams (e.g., CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The ILE is completed at or near the end of the program of study (e.g., in the final year or term). The experience may be group-based or individual. In group-based experiences, the school or program documents that the experience provides opportunities for individualized assessment of outcomes.

The school or program identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (e.g., preceptors).

Combined (dual, joint, concurrent) degree students should have opportunities to incorporate their learning from both degree programs in a unique integrative experience.

Required documentation:

List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the school or program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

The program has only one Concentration: Global Health Leadership and Administration. As all of the ILE's are supervised by the Director and the Co-Director, there is more assurance that the program expectations regarding synthesis of competencies are met. In the final ILE paper and PowerPoint presentation, the students are expected to understand and explain how their competencies have been integrated with one another, producing a competent practitioner of public health. Finally, we have a form (see ERF D → D7 → D7.4 "Integrated Competencies Form") where the student is presented with the 33 competencies (foundational and other) we have identified and asked to self-identify those competencies they have integrated. This document serves as a basis for the reviewers to confirm this. The final grade includes scoring to recognize how effectively the student has synthesized their competencies.

Table D7-1 in ERF section D→ D7→ D7.1 restates this information and expands on it.

1) Briefly summarize the process, expectations and assessment for each integrative learning experience.

The Integrative Learning Experience (ILE) was called and is still considered the “Capstone” experience in the MPH, where students are called upon to bring together the learning that they have achieved in the MPH and to integrate the Competencies they have developed. Although there is a Syllabus for the ILE, by its nature, the ILE is unique to each student. Student interest does and must play a key role in the individual experience of the ILE. We want students to select an area of interest to them and to advance knowledge and advance their own competencies from those in the program. Some students develop an ILE based on their APE, while others start an entirely new line of effort in the ILE. This is the student’s experience. Many students develop a project in the Israeli health system, while others choose to look at other countries. The Program does not require that the focus be global health leadership for the ILE, allowing students to focus in any area of public health that interests them. As provided in the ERF, students have done policy analysis, epidemiologic studies, environmental health studies, and other activities.

Students meet with their ILE advisor not only to develop a project but also during the project to assure that they are remaining “on track” for completing a proper project. Part of their final grade is based on this process. The students are required to produce a document that summarizes the project, which must be a minimum of 20 pages in length. Additionally, each student must produce a PowerPoint presentation and present it to the Director and Co-Director and possibly classmates as part of their final product.

2) Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students.

Syllabus is provided in ERF section D→ D7→ D7.3.

3) Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students’ demonstration of the selected competencies (electronic resource file)

Guidelines are provided to the student (included in ERF section D→D7→ D7.4). Students are formally graded by the Director and Co-Director for their ILE. A complex rubric is used (and included in the ERF). A key factor in grading is demonstration of the integration of four or more competencies. Students are likewise expected to include their own assessment of competencies in the written document.

Competency Integration forms, Scoring forms and Presentation Guidelines are provided in ERF section D→ D7→ D7.4.

4) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

See ERF section D→ D7→ D7.5.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

N/A

D8. DrPH Integrative Learning Experience (if applicable):

N/A

D9. Public Health Bachelor's Degree General Curriculum (if applicable):

N/A

D10. Public Health Bachelor's Degree Foundational Domains:

N/A

D11. Public Health Bachelor's Degree Foundational Competencies:

N/A

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities:

N/A

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences:

N/A

D14. MPH Program Length

- 1) Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.

Students must take 16 credit hours of courses in public health core knowledge areas to meet the core course requirement, 16 credit hours of concentration courses, 6 credit hours for the Applied Practice Experience and Integrated Learning Experience, and 6 credits from 5 different courses to meet the elective requirement for the Global Health Leadership and Administration MPH Degree. In total, students must complete 44 semester-credits for completion of the Global Health Leadership and Administration MPH Degree.

- 2) Define a credit with regard to classroom/contact hours.

A contact hour represents an hour of scheduled instruction given to students. A semester credit hour is granted for satisfactory completion of one session (contact hour) of classroom instruction per week through the entire semester.

TOTAL CREDIT REQUIREMENTS

Credits

CORE	16
CONCENTRATION	16
APPLIED PRACTICE EXPERIENCE + INTEGRATED LEARNING EXPERIENCE	6
ELECTIVES	<u>6</u>
TOTAL	44

D15. DrPH Program Length (if applicable); N/A

D16. Bachelor's Degree Program Length (if applicable): N/A

D17. Public Health Academic Master's Degrees (if applicable): N/A

D18. Public Health Academic Doctoral Degrees (if applicable): N/A

D20. Distance Education (if applicable): N/A

E1. Faculty Alignment with Degrees Offered (SPH and PHP)

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience. Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

Education refers to faculty members' degrees, certifications, fellowships, post-doctoral training, formal coursework completed, etc.

Experience refers to a range of activities including substantial employment or involvement in public health activities outside of academia. Experience also refers to the depth of service provided to professional and community-based public health organizations and to peer-reviewed scholarship in a discipline. Finally, experience relates to the individual's record of excellence in providing instruction in a discipline.

Required documentation:

1) Provide a table showing the school or program's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.

Schools should only include data on faculty associated with public health degrees. (self-study document)

Primary Instructional Faculty Alignment with Degrees Offered						
Name*	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Current instructional area(s)+
Green, Manfred	Professor	See note **	MSc	University of Cape Town (MSc, MBChB [MD]),	Operations Research (MSc), (MD), (MPH, PhD)	Research Methods, Global Health, Vaccines
			MD (MBChB)	University of Cape Town	Medicine	
			MPH	University of North Carolina at Chapel Hill	Medical Manageme nt	
			PhD	University of North Carolina at Chapel Hill	Public Health (Epidemiolo gy)	

Schuster, Richard	Professor	See note***	MD	University of Rochester	Medicine	Global Health, Leadership, Applied Practice Experience
			MMM	Tulane University (School of Public Health)	Medical Management	
Sznitman, Sharon	Senior lecturer****	Tenured	MA,	University of Stockholm	Sociology	Behavioral Health Sociology of Health, Global Health
			PhD	University of Stockholm	Sociology	

** Professor Green was a tenured Full Professor at the Tel Aviv University. Upon coming to the University of Haifa in 2008, he accepted a special contract that provided a non-tenured faculty appointment as Head of the School of Public Health.

*** Professor Schuster was a Full Professor in the USA (Wright State University School of Medicine, University of Georgia College of Public Health) and accepted a contract as a Full Professor to jointly head the IMPH program at the University of Haifa.

**** Dr. Sznitman received tenure in 2015 and was appointed a Senior Lecturer, a position at the University "between" Assistant Professor" and Associate Professor

2) Provide summary data on the qualifications of any other faculty with significant involvement in the school or program’s public health instruction in the format of Template E1-2. Schools and programs define “significant” in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students’ practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1. (self-study document)

Non-Primary Instructional Faculty Regularly Involved in Instruction						
Name*	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Current instructional area(s)*
Amster, Eric	Lecturer	Non-tenure track faculty	MD	UC Davis	Medicine	Environmental Health, Epidemiology
			MPH	Harvard University	Occupational and Environmental Health	

Elad-Yarum, Ruchama	Lecturer	Non-tenure track faculty	MA	University of Haifa	Statistics	Biostatistics
			MA	University of Haifa	Education	
Fisher, William	Professor, University of Western Ontario (Canada)	See note***	PhD	Indiana University	Psychology	Global Health
			MPH	Texas A&M University		
Hovav, Boaz	Lecturer	Non-tenure track faculty	MD	Tel Aviv University	Medicine	Health Policy
Peled, Maya	Lecturer	Non-tenure track faculty	LLB	University of Haifa	Law	Ethics
			MPH	Boston University	Public Health Law and Ethics	
			PhD	University of Haifa	Public Health Law and Ethics	
Rubin, Lisa	Senior Lecturer	Non-tenure track faculty	MD	Loyola University, Stritch School of Medicine	Medicine	Maternal and Child Health
			MPH	University of Illinois	Maternal and Child Health	
Tur-Sinai, Aviad	Lecturer	Non-tenure- track	MA	Hebrew University	Economics	Health Economics
			PhD	Tel Aviv University	Economics	
Tzafirir, Shai	Associate Professor	Tenured	MA	University of Haifa	Political Science	Organization and Management
			MSc	Technion	Industrial Engineering & Management	
			LLB	University of Haifa	Law	
			PhD	Technion	Management	

** Professor William Fisher is an international faculty teaching at UH; he is a tenured professor at his home institution (Canada), but not at the University of Haifa.

3) Include CVs for all individuals listed in the templates above. (electronic resource file)

See ERF section E → E1 → E1.3

4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

The 3 Primary Instructional Faculty (PIF) received their education on 3 different continents and are working together teaching in the 4th. Likewise, we offer a breath of educational experience and orientation. The "Significant" faculty are defined as individuals who teach at least one complete course. Like the PIF, they have been educated and teach in various parts of the world, and represent various disciplines.

As is often the case with faculty, their degree gives them specific skills, but their career evolves and their experiences provide additional opportunities to teach in areas that are not obvious from their degrees. For example, Dr. Eric Amster teaches both Environmental Health and Epidemiology. He has an MD (University of California – Davis), but also an MPH (from Harvard University) in environmental health. He received this degree while being a Research Fellow at Harvard and completing a residency in Environmental and Occupational Medicine. Much of his work in environmental Health is epidemiologic and therefore he has significant skills in epidemiology, which provides him with the skills to teach the topic. Dr. Sharon Snitzman is from Norway, received one degree in Great Britain, two degrees in Sweden, and concluded a 2 year post-doctoral fellowship at the University of Pennsylvania in the Annenberg School of Communications where she was able to develop skills and interests in health behavior, health education, and global health. This provided her with skills to teach Behavioral Health, an elective in the Sociology of Illness and to co-teach a course in Introduction to Global Health. Professor Green has worked on numerous global health issues, especially vaccine related. He has been a co-investigator on a number of EU grants and speaks internationally on a routine basis. His skills allow him to teach Research Design, Global Health, and Vaccine. Professor Schuster was the founding Director of the Center for Global Health at the University of Georgia (in the US), providing him with an orientation and skills to teach the Global Health course. He created a Leadership Development Program (which included creating a CEPH accredited MPH) at Wright State University in Dayton, Ohio, as well as a Center for Global Health Systems, Management, and Policy.

