



**WRIGHT STATE**  
*UNIVERSITY*

**Master of Public Health**

***Accreditation Self Study***

**March 19, 2012**

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## **The Wright State University Master of Public Health Degree Program**

The Master of Public Health (MPH) degree program is provided by the Center for Global Health (CGH), which is housed within the Department of Community Health, Boonshoft School of Medicine at Wright State University (WSU). Starting with just a handful of students at its launch in 2004, the MPH program has grown to become the dominant responsibility of the CGH. CGH also supports medical student education and curriculum development in prevention and population health, directs the MD/MPH and MD/MBA programs, and offers MPH courses as electives to graduate students in other disciplines. In partnership with the Raj Soin College of Business, CGH also provides a Certificate in Health Care Management program.

The MPH program is a community-responsive educational program serving a broad definition of public health. It is multi-professional and interdisciplinary in scope, facilitating learning among a diverse student population. The WSU MPH program primarily serves a multi-county region in western Ohio, but also attracts students from outside the region and internationally. The community-based aspect of mission attainment is achieved through both student engagement in community centered and directed learning as well as a faculty that is part of the practice-based community. Classes are offered primarily in the evening to make the program available to in-career professionals as well as traditional students. The program is interdisciplinary, with students coming from a variety of fields including public health, environmental science, nursing, sociology, medicine, education, and business administration. Program faculty represent a diverse array of multi-professionalism including public health, nutrition, medicine, veterinary medicine, dentistry, public safety, education, biostatistics, environmental health, health policy, communications, sociology, demography, education, and business administration. This program was originally created to support the public health workforce needs of the region in 2004. Since its beginning, the WSU MPH has remained a partnership between the University and the public health community. Initial students tended to be mid-career professionals with a mean age in the late thirties. Over time, the student body has become progressively younger and more diverse, as increasing numbers of students come directly from undergraduate degree programs, seeking careers in public health and related disciplines.

There are currently 79 active MPH students, 120 MPH alumni, 8 full-time faculty, and 46 part-time faculty. Classrooms and faculty offices are located at the Center for Global Health. Nearly all MPH classes are taught at the CGH facility, and all full-time faculty and three part-time faculty have offices at CGH. The CGH facility is located at the Miami Valley Research Park, which is situated on 1,250 acres in the eastern Dayton suburban communities of Beavercreek and Kettering. The non-profit park is a university-related research park affiliated with four local academic institutions including: Central State University, Sinclair Community College, University of Dayton, and Wright State University. The CGH site is within 9 miles of the WSU main campus, and is easily accessible by highway from all points in Montgomery, Greene, Clark, Butler, and Warren Counties, and beyond.

## 1.0 The Public Health Program

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

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

#### **Mission**

To advance the public health of western Ohio and beyond by providing interdisciplinary graduate education, research, service, and leadership

#### **Vision**

To be the Master of Public Health degree program of choice for professionals who are committed to community and global health leadership

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

#### **Instruction**

Goal 1: To provide all MPH students with graduate-level education in core courses, specific concentration courses, and in applied research

The WSU MPH program provides quality education across core curriculum (seven required courses), four concentrations (public health management, health promotion and education, emergency preparedness, and global health) and research and service opportunities including practice placement and culminating experiences.

#### **Research (see Table 3.1.d)**

Goal 1: To foster the requisite skills necessary for students to successfully engage in applied public health research

Students are required to participate in public health related applied research. Each student must complete a minimum of 8 credit hours of research under the supervision of a team comprised of a faculty chair, a faculty reader, and an optional community-based practitioner.

Goal 2: To conduct original research relevant to each core faculty member's area of expertise

All faculty members are expected to be involved in research in their field of expertise and are encouraged to seek and receive extramural funding. Junior faculty are eligible to seek seed grants in partnership with both the Boonshoft School of Medicine and the Office of Research and Sponsored Programs. Senior faculty are encouraged to conduct on-going research and are eligible to seek a sabbatical every seven (7) years.

#### **Service (see Table 3.2.c)**

Goal 1: Faculty will participate in service related activities

It is an expectation of the MPH program that all faculty and professional staff engage in some aspect of service that directly benefits the community. Faculty are encouraged and supported in being active members of the local, state, and national communities (see Table 3.2.b-1). The program recognizes that

faculty serve the university by serving the community, and faculty are allowed to participate in service activities that occur during regular working hours while continuing to be paid as university employees.

Goal 2: The MPH program will meet the needs of the public health workforce in our community

The MPH program at Wright State University was established to meet the needs of the local public health workforce. As such, the program continues to provide educational opportunities to public health professionals seeking the graduate degree, as well as workforce development programs and initiatives for non-degree seeking local public health professionals.

Goal 3: Students will be made aware of opportunities for collaboration between the MPH program and community organizations

Students are encouraged to provide service through announcements posted physically on a bulletin board or through the student listserv, as faculty and staff become aware of opportunities. Students must complete a culminating experience as part of the requirements for graduation from the MPH program; many of these culminating experiences involve the student providing a service for a community agency.

Goal 4: MPH faculty and students will consult with community organizations to address a community health need

Faculty serve as a resource to community members and agencies and frequently consult with them to help address public health needs identified by the community (see Table 3.2.b-3).

***1.1.c) A set of measurable objectives relating to each major function through which the program intends to achieve its goals of instruction, research and service.***

Instruction Objective: To provide all MPH students with a high quality graduate-level education as they complete their coursework and applied research

- Class size in MPH courses will be limited to enhance the educational experience of the students
  - Goal: All MPH core courses will average equal to or less than 25 students each academic year
- Courses will be offered to provide flexibility in scheduling and so that students can reasonably balance their course requirements
  - Goal: All MPH core courses will be offered in at least two quarters each academic year
- Courses will not be simply theoretical, but will require students to demonstrate that they have learned applied skills necessary in public health
  - Goal: Seventy percent of core courses will require students to demonstrate an applied or analysis skill as a graded assignment
- Students will demonstrate proficiency in the seven core courses by maintaining a 3.0 or higher overall GPA for all core courses
  - Goal: 100% of students have a 3.0 or higher overall GPA in core courses upon graduation

- Students will demonstrate proficiency in a concentration area by maintaining a 3.0 or higher overall GPA for all concentration classes
  - Goal: 100% of students have a 3.0 or higher overall GPA in concentration classes upon graduation
- Members of the local public health leadership will address all students as part of their classroom experience
  - Goal: At least two health commissioners will lecture to students in the core courses
- MPH students will take classes from a multi-disciplinary faculty
  - Goal: Throughout the program, all students will take courses from faculty representing at least five academic disciplines or professions

Research Objective 1: To foster the requisite skills necessary for students to successfully engage in applied public health research

- Students will meet at least 6 of the 12 Tier 1 Analytical/Assessment Skills (1A) in the Core Competencies for Public Health Professionals ([http://www.phf.org/resourcestools/Pages/Core\\_Public\\_Health\\_Compencies.aspx](http://www.phf.org/resourcestools/Pages/Core_Public_Health_Compencies.aspx))
  - Goal: 85% of graduating students will meet at least 6 of the 12 Tier 1 Analytical/Assessment Skills in their Culminating Experience
- Outstanding students will present their research as an author or co-author at a public health meeting, conference, workshop, or other public venue
  - Goal: 25% of students will present their research at a public health meeting, conference, workshop, or other public venue

Research Objective 2: To foster original research relevant to each faculty member's area of expertise

- Faculty are expected to balance both a teaching and research load as appropriate to their class schedules
  - Goal: 75% of all full-time core faculty will publish as an author or co-author at least 2 articles, abstracts, book chapters, or reports to a peer reviewed journal or publisher
  - Goal: 75% of all full-time core faculty will present as an author or co-author at least two public health meetings, conferences, workshops, or conventions
  - Goal: 75% of all full-time core faculty will submit a public health proposal for internal or external funding
  - Goal: 75% of all full-time core faculty will receive internal or external funding for a public health project

Service Objective 1: Faculty will participate in service related activities

- Goal: 90% of faculty will participate in local, state, and/or national service activities

Service Objective 2: The MPH program will address the needs of the public health workforce in our community

- Goal: At least two (2) continuing education programs per year will be conducted for members of the community and public health workforce

Service Objective 3: Students will be made aware of opportunities for collaboration between the MPH program and community organizations

- Goal: 100% of students will be aware of collaboration opportunities through practice placement and culminating experience orientation

Service Objective 4: MPH faculty and students will consult with community organizations to address a community health need

- Goal: Work with at least five (5) community health organizations per year

***1.1.d) A description of the manner in which mission, goals, and objectives are developed, monitored, and periodically revised and the manner in which they are made available to the public.***

The need for an MPH program at WSU was established in 2001 and the first class matriculated in 2004. A group of health commissioners had voiced extreme concern about the regional workforce's lack of public health training and proficiency. They appealed to the WSU Boonshoft School of Medicine leadership to create a MPH program. As the program developed, these health commissioners, along with the original advisory board, provided input into the original mission, goals, and objectives of the program. Now that the program has grown considerably, the composition of the advisory board includes alumni that are encouraged to suggest updates to the mission, goals, and objectives.

Today, MPH program staff and faculty consider the need to update the program mission, goals and objectives at bi-annual strategic planning meetings. If the attendees at a strategic planning meeting conclude that an update to the program's mission and values is necessary, then there is a discussion of the proposed changes. Following the meeting, a faculty subcommittee develops the specific language based upon the previous discussion at the strategic planning meeting. The subcommittee circulates the new mission and vision language for review and further refinement. The current mission, vision, and values were updated during the summer of 2011. This was the first revision since the original mission, goals, and objectives were developed at the origination of the program.

The MPH administration, through the strategic planning and MPH committee meetings, utilizes various data resources to monitor the program's effectiveness. Formal program objectives are developed through the strategic planning process; however, any MPH committee (faculty, curriculum, admissions, advisory, etc.) can suggest the creation or update of a program objective or goal. In practice, area specific subcommittees have been formed periodically to consider objective and goal changes under the broad categories of instruction, research, and service. The faculty has the opportunity to review and suggest modifications. The most recent update of the formal program objectives and goals took place during the summer of 2011 as part of the program's self-study.

The mission and vision of the program are readily available on the WSU MPH website: (<http://www.med.wright.edu/mph>), as well as in the MPH student handbook. The goals, objectives, and values of the program will soon be available on the WSU MPH website, in the MPH student handbook



and posted on the walls of the MPH classrooms. When marketing the program, program representatives use materials that reference the mission and vision of the program.

**1.1.e) A statement of values that guide the program, with a description of how the values are determined and operationalized.**

1. Core Tier 1 public health competencies as enumerated by the Council on Linkages between academic and public health practice  
[http://www.phf.org/resourcestools/Pages/Core\\_Public\\_Health\\_Competencies.aspx](http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx)
2. High quality instruction, research, and service
3. Educational opportunities for in-career professionals
4. Promotion of team-based approaches to address public health challenges
5. Community-based learning and service models
6. Partnership and collaboration with community constituencies
7. Understanding of the health issues, causes, and measures to improve global health outcomes and health care systems
8. High ethical standards in education, research, service, and practice
9. Promotion of population health approaches in the medical care system

The values are determined through discussion among the core faculty and reflect the program's instructional, research, and service goals and daily activities. During the self-study process, existing program values were evaluated for clarity, relevance, and continued support. Some values were revised to reflect program changes since the previous self-study.

- In the 2007 self-study, *Interdisciplinary aspects of public health* was identified as a program value. The faculty committee charged with examining the values in 2011, determined that an interdisciplinary approach to public health was inherent in the Core Tier 1 public health competencies (current Value 1). Public health professionals in-training must demonstrate an interdisciplinary set of knowledge and skills – science knowledge, as well as analytical, planning, leadership, and communication skills, to name a few. These competencies are reflected in the design of the MPH curriculum. The committee felt that having both the current Value 1, and the former value of an interdisciplinary focus, was redundant. Additionally, the committee felt that the new Value 7 (*Understanding of the health issues, causes, and measures to improve global health outcomes and health care systems*) requires an interdisciplinary set of competencies as well.
- In the 2007 self-study, *Educational delivery that stretches traditional boundaries* and *Education as a central change agent in public health workforce* were listed as program values. The faculty committee determined that these values were too vague. The MPH program faculty are committed to the use of objectives-driven instruction, as well as innovative pedagogical and team-based approaches in the educational process. The revisions to the two original values are reflected in the current Value 2 (*High quality instruction, research, and service*), Value 4 (*Promotion of team-based approaches to address public health challenges*), and Value 8 (*High ethical standards in education, research, service, and practice*).

The core set of faculty was asked to provide additional suggestions for new values, which were then vetted by the entire group of core faculty.

The values are operationalized in several ways. Every student finishing the culminating experience is required to complete, in collaboration with faculty committee members, a checklist of the Core Tier 1 public health competencies (**Value 1**), which is then included as an appendix in the final CE document. **Value 2** is measured through student evaluation of courses and faculty, as well as annual reviews of faculty conducted by the Center Director and Department Chair. **Value 3**, educational opportunities for in-career professionals reflects the issue that prompted creation of the MPH program, and a value which continues to be supported through collaboration with local public health departments and scholarship funding for in-career professionals. Team-based approaches to public health challenges (**Value 4**) are encouraged and evaluated as part of each faculty member's annual evaluation and through the promotion of team-based research opportunities to students. **Values 5 and 6** reflect continued support for community collaboration, which has been enhanced further since the integration of the Center for Healthy Communities in 2011. **Value 7** reflects the focus of the global health concentration. **Value 8** is promoted through discussion among faculty and with students about ethical standards in research, service, and practice, as well as academic integrity in the educational environment. **Value 9** is operationalized through faculty's continued teaching, collaboration, and student mentoring in the population health competencies with the Boonshoft School of Medicine.

**1.1.f) Assessment of the extent to which this criterion is met.**

**Strengths:** As the program has grown, it has updated its mission, vision, goals, and objectives. The program prominently publicizes the mission and vision statements and they both reflect its current direction. The program has worked through its committee structure to monitor and update the goals and objectives. The carefully selected goals and objectives clearly promote the mission and vision.

**Weaknesses:** The student's awareness of the updated mission, vision, goals, objectives, and values needs improvement. New students receive a copy of the most recent version of the MPH student handbook at orientation. Current students need to be informed of the updates which will be done by having them posted on the walls of the MPH classrooms and on the MPH website.

**Opportunities:** Although it has a brief history, the program has relied on a 5-year review cycle to update its mission, goals, objectives, and values. The review process includes participation from constituency groups such as alumni and community public health leaders. It also allows for short-term updates if they become necessary.

The criterion is met.

1.2 Evaluation and Planning. The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals, and objectives; for assessing the program's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

***1.2.a) Description of the evaluation procedures and planning processes used by the program, including an explanation of how constituent groups are involved in these processes.***

While the MPH program administration is ultimately responsible for evaluation and future planning, various MPH committees support these functions and enact policy updates on a continuous basis. In extraordinary circumstances, ad hoc subcommittees are formed which report to the MPH permanent committees. The MPH permanent committees that contribute to domain-specific evaluation and planning functions include the following:

**Faculty Committee** (Meets quarterly, or more often, if necessary)

Purpose: To provide general information sharing for topics including faculty research, personnel changes, course evaluations, promotion, and Delta Omega. Faculty meetings also provide an opportunity for discussion that often results in the identification of agenda items for the other permanent committees.

**Strategic Planning Meeting** (Held semi-annually)

Purpose: Program evaluation and strategic planning with all faculty

**Advisory Board** (Meets semi-annually)

Purpose: To update constituent groups on program changes and performance. This committee also discusses planning and opportunities for program enhancement.

**Admissions Committee** (Meets semi-annually, or more often, if necessary)

Purpose: To review and evaluate the program's admissions policy and its execution

**Curriculum Committee** (Meets quarterly)

Purpose: To address issues pertaining to concentration and course content, competencies, their development, modification, and quality. Other issues include CEPH compliance and graduation issues.

**Program Evaluation & Accreditation Committee** (Meets annually, or more often, if necessary)

Purpose: Program planning, evaluation, and accreditation monitoring and reporting

Members of the MPH faculty, administrators, and constituents are encouraged to add items to the meeting agendas of the above committees. In the case of the MPH strategic planning meeting, one of the semi-annual meetings is an off-site retreat. At this retreat, attendees assess and, if necessary, alter the mission and vision of the program. In addition, the retreat allows for both a reporting by directors on the concentrations, culminating experience, and practice placements under their supervision and an opportunity to discuss future programmatic enhancements.

Both formally and informally, constituent groups (current students, program alumni, members of the public health community, other WSU department faculty) play an active role in the evaluation and planning of the MPH program. Formally, members of these groups contribute as representatives on the above MPH committees that engage in program evaluation and planning. Specifically, each of the constituent groups has representation on the MPH advisory board. Two current students also serve as

members on both the admissions and curriculum committees. In addition, a community representative is on the admissions committee. Besides committee representation, the program receives informal feedback that has led to policy changes and program enhancement. These ideas can arise from everyday student interactions, contact with alumni, and the regular communication with the public health community through the administration of practice placements opportunities.

***1.2.b) Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.***

Given the fact that the WSU MPH program is still quite young, there have been a number of opportunities where we have adapted policies to enhance the educational experience of our students. We feel that the interconnectedness of the program faculty has led to the rapid identification of issues and that effective communication fostered by the committee structure has enabled us to evaluate what specific changes might improve the program. The following paragraphs describe programmatic changes that exemplify the results of program evaluation and planning efforts.

In 2009, the CE director expressed concern that students were not completing the CE in the allotted time of one year. This failure to complete the CE in a timely manner was an impediment to their progress toward degree completion. The curriculum committee formed an ad hoc committee to gather more information about the issue and to devise potential solutions. This ad hoc committee met weekly and members researched the CE research products of other MPH programs. The committee presented possible action items to the curriculum committee for consideration. As a result, the program piloted a team-based CE, updated the CE student guide, and expanded the scope of potential CE research projects to include options such as policy analyses. In addition, the program has increased efforts to encourage students to use their practice placement to derive CE research projects. The impact of these measures continues to be evaluated by the curriculum committee, as does overall student progress towards degree completion.

The following examples describe how the program has identified and addressed concerns regarding poor academic performance. In early 2008 at a core faculty meeting, there was discussion about poor writing by a particular student and how to address it. At subsequent meetings, more faculty began expressing concerns regarding this same issue based on their experiences with a number students. As a result, the issue was placed on the admissions committee agenda for discussion. In fall 2009, the admission committee discussed remediation options and whether remediation should be a requirement prior to admission. The committee later decided to work on a solution in partnership with the curriculum committee. Discussions with the WSU English department indicated that faculty there would be willing to provide oral proficiency testing for students. The curriculum committee established an ad hoc committee to consider the options for remediation in further detail. As a result, the committee has decided that incidents of poor writing will be addressed on an individual basis with administrators encouraging these students to take a writing specific course to help them to improve. The impact of this decision and the issue of student writing proficiency continue to be evaluated by the curriculum committee.

In a related example, faculty concerns expressed at a core faculty meeting have led to the realization that the program was not collecting data which could be used to evaluate linkages between our

admissions criteria and student performance. This resulted in the expansion of our data collection efforts and the admissions committee’s decision to develop a scoring rubric for applicants. These tools would allow us to assess later how well our admissions criteria is able to distinguish students who performed well in the program. Since employing the use of the rubric, many MPH faculty course directors have noted that the students appear to be performing at a higher level for both writing and quantitative assignments. Pre-admission student proficiency continues to be an issue for discussion and possible program policy changes. We feel that the committee structure that is in place has enabled us to address such issues in a way that leverages the contribution and experience of MPH program faculty, staff, and our constituent groups for the enhancements of the program.

The MPH program maintains four databases in Microsoft Access available to MPH directors and program coordinator: MPH applications, MPH students, MPH culminating experiences, and MPH practice placements. These databases track student admissions, demographics, course enrollments, grades, practice placements, culminating experiences, graduation, and alumni information. The MPH program coordinator provides reports to committee chairs for quarterly meetings upon request. Alumni and employer survey data are maintained by the MPH program coordinator and updated information is gathered through SurveyMonkey. Program administration, faculty, and staff review program performance annually at the summer strategic planning meeting. At the request of any of the MPH committees, reports are generated more frequently.

**1.2.c) Identification of outcome measures that the program uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the program’s performance must be provided for each of the last three years.**

The MPH administration, with input from the MPH strategic planning and committee meetings, maintains and update the instructional, research, and service objectives in order to monitor the program’s effectiveness.

Instructional Measures

1. Class size in MPH courses will be limited to enhance the educational experience of the students
  - o Goal: All MPH core courses will average equal to or less than 25 students each academic year

2008-09	2009-10	2010-11
21.7	20.4	20.1

2. Courses will be offered to provide flexibility in scheduling and so that students can reasonably balance their course requirements.
  - o Goal: All MPH core courses will be offered in at least two quarters each academic year

2008-09	2009-10	2010-11
100%	100%	100%

3. Courses will not be simply theoretical, but will require students to demonstrate that they have learned applied skills necessary in public health

- Goal: Seventy percent of core courses will require students to demonstrate an applied or analysis skill as a graded assignment

2008-09	2009-10	2010-11
100%	100%	100%

4. Students will demonstrate proficiency in the seven core courses by maintaining a 3.0 or higher overall GPA for all core courses

- Goal: 100% of students have a 3.0 or higher overall GPA in core courses upon graduation

2008-09	2009-10	2010-11
100%	100%	100%

5. Students will demonstrate proficiency in a concentration area by maintaining a 3.0 or higher overall GPA for all concentration classes

- Goal: 100% of students have a 3.0 or higher overall GPA in concentration classes upon graduation

2008-09	2009-10	2010-11
100%	100%	100%

6. Members of the local public health leadership will address all students as part of their classroom experience

- Goal: At least two health commissioners will lecture to students in the core courses

2008-09	2009-10	2010-11
4+	4	4

7. MPH students will take classes from a multi-disciplinary faculty

- Goal: Throughout the program, all students will take courses from faculty representing at least five academic disciplines or professions

2008-09	2009-10	2010-11
5+	5+	5+

***1.2.d) An analytical self-study document that provides a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all accreditation criteria,***

***including a candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation criteria.***

This document represents the self-study of the Wright State University MPH program.

***1.2.e) An analysis of the program's responses to recommendations in the last accreditation report (if any).***

In 2007 during the program's first self-study two concerns were identified and were subsequently addressed. These concerns were in the areas of faculty and student diversity.

**Faculty Diversity:** At the time of the site visit our faculty was lacking in diversity. The program agreed with this assessment. Two years later, at the time of the interim report, the core faculty changed from only 24% female to 37% female, an increase of 13%. The program also hired another international member to the core faculty and thus our overall diversity raised to 88% White/Caucasian and 12% Other (Latino and Japanese). When counting all the other faculty that supported our program the total faculty count was 43. More specifically, this included 27 male (63%) and 16 female (37%). This represented an increase of 33% in our other faculty since the original self-study.

Thirty-six of the 43 (84%) were White/Caucasian with 6 (14%) noted as "other" and included 3 African Americans. This represented an increase of total minority faculty from 12% to 14%. While we successfully increased these counts, we reported that we continue to recognize the need to increase the amount of faculty diversity and are committed to attempting to supplement the faculty with outside guest lectures, chairs for culminating experiences, practice placement preceptors, and student mentors that will add to our diversity.

**Student Diversity:** The site visit team expressed concern that our student population was very low in minority numbers and that it was overwhelmingly female. By the time of the 2009 Interim Report, the ratio of male to female students was 23 to 62. Also, 29% of the student population was identified as African American, with 13% defined as "other". "Other" is a mix of Asian, Hispanic, Russian, and not identified international. Three students declined to identify ethnicity. Overall, we were 54% Caucasian and 42% minority. The reported change represented a 25% increase in diversity among our MPH students since our first self-study. These percentages did not include dual degree MPH students, as those students were also not included in the original self-study.

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

A formal accreditation team assembled in spring 2011 for the purpose of the self-study. This team included the MPH core faculty, administration, center staff, and a student representative. Accreditation team members collected self-study information, evaluated the program based upon the self-study criteria, and developed the text for the final document. The team assigned two members to be responsible for each self-study criterion. The accreditation team met weekly throughout the year and worked in coordination with the MPH committees to update program policies. Email and an accreditation-specific folder on the Center's server enabled team members to access common documents, gather data, and review drafts of the self-study. All accreditation team members

participated in weekly discussions that addressed selected self-study criteria and reviewed the self-study document. All core faculty have been involved in the creation of the self-study by direct participation or review of the information. In addition, the accreditation team provided access to the self-study document and encouraged alumni and the program's advisory board to provide feedback. In addition, all current students were provided a draft of the self-study and an information session was held in November 2011 to explain the document and the CEPH accreditation process to them. As a result, the accreditation team received feedback on the self-study draft from approximately 8 students.

**1.2.g) Assessment of the extent to which this criterion is met.**

**Strengths:** The program has a clearly defined process to monitor and evaluate itself. Program leadership is tasked with making sure outcomes are collected and measured against set targets. As a result of the self-study evaluation process, the program has expanded the scope of objectives and outcome measures considerably. This increase in the number of performance measures reflects the program's maturation and a shared commitment to continuous quality improvement for the benefit of our students.

**Weaknesses:** Given that the program originated in 2004, it has only been in the past few years that the MPH faculty and staff have been able to leverage data to monitor and evaluate particular aspects of the program's performance. Until recently, most programmatic changes were made in response to unforeseen, acute problems and evidence often came from anecdotal reports. As the program continues to mature, the faculty and staff are appreciative of the power of data collection for the purpose of monitoring and improving the program. The harnessing of data's potential requires experience and the foresight so that tomorrow's enhancements can be supported with already data collected. The experience of faculty and staff has increased, but we are still learning about what data is needed, how it can be efficiently collected, and what it will tell us. We realize that this will continue to be a challenge and an ongoing process.

**Opportunities:** In 2012, Wright State University moves from the present quarter-based system to a semester-based system. The program considers this change a welcome opportunity to enhance the quality of the students' educational experience. The program anticipates that this transition will be challenging, but we believe that course content will better serve the needs of the public health workforce as each course is expanded from 10 to 14 weeks. This expanded course time allows for more depth in current topics as well as time to address additional public health competencies. The transition to semesters also allows concentrations to be redesigned, with expanded course offerings. Present efforts to collect data and measure performance outcomes will need to adapt to this coming change.

This criterion is met.



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

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

Named for Dayton's aviation pioneers, Orville and Wilbur Wright, Wright State University serves nearly 20,000 students. Today Wright State offers 110 associate and bachelor degree programs and 76 graduate and professional programs spread among its 11 schools and colleges. There are currently 860 full-time faculty at Wright State University (WSU). WSU Boonshoft School of Medicine (SOM) is a community-based medical school affiliated with seven major teaching hospitals and 25 other health care institutions. Educational programs include undergraduate medical education leading to the MD degree for about 400 medical students, residency training in 13 medical specialties, and fellowship training in 10 subspecialties for more than 425 resident physicians

As a community-based medical school, WSU SOM does not own a hospital or academic medical center, but instead has evenly distributed relationships and responsibilities with the whole health system in the community. There is direct involvement in the clinical care of the whole population through these extensive relationships. Almost 400 full-time faculty work with over 1,200 voluntary faculty in private practice. WSU SOM has received national recognition for its status as a premier community-based medical school with the receipt of the American Association of Medical Colleges (AAMC) Community Service Award. It is also ranked fourth in the nation for its social mission, according to a study of 141 U.S. medical schools published in the *Annals of Internal Medicine*. The ranking is based on the percentage of graduates who practice primary care, work in health professional shortage areas, and are underrepresented in medicine.

The Division of Health Systems Management (HSM) was created in January 2000 with a \$2.5 million gift by Mr. Oscar Boonshoft to endow a chair in health systems management. In 2006 HSM was renamed the Center for Global Health Systems, Management, and Policy; the name was shortened in 2011 to the Center for Global Health. The mission for the Center is to advance the public health of western Ohio and beyond by providing interdisciplinary graduate education, research, service, and leadership. The Center is located in Kettering, Ohio at Research Park in a location that contains faculty and staff offices, as well as classrooms and meeting space.

The MPH program is administered through the WSU Graduate School (GS). The GS is responsible for all graduate programs at the University with the exception of students in the MD and PsyD degree programs. All courses, concentration programs, and graduate degrees are the responsibility of the GS.

**University Accreditation Information**

Wright State University is accredited at the doctoral degree-granting level by the North Central Association of Colleges and Schools. In 2006, WSU was awarded the highest accreditation rank and received a 10-year accreditation term. Also, the following programs are professionally accredited:

**College of Education and Human Services**

- Education programs, including school counseling, are approved by the Ohio Department of Education and accredited by the National Council for Accreditation of Teacher Education

- Human services/counseling programs (i.e. counseling in community and other agency settings and school counseling) are accredited by the Council for Accreditation of Counseling and Related Educational Programs
- Rehabilitation counseling is accredited by the Council on Rehabilitation Education

#### **Raj Sojn College of Business**

- The undergraduate business program and five master's degree programs are accredited by AACSB International, the Association to Advance Collegiate Schools of Business
- The Department of Accountancy's graduate and undergraduate programs are separately accredited by AACSB International
- The Bachelor of Science in Management Information Systems is accredited by ABET, the Computing Accreditation Commission of the Accrediting Board for Engineering and Technology

#### **Computer Science & Engineering**

- Bachelor of Science programs in biomedical engineering, computer engineering, electrical engineering, engineering physics, industrial and systems engineering, materials science and engineering, and mechanical engineering programs are accredited by the Engineering Accreditation Commission of ABET
- The Bachelor of Science in Computer Science is accredited by the Computing Accreditation Commission of ABET

#### **College of Science and Mathematics**

- Environmental health is accredited by the National Environmental Health and Protection Accreditation Council
- Medical technology is accredited by the Committee on Allied Health Education and Accreditation and by the National Accrediting Agency for Clinical Laboratory Sciences
- Baccalaureate program in chemistry is certified by the American Chemical Society
- Geological sciences is accredited by the American Institute of Professional Geologists

#### **Boonshoft School of Medicine**

- Accredited by the Liaison Committee on Medical Education
- Residency training programs (for which the School of Medicine is the sponsoring institution) are accredited by the American Council for Graduate Medical Education)

#### **College of Liberal Arts**

- Master of Public Administration program is accredited by the National Association of Schools in Public Affairs and Administration (NASPAA)
- Music is accredited by the National Association of Schools of Music
- Social work is accredited by the Council on Social Work Education

#### **College of Nursing and Health**

- Accredited by the Ohio Board of Nursing and the Commission of Collegiate Nursing Education

#### **School of Professional Psychology**

- Clinical psychology and internship programs are accredited by the American Psychological Association Committee on Accreditation

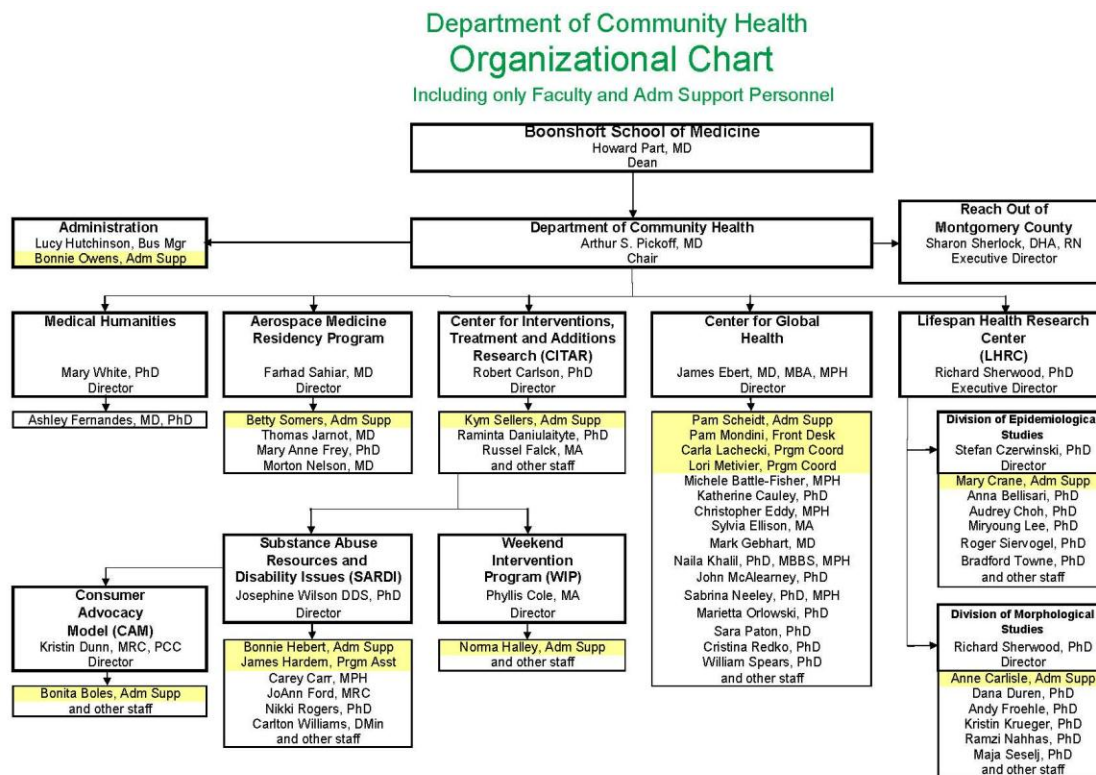
## Wright State University Lake Campus

- Accredited by the North Central Association of Colleges and Schools at the associate degree-granting level

### 1.3.b) One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines.

The MPH program is provided by the Center for Global Health (CGH). The CGH is housed within the Department of Community Health, which is part of the Wright State University Boonshoft School of Medicine. The MPH program has grown to become the dominant responsibility of the CGH. The CGH also supports medical student education, curriculum development in prevention and population health, directs the MD/MPH and MD/MBA programs, and supports research in related areas. The director of the Center, Dr. James Ebert, is currently the director of the MPH program. Dr. Ebert reports directly to the chair of the Department of Community Health, Arthur Pickoff, MD.

The Department of Community Health is a complex department consisting of more than 36 faculty, 102 staff, and 106 voluntary faculty. In addition to the CGH, the Department consists of two centers (Lifespan Health Research Center and the Center for Interventions, Treatment and Addictions Research), two academic divisions (Aerospace Medicine and Medical Humanities), and a 501(c)3 volunteer health care organization (Reach Out Montgomery County). The MPH program has benefited from its home in Community Health as the department's faculty teach individual course sessions, act as courses directors and provide guidance to MPH students as culminating experience committee members.



As of January 10, 2012

### ***1.3.c) A brief description of the university practices regarding:***

#### **Lines of accountability, including access to higher-level university officials**

As seen in the organizational chart above, the MPH program has direct access to University officials. The MPH program director reports directly to the chair of the Department of Community Health but for program specific issues the MPH program director reports to the dean of the Graduate School, Andrew Hsu, PhD.

#### **Prerogatives extended to academic units regarding names, titles, internal organization**

The director manages the Center's educational programs and assigns responsibilities to faculty and staff members. The Center director establishes teams, committees and titles for Center staff and faculty. The Center director leads efforts for expansion (e.g. new facilities/new programs); however, those additions may require additional University approvals if extensive.

#### **Budgeting and resource allocation, including budget negotiations, indirect cost recoveries**

Budget, resource allocation, and indirect cost recovery decisions are made by the Center director in conjunction with the chair of community health and the associate dean for fiscal affairs of the medical school.

#### **Distribution of tuition and fees and support for fund-raising**

The University distributes tuition and fees as well as a major portion of State Share of Instruction (SSI) funds to the MPH program. The University has a Foundation to provide seed funding for new research. Center faculty are welcome to seek funds through grant applications and contracts. To support faculty fund-raising efforts, the Research and Sponsored Programs office will help to locate sources of funds and requests for applications, assist in grant writing and award processing.

#### **Personnel recruitment, selection and advancement, including faculty and staff**

The Center has a diverse faculty drawn from the University's six schools and colleges (Medicine, Business, Nursing, Science & Math, Education, and Professional Psychology) in addition to a research relationship with the College of Engineering and Computer Science. Some faculty hold primary appointments with the Center. Many hold primary appointments in the Department of Community Health. New faculty are recruited by the Center director through a formal University-determined search process, involving creating a position, receiving approval from University leadership and Affirmative Action, posting that position, creating a search committee (with the Center director typically the search committee chair), and finally offering the position based on the recommendations of the search committee. Hired Center faculty have an annual performance review per faculty bylaws and University policy; that review is conducted by the Center director.

Members of the faculty of the Center and the MPH program, who hold primary appointments in other schools, are usually recruited by the Center director to voluntarily participate in the MPH program based on their skills, interest, and availability. They receive permission/support from their primary school to teach and/or perform research in the Center. The Center pays the primary school the portion of their salaries based upon the level of support they provide to the Center. In some cases, grant funding may provide salary support for Center-based research.

### **Academic standards and policies, including establishment and oversight of curricula**

The Graduate School administers academic policies and procedures and enforces graduate degree requirements as determined by the Graduate Council (GC). These are applicable to all graduate students at the university except those enrolled in the School of Medicine's Doctor of Medicine (MD) program and the School of Professional Psychology's Doctor of Psychology (PsyD) program.

The GC ultimately must approve course additions, deletions, and modifications. The program director or department chair initiates such requests by completing the appropriate form. These are submitted to the college/school dean's office for review by the dean and the college/school's curriculum committee. Approved requests are forwarded to the GC's Curriculum Committee for consideration. The GC Curriculum Committee evaluates all requests, recommending them to the full Graduate Council for adoption or returning them to the originating unit for further revision. The GC ultimately votes on the final approval of all course changes and additions recommended to it by the curriculum committees. Once GC approval is secured for a course proposal, it is sent to the Registrar.

The revision of graduate program curricula is a necessary process of quality assurance. For existing programs, program curricula review and revision is the responsibility of program directors and the program's curriculum committee. The Graduate School encourages programs to review offerings periodically for relevance and changes in a field/discipline.

Wright Way Online contains the current version of all official university policies and procedures. The Online manual can be viewed at: <http://www.wright.edu/wrightway/>

- SERIES 1000 - University Governance
- SERIES 2000 - University Support Services
- SERIES 3000 - Facilities and Operations
- SERIES 4000 - Human Resources
- SERIES 5000 - Financial and Business Affairs
- SERIES 6000 - Health and Safety
- Miscellaneous - Un-numbered Procedures

Additional Information may be found in the Graduate School catalog at <http://www.wright.edu/academics/catalog/grad/toc.htm> and the faculty handbook at <http://www.wright.edu/academics/fhandbook>.

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

N/A

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

N/A

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

**Strengths:** Throughout its existence, the MPH program has received strong support from the Department of Community Health, the Boonshoft School of Medicine, Wright State University and the

public health community. The organizational relationships and spirit of cooperation at the university have significantly enhanced the program's ability to offer an education experience to its students that will enable them to excel as members of the future public health workforce.

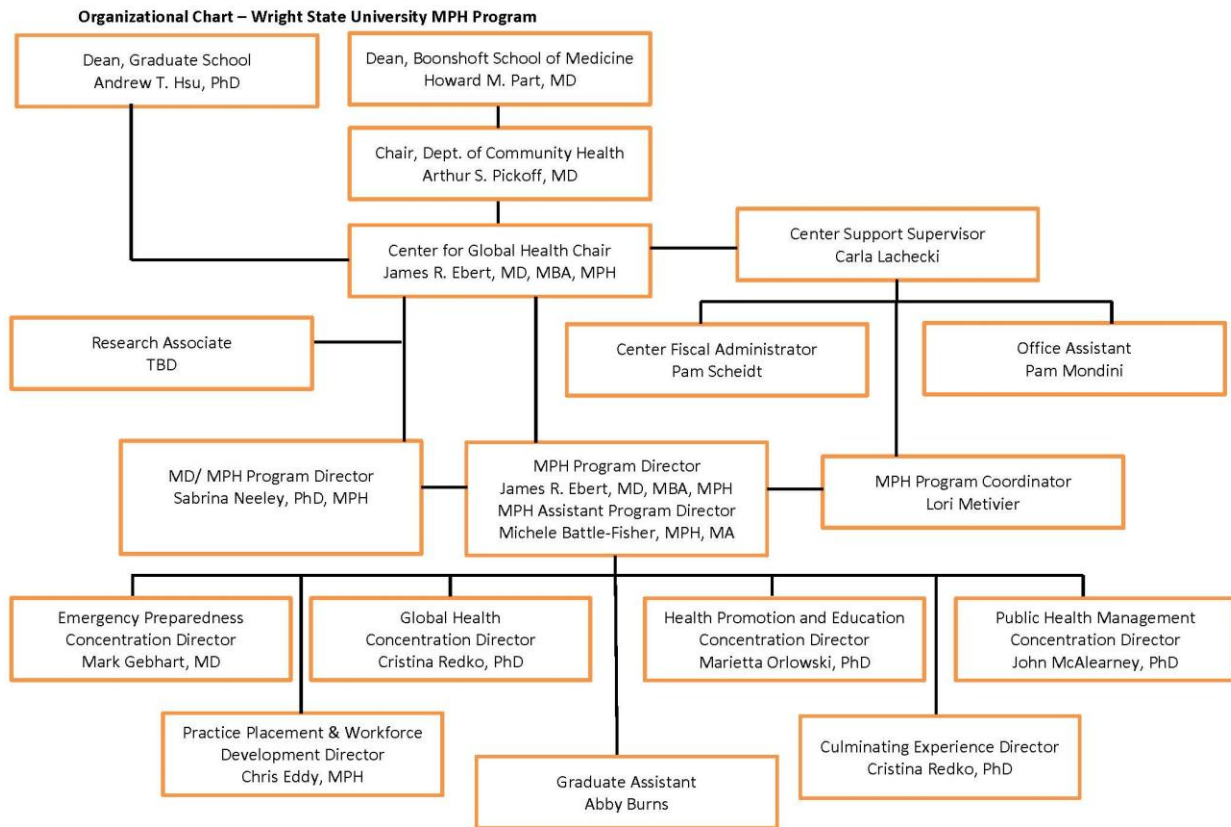
**Weaknesses:** The program is still relatively new. As a result, awareness of the program and its impact on the public health activities within the region continues to grow.