In addition to the "Significant" faculty, there are individuals who provide seminars (our Leadership Seminar Series offers ~ 14 different speakers throughout the year presenting topics on leadership). Some of them have formal faculty appointments at various universities (Aida Mukjic, Univ. Zagreb – Croatia), many are community practitioners (Liz Sage O'Mara, US-CDC or Dorit Nitzan, WHO - Copenhagen), and many are community practitioners who also have adjunct faculty appointments (Sonja Rasmussen, US-CDC and Emory). Likewise, we have faculty involved with the APE and ILE experiences who are not listed in either E1-1 or E1-2.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

We are pleased with the diversity of our faculty (geographic, educational, gender). We believe that the faculty composition is a key strength of the program.

E2. Integration of Faculty with Practice Experience

1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

There are 11 major faculty (i.e. teaching an entire course) in the I-MPH. The Program Director, Prof. Green, worked at the Israeli Ministry of Health for many years and was the founding director of the Israeli Center for Disease control (CDC). This provided him with tremendous practical experience. He remains on numerous government generated public health committees. The Co-Director, Prof. Schuster, worked in clinical medicine for 15 years and in a hospital system for four years before joining a medical school and then public health faculty. He has had extensive experience likewise in the healthcare system. Dr. Amster functions as a clinical occupational health physician. Dr. Rubin, is the national Director of Maternal and Child Care for the Israeli Ministry of Health. Our APE Committee includes Diane Levin, who is the Director of the Department of Health Education and Promotion for CLALIT health services, which is the health plan providing care for approximately 60% of the Israeli population.

We require a course entitled “Leadership Seminar Series”. This 20 session course runs over the three semesters of the program and has approximately 14 different people coming from Israel, the US, and other countries (either in-person or by live video) presenting real-world challenges from the public health practice community. Speakers come from the Israeli Ministry of Health, the US CDC, WHO, and a number of other organizations and agencies. Each brings case studies of practical public health challenges that they have experienced. Some of them have formal faculty appointments at various universities (Aida Mukjic, Univ. Zagreb – Croatia), many are community practitioners (Liz Sage O’Mara, US-CDC or Dorit Nitzan, WHO - Copenhagen), and many are community practitioners who also have adjunct faculty appointments (Sonja Rasmussen, US-CDC and Emory).

Finally, our students have their APE with site supervisors who represent the public health practice community. Details of the APE experiences are provided elsewhere.

Faculty are appointed either as ad hoc teachers whose appointments are renewed each year or via part-time appointments, usually of physicians (but there are a few PhD's), who receive academic rank, can be promoted, but do not get tenure. Their appointments are usually up for renewal every three years.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

N/A

E3. Faculty Instructional Effectiveness

- 1) Describe the means through which the school or program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.**

Faculty travel very frequently to conferences within Israel. Most of the universities and government agencies are within a 1.5 – 2-hour drive. Faculty will typically attend local or regional meetings every one or two months. They will present their work at these meeting one or two times per year and the rest of the time will learn of others work. Faculty travel overseas (out of Israel) one or two times a year to attend conferences. They will typically present overseas one if not two times per year. The Program Director, Professor Green, typically presents overseas four or five times per year at conferences – either academic, EU or WHO sponsored. All faculty members maintain memberships in professional organizations that are pertinent to their fields; there are commonly Israeli organizations and also European and/or more international organizations they are involved with. All 3 of the PIF faculty are conducting active research. Four of the eight other faculty in the I-MPH are conducting research. As an example, the faculty established a relationship with the University of Zagreb in Croatia that is an Erasmus Plus EU funded program. It has involved the exchange of faculty to teach. To date 6 of our faculty have been to Croatia and 3 have been to Haifa teaching our students. The primary mission of this program is to improving teaching effectiveness. Professor Schuster is President of the US Consortium for Southeast Hypertension Control (COSEHC). This organization has 32 cardiovascular centers through the US Southeast and the Caribbean. It is an independent Continuing Medical Education (CME) provider. One of its main missions is education – both public and professional. It has been involved with advancing health care provider education through modern teaching/learning techniques involving quality improvement processes and the learning by data analysis and revision of care processes. Professor Schuster has not only taught in these settings but also as leader of the organization helped it to focus these efforts. Most recently it received a \$14 M contract from the US Centers for Medicare/Medicaid Services (CMS) to introduce some of these new approaches to about 5,000 providers of health care in the Southeastern US through the creation of a Practice Transformation Network.

The Program leadership also encourages the faculty to adapt and adopt new teaching techniques. A survey was conducted of various teaching techniques done by the faculty. This information was circulated to other faculty, discussed at a Curriculum Committee meeting, and faculty were encouraged to attempt some of these newer techniques (cased based, team based, flipped classroom and so forth). See ERF section E→ E3→ E3.1 for some of these teaching technique faculty reports.

- 2) Describe the school or program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.**

A University wide student organization conducts evaluations of courses. These evaluations are done at the end of each course and submitted anonymously by the students to the University. They are collated and returned to the faculty and program leadership. The lecturers receive the results of the evaluation and these are discussed with the head of the Program. University rules preclude literal distribution of this information to the I-MPH Assessment Committee. Instead, the program leadership reports the numbers to the committee without identifying the associated faculty member. This provides a range of performance to the committee. In addition, faculty are encouraged to develop their own evaluations; a generic form is provided by the program leadership for faculty use.

Additionally, the Program leadership has solicited feedback in focus group formats with the students as well as at the Curriculum Committee and Assessment Committee meeting process. As stated elsewhere in this Self-Study document a number of courses and faculty have been changed over the 3 years of the program as a reflection of this feedback.

See ERF section E → E3→ E3.2 for examples.

3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of school or program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

Regular faculty meetings, retreats, local and regional conferences are one source of faculty maintenance and advancement of instructional skills. Additionally, the University provides an international travel stipend (\$10,000 for full time faculty). This stipend is often used by faculty to expand their skills through international contacts. The Program leadership meets with faculty periodically and advises and or demonstrates updated teaching techniques. We require that each faculty member review all 33 of the Competencies we identify for the program [see D2-2 and look for a very long file in the ERF in D2 "D2 Extended Competencies Keyed to Foundational Courses"]. Each faculty member must identify those competencies he or she teaches (i.e. helps to develop) in their courses. The Program leadership believes this helps to assure that the faculty orient their teaching to the central issues in public / global health education and remain current in public health education.

The University has a teaching unit that provides support for lecturers in preparing teaching materials. Regular courses are held on teaching methods, and all faculty members are required to attend the courses. As stated above, the University provides international travel funds for faculty annually. Although some of this travel is to support research oriented efforts, other faculty travel to enhance their teaching skills. #1: Two program faculty traveled to the University of Zagreb in Croatia to teach and exchange enhanced teaching techniques, sponsored by the Erasmus Plus program. #2: Likewise, 3 University of Zagreb faculty came to the University of Haifa to exchange new ideas regarding teaching techniques. #3: Professor Schuster, when at the University of Georgia, worked with the UH and UGA teaching and learning centers to provide an entire course that was taught live in Haifa in person and live by video at the University of Georgia. #4: The Program Directors routinely use live video connections (usually Skype) to have student final presentations of the Integrated Learning Experiences (ILE – Capstone). As an international program, it is common for students to be back "home" at the time of their ILE formal presentations, and potentially for Profs. Green and Schuster to be in different countries – hence the use of live video as a means of modern instruction (in this case the student doing the presenting). #5: Professor Schuster recently distributed some publications regarding the "flipped classroom" and some faculty are evaluating its pertinence to their teaching styles.

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

When writing letters of recommendation for promotion or tenure, a section is devoted to the teaching abilities of the lecturer and summaries of the students' evaluations are attached.

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the school or program and relate to instructional quality. Describe the school or program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the school or program may add indicators that are significant to its own mission and context *.

Faculty currency

- **Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.**

The I-MPH has both an Assessment Committee and a Curriculum Committee. The Assessment Committee reviews student evaluations of the courses and instructors. The Curriculum Committee reviews the courses and the entire instructional program. The Curriculum Committee is charged with reviewing the syllabi of each of the required (core and concentration courses), which is done on a schedule with the reviews spread through the year. Individual members of the Curriculum Committee (one faculty member plus one student) are charged with reviewing individual course syllabi and reporting their findings to the Curriculum Committee. The Curriculum Committee then provides feedback to the individual faculty member regarding their syllabus. This process was begun in the Spring of 2017. Five courses are reviewed each semester.

Faculty instructional technique

- **Frequency of internal quality reviews of existing courses or curricula**

Each faculty member (for core, concentration, and elective courses) is asked annually to complete a form reporting the teaching techniques employed in their course. Examples of “techniques” include: lecture, small group learning, case based learning, student presentations, team based learning, “flipped classroom”, outside speakers, video based teaching, experiential learning, distance learning, and other individually created teaching techniques. These course reports are presented to the Curriculum Committee for review. This is a way for faculty to review each other’s teaching approaches. It is a non-threatening way for faculty to exchange teaching approaches and to likewise encourage more advanced teaching techniques. The findings are summarized and shared with the I-MPH faculty as a whole.

School- or program-level outcomes

- **Effect of student involvement in committees on curriculum**

In the 1st year of the program, with a total of 6 students in the program, communication between the students and the program leadership was open, immediate, and very bilateral. In the 2nd year of the program with 16 students in the program, we formalized the role of students in program development and evaluation by adding them to I-MPH Committees (Admissions, Curriculum, Assessment, and APE). Evaluation of the impact of the addition of the students can be noted by changes that have occurred during the meetings as a consequence of the students’ involvement in the meetings. The student-induced changes have occurred progressively, so they are more evident in the 3rd vs. 2nd year, but present in both years. For example, the Program Evaluation form has changed a number of times based primarily on feedback from the student committee members. The curriculum has changed (changing from Health Policy to Evidence Based Practice course and changing from separate Health Econ and Health Finance to one course combining the two) largely based on feedback from the students, which includes their involvement on the committees.