**Opportunities:** As a community-based university, the program frequently encounters organizations that are unacquainted with the program or its faculty. Such opportunities will continue as the program grows and will result new partnerships for the benefit of the program, its graduate students, and alumni.

This criterion is met.

1.4 Organization and Administration. The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the program’s constituents

**1.4.a) One or more organizational charts showing the administrative organization of the program, indicating relationships among its component offices or other administrative units and its relationship to higher-level departments, schools and divisions.**



**1.4.b) Description of the roles and responsibilities of major units in the organizational chart.**

**Dean, Boonshoft School of Medicine:** The MPH program is administratively housed in the Boonshoft School of Medicine. The medical school is responsible for fiscal relationships within the program and among the seven partnership colleges of Wright State University. Most MPH program faculty members are appointed to the medical school faculty; largely in the Department of Community Health. However, program faculty can be appointed to other departments within the medical school or may be appointed to other colleges of Wright State University as appropriate.

**Dean, Graduate School, Wright State University:** The MPH program is governed by the policies and procedures of the graduate school. All graduate teaching faculty members are appointed to the graduate faculty and meet standards for said appointment. The graduate school sets standards for all graduate programs (except for the MD and PsyD) of the University. The MPH program must adhere to

these standards. (Reference – WSU Graduate School policy and procedures manual – <http://www.wright.edu/graduate-school/policies-and-procedures-manual>.)

**Graduate Studies Committee:** The graduate studies committees of each of the University's schools review and approve all courses offered by the Graduate School. All existing and developing courses are approved at the MPH program level first. Courses originating in the Center for Global Health (CGH) are routed for approval through the Department of Community Health, the Boonshoft School of Medicine (SOM) graduate studies committee, the SOM Dean, the Graduate School, and finally to the University graduate council for final approval. Courses from other departments/schools are routed to their school's graduate studies committee, then to the WSU Graduate School, and on to the University graduate council.

**Chair, Department of Community Health:** The chair, Department of Community Health is responsible for review, approval, and support of the community health courses developed and approved by the MPH curriculum committee. Most MPH faculty members hold appointments in the Department of Community Health. Promotion and tenure of faculty is largely under the authority of the chair, Department of Community Health in consultation with the department promotion and tenure committee.

**Director, MPH Program:** The program director serves concurrently as the Oscar Boonshoft Chair and director, Center for Global Health, and reports directly to the chair of the Department of Community Health. The program director is responsible for the day-to-day operations of the program including fiscal management, faculty team development and integration, community stakeholder identification and development, program planning and development, and program-wide research planning and development. The Center director/MPH program director provides pertinent feedback to all faculty members relating to the Center. Feedback is provided either directly by the Center director or through the MPH curriculum committee. For faculty members not reporting to the Center director, feedback can go from the Center director to the department chair to which the faculty member reports as necessary and appropriate. Course feedback goes to the course director through the curriculum committee, and then to the Graduate Studies committee when necessary. The MPH/Center director is a permanent member of the curriculum committee, and following curriculum committee review, assures that all MPH courses (those in the Department of Community Health and those in other departments/schools) are appropriate for the program. In addition, the program director approves all electives chosen by students, and approves all courses of study.

**MD/MPH Program Director:** The MD/MPH program is administered through the Boonshoft Physician Leadership Development Program (PLDP). The PLDP director is responsible for the day-to-day operations of the program including strategic planning, curriculum development, student recruitment, program marketing, financial oversight, and academic advising. The center support supervisor, who also serves as program coordinator for the PLDP, assists the director.

**Assistant Director, MPH Program:** The assistant program director is responsible for program marketing, student recruitment, admissions, student orientation, and academic advising including developing all courses of study. Additionally, the assistant director assists the director with the day-to-day operations of the program.



**Culminating Experience (CE) Director:** The CE director is responsible for all aspects of the culminating experience for all students, including oversight of CE chair and reader assignments, communication with CE chairs as needed to clarify responsibilities of the chair in the CE process, and ensuring the students receive any needed education in research design in anticipation of their individual applied research activities.

**Director of Practice Placements and Workforce Development:** The director of practice placements and workforce development oversees the practice placement experiences for all students, maintains contact with all community sites and preceptors, and provides leadership in developing education and training opportunities for the regional public health workforce.

**Concentration Directors (Public Health Management, Health Promotion and Education, Emergency Preparedness, and Global Health):** Each concentration director is responsible for the curriculum review and approval within their specific area. In addition, the concentration directors review all applicants within their concentration and, as members of the admissions committee, participate in student selection.

**Center Support Supervisor:** The center support supervisor (CSS) is responsible for supervision of all non-faculty staff, including the MPH program coordinator, the fiscal administrator, the office assistant, as well as all research associates and graduate assistants. The CSS also serves as the coordinator and medical school liaison for medical students pursuing the MPH.

**MPH Program Coordinator:** The program coordinator is responsible for day to day administrative operations of the program, maintaining records necessary for program operation, and communication with applicants and students. The program coordinator works closely with the program director and assistant program director.

**Center Fiscal Administrator:** The administrator is available to help out with any project and maintains overall responsibility for ensuring day to day financial transactions are completed in an accurate and timely manner.

**Office Assistant:** The office assistant also works on day to day program operations along with the program coordinator and center fiscal administrator.

**Research Associate:** The research associate is available to help with special projects, data collection and analysis. This position is currently vacant, and would be filled in the event of a grant-funded project.

**Graduate Assistant:** Graduate assistant (GA) performs duties as assigned in support of teaching operations, including classroom set-up, instructional handout materials, collecting and returning assignments, and handing out and collecting surveys. The GA also may from time to time perform tasks in support of faculty research and publication.

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

The MPH program includes collaboration between regional health commissioners and various colleges within WSU. Representatives of the following schools/ colleges are involved in planning and evaluation and are invited members of the MPH advisory board: Medicine, Business, Nursing, Science & Math,

Liberal Arts, Education, Professional Psychology and Engineering. They are an integral part of the planning and evaluation of this program. The College of Science & Math teaches Biostatistics; the College of Education teaches health education and health promotion classes; College of Business teaches health economics, health finance and organizational dynamics. The public health management concentration director, Dr. John McAlearney, holds a joint appointment in the College of Business. The College of Liberal Arts participates in joint research, occasional lectures, and electives offerings in public health administration. The College of Nursing participates in joint research, educational course opportunities, and occasional lectures. The College of Engineering participates in joint research interests while the School of Professional Psychology participates in joint research and public health workforce development.

**1.4.d) Identification of written policies that are illustrative of the program's commitment to fair and ethical dealings.**

Written policies and procedures are available to all Wright State University students on line at <http://www.wright.edu/students/handbook>. These policies apply to all students and address the University's commitment to fair and ethical dealings. In addition to the Wright State University handbook, the MPH student handbook is available on the MPH website under Student Resources for students, staff, and faculty (<http://www.med.wright.edu/mph#sresources>).

**1.4.e) Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.**

**Student Grievance Process**

**Policy**

Wright State University Master of Public Health program will maintain records of formal, written student complaints filed with the program director or the associate program director. The records will include information about the disposition of the complaint, including those referred to external agencies for final resolution.

This policy applies to complaints that are made formally, which is defined as in writing, signed by the student and addressed to and submitted by the means of hand-delivery, mailed, or faxed to one of the above mentioned institutional officers with the responsibility to handle the complaint.

A grievance is defined as dissatisfaction occurring when a student believes that any decision, act, or condition affecting him or her is illegal, unjust, or creates unnecessary hardship. Such grievances may concern, but are not limited to, the following: academic problems; mistreatment by any university employee; wrongful assessment of fees; records and registration errors; and discrimination because of race, national origin, sex, marital status, religion, age, or disability. Complaints covered by university policies already in place (i.e. sexual harassment, grade issues, financial aid, etc.) are excluded from this policy. The term "student" is an individual who has been accepted to the MPH program on a full-time and/or part-time basis. Also, persons who are not officially enrolled for a particular term but who have previously enrolled and have a continuing relationship with the program are also considered students. This policy is contained in the MPH student handbook.

There have been no grievances or complaints filed in the past three years, 2009, 2010, or 2011. In fact, there have been no grievances since the beginning of the program in 2004.

**1.4.f) Assessment of the extent to which this criterion is met.**

This criterion is met.

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

**1.5.a) Description of the program's governance and committee structure and processes.**

The MPH program is governed by the policies of the Graduate School. The Boonshoft School of Medicine (SOM) graduate affairs committee serves as the approving body for all curricular issues and approves courses. The program director is a member of the graduate affairs committee which is appointed by the dean of the medical school. The Center for Global Health serves as the operational unit and is charged with the day-to-day operational aspects of the program. Student degrees are awarded by the Graduate School. The program director or assistant program director submit a degree certification for each graduating student from the program to the Graduate School assuring all requirements have been met for the MPH program.

The **general program policy development & planning** falls under the direct responsibility of MPH program leadership. There is at least one day-long strategic planning meeting each year which includes all core faculty members, plus as many additional faculty members that wish to attend. During the course of the year, policy development and planning is worked by one of the three core committees, the admissions committee, the curriculum committee, or the faculty committee. These three major operational committees hold formal meetings quarterly. Decisions made during the annual strategic planning meeting, or ideas that surface during the course of the academic year, are sent to the appropriate operational committee for further discussion, study, planning, and implementation. The faculty has opportunity for input into all policy development as well as program planning. In addition to formal recurring meetings, there is copious use of informal meetings and e-mail on a daily basis. The advisory board, which meets annually, provides overall program oversight and advises the program leadership as needed.

The Center/MPH program director is responsible for **budget and resource allocation**, subject to the review and approval of the chair, Department of Community Health and the Associate Dean for Fiscal Affairs, SOM. This core faculty and advisory board are consulted as needed.

Faculty, students and members of the regional public health workforce participate in **student recruitment**. The advisory board is often involved in talking to others in the public health workforce and promoting the program. The MPH program maintains a presence at University graduate open houses, maintains and updates the MPH website and marketing brochure.

The **admissions committee** develops policies and processes for admission, including setting threshold GPA and GRE scores for application review. Admissions committee members review all completed applications, score the applicants, and attach comments when needed. Applicants meeting or exceeding the threshold score set by the admissions committee are eligible to be offered a position in the program if they have met all other graduate school requirements. Once admitted, the assistant program director oversees the status of each student, developing an individualized course of study for the student to follow which will ensure completion of all degree requirements. Core faculty review and discuss any

individual student performance issues, making recommendations for an action plan or dismissal if necessary. Upon completion of all program and University requirements, a MPH degree is awarded.

The MPH faculty committee follows university policies and procedures regarding **faculty recruitment, retention, and promotion and tenure**. Faculty members have appointments in departments throughout the University. Most of the faculty have primary appointments in the Department of Community Health. The Center director is responsible for an annual review and evaluation of all direct reporting faculty. In addition, Center faculty members are required to submit an annual report through the Center director to the chair, Department of Community Health. Faculty members that are housed in another department or school are reviewed annually by their own immediate supervisor who may request input from the Center director. In the case of promotion and tenure, the University policies and procedures are followed. Faculty with primary appointments in the Department of Community Health have performance reviews done by the Center director, or their respective division if part of another division of community health. Promotion/tenure processes are followed by a department committee in conjunction with the Center/Division director, then on to the University tenure/promotion committee. All faculty appointed through the Department of Community Health/ Boonshoft School of Medicine (SOM) must follow the SOM faculty policies. All other faculty must follow University policies. (Refer to Guideline 4.2 for additional information on faculty.)

While certain basic academic standards are under the purview of the university, all the MPH committees have input into program **academic standards and policies and procedures** as they pertain to our academic standards through the three operational committees (admissions, curriculum, and faculty). Specific student-related issues are reviewed by the faculty committee if elevated by a faculty member for discussion. The admissions committee reviews admission standards, and based on input from faculty committee, may adjust admissions requirements, or in collaboration with curriculum committee, suggest or require specific courses for applicants who may have deficiencies in their application. The assistant program director or the concentration director will go over each student's course of study, suggesting certain electives if necessary to help them be successful in the program. During the admissions process, the integrity of the program is upheld by the selection of those students admitted to the program. All students must maintain a 3.0 or higher GPA to stay in a graduate program at WSU.

The faculty committee, with suggestions and guidance from the MPH advisory board (AB), develops the **research and service expectations and policies** of the program. Several members of the AB are in the public health workforce and often bring opportunities or needs to the program on which to collaborate. The MPH leadership often uses the AB and other academic and community partners as a sounding board to share potential opportunities in research and service. There is a strong commitment on the program's part to have all faculty actively involved in both research and service, both to the university and the community.

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

The MPH program is governed by the policies of the WSU Graduate School. The Boonshoft School of Medicine graduate affairs committee serves as the approving body for all curricular issues and approves

courses. The Graduate School confers the degree upon successful completion. The Center for Global Health serves as the operational unit.

See MPH student handbook on the MPH website under Student Resources at <http://www.med.wright.edu/mph#sresources> for additional information as well as the graduate school catalog at: <http://www.wright.edu/academics/catalog/grad2011/toc.htm> and the faculty handbook at: <http://www.wright.edu/employee/faculty-handbook>.

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

#### **Program Evaluation and Accreditation Committee**

The committee is responsible for reviewing the self-study, oversee collection of outcomes, and provide overall program assessment and evaluation annually. The committee also prepares the self-study for re-accreditation/ site visit when required. During reaccreditation, the team meets weekly with additional input and review done via phone and email. All faculty members have an active role in the process. No minutes are kept, and the meeting record is the production of the deliverables which are maintained on an assigned storage drive accessible to all faculty. Following the reaccreditation process, this group will continue to meet on an as-needed basis to address any findings, and to review annual accreditation reports and other deliverables as needed. The leadership of this committee is rotated among the faculty, but is held constant through a reaccreditation cycle.

Members of the program evaluation and accreditation committee are:

- Program Director
- Assistant Program Director
- All core faculty members
- Additional faculty members as needed for clarification or additional information
- Concentration Directors
- Program Coordinator
- 1 Student Representative
- 1 Community Representative (program alumni)

#### **Admissions Committee**

The admissions committee meets semi-annually. It establishes policies and practices for admission to the MPH program and endorses operational admission decisions made by committee members between meetings. Currently, the assistant program director serves as the chair.

Members of the admissions committee are:

- Program Director
- Associate Program Director
- Program Coordinator
- Concentration Directors
- 1 Community Representative
- 2 Student Representatives

#### **Faculty Committee**

The faculty committee is the main administrative body responsible for daily operations of the program. This group meets quarterly, augmented by phone or email as needed. Agendas are ambitious and

include current research, publications, and grant activity of faculty members, review of faculty performance using standardized evaluative surveys completed by students, student problems including academic deficiencies, student presentations and publications, and consideration of students for program or university awards, or national honoraries. Currently, the director of practice placement and workforce development serves as the chair. The chair position may be filled by any faculty member.

Members of the faculty committee are:

- Program Director
- Assistant Program Director
- Faculty Instructors for all core courses
- Concentration Directors
- Director of Practice Placement and Workforce Development
- Director of Culminating Experience
- Program Coordinator

### **Curriculum Committee**

The curriculum committee reviews existing and developing courses within the program, making recommendations for approval or revision. The committee meets quarterly to review curriculum, including concentration, courses, and to address university mandates such as the upcoming transition from quarters to semesters.

Members of the curriculum committee are:

- Program Director
- Assistant Program Director
- Director of Practice Placement and Workforce Development
- Concentration Directors
- Additional core faculty members as needed to address specific issues
- Program Coordinator
- 2 Student Representatives

### **Advisory Board**

The advisory board is the primary advisory board setting the course for community service within the program. It functions as the major constituency group. This important group, along with the core faculty, program and administrative staff participate actively in evaluation and planning of the program by their involvement in the advisory board, by sending students into the program, and by providing funding and other opportunities for research and programs. The advisory board meets at least once a year. The program director and one of the community based public health representatives serve as co-chairs of this committee.

Members of the advisory board are:

- Program Director
- Assistant Program Director
- Director of Practice Placement and Workforce Development
- Director of Culminating Experience
- Faculty reps for each of the partnership colleges/schools (7)
- 2 Student Representatives and 2 Program Alumni
- 5 Community-based public health or associated practitioners

### **Research Working Group (ad hoc)**

A forum for research planning by faculty and staff and students, sharing of information on research efforts and presentation of research findings in order to seek critical pre-presentation / pre-publication feedback from peers. The MPH students are encouraged to use this meeting as one venue to present their culminating experiences to faculty and staff and other interested students. Participation is open to all faculty, staff, students, and alumni.

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

Program faculty currently serve and have served on various university committees. James Ebert, Cristina Redko, and Miryoung Lee have served on University Faculty Senate. Additionally, Dr. Ebert has served on the Senate Executive Committee. Thomas Herschline has served on the University Research Committee, and Drs. Herschline and Redko have served on the University Internal Review Board. Katherine Cauley serves on the University Service Learning Advisory Committee, the University Center for International Education Development Committee, and the University Community and Civic Engagement Task Force. Harry Khamis has chaired the University Academic Integrity Hearing Panel, co-chaired the University Promotion and Tenure Appeals Committee. In addition, most program faculty have served on a variety of other committees, work groups, and task forces established within the Boonshoft School of Medicine or other participating schools and colleges of the University.

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

Students volunteer to serve on various committees for the program. Students have an active role, with voting rights, and are encouraged to voice their opinions as it relates to the situation. Students serve on the advisory board (2), the accreditation team (1), the admissions committee (1), and the curriculum committee (1). Keeping the student positions filled is an ongoing challenge. The majority of our students are employed full time in addition to their studies. Committee meetings are typically convened during the daytime hours, when most students are working. We consider the role of students in our committees to be important and will continue to recruit volunteers.

Student evaluations are reviewed and discussed in the faculty meetings. As a smaller program, faculty know all students and we have created an environment where by all students can effectively make suggestions for improvement to the program. The MPH program does not have its own student organization. The University offers a broad variety of student organizations that are open to graduate students.

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

This criterion is met.



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

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

The MPH program receives funds from a number of sources. Through a signed arrangement between the provost and the Boonshoft School of Medicine (SOM) dean, the tuition paid by MPH students to the University is remitted to the MPH program; likewise funds that are paid to the University by the State of Ohio known as the State Share of Instruction (SSI) are passed directly from the University to the MPH program. The state matches tuition funds paid per student according to a formula that varies from year to year, depending on the state budget and the anticipated state revenues. In the past four fiscal years, this percentage of state support has ranged from 31% to 54%. For the current fiscal year, SSI is 46% of tuition. In addition to SSI and tuition, an additional fee is charged that recognizes costs of the program that exceed the sum of SSI and standard graduate school. The ratio of additional fee to tuition is currently 28%. Additionally, the Center has received gifts which are held in the University Foundation for an endowed chair for the Center, program development, and ongoing program delivery. Current contracts and grants add approximately \$100,000 in revenue to the MPH budget. The SOM provides in-kind support by furnishing computer network services to the program, including remote service to the Center's off-campus primary facility at no cost. The SOM contributes to capital improvements such as new computers and in the past has assisted with construction improvements.

The program is responsible for covering all of its operating costs. The program pays faculty salary and benefits through the University HR function. The program also pays most additional instructional costs, such as reference/ textbooks, subscriptions, some professional memberships, and most travel for faculty. It pays the ongoing operating expenses of the office and classroom space, including rent, telephone, and office materials. The program currently does not pay a tax to the University or the SOM for the educational programs. The University does take a percent of grants and contracts for administrative costs; the percent varies with the source of funding. Of the administrative or indirect costs, 20% are returned to the Center to support its own infrastructure costs.

**1.6.b) A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, which is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate.**

**Table 1.6.b – Sources of Funds and Expenditures by Major Category**

	2008-2009	2009-2010	2010-2011
<b>Source of Funds</b>			
Tuition & Fees	\$ 666,332	\$ 804,922	\$ 747,971
State Subsidy*	\$ 250,839	\$ 253,339	\$ 406,612
Special Fees	\$ 322,569	\$ 178,289	\$ 200,634
Medical School Initial Funding	\$ 166,220	\$ 153,378	\$ 126,366
Grants/Contracts	\$ 65,612	\$ 95,734	\$ 66,745
Endowment	\$ 740,008	\$ 465,244	\$ 336,505
<b>Total Revenue</b>	<b>\$ 2,211,581</b>	<b>\$ 1,950,906</b>	<b>\$ 1,884,833</b>
<b>Expenditures</b>			
Faculty Salaries & Benefits	\$ 1,153,257	\$ 859,202	\$ 894,682
Staff Salaries & Benefits	\$ 387,037	\$ 200,147	\$ 124,384
Operations	\$ 633,583	\$ 471,061	\$ 552,009
Travel	\$ 94,696	\$ 31,150	\$ 29,836
<b>Total Expenditures</b>	<b>\$ 2,268,572</b>	<b>\$ 1,561,560</b>	<b>\$ 1,600,911</b>
<b>Net</b>	<b>\$ (56,991.78)</b>	<b>\$ 389,346.00</b>	<b>\$283,922.00</b>

\*The formula for State Share of Instruction (State Subsidy) funds is complex, and changing in the face of state budget challenges.

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

N/A

**1.6.d) A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years.**

The program has three groups of faculty. Core faculty teach the core courses and the major concentration courses. They do the significant majority of the teaching and participate in decision making and administration by participating in the core faculty meeting. In addition, we have faculty who make major contributions (e.g. they teach a course in a concentration or may supervise a number of

culminating experiences). Finally, we have contributing faculty. They will teach one or two sessions in a course or may supervise one culminating experience.

**1.6.e) A table showing faculty, students, and student/faculty ratios, organized by specialty area, for each of the last three years.**

See Table 1.6.e on pages 35-37.

	HC Core Faculty	FTEF Core**	HC Other Faculty	FTEF Other**	Total Faculty HC	Total FTEF	HC Students	FTE Students*	SFR by Core FTEF	SFR by Total FTEF
<b>Public Health Management</b>	5	2.7	20	.5	25	3.2	43	20.1	7.4	6.3
<b>PH Management w/MD/MPH</b>	5	2.7	20	.5	25	3.2	67	23.9	8.9	7.5
<b>Health Promotion &amp; Education</b>	4	3.2	3	.1	7	3.3	28	9.6	3.0	2.9
<b>Emergency Preparedness</b>	3	2.5	3	.12	6	2.6	12	5.7	2.3	2.2
<b>Global Health</b>	4	1.8	1	.1	5	1.9	2	1.5	0.8	0.8

\*WSU calculates student FTE by dividing all annual credit hours by 45 (1.0 FTE = 45 credit hours) This is based on a standard that recognizes 15 credit hours per quarter, and three academic quarters per year as full time. There were 24 active MD/MPH students at this time, with all MD/MPH students in Public Health Management Concentration.

\*\*Faculty FTE are calculated by taking the total hours per week and subtracting approximate hours of effort not related to instruction, supervision, administration, or research that supports the MPH program. The remaining hours, as a fraction of 40, represents the FTE.

**Key:**

HC = Head Count

Core = full-time faculty who support the teaching programs

FTE = Full-time-equivalent

FTEF = Full-time-equivalent faculty

Other = adjunct, part-time and secondary faculty

Total = Core + Other

SFR = Student/Faculty Ratio

	<b>HC Core Faculty</b>	<b>FTEF Core**</b>	<b>HC Other Faculty</b>	<b>FTEF Other**</b>	<b>Total Faculty HC</b>	<b>Total FTEF</b>	<b>HC Students</b>	<b>FTE Students*</b>	<b>SFR by Core FTEF</b>	<b>SFR by Total FTEF</b>
<b>Public Health Management</b>	5	2.97	18	0.43	23	3.4	36	16	5.39	4.71
<b>PH Management w/ MD/MPH</b>	5	2.97	18	0.43	23	3.4	51	22	7.41	6.47
<b>Health Promotion &amp; Education</b>	5	3.55	4	0.33	9	3.88	27	12	3.38	3.09
<b>Emergency Preparedness</b>	4	3.5	3	0.17	7	3.67	10	4	1.14	1.09
<b>Global Health</b>	6	2.9	1	0.1	7	3.0	5	3	1.03	1.00

\*WSU calculates student FTE by dividing all annual credit hours by 45 (1.0 FTE = 45 credit hours) This is based on a standard that recognizes 15 credit hours per quarter, and three academic quarters per year as full time). We had 15 active MD/MPH students at this time, with all MD/MPH Students in Public Health Management Concentration.

\*\*Faculty FTE are calculated by taking the total hours per week and subtracting approximate hours of effort not related to instruction, supervision, administration, or research that supports the MPH program. The remaining hours, as a fraction of 40, represents the FTE.

**Key:**

HC = Head Count

Core = full-time faculty who support the teaching programs

FTE = Full-time-equivalent

FTEF = Full-time-equivalent faculty

Other = adjunct, part-time and secondary faculty

Total = Core + Other

SFR = Student/Faculty Ratio

	HC Core Faculty	FTEF Core**	HC Other Faculty	FTEF Other**	Total Faculty HC	Total FTEF	HC Students	FTE Students*	SFR by Core FTEF	SFR by Total FTEF
<b>Public Health Management</b>	4	2.7	18	0.94	22	3.6	34	16	5.93	4.44
<b>Health Promotion &amp; Education</b>	3	3	13	0.77	16	3.77	29	11	3.67	2.92
<b>Emergency Preparedness</b>	4	3.3	2	0.2	6	3.53	23	12	3.64	3.4
<b>Global Health</b>	2	1.5	7	0.7	9	2.2	7	3	2.0	1.36

\*WSU calculates student FTE by dividing all annual credit hours by 45 (1.0 FTE = 45 credit hours) This is based on a standard that recognizes 15 credit hours per quarter, and three academic quarters per year as full time.

\*\*Faculty FTE are calculated by taking the total hours per week and subtracting approximate hours of effort not related to instruction, supervision, administration, or research that supports the MPH program. The remaining hours, as a fraction of 40, represents the FTE.

**Key:**

HC = Head Count

Core = Full-time faculty who support the teaching programs

FTE = Full-time-equivalent

FTEF = Full-time-equivalent faculty

Other = Adjunct, part-time and secondary faculty

Total = Core + Other

SFR = Student/Faculty Ratio

**1.6.f) A concise statement or chart concerning the availability of other personnel (administration and staff).**

The MPH program is supported directly by 4.5 FTE staff (5 people) who are in the Center for Global Health. They are listed below. Additionally, the MPH program is supported by administrative staff in the Department of Community Health (2.0 FTE) and in other departments and schools of the University (e.g. Graduate School staff who review applications administratively). They are not counted below.

**Table 1.6.f. MPH Program Staff Support**

<u>Staff</u>	<u>FTE</u>
Center Support Supervisor	1.0
MPH Program Coordinator	1.0
Center Fiscal Administrator	1.0
Office Assistant	1.0
Graduate Assistant	0.5
<b>TOTAL</b>	<b>4.5</b>

**1.6.g) A concise statement or chart concerning amount of space available to the program by purpose (offices, classrooms, common space for student use, etc.), by program and location.**

The Center is not located on the main WSU campus, but in the Research Park complex approximately 10 miles from the main campus. The complex is co-owned by four regional universities. Several WSU departments are located at Research Park in addition to the Center. Space is approximately 9,000 square feet, which includes one large conference room seating 30 (doubles as a classroom), one board room seating 24 (doubles as a classroom), one small conference room seating 16 (doubles as a classroom), a meeting room seating 10, a student area with 3 PCs, a resource library, 18 faculty/ staff/ staff support offices, 2 visiting faculty cubicles, 2 staff support cubicles, a kitchen/ break area, and multiple file/ storage/ copier areas. See **Appendix 1** for the floor plans.

Some non-core courses are also taught on the University main campus.

**1.6.h) A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.**

N/A – the MPH program does not have a need for laboratory space. In the event a student’s culminating experience may require the use of a lab or equipment, the students may access the facilities on the main campus through one of the faculty.

**1.6.i) A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.**

As mentioned in Guideline 1.6.g, the Center currently provides four areas with university networked, Web accessible PCs for student use. There is free WiFi available to students, faculty, and their guests at the Center.

Wright State University (WSU) Computing and Telecommunications Services (CaTS) provides a wide variety of services to WSU students, faculty, and staff. They offer ten 24-hour computer labs on campus and 16 computer labs with varied hours, both with Mac and PC capability. They provide support for students, faculty, and staff with computers at home, a fast student residence network, and a help desk to answer all computing questions. Approximately 100 computer work-stations are available in the University's Dunbar Library, located on main campus.

The University supports the Pilot on-line educational program. Faculty in the MPH use this program to enhance the classroom experience.

WSU main campus offers wireless access all over main campus. Source:

<http://www.wright.edu/cats/wireless/>.

***1.6.j) A concise statement of library/information resources available for program use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.***

The Wright State University Libraries provide resources and services designed to meet the research and classroom needs of the faculty, staff, and students in all areas of study relevant to the mission of the University. The Paul Laurence Dunbar Library is the main campus library and is the library referred to henceforth. The Center for Global Health also maintains a small resource library for student use in-house.

The Dunbar Library collections, among the largest in the Dayton area, include over 910,000 volumes, 1.3 million microforms, 405,000 U.S. and Ohio documents, 18,900 print and electronic journal subscriptions, 11,000 maps, and 20,700 AV and sound recordings. These print and non-print resources are more than adequate to meet the research and classroom needs of the MPH program. The library staff works continually to provide resources to meet the needs of our users. Electronic access is vitally important and library administration is well aware of this crucial shift in the provision of resources making electronic journal subscriptions, eBooks, and streaming video the preferred purchase options. Delivering resources electronically facilitates access from home as well as all WSU off-campus sites and all of these resources are available remotely through an authentication system.

Wright State University's membership in OhioLINK, the statewide consortium of academic libraries in Ohio, affords all of our faculty, staff, and students access to a shared collection of resources beyond what is available locally. Resource sharing and collaborative purchasing decisions among the libraries with public health programs in Ohio greatly enhances the quality and quantity of resources available. Through OhioLINK's Information Delivery Services, WSU library users can easily borrow materials from any of the 88 academic public, private, or community college libraries and the State Library of Ohio and have the materials delivered locally. The library operates a quick and efficient interlibrary loan service to obtain any materials not available through the OhioLINK system.

The WSU library is open 88.5 hours per week with reference service available onsite for 85 of those hours. Online chat or text reference service is available locally when the reference desk is open and through a cooperative OhioLINK service 24/7. The library facilities include public computers, scanners, photocopiers, group and silent study areas, a CaTS (Computing and Telecommunications Services)



helpdesk that provides computing consultations and laptops to borrow, and a Student Technology Assistance Center (STAC) that provides assistance on various multimedia tools for use on classroom assignments. Wireless access is available throughout the library.

Reference librarians at WSU are subject specialists. As a result of this arrangement, the MPH program has a specific librarian assigned to provide reference service and consultation, instruction, and collection development distinctively designed with the MPH faculty, staff, and students in mind. The public health librarian responds to all requests for materials, as well as providing classroom or one-on-one instruction, individual appointments or consultations and literature searches. Classroom instruction is provided at the MPH facility off campus. Flexibility is key to serving the off campus population of faculty, staff and students and having a librarian who can service those needs is an important aspect of service to the program. Access to the librarian is readily available through email, chat, or by telephone. The WSU library also affords access to web-based subject specific research guides called "LibGuides." The public health librarian has created a public health research guide with databases and websites specific to this subject area. Frequently updated and guided by suggestions from the MPH faculty, this unique resource provides a single webpage as a starting point for research in the public health arena.

***1.6.k) A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.***

As a community-based school of medicine, we have the good fortune to have excellent community resources. The hospitals and service-related organizations in our region provide opportunities for both students and faculty members in support of research or service, including practice placement sites. We enjoy the support and cooperation of 18 regional county health organizations.

The University has agreements with virtually all health care organizations in the region. There are no formal individual agreements in place specifically for the MPH program.

***1.6.l) A concise statement of the amount and source of "in-kind" academic contributions available for instruction, research and service, indicating where formal agreements exist.***

As mentioned in Guideline 1.6.k, we have an extensive community network and with that come physicians, health commissioners, and other public health workforce professionals as well as healthcare professionals from many backgrounds that function as adjunct, voluntary, or guest faculty. Many of these faculty offer their time and expertise as culminating experience chairs, readers, or practice placement site preceptors. Voluntary and guest faculty supplement and enrich core courses and certain electives, bringing the students real world experiences and the opportunity to hear from a vast array of working professionals. There are no individual formal agreements with the MPH program to provide these in-kind services, however as a community university WSU has formal institutional agreements with all area hospitals, public health departments and other institutions. In-kind faculty who indicate an interest in serving on a recurring basis are offered voluntary faculty appointments in the Department of Community Health, following the policies and procedures of the school of medicine in granting such appointments.

**1.6.m) Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years. At a minimum, the program must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.**

**Table 1.6.m. Resource Outcomes**

	Target	2008-2009	2009-2010	2010-2011
Expenditures		\$2,268,572	\$1,561,560	\$1,600,911
Student FTE		40.7	41	52
<b>Expenditures per student FTE</b>	<b>\$34,000</b>	<b>\$55,739</b>	<b>\$38,087</b>	<b>\$30,787</b>
Research Dollars		\$1,233,635	\$591,520	\$734,772
Faculty FTE		11	13.95	13
<b>Research dollars per faculty FTE</b>	<b>\$35,000</b>	<b>\$112,149</b>	<b>\$42,403</b>	<b>\$56,521</b>
Total Extramural Funding		\$1,295,201	\$725,778	\$773,237
<b>Extramural Funding % of total budget</b>	<b>45%</b>	<b>57%</b>	<b>46%</b>	<b>48%</b>

**1.6.n) Assessment of the extent to which this criterion is met.**

**Strengths:** A strong and capable dean and executive team in the School of Medicine who are vested in the continued success of the MPH program; excellent relations with other schools and colleges on campus; highly talented university president and provost.

**Weaknesses:** Declining financial support from the State of Ohio over the past few years.

**Opportunities:** Increase grant-writing as program matures, enroll more students.

This criterion is met.

2.0 Instructional Programs

2.1 Master of Public Health Degree. The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional masters’ degree. The program may offer a generalist MPH degree or an MPH with areas of specialization. The program, depending upon how it defines the unit of accreditation, may offer other degrees, professional and academic, if consistent with its mission and resources.

**2.1.a) An instructional matrix presenting all of the program’s degree programs and areas of specialization, including undergraduate, masters and doctoral degrees, as appropriate.**

Table 2.1.a. Instructional Matrix – Degree/Specialization		
	Academic	Professional
<b>Masters Degrees</b>		
MPH: Emergency Preparedness		X
MPH: Global Health		X
MPH: Health Promotion and Education		X
MPH: Public Health Management		X
<b>Dual Degrees</b>		
MD/MPH: Public Health and Medicine		X

**2.1.b) Official publications that describe curricula offered by all the programs degree programs and areas of specialization.**

The Center for Global Health maintains a website with information about its programs at <http://med.wright.edu/hsm>. Information about the MPH program, concentrations offered, program requirements, tuition and fee, how to apply, and student resources is available at <http://med.wright.edu/MPH>. A link to information about the combined MD/MPH program is also available on this webpage. A description on the Physician Leadership Development Program (combined MD/MPH) is provided at <http://med.wright.edu/md-mp>.

Information about the curriculum for the MPH program and more specific information about course requirement for core courses and concentrations is available at <http://med.wright.edu/mph/curriculum>.

**2.1.c) Assessment of the extent to which this criteria is met.**

The program provides easy access to information about the MPH program, courses available, course requirements, and information about electives for all the concentrations.

This criterion is met.

2.2 Program Length. A MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.

**2.2.a) Definition of a credit with regard to classroom/contact hours.**

The University currently operates on a quarter credit hour system. One 4 quarter credit hour class is the equivalent of 40 contact hours.

**2.2.b) Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this should be explained and an equivalency presented in a table or narrative.**

Since January 2006, the MPH program has required 56 quarter credit hours for completion.

**2.2.c) Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.**

N/A

**2.2.d) Assessment of the extent to which this criterion is met.**

This criterion is met.

2.3 Public Health Core Knowledge. All professional degree students must demonstrate an understanding of the public health core knowledge.

**2.3.a) Identification of the means by which the program assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health.**

All students are required to complete courses in each of the five core disciplines of public health. Course learning objectives are based on the core competencies offered by the Council on Linkages ([http://www.phf.org/programs/corecompetencies/Pages/About\\_the\\_Core\\_PublicHealth\\_Competerencies.aspx](http://www.phf.org/programs/corecompetencies/Pages/About_the_Core_PublicHealth_Competerencies.aspx)).

After completion of the culminating experience students meet with their faculty committee to review which core competencies were used in his/her project (see Guideline 2.5).

Students are allowed to receive transfer or waiver credit for a course utilizing the following policy:

- 1) Only students with previous graduate degree or coursework (master or doctoral level, in related field) are eligible,
- 2) Proposed transfer/waiver course must have final grade of A or B reflected on transcript,
- 3) Student provides transcript, course syllabus, and any other supporting information regarding course being considered for transfer/waiver,
- 4) Wright State MPH faculty director for course under transfer/waiver consideration reviews syllabus and any other supporting information,
- 5) Following review, Wright State MPH faculty course director makes final decision to approve or disapprove the request for transfer / waiver,
- 6) Maximum 3 graduate courses eligible for waiver and up to one half of required credit hours for degree can be transferred (per WSU and WSU MPH program guidelines).

<b>Table 2.3.a. MPH Program Curriculum</b>	<b>Quarter Credit Hours</b>	<b>Quarter Offered</b>
CMH 620 - Introduction to Biostatistics	4	Winter/Spring
CMH 623 - Epidemiology	4	Fall/Spring
CMH 640 - Environmental Health	4	Fall/Winter
CMH 705 - Introduction to Public Health and Health Policy	4	Fall/Summer
CMH 734 - Health Systems Management	4	Fall/Spring
CMH 770 - Social and Behavioral Determinants of Health	4	Winter/Spring
EC 755 - Economics of Health and Health Policy	4	Winter/Summer

**CMH 620 - Introduction to Biostatistics:** Students taking this course are introduced to the basic principles and applications of statistical methods as they are applied to data arising in the health professions.

**CMH 623 - Epidemiology:** This course is an introduction to epidemiology; including historical foundations, basic concepts, study designs, and practical applications. Emphasis is placed on epidemiological principles, concepts, and methods used within public health settings. Students use skills acquired in the course to complete an applied project.

**CMH 640 - Environmental Health:** Students taking this course develop a broad knowledge base in the multidisciplinary field of environmental health. The class focuses on the topics of environmental health that have the greatest effect on the community, such as foodborne health hazards, diseases, water treatment, and solid waste. Some class sessions are delivered through distance learning and technology enhanced educational methods.

**CMH 705 - Introduction to Public Health and Health Policy:** Students taking this course develop a broad knowledge base in the dynamic and multidisciplinary field of public health. Students are introduced to the core components of the field including environmental science, epidemiology, biostatistics, health policy, health services management, economics, and socio-behavioral science. Some class sessions are delivered through distance learning and technology enhanced educational methods.

**CMH 734 - Health Systems Management:** This course introduces students to an understanding of health systems as an overriding mechanism of health care delivery. Health economics as well as a population-based approach to health care will be emphasized. The course addresses the questions how health systems work, how to maintain professionalism while attending to the business side of medicine, and health care professionals can assure that the system provides quality care within existing financial constraints. Strategic assessment, macroeconomics, principles of capitation and risk, budgeting and finance, and principles of quality will be presented.

**CMH 770 - Social and Behavioral Sciences:** This course addresses the social-ecological and behavioral determinants of health status and the role of theory-based interventions in altering health behavior and status.

**EC 755 - Economics of Health and Health Policy:** This course explores the economics of health and health care services and its role in current health policy. The sessions will focus on the market for health care and its financing, the role of government, the impact of innovation, incentives for quality, and economic evaluation. Our investigation will introduce underlying economic theory, emphasize real world examples and provide opportunities to discuss current health care and public health policy issues.