See ERF section E → E3 → E3.5 to view copies of evaluations and minutes of meetings.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Students have become progressively more involved in committees over the 3 years of the program. Their involvement was modest in the 1st year, but has progressively strengthened since then. It’s hard to measure their total impact in that any one committee member influences a committee, but it is the committee as a whole that makes decisions.

E4. Faculty Scholarship

1) Describe the school or program's definition of and expectations regarding faculty research and scholarly activity.

All tenure and tenure track faculty are required to be active researchers. For promotion/tenure faculty should be conducting research projects that leads to yearly publications in high impact journals and faculty should obtain "competitive grants". Competitiveness of grants is set according to university guidelines. Non-tenure track faculty are encouraged, but not required to be doing research. As can be seen from our data, quite a number of them are indeed doing research.

2) Describe available university and school or program support for research and scholarly activities.

The Program's research activities are guided by the Research Authority of the University of Haifa (<http://ra2.haifa.ac.il/index.php/en/>). The staff at the research authority works actively and continuously with faculty and staff to increase externally funded research. Specifically, the Research Authority helps that faculty by identifying external funding sources and sending information about it to faculty, seminars and workshops regarding successful grant writing, budget preparation and management, institutional authorization, proposal transmittal, contract negotiations, and administration of externally and internally funded programs.

In addition, the library supports research in that they handle purchase requests from faculty for their specific research needs. The library has an annual budget that allows it to purchase materials to support research.

The Faculty of Social Welfare and Health Sciences also has an IRB that handles all of the faculty's research related ethical approval requests.

The faculty is actively seeking external funding sources (see Template E4-1 below) and the success of the effort can be seen in research articles published in peer-reviewed journals as well as successful rewards of competitive national and international research grants.

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

Professor Manfred Green studies the public's knowledge and understanding of supplementary health insurance. This is relevant to the IMPH where Dr. Green teaches a course on survey methods and it can be used as an example of how to design questionnaires, design the sampling method and sample size and execute the survey. He is studying sex differences in the incidence of infectious diseases and in the immune response to vaccines. This work has been funded by the EU (TELLME & ASSET) in a multi-center program. He has published a number of papers relating to his recent research. He is working with **Dr. Sharon Snitzman** on the perceived efficacy of medical cannabis. This work is grant funded. She has / is publishing a number of papers in this field. An I-MPH student (Arielle Tandowski) was involved in the medical cannabis study as her APE/practicum and remains

involved as part of a research team post graduation. Dr. Snitzman is working with Dr. Shira Zelbar-Sagi on a cohort study of risk factors for cardiovascular disease and cancer. She is also co-mentoring a PhD student on antibiotic resistance in the community and another PhD student on evaluating how cancer patients seek first and second opinions.

Professor Richard Schuster studies physician management practices of cardiovascular risk factors (hypertension, hypercholesterolemia, diabetes, obesity), comparing those behaviors among various countries (US, France, Israel, Japan, Croatia). He then correlates these findings with the cultures and health systems of the various countries. This is pertinent to the I-MPH in that Professor Schuster teaches a course in Global Health Systems and is able to correlate these findings to the students learning about health systems. He has published a number of papers in this field. The initial work done by Professor Schuster was funded in part by the US NIH (NHLIBI).

Dr. Sharon Sznitman studies substance use and ethno-cultural groups and substance use and health in international comparative perspectives. This is relevant to the I-MPH in that Dr. Sznitman teaches a course in Sociology of Health where she uses her own research findings as examples of how the study of sociology and group differences, cultures and national policies influences health outcome. Her projects have been grant funded and she has/is written a number of papers in the field.

4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

The faculty is diverse and covers a range of global health research areas. Thereby students have varied opportunities to familiarize themselves with different research topics. The faculty is strongly urged to find opportunities for student participation in their fields of research interest. The University allows faculty to pay registered students stipends for participation in research. Once a student is part of a research project, the student is encouraged to further develop their own research within the scope of the research project for potential publication or the opportunity to seek their own funding to continue their work.

Linda Birri (2016-2017) and **Maisa Athamneh** (2016-2017) were working with Dr. Shiran Bord in studying the workload of nurses in a maternal and child health facility in an Israeli-Arab town with low SES and different socio-economic problems such as unemployment, family and street violence. The observations are part of new projects from the Ministry of Health together with the University of Haifa to improve the situation in the town.

Arielle Tandowski (2016-2017) is working with Prof. Green and Dr. Sznitman on their Cannabis Study.

Alexandra Inslee (2016-2017) was working with Prof. Green on studying Vaccine Hesitancy as part of his research study with the EU.

5) Describe the role of research and scholarly activity in decisions about faculty advancement.

Faculty career advancement is highly dependent on the faculty showing a strong research record. This includes showing successful publication in high impact peer-reviewed and international journals as well as participation in international and national scholarly conferences and winning of competitive national and international research grants.

5) Select at least three of the following measures that are meaningful to the school or program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the school or program may add measures that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school’s public health degree programs.

E4.1 Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	Target	Year 1 (2016)	Year 2 (2017)	Year 3 (2018)
Percent of instructional faculty participating in research activities each year	100%	93%	91%	91%
Number of articles published in peer-reviewed journals each year	50	47	36	33
Presentations at professional meetings each year	50	40	30	45

7). If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

N/A

E5. Faculty Extramural Service

The school or program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the school or program's professional knowledge and skills. Faculty engage in service by consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial bodies; serving as board members and officers of professional associations; reviewing grant applications; and serving as members of community-based organizations, community advisory boards or other groups. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

Required documentation:

1) Describe the school or program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.

Faculty are encouraged, although not required, to become involved in extramural service activities. Extramural activities are those efforts that occur outside the university and are not research grant funded. Although there are no express requirements by the University or the Faculty of Social Welfare and Health Sciences, there is an expectation that many faculty will provide extramural service actively. Among the 11 I-MPH faculty, 9 of the 11 provide extramural service. A number of the I-MPH faculty have additional paid work that they do (e.g. Dr. Lisa Rubin is the national Director of Maternal Child Health for the Israeli Ministry of Health; Dr. Eric Amster is an Occupational Health Physician – working in various industrial settings) in their communities, which represents extramural service. Professor Green has given numerous presentations to WHO. Professor Schuster as President of COSEHC has given countless hours to committee meetings, site visits, and many other activities serving in the US and Caribbean.

2) Describe available university and school or program support for extramural service activities.

The University does not expressly provide support for these activities, but it does encourage extramural activities and recognition of these activities play a role in promotion and tenure decisions. As can be seen, the I-MPH Program faculty provide substantial effort extramurally. There is funding for tenured and tenure track faculty to travel overseas, which includes service activities.

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

- I. **Professor Richard Schuster** is President of the Consortium for South East Hypertension Control (COSEHC) in the US. This organization has 27 cardiovascular centers of excellence throughout the SE US and 4 Caribbean nations. Its mission is to empower health care professionals, patients, and the public with better knowledge, tools and competencies through a continuous quality improvement process to secure cardio metabolic health for all people. It currently has a \$16 M contract with the US CMS to provide quality improvement efforts for more than 4,000 clinicians for providing health care to as many as 8 M patients. These activities are pertinent to Prof. Schuster's course in Global Health Systems, as a means of understanding quality improvement in healthcare. Additionally he lectures in the US on global health and leadership to non-professional community members and resident physicians in training.

- II. **Dr. Maya Peled Raz** has been extensively active in human rights and patients' rights advancement projects. She is the head of the section for Intersex rights at the Center for Health Law and Ethics, which works to protect and advance the rights of intersex people in health care settings, through education, conferences and political advocacy. In the years 2013-2016 Maya served as a member of the Ministry of Health's committee, writing the Medical Administration's Circular: Diagnosis and Multi-Professional Treatment of Persons with Different Sexual Differentiation (intersex/DSD). Dr. Peled Raz was also a member of Ministry of Health's appointed Committee for the design and implementation of public participation in immunization policy (2013-2016), and is currently a member of Ministry of Health's steering committee for the promotion of ethics committees in the health system (2016 onwards). Through this last capacity, Maya has been implementing voluntary training programs for ethics committee members in Israeli health-care institutions, and is currently part of the appointed writing group of the Ministry of Health's Medical Administration's Circular: Ethics Committees in Health-Care Institutions (2016-present). Dr. Peled Raz is also the chair of both the Bnei-Zion Medical Center Ethics Committee (2007-Present) and the Galilee Medical Center Ethics Committee (2010-Present) and the deputy chair, of the IDF's Medical Corps Ethics Committee (2016-present). She is teaching our course in public health ethics and these experiences are invaluable to her in bringing the "real world" to her teaching.

- III. **Professor Manfred Green** is Co-PI in the EU funded ASSET four-year project on Science in Society aspects of pandemic influenza (10 countries are partners). He is Chairman of the scientific committee for the Research and Development Center at Kfar Kara, partly funded by the Ministry of Science. He is a member of the national advisory committee on immunization and chairman of the WHO focal point committees on monitoring the eradication of polio, measles and rubella. Professor Green is also a member of a number of national councils determining policy in the control of cancer and cardiovascular disease. He is a member of the national committee on emergency response to infectious disease epidemics, a consultant to UNICEF on training health workers in the field of vaccines and a member of the governing bodies of the Israel Cancer Society and the National Institute for Health Policy Research. His courses in vaccines, research methods, and global health all benefit from these experiences.

- IV. Professor William Fisher** has provided in person and written testimony to the Parliament of Canada concerning public health effects of online pornography. He is an associate editor, *Journal of Sexual Medicine*, *Sexual Medicine Reviews*, and a consulting editor, *Archives of Sexual Behavior*, *Journal of Sex Research*, *Canadian Journal of Human Sexuality*; Consulting activity includes diabetes self-management (Bayer Diabetes, Roche Diabetes), HPV vaccination (Merck), childhood and adult vaccination (Novartis). These provide him with a key perspective in teaching the Sexuality & Sexually Transmitted Diseases course to students.
- V. Dr. Aviad Tur-Sinai** has been a policy fellow in the Forum of Health Policy, the Forum of Labor Policy and the Forum of Social Welfare Policy at the Taub Center of Social Policy Studies in Israel. He has also served on several task forces for the Dead Sea Conference, sponsored annually by the Israel National Institute for Health Policy Research, and on several policy groups conducted by the Minerva Center and the Edmond J. Safra Center for Ethics at Tel Aviv University. Currently he serves as a committee member at the Comprehensive Regional Network of Rehabilitation Services for the Elderly task force (Eshel-JDC Israel). In addition with all that, Dr. Tur-Sinai serves as a referee for several journals, including *Israel Journal of Health Policy Research*, *Labour*, *Mind & Society* and *Journal of Behavioral Economics for Policy*. He also serves as an ad-hoc reviewer for grants for the Israel National Institute for Health Policy Research. His teaching of health economics and finance are informed by these professional experiences.
- VI. Dr. Sharon Sznitman** is a peer reviewer of international journals (*Drug and Alcohol Review*, *International Journal of Drug Policy*, *Drug and Alcohol dependence*) and grant reviewer for the Innovational Research Incentive Scheme, Netherlands Organization for Scientific Research. Her teaching in human behavior and the sociology of illness as well as her joint course with Professor Green in Global Health are highly influenced by these other activities.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

I. Kingdom Mufhandu (2016 – 2017) [Manfred Green – faculty] has worked at Kfar Kara, a Muslim Arab town to improve health communications. His activities included:

1. Measure the level of Knowledge, Attitudes and Behaviors (KAB) regarding the importance of a healthy lifestyle (Main goal).
2. Design an intervention to prevent obesity in high socio-economic status female adolescents between the ages of 14-17 in Kafr Qara, Israel (Main Aim)
3. Assess the acceptability and feasibility of using m-health as a medium for obesity prevention interventions among female adolescents in Kfar Qara.
4. Conduct a concurrent systematic literature review on the available obesity-prevention m-health interventions in Israel and internationally.
5. Establish the community, commercial, non-governmental organizational and governmental linkages which will ultimately allow for the implementation and monitoring.

II. Alexandra Inslee (2016-2017) [Manfred Green – faculty] has worked on the ASSET project, an EU funded effort to understand the social consequences of an influenza pandemic. Her “responsibilities: were to:

1. Conduct a review of the literature on vaccine hesitancy
2. Determine a research question regarding reasons behind vaccine hesitancy and/or vaccine schedule deviance
3. Develop a questionnaire for a pilot study that could serve as a starting point for future research

III. & IV. Maisa Athameneh (2016 – 2017) and **Linda Birri** (2016 – 2017) [Shiran Bord – faculty] have worked at the Tipat Halav, Maternity clinic in Jizr Az Zarqa, a very poor and socially isolated Arab Muslim community. They have worked with the nurses in a clinic for a Israeli -Arab population with very low SES and several social problems in the community. Linda is a mid-wife. They administered a questionnaire tot low SES moms about vaccinating their children asking the following questions:

1. The vaccine should be given at birth
2. The vaccine should be given when the child is 6 months old
3. The vaccine is given at the same time as several other vaccines
4. The vaccine protects against multiple diseases
5. Your child hates shots

V. Jing Liu (2015-2016) [Manfred Green - faculty] worked on analysis of epidemiologic data regarding cancer of the pancreas in Israel. She was supervised by Professor Green who is on the National Council of Oncology and is a leading member of the Israeli Oncology Society.

5) Select at least three of the following indicators that are meaningful to the school or program and relate to service. Describe the school or program’s approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school’s public health degree programs.

Faculty Extramural Service Activities
The faculty commitment to extramural activities is stable over the 3 year study period and therefore the reporting is combined into this narrative: 9 of the 11 faculty are involved each of the 3 years in extramural service.
Faculty (specify primary instructional / total faculty) participating in extramural service activities
Two of the three primary instructional faculty and a 9 of the 11 of the total I-MPH faculty are actively involved in extramural service and have been each of the 3 years of the program’s existence. Some work outside of Israel, others within. Some efforts are volunteer, others contract funded. The breath of involvement is extensive as noted above.

Number of community-based service projects
Among the 11 I-MPH faculty, there are more than 15 community-based projects that they are involved with and committed to. Of course, these projects evolve and change over time, but this is a demonstration of the commitment overall of the faculty.
Public/private or cross-sector partnerships for engagement and service (self-study document)
Including public service, private organizations, and other partnerships, the faculty as a whole has been involved with more than 25 different activities over the 3-year period, generally about 25 each year.

6) Describe the role of service in decisions about faculty advancement.

Faculty are expected to be integral members of their communities. They are expected to contribute to their communities and one critical way to accomplish this is through professional service. These activities are considered important (among others, of course) in faculty advancement decisions.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The I-MPH faculty have a steady and major contribution to Extramural Service. This is part of the culture of the faculty

F1. Community Involvement in School or Program Evaluation and Assessment

The school or program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (e.g., attorneys, architects, parks and recreation personnel).

Specifically, the school or program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

With regard to obtaining constituent input on student outcomes and on the strengths and weaknesses of the school or program's curricula:

- The school or program defines qualitative and/or quantitative methods designed to provide useful information.
- Data from supervisors of student practice experiences may be useful but should not be used exclusively.
- The school or program documents and regularly examines its methods for obtaining this input as well as its substantive outcomes.

Required documentation:

1) Describe any formal structures for constituent input (e.g., community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.

In the Spring of 2017 the I-MPH created an Advisory Board. It includes an international group of experts in public health and global health. There are 8 members to the Advisory Board. They were selected to represent a broad spectrum of public and global health, professionally and geographically. The Board does not have a "required" make-up per se nor is there a required number, although the Program leadership expects this number of members and diversity to be demonstrative of what is desired for the future. Therefore, if we lose a current member of the Board we will replace them with another person with a similar set of qualities. This Board will provide guidance regarding the Mission, Vision, admissions, curriculum, and outcomes of our students. Selected members of the Board will review the CEPH Accreditation Process and this Self-Study.

Members of the Advisory Board include:

<u>Name</u>		<u>Affiliation</u>	<u>Nation</u>	<u>Educational Status</u>	<u>Misc.</u>
Rafael Beyar	Director General and Professor (former Dean)	Rambam Hospital and Technion Institute	Israel	MD, MPH	Chair
Izzeldin Abu Elaish	Professor of Global Health	University of Toronto	Canada	MD, MPH	
Orna Baron-Epel	Professor and Director School of Public Health	University of Haifa	Israel	PhD	

Dorit Nitzan	Coordinator, Health Emergencies & Programme Area Manager, Emergency Operations (EMO) at WHO Regional Office for Europe	WHO	WHO	MD, MPH	
Bill Fisher	Professor of Psychology	University of Western Ontario	Canada	PhD	
Sonja Rasmussen	Deputy Director for Infectious Diseases	US-CDC	US	MD	
Jeremy Sobel	Epidemiologist	US-CDC	US	MD	
Richard Horton	Editor in Chief	Lancet	UK	MD	

2) Describe how the school or program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

We routinely seek feedback regarding the APE (Practicum) experience for the students from their community supervisors. This occurs in a number of ways; as we discuss future APE experiences with previous supervisors we often discuss the successes and challenges faced by previous students. Additionally, the Program gets interim feedback from site supervisors during the APE experience and finally at the end of the APE. The Program sends a form to the site supervisors. In addition, we receive informal feedback from Site Supervisors and summarize the comments.

See ERF section F → F1 → F1.2 to view a copy of the Site Supervisor form and a report of the informal comments.

Our Advisory Board provides feedback, as noted above, regarding the Mission, Vision, admissions, curriculum, and outcomes of our students. This feedback is evaluated by the program leadership, the Strategic Planning Committee, and the University leadership (Dean & Rector).

The Advisory Board was created during the summer of 2017. Requests for input on the program were submitted to the Advisory Board in the Fall of 2017 and were returned in the Winter of 2017-2018.

See ERF section F → F1 → **F1.4** based on comments in the next section.

We have developed an employer/supervisor survey of graduates. We have sent this survey to the 16 graduates of the 2016-2017 program and the 6 graduates of the 2015-2016 program. We have asked them to forward it to their employer/supervisors. We recognize that many will not do so, but we're hoping to get some response. We list the 33 competencies and ask the employers/supervisors to identify the 5 strongest and 5 weakest.

See ERF F → F1 → **F1.2** to see a blank copy of the survey.

Finally, there are numerous informal interactions between the program senior leadership and public health leaders locally and internationally. These informal interactions are often highly valuable in

helping us to remain pertinent. For example, our close ties to WHO help us to present a current curriculum and likewise to advise our students on steps they will need to take for careers in international NGO's such as WHO.

3) Describe how the program's external partners contribute to the ongoing operations of the school or program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and objectives

Members of the Advisory Board have reviewed our vision, mission, values, goals, and objectives. The Board provides feedback on them to the program leadership as well as the University leadership. Changes were made, especially to the Value Statement.

See ERF section F → F1 → F1.4.

b) Development of the self-study document

Selected members of the Advisory Board review the self-study document and offer advice on self-study processes and outcomes.

See ERF section F → F1 → F1.4.

c) Assessment of changing practice and research needs

We actively solicit input on changing demands for public health and global health practitioners and researchers from numerous outside sources. In Israel the culture is an informal one, so this information is collected from conversations that occur when Program leadership talks to colleagues informally. Israeli's are not inclined to complete surveys. In a more formal way, colleagues on the Advisory Board, contacts we have at the US CDC, other international universities, and WHO provide us with feedback. We have solicited updates and that feedback is provided in the ERF F1.4. In addition, we have contacted colleagues in the Ministry of Health (Israel) and the US CDC. The information derived was discussed by the Strategic Planning Committee in the Spring of 2018. Beginning in the 2017-2018 academic year, this information is collected throughout the year and reviewed annually by the Program Leadership and Strategic Planning Committee. The Advisory Board, for example has suggested a special focus on climate change, women's health, disparities, war/conflict, and emergency preparedness. This information was reviewed by the Strategic Planning Committee and will be presented to the next Curriculum Committee. A preliminary review of the curricula by the program leadership suggests these items are being covered in the current curriculum.