***2.3.b) Assessment of the extent to which this criterion is met.***

This criterion is met.

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

***2.4.a) Description of the program's policies and procedures regarding practice placements, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites, preceptor qualifications and criteria for waiving the experience.***

All MPH students are required to take a minimum of four (4) quarter hours of practice placement credit in order to fulfill applied learning time toward degree completion.

The purpose of the practice placement is to:

- Provide students with applied learning in the area of public health, community health, and/or preventive medicine
- Provide students with applied learning experiences beyond those that are part of their regularly scheduled work duties.
- Provide community practice placement sites with valuable student resources to assist with initiatives, research, studies, and exploration.
- Ensure the applied learning pivotal to a community-academic partnership.
- Demonstrate students' ability to establish specific, measurable, public health learning objectives, understand public health problems, articulate solutions, think critically about public health issues, express learning in both written form and in oral presentation and prepare to conduct public health research.

The practice placement will provide the student with the opportunity to engage in an area of specific interest, and may assist in the formulation and articulation of the culminating experience. The placement can be in any area of public health, community health, or preventive medicine. For in-career students, practice placements may be completed within their primary place of employment, although this is not recommended. The activities involved in such practice placements must be beyond the students' regular scope of work-related duties. Additionally, practice placements that occur in a student's primary workplace must be scoped in a clearly identified separation from normal skill sets, as agreed upon by the preceptor and program director. An evaluation question has been added to the program evaluations to assure the success of this program structure. Prior to the beginning of the practice placement, each student will submit a practice placement application form to the practice placement course director.

**Learning Objectives:**

At the conclusion of the practice placement, the student should be able to:

1. Demonstrate a new or expanded awareness and understanding of a segment of public health.

2. Demonstrate awareness and general understanding of the function and operations of a public health, or other public health related, facility or entity.
3. Demonstrate the student's active appropriate participation and engagement with the site preceptor and other staff in learning about the function and operations of a public health, or other public health related, facility or entity.
4. Demonstrate an understanding of public health research design, critical literature review, and both quantitative and qualitative methods used in public health research.

All MPH students are required to take a minimum of four (4) credit hours (120 hours) of practice placement. This consists of 90 hours of onsite practice placement and 30 hours of classroom time in research design and methodology. These 30 classroom hours are experienced through 5 separate seminar sessions focusing on:

- Introduction to the Culminating Experience and the 5 Chapter Thesis/Dissertation Model
- Critical Review of Public Health Literature
- Quantitative Research Methods I: Epidemiology
- Quantitative Research Methods II: Biostatistics
- Qualitative Research Methods

These seminars help to develop essential skills and knowledge required for public health professionals to effectively utilize the thesis/dissertation model, to conduct literature review and to successfully complete both qualitative and quantitative analyses.

The practice placement course director (currently the director of practice placements and workforce development) administers the practice placement. Nearing the completion of each student's core coursework, each student meets with the course director to begin discussion regarding the placement. The student is asked to identify specific areas of interest which could be developed into a practice placement. The student is challenged to propose an area of interest that is unfamiliar to the student. Students must propose an area of interest which is outside of their usual public health knowledge, skills, and abilities. For example, a student whose normal employment is a sanitarian at a local public health agency is challenged to propose a learning experience in an area of public health other than environmental health programs where he/she has a working knowledge of the issues. In this instance, the student may choose to learn about public health nursing or clinic issues, or perhaps health promotion and education issues.

Once the student and the course director have agreed upon an acceptable area of interest, the student is challenged to propose a minimum of three specific learning objectives. The proposed objectives are discussed with the student. The objectives must provide an opportunity for the student, the preceptor, and the course director to gain a "meeting of the minds" regarding the purpose of the student's learning experience. The objectives must be specific with regard to applicability to the area of interest and must be measurable to the extent possible. At the conclusion of the practice placement, the student must be able to demonstrate that he/she achieved the objectives.



**Placement Opportunities** – Students may serve their practice placements at a variety of public health settings. Many students wish to learn more about various aspects of state and/or local public health departments. Students who are already employed at a health department may wish to learn more about other programs within their own department or at other departments. Students who are employed by a “small” or “rural” health department may wish to learn more about public health programs at a “large” or “urban” department; or, vice versa. Students may wish to accomplish a placement at another public health setting such as a hospital (infectious disease specialist, health promotion & marketing, lab, etc.), a research institute (Cancer Prevention Institute, NIH), or a private non-profit association (American Heart Association, Cancer Association, etc.). The student is challenged to understand the public health implications of these programs. The student is encouraged to propose a practice placement setting which will stimulate the student’s learning experience and will provide an opportunity to satisfy the proposed public health learning objectives.

When the student and the course director have agreed upon an appropriate practice placement site, the student is asked to contact the site, explain the practice placement requirements, and seek the site’s permission and cooperation in the placement. The course director may assist the student with appropriate contact information, but it is the student’s responsibility to make the initial contact. The student uses the practice placement form and the approved learning objectives as the basis for preliminary explanation of the proposed placement.

**Qualified Preceptors** – After the student has made the initial contact with appropriate personnel at the proposed practice placement site, a meeting is held with the course director, the student, and the proposed preceptor. The student’s learning objectives are discussed and an outline of the schedule of events and methodology for student learning is agreed upon. The course director assures that the preceptor has appropriate public health knowledge, abilities, and skills and has access to necessary institutional resources and operational control to assure that the student will be able to successfully complete the necessary learning. The course director also assures that the student has planned appropriately to devote the necessary time and energy to the placement such that the resources of the agency and preceptor will be used efficiently. The course director then approves the proposed practice placement and the student begins work.

**Evaluation** – Approximately half way through the practice placement, the course director may contact both the student and the preceptor to determine progress and troubleshoot if necessary. The student and the preceptor are reminded to contact the course director if problems arise. The student is asked if the preceptor has adhered to the schedule, if agency resources and personnel are available and cooperative, and if the student is making progress toward achievement of the learning objectives. The student is again challenged to ask public health questions; not only “what?”, but also “how?” and “why?” What are the public health implications of the student’s observations?

Each student is instructed to maintain a detailed chronology, or log, of daily activities associated with the placement. At the conclusion of the placement, the course director, the student, and the site preceptor communicate regarding the practice placement experience. The student is provided an opportunity to verbalize how he/she met the learning objectives. The student is asked to relate the various activities and observations of the placement with each of the pre-determined learning

objectives. The placement preceptor is also asked to provide comment regarding the experience and provide an opinion regarding whether or not the student achieved the learning objectives. The site preceptor is asked to independently evaluate both the student and the course director by completion, and independent mailing of the form "Practice Placement Evaluation by Site Preceptor" back to the MPH program. The student is also asked to evaluate the experience by completion and independent mailing of the form "Practice Placement Evaluation by Student" back to the MPH program.

At this point we have not waived any practice placement requirements.

***2.4.b) Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.***

See Table 2.4.b on pages 50-53.

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

N/A

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

N/A

***2.4.e) Assessment of the extent to which this criterion is met.***

**Strengths:** The program is a strong practice placement (PP) program with many opportunities for sites and a host of preceptors. The students have had no problems selecting sites and preceptors and have good experiences. The student must create their own learning objectives for the PP and there are evaluation forms for both the student and the preceptor to evaluate the experience and determine if learning objectives were met.

**Weaknesses:** In the beginning of the program some of the PPs were not documented fully and all forms not returned. We have tightened up the process, updated the forms for improved documentation, and can track information to ensure the sites continue to provide valuable and pertinent experiences for future PP.

**Opportunities:** Since our original MPH program development and accreditation, and as more programs have achieved accreditation, CEPH has indicated a strengthened view of what constitutes a sufficient practice placement experience. The Council has found 100 hours or less to be deficient, and the majority of MPH programs and schools have practice experiences in the 180-240 hour range. The planning and structure of the experience are important as well, with an emphasis on the practice experience being a planned, supervised, evaluated, interactive mentoring experience. Therefore, we will be updating our practice placement requirement to 200 contact hours as the University/ MPH program transitions to semesters in the Fall of 2012.

This criterion is met.

**Table 2.4.b. Identification of agencies & preceptors used for practice experiences for students for the last 2 academic years**

Quarter	Year	Last Name	Student Type	Concentration	Practice Placement Title	Practice Placement Location	Site Preceptor & Credentials	Grade
Fall	2009	K. Dent	MPH	HPE	Observation and Understanding of a Community Health Center	Premier Community Health, Dayton, OH	Sara Brown, Community Resource Director	P
Winter	2010	Z. Fehrman	MPH	EP	The Calamityville Project 1	Wright State University – Calamityville, Fairborn, OH	Mark Gebhart, MD, Dir., Nat’l Ctr. for Med Readiness/ WU Associate Professor	P
Winter	2010	E. Balster	MPH	EP	An Observation of US EPA activity	US EPA and Wright State University	James Gruenberg , EMT-P, CPM, Asst. Dir. for National Ctr. for Medical Readiness	P
Winter	2010	D. Jilani	MPH	EP	Building a Patient Profile for Good Neighbor House Clinic Patients	Good Neighbor House, Dayton, OH	Bill Spears, PhD, Board Member; WSU Associate Professor	P
Winter	2010	F. Banahene	MPH	GH	Creation and Implementation of Community Health Assessment	Health Source of Ohio	Shannon Nielson, Director of Marketing and Outreach	P
Winter	2010	L. Smith	MPH	GH	Experiences of Being an Invited Speaker at a WHO Meeting	Meeting of Baby Friendly Hospital Initiative Coordinators and Focal Points in Industrialized Countries, Geneva, Switzerland	Karin Cadwell, RN, PhD, Implementer of Baby Friendly Hospital in U.S. & delegate for U.S. Breastfeeding Committee	P
Winter	2010	S. Neeley	MPH	HPE	Development of community-based childhood obesity prevention initiative	Public Health - Dayton & Montgomery County	Jeff Cooper, Assistant to the Health Commissioner	P
Winter	2010	J. Rea	MPH	HPE	Media Initiatives to Further Physical Fitness in Columbus, Ohio	10 TV News - Columbus, Ohio	Andrea Cambern, Anchorwomen - co-creator of "Commit to Fit" Campaign	P
Winter	2010	S. Rogers	MPH	HPE	Middle School Physical Fitness Programs in Greene County, Ohio	Greene County Health Department	Sara Pappa, Director of Health Education	P
Winter	2010	T. Fox Williams	MPH	PHM	Levy Campaign & Vaccination Prgm of Medium-Size Health Dept.	Warren County Health District, Lebanon, OH	Duane Stansbury, Health Commissioner	P
Winter	2010	R. Clarke	MPH	PHM	Creation and Enforcement of Hospital Infection Control Procedures	Grandview Hospital, Dayton, OH	Dave Roberts, RN, Infection Prevention Control Specialist	P
Winter	2010	S. Liles Adkins	MD/MPH	PHM	Physician Clinical Guideline Adherence in a Miami Valley Family Practice	Berry Family Health Center, Dayton, Ohio	Sylvia Ellison, MA, WSU Research Instructor	P
Winter	2010	U. Turner	MPH	PHM	The Dayton Clinical Oncology Program	Dayton Clinical Oncology Program, Dayton, OH	Bernedette Bensman, BS, RN, Prevention Director	P
Winter	2010	S. McBeth	MD/MPH	PHM	Medical and Public Health Practice in Rural Alaska	Mt. Edgecumbe Hospital, an Indian health service hospital in Sitka, AK	Marty Grasmeder, MD, Medical Director	P
Winter	2010	C. Lam	MD/MPH	PHM	Construction of Simulation Learning Modules for Medical Students	Center for Immersive Medical Education and Research – Cox Institute, Kettering, OH	Raymond Ten Eyck, MD, MPH, Simulation Lab Director	P
Winter	2010	J. Jenks	MD/MPH	PHM	Observation of Federally Qualified Health Center Operations	East Dayton Health Center, Dayton, OH	Kathy Blossom, RN, BSN, Program Administrator	P
Spring	2010	N. Jackson	MPH	HPE	Good Neighbor House Initiative	Everyday Living	Eliza Herald, Vice President and Chief Operating Officer	P

Quarter	Year	Last Name	Student Type	Concentration	Practice Placement Title	Practice Placement Location	Title	Grade
Spring	2010	F. Williams	MPH	HPE	Public Health Practice at College Campus in Indiana	Indiana University- Purdue University Indianapolis Department of Health Services	Steven Wintermeyer, MD, MPH, Director	P
Spring	2010	L. Clem	MPH	HPE	Constructing Breastfeeding Educational Modules	Good Neighbor House; Clinical Lactation Management Practice Course	Linda Smith, BSE, FACCE, IBCLC, Director, Bright Future Lactation Resource Ctr	P
Spring	2010	D. Chillious Tong	MPH	PHM	Diabetes and the Not for profit Organization.	American Diabetes Association	Rachel Kerns, Executive Director	P
Spring	2010	J. Watt	MPH	PHM	Exploring Various Aspects of Public Health Practice at Large Federal Installation	Wright Patterson Air Force Base	Armando Roslaes, Public Health Flight Commander	P
Spring	2010	A. Sims	MPH	PHM	Constructing Educational Public Health Programs for Rural Ohio Constituency	The Council on Rural Services, Inc.	Jeanine Bensman, Infant and Toddler Program Manager	P
Spring	2010	K. Roshon Estes	MD/MPH	PHM	Creating Program Enhancements for Large Urban Public Health Department's Neighborhood Ctr.	Healthy Lifestyles Center, Public Health - Dayton & Montgomery Co., Dayton, OH	Katherine Blossom, RN, BSN, Program Administrator	P
Spring	2010	K. Kohake	MPH	PHM	Special Neighborhood Clinic Initiatives for Large Urban Public Health Department	Cincinnati Health Department, Cincinnati, OH	Lawrence Holditch, MD, Medical Director	P
Summer	2010	C. Balster	MPH	EP	Bed Bugs and Local Public Health	WSU National Center for Medical Readiness (NCRM) - "Medforce"	Mark Gebhart, MD, Dir., NCRM/ WSU Associate Professor	P
Summer	2010	A. Young	MPH	HPE	Children's Hunger Alliance in Ohio	Children's Hunger Alliance	Karen Dorman, Senior Manager, Provider Services and Quality Assurance	P
Summer	2010	M. Olds	MPH	HPE	Closing the Health Gap	The Center for Closing the Health Gap (Cincinnati, OH)	Tiffany McDowell, PhD, Assistant Director of Research & Programs	P
Summer	2010	D. Dunfee	MPH	PHM	Reach Out Montgomery County!	Reach Out Montgomery County, Dayton, OH	Sharon Sherlock, RN, DHA, Executive Director	P
Summer	2010	C. Williams	MPH	PHM	An observation of Planned Parenthood	Planned Parenthood of Central Ohio	Beth Whitted, MBA, PhD, Chief Financial Officer	P
Summer	2010	N. Kumar	MPH	PHM	Employee Health and Wellness Programs	Premier Community Health, Dayton, OH	1) Pam Reichel, Executive Director 2) Sara Brown, Community Resource Director	P
Summer	2010	S. Johnson	MPH	PHM	The Good Neighbor House	Good Neighbor House, Dayton, OH	Tiffany Collie, Development Director	P
Summer	2010	R. Hilli	MPH	PHM	Get Up Montgomery County!	Get Up Montgomery County, Public Health - Dayton & Montg. Co., Dayton, OH	Bill Spears, PhD, Program Facilitator/ WSU Associate Professor	P
Fall	2010	H. Motter	MPH	GH	Study of Champaign County Health Department	Champaign County Health Department, Urbana, OH	Shelia Hiddelson, RN, MS, Health Commissioner	P
Fall	2010	M. Embry	MPH	GH	Underserved/ Uninsured in Montgomery County	Reach Out Montgomery County	Sharon Sherlock, RN, DHA, Executive Director	P

Quarter	Year	Last Name	Student Type	Concentration	Practice Placement Title	Practice Placement Location	Title	Grade
Fall	2010	K. Trabue	MPH	HPE	The Cincinnati Public Health Outreach process	Cincinnati Health Department, Cincinnati, OH	Nancy Carter, RDH, MPH, Assistant Dental Director	P
Fall	2010	M. Kaylor	MPH	PHM	Bed Bugs and Socio-Economic Status	Franklin County Public Health, Columbus, OH	Paul Wenning, Special Projects Coord.	P
Winter	2011	C. Rohde	MPH	EP	Columbus PH Emergency Planning	Columbus Public Health	Beth Ransopher, Program Manager	P
Winter	2011	S. Srinivas	MPH	EP	Locating the Functional Needs Populations Before Disaster	Greene County Health Department, Xenia, OH	Robyn Fosnaugh, RN, MPH, Nursing Director	I
Winter	2011	K. Imhof	MD/MPH	EP	Emergency Preparedness in Israel	Israel: Home Front Command (Tel Aviv, Israel)	David Nickerson, Sgt 1st Class	P
Winter	2011	C. Okere	MPH	GH	Primary Health Solutions	Primary Health Solutions	Laura Senter, Office Manager	I
Winter	2011	C. Klose	MPH	HPE	Wellness and the Health Care Professional	Miami Valley Wellness Center, Dayton, OH	Brenda Bodenmiller, RN, Manager of Premier Heartworks	P
Winter	2011	S. Ellison	MPH	HPE	Safe Routes to School Work Group	Village of Yellow Springs & Yellow Springs Bicycle Enhancement Committee, Yellow Springs, OH	Ed Amrhein, Assistant Planner, Village of Yellow Springs	I
Winter	2011	J. Tyler	MPH	HPE	Neighborhood Schools Community Health Assessment	Center for Global Health and East End Community Services	Bill Spears, PhD, WSU Associate Professor	P
Winter	2011	R. Eick	MD/MPH	PHM	The Good Samaritan Hospital Collaboration	Good Samaritan Hospital and Good Sam North, Dayton, OH	W. Grant Starrett, MD, Infectious Disease Specialist	P
Winter	2011	L. Preville	MD/MPH	PHM	Miami Valley Hospital GCRI Team	GERI Team, Miami Valley Hospital, Dayton, OH	Brenda Gauby Currie, RN, MSN, MBA, RNC, CRRN, Elder Care Program Manager	I
Winter	2011	A. Singh	MPH	PHM	Reach Out Montgomery and the Built Environment	Reach Out Montgomery County, Dayton, OH	Sharon Sherlock, RN, DHA, Executive Director	I
Winter	2011	J. Mukunzi	MPH	PHM	PHDMC and Environmental Health	Public Health - Dayton & Montgomery County, Dayton, OH	Alan Pierce, MPH, RS, PHDMC Bureau of General Services Supervisor	P
Spring	2011	J. Tippet	MPH	EP	A Community Blood Center Leads the Way	Community Tissue Services, Dayton, OH	Diane Wilson, Chief Operating Officer	P
Spring	2011	S. Gruber	MPH	HPE	Premiere Healthy Lifestyles	Premier Community Health, Dayton, OH	Bruce Barcelo, MS, Project Manager for GetUP! Montgomery Co.	P
Spring	2011	C. Garven	MD/MPH	PHM	Public Health in Honduras	Honduras	Kim Hanson	P
Spring	2011	N. Friend-Schnurpel	MPH	PHM	Public Health In Pueblo City	Pueblo City-County Health Department	Cathy Dehn, Project Coordinator	I
Spring	2011	N. Dave	MPH	PHM	Warren County EMA and Hazardous Chemicals	Caring Partners	Rhonda Reed, Vice President, CCO	I
Spring	2011	M.R. Puri	MPH	PHM	Ohio Department of Mental Health and a Triage System	Ohio Department of Mental Health	Marion Shermon, MD, Medical Director	P
Spring	2011	A. Rao	MD/MPH	PHM	Consortium for Southeastern Hypertension Control Investigation of the "French Paradox"	Center for Global Health, and COSEHC annual meeting, Baltimore, MD	Sylvia Ellison, MA, WSU Research Instructor	P

Quarter	Year	Last Name	Student Type	Concentration	Practice Placement Title	Practice Placement Location	Title	Grade
Summer	2011	B. Pruett	MPH	EP	The Air Force Surgeon at WPAFB	AFMC Surgeon General's Office	Lt. Col. Joe Narrigan, Chief of Readiness	P
Summer	2011	J. Dreier	MPH	EP	The Emergency Preparedness Initiative in Warren County	Warren County Public Health, Lebanon, OH	Duane Stansbury, Health Commissioner	I
Summer	2011	K. Caudill	MPH	EP	The National Center for Emergency Readiness Project	National Center for Medical Readiness, Fairborn, OH	Mark Gebhart, MD, WSU Associate Professor	P
Summer	2011	J. Frank	MPH	GH	Wastewater and Restaurant Inspections: a shadow effect	1) PHDMC, 2) Miami Valley/Dayton Water Treatment, 3) Cincinnati Health Department	1) Jennifer Wentzel, MPH, Supervisor, 2) Phil Van Atta, MPH, Supervisor 3) Ken Sharky, Senior Sanitarian	P
Summer	2011	M. McMillian	MPH	GH	Locating the Functional Needs Populations Before Disaster	Greene County Health Department, Xenia, OH	Robyn Fosnaugh, RN, MPH, Nursing Director	I
Summer	2011	S. McKinney Gardner	MPH	HPE	Learning Tree Farm and Children's Fitness	The Learning Tree Farm, Moraine, OH	Patricia Rau, Executive Director	P
Summer	2011	C. North	MPH	HPE	Public Health in the Dominican Republic	Clinica Cristiana - San Juan do Maguana, Dominican Republic	Robin White, Asst. Prof. of Nursing, Ohio Northern University	I
Summer	2011	L. Sabato	MPH	HPE	Children's Medical Center and Obesity Studies	The Children's Medical, Lipid Clinic, Dayton, OH	James Ebert, MD, MBA, MPH, Lipid Clinic Lead Physician	P
Summer	2011	L. Compton Schmieder	MPH	HPE	Learning Tree Farm and Children's Fitness	The Learning Tree Farm, Moraine, OH	Patricia Rau, Executive Director	P
Summer	2011	E. Smiley	MPH	HPE	Wellness with Premiere Community Health	Premier Community Health, Dayton, OH	Pam Reichel, Executive Director	P
Summer	2011	B. Bolivar	MD/MPH	PHM	Public Health in Columbia	Cruz Roja Colombia	Samual De Aguas Lasprilla, CRI, Administrative Director	I
Summer	2011	D. Scott	MPH	PHM	Exercise as Medicine	Exercise in Medicine/HLC, Public Health – Dayton & Montg. Co., Dayton, OH	Bruce Barcelo, MS, Project Manager, Public Health Dayton & Montgomery County	I
	"I" notates still in progress							

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

***2.5.a) Identification of the culminating experience required for each degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.***

In addition to the practice placement, each student must complete eight (8) credit hours of culminating experience (CE). The practice placement should be completed prior to registration for the culminating experience unless the course director waives that requirement based on special circumstances. Students are encouraged whenever possible to integrate the practice placement with the culminating experience. In other words, they would develop a research problem related to the practice placement, and develop it as a culminating experience.

The culminating experience is an applied research project and is comprised of two consecutive four (4) credit hour courses, CMH 820 and CMH 821. Students do not meet in an actual class room but use the two quarters to complete their independent study. Most of the time is spent in planning and completing their research with supervision provided during periodic meetings with their guidance committee members and with the course director. In most cases the culminating experience course director works with faculty and students to find a match for the culminating experience advisor. The course director takes into account the number of students faculty are currently advising, their content knowledge, and research interest as well as the potential for a good working relationship between the advisor and student. Most committees are chaired by faculty resident in the MPH program. The course director consults with the faculty to determine interest and availability. When faculty expresses willingness to advise the student a meeting is set-up. Other WSU faculty who have interest and knowledge relevant to the students project may be asked to chair a culminating experience committee. If the faculty member is willing to advise the student the request is honored. Other members of the guidance committee are recruited based on collaborative agreement between the advisor and student with consultation with the course director. When appropriate, community members with knowledge about the student's culminating experience topic are invited to be a member of the committee. It is possible for a student to request that a faculty be their culminating experience advisor.

Applied research involves the investigation of a research question that is based on a synthesis of current peer reviewed literature. Answering the research question includes analysis of data using appropriate methods (quantitative or qualitative) and provides adequate interpretation of results. Applied research involves formulation and testing of a hypothesis, collection and analysis of data sets, and design of test and control groups with strictly controlled parameters. The student must propose a methodology that is capable of answering the research question. Data for the research may come from secondary sources or be collected by the student using a survey or other discipline-based methodology. Analysis of data must adhere to established quantitative or qualitative research methods. Students are responsible for the data analysis for their research. In summary, the student must pose a practical public health question based on a review of current literature and then endeavor to answer the question by using appropriate research methods. In some cases the research question will emerge from the students practice

placement experience. In all cases, the student will formulate the research question in collaboration with their guidance committee. The student is encouraged to be creative when exploring a culminating experience project with his/her guidance committee. It is recommended the culminating experience be related to the student's concentration track (i.e. Health Promotion and Education, Public Health Management, Emergency Preparedness, or Global Health). The most common culminating experience project options are presented below. All MPH faculty are willing to discuss specific options, strategies, and expectations with students. Other project options can be suggested and developed by students. The culminating experience topic and research strategy must be approved by the guidance committee. A variety of opportunities are available from which students may choose to conduct their culminating experience project. These include:

- Epidemiologic Research
- Environmental Health Research
- Program Planning, Implementation and/or Evaluation
- Community Assessment
- Policy Analysis
- Comprehensive Case Study
- Best-Practices Review
- Team-Based Applied Research

### **I. Learning Objectives**

At the conclusion of the culminating experience, the student should be able to:

1. Demonstrate detailed knowledge of a public health issue.
2. Apply learned knowledge, skills, and abilities to pose a research question regarding a public health issue.
3. Select, prepare, and use appropriate quantitative and/or qualitative methods to answer a public health question.
4. Demonstrate the ability to measure and analyze data and to compare and interpret the results.
5. Demonstrate the ability to discuss and present findings in written and oral formats.

In November 2011, CEPH approved a request for a substantive change to allow interested students to conduct team-based culminating experience projects. Team-based projects require students to hone team building skills in addition to learning about the culminating experience project.

Each student's culminating experience will be supervised by a two- or three-member faculty guidance committee. The chair of the student's guidance committee must be a Wright State University faculty member with knowledge and expertise regarding the student's proposed research topic and shall have primary responsibility for guiding the student's research. The second member of the guidance committee will serve as a consultant and reader. The consultant may be a faculty member or another person named by the chair of the guidance committee who has special knowledge of the proposed research topic. The role of the second member will be as a critical reader and content reviewer. The culminating experience course director may act as a third consultant/reader in those situations when the other members of the guidance committee are not core faculty of the MPH program. It may also be appropriate to invite a third consultant/reader, or to have a co-chair, when this person brings specific



expertise to the applied research project and/or to the guidance committee (e.g. community site preceptor, GIS professional, etc.).

## **II. Components of the Culminating Experience**

The culminating experience has four components:

- Part 1: Proposal (CMH 820)
- Part 2: Progress Report
- Part 3: Final Manuscript (CMH 821)
- Part 4: Oral Presentation

### **Part 1: Proposal (CMH 820)**

The student must prepare and submit a written research proposal to the chair of his/her approved guidance committee. It is anticipated that the student will be required to meet with the guidance committee to explain the objectives and methodology of the proposed research, including the purpose of the research, data sources, data treatment, site location, anticipated results, etc.

### **Part 2. Progress Report**

The student may register for CMH 821 only after scheduling and meeting (in person) with the culminating experience course director to provide an updated progress report of what has been accomplished in CMH 820.

### **Part 3. Final Manuscript (CMH 821)**

The final manuscript should be submitted to the chair of the student's guidance committee. It is anticipated that the student will meet several times with the guidance committee during the preparation of the manuscript.

In most cases the final manuscript will be the project proposal with results, discussion, and any needed updates to the literature review added.

The approval of the manuscript by the guidance committee will be documented by a score of "1" in each of the categories of the Culminating Experience Score Sheet.

### **Part 4. Oral Presentation**

The student must have their final manuscript approved by the guidance committee before scheduling the oral presentation. The student will be required to prepare and conduct an oral presentation, which summarizes the rationale, purpose, and main findings of the research project along with the recommendations advanced as a result of the research. The presentation will be made to the student's guidance committee and may also be presented to other faculty and/or community groups or professional organizations. The presentation should be of professional quality with visual aids, supporting documentation, and other presentation aides as necessary.

## **III. Evaluation of the Culminating Experience**

Each student's research will be evaluated and graded by the student's faculty guidance committee with final approval by the culminating experience course director. The culminating experience will be judged on a pass/fail basis.

Upon documentation of successful completion of all parts of the culminating experience score sheet the guidance committee will complete the culminating experience final grade form and submit all documentation to the course director for his/her signature.

As part of the evaluation of the culminating experience, the student must identify the specific Tier 1 public health competencies achieved by the student during completion of the research project. The student must identify a minimum of sixteen public health competencies within a minimum of four different domains. The student will have a final meeting with the guidance committee to examine the public health competencies checklist to identify which were applied during the culminating experience. A copy of this checklist should be signed by the student and by the guidance committee members to be added to the culminating experience portfolio.

A checklist of the core competencies for public health professionals is available from: Competencies Project, Council on Linkages:

[http://www.phf.org/resourcestools/Pages/Core\\_Public\\_Health\\_Competencies.aspx](http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx)

Student Culminating Experience Portfolio - The student must submit a completed portfolio *to the course director for final grade of the culminating experience*. The portfolio should include:

1. Printed and electronic copies of the final manuscript with all appendices (unless only hard copy is available.). The printed copy must bear the signatures of the guidance committee to certify that the project meets the requirements of a MPH culminating experience project.
2. IRB approval forms and the CITI Program certificate.
3. A culminating experience score sheet and culminating experience final grade form signed by the guidance committee.
4. A checklist on public health competencies used by the student to complete the research project. The checklist must bear the signatures of the student and the guidance committee to certify the student's knowledge and ability to apply the public health competencies.
5. Printed and electronic copies of oral presentation aids (PowerPoint, charts, etc.).

#### **IV. Obligations**

##### Obligations of the Student

It is the student's responsibility to initiate the various components of the culminating experience. The student should meet with the culminating experience course director and propose the membership of his/her project guidance committee along with the concept paper of research. For the duration of the project, the student should maintain appropriate contact with the project guidance committee and factor in reasonable timeframes for review of submitted drafts. Although the guidance committee is encouraged to complete reviews as quickly as possible, the student should factor approximately a one week turn around for each draft submitted to the guidance committee. In order to receive a grade for CMH 820, each student must schedule a meeting with the course director to report his/her progress before being allowed to register in CMH 821. It is the student's responsibility to submit all components of the culminating experience in a timely fashion. The student is also responsible for completing the requirements for CMH 820 and CMH 821 making up the culminating experience in the quarter in which he/she registers for the credit hours. If the requirements are not completed, the student will receive a

grade of incomplete and must complete the requirements during the following quarter. Failure to comply may result in a concerned conference to establish the appropriate action.

#### Obligations of the Culminating Experience Course Director

The course director shall receive and approve the student's proposed membership of the project guidance committee. The course director shall assist the guidance committee and the student when called upon to do so. The course director will conduct a progress report meeting with each student before registration to CMH 821. At the conclusion of the student's work, the culminating experience score sheet and final grade form will be reviewed by the course director, signed where appropriate, and filed in the student's MPH program record. The course director will also enter the grades for CMH 820 and CMH 821 when the appropriate documentation, listed above, is received.

#### Obligations of the Project Guidance Committee - Chair and Reader(s)

The guidance committee shall receive and approve the student's written research proposal and manuscript. During the student's entire research project, the committee will provide interim guidance, and correction if necessary, for each section of the project. The guidance committee will be available to the student on a timely basis for discussion and guidance regarding research issues which may arise. At the conclusion of the research, the guidance committee will evaluate the research, complete the score sheets, sit for the student's oral presentation, provide a final grade for the student's work, sign the final grade form and deliver these documents to the course director.

The same guidelines are used by all students to fulfill the obligations of the CE. The complete culminating experience guidelines and evaluation form are available at:

<http://med.wright.edu/sites/default/files/mph/culmexpguide-rev6-13-11.pdf>

During the past three years 88 students have completed their culminating experience. **Appendix 2** contains a list by year of students and the titles of their culminating experience projects.

#### ***2.5.b) Assessment of the extent to which this criterion is met.***

**Strengths:** We encourage students to ask research questions they are most interested in learning further and to explore a wide variety of methodologies. We encourage students to ask research questions related to the practice placement whenever possible. We make a strong effort to match students with faculty guidance committees that share similar interests. CE guidance committees can also be composed by faculty from other departments of SOM, particularly from other sub-divisions of community health. This increases the likelihood of providing students with the most appropriate guidance.

**Weaknesses:** Many students take more than two quarters to complete their culminating experience, although we always encourage them to develop simple projects. This issue will probably be solved with the adoption of the semester system because students will then have two semesters to work in their culminating experience. Students are not required to develop a CE related to the public health concentration they selected.

**Opportunities:** We are re-structuring the Research Methods Seminars (in the PP) for students to attend these classes earlier in their program of study, in order to prepare them earlier for the CE. New CE

opportunities are being created because more faculty is involving MPH students in their research projects. Students are encouraged but not required to conduct CE projects in their concentration. Concentration directors will review this policy to determine whether students' learning will be enhanced if they are required to complete a CE project in their concentration.

This criterion is met.

2.6 Required Competencies. For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

**2.6.a) Identification of core public health competencies that all MPH or equivalent professional masters degree students are expected to achieve through their courses of study.**

The Wright State University (WSU) Master of Public Health (MPH) program subscribes to the Core Competencies for Public Health Professionals identified by the Council on Linkages between Academia and Public Health Practice (COL). The Tier 1 competencies are used to establish learning objectives for classes in the core curriculum.

**2.6.b) A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the program, a single matrix will suffice. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.**

**Appendix 3** lists the competencies in each domain and the core courses. A value of '1' is displayed for each competency addressed by a core course. The column total indicates the number of courses that address a specific competency in each domain. The row total shows the number of competencies within each domain that are addressed by a core course. When students complete their culminating experience they go through the list of Tier 1 core competencies with their culminating experience chair to identify the competencies that were used to conduct their project. Concentration competencies are not included in this review.

**2.6.c) Identification of a set of competencies for each specialty area identified in the instructional matrix, including professional and academic degree curricula.**

The Wright State University Master of Public Health program offers four concentrations: Emergency Preparedness, Global Health, Health Promotion and Education, and Public Health Management. Competencies for each concentration were developed locally but are informed by resources relevant to the concentration.

The faculty work to ensure that competencies guide the learning objectives for their course. The curriculum committee has regular reviews of the core courses offered in curriculum. Concentration directors report annually to the curriculum committee on the status of their concentration and how courses meet the competencies established by the concentration.

Core competencies for the WSU Master of Public Health program are available from the Council on Linkages website: [http://www.phf.org/resourcestools/pages/core\\_public\\_health\\_competencies.aspx](http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx).

Concentration specific competencies for the WSU Master of Public Health program are listed below:

**Emergency Preparedness:**

- 1) Demonstrate the understanding of model leadership in emergency conditions
- 2) Communicate and manage information related to an emergency
- 3) Demonstrate the mastery of the use of principles of crisis and risk management
- 4) Use research and/or evaluation science methodologies and instruments to collect, analyze and interpret quantitative and qualitative data
- 5) Employ ethical principles in the practice of public health emergency preparedness

- 6) Demonstrate an understanding of the protection of worker health and safety

**Global Health:**

- 1) Identify strategies that strengthen community capabilities for overcoming barriers to health and well-being
- 2) Exhibit interpersonal skills that demonstrate willingness to collaborate, trust building abilities, and respect for other perspectives
- 3) Identify and respond with integrity and professionalism to ethical issues in diverse economic, political, and cultural contexts
- 4) Apply the health equity and social justice framework for the analysis of strategies to address health disparities across different populations
- 5) Conduct evaluation and research related to global health
- 6) Enhance socio-cultural and political awareness
- 7) Apply systems thinking to analyze a diverse range of complex and interrelated factors shaping health at local, national, and international levels

**Health Promotion and Education:**

- 1) Assess needs, assets and capacity for health education
- 2) Plan health education programs
- 3) Implement health education
- 4) Conduct evaluation and research related to health education
- 5) Manage health education programs
- 6) Serve as a health education resource person
- 7) Communicate and advocate for health and health education

**Public Health Management:**

- 1) Develop operational management skills for assessment, planning and research in public health settings
- 2) Recognize organizational behavior theories and realize how these can be used to enhance organizational effectiveness
- 3) Apply system-thinking and evaluation methods to assess operational effectiveness
- 4) Determine how different environments produce different health needs and problems
- 5) Examine ethical issues relevant to public health management and program intervention
- 6) Understand the principles of business organization as found in the health care environment
- 7) Develop the finance and accounting skills needed for operational management, performance assessment and forecasting

***2.6.d) A description of the manner in which competencies are developed, used and made available to students.***

The MPH program faculty committee has adopted the Tier 1 Core Competencies for Public Health Professionals offered by the Public Health Foundation Council on Linkages. The list of competencies have been reviewed by subcommittees of the faculty to confirm that list covers the core skills that students in the Wright State University MPH program need to be successful in the local public health workforce. Most recently competencies were prominent during the discussion regarding developing a

team-based culminating experience option for students. This option was approved by CEPH in October 2011 as a substantive change to the program.

Initially concentration specific competencies were developed by the concentration directors to reflect learned society standards in those disciplines and approved by the faculty committee. Concentration directors monitor the development of discipline specific competencies by professional organizations. The Emergency Preparedness and Global Health concentrations benefit from the Council on Linkages between Academia and Public Health Practice (COL) in developing competencies. Competencies for these concentrations are informed by the COL competencies. The Seven Area of Responsibilities, adopted by American Association of Health Education (AAHE) and Society for Public Health Education (SOPHE), provides the framework for the Health Promotion and Education concentration competencies. Program faculty are currently unaware of any public health organization that recommends specific competencies in the area of Public Health Management. The director of this concentration developed competencies by considering competencies in other programs with a similar concentration and reviewing general management competencies to include those that are appropriate for the public health workforce.

Competencies are used in developing learning objectives for courses and discussed in class. In some cases competencies addressed are listed in the course syllabus. Students are required to review core competencies addressed in their culminating experience with their committee.

***2.6.e) A description of the manner in which the program periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.***

As they become available concentration directors have reviewed new lists of competencies to determine the appropriateness for the WSU MPH program. The Emergency Preparedness concentration reviewed the competencies adopted by the Public Health Foundation Council on Linkages adopted in 2009 and made appropriate adjustments to required competencies. The Global Health concentration has monitored the progress of the work done by the Association of Schools of Public Health (ASPH) on Global Health. The concentration will review the new set of ASPH Global Health Competencies adopted in November 2011. The Health Promotion and Education concentration continues to use the standards established by the American Association of Health Education. The director of the Public Health Management concentration considers the competencies of other programs with similar concentrations and follows the development of general management competencies to include those that are appropriate for the public health workforce.

Status of concentration competencies is monitored regularly by the curriculum committee. Changes in competencies are approved first by the curriculum committee and then by the faculty committee. Members of the advisory board are also encouraged to recommend updates to the program's competencies and scope of instruction.

***2.6.f) Assessment of the extent to which this criterion is met.***

**Strengths:** The program subscribes to the Core Competencies for Public Health Professionals identified by the Council on Linkages between Academia and Public Health Practices. Course directors use the Tier 1 competencies to establish learning objectives for classes in the core curriculum. As a result, the

program ensures that competencies guide individual course content. In addition, the Curriculum Committee regularly reviews the core courses and the competencies they cover. The program's four concentration directors report to the Curriculum Committee on the selection of concentration-specific competencies and their coverage by the concentration courses' learning objectives. The students of the program are made aware of the core and concentration-specific competencies throughout their course of study.

**Weaknesses:** Students have not been required to review concentration specific competencies used in their culminating experience work. While students do learn competencies, they frequently report being unaware regarding competencies.

**Opportunities:** In 2012, Wright State University will move from the present quarter-based system to a semester-based system. As a result, the University's course inventory will be updated and many new courses will be offered. The program considers this change a welcome opportunity to update the concentration electives that its students may access in other departments. The concentration directors will consider courses in which concentration-specific competencies are well represented and the Curriculum Committee will review recommended changes. The program anticipates that the additional courses will allow our students to enhance their access to the expertise of faculty that reside in other departments while further promoting the attainment of public health focused competencies.

The criterion is met.



2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

***2.7.a) Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.***

MPH students' progress in this program is evaluated through achievement of expected competencies and successful completion of 1) all core courses, 2) track specific courses, 3) practice placement (PP), and 4) culminating experience (CE).

**Course work**

The MPH program of study is comprised of completion of core public health and track-specific courses. The level to which each student achieves the specific competencies is monitored throughout the coursework. These quantitative evaluations include examinations, research papers, quizzes, class presentations, group projects, and class participation. At the completion of each course, grades are assigned to students that reflect the extent of their achievement of specified course objectives and attaining the requisite competencies.