See ERF section F → F1 → F1.4.

d) Assessment of program graduates to perform competencies in an employment setting

The Program has conducted a survey of the employers of graduates. The employers are provided with a list of the 33 competencies. They are asked to identify the 5 strongest and 5 weakest for their employees who are graduates of the Program.

There were 14 responses from a total of 21 graduates.

The strengths were broadly distributed among the 33 listed competencies. There is no one competency or areas of competency that stands out. Likewise, in identifying the “least” strong competencies, there is no real pattern. Competencies #33 (“Demonstrate skills in resource allocation”) and #5 (Compare the organization, structure and function of health care and public health systems across national and international settings”) received the most mentions on the weaker side. These may be accurate assessments or it’s possible that these new employees have not been tasked to address resource issues or health systems in their work. The Program leadership is aware from student feedback that “resource allocation” [at least as it relates to health care finance] has not been addressed to the satisfaction of some students and another teaching/course change is likely gong to occur for the 2018-2019 cohort. The Curriculum Committee and program leadership will be tracking these competencies carefully going forward.

4) Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

See ERF section F → F1 → F1.4.

We provide copies of feedback from the Advisory Board as well as the from the graduates and especially their employers/supervisors.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

We have developed an employer/supervisor survey of graduates; we have had a limited response. We are in the process of updating our alumni records. We will add to the database questions about the name and email address of the immediate supervisor. In the future, we will attempt to contact that employment supervisor directly.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

Required documentation:

1) Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.

A number of students get involved in community efforts or professional development activities beyond the program curriculum. These various experiences typically get them engaged in various communities. Most typically students have their own interests and express them to the faculty who help them make contacts in the community or simply encourage them to find connections. The program faculty is likewise helpful in assisting students to make connections and get involved in the community. Finally, some students have scholarships that require that they become involved in community activities. This certainly helps to motivate that group to get involved.

2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years.

Salome Dahan (2016-2017) reports: "I continued working on a research proposal on the prevalence of genetic diseases in the Bedouin community in the Negev after the practicum period ended."

Davina Ran (2016-2017) reports: "Jewish community: I volunteer with the Base DWTN, a Hillel-based pluralistic Jewish organization dedicated to Jewish outreach and community-building through events which I have helped with such as cooking and delivering meals for the homeless, hosting Shabbat dinners, holding educational Torah-delving sessions.

NYC community: I am a documentary photographer of local events for universities, conventions, protests, street fairs, and more.

UHIS community: While at UHIS I regularly wrote for the UHIS Graduate website and participated in various clubs and events run by the Student Union."

Marissa Ostroff (2017-2018) has attended the International IPRED (Emergency Preparedness) meeting in Tel Aviv.

Ji Yeon Hong (2015-2016) has worked with a mobile van providing health care services, through the Ministry of Health in Haifa, for sex workers. She has developed a program for providing HPV vaccination to this high-risk population.

Essabela Fewo (2016-2017) provided health educational sessions for women in a half-way house for former sex workers.

Kris Ronsin (2016-2017) worked with Syrian war victims hospitalized in Israel (Galilee Medical Center – Naharyia), studying nutritional status.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

It is a challenge continuously assisting students to develop community experiences. We are also attempting to develop “partnerships” with some key community agencies that may provide more ready access to projects. Partnership planning is occurring with Galilee Medical Center, the Ministry of Health – Haifa, and Rambam Hospital.

F3. Assessment of the Community's Professional Development Needs

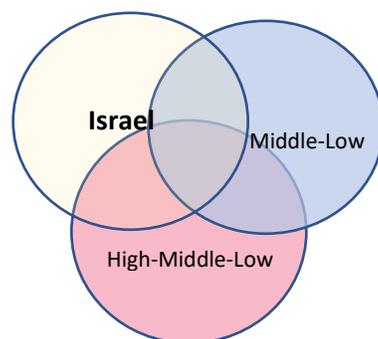
The school or program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

Examples could include periodic meetings with community members and stakeholders, formal or informal needs assessments, focus groups with external constituents, surveys that are administered or co-administered to external constituents and use of existing data sets.

Required documentation:

1) Define the school or program's professional community or communities of interest and the rationale for this choice.

The Program recognizes that it is responsible for providing a foundational education in public health that is applicable at various levels. This means that the "community" are those served by public health. Practically, the Program sees itself as serving 3 spheres of interest: Public health needs in Israel, public health needs in the countries that comprise the student base (this means high, middle and low income countries – a broad definition of global health), and public health needs focused on middle and low incomes (the traditional orientation of global health). The Program is a relatively new and small program and yet it has accepted a great challenge in proposing that it serve such a broad role. As it is committed not only to public health, but to global health and preparing future leaders for roles in global health delivery, and as the students to date have come from ~ 16 different countries already, the Program sees this as its professional "community", recognizing that it is an aspirational goal.



About 1/3 of the program students are from Israel. Certainly, Israel should be considered the primary area of focus. Israel is a small country and therefore it is likely best considered one geographic area; for example, people commute between Haifa and Tel Aviv. The Ministry of Health, for example, has a major presence in Tel Aviv, Jerusalem, and Haifa, but also throughout the country. Likewise, the hospitals are primarily government or HMO owned and have both central and regional control. Key public health practitioners would likely be considered geographically, then, in Haifa, Tel Aviv, and areas of northern Israel. Students have interfaced with community public health practitioners in Haifa, Tel Aviv, Naharyia, Tsvat, and then some small towns and villages.

About 2/3 of the program students return to their home countries and continue to work in those countries. It's hard to consider their impact post-graduation on public health in Israel. Ultimately, the program will attempt to assess impacts in the country of origin of our graduates. As a very young program a number of our international students are remaining in Israel for an extra year seeking additional education and their influence in their community is complex to identify.

2) Describe how the school or program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs. Include the description and summary results in the self- study document, and provide full documentation of the findings in the electronic resource file.

Many of the I-MPH Program faculty also work in the community; this level of community awareness and needs influences the Program through the Curriculum Committee (where the faculty are members) as well as informally in discussions that the faculty, who are community based, have with the Program Leadership. Dr. Amster, for example, is an occupational health physician. He spends many hours per week in the community seeing patients with occupational health problems, but also is highly involved in nationwide assessments of environmental and occupational health issues, including the review and establishment of policy. Dr. Lisa Rubin teaches one course and participates in another in the I-MPH. Her primary activity, however, is as the Head of Maternal Child Health at the Ministry of Health (national). On a daily basis she assesses the community needs and also is acutely aware of the public health workforce needs of the community. Diane Levin is on our APE/Practicum committee. She is the Head of Health Education and Promotion for Clalit, the health organization (like Kaiser in the US) that covers approximately 50% of the Israeli population. Her guidance in helping the program to develop and conduct the APE experience is highly influenced by the priorities of the community and she likewise has an intimate understanding of the public health workforce needs. The Head of the Haifa Regional Office of the Ministry of Health, Dr. Shmuel Rishpon, teaches in the Hebrew MPH and through meetings and informal contacts has a clear influence on the development of programming for the I-MPH, especially the APE, as the Regional Office often hosts some of the I-MPH students.

The program has frequent and informal interaction with local public health officials. This is especially true regarding the Ministry of Health, Haifa District Office, where there is interaction at various levels. Some of the I_MPH faculty are public health practitioners (e.g. Dr. Rubin). Likewise the health "plans" (insurance and health providers like Kaiser in the US [e.g. Clalit – Dr. Levin] interact with faculty and provide input to public health educational needs. Finally, hospital staff likewise provide information. The United States has a much more structured "feedback" system than in Israel. In Israel feedback is frequent, "comprehensive", but rarely recorded formally or aggregated; this is a cultural phenomenon.

The Program leadership is readily exposed to these communities through their own professional activities, the students, and alumni. Additionally, the faculty and Advisory Board provide a lot of informal reports of the community needs. The Program relies on formal professional needs reports, such as that provided by WHO (see ERF). Finally, survey of the Advisory Board was created to

assess perceived professional development needs in public health and global health. This survey is based on the identified program competencies. The Program asks incoming students and then graduates to report on their perceived level of competency in each of the 34 competencies the Program has identified. This is scored on a 5 point Likert Scale. The Program has chosen to ask some Advisory Board to complete the same form, identifying what THEY perceive as critical competencies needed for public / global health professionals.

In addition, the University sponsors conferences and workshops that are especially targeted to the Israeli public health community (practitioners and academics). Examples of these are described in F4-2 below, but include two workshops in 2017 "Advocacy for Health Promotion" and "Positive Deviance" and one in 2018 (March) "Culturally-Based Approaches to Structural and Behavioral Health Change".

A pertinent model of the process of assessing needs in the community and attempting to serve them can be seen in the following example: A member of our Advisory Board is Dr. Dorit Nitzan. She serves as the Coordinator, Health Emergencies & Program Area Manager, Emergency Operations (EMO) at WHO Regional Office for Europe. As a member of the I-MPH Advisory Board, she was asked to propose new or increasing demands in public or global health. One of her suggestions was: "International health regulation and the management of health emergencies cycle at country and community levels." Recognizing this need she will be meeting with our students in the leadership seminar. In addition, Professor Schuster met with Dr. Farraj, Director of Emergency Preparedness at the Galilee Medical Center, a partner of the Program's and a hospital that is 5 miles from the fortified and secure border with Lebanon. Professor Schuster arranged for one of the 2017-2018 students (Marissa Ostrovitz) to attend a mass casualty drill at the medical center. In addition, Dr. Nitzman is speaking at the IPRED (International Preparedness and Response to Emergencies and Disasters) meeting. The Program has arranged to allow Ms. Ostrovitz to attend part of the meeting. This is a means to help recognize the ever-greater need for emergency preparedness and promote it in the community and for program students.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

This is a new program with very ambitious goals. The "global" character of the program is defined by the number of "international" (i.e. non-Israeli) students. Meeting public health needs for the population that our graduates will be serving is daunting as our graduates will be returning to their home countries and their impact will likely occur primarily outside of Israel. Hopefully, some graduates will serve in global health organizations and that will move them yet again into a different sphere of impact.

Identifying the public health service area is difficult, contacting or getting feedback from public health professionals in a "global" community – especially for a new program is challenging. Finally, as noted above the culture of Israel (if the program just focuses on local public health professionals) is challenging in collecting formal, structured, document feedback is quite difficult.....it's just not commonly done. The program is trying as it recognizes the importance, but it is challenging. For now, however, we are able to get a pulse of the needs of Israel and the local communities.

F4. Delivery of Professional Development Opportunities for the Workforce

The school or program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

Required documentation:

1) Describe the school or program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.

The Program offers ongoing professional development activities in conjunction with our colleagues in the School of Public Health. These events occur 2 – 3 times per year and typically are in the 1-day workshop format. In addition, there are conferences and they are always marketed to colleagues throughout Israel. There are occasional international attendees joining for the conferences.

Professor Green has presented in 2016 and 2017 at NATO, WHO, and UNICEF meetings / programs internationally. The focus is professional development in each case.

Professor Schuster continues to do volunteer teaching in the US, with a focus on informing young physicians in training at local hospitals and well as community groups about health systems (US and global) health care delivery, and leadership. Likewise, his efforts for the Consortium for Southeast Hypertension Control, involve efforts to improve quality of care for ~5,000 health care providers in the Southeastern US, through a CMS funded program.

Finally, most of faculty travel internationally (senior faculty receive financial support from the University for this). We attend conferences and present our work. This and our efforts in Zagreb are demonstrations of our global professional development efforts.

2) Provide two to three examples of education/training activities offered by the school or program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the school or program).

I. One of the Leadership Seminars is being given by an international leader in Emergency Preparedness, Dr. Dorit Nitzan. Dr. Nitzan is on the Advisory Board has recommended increased attention to Emergency Preparedness. In addition, the program arranged for one of the students to attend a huge Mass Casualty Drill and has allowed her to attend an international conference on Emergency Preparedness held every other year in Israel, the IPRED meeting.

II. In 2017 there were two workshops. The topics were "**Advocacy for Health Promotion**" and "**Positive Deviance**". There were 170 attendees total and about 100 were external participants.

III. In 2018, the University hosted a workshop, "**Culturally-Based Approaches to Structural and Behavioral Health Change**" provided by two professors from the University of Connecticut in the

US (Drs. Steven and Jay Schensul) who used their work in India as model for instructing local public health professionals and academics in producing behavioral change.

IV. Professor Green presented to UNICEF; the Topics were, “**Updates on polio vaccines and MMR**” and there were approximately 150 external participants. He teaches a course in Vaccines for the I-MPH students and brings this information to the students.

V. Professor Green presented to NATO; the topic was “**Considerations in infectious disease surveillance for possible bioterrorism incidents.**” There were approximately 40 external participants. This helps to inform his presentations in the Introduction to Global Health Course.

VI. Professor Green presented to WHO; the topic was “**Polio immunization policy**”. there were approximately 30 external participants. He teaches a course in Vaccines for the I-MPH students and brings this information to the students.

VI. Professor Schuster presented to COSEHC (Consortium of SE Hypertension Control – US & Caribbean) on the “**Mission of COSEHC**”, which is the reduction of cardiometabolic disease in the SE United States and the Caribbean; there were approximately 90 external participants. Dr. Schuster led a 5-hour leadership course for resident physicians at a hospital in the US (Athens Regional Hospital – Athens, GA) on “**Leadership in Health Care**”. Additionally, he presented a discussion at the same hospital at a different time of the “**US Health Care System – an Oxymoron**” to the same hospital group. Approximately 25 participants attended each.

Both Professors Green and Schuster were invited to speak, often with a topic proposed by the inviting organization.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

It is challenging to have a mission that includes local, regional, and international efforts. Measuring the effectiveness of these efforts is even more challenging. We will work to attempt to find ways to identify how effective we are, especially in the global arena.

G1. Diversity and Cultural Competence

The school or program defines systematic, coherent and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship and community engagement efforts.

The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations. Schools and programs advance diversity and cultural competency through a variety of practices, which may include the following:

- incorporation of diversity and cultural competency considerations in the curriculum**
- recruitment and retention of diverse faculty, staff and students**
- development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination**
- reflection of diversity and cultural competence in the types of scholarship and/or community engagement conduct**

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.²⁰

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the school or program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the school or program's scholarship and/or community engagement.

Required documentation:

1) List the school or program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school or program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.

We are interested in attracting an internationally diverse population of students. We want students from different countries, high-middle-low income, from different geographic regions (as many continents represented as possible) and many different religions and cultures. We have been successful so far. Likewise, we wish to attract a diverse faculty. We have been able to supplement our core faculty from Israel with an international group who offer electives and special seminars.

As an Israeli program, it is important for us to also represent the diversity of Israel. This means that a priority for us is a religiously and culturally diverse group (Jewish, Muslim, Christian, Druze). Our elective courses are open to other students from the University and they often include Israeli students who represent this diversity.

As a global health program, we are interested in attracting students from Low and Middle Income Countries (LMIC). We have a lot of interest and quite a number of applications, but the limiting factor here is funds to support them. These students often need not only tuition support, but also living expense support.

We would like to have more faculty who are representative of the diversity of the Israeli population. We attempt to attract diverse groups to serve as our APE / Practicum supervisors and for special seminar speakers as a way to introduce them to the students.

2) List the school or program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.

1. Increase LMIC student numbers
2. Promote a geographic and culturally diverse class of students
3. Increase diverse faculty involvement

The Program recognizes that not only does it need to attract students who come from diverse cultures and countries, but it also must retain them. To date, of our 36 students we have retained all of them. The Program Director and Co-Director attempt to be especially sensitive to the needs of the students from LMIC. Extra individual meetings occur and the entire faculty is aware of their needs. So far, there have been no problems with retention, but the Program faculty and leadership are watchful of this.

Increasing diversity in the faculty is challenging. The Program attempts to expose the students to this diversity through the Leadership Seminar Series – where people from around the world speak to the students. Regionally, the Applied Practice Experience and to some degree the Integrated Learning Experience gets students into the communities in Israel and gives many of them an opportunity to work with a more culturally diverse group of people.

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

1. Increase LMIC student numbers

A. The Program shows the origin of our students on our website to demonstrate to LMIC students that they should apply.

B. The Program is attempting to get specific scholarship funding to host LMIC students. The International School has had some funding that it has allocated for scholarships. The Program Leadership has agreement for the 2018-2019 to make its on decisions regarding students and has support from the International School to allocate those scholarship funds to students from LMIC. Professor Green was recently in South Africa, with the specific intent of seeking scholarships for students from South Africa. Professor Schuster and Dr. Amster are working with a donor who has provided a small scholarship to one of our LMIC students (from Jordon) to provide a larger scholarship to cover the entire costs of the Program. Professor Schuster has contacted Parma and asked if they would consider funding scholarships for LMIC students.

2. Increase culturally and religiously diverse student numbers

A. Market internationally to a diverse population – We have recently discovered that the Ministry of Foreign Affairs offers scholarships to students from various countries; The Program will promote our marketing to those countries:

<http://mfa.gov.il/MFA/MFA-Archive/2003/Pages/Scholarships%20Offered%20by%20the%20Israeli%20Government%20to.aspx>

B. The Program is attempting to get specific scholarship funding to host various cultures and religions.

3. Increase diverse faculty involvement

A. The Program seeks diverse community practitioners to host students for the APE (Practicum/Internship). This gives them exposure.

B. The Program actively pursues the addition of other faculty. As faculty come and go in teaching courses in the I-MPH, the Program leadership looks for replacements who represent the diversity of Israel. Attracting faculty from overseas for permanent faculty appointments is difficult as functionally virtually all full time faculty must be Hebrew speaking. Even though the I-MPH courses are in English, the language of the country is Hebrew, secondarily Arabic.

C. The Program has diverse speakers in the Leadership Seminar Series using remote faculty. These faculty represents a broader speaker group and do not need Hebrew language skills.

D. The Program actively pursues faculty from a diverse population. The University has a policy of providing grants to hire minority faculty. Program faculty (especially Professor Green) have mentored students from minority populations through the PhD

degree at UH; one of the goals of that process is to develop future faculty that represents the diversity of Israel.

E. Using video conferencing and visitors to Israel, the program is able to expand the diversity of the faculty.

F. The Class of 2017-2018 went on a field trip to Kfar Kara, an Arab town to meet at the research institute there and learn from Arab researchers and leaders about their work and the challenges they experiences members of a minority population in Israel.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

1. The Program teaches cultural competency to students. This is especially a focus in the Leadership Course and the Leadership Seminar Series. As our students represent many countries and many cultures, The Program focuses their development as a group or “team” on multi-cultural issues. As many are interested in global health work, The Program likewise emphasizes the nature of working in multi-cultural teams. There are cases / class exercises / exam questions / reading that are all pertinent to this.

2. The Program has done faculty development in multi-cultural issues. The Program reviews faculty teaching and exam practices, recognizing that culturally driven behavior is evident in the classroom among the students and the faculty.

3. The Program encourages students to have an APE that is in the community and serves an underserved, often culturally special population. These experiences are often discussed in the classroom as well, which allows for faculty and students to exchange ideas about diversity.

4. The Program encourages students to have an ILE /Capstone that is in the community and serves an underserved, often culturally special population.

5. As noted before, many of the community supervisors for APE (and ILE) represent minority population interests, being either minority themselves or working in a minority or underserved population.

6. The Leadership Seminar Series involves ~ 20 sessions of leaders presenting personal stories / cases in leadership. The Program has sought “priority population” speakers to add to the diversity and they discuss diversity issues – especially related to their own careers.

7. The Program encourages students to go “overseas” from Israel to do APE experiences, which may allow them to deal with different and often culturally diverse populations that differ from the cultural diversity of Israel.