Graduate students are expected to maintain an average grade A or B. Students who score less than B grade in any core course are placed on academic probation. The assistant program director meets with the student, and respective faculty member to review the student's records, make recommendations and draw up an improvement plan for the student. The program pursues the student's performance during the subsequent quarter. If the student fails to improve the score by obtaining B or A grade by the end of next quarter, the student is at risk of losing the place in the program.

**Practice Placement**

The practice placement (PP) is a significant component of MPH curriculum. Students are required to successfully complete the PP experience. It provides hands-on applied learning experience with the opportunity to closely observe a specific public health field in operation and to integrate the knowledge and skills from the academic setting into public health practice. This experiential learning process is structured in a way that allows the PP course director and the student to work together to discuss the student's learning objectives. At the end of the PP, the student, site preceptor and the PP director evaluate the student's performance. This process gives all parties the opportunity to evaluate the student's participation and attainment of the learning objectives. Individual practice placements are assessed quantitatively as described in the practice placement guidelines.

**Culminating Experience**

The culminating experience (CE) is the final course work and is comprised of submission of an applied research project document and an oral presentation. The learning objectives are to integrate and synthesize learned concepts, skills, and abilities in order to pose and evaluate a public health research question. This is done by selecting, preparing, and using appropriate quantitative or qualitative methods. The student works with the CE course director to develop a project proposal. The CE course director helps a student form a guidance committee that advises the student during the CE project. Discussions conducted during these meetings provide ongoing assessment of the student's research skills and the integration of knowledge accrued throughout the MPH program.

Upon completion of the CE, it is expected that the student can demonstrate an ability to formulate a research question, review literature, measure and analyze data and compare and interpret the results. The final product requires the student to demonstrate that ability by presenting their findings in written and oral formats in front of their CE chair, committee members and other MPH faculty. Individual culminating experience projects are assessed qualitatively as described in the culminating experience guidelines.

**2.7.b) Identification of outcomes that serve as measures by which the program will evaluate student achievement in each degree program, and presentation of data assessing the program's performance against those measures for each of the last three years.**

Measure	Target	2008-2009	2009-2010	2010-2011
<b>Students receive a 'B' or higher grade in core courses</b>				
Epidemiology	100%	98%	86%	98%
Environmental Health	100%	100%	95%	100%
Introduction to Public Health	100%	100%	99%	100%
Health Systems Management	100%	100%	100%	100%
Biostatistics	100%	85%	89%	92%
Social and Behavioral determinants of Health	100%	96%	95%	90%
Economics of Health	100%	100%	100%	100%
<b>Practice Placement</b>				
Student evaluations of PP	3.0 out of 4.0	3.89	3.75	3.85
Preceptor evaluation of PP	3.0 out of 4.0	3.74	3.81	3.90
<b>Culminating Experience</b>				
Met public health competency minimum (14 competencies covering 4 domains)	100%	90%*	100%	100%

\*Documentation was not yet standardized

**2.7.c) If the outcome measures selected by the program do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided**

**Table 2.7.c. Degree completion rates**

Measure	Target	2008-2009	2009-2010	2010-2011
<b>Degree completion rate</b>	80%	91.3%	82.6%	70.3%
Number starting		23	23	27
Number graduating		21	19	19 <sup>a</sup>
Number withdrawn or inactive		2	4	4
Number continuing		0	0	3

<sup>a</sup>: One student relocated to another state and transferred into another MPH program.

The program allows four years for graduation. The majority of students in the MPH program enroll on a part-time basis. Table 2.7.c presents program graduation rates for the past three years. Thus, 70% of students who began the program in the 2006-2007 academic year, completed the program by academic year 2010-2011.

The three-year average graduation rate is 80.1%. The trend of decreasing graduation rates is noteworthy and the program has made changes in the admissions process as well as explored alternative culminating experiences.

**Notes and calculations**

*Maximum time to graduation (MTTG):* The number of years the program allows students to complete the given degree was set at 4 years.

*Number starting:* The number of students entering the MPH degree program during that academic year.

*Number withdrawn:* The number of students from this cohort who through official notice or failure to enroll, resigned from the program before completing the degree.

*Number graduating:* The number of students from the entering cohort who successfully completed the requirements within or before the normal time (4 years) to graduation: number graduated / number entering.

*Number continuing:* The number of students from this cohort who are actively continuing to pursue the degree.

\*\*MD/MPH students are not included in these calculations.

**Table 2.7.d. Destination of Graduates by Program Area in 2008-2009, 2009-2010, 2010-2011**

Concentration	Government		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Emergency Preparedness (n=11)	1	9.1%	1	9.1%	4	36.4%	0	0%	1	9.1%	0	0%	3	27.3%	0	0%	1	9.1%
Health Promotion & Education (n=21)	5	23.8%	1	4.8%	7	33.3%	0	0%	3	14.3%	0	0%	2	9.5%	2	9.5%	1	4.8%
Public Health Management (n=32)	6	18.8%	0	0%	5	15.6%	1	3.1%	4	12.8%	0	0%	10	31.3%	2	6.9%	4	12.5%
Global Health (n=5)	0	0%	0	0%	1	20.0%	0	0%	0	0%	0	0%	1	20.0%	2	40.0%	1	20.0%

A total of 69 students graduated and sought employment or further education in the years 2008-2009, 2009-2010 and 2010-2011. Of the 69 graduates, 90% (n=62) are employed or enrolled in further education. Employment and or further education varies by concentration from 95% (HPE) to 80% (Global Health). The number of graduates (n=69) reported in this table (2.7.d) is higher than reported in table 2.7.c (n=59); table 2.7.d includes graduates of the MD/MPH program. *Students of unknown destination were counted as “not employed”.*

**2.7.e) In public health fields where there is certification of professional competence, data on the performance of the program's graduates on these national examinations for each of the last three years.**

**Table 2.7.e. Number of student who have successfully complete an national certification exam with the years 2008-2010**

	<b>Certified Health Education Specialist (CHES)</b>	<b>Certified in Public Health (CPH)</b>	<b>Registered Environmental Sanitarian (RS)</b>	<b>Other</b>
<b>Emergency Preparedness</b>	0	0	0	0
<b>Health Promotion &amp; Education</b>	2	0	1	0
<b>Public Health Management</b>	0	2	0	0
<b>Global Health</b>	0	0	0	0

Students are not required to take national examinations. The program does ask students, via an email request for updated information, if they have passed the following: Certified Health Education Specialist, Certification in Public Health, the Registered Sanitarian or other national exams. Table 2.7.e reflects student responses, as of September 2011.

**2.7.f) Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the program's graduates to effectively perform the competencies in a practice setting.**

Surveys were designed to evaluate alumni and their employers' perceptions regarding the ability of the program's graduates to effectively apply the public health skills and competencies.

#### **Alumni Survey**

An initial alumni survey was developed and initially sent out to alumni in 2006. It was repeated again in 2008. In February 2009, it was posted online through SurveyMonkey; 15 graduates responded (50% response rate). The same survey was sent to new graduates in January 2010 (8 responded) and to the remaining alumni in March 2010 (20 responses). In 2011 the survey was updated to include comments on the use of guest lecturers and what research methods are required on their jobs (stats packages, methods, etc.). We received responses from 32 alumni, to which 18 alumni responded (56% response rate). Survey results are available in **Appendix 4**.

#### **Employer Survey**

A survey to seek evaluation of employers of our graduates was developed in 2009. They were asked to rate our graduates' level of proficiency and competency in performing tasks for which they were trained in MPH. During 2011 the survey was emailed and followed up with phone calls. The response rate was 33% (7 respondents out of 21 contacted). Results are displayed below in Table 2.7.f.

**Table 2.7.f. Alumni employer survey data**

<b>Sample Survey Questions</b>	<b>2008-2009</b>	<b>2009-2010</b>	<b>2010-2011</b>
Have acquired the skills and competency for which you had sought admission in MPH program	71%	95%	94 %
Promotion or increase in job responsibility after graduating with MPH	86%	63 %	82 %
Percent of employers surveyed who believed that MPH program provided appropriate skills to graduates in the following:			
Biostatistics <sup>1</sup>	n/a	n/a	67%
Epidemiology <sup>2</sup>			75%
Social and behavioral sciences <sup>3</sup>			100%
Health services administration <sup>4</sup>			75%
Percent of employers who believed the alumni are prepared	n/a	n/a	100%

<sup>1,4</sup> Four respondents for this question

<sup>2</sup> Six respondents

<sup>3</sup> Five respondents

Of the seven employers who responded to the survey, 67% reported that the MPH graduate was proficient in biostatistics, 75% reported graduate’s proficiency in epidemiology, and health services administration. Almost all employers (100%) agreed that MPH graduate was prepared in social and behavioral health sciences.

**2.7.g) Assessment of the extent to which this criterion is met.**

**Strengths:** We have a process for assessing and documenting the progress of each student and their ability to demonstrate competencies. We have shown that this assessment is more than just having a student achieve a passing grade, but consists of the students’ ability to demonstrate learned competencies. We also have a process in place to evaluate and discuss each graduating class, making changes as necessary.

**Weaknesses:** Although we have informal employer feedback, especially from public health, we have not done a formal employer survey and must move forward to that task in order to really understand if we are meeting our stakeholders’ expectations. We also have not had a good response to our student alumni survey and are in the process of redeveloping it as noted above.

**Opportunities:** Develop better alumni and student surveys as well as one for employers that will increase response rates and feedback.

This criterion is met with commentary:

The program has procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance. Several challenges have emerged from the ongoing program assessment fueled by the steady growth of the program and the increased numbers of students who matriculate immediately after completing their baccalaureate degrees. First, the three-year average graduation rate is 80.1%. The trend of decreasing graduation rates is noteworthy, though (91%, 82% and 70%) and the program has made changes in the admissions process as well as explored alternative culminating experiences.

Two other challenges identified at the January 2011 faculty committee meeting are the need for strengthening student writing skills (see the action plan in Guideline 2.5.b.) and identifying enough diverse service placement opportunities to provide the professional experience needed prior to field placements (see the action plan in Guideline 2.4.e). An ongoing challenge is attaining the aspirational program goals (specific to Guideline 2.7.b) of 100% satisfaction with the program. The Committee decided to maintain this goal with a decision to assess the need for programmatic adjustments when the numbers of respondents and percentage changes merit intervention (a target of 80%).

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

N/A



2.9 Doctoral Degrees. The program may offer doctoral degree programs, if consistent with its mission and resources.

N/A

2.10 Joint Degrees. If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

**2.10.a) Identification of joint degree programs offered by the program and a description of the requirements for each.**

Currently a MD/MPH degree is offered and is facilitated through the Boonshoft Physician Leadership Development Program (PLDP). In the 2011-12 academic year, there are 15 students in this program: 6 in their 5th year, 5 in their 4th year, 2 in their 3rd year, 1 in her 2nd year, and 1 in his first year. New students selected for this program typically begin their MPH coursework in the summer following their first year of medical school.

The Boonshoft Physician Leadership Development Program (PLDP) is a 5-year integrated program that allows students to simultaneously pursue both an MD and a graduate degree (MPH or MBA). The goal of the program is to prepare future physicians to lead health care organizations and/or systems, and to advocate for population health issues. During the first four years of pre-clinical and clinical medical training, students participate in monthly leadership seminars designed as separate sections of the MPH core course in Health Systems Management (CMH 734) and the elective course in Strategic Leadership in Health Care (CMH 754). During the 5th year, students take a course in Health Systems Communication (CMH 828), designed exclusively for these leadership students. This program does not require a “year-out” that is typical of many dual degree programs; students are continuously exposed to both public health education in the monthly seminars and go back and forth between medical school and the MPH curriculum.

Students were required to pursue the MPH Public Health Management Concentration until the 2010-2011 academic year. Beginning with the 2010-2011 year, students were allowed to choose their MPH concentration.

MD/MPH students must complete all the coursework for the MPH, the same as the traditional MPH students. There is no “double-counting” of medical school coursework to fulfill MPH requirements.

All students in the MD/MPH program must first be accepted to the Boonshoft School of Medicine (SOM). Applicants are then required to meet admission and application requirements for the Graduate School (GS) and the PLDP program. Applicants are evaluated by an admissions committee, comprised of faculty and current PLDP students. Recommendations are made from the PLDP Admissions Committee to the MPH Admissions Committee for acceptance. Students who are accepted into the PLDP develop a program of study with the MPH and PLDP Program Coordinators.

Please see **Appendix 5** – (Program Participation Rules) for more details on the PLDP. Please see **Appendix 6** for schedule of the MD/MPH five year plan.

The PLDP is the only joint degree program facilitated by the Center. Any student pursuing an MPH simultaneously with another graduate degree does so on his or her own, must complete all requirements for the MPH degree, and does not receive assistance in coordinating these degrees.

**2.10.b) Assessment of the extent to which this criterion is met.**

**Strengths:** To date, 10 students have graduated with the MD/MPH dual degrees. They have entered residencies at prestigious hospitals and medical schools in five states (Ohio, Illinois, Massachusetts, Pennsylvania, and California). Graduates have tended to pursue primary care, entering residencies in psychiatry (1), internal medicine (3), pediatrics (1), family medicine (2), emergency medicine (1), surgery (1), and dermatology (1).

**Weaknesses:** The BPLDP exhausted its original funding in 2009 and economic conditions have prevented replenishment of that funding. As a result, full graduate tuition remission and stipends ceased with the 2009-2010 cohort. Partial scholarships were offered to some members of the 2009-2010 cohort, but no funding was available for students in 2010-2011. This lack of funding poses the greatest challenge to the program since many medical students are unwilling to take on larger financial loans and additional time to complete a joint degree.

**Opportunities:** While the BPLDP faces funding challenges, the current curriculum revision efforts in the medical school provide the opportunity to revise this program to better meet the needs of students who have more diverse interests than health care management. More students with interests in global health, population health, emergency management, and health education are inquiring about the program. While the program will continue to offer leadership training, it has the opportunity to broaden its scope.

This criterion is met.

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

N/A

### 3.0 Creation, Application and Advancement of Knowledge

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

**3.1.a) A description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.**

The MPH program is housed in the Center for Global Health (CGH) that is part of the Department of Community Health within the Boonshoft School of Medicine (SOM). In 2011, the Center for Healthy Communities (CHC) was merged with the Center for Global Health. This union between the two centers has strengthened our research capacity as the CHC has a strong track record of attracting funded research and publication history. Further, CGH faculty has ongoing collaborative research projects within SOM such as the Lifespan Health Research Center (chronic disease), Substance Abuse Resources & Disability Issues (SARDI), the National Center for Medical Readiness (NCOMR), and Dayton's Children Hospital. Several CGC faculty are associated with the Ohio Center for Excellence in Human Centered Innovation (OHCI) which fosters innovative interdisciplinary research across all departments of Wright State University.

The program's research activities are guided overall by the University department of Research and Sponsored Programs (RSP). RSP (<http://www.wright.edu/rsp/>) works with faculty and staff to increase externally funded research, scholarly activities and other sponsored programs. This is accomplished through the following services: identification of external funding sources, dissemination of funding information, liaison with sponsors, proposal development and preparation, budget preparation, institutional authorization, proposal transmittal, institutional compliance, contract negotiations, administration of externally funded programs, administration of internally funded programs, technology transfer, and government security. They administer the institutional review board (IRB) function, full board and expedited review, for any research that involves human subject research. The program research activities are also guided by our own mission and vision which targets community based activities that impact the public as well as the support of student and faculty research. For instance, we have regular CGC research team meetings to discuss specific research topics and for faculty and students to collaborate with each other. We are creating an environment that actively seeks scholarly learning and extra mural funding and as such have developed some basic outcome measure to monitor the success of this activity as seen in Guideline 3.1.d.

As evidenced in Tables 3.1.a-1 (scholarly publications), 3.1.a-2 (published abstracts), 3.1.a-3 (scholarly books/chapters/reviews/reports), and 3.1.a-4 (scholarly presentations) (see **appendices 7 through 10**), CGH faculty research interests and other scholarly activities are diverse, and include child and maternal health, child obesity, bed bugs, health disparities, emergency preparedness, healthy communities, genetic epidemiology, health education and promotion, and environmental health.

**3.1.b) A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.**

Faculty and students have completed several projects in the local community in collaboration with other providers in the past three years. All project names preceded by an asterisk (\*) indicate that community based research project had/has student involvement. They are:

1. \*Fetal Alcohol Spectral Disorder (FASD) Screening and Brief Intervention Project: Research on evaluation of motivational interviewing technique at Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) centers in Montgomery County with the objective of reducing alcohol intake during pregnancy. Contract with Northrop Grumman for 4.5 years. Evaluation contract between Public Health Dayton and Montgomery County (PHDMC) and the Center for Global Health. 2008-2012.
2. \*Low Birth Weight Registry: A registry was created of mother's who gave birth to low birth weight babies. The objective was to identify modifiable risk factors of low birth weight mothers in Montgomery County. Funded by the Human Services Levy Council on behalf of the Montgomery County Board. 2007-2009.
3. \*Madison County Breast Cancer Project: Primary Investigator of a grant to investigate breast cancer incidence and mortality in Madison County, Ohio. Funder was the Office of the President, Wright State University. 2008-2009.
4. Parents' Perspectives on their Children's Health Insurance: Research study conducted by the South Western Ohio Ambulatory Research SOAR-Net Practice Based Research Network to help understand how much of a problem underinsurance is among pediatric patients visiting pediatricians in the Dayton Area.
5. Kettering Foundation – Community Health Study Group: Montgomery County is one of five communities across the county working with the Kettering Foundation to learn how community residents and organizations work to improve health in their communities.
6. Wellness Matters Community Conversations – The project conducted 12 focus groups in various parts of Montgomery County to learn how residents believe their communities support wellness.
7. \*Safe Routes to School: Village of Yellow Springs - A community based project to complete the School Travel Plan process (school commuter data collection, community assessment, engineering survey, etc.) in order to develop a plan for safe active commuting to and from school. Following ODOT School Travel Plan approval, project is now in the funding phase to secure financial support for School Travel Plan projects that enhance and support active school commuting.
8. \*Ohio Perinatal Nurse Management Association: Region II Hospital Lactation Practice Survey - An assessment project with maternity & newborn care hospitals in the Dayton region in which a survey was developed and administered to establish baseline status re: the Baby Friendly Hospital Initiative (WHO, UNICEF) 10 Steps to Successful Breastfeeding.
9. Division of HIV/STD/Hepatitis, Ohio Department of Health: In 2008, faculty worked with the Ohio Department of Health in developing a five year strategic plan for the department. This

project involved extensive data collection from stakeholders through a key informant interview, a survey of front-line prevention workers, and a facilitated meeting of about 30 stakeholders in which the data collected was shared and a “sticky-wall” technique was used to identify strategic priorities.

10. \*The Safety Net Snapshot Project (SNSP): A series of data gathering research efforts to develop a better understanding of the current condition of the health care safety net in Ohio. The SNSP consisted of four distinct investigative approaches including a survey of Ohio-based safety net providers to gather current data on changes experienced (and anticipated) in the demand for safety net services, organizational funding, operations, and services offered. In addition, we conducted community-level interviews in 8 targeted communities.
11. \*RAPHI Project (Research Association for Public Health Improvement): The purpose is to investigate the structure, process, and outcome of the Local Health Department (LHD) role in food borne illness prevention, investigation, and intervention and communication utilizing a mixed methods approach, emphasizing a direct observation methodology proven successful in other PBRN disciplines, but not yet tested in public health. All Ohio public health schools/programs are involved in this project.
12. \*Needs assessment of refugee communities living in Dayton, OH: community based participatory research developed in collaboration with faculty from Miami University and University of Dayton. Main results will be presented in 2012 through a conference promoted by the Human Rights Studies Program of the University of Dayton. Three MPH students are involved.

***3.1.c) A list of current research activity of all primary and secondary faculty identified in 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years.***

See Table 3.1.c on pages 79-82.

Project Name	Principal Investigator & Department or Concentration	Funding Source	Funding Period Start/ End	Amount Total Award	2008	2009	2010	Community-Based Y/N	Student Participation Y/N
Outreach to Medicare Beneficiaries	Carla Clasen (CHC)	Resource Alliance / National Council on Aging	1/1/08 to 3/31/08	\$6,000	\$5,190	-	-	Y	N
Ryan White Planning & Evaluation	Carla Clasen	National Institute of Health	12/1/07 to 3/31/10 separate grants)	\$7,500	\$3,000	\$3,000	\$1,500	Y	N
Southeast Weed & Seed Safe Haven Programming	Carla Clasen	Montgomery County Sunrise Center	10/1/09 to 9/30/10	\$1,631				Y	N
African American Wellness Walk	Kate Cauley	Various Community Sponsors				\$12,615	\$8,548	Y	N
Authorized Release of Medical Information through the Integration with the Nationwide Health Information Network	Kate Cauley	Social Security Administration	4/28/10 to 8/31/11	\$999,000			\$196,709	N	N
Children's Health Insurance Program Authorization Act Outreach and Enrollment Grant Cycle I	Kate Cauley	Dayton Public Schools	9/30/09 to 6/30/11	\$262,180		\$2,487	\$130,384	Y	N
Consulting Services to Health Policy Institute of Ohio	Kate Cauley	Health Policy Institute of Ohio	4/1/08 to 8/14/09	\$74,628		\$41,586			
Evaluation Project Subcontract	Kate Cauley, Carla Clasen (CHC)	School of Professional Psychology Ohio Comm on Minority Health			\$22,190			Y	N
Grant Writing Consultation	Kate Cauley	Cincinnati Behavioral Health				\$2,500		N	N
Health Information Privacy and Security Consortium Project	Kate Cauley (CHC)	Subcontract with the Health Policy Institute of Ohio Research Technology Institute			\$33,042			N	N
Health Link Seminars	Kate Cauley, Carla Clasen, William Spears	Various Community Sponsors				\$1,590		Y	N



Project Title	Faculty	Organization	Period	FY 2008	FY 2009	FY 2010	FY 2011	Y	N
Kinship Caregiver Booklets	Kate Cauley	Junior League of Dayton, Ohio, Inc.	4/8/08 to 4/7/09	\$2,000		\$2,000		Y	N
Kinship Navigator Consortium	Kate Cauley (CHC)	Montgomery County Child Protective Services	1/1/08 to 12/31/10 (3 one yr grants)	\$379,923	\$210,802	\$124,585	\$129,457	Y	N
Medicaid Child's Buy In	Kate Cauley (CHC) (Mary Crimmins)	Ohio Department of Job and Family Services	12/4/07 to 6/30/08	\$362,500	\$362,498			Y	N
Medicaid Support	Kate Cauley (CHC)	Kettering Medical Center	8/15/07 to 8/15/08	\$54,431	\$38,598			Y	N
Ohio Area Health Education Centers Program for Region IV AHEC Program	Kate Cauley (CHC)	Ohio Board of Regents	1984 to 2009 & 7/1/09 to 6/30/11	\$3.9M & \$296,014	\$182,855	\$106,777	\$95,563	Y	N
SBIR/STTR E-Learning for Incident Command and Emergency Responder Role Training (InCERT)	Kate Cauley (CHC)	JXT Applications, Inc.	8/6/07 to 1/15/08	\$20,000	\$5,555			N	N
SBIR/STTR ELearning for WMD/HAZMAT Protection Training for Health Professionals	Kate Cauley (CHC)	JXT Applications, Inc.	8/6/07 to 1/15/08	\$20,000	\$14,425			N	N
Division of Community Health Advocacy (Sinclair Community College Matching Funds 2008)	Kate Cauley (CHC)	Sinclair Community College	1/1/08 to 12/31/08	\$51,489	\$66,557			Y	N
Division of Community Health Advocacy (Sinclair Community College Matching Funds 2009)	Kate Cauley	Sinclair Community College	1/1/09 to 12/31/09	\$35,000		\$32,846		Y	N
Sinclair Community College Matching Funds (2010)	Kate Cauley	Sinclair Community College	1/1/10 to 12/31/10	\$32,000			\$33,311	Y	N
Southeast Weed & Seed Safe Haven Programming	Kate Cauley	Montgomery County Sunrise Center	10/1/08 to 9/30/09	\$5,000		\$5,000		Y	N
Springfield Safe Schools Project, Subcontract with the School of Professional Psychology	Kate Cauley, Carla Clasen (CHC)	Centers for Disease Control and Prevention				\$44,476		Y	N

Testing & Demonstrations of the National Health Information Network Trial Implementation (Health Link)	Kate Cauley (CHC)	National Library of Medicine	5/2/08 to 4/30/11	\$294,573	\$47,308	\$119,627	\$79,402	N	N
Weapons of Mass Destruction Hazardous Materials Protection Training for Health Professionals	Kate Cauley	JXT Applications, Inc.	2/16/10 to 11/30/11	\$43,243			\$12,854	N	N
Women's Health Month Initiative (Women's Health Week 2008)	Kate Cauley (CHC)	Ohio Department of Health	10/1/07 to 6/30/08	\$8,000	\$7,517			Y	N
Women's Health Week 2009	Kate Cauley	Ohio Department of Health	10/1/08 to 6/30/09	\$8,750		\$8,302		Y	N
Women's Health Week 2010	Kate Cauley	Ohio Department of Health	10/1/09 to 6/30/10	\$7,000			\$6,615	Y	N
Hittner Endowed Global Health Lectureship	James Ebert	Zoe & Bob Hittner Community Health Foundation Fund				\$18,397		Y	Y
Public Health Workforce Scholarship Program	James Ebert	Ohio Department of Health - Subcontract with the Ohio State Univ				\$2,073		Y	Y
Study of Emergency Preparedness in Israel	James Ebert	Levin Family Foundation				\$3,947		N	Y
Summit on Public Health: Improving Healthy Lifestyles in the Miami Valley	James Ebert	Various Community Sponsors				\$5,685		Y	N
Public Health Workforce Scholarship Program	William Mase (CGHSMP)	ODH Subcontract with The Ohio State Univ.			\$10,173			Y	N
Health Reform Outcomes Study	John McAlearney	The Ohio State University	5/1/08 to 12/31/08	\$38,400		\$3,188		N	N
Ohio Health Care Safety Net Snapshot Proposal An Investigation of the Current State of Primary Care Service Delivery	John McAlearney	Health Policy Institute of Ohio	6/1/09 to 12/31/09	\$55,603		\$37,806	\$2,144	N	Y
ODH HIV STD Strategic Plan	Kay Parent (CHC)	Subcontract with The Ohio State Univ & Ohio Department of Health	5/7/08 to 9/26/08	\$7,125	\$7,125			Y	N

Project Title	Faculty	Organization	Period	FY08	FY09	FY10	FY11	Y	N
Epidemiology Service Contract	Sara Paton (CGHSMP)	Public Health – Dayton & Montgomery County	12/1/07 to 6/30/11	\$158,791	\$46,000	\$55,792	\$55,750	Y	N
Fetal Alcohol Spectrum Disorder Task Force Evaluator	Sara Paton	Public Health – Dayton & Montgomery County	2/1/08 to 7/31/08	\$2,300				Y	N
Perinatal Data User Consortium	Sara Paton	Ohio Department of Health	2004-2010	\$206,000	\$12,500	\$30,000	\$21,000	Y	Y
Low Birth Weight Registry for Montgomery County	Sara Paton	Human Services Levy Council Montgomery Co	2007-2009	\$122,000	\$35,000	\$52,000		Y	Y
MedForce Contract National Center for Medical Readiness	Sara Paton	Department of Defense	2009-2011	\$32,367				N	N
Madison County Breast Cancer Study	Sara Paton	President's Office Pass Through Fund				\$23,000		Y	Y
Pediatric heart disease and parental knowledge: Is health literacy a factor?	Arthur Pickoff	CMC Foundation		\$25,833			\$25,833	Y	N
Hittner Endowed Global Health Lectureship	Richard Schuster (CGHSMP)	The Zoe and Bob Hittner Community Health Foundation Fund			\$2,857			Y	Y
Study of Emergency Preparedness in Israel	Richard Schuster	Levin Family Foundation			\$60,500			N	Y
Kinship Kloset	Dionne Simmons (CHC)	Physician's Charitable Foundation			\$5,192			Y	N
Complex Care Births in Bexar County, Texas	William Spears (CHC)	Community First Health Plan, San Antonio, Texas	6/1/07 to 2/28/09	\$22,000	\$2,537	\$9,551		Y	N
Project SEEK	William Spears (CHC)	Center for Health Care Services / Substance Abuse & Mental Health Services Admin.	5/1/07 to 9/29/08	\$31,499	\$31,499			Y	N
Strategic Plan Consultant / Improving Health & Educational Outcomes for Youth	William Spears	Ohio Department of Educational	11/1/08 to 6/30/09	\$18,973		\$18,175		Y	N
VISN 10 Caregiver Assistance Pilot Project	William Spears (CHC)	Veterans Affairs Medical Center	10/1/07 to 7/31/09	\$41,582	\$37,805	\$3,249		Y	N
<b>TOTALS</b>					<b>\$ 1,295,201</b>	<b>\$ 725,778</b>	<b>\$ 773,237</b>		

**3.1.d) Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program’s performance against those measures for each of the last three years.**

The set of criteria by which MPH program measures the achievement of research activity are presented in table 3.1.d. The majority of current faculty was hired over the last three years. They have been trying to establish research, publication and funding activities. Compared to 2009 when only one target activity was met, in 2011, the faculty was able to meet all research criteria.

**Table 3.1.d. Identification of measures for research success**

Criteria	Outcome Measure	Target	2008-2010 Achieved
1	Published as author/co-author at least 2 articles/ abstracts/chapter book /report to peer reviewed journal/publisher	75%	60%
2	Presented as author/co-author at least 2 PH meeting/ conference/workshop/convention	75%	60%
3	Have you submitted any PH proposal for internal or external funding over the last three years?	75%	92%
4	Have you received any internal or external research funding over the last three years?	75%	75%

**3.1.e) A description of student involvement in research.**

MPH students are encouraged to use applied research techniques under faculty supervision in several ways. This may include practice placement, funded or unfunded internships, helping faculty with literature review, research projects as part of course requirement and research for culminating experience (CE). Students are encouraged to participate in the CGH research team meetings in order to gain ideas regarding potential research. Faculty members are strongly urged to find opportunities for student participation in their fields of interest.

Once a CE is underway, the CE course director and the chair will encourage the student to further develop their research for potential publication, presentation or the opportunity to seek their own funding to continue their work. A couple of students have received scholarships to develop their research (1 Fulbright and 2 Global Health Systems Scholarships). Abstract from students research projects as part of their course work have been accepted in meetings. Table 3.1.e provides some examples of student publications and presentations.

**Table 3.1.e. Examples of student involvement in research (student is underlined, faculty is in bold).**

**Student Presentations:**

<u>Adkins, S.</u> and <b>Paton SJ.</b> 2010. <b>Suicide rates in the United States and Ohio by level of urbanization.</b> Ohio Public Health Conference Proceedings.
<u>Ebetino, M.</u> , <b>Spears, W.</b> , Pascoe, J., McNicholas, C., Eberhart, G. Comparison of Children's Underinsurance in Southwestern Ohio between 2009 and 2010. Department of Pediatrics, WSU, Dayton, OH. 2011 AHRQ National PBRN Research Conference. June 22, 2011. Bethesda, Maryland. (poster)

**Table 3.1.e. Examples of student involvement in research (student is underlined, faculty is in **bold**).**

**Student Presentations (Cont'd):**

<u>Hagele, T.J.</u> , Deardorff, A.S., <u>Ebetino, M.F.</u> , Moore, J.A. Team-based learning in medical education. WSU Boonshoft School of Medicine, Dayton, Ohio. GSA/GDI/OSR AAMC National Spring Meeting 2010, Austin, TX. (poster).
<u>Iberico, Matias</u> . Poverty impairs isoniazid preventative therapy for children in Peru 42 <sup>nd</sup> Union World Conference on Lung Health, 26-30 October 2011 in Lille, France (poster) <i>Research developed during Fulbright Student Fellowship during 2010-2011</i>
<b>Lee, M.</b> , McNicholas, C., <u>Ebetino, M.</u> , <b>Spears, W.</b> , Eberhart, G., Pascoe, J. Parental perception of their child's weight and factors related to Childhood obesity. Department of Pediatrics, WSU, Dayton, Ohio. 2011 AHRQ National PBRN Research Conference. June 22, 2011. Bethesda, Maryland. (poster)
<u>Kohake, K.</u> , <b>Paton, SJ</b> , Heis, R., 2010. The relationship of maternal age, trimester of entry into prenatal care, maternal postpartum depression, and race with birthweight of infants born in Cincinnati, Ohio. Poster Presentation at Ohio Public Health Combined Conference, May 2011, Columbus, OH; Regional Perinatal Nurse Managers Conference, May, 2011; CityMatCH National Conference, 2011.
<u>Martin, S.</u> , <b>Orlowski, M.</b> & Ellison, S. (2010, November). Sociodemographic Factors that Predict Cervical Cancer Screenings in Ohio Women with a Medical Disability. American Public Health Association. Denver, CO.
<u>Mazimba, S.</u> Grant N, Makola D, Tan, J, Parvathaneni L, Patel T, Kalra V, Kothapalli R, <b>Redko C</b> , Hahn H. <i>Congestive Heart Failure Performance Measures: Does adherence Impact early Unplanned Hospital Readmissions?</i> (Poster Presentation at the 59 <sup>th</sup> Annual scientific session of America College of Cardiology -March 2010).
<u>Perry, Robert</u> . "The Decontamination of Methamphetamine Labs - a Search for Best Practices". Ohio Environmental Health Association's Southwest District's Fall Educational Conference in October, 2011.

**Student Publications (related to culminating experience)**

<u>.....Cheek, L. et al.</u> "Assessment of Local Public Health Workers' Willingness to Respond to Pandemic Influenza through Application of the Extended Parallel Process Model" Published in PlosONE, online journal, 7/24/09
<u>Cote, BL</u> , Bejarano, D, Koob, V <b>Paton, SJ</b> . (2009). Socio-Demographic Characteristics of Pregnant Abortion-Minded Clients Versus Pregnant Non-Abortion-Minded Clients at A Pregnancy Crisis Center. <i>Persona and Bioética</i> . Vol. 13 No. 2 (33) Pg. 137 - 151
McAweeney M, <b>Rogers NL</b> , <u>Huddleson C</u> , Moore D, Gentile J. (2009). Symptom prevalence of ADHD in a community residential substance abuse treatment program. <i>J Atten Disord</i> TBA
<u>Husain, M.</u> , <b>Orlowski, M.</b> , Wonders, K. & Hallam, J. (2010). Revisiting the relationship between beliefs and mammography utilization. <i>American Journal of Health Studies</i> 25(2). 78 – 85.
<u>Martin, S.</u> , <b>Orlowski, M.</b> & Ellison, S. (in press). Sociodemographic factors that predict cervical cancer screenings in Ohio women with a disability. <i>Social Work in Public Health</i> . Accepted January 2011.
<u>Mazimba, S.</u> Grant N, Makola D, Tan, J, Parvathaneni L, Patel T, Kalra V, Kothapalli R, <b>Redko C</b> , Hahn H. <i>Congestive Heart Failure Readmissions: Relationship between Preadmission Patient Determinants and 30 day Rehospitalization. Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke 2010 Scientific Sessions</i> (Accepted for publication, Fall 2011 <i>Circulation</i> journal (QCOR issue ).
<b>Rogers NL</b> , Carr C, Duncan-Alexander T, <u>Ndiang'ui S</u> , Lemon C, Eustace RW, Moore D. (2009). Unprotected sex is associated with having sex while high in high-risk African-American women. <i>American Journal of Human Biology</i> 21(2):266, P12.

**Table 3.1.e. Examples of student involvement in research (student is underlined, faculty is in bold).**

**Student Publications (Cont'd):**

<u>Ten Eyck R.</u> (2008). Regional Hospitals' Ability to Meet Projected Avian Flu Pandemic Surge Capacity Requirements. <i>Prehospital and Disaster Med</i> , 23(2):103-112
<u>Webb, J &amp; Czachor, J.</u> (2009). MRS Prevention and control in county correctional facilities in Southwestern Ohio. <i>Journal of Correctional Health Care</i> doi:10.1177/1078345809340422
<u>Van Atta, P &amp; Newsad, R.</u> (2009). Water systems preparedness and best practices for pandemic influenza. <i>Journal American Water Works Association</i> 101:1

Below you will find some examples of community-based student research projects:

1. Innovative nutritional education and exercise program for adolescents: In 2009, a student worked with a local foundation that was funding an innovative nutritional education and exercise program for adolescents. The student used data collected by the program and through his own data collection instruments to evaluate the success of the program. In 2010, a student researched the needs and barriers to care of clients of a community dental care facility serving low income clients.
2. Strategic Planning towards Research in HIV and AIDS: Prevention at AIDS Resource Center Ohio. This was a team-based student culminating experience project in which students worked with a local AIDS Service Organization to review two of their programs and assisted in developing a strategic plan on to how to work toward becoming a more research focused organization.
3. Oral Health in Montgomery County Community Assessment for Good Neighbor House. This was a team-based student culminating experience project that conducted a community assessment to provide information about oral health status and access to oral healthcare in Montgomery County. This information is being used by a community dental health clinic to help understand oral health need in the county.
4. Neighborhood Community School Community Assessment. This was a class project (CMH 744 – Population-based Management) to provide information to five neighborhood schools about the health and social environment in the area around the schools.

**3.1.f) Assessment of the extent to which this criterion is met.**

**Strengths:** We have strived to build our research capacity by adding more research oriented faculty, even though we remain primarily a professional degree program.

**Weaknesses:** Most faculty currently working at the MPH program arrived within the last 3 years. Therefore, most of them are still forming or consolidating their personal research endeavors. Since our enrollment has increased so rapidly our faculty also needs to concentrate most of their effort to teaching activities

**Opportunities:** We are working more collaboratively with other faculty from Wright State University, and particularly from the Department of Community Health, who dedicate most of their time to developing funded research.

This criterion is partially met.

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

**3.2.a) A description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.**

It is an expectation of the MPH program that all faculty and professional staff engage in some aspect of service that directly benefits the community. The program encourages faculty and students to provide service locally, regionally, and nationally. The program recognizes that faculty serve the University by serving the community, and faculty are allowed to participate in service activities that occur during regular working hours while continuing to be paid as University employees. Faculty are required to report service activities as well as teaching and scholarly work in their annual academic reports, which are tracked as part of the performance review process.

Students are encouraged to provide service through announcements posted physically on a bulletin board or through the student listserv and Facebook as faculty and staff become aware of opportunities. Through their practice placements, all students could be said to be providing service to local organizations and agencies, because the nature of the practice placement requires both that students learn and demonstrate public health competencies and that the agency in which the practice placement occurs receive benefit from the student's presence. Additionally, many students have chosen culminating experiences that provide a direct benefit to the community.

**3.2.b) A list of the program's current service activities, including identification of the community groups and nature of the activity, over the last three years.**

Faculty are encouraged and supported in being active members of the local, state, and national communities. The table that follows (Table 3.2.b-1) provides a list of service activities in which the faculty participate. (Note: For the purposes of this criterion, "faculty" are defined as those who either have an assignment of 50% or more in the MPH program, lead concentrations, or teach key components of the program).