8. The Program surveys the students on cultural competency as they complete the program. The goal is to see if the attempts are promoting multi-cultural understanding and cooperation is actually working. In the 2016-2017 end of Program survey, Students were asked 3 questions:

- The Program promoted multi-cultural approaches
- Students from different cultures were treated fairly by the program faculty
- Students from different cultures were treated fairly by the program leadership

The student response was 3.5, 3.7, and 3.7 respectively on a 1 – 5 scale. The Program leadership interprets this as a successful outcome as it represented some of the highest scores of all criteria in the survey.

9. The Assessment Committee reviews the End of Program survey, as does the Curriculum Committee. This allows for review of the curriculum, exams, and the program practices as they pertain to promoting diversity. Both the Curriculum Committee and the Faculty meetings are viewed by the faculty and the Program Leadership as environments where faculty development occurs and specially faculty develop around issues pertinent to diversity are often discussed.

10. As noted in the Section above “3)”, the class went on a field trip to an Arab town and learned about he experience of the Arab minority population.

5) Provide quantitative and qualitative data that document the school or program’s approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s).

Listed below is a chart demonstrating our best estimate of priority student and faculty numbers. As noted, the Program does not ask religion at the University, so the Program believes The Program are reasonably, but not perfectly accurate.

Often a “culture” is represented as a national representation. The Program counts all the major religions and all identifiably separate cultures and them together for these calculations.

<u>Priority Population</u>	<u>2015-2016</u>	<u>2016-2017</u>	<u>2017-2018</u>
Total Students in Program	6	16	13
Non-Israeli students (%)	2 (33%)	8 (50%)	10 (71%)
LMIC students (%)	2 (33%)	5 (33%)	2 (14%)
Number of cultures/religions (students)	8 *	13 **	12 ***

Number of cultures/religions (faculty +)	6	6	6
Non-Israeli faculty	19%	25%	20%
Non-Israeli seminar speakers	60%	46%	40%
* 2015-2016: 3 religions + 5 cultures = 8			
** 2016-2017: 3 religions + 10 cultures			
***2017-2018: 3 or 4 religions + 8 cultures			
+ Faculty = Course Faculty + Seminar Speakers: 2-3 religions + 3-4 cultures			

Based on 3 years of student involvement the program appears to welcome cultural diversity. The continued diversity into the 3rd year of the program demonstrates that this diversity is welcome and actively recruited. The program leadership encourages it, discuss it, and promote it. It is considered it a critical curriculum and competency issue for a program in global health. Cultural competencies are tested in some of our courses. The program has added a question to our student Program Assessment to evaluate quantitatively how the students perceive our commitment to cultural diversity and priority populations in the program.

6) The data must include student and faculty (and staff, if applicable) perceptions of the school or program’s climate regarding diversity and cultural competence.

In the 1st year this was done informally, with individual interviews conducted with each of the 6 students in the program and discussion among the faculty and the program leadership. Two pertinent conclusions were reached:

- More emphasis should be placed on teaching that is sensitive to cultural differences among the students.
- Emphasis needs to be placed on working in a multicultural team based international environment.

The Program now requests that the students complete an End of Year Program Evaluation. Beginning with our 2nd (2016-2017) class we asked specifically about diversity and cultural competence in 3 questions. They are provided below with the students’ responses on a 1 – 5 scale (5 being “Strongly Agree”, 1 being “Strongly Disagree”). 10/16 students completed the survey:

The Program promoted multi-cultural approaches	3.7
Students from different cultures were treated fairly by the program faculty	3.7
Students from different cultures were treated fairly by the program leadership	3.5

The faculty perception of the climate regarding diversity and cultural competence is more informally noted. The Assessment Committee created the Final Program Evaluation and these three questions were discussed. Note also that the faculty completed an extensive competence grid that is provided in the ERF in the curriculum section. Of the 33 competencies 6 of them (#6,14,15,20,24,30) are pertinent to cultural competency & diversity. The faculty approved these competencies. The faculty believes that diversity and cultural competence are integral to the program and welcomes as much diversity in the faculty as can be arranged.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

It is very hard to change the “numbers” regarding priority populations, especially in an international program. Certain students are attracted, funds are limited, and many faculty recruits are nationally limited.

H1. Academic Advising

The school or program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school or program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

Required documentation:

1) Describe the school or program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

Our MPH program is operated in a cohort model. Each academic year a new class enters, in the fall. After they have been accepted to the Program, they are provided with a welcome email, and invited to interact with us for advising. We make it clear to them, that both Professor Green and Schuster are available to any of them as they choose. They can relate to either the Director or the Co-Director or both. Professors Green and Schuster remain in contact with each other regarding student advising.

In the 2nd year of the Program, a Mentoring program was conducted. After the year, it was concluded that the students related to both of the advisors and many used both. As a consequence, it seemed that the Mentoring program was potentially restrictive and did not serve any positive purpose. Therefore, in the 3rd year, the Mentoring program was eliminated and replaced with an informal process, encouraging but not obligating the students to meet with the Director, Co-Director or both. As both Professor's Green and Schuster teach a number of courses, they are informally available to them very easily. Professor Schuster, while in the US holds Skype advising meetings with students as they request them. Additionally, they are available more formally for appointments with the students.

The Program leadership has met with all of the students individually in one format or another. Likewise, the Director and Co-Director meet with all of the students multiply regarding their APE and ILE. These meetings allow for informal advising to occur as well. Although Prof. Schuster keeps a log of his advising (and Career Counseling), the log is significantly underutilized, which is to say there is much more advising than is recorded. The log is in the ERF. Professor Green does at least as much if not more advising, but does not keep a log.

Finally, as a cohort model with only one concentration, students don't have too many advising issues. The Program does offer a number of electives that are specific to the program. Any student can take any of these elective; there are no pre-requisites. The students are encouraged to take as many electives as they can handle – there are no added costs to taking extra courses – which again simplified the advising process.

2) Explain how advisors are selected and oriented to their roles and responsibilities.

All formal advising is done by either the Director or the Co-Director (Profs. Green or Schuster). They regularly review advising issues regarding the students. Other faculty are invited to serve as informal advisors as the need / interest / opportunity arises.

3) Provide a sample of advising materials and resources, such as student handbooks and plans of study that provide additional guidance to students.

See ERF section H→ H1→ H1.3 for an MPH. A Plan of Study is not needed in this cohort model with 1 concentration and open choice electives.

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings.

	<u># of Students</u>			<u># Replying</u>			<u>Score</u>		
							(1 - 5 Scale) 5=best		
	2015 - 2016	2016- 2017	2017- 2018	2015- 2016	2016- 2017	2017- 2018	2015- 2016	2016- 2017	2017- 2018
I am satisfied with the MPH program's academic advising.	6	16		6	13		4.2	3.9	
Availability of faculty.	6	16		6	13		4.5	4.5	
I am satisfied with the MPH Program's career counseling	6	16		6	13		2.5	3.8	

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

Orientation begins before the students arrive with a welcome letter and invitation to communicate about special needs or issues. The program is not large and it is very oriented to treating each student individually. Each student is provided electronically with an Advising MPH Handbook.

The program is a cohort. Therefore, all students begin at the same time, with the Fall Semester. Orientation is a 3-day process. Recognizing this is an international program, it provides an extensive orientation. The University offers an orientation through the International School. The University offers tours of the city of Haifa and welcome social events for international students. The I-MPH has a separate one-half day orientation in addition to a welcome reception.

See ERF H1.5 for agendas presentations for previous orientations.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area: N/A

H2. Career Advising

The school or program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The school or program provides such resources for both currently enrolled students and alumni. The school or program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

Required documentation:

1) Describe the school or program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs. Schools should present data only on public health degree offerings.

Formal Career Advising / Counseling is done by the Program Director and the Co-Director. During the 3rd (final) semester, the Co-Director (Schuster) meets by appointment with each of the students and reviews their Career Planning. The student is sent a form in advance (this form is available in the ERF H2) and asked to complete the form in advance of the meeting. This serves as the basis for a career planning discussion.

In addition to this structured career-planning meeting, both the Program Director and the Co-Director meet with the students routinely before and after the formal career-planning meeting. The I-MPH faculty are certainly welcome to provide additionally career counseling; this do this with some frequency, but that is not measured. Some students require multiple encounters.

Professor Schuster attempts to document career counseling, although many of the events are quite informal and are not recorded. See ERF H2 for example of career counseling documentation.

The Career Counseling efforts for the 2015-2016 class provided varied levels of satisfaction from the students. We have started with counseling efforts earlier in the year as an attempt to improve the student conclusions about the success of the efforts. The 2016-2017 class appears to be more satisfied (see H1-4). There are social media apps (Facebook and What's App) that serve as informal mechanisms for communications about job opportunities and career directions.

The I-MPH has recently acquired access to an international jobs posting series and students and alumni are provided with these postings as they are posted.

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

All formal career counseling is done by either Professor Green or Professor Schuster. Both are senior in their careers, have hired hundreds of people, supervised hundreds of students and are experienced in career advising.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

Student Career Counseling

One of our students (2016-2017) is from South Africa. He is interested in health promotion and health communication. He has done contract work in South Africa in this regard. He intends to return to SA to continue this work, but is also interested in working with WHO. We discussed ways for him to pursue an internship at WHO and we have advised him to use our connections at WHO to apply for an internship. Professor Schuster has also introduced him to US CDC Global Health – Africa leadership.

One of our Canadian students (2016-2017) applied to medical school and did not receive any interviews. Professor Schuster has met with her a number of times to plan for re-application. An extended list of prospective medical schools was created and new tactics were developed for the application, including planning for a letter from either Professor Schuster or Green. She has now been invited for a Canadian medical school interview during this 2nd year effort.