**Table 3.2.b-1. Faculty involvement in community activities and services**

<b>John McAlearney – Public Health Management</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Health Policy Institute of Ohio Research Advisory Committee - member		X		X	X	X
Ohio Family Health Survey Research Project Review Team - member		X		X	X	X
Direct Care Workforce Executive Committee, Ohio Colleges of Medicine - member		X				X
Academy Health - member			X	X	X	X
Ohio Public Health Association – member			X	X	X	X
American Economics Association - member			X	X	X	X
<i>Health Affairs</i> -- Reviewer			X	X	X	
<i>American Journal of Managed Care</i> -- Reviewer			X	X		
<i>Journal of Health Care for the Poor and Underserved</i> -- Reviewer			X			X
<b>James Ebert – Public Health Management</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Agape Meals	X			X	X	X
Celebrating Life and Health	X			X	X	X
Congregational VP and President Elect, Church	X					X
Merit Badge counselor, Boy Scouts	X			X	X	
Radio Promotion spots for CMC	X				X	X
TV panel appearance childhood obesity prevention	X				X	
OPHA Governing Council		X				X
Camp Timponi – medical director		X			X	X
Membership Committee COSEHC			X		X	X
Editorial Reviewer, J of Adol Health			X	X	X	X
Editorial Reviewer, J Peds			X		X	
<b>Arthur Pickoff – Public Health Management</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
American Heart Association Council for Cardio-vascular Diseases in the Young Executive Committee			X		X	X
American Heart Association Miami Valley Division	X			X	X	X
Reach Out Montgomery County Board of Directors	X			X	X	X
Dayton Children’s – Board of Trustees	X			X	X	X
Ohio AAP – Board of Directors		X		X	X	X
Premier Community Health- Board of Directors	X			X	X	X
Flying Horse Farms – Medical Advisory Board	X					X
<b>Sylvia Ellison – Health Promotion and Education</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Yellow Springs Safe Routes to School Committee	X				X	X
Mills Lawn School PTO Wellness Representative	X				X	X
La Leche League of Yellow Springs	X			X	X	X
Ohio Breastfeeding Alliance		X			X	X



<b>Table 3.2.b-1. Faculty involvement in community activities and services (Cont'd)</b>						
<b>Harry Khamis – Biostatistics</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Statistical Consulting with clients locally, nationally, and internationally	X	X	X	X	X	X
Community Service Activities through the Statistical Consulting Center (Daughters & Sons Day, Explore STEMM week, Diversity University, elementary and middle school visitations, etc.)	X			X	X	X
American Statistical Association, member			X	X	X	X
Biometric Society			X	X	X	X
<b>Marietta Orlowski – Health Promotion and Education</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Premier Community Health – Board of Trustee Member	X			X	X	X
Journal of Nutrition Education & Behavior - Reviewer			X		X	X
Society for Public Health Education - member			X	X	X	X
American Association of Health Education - member			X	X	X	X
Ohio Society for Public Health Education – Southwest Ohio Representative (Member Only)		X			X	X
American Public Health Association			X		X	X
Ohio Public Health Association		X			X	X
Ohio Combined Public Health Conference Planning Committee (via Ohio Public Health Association)		X				2011
American Cancer Society / American Association of Health Education – National Health Education Standards Trainer		X		X		
<b>Naïla Khalil (N.B. not on faculty until 2009) – Emergency Preparedness</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Editor International Journal of Case Reports and Images (IJCRI)			X			X
Reviewer						
1. Environmental Health Perspectives			X			X
2. Annals of Internal Medicine			X			X
3. Journal of Occupational and Environmental Medicine			X			X
4. International Journal of Nutrition and Metabolism			X			X
5. Industrial Health			X			X
Committee membership						
1. Member, American Society of Bone and Mineral Research			X		X	X
2. Member, American Heart Association			X		X	

**Table 3.2.b-1 Faculty involvement in community activities and services (Cont'd)**

<b>Sara Paton – Emergency Preparedness</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
American Public Health Association			X	X	X	X
Ohio Public Health Association		X		X	X	X
March of Dimes Program Committee	X			X	X	X
National Conference for Community and Justice	X			X		
National Association of County and City Health Officials			X			X
Maternal Child Health Epidemiology Committee, CDC			X		X	X
National Center for Medical Readiness			X		X	X
Ohio Infant Mortality Task Force		X			X	X
Ohio Infant Mortality Collaborative		X				X
Ohio Department of Health, Health Assessment		X				X
Perinatal Data Users Consortium, Region II	X			X	X	X
Regional Epidemiology Disease Specialists Southwest Ohio	X					X
Regional Medical Response System Steering Committee	X			X	X	X
Perinatal Nurse Managers Association	X			X	X	X
Breastfeeding Coalition of Dayton, Ohio	X			X	X	X
Incident Management Team, Public Health—Dayton & Montgomery County	X			X	X	X
Montgomery County Child Fatality Review Board	X			X	X	X
Montgomery County Fetal Alcohol Spectrum Disorders Task Force	X			X	X	X
Research Review Board, PHDMC	X				X	X
<b>Sabrina Neeley – Public Health Management</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Oakwood Schools Wellness Committee	X			X	X	X
National Board of Medical Examiners Population Medicine Question writer			X		X	X
Ehlers-Danlos National Foundation			X			X
<b>Sharon Sherlock – Health Promotion and Education</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Muslim Clinics of Ohio		X			X	X
American Asian Council	X				X	X
Advisory Committee Children's First Council	X				X	X
Ohio Association of Free Clinics		X		X	X	X

**Table 3.2.b-1 Faculty involvement in community activities and services (Cont'd)**

<b>Michele Battle-Fisher (N.B. not on faculty until 2010) – Health Promotion &amp; Education</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Associate Expert, Bioethics Beyond Borders (Duquesne University)			X			
Moderator, 2011 Aging & Society Conference			X			
Abstract reviewer, American Society for Bioethics + Humanities (ASBH)			X			X
Abstract review, American Public Health Association (APHA), 139th Annual Meeting, 2011			X			
Journal reviewer: Public Health Ethics (2011- present) Journal for Health Disparities Research and Practice Journal of Applied Communication Research (2011-present) AIDS Care (2011- present)			X X X X			X
<b>Bill Spears – Public Health Management</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Academic Administrative Unit, Pediatrics for HRSA grant – Leadership team	X			X	X	X
AIDS Resource Center – assist in writing grant proposal	X					X
Strategic Planning Towards Research in HIV and AIDS Prevention at AIDS Resource Center Ohio - (team-based student culminating experience project)	X					X
SOAR-Net – Leadership team	X			X	X	X
The Interdisciplinary Gerontology Team.	X			X	X	X
American Public Health Association – Community Based Public Health – Presentations and Publications Committee			X	X	X	X
Family and Children First Council – Healthy People Committee	X			X	X	X
Family and Children First Council – Comprehensive Community Initiative	X				X	
Kettering Foundation – Community Health Study Grp			X			X
Public Health Dayton-Montgomery County – GetUp Montgomery County – Hub (steering committee)	X				X	X
Good Neighbor House – Board of Directors	X				X	X
Good Neighbor House – Chair of Clinic Committee					X	X
Oral Health in Montgomery County Community Assessment for Good Neighbor House (team-based student culminating experience project)	X					X

**Table 3.2.b-1 Faculty involvement in community activities and services (Cont'd)**

<b>Bill Spears – Public Health Management (Cont'd)</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Neighborhood Community School Community Assessment (CMH 744 - class project)	X					X
Region II Perinatal Data Use Consortium		X		X	X	X
Wellness Matters –Committee Chair	X			X	X	X
<b>Katherine Cauley – Global Health</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Member, Senior Independence Professional Advisory Committee	X					X
Member, Ohio Health Information Partnership Advisory Committee		X		X		
Member, Montgomery County Alcohol and Drug Abuse Task Force Data Sharing Committee	X				X	
Member, Ohio Colleges of Medicine Government Resource Center		X		X	X	X
Member, Nursing Institute of West Central Ohio Advisory Council		X		X	X	X
Member, Midwest Community Colleges HIT Consortium Advisory Board		X				X
Member, Ohio Colleges of Medicine Government Resource Center		X		X	X	X
Member, Comprehensive Neighborhood Initiative Design Team						
Member, Montgomery County Frail Elderly Services Advisory Committee, and Strategic Planning Comm	X			X	X	X
Member, Geriatric Advisory Committee	X			X		
Member, Eastway Corporation Board of Trustees	X			X	X	X
Member, Montgomery County Family and Children First Healthy Outcomes Task Force	X			X	X	
Member, Children’s Medical Center Ethics Committee	X			X		
Member, From Durban to Dayton, Summit on Eliminating Racism, Health Caucus	X			X		
Member, Adolescent Wellness Center Board of Directors	X			X	X	X
<b>Ken Dahms – Public Health Management</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Member of Annual Report Writing Committee of Montgomery County Child Fatality Review Board	X			X	X	X
Member of the Professional Advisory Committee, Home Health Program, Montg County Health District	X			X	X	X
Member of the Regional Medical Response System Subcommittee (Regional Biological Response Plan), West Central Ohio		X		X	X	X

**Table 3.2.b-1 Faculty involvement in community activities and services (Cont'd)**

<b>Mark Gebhart – Emergency Preparedness</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Ohio State Medical Association AMA Alternate Delegate		X		X	X	X
Ohio Chapter of the American College of Emergency Physicians State National Disaster Life Support Strategic Advisory Committee		X		X	X	X
State of Ohio Department of Public Safety Division of EMS State Trauma Board		X		X	X	X
Disaster Committee, Good Samaritan Hospital	X			X	x	X
Greater Dayton Area Hospital Association, Domestic Preparedness Taskforce Member	X			X	X	X
Greater Miami Valley Emergency Medical Services Council, General Council Member	X			X	X	X
Medical Director, United States Air and Trade Show, Dayton, Ohio	X			X	X	X
<b>Cristina Redko – Global Health</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Dayton Council on Health Equity Advisory Board	X					X
Journal Reviewer: Qualitative Health Research			X	X	X	X
Journal Reviewer: Transcultural Psychiatry			X	X	X	X
Journal Reviewer: International Journal of Drug Policy			X			X
Journal Reviewer: Latin American Research Review			X			X
Journal Reviewer: Psychology of Addictive Behaviours			X			X
Book reviewed for Jones and Bartlett Learning (Global Health Systems: Comparing Strategies for Delivering Health Services, 2011)			X			X
<b>Mary White – Global Health</b>				<b>Year</b>		
<b>Community Activity/Service</b>	<b>Local</b>	<b>State</b>	<b>Nat'l</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Board Member, Friends Care Community, Yellow Springs, OH (long-term care facility)	X			X	X	X
Board member, Bioethics Network of Ohio		X		X	X	X
American Association of Bioethics and Humanities, Abstract review and Affinity Group leader			X	X	X	X
Arnold P. Gold Humanism Honor Society, Planning Committee Member			X	X	X	X
Board member, American Fund for Charities			X			X
Question writer, NBPHE			X			X

In addition to service activities in the community, most faculty in the MPH program are also members of professional associations. Professional membership is wide and varied, and for the most part reflects not only general public health interests (i.e. American Public Health Association, Ohio Public Health Association), but specific interests within the field of public health as well as other professional interests. Table 3.2.b-2 lists some of the professional organizations to which faculty belong.

**Table 3.2.b-2. Faculty membership in professional organizations**

Faculty Member	Professional Organizations
Michele Battle-Fisher, MPH, MA	Ohio Public Health Association International Network for Social Network Analysis American Public Health Association American Society for Bioethics and Humanities Bioethics Network of Ohio International Society of Nephrology
Katherine Cauley, PhD	Ohio Health Information Technology Electronic Health Record, and Health Information Exchange Committees Nation-wide Health Information Network Cooperative Community Campus Partnerships for Health The Network Toward Unity for Health
Ken Dahms, JD	Ohio State Bar Association Dayton Bar Association American Public Health Association Ohio Public Health Association
James Ebert, MD, MBA MPH	American Academy of Pediatrics (AAP) AAP Section on Adolescent Health Ohio Chapter, AAP Society for Adolescent Health and Medicine (SAHM) National Lipid Association (NLA) American Diabetes Association (ADA) American College of Physician Executives Consortium of Southeastern Hypertension Control (COSEHC) American Public Health Association (APHA) Ohio Public Health Association (OPHA) OPHA Governing Council
Chris Eddy, MPH	American Public Health Association Ohio Public Health Association Ohio Environmental Health Association National Environmental Health Association Association of Ohio Health Commissioners National Association of Local Boards of Health International Association of Food Protection
Sylvia Ellison, MA	Population Association of America Ohio Lactation Consultant Association Ohio Breastfeeding Alliance La Leche League International American Public Health Association Ohio Public Health Association
Mark Gebhart, MD	American Medical Association Ohio State Medical Association Montgomery County Medical Society American College of Emergency Physicians American Academy of Emergency Medicine Society of Academic Emergency Medicine National Association of Search and Rescue Association of Military Surgeons of the United States

**Table 3.2.b-2. Faculty membership in professional organizations (Cont'd)**

<b>Faculty Member</b>	<b>Professional Organizations</b>
Naila Khalil, PhD, MPH	American Society of Bone and Mineral Research American Heart Association
Harry Khamis, PhD	American Statistical Association Biometric Society
John McAlearney, PhD	Ohio Public Health Association American Economics Association Academy Health
Sabrina Neeley, PhD, MPH	American Public Health Association Ohio Public Health Association Association for Prevention Teaching and Research
Marietta Orlowski, PhD	Society for Public Health Education American Association of Health Education American Public Health Association Ohio Public Health Association
Sara Paton, PhD	American Public Health Association Ohio Public Health Association National Association of County and City Health Officials
Arthur Pickoff, MD	American Academy of Pediatrics (AAP-Fellow) American College of Cardiology (ACC-Fellow) American Heart Association (AHA-Fellow) Heart Rhythm Society American College of Physician Executives (ACPE) Association of Medical School Pediatric Department Chairs (AMSPDC) American Pediatric Society (APS) Society for Pediatric Research (SPR)
Cristina Redko, PhD	American Public Health Association (APHA) Ohio Public Health Association (OPHA) American Anthropological Association (AAA) Society for Medical Anthropology Society for Psychological Anthropology
William Spears, PhD	American Public Health Association Ohio Public Health Association Community-Campus Partnerships for Health
Sharon Sherlock, RN, DHA	American Public Health Association
Mary White, PhD	American Public Health Association Ohio Public Health Association

Faculty serve as a resource to community members and agencies and frequently consult with them to help address public health needs identified by the community. A partial list of projects worked on by faculty and students that has been of benefit to the community is included in Table 3.2.b-3.

**Table 3.2.b-3. Community agency consultations by students/faculty**

<b>Year</b>	<b>Agency Consulted With</b>	<b>Need</b>
2008	Miami Valley Hospital	Low Birth Weight Registry (student project; Paton; 2008-2009)
	Get Up Montgomery County	Childhood obesity (Paton)
	Greater Miami Valley Breastfeeding Coalition	Need to increase breastfeeding (Paton, Ellison) (continuous since 2008)
	Family & Children First Council	Fetal alcohol spectrum disorders task force (student project; Paton; 2008-2010)
	Montgomery County Fatality Review Board	Child fatalities (Paton) (continuous since 2008)
	Madison County Hospital	Madison County Breast Cancer project (Paton, Ellison, Orłowski)
2009	Get Up Montgomery County	(1) Strategic planning for community-based child obesity prevention initiative (faculty -Orłowski, Paton, Neeley, Spears)  (2) Baseline awareness survey development and analysis (Neeley)
	Ohio Infant Mortality Collaborative	Infant mortality (Paton) (2009 and 2010)
	Grandview Foundation Diabetes and Obesity Wellness Program (DOWOP)	Evaluation of program targeted to youth & adolescents (student project)
2010	AIDS Resource Center Ohio	Strategic planning for research in HIV and AIDS prevention (student project)
	Good Neighbor House	Oral health needs in Montgomery County (student project)
	Planned Parenthood of Central Ohio	Evaluation of contraceptive use by demographic variables (student project)
	Ohio Department of Health	Health Assessment (Paton); Baby Friendly Hospital Initiative (Ellison)
	Dayton Neighborhood Schools	Health Assessment (Spears)



**3.2.c) Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years.**

**Table 3.2.c. Program performance**

<b>Service Goals</b>	<b>Target</b>	<b>Outcome</b>	<b>Action Plan</b>
Faculty will participate in service related activities	90% of faculty will participate local, state, and/ or national service activities	2008-9 13/15 = <b>87%</b> 2009/10- 14/16 = <b>88%</b> 2010/11-15/17 = <b>88%</b>	Continue to encourage service activities by faculty
MPH program will address the needs of the public health workforce in our community	At least two (2) continuing education programs/year for members of the community and public health workforce (See 3.3.c)	2009 = 3 2010 = 2 2011 = 3	Have met goal; plans are to have at least 6 Public Health Grand Rounds/year beginning January 2012
Students will be made aware of opportunities for collaboration between the MPH program and community organizations	100% of students will be aware of collaboration opportunities through practice placement and culminating experience orientation	All students receive email and/or personal communication re: practice placements, culminating experiences, or volunteer opportunities	Consider tracking student service activities more systematically
MPH faculty and students will consult with community organizations to address a community health need	Work with at least five (5) community health organizations per year	2008 = 6 2009 = 4 2010 = 5	Met goal 2 years out of 3; continue to look for opportunities to work with community

**3.2.d) A description of student involvement in service.**

All MPH students are required to complete a practice placement as part of the curriculum. These practice placements are opportunities for the students to be out in the community and actively participate in a service related capacity as they learn about new or different areas of public health. In addition, students complete a culminating experience as part of the requirements for graduation from the program. Many of these culminating experiences involve the student providing a service for a community agency. For instance, one recent CE involved a student evaluating an innovative diet education and exercise program for young adolescents, an evaluation that had been requested by the agency providing the program. Another student assisted a community healthcare provider in learning how to better serve its clients by analyzing program data to determine differences in contraceptive use among three racial/ethnic populations

**3.2.e) Assessment of the extent to which this criterion is met.**

This criterion is met.

3.3 Workforce Development. The program shall engage in activities that support the professional development of the public health workforce.

**3.3.a) A description of the program's continuing education activities, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies.**

The WSU MPH program has worked with our constituents to develop continuing education activities in our community as well as across the state. We have always been a community-oriented program invested in the education and coordination with local public health practitioners to help and interact with the local public health community. The program has produced six local health commissioners and numerous mid-level managers, sanitarians and nurses. The program has developed an immediate and continuous feed-back loop for the needs of the local public health workforce through close and continuous contact with these and other local leaders by such mechanisms as the MPH advisory board, attendance at bi-monthly meetings of the Southwest Association of Ohio Health Commissioners, adjunct instructors (using health commissioners as lecturers) and faculty community health activities.

The current director of workforce development and practice placements is a WSU MPH alumni and 25 year veteran of public health practice. The director is involved with innovative public health strategies with several organizations (i.e. Ohio Public Health Council, Ohio State University Environmental Health Advocacy Council, Greene County Functional Needs Council, Montgomery County MMRS, National Association of Local Boards of Health, and National Environmental Health Association) which help the MPH program stay connected to the evolving needs of the public health workforce.

WSU also works in concert with the Ohio Public Health Association (OPHA) and provides sponsorship to the annual statewide conference for all public health workforces in May of each year. WSU faculty and students have participated in the annual conference as presenters of both didactic sessions and poster presentations. This annual conference is an opportunity for students to attend and actively participate by making oral presentations, and presenting posters or other work.

We also rely on our advisory board and input from our student/alumni base (many of whom are currently employed in public health) to help us assess the needs of the local public health workforce. A representative of the MPH program attends the bi-monthly meetings of the Southwest Association of Ohio Health Commissioners (AOHC). We update, inform, and interact with approximately 24 commissioners at these meetings. The MPH program hosts the December meeting of the Southwest AOHC each year which gives us an additional opportunity to assess the workforce development needs of local public health practitioners.

**3.3.b) Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.**

N/A

**3.3.c) A list of the continuing education programs offered by the program, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.**

Annual Conference

For several years the Center offered an annual conference on public health related topics. These were made available to students at minimal charge. We promoted the conferences to the local public health and healthcare community, including the medical society, local nursing organizations, public health departments, and others. Average conference attendance was 75, with about 5 of those being public health students.

Annual conference themes:

- 2008 – “Future Health: Is Preventive Care the Future of Health Care?”
- 2009 – “Summit on Public Health: Improving Healthy Lifestyles in the Miami Valley”
- 2010 – “Show Me the Outcomes: Put Evidence to Work and Create Healthier Communities”

Grand Rounds

Last year the WSU MPH program instituted a “Public Health Grand Rounds” program. The goal of the program is to sponsor a series of community lectures by prominent public health figures.

Schedule of Public Health Grand Rounds lectures include:

- July 22, 2011: Worldwide Fusarium Keratitis Epidemic, John Bullock, MD, MPH, MSc (10 students attended)
- October 4, 2011: National Prevention Strategy, Theodore Wymyslo, MD (20 students attended)
- January 10, 2012: Current State of Health Information Exchange, Katherine Cauley, PhD (5 students attended)
- March 13, 2012: Infant Feeding in Emergencies, Linda Smith, MPH (WSU Alumni) (1 student attended)
- Upcoming: May 8, 2012: Prescription Opioid Adverse Events in Utah, Christina Porucznik, PhD, MSPH

**3.3.d) A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.**

We have collaborated to offer continuing education in the past (and continue to do so directly and indirectly through a RAPHI/ Robert Wood Johnson project in 2011) with the following educational institutions:

- Case Western Reserve University
- Consortium of Eastern Ohio Master of Public Health
- Northwest Ohio Consortium for Public Health
- Wright State University
- The Ohio State University
- Academic Centers for Public Health Preparedness
- University of Findlay
- Kent State University

**3.3.e) Assessment of the extent to which this criterion is met.**

**Strengths:** WSU has recognized the need for workforce development and has been able to partner with outside experts and other programs in Ohio to provide the current public health workforce with timely continuing education opportunities. Because of its unique community-oriented nature, the WSU MPH Program has been able to closely monitor the workforce development needs of its local public health partners and respond accordingly.

**Weakness:** Student attendance is inconsistent.

**Opportunities:** We will continue to partner with the other MPH programs in Ohio to maximize the efforts of workforce development. We will also continue our close partnership with local public health practitioners which allow us to continuously monitor the workforce development needs of the local public health community.

This criterion is met.

## 4.0 Faculty, Staff and Students

4.1 Faculty Qualifications. The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, research and teaching competence, and practice experience, is able to fully support the program's mission, goals and objectives.

**4.1.a) A table showing primary faculty who support the degree programs offered by the program.**

See Table 4.1.a on pages 102-103.

Wright State University has a culture and practice of faculty teaching courses in their content areas within other colleges. For example, the College of Education and Human Services (a partner college of the MPH program) was the first College of Education within Ohio to establish formal dual-appointments for faculty. These unique appointments create faculty who are mathematics, science, English, foreign language, and history contents experts, who also teach courses to future teachers.

Within the MPH program, we have approached select faculty from other colleges to teach courses within our program. We have purposefully recruited faculty based upon their area of content expertise. Content expertise is operationalized in a variety of ways including faculty rank, role in their college, teaching and employment history, and scholarship.

**4.1.b) If the program uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in table format.**

See Table 4.1.b on pages 104-106.

**4.1.c) Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program.**

Our core and other faculty have diverse educational and professional backgrounds. All faculty are encouraged to integrate real-world public health practice into their professional research and service projects. The MPH program was created with input from local health commissioners and departments of public health to aid in serving the needs of local and regional public health. One way in which to accomplish this is to incorporate faculty who have experience in local health departments. Since the program beginning, we have had several former local public health managers serve in our practice placement and culminating experience faculty positions. A number of health commissioners and other public health leaders serve as visiting lecturers and readers on culminating experience committees. Many also serve as site preceptors for our practice placements. Our current practice placement director is a former county environmental health director. MPH faculty also serve as leaders and members on practice-based public health-related boards and committees at the local and state levels. The MPH program frequently involves local public health practitioners on its advisory board.

**4.1.d) Identification of outcome measures by which the program may judge the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.**

Table 4.1.d. Core faculty outcomes measures						
	2008-09		2009-10		2010-11	
	Target	Actual	Target	Actual	Target	Actual
<b>Faculty with terminal degree</b>	Minimum 90%	94%	Minimum 90%	90%	Minimum 90%	80%
<b>Assistant to Associate / Full professor ratio</b>	Maximum 1.5	0.7	Maximum 1.5	0.8	Maximum 1.5	0.7
<b>Faculty with MPH</b>	Minimum 15%	12.5%	Minimum 15%	15%	Minimum 15%	46%

**4.1.e) Assessment of the extent to which this criterion is met.**

**Strengths:** Interdisciplinary faculty complement, with university wide connectivity.

**Weaknesses:** Due to some changes in MPH program faculty time configuration, we are currently in need of a core faculty person in the Global Health concentration.

**Opportunities:** The program was approved to advertise for a new faculty position in Global Health and Epidemiology.

This criterion is met with commentary.

A faculty position announcement was posted 10/31/2011, with first consideration date of 1/17/2012. The search was tailored for a person with both Global Health and Epidemiology qualifications, in order to provide most utility to the whole MPH program. The program is in the process of interviewing three qualified candidates to fill the position.

**Table 4.1.a. Core Faculty Supporting Degree Offerings of the Program - 2011**

Concentration	Name	Title/ Academic Rank	Tenure Status or Classification	FTE or % Time	Sex	Race or Ethnicity	Highest Degree Earned	Institution	Discipline	Teaching Area	Research Interest	Current/ Past PH Activity
Public Health Management	<u>Ebert, James</u>	Associate Professor	Faculty	70%	M	Caucasian	MD, MBA, MPH	University of Cincinnati	Pediatrics	Management	Childhood Obesity, Pediatrics	PHDMC Adolescent Health
	McAlearney, John	Assistant Professor	Faculty	50%	M	Caucasian	PhD	Harvard University	Health Economics	Health Economics	Global Health Economics, GIS	State Health Insurance gap analysis
	<u>Neeley, Sabrina</u>	Assistant Professor	Faculty	50%	F	Caucasian	PhD, MPH	University of Tennessee	Business Marketing/ Health Promotion	Health Promotion & Education	Health Behavior; Child Health; Health Communication	Population Health course director WSU BSOM
	<u>Spears, William</u>	Associate Professor	Faculty	100%	M	Caucasian	PhD	Univ. of Texas School of PH	Behavioral Sciences	Community Assessment	Community Health	SOAR-Net PBRN, Center for Healthy Communities
Health Promotion & Education	<u>Orlowski, Marietta</u>	Associate Professor	Faculty	100%	F	Caucasian	PhD	The Ohio State University	Health Education	Health Promotion & Education	Health Behavior Measurement; School Based Interventions	Dir. Health Ed, Atrium Med Ctr.
	<u>Battle- Fisher, Michele</u>	Instructor	Faculty	100%	F	African- American	MPH, MA; PhD exp. 2013	The Ohio State University	Public Health; African American & African Studies	Public Health Ethics; Qualitative Studies; Social Networks	End Stage Renal Disease; Living Organ Donation; Quality of Life Studies; Social Networks	Hastings Center visiting scholar; Associate Expert, Bioethics Beyond Borders; Board of Dir., Center for Ethical Solutions
	<u>Ellison, Sylvia</u>	Research Instructor	Faculty	100%	F	Caucasian	MA; MPH exp. 2011	University of Maryland	Sociology / Demography	Applied Epidemiology	Maternal and Child Health	Former NIH / CDC public health survey analyst

Underline indicates 3 required full time WSU Faculty with minimum 50% effort dedicated to specified MPH concentration.

Table 4.1.a. Core Faculty Supporting Degree Offerings of the Program - 2011 (Cont'd)												
Concentration	Name	Title/ Academic Rank	Tenure Status or Classification	FTE or % Time	Sex	Race or Ethnicity	Highest Degree Earned	Institution	Discipline	Teaching Area	Research Interest	Current/ Past PH Activity
Emergency Preparedness	Gebhart, Mark	Associate Professor	Faculty	33%	M	Caucasian	MD	Wright State University	Emergency Medicine	Emergency Preparedness	Emergency Preparedness	Former director WSU NCMR
	<u>Eddy, Christopher</u>	Instructor	Faculty	100%	M	Caucasian	MPH	Wright State University	Public Health	Public Health	Zoonotic Disease & Food Safety	Reg. Sanitarian; Former Environ. Hlth Dir.-Hamilton LHD
	<u>Paton, Sara</u>	Associate Professor	Faculty	100%	F	Caucasian	PhD	University of Kentucky	Nutrition	Epidemiology	Nutrition/ Child and Infant Health	PHDMC Epidemiologist
	<u>Khalil, Naila</u>	Assistant Professor	Faculty	100%	F	Asian	PhD, MPH	University of Pittsburgh	Environmental Epidemiology	Environmental Health	Blood Lead Levels	
Global Health	<u>Redko, Cristina</u>	Assistant Professor	Faculty	100%	F	Latina	PhD	McGill University	Medical Anthropology	Global Health, Health Communications	Global Health, refugee health, transcultural psychiatry	Former INCLEN
	<u>Cauley, Katherine</u>	Professor	Faculty	50%	F	Caucasian	PhD	University of Maryland	Human Development	Global Health/ Health Outcomes	Community services integration	Center for Healthy Communities
	<u>Rogers, Nikki</u>	Assistant Professor	Faculty	100%	F	Caucasian	PhD	University of Tennessee	Anthropology	Global Health	Biological Anthropology	

Underline indicates 3 required full time WSU Faculty with minimum 50% effort dedicated to specified MPH concentration.



<b>Table 4.1.b. Other Faculty Supporting Teaching Programs (Adjunct, Part-Time, Secondary, etc.) – 2011 (Cont'd)</b>									
<b>Concentration</b>	<b>Name</b>	<b>Title/ Academic Rank</b>	<b>Title &amp; Current Employer</b>	<b>FTE or % Time</b>	<b>Sex</b>	<b>Race or Ethnicity</b>	<b>Highest Degree Earned</b>	<b>Discipline</b>	<b>Teaching Areas</b>
<u>Public Health Management</u>	Arquilla, Tom	Adjunct Faculty	VP Dev., Premier Health	1%	M	Caucasian	JD, MBA	Health Care Administration	Management
	Cianchetti, Jeff	Adjunct Faculty	Molina Healthcare	2%	M	Caucasian	MD, MBA	Health Care Administration	Medical Manage- ment / Insurance
	Dahms, Ken	Adjunct Faculty	Retired WSU & PHDMC	25%	M	Caucasian	JD	Law	Public Health Law, Ethics, and Policy
	Hickey, Robert	Assoc. VP	AVP Public Affairs, WSU	2%	M	Caucasian	JD	Law	Community Health
	Kriner, Michael	Adjunct Faculty	Director, Global Benefits, Teradata Corp	1%	M	Caucasian	BS	Human Resources	Human Resources
	Schaffrinna, Col. Michael	Adjunct Faculty/ Clinical Associate Professor	WPAFB	1%	M	Caucasian	MD	Pediatrics; Adolescent Medicine	Health Care Organizations
	Mefford, Dan	Adjunct Faculty	Practice Resource Mgmt. Group	22%	M	Caucasian	MBA	Finance	Health Care Finance
	Syron, Ed	Adjunct Faculty	Bus. Dev. Dir., Premier Health Partners	2%	M	Caucasian	PhD	Health Care Administration	Management
	Weber, Marianne	Adjunct Faculty	Architect, App Architecture	1%	F	Caucasian	MHSA	Architecture	Management
	Khamis, Harry	Professor	Faculty, WSU	20%	M	Caucasian	PhD	Statistics	Bio-Statistics
	Pickoff, Arthur	Professor	Department Chair, WSU BSOM	10%	M	Caucasian	MD	Pediatrics	Health Systems Management
	Dritz, Michele	Adjunct Faculty	Physician, WPAFB	1%	F	Caucasian	MD	Adolescent Medicine	Health Care Quality

<b>Table 4.1.b. Other Faculty Supporting Teaching Programs (Adjunct, Part-Time, Secondary, etc.) – 2011 (Cont'd)</b>									
<b>Concentration</b>	<b>Name</b>	<b>Title/ Academic Rank</b>	<b>Title &amp; Current Employer</b>	<b>FTE or % Time</b>	<b>Sex</b>	<b>Race or Ethnicity</b>	<b>Highest Degree Earned</b>	<b>Discipline</b>	<b>Teaching Areas</b>
	McDonnell, Mark	Adjunct Faculty	Health Commissioner, Greene Co. HD	1%	M	Caucasian	MS	Public Health	Public Health
	Gross, James	Adjunct Faculty	Health Commissioner, PHDMC	1%	M	Caucasian	MPH	Public Health	Public Health
	Patterson, Charles	Adjunct Faculty	Health Commissioner, Clark Co. HD	1%	M	Caucasian	MBA	Public Health	Public Health
	Stansbury, Duane	Adjunct Faculty	Health Commissioner, Warren Co. HD	1%	M	Caucasian	MPH	Public Health	Public Health
	Hiddleston, Shelia	Adjunct Faculty	Health Commissioner, Champaign HD	1%	F	Caucasian	RN, MS	Public Health	Public Health
	Maseru, Noble	Adjunct Faculty	Health Commissioner, Cincinnati HD	1%	M	African American	PhD	Public Health	Public Health
<u>Emergency Preparedness</u>	Hamilton, Glenn	Chair & Professor	Faculty, WSU	10%	M	Caucasian	MD	Emergency Medicine	Emergency Preparedness
	Ten Eyck, Ray	Associate Professor	Faculty, WSU	10%	M	Caucasian	MD	Emergency Medicine	Emergency Preparedness
<u>Health Promotion &amp; Education</u>	Bullock, John	Professor	Faculty/ Emeritus, WSU	5%	M	Caucasian	MD, MPH	Epidemiology	Infectious Disease Epidemiology
	Das, Mansi	Adjunct Faculty	Health Commun- ication Specialist, CDC/NIOSH	1%	F	East Indian	MPH, MBA	Health Education	Social Marketing; Diffusion of Innovation
	Lee, Miryoung	Assistant Professor	Faculty	10%	F	Asian	PhD, MPH	Epidemiology	Chronic Disease Epi., Biostatistics
	Pringle, Drew	Associate Professor	Faculty, WSU	10%	M	Caucasian	EdD	Exercise Science	Research Methods & Program Eval.

<b>Table 4.1.b. Other Faculty Supporting Teaching Programs (Adjunct, Part-Time, Secondary, etc.) – 2011 (Cont'd)</b>									
<b>Concentration</b>	<b>Name</b>	<b>Title/ Academic Rank</b>	<b>Title &amp; Current Employer</b>	<b>FTE or % Time</b>	<b>Sex</b>	<b>Race or Ethnicity</b>	<b>Highest Degree Earned</b>	<b>Discipline</b>	<b>Teaching Areas</b>
	Stubbs-Wilson, Malaika	Adjunct Faculty	PhDc OSU College of PH	1%	F	African American	MA	Sociology	Global Health; Tobacco
	Van Atta, Phil	Visiting Lecturer	Dayton Water Treatment Plant	1%	M	Caucasian	MPH (WSU)	Public Health	Water Quality
	Dempsey, Tom	Visiting Lecturer	Dayton Water Treatment Plant	1%	M	Caucasian	BS	Chemistry	Waste Water Treatment
	Pierce, Alan	Adjunct Faculty	Faculty, WSU/ PHDMC	15%	M	Caucasian	MPH (WSU)	Public Health	Food Safety
	Botschner, Caitlin	Adjunct Faculty	Warren County Engineering	15%	F	Caucasian	MS	Environmental Sciences	GIS
	Weisser, Jennifer	Adjunct Faculty	Montgomery Co. Water Services	1%	F	Caucasian	MS	Public Health	GIS
	Roth, Andy	Visiting Lecturer	RAPCA	1%	M	Caucasian	BS	Chemical Engineering	Air Pollution
	Freese, Connie	Visiting Lecturer	Public Health - Dayton & Mont- gomery County	1%	F	Caucasian	MPH (WSU)	Public Health	Housing, Built Environment
	Sherlock, Sharon	Assistant Professor	Faculty	15%	F	Caucasian	DHA	Health Administration	Health Care Barriers
<u>Global Health</u>	Rogers, Nikki	Research Asst. Prof.	Faculty, WSU BSOM	10%	F	Caucasian	PhD	Biological Anthropology	Culture and Health
	Czachor, John	Professor	Faculty, WSU BSOM	15%	M	Caucasian	MD	Infectious Diseases	Global Health
	Herchline, Thomas	Professor	Faculty, WSU BSOM	15%	M	Caucasian	MD	Infectious Diseases	Epidemiology
	Duke, Janice	Associate Professor	Faculty, WSU	5%	F	Caucasian	MD	OB/GYN	Women's health
	Mazimba, Sula	Clinical Faculty	Faculty, WSU BSOM	5%	M	African	MD, MPH (WSU)	Cardiology	Chronic Disease
	Subban, Jennifer	Assoc. Prof.	Faculty, WSU	1%	F	South African	PhD	Public Admin.	Qualitative Analysis
	White, Mary	Professor	Faculty	20%	F	Caucasian	PhD	Med.Humanities	Ethics

4.2 Faculty Policies and Procedures. The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

**4.2.a) A faculty handbook or other written document that outlines faculty rules and regulations.**

Wright State University provides faculty rules and resources on their website:

<http://www.wright.edu/academics/fhandbook/>. At this time the program does not have a separate faculty handbook. The faculty handbook can be viewed on-site during the review and any pertinent parts printed for further review.

In addition, faculty as well as staff are bound by policies outlined in the administrative policies and procedures manual, the Wright Way: <http://www.wright.edu/wrightway/>.

**4.2.b) Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.**

Wright State University devotes considerable time and resources to the development of all faculty members. The Center for Teaching and Learning (<http://www.wright.edu/ctl/>) offers techniques and technologies to support teaching, learning, and other WSU activities. Faculty specific services include training, assistance, consultation and evaluation services for new, tenure-track, tenured and adjunct faculty; resources for teaching and learning; instructional support in distance learning, electronic classrooms, equipment checkout, and facilities; and design and production assistance for events, graphics, multimedia, photography, systems design and engineering, and video. All MPH faculty can take advantage of an orientation to these services and are encouraged to do so by the program director. In addition, in 2011 we have had a University library professional come to our Center and provide training to faculty and staff on Scopus, an index of peer-reviewed literature and quality websites in the sciences, engineering, medicine, the social sciences, and the humanities. The University currently has a three year trial with this database. Faculty were also trained in the use of Pilot, an on-line learning management system that the University adopted in fall 2010.

Computing and Telecomm Services (<http://www.wright.edu/cats/train/>) provides online tutorials on software titles, including statistical software.

Within the Boonshoft School of Medicine, the Department of Faculty Development (<http://www.med.wright.edu/aa/facdev>) offers several services to support faculty in improving their teaching effectiveness, including instructional tips, resources, a Scholarship of Teaching and Research in Medical Education (STReME) lecture series, and a faculty development day.

The program supports faculty above and beyond the services provided by WSU and the Boonshoft School of Medicine. The program includes faculty on its e-mail distribution to inform them of conferences and public health related programming. Training opportunities and resources are also passed to them. Faculty are encouraged to join public health associations and to attend local, state, and national conferences involved with public health. Program funds are available and spent to help support faculty participation. In each of the last three years, over \$10,000 was provided to faculty for attendance at professional meetings.

**4.2.c) Description of formal procedures for evaluating faculty competence and performance.**

The majority of faculty have appointments in the Department of Community Health in the Boonshoft School of Medicine (BSOM). Policies governing the BSOM faculty are found at <http://www.med.wright.edu/fca/policy/contents> and the following is taken directly from Policy 3A: Guidelines for Appointment and Promotion for Fully Affiliated Faculty:

“The School sustains a faculty that supports the unique mission of the School. University faculty members have the responsibility to achieve academic growth and development in the areas of teaching, scholarly and research activity, and service. Any one of these areas may be the primary area of achievement. Each faculty member can accomplish this in a unique way that fits the mission of their department(s). Each department is responsible for a balance of teaching, scholarly and research activity, and professional service.

“Promotion in academic rank is a mark of distinction and recognition among the academic community of the School. Academic scholarly/creative activity is the hallmark of the university. Time in rank alone, without evidence of academic scholarly/creative activity, does not merit promotion to the next academic rank. Furthermore, the School considers the rank of associate professor a respected and honored academic rank that will be the highest rank achieved by many valuable faculty members.

“It is difficult to place specific value or weights on contributions to teaching, service or research/ scholarly activities. Nevertheless, the following activities in the areas of teaching, service and scholarship have been arranged in tiers of significance. Achievements in the upper tiers will weigh more heavily than those in the lower.”

<b>TEACHING</b>
<b>Upper</b>
<ul style="list-style-type: none"><li>▪ Principal investigator or co-investigator of a funded educational grant</li><li>▪ Leadership (e.g. course director, clerkship director, educational committee chair)</li><li>▪ Development of educational aids (e.g., computer programs, videos, CDs, etc.)</li><li>▪ Curriculum design</li><li>▪ Development of innovative teaching programs</li></ul>
<b>Middle</b>
<ul style="list-style-type: none"><li>▪ Structured medical and graduate student teaching</li><li>▪ Recipient of teaching excellence award</li><li>▪ Structured clinical teaching (e.g. lecture, grand rounds, CME presentation)</li><li>▪ Chair of thesis committee (e.g. MD MPH, MD MBA programs, etc.)</li></ul>
<b>Lower</b>
<ul style="list-style-type: none"><li>▪ Unstructured medical and graduate student, or resident teaching</li><li>▪ Other teaching activities</li></ul>
<b>SERVICE</b>
<b>Upper</b>
<ul style="list-style-type: none"><li>▪ Chairperson of School committee</li><li>▪ Development of innovative clinical program</li><li>▪ Chair or officer for regional or national medical, scientific, or public health organizations</li><li>▪ Development of innovative programs or policies broadly impacting public health</li></ul>

<p><b>Middle</b></p> <ul style="list-style-type: none"> <li>▪ Member of School or WSU committee</li> <li>▪ Membership on committees or boards of regional or national medical, scientific, or public health organizations</li> <li>▪ Participation in multi-center clinical and educational trials/studies</li> <li>▪ Organizing a local or regional scholarly or research symposium</li> </ul>
<p><b>Lower</b></p> <ul style="list-style-type: none"> <li>▪ Community service</li> <li>▪ Membership on hospital or health department committees</li> </ul>
<p><b>RESEARCH AND SCHOLARLY ACTIVITY</b></p> <p><b>Upper</b></p> <ul style="list-style-type: none"> <li>▪ Principal investigator or co-principal investigator of a funded research grant</li> <li>▪ Grants reviewer at a national level</li> <li>▪ Original publication in refereed journal</li> <li>▪ Invited Visiting Professor</li> <li>▪ Publication of a book, book chapter, review article</li> <li>▪ Journal and/or book editor</li> <li>▪ Member of national consensus panel or study section</li> </ul>
<p><b>Middle</b></p> <ul style="list-style-type: none"> <li>▪ Presentation at national meeting</li> <li>▪ Writing an invited editorial in refereed journal</li> <li>▪ Assistant editor of a refereed journal</li> <li>▪ Guest lecturer outside own institution</li> <li>▪ Scholarly consultation</li> <li>▪ Member of editorial board of a peer-reviewed journal</li> </ul>
<p><b>Lower</b></p> <ul style="list-style-type: none"> <li>▪ Journal reviewer for a refereed journal</li> <li>▪ Case report in a refereed journal</li> <li>▪ Consultant to externally funded grant, medical or scientific organization or site or departmental review</li> <li>▪ Contributing investigator in a multi-center clinical trial or study</li> <li>▪ Presentation at regional meeting</li> </ul>

The following are the levels of faculty appointment and the requirements for each, also taken from Policy 3A: Guidelines for Appointment and Promotion for Fully Affiliated Faculty, referenced above.