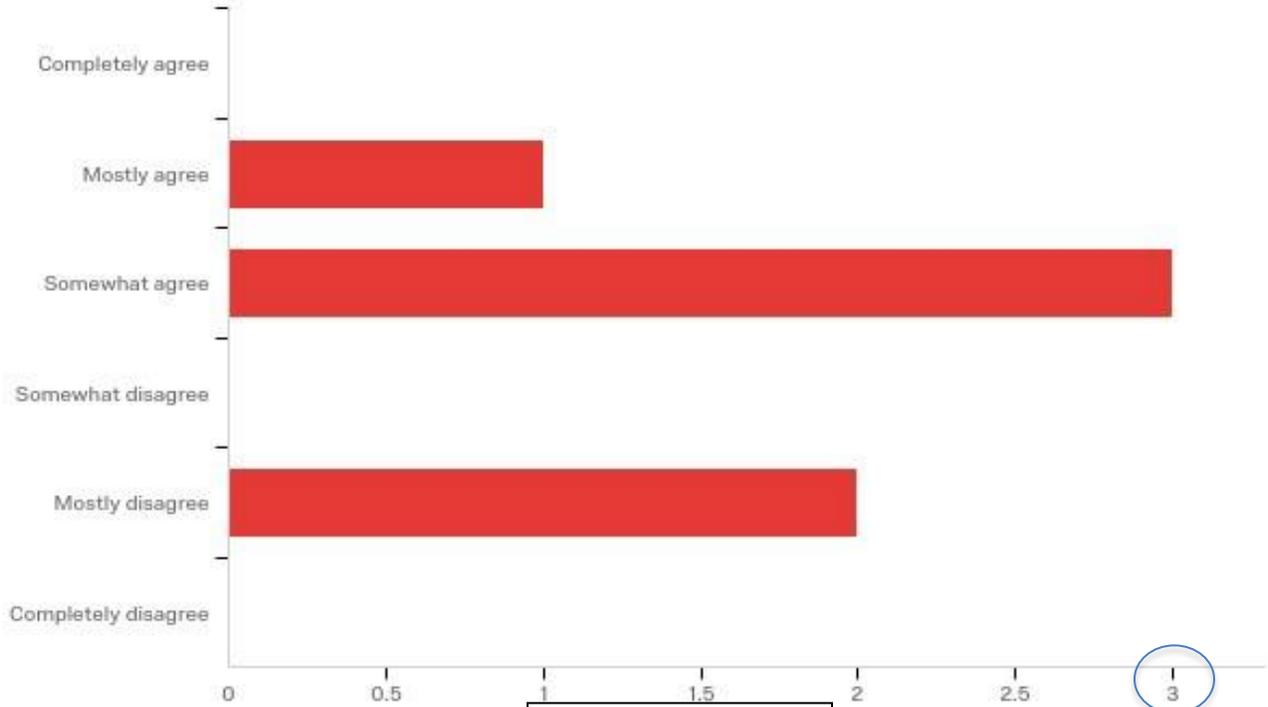
One of our students is also Canadian (2016-2017). She intends to return to remain in Israel. She wants to become involved in health information technology with the added population based skills. Professor Schuster has connected her with a number of health information technology companies / organizations in Israel for future opportunities.

Alumni Counseling

One of our graduates (2015-2016) is an early career physician who moved from Peru to live permanently in Israel. Both Professor's Green and Schuster (both physicians) met with her on a number of occasions. We encouraged her to study for her medical licensing exam in Israel during her course of study in the MPH. Her interest is psychiatry. We introduced her to Professor David Roe, a leading academic in Community Mental Health and she did her MPH Practicum with him. She completed the MPH in the fall of 2016. We encouraged her to contact colleagues of Professor Green at Rambam Hospital in Haifa. Rambam is the major teaching hospital of the Technion medical school and has a residency in psychiatry. She volunteered at Rambam as a trial and now is continuing there in a formal residency in psychiatry.

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings.

Q2 - I was satisfied with the MPH program's career counseling (2015-2016).



#	Answer	Number of Students	
		%	Count
1	Completely agree	0.00%	0
2	Mostly agree	16.67%	1
3	Somewhat agree	50.00%	3
4	Somewhat disagree	0.00%	0
5	Mostly disagree	33.33%	2
6	Completely disagree	0.00%	0
	Total	100%	6

Q2- I am satisfied with the MPH program's career counseling (2016-2017).



#	Answer	%	Count
1	Completely agree	30.77%	4
2	Mostly agree	30.77%	4
3	Somewhat agree	30.77%	4
4	Somewhat disagree	7.69%	1
5	Mostly disagree	0.00%	0
6	Completely disagree	0.00%	0
	Total	100%	13

In the 2015-2016 (1st year) cohort, there were 2 of 6 students who were not satisfied with the career advising. They are invited to provide free text responses and none were pertinent to the career advising questions. The numbers are small, so this is hard to interpret. In the 2nd cohort, the satisfaction was greater; this may be because the numbers are greater and/or the program leadership makes a greater effort to perform career advising (or potentially made it clearer that career advising – which was being done – was identified AS career advising).

Even though the numbers for 2015-2016 represented two people, it was decided for the Program leadership to be more aggressive in the 2nd year for career advising. Each student was asked to have an appointment with Professor Schuster regarding career planning. Almost all did have that meeting. A form was provided in advance for them to complete, designed primarily to get them to think about their careers. Then the career discussion was conducted with the form as the basis for the discussion. The satisfaction survey from Year I to Year II went from 2.5 to 3.8 (with a bigger sample size in Year II). It was concluded that this more aggressive approach was the right way to go and it is being continued in Year III. A few early career advising meetings have occurred with some students, but the bulk of them will occur in the Summer Semester.

See ERF section H → H2 → H2.4 for records of career advising and career advising form.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

N/A

H3. Student Complaint Procedures (I-MPH and PHP)

The school or program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to school or program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

Required documentation:

1) Describe the procedures by which students may communicate any formal complaints and/or grievances to school or program officials, and about how these procedures are publicized.

I-MPH Level

The Program Director of the I-MPH meets with students regularly. The Program Director generally holds one or two meetings a year for the express purpose of allowing students a forum in which to give their feedback, and so that the Program Director can address their questions and/or complaints on a variety of subjects. The Program Director resolves any issues that are within their authority to handle based on his/her judgment. In the event that a complaint refers specifically to a lecturer or style of teaching, the complaint is brought to that lecturer, who is given the opportunity to rectify the situation.

This information is provided in the I-MPH Handbook. See ERF section H → H3 → H3.1

2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.

University Level

Students are invited to approach the Dean of Students (by appointment).

The Program Director of the Student Referrals Section has student office hours every day, but students can also contact this office by phone or in writing. Every appeal is checked with the party dealing with the particular situation and a response is conveyed to the student.

The Students Ombudsman handles petitions that have previously been clarified at the levels entrusted with operating the systems at the University (including the Office of the Dean of Students) but have not found a satisfactory solution. The Students Ombudsman is authorized by the University President and the Rector to take action.

This information is provided in the I-MPH Handbook. See ERF section H → H3 → H3.1

3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

There have been no formal complaints to date.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

N/A

H4. Student Recruitment and Admissions

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

Required documentation:

1) Describe the school or program's recruitment activities. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings.

The International MPH at the University of Haifa recruits primarily through its website. In addition, we have an active Facebook page which serves also as a site for recruitment. As students explore the website, they are invited by the University to express an interest. As they do so, we are informed and we follow up with each of them to explore their interest more fully. Additionally, we do our best to track the application process, which is more complex. As an international program the University must carefully review transcripts to assure that the students have completed a 1st degree (undergraduate or bachelor's degree) from a bona fide University. This delays the process of admission and requires more involvement in follow-up.

The International School does some marketing trips around the world describing all of the international programs at the University of Haifa including the International MPH.

We also have a brochure that is sent upon request.

Links to the website and Facebook page are:

<http://globalhealthleadership.haifa.ac.il/>

<https://www.facebook.com/MPH-in-Global-Health-Leadership-Administration-University-of-Haifa-1503085663277805/>

2) Provide a statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings.

Our interest is in recruiting an international group of students who represent diversity in geography, culture, and religion, yet who share an interest in public/global health and who are oriented toward careers in leadership. Students must have an adequate academic performance in their first (or bachelors) degree to provide a high likelihood of academic

success in their masters (second) degree. Requirements include a minimum GPA of 3.0, 80%, or the equivalent from an accredited university. This is an English language program so English language proficiency is required. In addition to the international students, Israeli students who either want a degree offered in English or are particularly interested in global health are also welcome. We are desirous of having students from low and middle-income countries, but are limited by their scholarship needs. Finally, as an international program it is important that our students demonstrate an adequate level of maturity to be able to live independently in what for many of them is a foreign country.

Students submit an application online, which is received by the University. The application form must include demonstration of graduation from a bona fide University with a first (undergraduate – bachelors) degree. The University carefully reviews transcripts to assure the education was satisfactory and from an accredited university. Students must provide an English language proficiency test result, although that test can be waived if the student is able to demonstrate English language proficiency by other means, e.g. they may have lived in an English language speaking country for some time. Once the University concludes that the application is complete it is forwarded to the Admissions Committee. The Admissions Committee consists of the Program Director, Co-Director, two students and one additional faculty member. The Director and Co-Director review transcripts, assuring that the student has adequate academic skills and then the committee members vote. Philosophically, our goal is to be as inclusive as possible, noting our desire to attract priority populations, which include students from low and middle-income countries and diverse students from Israel. Once a student is accepted by the Admissions Committee, the University is informed and it sends a formal acceptance letter by email. The program remains in contact with students after admission in order to maintain their interest in the program. They are assigned a faculty “mentor” – either the Program Director or Co-Director – and the process of academic advising begins for some even before they arrive.

The Admissions Committee includes 2 students. To reduce the burden for reviewing applications, one student member of Committee reviews an application and gets an equal vote on the Committee. Student members are self-selected.

- 3) **Select at least one of the following measures that is meaningful to the school or program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list that follows, the school or program may add measures that are significant to its own mission and context.**

Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	Year 1 2015- 2016	Year 2 2016- 2017	Year 3 2017- 2018
Percentage of multilingual students	75%	100%	81%	83%
Count of priority under-represented students (as defined in Criterion G1) <u>accepting offers</u> of admission: Geographic Diversity	> 5 countries	5	9	8
Percentage of priority students (as defined in Criterion G1) accepting offers of admission: Non-Israeli Students	75%	75%	85%	71%

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

N/A

H5. Publication of Educational Offerings

Catalogs and bulletins used by the school or program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

Required documentation:

1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

<http://globalhealthleadership.haifa.ac.il/>