**Instructor**

For physicians this is an initial rank, pending the completion of training or board certification. Other candidates must hold at least a master's degree.

**Assistant Professor**

The academic rank of assistant professor is ordinarily an entry rank for faculty members. Candidates must hold the terminal degree in their fields, have completed training in their disciplines, and demonstrated effective performance in their disciplines that is recognized by their peers. If the department so stipulates, board certification or postdoctoral training/experience may be required.

### **Associate Professor**

For the academic rank of associate professor the candidate must have documented evidence of sustained and high quality performance that is recognized by peers in his/her field within the local community of scholars as well as at the state, and regional levels.

A minimum of five years at the assistant professor level is ordinarily required to demonstrate the sustained superior performance expected for appointment or advancement to associate professor.

### **Professor**

For the academic rank of professor the candidate must have documented evidence of sustained and high performance that is recognized by peers in his/her field at the national level. A minimum of five years at the associate professor level is ordinarily required to demonstrate the sustained superior performance expected for appointment or advancement to professor.

Departments may have their own guidelines for promotion which are more specific and extensive. Faculty with appointments solely within the Boonshoft School of Medicine are expected to meet the guidelines of their departments as well as those of the School. Faculty whose appointments are in other colleges in the University are subject to promotion and appointment rules described in the faculty handbook: <http://www.wright.edu/academics/fhandbook/>

All Center faculty members are required to submit to the program director (Dr. Ebert) an annual report which gives them the opportunity to list all their activities, teaching, service, and research. They also have the opportunity to list goals for the following year. Once this report is filled out by the faculty member, he/she meets with Dr. Ebert to review it, set goals, and make plans for the activities for the following year that will benefit both the faculty member and the program. Annual faculty raises are generally based on a universally applied annual increase determined by the School of Medicine. The decision for the raise is made jointly by the Center director and the chair of the Department of Community Health. In addition to this formal review process, the teaching faculty of the program is reviewed regularly by students through the course evaluation process described in the next section.

#### ***4.2.d) Description of the processes used for student course evaluation and evaluation of teaching effectiveness.***

An evaluation of teaching effectiveness is an important part of the review of faculty. Teaching is evaluated through the implementation of the standardized Wright State University graduate course evaluation. This standardized tool was developed by faculty from across all colleges and schools at Wright State University. It falls under the authority of the Office of the Provost, is reviewed and approved by the faculty senate and approved by the AAUP through faculty contracts. The evaluation is intended to provide feedback to both teaching faculty as well as program administration on the successful achievement of course objectives. See **Appendix 11** – Student Evaluation of Instruction.

Faculty receive the student evaluations after every course. In addition, the faculty curriculum committee is charged with review of faculty teaching evaluations on a quarterly basis. All faculty are invited to the quarterly review. Faculty receiving low student evaluation summary scores (average scores below three on the five point scale for a majority of questions) are required to meet with the program director and assistant program director for review, reflection, and potential revision of the course.

***4.2.e) Description of the emphasis given to community service activities in the promotion and tenure process.***

The School of Medicine annual review form requires detailed listing of service activities, including both academic service as well as service to the community, as an important part of the faculty members' reviews.

In addition, the program considers community service commitment and experience to be a key aspect of faculty members' ability to teach as well as model public health practice to students. Four faculty members have/had joint appointments with either the local health district and/or the Ohio Department of Health to gain such experience and to maintain an active relationship with public health at the local and state level. As described above, community service is one of three categories of appraisal upon which faculty members are evaluated for appointment within the program.

***4.2.f) Assessment of the extent to which this criterion is met.***

This criterion is met.



4.3 Faculty and Staff Diversity. The program shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

**4.3.a) Summary demographic data on the program’s faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a.**

See Table 4.3.a.

<b>Table 4.3.a. Summary Demographic Data for <u>Current</u> Core and Other Faculty</b>						
	<b>Core Faculty</b>		<b>Other Faculty</b>		<b>TOTAL</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
# % Male	6	43%	3	50%	<b>9</b>	<b>45%</b>
# % African American Male	0	0	0	0	0	0
# % Caucasian Male	6	43%	3	50%	9	
# % Hispanic/Latino Male	0	0	0	0	0	0
# % Asian/Pacific Islander Male	0	0	0	0	0	0
# % Native American/Alaska Native Male	0	0	0	0	0	0
# % Unknown/Other Male	0	0	0	0	0	0
# % International Male	0	0	0	0	0	0
# % Female	8	57%	3	50%	<b>11</b>	<b>55%</b>
# % African American Female	1	7%	0	0	1	5%
# % Caucasian Female	5	36%	2	33%	7	35%
# % Hispanic/Latino Female	1	7%	0	0	1	5%
# % Asian/Pacific Islander Female	1	7%	1	17%	2	10%
# % Native American/Alaska Native Female	0	0	0	0	0	0
# % Unknown/Other Female	0	0	0	0	0	0
# % International Female	0	0	0	0	0	0
<b>TOTAL</b>	<b>14</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>20</b>	<b>100%</b>

**4.3.b) Summary demographic data on the program’s staff, showing at least gender and ethnicity.**

See Table 4.3.b.

<b>Table 4.3.b. Summary Demographic Data for Full-Time Staff</b>		
	<b>Full-Time Staff</b>	<b>TOTAL</b>
# % Male	0	0 %
# % African American Male	0	0 %
# % Caucasian Male	0	0
# % Hispanic/Latino Male	0	0
# % Asian/Pacific Islander Male	0	0
# % Native American/Alaska Native Male	0	0
# % Unknown/Other Male	0	0
# % International Male	0	0
# % Female	5	100 %
# % African American Female	0	0
# % Caucasian Female	5	100 %
# % Hispanic/Latino Female	0	0
# % Asian/Pacific Islander Female	0	0
# % Native American/Alaska Native Female	0	0
# % Unknown/Other Female	0	0
# % International Female	0	0
<b>TOTAL</b>	5	100%

**4.3.c) Description of policies and procedures regarding the program’s commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.**

The program follows the university policy on EEO. The current President of the University, Dr. David Hopkins, issued a statement of memorandum on June 2010 affirming the university’s continued commitment to an inclusive, affirming workplace. This “Wright Way” statement reads in part and can be found at <http://www.wright.edu/wrightway/4001>:

*Wright State University is committed to the success of its students, faculty, and staff. The supportive environment we provide is designed to encourage the academic pursuits of all members of our university community, including diverse abilities and educational backgrounds; ethnic and cultural heritages; family experiences and economic means; physical and learning differences; geographically mobile and place bound circumstances; and career and life aspirations. Our shared objective is to forge this diversity into an environment of shared academic excellence. We recognize that the success of each individual strengthens our community. Thus all members of our university community, whether students, employees, or both, must have a full and equal opportunity to develop and utilize their potential....It is therefore the policy of Wright State University not only to avoid discrimination, but to go further. The university will act affirmatively to identify and eliminate any artificial barriers that may exclude or impede members of certain groups in their pursuit of*

*excellence. Such affirmative action will address the treatment of persons who are already members of the university community, as well as applicants for admission or employment.*

The official statement of Equal Opportunity in Employment reads:

*Wright State University provides equal employment opportunity. In its employment policies and practices, the university prohibits discrimination against any person or group on the basis of race, sex (including gender identity/expression), color, religion, ancestry, national origin, age, disability, genetic (DNA) information, veteran status, military status, or sexual orientation. Each contractor which deals with the university will be expected to establish and comply with the same prohibition.*

*This policy of equal opportunity applies to all aspects of employment, including initial hiring, position or work assignment, training, promotion, disciplinary action, and termination, of academic and non-academic employees. As indicated more specifically in Section 4001.19 through Section 4001.23 of this policy, it also extends to position descriptions and qualifications, so that cultural assumptions will not cause capable persons to be excluded from consideration unnecessarily.*

*Consistent with its objective of achieving and providing equal opportunity in employment, the university takes affirmative action to identify and eliminate any barriers to equal employment opportunity. For example, inadvertent barriers might exist in the use of inappropriate criteria in position announcements, the manner or place in which recruitment is conducted, the nature of interviews conducted, and so on. As indicated by Section 4001.23 of this policy, the university will take action to eliminate such barriers whether they are formal or informal.*

The assistant program director completed Diversity Training offered by the University in 2011 and the staff and faculty are regularly updated on issues concerning sensitivity and diversity issues. For more information, the WSU website policy on EEO can be found in its entirety at <http://www.wright.edu/wrightway/4001>.

***4.3.d) Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.***

Here also the program follows the university guidelines for affirmative action and as such does provide all employment opportunities regardless of age, gender, race, disability, sexual orientation, religion or national origin. Specific policies can be viewed at: <http://www.wright.edu/wrightway/4001.html>. Recruitment for faculty positions are submitted to at least one publication targeted at increasing diversity within the professoriate in addition to outlets targeting a more general pool of applicants. In addition, at every stage of the recruitment process, equal opportunity standards are followed per university requirements to ensure fair handling of all applicants' employment queries.

***4.3.e) Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.***

The program is committed to creating a diverse faculty, staff and student population. We recognize that many of the people the students will serve will come from a diverse background and as such we must prepare our staff and graduates to be comfortable and credible when dealing with their public. We look

to the MPH advisory board to help keep us informed of the specific needs of their communities as it relates to diversity. The inclusion of regional county health commissioners, including one African American male and one white female, on the advisory board injects a diversity of professional and cultural experience into the program.

The utilization of guest lecturers throughout the curriculum adds to the vitality of experience and diversity that supplements the students' exposure to the profession of public health. As of 2011, WSU MPH professional degree program has 40 guest lecturers/ adjunct faculty active on its rolls, with 6 reporting diverse cultures and 13 female.

The MPH program actively seeks students from diverse backgrounds. In addition to serving fellow students to learn from a diverse group of classmates and generating graduates to the community with diverse origins, we believe this diversity among the students will ultimately stimulate the interests and change the character of the faculty.

**4.3 f) Identification of outcome measures by which the program may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the program against those measures for each of the last three years.**

**Table 4.3.f**

Measure	Target	Outcome	Action Plan
% Faculty with racially diverse background (non-Caucasian)	20%	20%	Recruit new or replacement faculty with more diversity, use more diversity in guest lecturers, PP preceptors, CE chairs
% Staff with racially diverse background (non-Caucasian)	20%	0%	Continue to recruit new or replace staff with diverse backgrounds
# members Advisory Board with diverse background (non-Caucasian and female combined)	2	2	We are seeking a more diverse representation as we add or replace members
% Female Faculty (among all faculty)	20%	55%	Retain female faculty, use more gender diversity in guest lecturers, PP preceptors, CE chairs

**4.3.g) Assessment of the extent to which this criterion is met.**

**Strengths:** We are increasing the number of racially diverse faculty and will continue to mentor and solicit more such opportunities in the future. The gender equity is most acceptable and the department will make continued efforts to foster an accepting diverse environment.

**Weaknesses:** As we are able to recruit additional or replacement faculty and advisory board members, we will continue to strive to seek better parity in terms of all natures of diversity.

**Opportunities:** In order to increase diversity at the ranks of advisory board members, the increased diversity in the student body and guest lecturers will pose well to better advertise these opportunities.

This criterion is met with commentary.

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

**4.4.a) Description of the program's recruitment policies and procedures.**

The program has developed a strong recruiting and admission procedure based on the needs identified in the development process of the program. This program was created at the request of the Southwest Ohio health commissioners and as such they had a specific recruitment strategy in mind: current public health workforce. The website offers a complete overview of the program with the application process, all required courses, faculty listings, student handbook, and more. Our brochure (see **Appendix 12** for brochure) has been mailed out to all local health departments, nursing schools, hospitals and other health related agencies. In addition, the program coordinator and assistant program director have attended Ohio public health conferences and university open houses to market the program, using a traveling display to showcase the program. Several faculty have attended the national APHA meeting and actively promote the program on a national basis as well. The director of practice placements and workplace development also actively markets the program while out in the community. Starting in 2011, the Wright State Graduate School began a Graduate Scholar program which will supply assistantships to strongly prepared entrants and this opportunity will be used as leverage for securing strong applicants during recruitment. Starting in 2011, the Graduate School has given us access to Council on Undergraduate Research (CUR) database (<http://www.cur.org/about.html>). The CUR database will allow access to the Health Professions database of student profiles that self-select the service. The program will be able to request Excel spreadsheets of analytics of students deemed most appropriate for targeting to the MPH program.

**4.4.b) Statement of admissions policies and procedures.**

**MPH Applicant Review Process**

All students meeting minimum qualifications as defined by the WSU graduate school are reviewed. Presently, applicants are reviewed on a rolling basis for admissions during any quarter. Students to be considered for admission in fall must have a complete application file to WSU/MPH by April 1. The MPH admissions committee is comprised of the program director, the assistant program director, the four concentration directors, an appointed community representative, 2 student representatives and the program coordinator. At minimum, all applications must be reviewed by three distinct members of the admissions committee; the program director, assistant program director, and the concentration director for the applicant's specified concentration area. The following minimum criteria have been established for admission to the MPH program:

- Earned bachelor's degree at an accredited institution
- Undergraduate GPA of 2.7 or higher
- GRE verbal, analytical and quantitative scores at 20th percentile or higher (regardless of test version- higher section scores taken across administrations)
- Evidence of suitability and demonstrated dedication to a public health career
- Recommendation to accept by a majority of the admissions committee members

In cases where the applicant is weak in one or more areas of admission, other demonstrated talents are taken into account on a case by case basis.

### **Faculty Review**

The program coordinator developed an Access database to track all applications as they come in and makes sure all necessary information is in the file prior to sending to the committee for review. The MPH admissions committee members receive completed student applicant files the first week of April for Fall admission and the first week of November for Spring admission, as well as on a rolling basis as necessary. The admissions committee members evaluate each student independently using a scoring rubric. The MPH program coordinator summarizes the scores in a matrix. Once approved by a majority of the admissions committee the WSU graduate school is notified of the committee's recommendation. On occasion an applicant may be personally interviewed by the assistant program director and /or the concentration director to make sure the student is ready to begin the program. Applicants are notified within a reasonable time of their admissions determination via email correspondence by the program coordinator.

### **Boonshoft Physician Leadership Development Program (PLDP) MD/MPH Applicant Review Process**

The PLDP selects new members each year from the first year class of medical students. There is neither minimum nor a maximum number of students in a cohort, but the program strives to have cohorts larger than a single student. An admissions committee is appointed by the program director and is comprised of both faculty and current PLDP students. This committee reviews written applications and letters of recommendation, and may recommend interviews, if needed. The PLDP admission committee forwards its recommendations to the MPH admissions committee for final approval.

***4.4.c) Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.***

The faculty and staff actively market the program, using the MPH brochure, MPH website, University marketing tools, and the advisory board. Our main website is: <http://www.med.wright.edu/mph>.

***4.4.d) Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each of the last three years. Data must be presented in table format.***

See Table 4.4.d

**Table 4.4.d. Quantitative Information on Applicants, Acceptances, and Enrollments by Program Area\*, 2008 to 2011 (includes MD/MPH in all aggregate counts)**

Program Area		Academic Year 2008 to 2009	Academic Year 2009 to 2010	Academic Year 2010 to 2011
Public Health Management	Applied	17	35	32
	Accepted	14	26	18
	Enrolled	6	13	9
Health Promotion & Education	Applied	5	28	33
	Accepted	4	25	20
	Enrolled	2	13	7
Emergency Preparedness	Applied	1	12	16
	Accepted	1	11	14
	Enrolled	1	8	11
Global Health	Applied	1	11	3
	Accepted	0	11	3
	Enrolled	0	5	1
Undecided	Applied	0	0	0
	Accepted	0	0	0
	Enrolled	0	0	0

**Note:** The table only accounts for concentrations designated during the application process. Students may change concentrations after entry after advising from the assistant program director and/or concentration director of the desired area of study. It should also be noted that Academic Year 2008-2009 was the first year that students could designate an interest in Global Health as a concentration at entry.

**4.4.e) Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization.**

**Table 4.4.e. Students Enrolled in Each Degree Program by Area of Specialization, 2007 to 2011**

Degree Conferred-MPH	Academic Year 2008 to 2009			Academic Year 2009 to 2010			Academic Year 2010 to 2011		
	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE
Public Health Management	31	8	35	29	15	36.5	28	6	31
Health Promotion and Education	20	6	23	26	7	29.5	21	7	24.5
Emergency Preparedness	9	3	10.5	8	5	10.5	18	3	19.5
Global Health	2	0	2	7	0	7	6	1	6.5

**Note:** These numbers do not take into account those that have completed all required coursework with exception of the Culminating Experience final project credits. Also MD/MPH student registrations are excluded.

**4.4.f) Identification of outcome measures by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.**

**Table 4.4.f**

Measure	Target	Outcome	Action Plan
# students accepted	2008/9 – 20 2009/10 – 30 2010/11 - 40	2008/9 - 19 2009/10- 73 2010/11- 55	Continue to market program aggressively and calibrate selectiveness of applicants
% yield Students enrolled	2008/9 – 50% 2009/10 -50% 2010/11 – 50%	2008/9 - 47% 2009/10 - 53% 2010/11 - 51%	Track to see why those accepted did not enroll
# enrolled Students with racial/ethnic diversity	15	2008/9 - 24 2009/10 - 14 20010/11 - 14	Continue to market program aggressively
# enrolled International students	5	2008/9 - 3 2009/10 - 2 2010/11 - 2	Continue to market program aggressively
# enrolled of refugee/ immigrant students	5	2008/9 - 1 2009/10 -1 2010/11 - 0	Leverage Global Health research and concentration; utilize growing refugee populations in the Dayton region
# enrolled Students from PH workforce	5	2008/9 - 3 2009/10 - 3 2010/11 - 1	Continue to pursue scholarship funds and marketing to PH agencies – get testimonials from alumni
# enrolled Students in MD/MPH	5	2008/9 - 5 2009/10 -5 2010/11 - 3	Continue to market program aggressively

**4.4.g) Assessment of the extent to which this criterion is met.**

**Strengths:** We have developed a credible, fair and easy to follow admissions process for both students and faculty. All the necessary information is listed on the website and on the brochure. We have successfully used the process to admit students into the program and to recruit potential students.

**Weaknesses:** We need to continue to keep the website up to date and dynamic to draw attention to the program. We plan to update faculty research and student accomplishments on our website to market the great work happening in our program. We may consider using testimonials from recent graduates to supplement the materials, even asking graduates to speak at health fairs or other events to help recruit. We need to market effectively to recruit stronger applicants and to help maintain our class size.



**Opportunities:** There has been a transition of the program's inaugural mission of educating public health professionals already in service to the greater Dayton area. We have found due to a decrease in viable applicants in need of the degree as well as the decrease in funding for public health employments, the applicant base has considerably shifted to a more traditional applicant (straight from undergraduate) base. As such, we are calibrating of efforts to continue to serve acting public health local professionals while acknowledging that the demographics of the student body has changed since the program's inception. The Global Health concentration will continue to be leveraged to diversify the student body. Also, the movement of the Air Force's professional public health training, such as occupational and sanitarian, has moved exclusively to Wright Patterson.

This criterion is met.

4.5 Student Diversity. Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

**4.5.a) Description of policies, procedures and plans to achieve a diverse student population.**

Wright State University is an equal opportunity/ affirmative action university. As previously stated in Guideline 4.3 Faculty & Staff Diversity, the MPH program adheres to University policies regarding celebrating diversity, affirmative action, non-discrimination, and promotion of diversity in our student applications and admissions practices. In helping to assure parity in the admissions process as required by Guideline 4.4, personal factors that illustrate a special addition to the diversity of the student body is taken into account during admissions. The admissions committee and faculty at large support the need for different backgrounds and talents in each entering class. Care is taken during the recruitment and admissions phases to help assure diversity, through targeting recruitment efforts to underrepresented students as well as fostering new community linkages to broaden the program's reach. University policies regarding affirmative action can be viewed at: <http://www.wright.edu/wrightway/4001.html>. WSU's Diversity Statement can be viewed at: <http://www.wright.edu/aboutwsu/diverse.html>. In 2010, WSU initiated the Diversity Inclusion Project, "a comprehensive effort to improve Wright State's ability to celebrate the diversity of its students, faculty, staff, and community."

(<http://www.wright.edu/diversity/inclusion/>). The University has several active multicultural centers, which can be viewed on the University website at <http://www.wright.edu/campus-life/multicultural-centers>, and the University Center for International Education supports international students (<http://www.wright.edu/ucie/>). Additionally, the University is proud of its commitment to serving students of all abilities, and assists students through its Office of Disability Services ([http://www.wright.edu/students/dis\\_services/](http://www.wright.edu/students/dis_services/)). Safe Space training, conducted by the Wright State University Gay, Lesbian, Bisexual, Transgender, Questioning and Ally (GLBTQA) Resource Room Core Team to increase awareness of GLTB issues, is being planned for the faculty and staff as a whole. The GLTBQA Team promotes "an environment in which every student may think, and learn, and grow without prejudice, without intimidation, and without discrimination" and the WSU Equal Opportunity in Education statement which "prohibits discrimination against any person or group on the basis of race, sex (including gender identity/expression), color, religion, ancestry, national origin, age, disability, genetic (DNA) information, veteran status, military status, or sexual orientation." (<http://www.wright.edu/glbta/aboutus/index.html>).

**4.5.b) Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.**

We strive for a broader definition of diversity at Wright State, viewed as a holistic diversity in life experience. With our close proximity to Wright Patterson Air Force Base, Wright State prides itself at maintaining deep ties to the military community. *G.I. Jobs*, the premier magazine for military personnel transitioning into civilian life has awarded Wright State University the designation of a 2011 Military Friendly School, for the third consecutive year (<http://www.militaryfriendlyschools.com/Article/2011>) - military-friendly-schools-list-released ([http://www.militaryfriendlyschools.com/list-2011.aspx#list\\_O](http://www.militaryfriendlyschools.com/list-2011.aspx#list_O)). Through the Residency in Aerospace Medicine (RAM) program, air flight surgeons can complete a MPH

at Wright State, garnering a richness experience by integrating military physicians with the general population of MPH students each academic year. The MPH program is a participating site for STREAMS (Short-Term Training Program to Increase Diversity in Health-Related Research), a competitive program that brings undergraduate students from underrepresented minority groups and students with disabilities to WSU to receive hands-on research experience under the direction of a faculty mentor. Annually, recruitment efforts are evaluated based on the demographics of entrants and applicants versus the Census data of the region. In the future, the program plans to implement more sophisticated analysis including adding demographic questions (see Guideline 4.5.d) to better reflect the diversity of data available through the Census.

**4.5.c) Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format.**

<b>Table 4.5.c. Demographic Characteristics of Student Body, Including Data on Applicants and Admissions for each of the last 3 years</b>							
		<b>2008-2009</b>		<b>2009-2010</b>		<b>2010-2011</b>	
		<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
African American	Applied	2	14	5	9	6	5
	Accepted	2	12	4	8	5	3
	Enrolled	2	11	2	8	5	3
Caucasian	Applied	11	22	16	27	23	25
	Accepted	11	22	15	20	19	15
	Enrolled	9	16	12	14	10	8
Hispanic/Latino	Applied	0	0	1	1	1	0
	Accepted	0	0	0	1	1	0
	Enrolled	0	0	0	0	1	0
Asian Pacific Islander	Applied	9	7	2	8	2	5
	Accepted	6	5	2	6	1	5
	Enrolled	4	3	1	1	0	3
Native American/Alaska Native	Applied	0	0	0	0	0	0
	Accepted	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0
Unknown/Other	Applied	4	5	4	8	1	2
	Accepted	4	5	4	5	1	1
	Enrolled	4	3	0	2	1	1
International	Applied	1	1	4	6	13	10
	Accepted	1	0	3	6	5	2
	Enrolled	0	0	0	2	1	1
<b>TOTALS</b>	<b>Applied</b>	<b>27</b>	<b>49</b>	<b>32</b>	<b>59</b>	<b>33</b>	<b>47</b>
	<b>Accepted</b>	<b>24</b>	<b>44</b>	<b>28</b>	<b>46</b>	<b>26</b>	<b>26</b>
	<b>Enrolled</b>	<b>19</b>	<b>33</b>	<b>15</b>	<b>27</b>	<b>18</b>	<b>16</b>

**4.5.d) Identification of measures by which the program may evaluate its success in achieving a demographically diverse student body, along with data regarding the program's performance against these measures for each of the last three years.**

The program will continue to compare diversity to the most recent census data available. At present, the diversity data for our applicants has been limited to the diversity questions asked in the general graduate admissions applicant (race, gender, recipient of medical degree). These questions are voluntary. Capturing more specific information was not possible using this process alone. The Liaison Committee on Medical Education (LCME) has implemented a restructured diversity criteria asked of all applicants applying to U.S. Medical Schools. We as a program believe that some of these indicators from the LCME could be retooled for our purposes as well. As such, we plan to develop a supplemental diversity questionnaire that would be voluntary at the time of application. Possible diversity questions could include:

1. Attended an inner-city school district for the majority of K-12 education
2. Volunteer for the Medically Underserved in U.S.
3. Volunteer for AmeriCorps, Peace Corps
4. Came from Rural and/or Appalachian region
5. Non- science major as an undergraduate
6. Born abroad of non U.S. Citizen parents, immigrants or refugee
7. First generation college student (no college degree in household)
8. Second language spoken in the home during childhood

In light of the 2010 U.S. Census, women accounted for 51.3% of Dayton, OH population and our recruitment continued to increasingly reflect this fact. Blacks in Dayton accounted for 42.9% in 2010 Census. While the Dayton area was more diverse than the state of Ohio on average, Dayton in 2010 produced fewer high school graduates between 2005-2009 (79.9% versus 86.8% Ohio) and fewer holders of bachelor's degrees from 2005-2009 (15.6% versus 23.6% statewide).

**4.5.e) Assessment of the extent to which this criterion is met.**

**Strengths:** In line with its inaugural mission, the program has been successful in increasing diversity metrics showing increased diversity by race and gender.

**Weaknesses:** The program acknowledges that the nature of master's level recruitment is tied directly to individuals who are in the pipeline of college education. There are systemic barriers to education for some populations. In addition, hidden populations such as refugee and international students will require a calibrated approach to their needs.

**Opportunities:** The Global Health concentration is negotiating more connections with international education through the main campus.

This criterion is met with commentary:

In the future, we plan to find more ways to connect with multicultural student organizations on campus for possible programming and recruitment.

A database maintained by the Council for Undergraduate Research (CUR) is in use by the Graduate School as of Fall 2011. Our program plans to evaluate usefulness of the database and track analytics for underrepresented student applicants.

We may access the 2011-2012 McNair Scholars Directory which is under review by the Graduate School for purchase. The directory is designed to provide graduate schools with access to McNair Scholars who have expressed an interest in pursuing graduate studies and contains records of recent graduates, seniors, and rising seniors. The directory includes McNair Scholars' names, contact information, undergraduate majors, areas of interest for graduate study (AIGS, based on GRE taxonomy codes), and undergraduate research projects. This would help to more easily facilitate tracking of recruitment of underrepresented students based on a larger variety of variables.

Lastly, the MPH program hopes to pursue opportunities in setting up recruitment pathways with local Ohio HBCU's, Central State University and Wilberforce University. Plans are to track success of recruiting these students.

4.6) Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

**4.6.a) Description of the advising and career counseling services, including sample orientation materials such as student handbooks.**

Our commitment to student advising and counseling begins in the admissions process. We look for students that have a sufficient background and experience to allow them to be successful and complete the program.

During each orientation session, the associate program director requests a face-to-face meeting with each student. During this face-to-face meeting, the assistant program director discusses with the student what their ultimate goal is upon completion of the program. It is at this meeting that the student's selection for their concentration is discussed along with their background, strengths and weaknesses.

The second gateway for the student to obtain a professional, one-on-one discussion about career choices is with the practice placement (PP) director during initial conversations about placement. As a student nears the end of the core coursework, each student is encouraged to meet with the PP course director to begin discussion regarding the practicum. The student is asked to identify specific areas of interest, which could be developed into a practice placement, rolled into the culminating experience project, and aims the student towards career interests. The student is challenged to propose an area of interest that is compatible to future career interests. The course director advocates for a placement opportunity that is early in the student's learning experience time line so that it can be useful for career focusing processes.

Students are advised by the program coordinator and assistant program director about employment opportunity: both provide on-going streams of job postings and career enhancing training opportunities to students through social networking resources and electronic mail.

The associate program director makes suggestions/ selections for the electives that students may take to help them with their concentration, their areas of interest to potentially their areas of weakness. Once the program of study is completed, the student and the program retain a copy for their records. See **Appendix 13** for a copy of the program of study form.

During the first year of study, the assistant program director continues to advise most of the students. Should a student fall below a 3.0 GPA at any time, a "concern conference" may be scheduled. (See **Appendix 14** for a copy of this form.) The associate program director, the student, and one other faculty member are present at this conference. The goal of this conference is to try to try and seek additional help or resources to assist the student in a particular class, or perhaps suggest the student proceed a slower pace if that appears to be an issue.

This first time there is a concern conference it is an internal procedure and the student is put on academic probation by the University. If the student does not have a 3.0 or higher GPA within the next 12 credit hours, they are dismissed per University policy. A student, however, can petition to be readmitted.

During the second year of the program, the assistant program director remains available to all students, but also the concentration director takes a bigger role in advising and counseling, as the students get closer to the culminating experience (CE). The CE chair also can play an important role with the students, as they are closely involved with the students.

Throughout the course of study, the assistant program director is the key faculty that oversees a student's progress and is the point of contact for all students. Our student faculty ratio is small enough that students can and do have access to all faculty and as such all faculty are expected to be available for advising and counseling the students.

The program also maintains an active listserv and Facebook page for all students, posting job opportunities, continuing education opportunities, in-services, and articles of interest. This has been so popular that many of the graduates have asked to stay on the listserv. There is also a bulletin board outside the main classroom that is used to post similar items.

Prior to the start of each new class (Fall and Spring) an orientation is held for all students and faculty. During the orientation, the following is discussed/ showcased.

- Introduction of faculty and staff
- Program overview
- Students roles and obligations, including academic integrity
- Distribution/Discussion of MPH student handbook
- Program of study development
- Academic advising and associated issues
- Practice placement and culminating experience overview
- Pilot and library resources
- Wrap up/ Q&A

***4.6.b) Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.***

The MPH student handbook clearly denotes the procedure for handling complaints. As, per policy, students are directed to voice their concern initially with the faculty member involved. In reality, as a new program with smaller student numbers, during the first two years an informal process was established. The students usually start with voicing their concerns to the program coordinator (PC). It is then up to PC to guide the student to the appropriate place (usually the faculty member) to discuss their concern. Most often it is merely a student's need to "air their concern" and it does not go any farther. However, if the PC feels there is a trend to the student complaints she will discuss with the associate program director and he will talk to the students or faculty member involved (if applicable). As previously stated in Guideline 1.4.e, there have been no formal complaints to date.

In addition, students volunteer to participate on the various committees and two sit on the advisory board. These student representatives are often the voice of the students if there are any issues.

**4.6.c) Information about student satisfaction with advising and career counseling services.**

In a recent alumni survey, the average score for advising was 3.2 out of 5 and for career development and 3.0 out of 5 for job assistance. There is room for improvement in this category although many of our students are already employed and as such may not be in need of career advising and job placements.

**4.6.d) Assessment of the extent to which this criterion is met.**

**Strengths:** The program is very available to all students when it comes to advising and counseling. Our student/ faculty ratio allows easy access for students to faculty. The associate program director is directly responsible for ensuring all programs of study are complete and that students know what is expected of them as they progress in the program. The program coordinator is readily available to talk with students and point them in the right direction and faculty is also available on an informal as well as formal basis for any student. The student listserv and Facebook page is active and used to communicate with the student population on a regular basis.

**Weaknesses:** The MPH student handbook was not available to all students until late in 2006. This may/may not cause some miscommunication initially but has been corrected. New student orientations are only held in the Fall and Spring. Students who are admitted at other times are invited to attend the next scheduled orientation. Our survey return rate is poor and we are changing the process.

**Opportunities:** We are actively seeking more students input which allow us to better communicate and address any student concerns and or needs. We are considering a survey at the end of the first year to get additional student input.

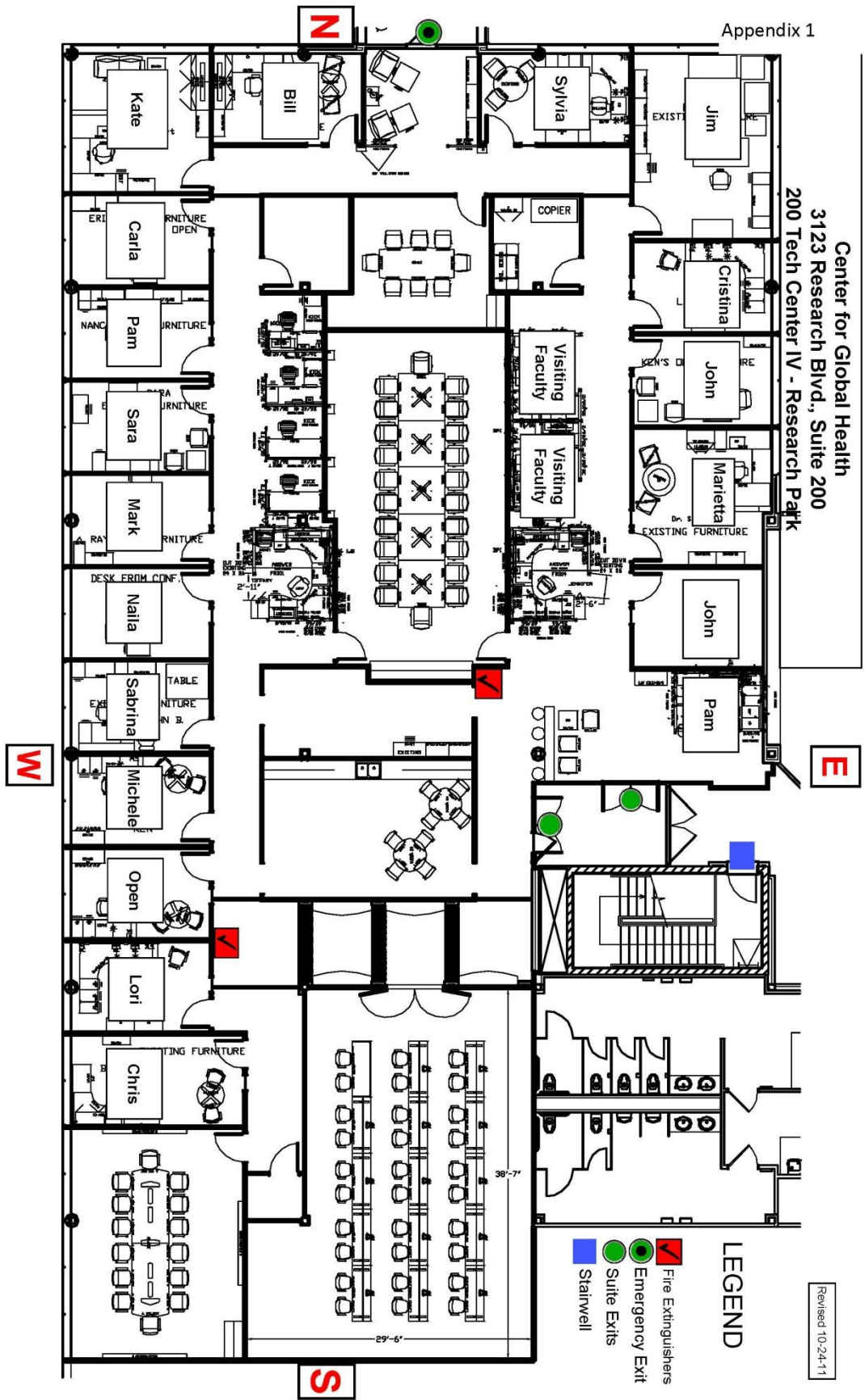
This criterion is met.

**This completes the documentation for the self-study. All appendices are in a separate document.**



**Appendices**

Appendix 1 (1.6.g)..... Center for Global Health Floor Plans  
Appendix 2 (2.5.a)..... List of Culminating Experiences  
Appendix 3 (2.6.b)..... List of Competencies in each Domain and the Core Courses  
Appendix 4 (2.7.f)..... Alumni Survey Results  
Appendix 5 (2.10.a-1)..... BPLDP Program Participation Rules  
Appendix 6 (2.10.a-2)..... MD/MPH Five Year Plan  
Appendix 7 (3.1.a-1)..... Faculty Scholarly Publications  
Appendix 8 (3.1.a-2)..... Faculty Published Abstracts  
Appendix 9 (3.1.a-3)..... Faculty Scholarly Books/ Chapters/ Reviews/ Reports  
Appendix 10 (3.1.a-4)..... Faculty Scholarly Presentations  
Appendix 11 (4.2.d)..... Student Evaluation of Instruction  
Appendix 12 (4.4.a)..... MPH Brochure  
Appendix 13 (4.6.a-1)..... MPH Program of Study Form  
Appendix 14 (4.6.a-2)..... Concerned Conference Form  
Appendix 15 (4.6.a-3)..... MPH Student Handbook



**Table 2.5.a. Author and Culminating Experience Title by Year**

Culminating experiences completed in 2008 – 2009 (academic year)

Christina	Arestides	Infant Feeding Choices and Maternal Infant Interactions of Low Income, Nurse Home Visited Women
Tami	Ashbridge	The Public Health Implications of Trafficking in Women and Children for the Purpose of Sexual
Karen Sue	Barcelo	What are the Individual Preparations for Children with Special Health Care Needs in the Event of an Emergency?
Tara	Blackley	The Effectiveness of Outreach and Tracking in a Cincinnati Inner City Women Infants and Children
Lorraine	Cheek	Public Health Workers Willingness to Respond During an Influenza Pandemic
Andrea	Dillon	Demographic Trends in Blood Donation and Utilization in the Community Blood Center/Community Tissue Services Catchment Area in 15 Counties Throughout the Miami (Ohio) and Whitewater (Indiana) Valleys
Christopher	Eddy	Community-Hospital Disaster Preparedness: Are We Ready?
Dennis	Hall	Evaluation of Backflow Prevention as Drinking Water Protection against Terrorism
Karah	Harvey	Analysis of the Policy Statement for a Medical Home for the Care of Children with Special Health Care Needs
Dionna	Hatch	A Comparison of Ages and Stages Questionnaire Scores of Somali, Latino, and Other Children Who are at Risk for Developmental Delay
Andre'	Holland	Condom Use and College Students in Barbados
Colleen	Iungerman Whitty	A Descriptive Review of the Patient Demographic of Reach Out of Montgomery County
Karen	Levin	Analysis of Survey Data from 2001 through 2005 for Know Your Numbers Campaign Conducted in the Miami Valley Region
Megan	Luse	Emerging Trends in Cigarette Sales in Ohio During First Year Implementation of the Smoking Ban
Laurie	Phillips	Raising Awareness of Senior Organ Donor Issues
Jacquelyn	Phillips	Evaluating Patient Compliance: Effect of Appointment Reminder Systems on Attendance
Elizabeth	Singhoffer	Preterm Birth Rates in Pregnant Women with Sexually Transmitted Infections: Cincinnati Public Health Centers 2005 and 2006 Deliveries
Phillip	Van Atta	Water System Preparedness for Pandemic Influenza
Dennis	Wein	Earlier Intervention In the Diagnosis of Sepsis in Older Adults: The Nursing Home - Emergency Department Interface (Shining a Brighter Light on Sepsis)
Susan	Cohrs	Bed Sharing and the Back to Sleep Campaign, A Best Practices Review

## Culminating experiences completed in 2009-2010 (academic year)

Jessica	Alt	BMI in 3rd Graders in Ohio
Erin	Brigham	Protecting Dayton from the Flood: Evaluation of the Effectiveness of the Montgomery County, Ohio Dan System and the Great Miami River System
James	Ebert	Anthropometric and Demographic Characteristics of a Population Presenting to a Community Health Fair
Reshonda	Eldridge	Modifiable Risk Factors Associated with Low Socio-Economic Status Pregnant Women
Heather	Endres	Disparity in the prevalence of Autism spectrum disorder (ASD) across the United States
Brad	Haverkos	Benefit Design of Medicare Drug Plans: An analysis of Ohio and the National Landscape from 2006 through 2009
Katherine	LaRue-Martin	The Relationship Between Perceived Stress and Physical Activity in Graduate Students
Sula	Mazimba	Impact of Congestive Heart Failure Discharge Planning on Congestive Heart Failure Re-admission Rates
Eman	Meawad	Health and Environmental Effects of Nanotechnology
Amy	Pedersen	The Prevalence of Health Behaviors in Skin Cancer Survivors
Matt	Pellerite	Maternal Characteristics and Infant Birth Weight in Dayton, Ohio
Jennifer	Rammel	Examining the relationship between online health information-seeking behavior and health anxiety for college students
Chloe	Robbins	Fall-Prevention Exercise Intervention in Assisted Living Care: Factors that Influence Participation

## Culminating experiences completed in 2010-2011 (academic year)

Mohamed	Alsla**	Team Based: Strategic Planning Towards Research in HIV and Aids Prevention for Aids Resource Center(ARC), Ohio
Erik	Balster	Zoonotic Disease in Ohio: Surveillance, Preparation, and Response
Francis	Banahene	Diabetes Obesity-Wellness Opportunity Program (DOWOP) Evaluation
Regina	Clarke	Hand Hygiene Compliance in Health Care
Leslie	Clem	Unmet Medical Need of the Underserved Population in a Safety-Net Clinic
Jenny	Couse	Hepatitis B Knowledge, Awareness, and Preventive Health Behaviors of Asian Americans in the Dayton Area
Kimbra	Dent	Gender differences in risk behaviors of adolescents enrolled in an inner city charter high school
Ciandra	D'souza	Differences in traffic violation severity between adolescent driving offenders after attending a trauma center-based intervention program
Barry	Eneh	Assessment of Support Service Needs of Primary Caregivers of HIV and Aids Infected Children
Anna	Fedotova	Cross-Cultural Adaptations of a Train-the-Trainer Protocol for First Responders to Disasters
Joseph	Frank**	Team Based: Strategic Planning Towards Research in HIV and Aids Prevention for Aids Resource Center(ARC), Ohio

## Culminating experiences completed in 2010-2011 (academic year) Cont'd.

Kwaku	Gyimah	An Evaluation of the Effectiveness of an Amended Graduated Driver Licensing Law
Heather	Harmon	Physical Activity Levels of College Students and Influencing Factors
Christina	Hill	Kettering's Worksite Wellness Program Analysis
Madonna	Igah	Weight Gain and Psychiatric Medication in Children and Adolescents
Nastassia	Jackson**	Team Based: Strategic Planning Towards Research in HIV and Aids Prevention for Aids Resource Center(ARC), Ohio
Jeffrey	Jenks	Poverty and Health: Identification of Factors that Affect Farm Worker Income
Danial	Jilani	Demographic analysis of breast cancer in Montgomery County, Ohio
Sarah	Johnson*	Team Based: Montgomery County Oral Health Community Assessment for Good Neighbor House
Kelli	Kohake	The Relationship of Maternal Age, Trimester of Entry into Prenatal Care, Maternal Postpartum Depression, and Race with Birthweight of Infants Born in Cincinnati, Ohio
Heidi	Krogwold	Unplanned Significant Weight Loss in the Elderly and a One-Year Follow-up
Charlene	Lam	Unmasking the Moving Threat: Reckless Driving, Borderline Personality Disorder, and the Impact on Motor Vehicle Accidents
Shari	Martin	Demographic Factors that Predict Cervical Cancer Screenings in Ohio Women with Disabilities
Sarah	McBeth	Socioeconomic and Environmental Causes for Infectious Disease Death in Alaska Native Villages
Steven	McCullar	Selected Comparison of Global Health Organizations
Heather	Motter*	Team Based: Montgomery County Oral Health Community Assessment for Good Neighbor House
Sabrina	Neeley	The Influence of School Eating Environment on Children's Eating Behaviors: An Examination of the SNDA-III
Millie	Olds	The Relationship Between Body Image and Body Mass Index in Attendees at a Health Fair
Kelly	Peekstok	Rights of Ohio Minors: Best Practices for the Pediatric Patient with a Life-Threatening Illness
Robert	Perry	The Decontamination of Methamphetamine Labs - A Search for Best Practices
Jamie	Rea	An Exploration of the Use of Advertising Imagery as a Means of Promoting Physical Activity to Middle-Aged Women
Stephanie	Rogers	Childhood Obesity: A Gender Based Study
Luke	Rothermel	Needs Assessment for the Mobile Health Clinic of the Sukhdev Raj Soin Hosp
Nicholas	Squillace	Hospital Evacuations: Historical Precedence & Modern Preparedness
Kiana	Trabue	Barriers to accessing primary dental care for the uninsured/ underinsured population in the city of Cincinnati
Johanna	Tyler**	Team Based: Strategic Planning Towards Research in HIV and Aids Prevention for Aids Resource Center(ARC), Ohio
Chloe	Williams	An Examination of Contraceptive Choices of the Patient Population of Planned Parenthood of Central Ohio

## Culminating experiences completed in 2010-2011 (academic year) Cont'd.

Felicia	Williams*	Team Based: Montgomery County Oral Health Community Assessment for Good Neighbor House
Sherry	Adkins	Assessment and Management of Adult Obesity in a Primary Care Practice
Christopher	Balster	The Non-Infectious Disease Implications of Bed Bug Infestations
Lynda	Colussi	Smoking During Pregnancy: Its Effects on the Prevalence of Low Birth Weight Infants
Donny	Dunfee	Environmental Influences on Pediatric Obesity: An Examination of the 2007 National Survey of Children's Health (NSCH)
Terra	Fox Williams	Obesity: The Anthropometric and Demographic Characteristics of Insured and Uninsured Individuals
Katie	Imhof	Cardiovascular Disease and Post Traumatic Stress Disorder in Adults Exposed to the Terrorist Attacks on the World Trade Center
Mary Beth	Kaylor	Prevalence, Knowledge, and Concern about Bed Bugs
Neha	Kumar	Worksite Wellness: An Administrative Perspective
Jason	Lipiec	Toxic Chemicals Transported by Rail and Public Health Safety using GIS in Montgomery County, Ohio
Muhammad Rehan	Puri	Comparing Cognitive Functioning and Adverse Metabolic Effects on Consumers Taking Type 1 or Type 2 Antipsychotic Medications with Un-Medicated Consumers
Anjali	Rao	Influence of the Patient Protection and Affordable Care Act on the Development of the Patient Centered Medical Home
Christopher	Rohde	Pertussis in Ohio: A descriptive analysis of the 2010 Columbus outbreak and patterns of a reemerging childhood disease
Leah	Sabato	Prevalence of Metabolic Abnormalities in Children with Varying Degrees of Obesity
Angela	Sims	Prevalence of Overweight Among Head Start Preschoolers in Western Ohio
Ursula	Turner	Colorectal Cancer in Montgomery County, Ohio: A Descriptive Analysis

\* Team Based Project: Motter/ Johnson/ Williams

\*\*Team Based Project: Alsla/ Frank/ Jackson/ Tyler

**2.6.b Core competencies in each domain taught for core courses in the Wright State University MPH Program**

Wright State University

1

Master of Public Health Program Self-Study

Analytic/Assessment Skills	Core Courses	CMH 770	CMH 705	CMH 734	CMH 620	CMH 623	EC 755	CMH 640	CMH 810	CMH 820/ 821	Courses that address competency
		Social & Behavioral Sciences	Intro to PH and Policy	Health Systems Mgmt	Biostatistics	Epidemiology	Health Economics	Environmental Health	Practice Placement	Culminating Experience	
Defines a Problem		1	1	1	1	1	1	1	1	1	9
Quantitative & Qualitative Data		1			1	1	1	1		1	6
Selects & Defines Variables		1			1	1	1	1		1	6
Identifies Data & Information Sources					1	1	1	1		1	5
Evaluates Data Integrity/Comparability					1	1	1	1	1	1	6
Applies Ethical Principles		1	1	1	1	1	1	1	1	1	9
Partners With Communities		1				1			1	1	4
Makes Relevant Inferences		1	1	1	1	1	1	1	1	1	9
Obtains/Interprets Risks & Benefits		1			1	1	1	1	1	1	7
Collection Processes, IT Applications				1	1	1	1	1	1	1	7
Illuminates Public Health Issues		1	1	1	1	1	1	1	1	1	9
<b>Course Total for Domain</b>		<b>8</b>	<b>4</b>	<b>5</b>	<b>10</b>	<b>11</b>	<b>10</b>	<b>10</b>	<b>8</b>	<b>11</b>	

**2.6.b Core competencies in each domain taught for core courses in the Wright State University MPH Program**

Wright State University  
2  
Master of Public Health Program Self-Study

Policy Development & Program Planning Skills	Core Courses	CMH 770	CMH 705	CMH 734	CMH 620	CMH 623	EC 755	CMH 640	CMH 810	CMH 820/821	Courses that address competency
		Social & Behavioral Sciences	Intro to PH and Policy	Health Systems Mgmt	Biostatistics	Epidemiology	Health Economics	Environmental Health	Practice Placement	Culminating Experience	
Collects, Interprets Relevant Information		1			1	1	1		1	1	6
States Policy Options, Statements			1	1			1		1	1	5
Identifies Laws, Regulations, Policies			1	1				1	1	1	5
Articulates Implications		1	1	1			1	1	1	1	7
States Feasibility, Outcomes		1		1	1	1	1	1	1	1	8
Decision Analysis/Health Planning Techniques		1	1	1	1	1	1	1	1	1	9
Determines Appropriate Action		1	1	1	1	1	1	1	1	1	9
Develops Implementation Plan			1	1			1	1	1	1	6
Translates Policy Into Organization			1	1					1	1	4
Emergency Response Plans			1	1		1			1	1	5
Monitoring/Evaluation Mechanisms		1	1	1	1	1	1	1	1	1	9
<b>Course Total for Domain</b>		<b>6</b>	<b>9</b>	<b>10</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>11</b>	<b>11</b>	



2.6.b Core competencies in each domain taught for core courses in the Wright State University MPH Program

Communication Skills	Core Courses	CMH 770	CMH 705	CMH 734	CMH 620	CMH 623	EC 755	CMH 640	CMH 810	CMH 820/ 821	Courses that address competency
		Social & Behavioral Sciences	Intro to PH and Policy	Health Systems Mgmt	Biostatistics	Epidemiology	Health Economics	Environmental Health	Practice Placement	Culminating Experience	
Effective Oral/Written Communication		1	1	1	1	1	1	1	1	1	9
Solicits Input		1	1	1	1	1	1	1	1	1	9
Advocates for Programs, Resources		1	1	1	1	1	1	1	1	1	9
Group Participation to Address Issues		1	1	1		1	1	1	1	1	8
Uses Media, Technology, Networks		1	1	1	1	1	1	1	1	1	9
Effectively Presents Technical Information		1	1	1	1	1	1	1	1	1	9
Unbiased Listening, Respects Diversity		1	1	1	1	1	1	1	1	1	9
<b>Course Total for Domain</b>		<b>7</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	

Wright State University

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Master of Public Health Program Self-Study

2.6.b Core competencies in each domain taught for core courses in the Wright State University MPH Program

Wright State University

4

Master of Public Health Program Self-Study

Cultural Competency Skills	Core Courses	CMH 770	CMH 705	CMH 734	CMH 620	CMH 623	EC 755	CMH 640	CMH 810	CMH 820/821	Courses that address competency
		Social & Behavioral Sciences	Intro to PH and Policy	Health Systems Mgmt	Biostatistics	Epidemiology	Health Economics	Environmental Health	Practice Placement	Culminating Experience	
Appropriate Interaction Methods		1	1	1	1	1	1	1	1	1	9
Identifies Factors in Service Delivery		1	1	1		1	1		1	1	7
Develops & Adapts Approaches		1	1	1					1	1	5
Understands Dynamic Forces		1	1	1			1		1	1	6
Understands Importance of Diversity		1	1	1	1	1	1	1	1	1	9
<b>Course Total for Domain</b>		<b>5</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>5</b>	

2.6.b Core competencies in each domain taught for core courses in the Wright State University MPH Program

Wright State University

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Master of Public Health Program Self-Study

Community Dimensions of Practice Skills	Core Courses	CMH 770	CMH 705	CMH 734	CMH 620	CMH 623	EC 755	CMH 640	CMH 810	CMH 820/821	Courses that address competency
		Social & Behavioral Sciences	Intro to PH and Policy	Health Systems Mgmt	Biostatistics	Epidemiology	Health Economics	Environmental Health	Practice Placement	Culminating Experience	
Establishes/Maintains Linkages		1	1	1			1		1	1	6
Utilizes Partnership Skills		1	1	1					1	1	5
Collaborates to Promote Health		1	1	1					1	1	5
Public/Private Organization Operations			1	1					1	1	4
Effective Community Engagements		1		1		1			1	1	5
Identifies Assets/Resources		1	1	1		1	1	1	1	1	8
Community Public Health Assessment			1	1	1	1	1		1	1	7
Describes Government Role		1	1	1			1		1	1	6
<b>Course Total for Domain</b>		<b>6</b>	<b>7</b>	<b>8</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>8</b>	<b>8</b>	

2.6.b Core competencies in each domain taught for core courses in the Wright State University MPH Program

Wright State University

6

Master of Public Health Program Self-Study

Basic Public Health Sciences Skills	Core Courses	CMH 770	CMH 705	CMH 734	CMH 620	CMH 623	EC 755	CMH 640	CMH 810	CMH 820/ 821	Courses that address competency
		Social & Behavioral Sciences	Intro to PH and Policy	Health Systems Mgmt	Biostatistics	Epidemiology	Health Economics	Environmental Health	Practice Placement	Culminating Experience	
Identifies Responsibilities		1	1	1			1		1	1	6
Health Status, HP/DP & Health Services Factors		1	1	1	1	1	1	1	1	1	9
Historical Development, Structure, and Interaction in PH and HC Systems				1			1		1	1	4
Applied Basic Research Methods		1			1	1	1		1	1	6
Applies Basic PH Sciences, Behavioral and Social Sciences, Biostatistics, Epidemiology, Environmental, and Prevention		1			1	1	1	1	1	1	7
Identifies and Retrieves Current Relevant Scientific Literature		1			1	1	1	1	1	1	7
Identifies Limitations of Research		1			1	1	1	1	1	1	7
Develops Lifelong Commitment to Rigorous Critical Thinking		1	1	1	1	1	1	1	1	1	9
<b>Course Total for Domain</b>		<b>7</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>8</b>	<b>5</b>	<b>8</b>	<b>8</b>	

2.6.b Core competencies in each domain taught for core courses in the Wright State University MPH Program

Wright State University

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Master of Public Health Program Self-Study

Financial Planning and Management Skills	Core Courses	CMH 755	CMH 705	CMH 734	CMH 620	CMH 623	EC 755	CMH 640	CMH 810	CMH 820/ 821	Courses that address competency
		Social & Behavioral Sciences	Intro to PH and Policy	Health Systems Mgmt	Biostatistics	Epidemiology	Health Economics	Environmental Health	Practice Placement	Culminating Experience	
Develops and Presents a Budget				1			1		1	1	4
Manages Programs Within Budget				1			1		1	1	4
Applies Budget Process				1					1	1	3
Develops Strategies and Priorities		1		1		1	1	1	1	1	7
Monitors Program Performance				1	1		1		1	1	5
Prepares Proposal for External Funding				1					1	1	3
Applies Human Relations Skills to Management, Motivation and Conflict Resolution				1					1	1	3
Manages Information Systems				1					1	1	3
Negotiates Contracts for Populations-Based Services				1					1	1	3
Conducts Cost-effectiveness, Cost-benefit, and Cost-utility Analyses							1		1	1	3
<b>Course Total for Domain</b>		<b>1</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>10</b>	<b>10</b>	

2.6.b Core competencies in each domain taught for core courses in the Wright State University MPH Program

Wright State University

8

Master of Public Health Program Self-Study

Leadership and Systems Thinking Skills	Core Courses	CMH 755	CMH 705	CMH 734	CMH 620	CMH 623	EC 755	CMH 640	CMH 810	CMH 820/ 821	Courses that address competency
		Social & Behavioral Sciences	Intro to PH and Policy	Health Systems Mgmt	Biostatistics	Epidemiology	Health Economics	Environmental Health	Practice Placement	Culminating Experience	
Creates Culture of Ethical Standards		1	1	1					1	1	5
Creates Key Values and Shared Vision			1	1					1	1	4
Strategic Planning		1		1			1		1	1	5
Facilitates Collaboration with Key Stakeholders				1					1	1	3
Promotes Team & Organizational Learning		1		1		1		1	1	1	6
Contributes to Development, Implementation, and Monitoring of Organizational Performance Standards				1	1	1	1	1	1	1	7
Uses Legal & Political System to Effect Change		1	1	1				1	1	1	6
Applies Theory of Organizational Structures to Professional Practice			1	1					1	1	4
<b>Course Total for Domain</b>		<b>4</b>	<b>4</b>	<b>8</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>8</b>	<b>8</b>	

**MPH 2011 Alumni Survey**

Responses 18 out of 32 contacted = 56% response rate

**1. Are you currently working?**

- a. 94.4 % working

**2. Where do you work?**

- a. Federal Government- 23.5%
- b. State Government Agency -5.9%
- c. Local Government -29.4%
- d. Hospital/Medical practice-11.8%
- e. Non-profit-11.8%
- f. Other-11.8%

**3. Have you received a promotion or increase in responsibilities or a new position since obtaining your MPH?**

- a. Promotion-47.1%
- b. Increase in job responsibilities- 35.3%
- c. New position- 47.1%
- d. None of the above-11.8%

**4. How many people do you manage?**

- a. 0--35.3%
- b. 1-4--41.2%
- c. 5-10--17.6%
- d. 11-15--0%
- e. 16-20--0.0%
- f. >20--5.9%

**5. Is MPH required for your current position?**

- a. Yes-5.9%
- b. No, but recommended-41.2%
- c. No, Not required or recommended-52.9%

**6. How long have you worked in public health field?**

- a. 0--5.9%
- b. <1--5.9%
- c. 2-4--23.5%
- d. 5-7--5.9%
- e. 8-10—5.9%
- f. >10—52.9%

**7. What was your primary objective in earning MPH?**

- a. Prepare for a career in public health- 27.8%
- b. Change careers-5.6%
- c. Increase skills in public health -72.2%
- d. Increase skills in research -22.2%
- e. Get a graduate degree to help me get into medical school-11.1%
- f. Boonshoft MD.MPH option-11.1%
- g. Others-11.1%

**8. Has your MPH helped you to achieve this objective?**

- a. Yes-94.4%
- b. No-0.0%
- c. Comments-5.6%

**9. Have you ever applied for the Certificate in Public Health (CPH) exam?**

- a. No-100%

**10. Please rate the following knowledge or skill areas covered in the MPH program indicating how useful these have been to you in your career so far:**

**1-Not useful, 2-somewhat useful, 3-useful, 4-very useful**

- a. Epidemiology-3.1
- b. Biostatistics-3.0
- c. Socio-behavioral determinants of health-3.12
- d. Health systems management-3.0
- e. Health policy-3.35
- f. Health economics-2.82
- g. Environmental health -3.0
- h. Research methods-3.24
- i. Public health practice-3.41
- j. Program evaluation methods-3.47
- k. Presentation skills-3.81
- l. Interpersonal/communication skills-3.81

**11. The following content is not emphasized in the current MPH curriculum. Please rate how important you believe these topics are to include in the MPH curriculum.**

**1-Not important, 2-somewhat important, 3- important, 4-very important**

- a. Program planning-3.61
- b. Knowledge of working with media -2.78
- c. Writing skills for professionals-3.56
- d. Proposal writing skills-3.67



- e. Health care finance-3.44
- f. Health communication/marketing skills-3.33
- g. Human resource skills-3.22
- h. Occupational health and safety-2.78
- i. Public health genetics-2.00
- j. Public health nutrition-2.50
- k. Others-5

**12. Please rate your satisfaction with the program.**

**1-Very unsatisfied, 2-Unsatisfied, 3- Neither, 4-Satisfied, 5- very satisfied**

- a. Course variety-4.22
- b. Course schedule-4.83
- c. Faculty-4.61
- d. Advising-4.39
- e. Career development/Job assistance-4.56
- f. Fellow students-4.67
- g. Facilities-4.76
- h. Opportunities for developing research skills-4.17
- i. Opportunities for independent study-4.56
- j. Opportunities for volunteer service-4.67
- k. Use of guest lecturers-4.61

**13. If you could go back and change one thing about your MPH education, what would it be?**

- a. I would change my focus to something more rigorous like epidemiology or biostatistics.
- b. Maintain the relationships built in the classroom setting
- c. to have had an international concentration at that time
- d. Complete a project in another field of Public Health instead of Environmental Health
- e. I would have another Biostats class in the program!
- f. Biostats class emphasized doing the math and not the concepts
- g. Time period of working and doing research
- h. Take more variety of classes in business-budgeting, outcomes etc.

**14. What would be the one best thing about the MPH training?**

- a. The ability to work with a great organization for my CE.
- b. The interaction with fellow students.
- c. My MPH has provided credibility as a subject matter expert
- d. The preparation it gave me for my career in PH.
- e. Global Health and Emergency Preparedness
- f. Variety of individuals within the program-learning about their careers and experiences enhanced my learning

**15. Would you recommend Program to others?**

## Appendix 4

- a. Yes; was a very flexible program that offered the entire program in the evening and ability to work at your own pace. Professors were open to ideas especially when it came time for practice placement and the culminating experience.
- b. Yes- The program is perfect for working adults and the small class sizes keep the study and learning environment extremely valuable; Also, the fact that you may "specialize" your track depending on your interests and needs for your current or future profession is fantastic; most Master's programs are cookie cutter for each student in the program, so, this program allows for some freedom within the study guidelines of the WSU MPH program.
- c. Yes, it was very user-friendly for those working full time already
- d. Yes, I really like the program and would recommend it to anyone interested in pursuing an MPH.

## Wright State University School of Medicine

### Boonshoft Physician Leadership Development Program (BPLDP)

#### Program Participation Rules

Effective January 31, 2005

##### 1.0 Brief description of program

- 1.1 The Boonshoft Physician Leadership Development Program offers integrated, dual-degree curricula for selected students.
- 1.2 Two tracks exist, one conferring a Master of Public Health (MPH); another conferring a Master of Business Administration (MBA).
- 1.3 These two tracks are integrated with the School of Medicine's Doctor of Medicine (MD) curriculum, and are aligned with one another.
- 1.4 Both tracks emphasize the importance of leadership in healthcare and the greater community.
- 1.5 Students accepted into this program become part of a five-year cohort
- 1.6 During the five-year program, the students complete the MD degree, either the MPH or MBA degree, participate in a monthly seminar series, and participate in a mentorship program in which students are matched with regional physicians who have served in key leadership.
- 1.7 Some students selected for the program may receive scholarship funding to cover tuition and certain other expenses for the graduate school courses.
  - 1.7.1 Scholarship funding is applicable only for courses offered by the Wright State University which can be applied towards completion of the Wright State University MBA or MPH degree program.

##### 2.0 Application

- 2.1 All candidates must meet all admission and application requirements of the School of Medicine (SOM), the School of Graduate Studies (SOGS), and the BPLDP.
  - 2.1.1 Applicants for the MD/MBA program must also meet admission and application requirements for the Raj Sooin College of Business (RSCOB).
  - 2.1.2 Applicants for the MD/MPH program must also meet admission and application requirements for the MPH degree program.
- 2.2 Any candidate considered for admission into the BPLDP must be interviewed by the BPLDP admissions committee.
  - 2.2.1 Exceptions to this rule can be made only at the discretion of the BPLDP Program Director with the concurrence of the BPLDP admissions committee.

- 2.3 Complete and current application requirements for the BPLDP will be provided to prospective applicants upon request.
- 3.0 Application after beginning the first year of medical school
  - 3.1 Late entrance into the BPLDP contravenes the cohort design of the program
    - 3.1.1 However, under extraordinary circumstances, students may be admitted into the program after matriculation into medical school
    - 3.1.2 All application requirements as described in the Application section must be met
    - 3.1.3 The application process must be fully completed before December 31<sup>st</sup> of the student's first year of medical school
  - 3.2 Transfer into the BPLDP contravenes the cohort design of the program
    - 3.2.1 However, under extraordinary circumstances, students may be accepted into the BPLDP upon transferring to WSUSOM from another fully accredited medical school
    - 3.2.2 All application requirements as described in the Application Section 2.0 must be met
    - 3.2.3 The application process must be fully completed before December 31<sup>st</sup> of the student's first year of medical school
    - 3.2.4 Students transferring from other medical schools can be offered only provisional acceptance in the Boonshoft Program pending formal acceptance of transfer by WSUSOM and the offering of a seat in the class
- 4.0 Matriculation
  - 4.1 A candidate must matriculate in the class year as indicated in the candidate's BPLDP acceptance letter.
  - 4.2 Deferral or delay of SOM matriculation which is coordinated with, and approved by, the SOM admissions committee, will constitute deferral of entry into the BPLDP.
    - 4.2.1 Any candidates whose matriculation is officially deferred by the SOM must immediately inform the Program Director, BPLDP in writing of the new matriculation date as approved by the SOM, and whether he/she still intends on participating in the BPLDP.
      - 4.2.1.1 Candidates who fail to inform the Program Director as described above may be required to re-apply for the BPLDP.
  - 4.3 Candidates whose SOM matriculation is delayed or deferred for any reason and who intend on entering the BPLDP at a later date are personally responsible for coordinating the matriculation date change with the SOGS, the MPH program director, and the RSCOB as applicable
  - 4.4 Failure to matriculate without notification and approval of the SOM shall constitute dismissal from the BPLDP
- 5.0 Academic issues
  - 5.1 BPLDP students will be subject to the rules, regulations, and standards of the SOM at all times, during all courses, and at all locations related to their educational program
  - 5.2 BPLDP students will also be subject to the rules, regulations, and standards of the SOGS, the RSCOB, and any other colleges and schools of WSU for courses taken in those colleges and schools

- 5.3 In the event of any discrepancy in rules and regulations between departments, schools, colleges, or any other agencies of Wright State University, the more stringent rule will apply to students in the BPLDP
- 5.4 BPLDP students must remain continuously in good standing in the SOM, the SOGS, and either the RSCOB or the MPH program as applicable
  - 5.4.1 For the purpose of continuation in the BPLDP, maintaining good standing requires that all courses result in a passing grade and that a minimum 3.0 GPA on a 4.0 scale is maintained for all courses that result in a letter grade
  - 5.4.2 Good standing for purposes of continuation in the BPLDP requires at a minimum that the student's academic record includes no failed credit hours
  - 5.4.3 Remediation in SOM courses is to be avoided.
- 5.5 Students will participate in all monthly seminars and other official BPLDP activities unless excused in advance
  - 5.5.1 Unexcused absences or a pattern of frequent absences is inconsistent with continuation in the BPLDP
- 5.6 Completion of the program in a timely manner requires adherence to a carefully developed Program of Study
  - 5.6.1 Each student will develop a Program of Study under the supervision of the program director, BPLDP and the faculty advisor for the MPH or MBA program.
    - 5.6.1.1 The Program of Study will be reviewed by the student and faculty advisor each quarter before any SOGS courses are scheduled, and otherwise at least annually.
    - 5.6.1.2 The Program of Study will be closely coordinated with the Associate Dean for Student Affairs, SOM during student years 3, 4 and 5 of the program.
      - 5.6.1.2.1 The Program Director, BPLDP is responsible for this coordination
  - 5.6.2 Students will schedule and complete coursework according to the Program of Study
    - 5.6.2.1 Students failing to successfully complete MPH or MBA degree courses according to the approved Plan of Study shall be subject to formal review concerning continuation in the BPLDP.
      - 5.6.2.1.1 The Program Director, BPLDP, shall in such circumstances investigate the reasons for the student's failure to progress, and make a recommendation to the Associate Dean for Student Affairs, SOM concerning the student's continued participation in the BPLDP
- 5.7 Any adverse academic action taken against the student by the SOGS or the RSCOB is sufficient cause to consider separation of that student from the BPLDP and terminate further scholarship support under the BPLDP.
- 5.8 The Associate Dean for Student Affairs, SOM, may separate a student from further participation in the BPLDP at any time for cause.
  - 5.8.1 Such causes include, but are not limited to:

- 5.8.1.1 Recommendation of the BPLDP Program Director.
- 5.8.1.2 Failed courses or remediation in the SOM.
- 5.8.1.3 Failed courses or overall failure to meet academic standards of the SOGS, the RSCOB, or the MPH program
- 5.8.1.4 Disciplinary action from any official authority
- 5.9 The Program Director, BPLDP, or his/her designee, will notify the program director of the MBA program or the MPH program of any student who is separated from the BPLDP
- 5.10 Students separated from the BPLDP are personally responsible for reaching administrative closure with the SOGS, the RSCOB, and the MPH program director as appropriate.
  - 5.10.1 Administrative closure includes, but is not limited to:
    - 5.10.1.1 Successful completion of, or withdrawal from, any MPH or MBA courses in which the student is currently enrolled
    - 5.10.1.2 Full withdrawal from the MBA or MPH program vs. a negotiated plan for deferred continuation/completion
  - 5.10.2 Administrative closure for purposes of the BPLDP does not include academic disposition by the SOM
    - 5.10.2.1 Continuation or non-continuation in the SOM will be determined by SOM policy as a separate issue from BPLDP disposition
- 6.0 Leave of absence
  - 6.1 Students who are granted leave of absence from the SOM will be considered to be on leave of absence from the BPLDP.
  - 6.2 All financial entitlements under the BPLDP are suspended until the student returns from the leave of absence.
  - 6.3 Upon the student's return from the leave of absence, the Program Director, BPLDP or his/her designee will conduct a formal review for the purpose of determining if it is still possible for the student to complete the degree requirements for the MBA or MPH prior to graduation from the SOM.
    - 6.3.1 This review will be completed as soon as possible, and within 20 working days of a student's return from leave of absence.
    - 6.3.2 This review shall be conducted prior to the student enrolling in any additional SOGS courses.
    - 6.3.3 If completion of course requirements for the MBA or MPH degree cannot be accomplished in the time remaining before the scheduled SOM graduation, the Program Director, BPLDP may recommend to the Associate Dean for Student Affairs that the student be formally separated from the BPLDP without prejudice.
- 7.0 Resignation from the BPLDP
  - 7.1 Students wishing to resign from the BPLDP must submit a resignation letter to the Program Director, BPLDP, with a copy to the Associate Dean for Student Affairs, SOM.
  - 7.2 Students resigning from the BPLDP remain completely responsible for any SOGS coursework then in progress.

- 7.3 Students resigning from the BPLDP are responsible for reaching administrative closure with SOGS, and the RSCOB or MPH program as applicable.
  - 7.3.1 See 5.10 for definition of administrative closure
- 7.4 Financial support provided through the BPLDP will be terminated immediately upon the acceptance of the letter of resignation
- 8.0 Transfer to another medical school.
  - 8.1 If a student initiates a transfer to another medical school, any and all scholarship or other financial disbursements under the BPLDP will immediately be held in abeyance until the transfer is final or the student cancels the transfer request.
  - 8.2 Upon transfer to another medical school, all further entitlements under the BPLDP cease.
- 9.0 Dismissal or resignation from the SOM.
  - 9.1 Upon dismissal or resignation from the SOM, all entitlements under the BPLDP cease immediately.
  - 9.2 Students remain completely responsible for any SOGS coursework then in progress.
  - 9.3 Students who are dismissed or resign from the SOM are responsible for reaching administrative closure with SOGS, and the RSCOB or MPH program as applicable.
    - 9.3.1 See 5.10. for definition of administrative closure
  - 9.4 Students who resign from the SOM in good standing may be allowed to continue the MBA or MPH degree program already underway, subject to review and approval of the respective program director.

<b>MD/MPH Wright State University</b>				
<b>Year</b>	<b>Summer</b>	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>
<b>1</b>		<b>SOM</b>	<b>SOM</b>	<b>SOM</b>
		Basic Medical Sciences		
		CMH 734		
<b>2</b>	<b>MPH</b> CMH 705 EC 755 MBA 750	<b>SOM</b>	<b>SOM</b>	<b>SOM</b>
		Basic Medical Sciences		
		CMH 734		
<b>3</b>	<b>SOM</b>  Clinical clerkship	<b>SOM</b>  Clinical clerkship	<b>MPH</b> CMH 620 CMH 640 CMH 744	<b>SOM</b>  Clinical clerkship
		CMH 754		
<b>4</b>	<b>SOM</b>  Clinical clerkship	<b>MPH</b> CMH 775 CMH 810 Elective	<b>SOM</b>  Electives JI	<b>MPH</b> CMH 623 CMH 770 CMH 820
		CMH 754		CMH 828
<b>5</b>	<b>MPH</b> CMH 821 Elective Elective	<b>SOM</b>  Electives JI	<b>SOM</b>  Electives JI	<b>SOM</b>  Electives JI
		Self-study		



**Table 3.1.a-1. MPH faculty scholarly publications (faculty is in bold, student is underlined)**

Francis, S., <b>Battle-Fisher, M.</b> , Nelson, J., Liverpool, J., Mosavel, M., Hipple, L., Shogun, S., Mofammere, N. (2011) A qualitative analysis of South African women’s knowledge, attitudes, and beliefs about HPV and cervical cancer prevention, vaccine awareness and acceptance, and maternal-child communication about sexual health. <i>Vaccine, Press, Uncorrected Proof, Available online 17 August 2011.</i>
<b>Battle-Fisher M.</b> “Organ Donation Ethics: Are Donors Autonomous within Collective Networks?” <i>OJHE Online Journal of Health Ethics</i> 6.2 (December 2010). Retrieved from <a href="http://ojhe.org/">http://ojhe.org/</a> .
Ledbetter, A., Heiss, S., Sibal, K., Lev, E. <b>Battle-Fisher, M.</b> , & Shubert, N.(2010). Parental Invasive and Children’s Defensive Behaviors at Home and Away at College: Mediated Communication and Privacy Boundary Management. <i>Communication Studies</i> . 61:2, 184 – 204.
<b>Battle-Fisher, M.</b> (June 2009). Brown skin, kneeling and anointing to brown skin, genuflecting and “Sign of the Cross”-a Black girl’s experience with religious conversion. <i>Qualitative Inquiry</i> . 15:7, 1125-26.
<b>Bullock JD</b> , Elder BL, <b>Khamis HJ</b> , Warwar RE. Effects of Time, Temperature, and Storage Container on the Growth of <i>Fusarium</i> sp.: Implications for the Worldwide <i>Fusarium</i> Keratitis Epidemic of 2004-2006. <i>Arch Ophthalmol</i> .2011;129(2):133-136.
<b>Bullock JD</b> , <b>Khamis HJ</b> . A Retrospective Statistical Analysis of the <i>Fusarium</i> Keratitis Epidemic of 2004-2006. <i>Ophthalm. Epidemiol</i> . 2010;17(3):166-171.
<b>Bullock, JD</b> , Galst JM. The Story of Louis Braille. <i>Arch Ophthalmol</i> .2009;127(11):1532-1533.
<b>Bullock JD</b> . Root Cause Analysis of the <i>Fusarium</i> Keratitis Epidemic of 2004-2006 and Prescriptions for Preventing Future Epidemics. <i>Trans. Amer. Ophthalmol. Soc</i> .2009;107:194-204.
<b>Bullock JD</b> , Warwar RE, Elder BL, Northern WI. Temperature Instability of ReNu with MoistureLoc: A New Theory to Explain the Worldwide <i>Fusarium</i> Keratitis Epidemic of 2004-2006. <i>Trans. Amer. Ophthalmol. Soc</i> . 2008;106:117-127.
<b>Bullock JD</b> , Warwar RE, Elder BL, Northern WI. Temperature Instability of ReNu with MoistureLoc - A New Theory to Explain the Worldwide <i>Fusarium</i> Keratitis Epidemic of 2004-2006. <i>Arch Ophthalmol</i> .2008;126(11):1493-1498.
<b>Bullock JD</b> . Use of the Poisson Probability Mass Function in a Retrospective Evaluation of the <i>Fusarium</i> Keratitis Epidemic of 2004-2006. <i>Cornea</i> . 2008;27:1013-1017.
Zoumalan CI, <b>Bullock JD</b> , Warwar RE, et al. Evaluation of Intraocular and Orbital Pressure in the Management of Orbital Hemorrhage: An Experimental Model. <i>Arch Ophthalmol</i> . 2008;126(9):1257-1260.
<b>Cauley, K.L., Clasen, C.</b> , Conner, K.R., Catrone, F., <b>McAlearney JS</b> . “A Snapshot of Ohio’s Health Safety Net.” <i>Health Policy Institute of Ohio Publication/HealthPath Foundation</i> (April 2010).
Jaballas, E., Clark-Ott, D., <b>Clasen, C.</b> , Stolfi, A., Urban, M. “Parents’ Perceptions of Their Children’s Weight, Eating Habits, and Physical Activities at Home and at School” <i>Journal of Pediatric Health Care</i> , 2010, Article in Press.
McConnell E, <b>Clasen C</b> , Stolfi A, Anderson D, Markert RJ, Jaballas E. “Community service and the pediatric exam: An introduction to clinical medicine via a partnership between first year medical students and a community elementary school.” <i>Teaching and Learning in Medicine</i> 22.3 (2010):187-190.
Yung, B., Leahy, P., Deason, L.M., Fischer, R.L., Perkins, F., <b>Clasen, C.</b> , Sharma, M. “Capacity-building needs of minority health nonprofits.” <i>Evaluation and Program Planning</i> , 2008, Vol 31, No. 4: 382-391.
Crites, G.E., <b>Ebert, J.R., Schuster, R.J.</b> (2008). Beyond the dual degree: development of a five-year program in leadership for medical undergraduates. <i>Academic Medicine</i> , 83(1):52-58.
<b>Eddy C</b> , Sase E, Schuster R. “Pandemic Influenza A 2009 and Public Health Policies.” <i>Georgetown Public Policy Review</i> 15.1 (2010).
<b>Eddy C</b> . “The Environmental Health Renaissance (letter to the editor).” <i>Ohio Journal of Environmental Health</i> 60.1 (2010).
Schuster RJ, Steichen O, Ogunmoroti O, <b>Ellison S</b> , Terwoord N, Duhot D, Beaufils M. “Physician Cardiovascular Disease Risk Factor Management: Practices in France vs. the United States.” <i>Journal of Clinical Hypertension</i> 10.1111/j.1751-7176.2010.00370.x.
<b>Khalil N</b> , Sutton-Tyrrell K, Strotmeyer ES, Greendale GA, Vuga M, Selzer F, et al. “Menopausal bone changes and incident fractures in diabetic women: a cohort study.” <i>Osteoporos Int</i> (July 24, 2010).

**Table 3.1.a-1. MPH faculty scholarly publications (faculty is in bold, student is underlined>) (Cont'd)**

<b>Khalil N</b> , Wilson JW, Talbott EO, Morrow LA, Hochberg MC, Hillier TA, Muldoon SB, Cummings SR, Cauley JA. Association of blood lead concentrations with mortality in older women: a prospective cohort study. <i>Environ Health</i> . 2009; 8:15.
<b>Khalil N</b> , Morrow LA, Needleman H, Talbott EO, Wilson JW, Cauley JA. Association of cumulative lead and neurocognitive function in an occupational cohort. <i>Neuropsychology</i> . Jan 2009; 23 (1):10-19.
<b>Khalil N</b> , Cauley JA, Wilson JW, Talbott EO, Morrow L, Hochberg MC, Hillier TA, Muldoon SB, Cummings SR. Relationship of blood lead levels to incident nonspine fractures and falls in older women: the study of osteoporotic fractures. <i>J Bone Miner Res</i> . Sep 2008; 23(9):1417-1425
<b>Lee M</b> , Martin H, Firpo M, Demerath EW. "Inverse association between adiposity and telomere length: The Fels Longitudinal Study." <i>Am J Hum Biol</i> (2010):epub. PMID:21080476
<b>Lee M</b> , Nahhas RW, Choh AC, Demerath EW, Duren DL, Chumlea WC, Sherwood RJ, Towne B, Siervogel RM, Czerwinski SA. "Longitudinal changes in calcaneal quantitative ultrasound measures during childhood." <i>Osteoporos Int</i> (2010):epub. PMID:20976593.
<b>Lee, M.</b> , Choh, A.C., Demerath, E.W., Knutson, K.L., Duren D.L., Sherwood, R.J., Sun, S.S., Chumlea, W.C., Towne, B.C., Siervogel, R.M., Czerwinski, S.A. "Sleep disturbance in relation to health-related quality of life in adults: the Fels Longitudinal Study." <i>Journal of Nutrition Health and Aging</i> 13.6 (2009):576-583. PMID 19536428.
Choh, A.C., Demerath, E.W., <b>Lee, M.</b> , Williams, K.D., Towne, B., Siervogel, R.M., Cole, S.A., Czerwinski, S.A. (2008). Genetic analysis of self-reported physical activity and adiposity: The Southwest Ohio Family Study. <i>Public Health Nutrition</i> , Sep 9:1-9.
Chumlea WC, Choh AC, <b>Lee M</b> , Towne B, Sherwood RJ, Duren DL, Czerwinski SA, Siervogel RM. The first serial study into old age for weight, stature and BMI: The Fels Longitudinal Study. <i>J Nutr Health Aging</i> . 2009;13(1):3-5
Chumlea, W.C., Choh, A.C., <b>Lee, M.</b> , Sherwood, R.J., Duren, D.L., Czerwinski, S.A., Towne, B., Siervogel, R.M. (2008). The Fels Longitudinal Study 80 Years. <i>The Journal of Child Growth and Development (Japan)</i> , 6:174-177.
Demerath EW, Reed D, Choh AC, Soloway L, <b>Lee M</b> , Czerwinski SA, Chumlea WC, Siervogel RM, Towne B. Rapid postnatal weight gain and visceral adiposity in adulthood: The Fels Longitudinal Study. <i>Obesity (Silver Spring)</i> . 2009;17(11):2060-6
Demerath, E.W., Reed, D., Rogers, N.L., Sun, S.S., <b>Lee, M.</b> , Choh, A.C., <i>Couch, W.</i> , Czerwinski, S.A., Chumlea, W.C., Siervogel, R.M., Towne, B. (2008). Visceral adiposity and its anatomical distribution as predictors of the metabolic syndrome and cardiometabolic risk factor levels. <i>American Journal of Clinical Nutrition</i> , 88(5):1263-1271.
Duren, D.L., Sherwood, R.J., Czerwinski, S.A., Chumlea, W.C., <b>Lee, M.</b> , Demerath, E.W., Sun, S.S., Siervogel, R.M., Towne, B. (2008). Genetic architecture of knee radiographic joint space in healthy young adults. <i>Human Biology</i> , 80(1):1-9. PMID 18505041.
Duren, D.L., Sherwood, R.J., Czerwinski, S.A., <b>Lee, M.</b> , Choh, A.C., Siervogel, R.M., Chumlea, W.C. (2008). Body composition methods: comparisons and interpretation. <i>Journal of Diabetes Science &amp; Technology</i> , 2(6):1147-1150.
Nahhas RW, Choh AC, <b>Lee M</b> , Chumlea WC, Sherwood RJ, Duren DL, Towne B, Siervogel RM, Czerwinski SA. Bayesian longitudinal plateau model of adult grip strength. <i>Am J Hum Biol</i> . 2010;22:648
Pascoe JM, <b>Lee M</b> , Specht SL, McNicholas CI, Spears W, Gans A, Heneghan AM. Mothers with positive or negative depression screens evaluate a maternal resource guide. <i>J Pediatric Health Care</i> . 2010;24(6):378-84
Towne B, Williams KD, Blangero J, Czerwinski SA, Demerath EW, Nahhas RW, Dyer TD, Cole SA, <b>Lee M</b> , Choh AC, Duren DL, Sherwood RJ, Chumlea WC, Siervogel RM. Presentation, heritability, and genome-wide linkage analysis of the mid-childhood growth spurt in healthy children from the Fels Longitudinal Study. <i>Hum Biol</i> . 2008;80(6):623-636
Tasosa J, <b>McAlearney JS</b> , Schuster RJ. "A Comparative Evaluation of the Cost Effectiveness of Treating the Metabolic Syndrome in African Americans and the General Population." <i>J Health Care Poor Underserved</i> 21.1 (2010).

**Table 3.1.a-1. MPH faculty scholarly publications (faculty is in bold, student is underlined>) (Cont'd)**

Martin, <u>S.</u> , <b>Orlowski</b> , M. & <b>Ellison</b> , S. (in press). Sociodemographic factors that predict cervical cancer screenings in Ohio women with a disability. <i>Social Work in Public Health</i> . Accepted January 2011.
<u>Husain</u> , M., <b>Orlowski</b> , M., Wonders, K. & Hallam, J. (2010). Revisiting the relationship between beliefs and mammography utilization. <i>American Journal of Health Studies</i> 25(2). 78 – 85.
<b>Orlowski</b> , M., Hallam, J., & Wonders, K. (2010). Physical activity in an organized after school program: a pilot study. <i>Journal of Exercise Physiology Online</i> 3, 12 – 21.
<b>(Orlowski) Langlois</b> , M. & Hart A. (2010). Go! Including movement during lines and other routines. <i>Young Children</i> . September, 88-93.
<b>(Orlowski) Langlois</b> , M. & Hallam, J. (2010) Integrating multiple health behavior theories into program planning: The PER worksheet. <i>Health Promotion Practice</i> 11(2), 282-288. <i>This article was one of two journal articles selected for continuing education contact hours (CECH) for Certified Health Education Specialist (CHES) self study.</i>
<b>Paton SJ</b> , Croom C. "An Overview of Fetal Alcohol Spectrum Disorders for Physicians." <i>Prim Care Rep</i> 16.1 (2010):1-8.
Mauck, B.S., <b>Paton</b> , SJ, Lucot, JB, Grubbs, RD. 2010. Cholinesterase inhibitors and stress: Effects on brain muscarinic receptor density in mice. <i>Neurotoxicology</i> . 31(5): 461
Eisenhauer, E. Uddin, DE Albers, P <b>Paton</b> , S Stoughton, RL. Establishment of a low birth weight registry and initial outcomes. <i>Maternal Child Health Journal</i> . 2009 Nov 12. [Epub ahead of print] PMID: 19908132.
<u>Cote</u> , B.L., Bejarno, D. Koob, V. , McLean, M. and <b>Paton</b> , S.J. 2009. <b>Socio-demographic characteristics of pregnant abortion-minded clients versus pregnant non-abortion-minded clients at a pregnancy crisis center. Persona y Bioética; 13 (33): 137-51.</b>
Mauck, B.S., <b>Paton</b> , S.J., Lucot, J.B., Grubbs, R.D. (2008). Subcutaneous exposure to carbamate acetylcholinesterase inhibitors does not induce apoptosis in mouse brain. <i>Journal of Medical Chemical, Biological, and Radiological Defense</i> , 6.
<b>Rogers NL</b> , Abdi J, Smith LJ, Carson AJ, Carlson D, Moore D (2011) Colostrum avoidance, prelacteal feeding and late breastfeeding initiation in rural northern Ethiopia. <i>Pub Health Nutr</i> . Apr 21:1-8. [Epub ahead of print]
<b>Rogers NL</b> , Embree JA, Masoudi N, Huber MJ, Ford JA, Moore, D. (2011). Consumer perspectives on reasons for unsuccessful VR case closure: an exploratory study <i>J Voc Rehab</i> , 34(3), 151-162.
Megabiaw BZ, Wassie B, <b>Rogers NL</b> (Submitted) Prevalence and associated factors of malnutrition in children attending HIV/AIDS care at two referral hospitals, North-West Ethiopia. <i>Ethiopian J Health Biomed Sci</i> .
Demerath EW, <b>Rogers NL</b> , Reed D, Lee M, Choh AC, Siervogel RM, Chumlea WC, Towne B, Czerwinski SA (2010) Significant associations of age, menopausal status and lifestyle factors with visceral adiposity in African-American and European-American women. <i>Ann Hum Bio</i> 38(3):247-256.
Moore D, Guthmann D, <b>Rogers NL</b> , Fraker S, Embree J (2009) E-therapy as a means for addressing barriers to substance use disorder treatment for persons who are Deaf. <i>J Sociol Soc Welf</i> 36(4):75-92.
McAweeney M, <b>Rogers NL</b> , <u>Huddleson C</u> , Moore D, Gentile J (2009) Symptom prevalence of ADHD in a community residential substance abuse treatment program. <i>J Atten Disord</i> TBA
Eustace RW, <b>Rogers NL</b> (2008) Hepatitis C: a silent epidemic among Ohio's inmates and re-entry populations. <i>Columbus (OH) Bar Association: Lawyer's Quarterly</i> Fall:38-39.
<b>Rogers NL</b> (2009) Volunteers make ER Reassurance Program a reality. <i>J Emergency Med Svcs</i> (JEMS.com) August 20. <a href="http://www.jems.com/news_and_articles/articles/senior_aid.html">http://www.jems.com/news_and_articles/articles/senior_aid.html</a>
Demerath EW, Reed D, <b>Rogers NL</b> , Sun SS, Lee M, Choh AC, Couch W, Czerwinski SA, Chumlea WC, Siervogel RM, Towne B (2008) Visceral adiposity and its anatomical distribution as predictors of the metabolic syndrome and cardiometabolic risk factor levels. <i>Am J Clin Nutr</i> 88(5):1263-71.
<b>Rogers NL</b> , Goodheart A (2008) Historic superimposed image of John Paul Jones was the brainchild of American Diplomat Horace Porter: Update to Rogers, 2005. <i>J Forens Ident</i> 58(6):712-722.
Demerath EW, Reed D, <b>Rogers NL</b> , Sun S, <b>Lee M</b> , Choh AC, Couch W, Czerwinski SA, Chumlea WC, Siervogel RM, Towne B (2008) The anatomical patterning of visceral adipose tissue: Race, sex, and age variation. <i>Obesity</i> 15:2984-2993.

**Table 3.1.a-1. MPH faculty scholarly publications (faculty is in bold, student is underlined) (Cont'd)**

Carr, C.A., Xu, J., <b>Redko, C.</b> , Lane, D.T., Rapp, R.C., Goris, J., Carlson, R.G. (2008). Individual and system influences on waiting time for substance abuse treatment. <i>Journal of Substance Abuse Treatment</i> , 34:192-201.
Rapp, R.C., Otto, A.L., Lane, D.T., <b>Redko, C.</b> , McGatha, S., Carlson, R.G. (2008). Improving linkage with substance abuse treatment using brief case management and motivational interviewing. <i>Drug and Alcohol Dependence</i> , 94:172-182.
<b>Redko, C.</b> (2008). Review of <i>Will to Live: AIDS Therapies and the Politics of Survival</i> (Joao Biehl. Princeton, NJ: Princeton University Press, 2007. 478 pp.). <i>Ethos</i> , 36:3.
<b>Sase, E.</b> (2008). Infectious disease control in Japan and global health (interview article, editorial author Hideo Kesen). <i>Sankei Express</i> (Japan), March 30:30.
Mohamed C, <b>Spears W.</b> "Bexar County's Dental Safety Net for Children: An Estimate of Our Capacity and Need." <i>Texas Dental</i> (December 2010).
Pascoe JM, <b>Lee M</b> , Specht SL, McNicholas CI, <b>Spears W</b> , Gans A, Heneghan AM. "Mothers with positive or negative depression screens evaluate a maternal resource guide." <i>J Pediatr Health Care</i> 24.6 (2010):378-384. PMID:20971413.
Sunil, T., <b>Spears, W.</b> , Hook, L., Castillo, J., Torres, C. (2008). Initiation of and barriers to prenatal care use among low
<u>Ten Eyck R</u> : Regional Hospitals' Ability to Meet Projected Avian Flu Pandemic Surge Capacity Requirements. <i>Prehospital and Disaster Med</i> , 2008; 23(2):103-112
<b>Woldetsadik MA, Sendekie TY, White, MT, Zegeye, DT</b> (2011) Client preferences and acceptability for medical abortion and MVA as early pregnancy termination method in Northwest Ethiopia. <i>Reproductive Health</i> 8:19. Available at: <a href="http://www.reproductive-health-journal.com/content/8/1/19">http://www.reproductive-health-journal.com/content/8/1/19</a>
<b>White MT</b> , Borges, NJ, Geiger, SB (2011) Perceptions of Factors Contributing to Professional Identity Development and Specialty Choice: A Survey of Third and Fourth-Year Medical Students. <i>Annals of Behavioral Science and Medical Education</i> . 17(1):18-23.
<b>White, M.T.</b> "Making Sense of Genetic Uncertainty: The Role of Religion and Spirituality." <i>American Journal of Medical Genetics Part C Seminars in Medical Genetics</i> 151C (2009): 68-76.
Tchorz K, Binder SB, <b>White M</b> , Lawhorne L, Bentley D, Delaney E, Borchers J, Miller M, Barney L, Dunn M (2008) OSCE Training in Ethics and Palliative Care: A Pilot Study During the Surgical Clerkship. <i>Journal of Surgical Research</i> 144(2): 184-185.

**Table 3.1.a-2 MPH faculty scholarly published abstracts (faculty is in bold, student is underlined>)**

<b>Battle-Fisher, M.</b> #, 2011-11. <b>Whose Quality of Life is it anyway: the collective experience and QOL. Abstract accepted to the</b> 2011 Aging and Society: An Interdisciplinary Conference, University of California, Berkeley, CA (8-9 November 2011)
McConnell E, <b>Clasen C</b> , Stolfi A, Anderson D, Markert RJ, Jaballas E. "Community service and the pediatric exam: An introduction to clinical medicine via a partnership between first year medical students and a community elementary school." <i>Teaching and Learning in Medicine</i> 22.3 (2010):187-190.
Khalil N, Sutton-Tyrrell K, Selzer F, Strotmeyer ES, Vuga M, Cauley JA. "Bone Loss and Fracture Risk during Menopause with Diabetes in the longitudinal cohort Study of Women across the Nation (SWAN)" <i>J Bone Miner Res</i> 24 2009(Suppl 1).
<b>Lee M</b> , McNicholas CI, Pascoe JM. "Mother's persistent depressive symptoms and their children's math and literacy Skills: A National Study." <i>Pediatric Academic Societies Annual Meeting</i> (2010). E-PAS 2010:1380.7
<b>Lee M</b> , Choh AC, Towne B, Dyer TD, Duren DL, Nahhas RW, Sherwood RJ, Chumlea WC, Siervogel RM, Cole SA, Czerwinski SA. "Significant Quantitative Trait Loci of Chromosomes 3 and 16 Linked to Proximal Hip Geometry in the Fels Longitudinal Study." <i>J Bone Miner Res</i> 25.Suppl 1 (2010). Available at: <a href="http://www.asbmr.org/Meetings/AnnualMeeting/Abstract10.aspx">http://www.asbmr.org/Meetings/AnnualMeeting/Abstract10.aspx</a> .
Williams KD, Blangero J, <b>Lee M</b> , Dyer TD, Subedi J, Jha B, Williams-Blangero S, <b>Towne B</b> . "Heritability of axial quantitative ultrasound measures of bone strength in children from the Jirel population of eastern Nepal." <i>Am J Phys Anthropol</i> (2010):244.
Duren DL, Nahhas RW, Sherwood RJ, <b>Lee M</b> , Choh AC, Towne B, Czerwinski SA, Siervogel RM, Chumlea WC. Secular trend for earlier skeletal maturation in US children. <i>J Bone Miner Res</i> . 2010; 25 (Suppl 1). Available at: <a href="http://www.asbmr.org/Meetings/AnnualMeeting/Abstract10.aspx">http://www.asbmr.org/Meetings/AnnualMeeting/Abstract10.aspx</a> .
Choh AC, Nahhas RW, <b>Lee M</b> , Towne B, Demerath EW, Czerwinski SA. "Childhood Overweight History Predicts Adult Visceral Adiposity." <i>Obesity</i> 18.S2 (2010):S194-195.
Choh, A.C., <b>Lee, M.</b> , Nahhas, R.W., Blangero, J., Towne, B.C., Wilson, A.F., Siervogel, R.M., Cole, S.A., Czerwinski, S.A. "Gene-by-age interaction effects on grip strength: The Southwest Ohio Family Study." <i>American Journal of Human Biology</i> 21.2 (2009):249-250.
<b>Lee M</b> , Choh AC, Nahhas RW, Chumlea WC, Demerath E, Duren DL, Sherwood RJ, Towne B, Siervogel RM, Czerwinski SA. Increased arterial stiffness with high-sensitivity C-reactive protein levels in women, but not in men. <i>Circulation</i> . 2009;119(10):63-64
Czerwinski SA, Nahhas RW, <b>Lee M</b> , Choh AC, Demerath EW, Towne B. "Prediction Equations for Estimating Visceral Adipose Tissue." <i>Obesity</i> 18.S2 (2010):S173.
Czerwinski, S.A., <b>Lee, M.</b> , Nahhas, R.W., Choh, A.C., Demerath, E., Duren, D.L., Sherwood, R.J., Towne, B.C., Chumlea, W.C., Siervogel, R.M. "Serum adiponectin levels and cardiovascular disease risk factors in the Fels Longitudinal Study." <i>Circulation</i> 119.10 (2009):44. Abstract #P152, E316-E316. Presented at the <i>Joint Conference - 49th Cardiovascular Disease Epidemiology and Prevention and Nutrition, Physical and Metabolism</i> . Palm Harbor, Florida. March 10-14, 2009.
Demerath, E.W., Erickson, D., Soloway, L., Choh, A.C., <b>Lee, M.</b> , Chumlea, W.C., Siervogel, R.M., Czerwinski, S.A., Towne, B.C. "Infant growth, parental obesity, and childhood BMI: 70 years of data from the Fels Longitudinal Study." <i>American Journal of Human Biology</i> 21.2 (2009):251.
Duren, D.L., Sherwood, R.J., <b>Lee, M.</b> , Siervogel, R.M., Towne, B.C. "Human bipedality and the genetic architecture of a locomotor system." <i>American Journal Physical Anthropology</i> 138.S48 (2009):180
<b>Lee, M.</b> , Choh, A.C., Nahhas, R.W., Chumlea, W.C., Demerath, E.W., Duren, D.L., Sherwood, R.J., Towne, B.C., Siervogel, R.M., Czerwinski, S.A. "Increased arterial stiffness with high-sensitive C-Reactive protein levels in women, but not in men." <i>Circulation</i> 119.10 (2009):63-64. Abstract #P242, E335-E336. Presented at the <i>Joint Conference - 49th Cardiovascular Disease Epidemiology and Prevention and Nutrition, Physical and Metabolism</i> . Palm Harbor, Florida. March 10-14, 2009.
McNulty, K.P., Duren, D.L., Blangero, J., Dyer, T., Cole, S.A., <b>Lee, M.</b> , Siervogel, R.M., Towne, B.C., Sherwood, R.J. "The geometry and architecture of craniofacial inheritance." <i>Am J Phys Anthro</i> 138.S48 (2009):289. Presented at the annual meetings of the <i>American Association of Physical Anthropology. Joint symposium with the American Association of Anthropological Genetics</i> . Chicago, Illinois. April 1-4, 2009.

**Table 3.1.a-2 MPH faculty scholarly published abstracts (faculty in bold, student underlined>) (Cont'd)**

Soloway, L., Erickson, D., Choh, A.C., <b>Lee, M.</b> , Chumlea, W.C., Siervogel, R.M., Czerwinski, S.A., Towne, B.C., Demerath, E.W. "Birth cohort effects on childhood BMI trajectories: 70 years of data from the Fels Longitudinal Study." <i>Circulation</i> 119.10 (2009):31.
Nahas RW, Choh AC, <b>Lee M</b> , Chumlea WC, Sherwood RJ, Duren DL, Towne B, Siervogel RM, Czerwinski SA. Longitudinal analysis of grip strength over the lifespan. <i>Am J Phys Anthropol.</i> 2009;138(S48):303
<b>Lee, M.</b> , Demerath, E.W., Goring, H.H., Dyer, T.D., Blangero, J., Cole, S.A., (2008). Evidence for quantitative trait loci Influencing Body Composition phenotypes on Chromosome 14: The Southwest Ohio Family Study. <i>Obesity</i> , 16(Suppl 1):S256.
<b>Lee, M.</b> , Towne, B., Siervogel, R.M., Goring, H.H., Dyer, T.D., Blangero, J., Cole, S.A., Czerwinski, S.A. (2008). Genome-wide scan for muscle phenotypes: The Southwest Ohio Family Study. <i>American Journal of Human Biology</i> , 20(2):216-217.
Choh AC, <b>Lee M</b> , Towne B, Siervogel RM, Goring HH, Dyer T, Blangero J, Cole SA, Czerwinski SA. Genome-wide scan for muscle phenotypes: The Southwest Ohio Family Study. <i>Am J Human Biol.</i> 2008;20(2):216-217
Choh AC, <b>Lee M</b> , Demerath EW, Siervogel RM, Goring HH, Dyer TD, Blangero J, Towne B, Cole SA, Czerwinski SA . Evidence for quantitative trait loci Influencing Body Composition phenotypes on Chromosome 14: The Southwest Ohio Family Study. <i>Obesity.</i> 2008;16 Suppl 1:S256
Sun SS, Schubert CM, Chumlea WC, Towne B, <b>Lee M</b> , Czerwinski SA, Choh AC, Siervogel RM. Childhood precursors for adulthood cardiovascular and type 2 diabetes. <i>Obesity.</i> 2008;16(Suppl1):S92
Demerath, E.W., Czerwinski, S.A., Choh, A.C., <b>Lee, M.</b> , Soloway, L., Chumlea, W.C., Towne, B., Siervogel, R.M. (2008). Accelerated skeletal development among infants experiencing catch-up growth and subsequently higher adulthood visceral adiposity: The Fels Longitudinal Study. <i>Diabetes</i> , 57(Suppl 1):A489.
Duren, D.L., Blangero, J., Sherwood, R.J., Curran, J.E., Dyer, T.D., Cole, S.A., Czerwinski, S.A., Chumlea, W.C., <b>Lee, M.</b> , Choh, A.C. (2008). Childhood cortical bone and skeletal age show bivariate genetic linkage to chromosome 2p. <i>Journal of Bone and Mineral Research</i> , 23(Suppl 1):S50.
<b>Lee, M.</b> , Czerwinski, S.A., <u>Liang, R.</u> , Choh, A.C., Sun, S.S., Duren, D.L., Sherwood, R.J., Demerath, E.W., Chumlea, W.C., Towne, B., Siervogel, R.M. (2008). Sex-specific relationship between apolipoprotein B/apolipoprotein AI and metabolic syndrome. <i>Diabetes</i> , 57(Suppl 1):A287.
<b>Lee, M.</b> , Firpo, M., <b>Rogers, N.L.</b> , Siervogel, R.M., Demerath, E.W. (2008). Telomere length and adiposity: The Fels Longitudinal Study. <i>Arteriosclerosis, Thrombosis, and Vascular Biology</i> , 28:e-35.
<b>Lee, M.</b> , Nahhas, R.W., Choh, A.C., Demerath, E.W., Chumlea, W.C., Duren, D.L., Sherwood, R.J., Williams, K.D., Towne, B., Siervogel, R.M., Czerwinski, S.A. (2008). Longitudinal analysis of calcaneal quantitative ultrasound measures during childhood. <i>Journal of Bone and Mineral Research</i> , 23(Suppl 1):S454.
Sun, S.S., Schubert, C.M., <b>Lee, M.</b> , Czerwinski, S.A., Choh, A.C., Siervogel, R.M. (2008). Childhood precursors for adulthood cardiovascular and type 2 diabetes. <i>Obesity</i> , 16(Suppl 1):S92-S93.
Adkins S, <b>Paton SJ</b> . "Suicide rates in the United States and Ohio by level of urbanization." <i>Ohio Public Health Conference Proceedings.</i> (2010).
Eisenhauer, E., Uddin, D.E., Albers, P., <b>Paton, S.J.</b> , Stoughton, R.L. "The factor of maternal stress in the delivery of a low birth weight infant." Presented at <i>Ohio March of Dimes Conference.</i> Columbus, Ohio. (2009).
Jasin, L., <b>Paton, S.J.</b> , Swank, M.A. "A Prematurity Education Program for Home Health Care Providers." Presented at <i>City Match Conference.</i> New Orleans, Louisiana. (2009).
<b>Redko, C.</b> "Congestive Heart Failure Performance Measures: Does adherence impact early Unplanned Hospital Readmissions?" (2009). (Mazimba, Grant, Makola, Tan, Parvathaneni, Patel, Kalra, Kothapalli).
<b>Rogers NL</b> , Carlson AJ, Feleke A (2011) Birth Attendants can be trained to maximize breastfeeding and decrease prelacteal feeding in Ethiopia's Amhara region. Abstract accepted for the American Public Health Association annual meeting, Washington, D.C., October 2011.
Embree J, Fraker S, <b>Rogers NL</b> , Ford JA, Moore D, Wilson JF. (2011) Exploring connections between suicidal behavior and language acquisition in a Deaf population with co-occurring substance use disorder. American Public Health Association annual meeting, October 2011, Washington, D.C.
Carlson AJ, <b>Rogers NL</b> , Feleke A (2011). Enabling women and children in a low-income rural population to become agents of nutritional change. American Public Health Association annual meeting, October 2011, Washington, D.C.

**Table 3.1.a-2 MPH faculty scholarly published abstracts (faculty in bold, student underlined) (Cont'd)**

Wilson J, <b>Rogers NL</b> , Fraker S, Embree J (2011). Deaf off Drugs & Alcohol (DODA): Creating Culturally Appropriate Communications for Recovery From Substance Use Disorders. August 2011, CDC National Conference on Health Communication, Marketing and Media, Atlanta, GA.
<b>Rogers NL</b> , Embree J, Wilson JF, Huber M, Moore D. (2009). The emergent generation gap in attitudes toward khat in urban Ethiopia. Tradition, Trade and Tragedy: the changing use and misuse of catha edulis (khat) in a changing world: 05-09 October 2009, Scandic Linköping Väst, Sweden.
<b>Rogers NL</b> , Carr C, Duncan-Alexander T, <u>Ndiang'ui S</u> , Lemon C, Eustace RW, Moore D (2009). Unprotected sex is associated with having sex while high in high-risk African-American women. <i>American Journal of Human Biology</i> 21(2):266, P12.
Demerath, E.W., <b>Rogers, N.L.</b> , Reed, D., Choh, A.C., Czerwinski, S.A., <b>Lee, M.</b> , Tang, W., Chumlea, W.C., Siervogel, R.M., Towne, B. (2008). Menopausal status does not impact visceral adipose tissue mass in a large sample of healthy women. <i>Obesity</i> , 16(Suppl 1):S206
Forbis SG, Brigham EL, Stolfi A, Pascoe JM, <b>Spears W</b> , Chumlea WC. "Healthcare Provider Knowledge and Use of Recommended Health Literacy Techniques." <i>Pediatric Academic Societies Annual Meeting</i> (2010).
Forbis SG, Brigham EL, Stolfi A, Pascoe JM, <b>Spears W</b> , Chumlea WC. "Rates of Immunization and Well Child Care Adherence in an Underserved Setting." <i>Pediatric Academic Societies Annual Meeting</i> (2010).
Neale V, Campbell-Voytal K, Potter M, Tsoh J, Sussman A, Brown A, Albrecht T, Getrich C, McPherson L, Pascoe J, Schwartz K, <b>Spears W</b> , Weller N, Williams R. "National Collaboration to Develop Best Practices for Recruiting Ethnically Diverse Patients into PBRN Studies: A PRIME Net Report." Presented at the AHRQ Practice Based Research Network Research Conference. (June 17, 2010). Bethesda, Maryland.
<b>Spears W</b> , Forbis SG, Brigham EL, Pascoe JM, Chumlea WC, Stolfi A. "Parent Suggestions for Improvement in Clinic Services and Information Needs." <i>Pediatric Academic Societies Annual Meeting</i> (2010).
<b>Spears W</b> , Pascoe JM, McNicholas CI, <b>Lee M</b> , Eberhart G, Zagory J, Pakvasa M. "Parent's perspective on their children's health insurance: Plight of the Underinsured." <i>Pediatric Academic Societies Annual Meeting</i> (2010).
<b>Spears W</b> , Pascoe JM. "Workshop on Survey Design for PBRNs." Presented at the <i>AHRQ Practice Based Research Network Research Conference</i> (June 16, 2010). Bethesda, Maryland.
<b>Spears W</b> , Pascoe JM, McNicholas C, Zagory J, Pakvasa M. "Parents' Perspectives on their Children's Health Insurance: Plight of the Underinsured." Presented at the AHRQ Practice Based Research Network Research Conference. (June 16, 2010). Bethesda, Maryland.
Pascoe, J., <b>Spears, W.</b> , Forbis, S., Saunders, J. "Parents Perception of their Children's Asthma, 2002-2008: A Community-Based Study." Accepted for presentation at the <i>Pediatrics Academic Societies</i> . Baltimore, Maryland. May 2, 2009.
<b>Spears, W.</b> , Pascoe, J. Workshop on Survey Design. Presented at the <i>AHRQ Practice Based Research Network Research Conference</i> . Bethesda, Maryland. June 24, 2009.
Barlow B, <b>Ten Eyck R</b> , Pediatric Trauma Simulation Case. MedEdPORTAL; 2010. Available from: <a href="http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=8001">http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=8001</a>
<b>Ten Eyck R</b> , Markus M, Janz T, Heitz C, Schloneger M, Ritucci N, A Multiple-Case Simulation Module to Support a Second-Year Medical Student Respiratory Curriculum. MedEdPORTAL; 2010. Available from: <a href="http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=7947">http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=7947</a>
Schlicher N, <b>Ten Eyck R</b> , Headache with a Normal MRI. MedEdPORTAL; 2010. Available from: <a href="http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=7857">http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=7857</a>
<b>Ten Eyck RP</b> , Tews M, Ballester JM, Hamilton GC. Improved Fourth-Year Medical Student Clinical Decision-Making Performance as a Resuscitation Team Leader After a Simulation-Based Curriculum. <i>Sim Healthcare</i> , 2010; 5:139-45.
<b>Ten Eyck R</b> , Tews M, Ballester J. Improved Medical Student Satisfaction and Test Performance with a Simulation-Based Emergency Medicine Curriculum: A Randomized Controlled Trial. <i>Ann Emerg Med</i> , 2009; 54:684-691. <a href="http://www.annemergmed.com/inpress">http://www.annemergmed.com/inpress</a> .
Schlicher NR, <b>Ten Eyck RP</b> . Medical Malpractice: Utilization of Layered Simulation for Resident Education. <i>Acad Emerg Med</i> , 2008 Nov; 15:1175-1180.
<b>Ten Eyck R</b> : Status Asthmaticus with Development of Tension Pneumothorax Post Intubation. <i>SAEM-AAMC MedEd Portal</i> ; Oct 2008. <a href="http://www.emedu.org/simlibrary/casedetail.aspx?UploadID=75">http://www.emedu.org/simlibrary/casedetail.aspx?UploadID=75</a>

**Table 3.1.a-3 MPH faculty scholarly books/chapters/reviews/reports**

<b>Battle-Fisher, M.</b> & Reno, R. (2010). "Health and Healthcare in Ohio's African American community". <u>State of Black Ohio 2010</u> . The Ohio State University Kirwan Institute for the Study of Race and Ethnicity.
<b>Battle-Fisher, M.</b> (Dec. 2010). Organ donation ethics: are donors autonomous within
<b>Bullock JD</b> , Warwar RE: Nocardiosis, in <i>Current Ocular Therapy 6</i> . Ed. by FH Roy, FW Fraunfelder, and FT Fraunfelder. China: Saunders/Elsevier, Chap.32, pp. 57-58, 2008
<b>Bullock JD</b> , Warwar RE: Choroidal Folds, in <i>Current Ocular Therapy 6</i> . Ed. by FH Roy, FW Fraunfelder, and FT Fraunfelder. China: Saunders/Elsevier, Chap.171, pp. 319-320, 2008
<b>Ebert, J.R.</b> (2008). Back, hip, and knee disorders. In G.B. Slap (Ed.), <i>Adolescent Medicine: The Requisites in Pediatrics</i> (pp. 117-131). Philadelphia: Elsevier.
<b>Gebhart, Mark E.</b> Special Needs Populations Analysis Report. Department of Defense, USAF, 711th Human Performance Wing, USAF School of Aerospace Medicine. 2010
<b>Neeley SM.</b> "Self-Management and Self-Efficacy" <i>Joint Hypermobility Handbook: A Guide for the Issues and Management of Ehlers-Danlos Syndrome Hypermobility Type and the Hypermobility Syndrome</i> . Brad T. Tinkle, Left Paw Press. Chapter 53. 2010. Pp 177-184.
<b>Paton S. J.</b> Child Fatality Review Board. Report to the Community. Montgomery County, Ohio. November, 2010 <a href="http://www.phdmc.org/news/item/child_fatality_report_issued">http://www.phdmc.org/news/item/child_fatality_report_issued</a>
<b>Paton, S.J.</b> Montgomery County Community Assessment. Public Health—Dayton & Montgomery County. November, 2010 <a href="http://www.phdmc.org/resources/cha">http://www.phdmc.org/resources/cha</a>
<b>Paton, S.J.</b> Preventing Infant Mortality in Ohio: Task Force Report. November, 2009. <a href="http://www.odh.ohio.gov/ASSETS/E6A7AA8DAB964E0B913A8A9B7EF4777B/Infant%20Mortality%20Nov%2012%20-%20revised%20WEB.pdf">http://www.odh.ohio.gov/ASSETS/E6A7AA8DAB964E0B913A8A9B7EF4777B/Infant%20Mortality%20Nov%2012%20-%20revised%20WEB.pdf</a>
Barnard, D., Thuy Bui, T., Chase, J., Jones, E., Loeliger, S., Velji, A., and <b>White, M.T.</b> (2011) Ethical Issues in Global health Education, in Evert, J. and Chase, J, Eds. <i>Residency Training in Global Health</i> , 2 <sup>nd</sup> Edition.



Table 3.1.a-4 MPH faculty scholarly presentations

<b>Bullock, JD</b> Artistic Depictions of Blindness. American Osler Society Meeting, Philadelphia, PA. May 3, 2011.
<b>Bullock, JD</b> The Blind Leading the Blind: The Story of Louis Braille. American Osler Society Meeting. Rochester, MN. April 29, 2010
<b>Bullock, JD</b> A Forensic Investigation of an Epidemic of Blindness. American Academy of Forensic Sciences Annual Meeting. Seattle, WA. February 24, 2010.
<b>Bullock, JD</b> Improper Storage Temperature, Defective Plastic Bottles, and the Worldwide <i>Fusarium</i> Keratitis Epidemic of 2004-2006. 8 <sup>th</sup> International Symposium on Ocular Pharmacology and Therapeutics. Rome, Italy. December 6, 2009
<b>Bullock, JD</b> Defective Plastic Bottles, Improper Storage Temperature, and the Worldwide <i>Fusarium</i> Keratitis Epidemic of 2004-2006. American Public Health Association Annual Meeting. Philadelphia, PA. November 10, 2009
<b>Bullock, JD</b> Improper Storage / Transport Temperatures, Defective Plastic Bottles, and the Worldwide <i>Fusarium</i> Keratitis Epidemic of 2004-2006. Ocular Microbiology and Immunology Group Annual Meeting. San Francisco, CA. October 23, 2009.
<b>Bullock, JD</b> Root Cause Analysis of the Worldwide <i>Fusarium</i> Keratitis Epidemic of 2004-2006 and Prescriptions for Preventing Future Epidemics. Ohio Public Health Epidemiology Symposium. Columbus, OH. June 17, 2009.
<b>Bullock, JD</b> Root Cause Analysis of the Worldwide <i>Fusarium</i> Keratitis Epidemic of 2004-2006 and Prescriptions for Preventing Future Epidemics. American Ophthalmological Society Meeting. Half Moon Bay, CA. May 14-17, 2009.
<b>Bullock, JD</b> Henry Stallard and <i>Chariots of Fire</i> . American Osler Society Meeting. Cleveland, OH. April 21, 2009.
<b>Bullock, JD</b> Why was Carlota Valdivia Blind? Cogan Ophthalmic History Society Meeting. Pittsburgh, PA. March 27-29, 2009.
<b>Bullock, JD</b> Artistic Depictions of Blindness. American Academy of Ophthalmology Annual Meeting. Atlanta, GA. November, 2008.
<b>Bullock, JD</b> Temperature Instability of ReNu with MoistureLoc Contact Lens Solution: A New Theory to Explain the Worldwide <i>Fusarium</i> Keratitis Epidemic of 2004-2006. American Ophthalmological Society Meeting. The Broadmoor. Colorado Springs, CO. May 17, 2008.
<b>Bullock, JD</b> Ophthalmology and the History of Penicillin. American Osler Society Meeting. Boston, MA. May, 2008.
<b>Bullock, JD</b> <i>Fusarium</i> Outbreak. Infectious Diseases Society of Ohio Annual Meeting. Dublin, OH. April 5, 2008.
<b>Bullock, JD</b> Temperature Instability of <i>ReNu with MoistureLoc</i> : A New Theory to Explain the Worldwide <i>Fusarium</i> Keratitis Outbreak of 2004-2006. American College of Epidemiology Annual Meeting. Tucson, AZ. September 15, 2008. (with RE Warwar, BL Elder, WI Northern)
<b>Bullock, JD</b> Use of the Poisson Probability Mass Function in a Retrospective Evaluation of the Worldwide <i>Fusarium</i> Keratitis Epidemic of 2004-2006. American College of Epidemiology Annual Meeting. Tucson, AZ. September 15, 2008.
<b>Bullock, JD</b> Lessons Learned from a Theoretical Retrospective Epidemiological Analysis of the <i>Fusarium</i> Keratitis Outbreak of 2005-2006 in the Republic of Singapore. American Academy of Ophthalmology Meeting. Atlanta, GA. November 8-9, 2008.
<b>Cauley, Kate</b> "Health Information Exchange and Meaningful Use." SOAR-Net Practice Based Research Network CME faculty. Dayton, Ohio. 2010.
<b>Cauley, Kate</b> "Service Learning in Medical Schools: Formalizing and Documenting Student's Service Learning Activities." Central Group on Educational Affairs Spring Conference. Chicago, Illinois. 2010.
<b>Cauley, Kate</b> "US Health Care Reform." Ohio Hispanic Leadership Summit. Columbus, Ohio. 2010.
<b>Cauley, Kate</b> "Coaching and Psychotherapy: Integrated for Optimal Personal and Community Growth." Association of Women in Psychology Annual Conference. Newport, Rhode Island. March 14, 2009.
<b>Cauley, Kate</b> "Formalizing Service Learning into the Medical School Curriculum: Two Case Studies." Association of American Medical Colleges. Boston, Massachusetts. November 10, 2009.
<b>Cauley, Kate</b> "Health Information Exchange through the CONNECT Gateway." 6 <sup>th</sup> Annual Ohio HIT Summit. Columbus, Ohio. October 14, 2009.

Table 3.1.a-4 MPH faculty scholarly presentations (Cont'd)

<b>Cauley, Kate</b> "Health Information Exchange to Improve Quality of Care." Presentation at the 5 <sup>th</sup> Nationwide Health Information Network Forum, NHIN Trial Implementations: A Path to Production. Washington, D.C., December 2008. (Roberts, Ahmed).
<b>Cauley, Kate</b> "Accelerating Health Information Exchange Through HER Adoption." Presentation at the Second National Ambulatory Primary Care Research and Education Conference: Patient Safety and Health Information Technology. Washington, D.C., December 2008.
<b>Cauley, Kate</b> "Nationwide Health Information Network Trial Implementations Cooperative: The Perspective from Wright State University and the HealthLink RHIO." Presentation at the Ohio Health Information Technology Summit. Columbus, OH, October 2008. (Crimmins).
<b>Cauley, Kate</b> "Consortium: University and Program Impact on Regional Economy and Community." Presentation at the Coalition of Metropolitan Universities Annual Meeting. Cincinnati, OH, October 2008. (Creighton, Sweeney).
<b>Cauley, Kate</b> "Ohio RHIOs." Presentation at the Rural Health Information Technology Conference. Athens, OH, October 2008.
<b>Cauley, Kate</b> "Core Services Demonstration in an Emergency Setting." Presentation at the American Health Information Committee Meeting. Washington, D.C., September 2008. (Roberts).
<b>Clasen, Carla</b> "Children's Health Insurance Program Reauthorization Act (CHIPRA)." Poster presentation: American Public Health Association Annual Meeting. Denver, Colorado. November 2010.
<b>Clasen, Carla</b> "Continuing Education Seminars for Community Providers: HealthLink Outreach Task Force," Poster presentation: American Public Health Association Annual Meeting. Denver, Colorado. November 2010.
<b>Clasen, Carla</b> "Making Decisions About Program Continuation: A Step-By-Step Process." Roundtable presentation: American Evaluation Association Annual Meeting. San Antonio, Texas. November 2010.
<b>Clasen, Carla</b> "Substance Abuse Plays an Important Role in the Number of Children Being Raised by Grandparents and Other Relatives." Poster presentation at the American Public Health Association 136 <sup>th</sup> Annual Meeting. San Diego
<b>Dahms, Kenneth</b> "Public Health Ethics." Presentation at the Center for Global Health Systems, Management and Policy Faculty Symposium and Gathering. Kettering, OH, July 2008.
<b>Ebert, James</b> "Comprehensive Cardiovascular Prevention in Children and Adolescents." Presented to Caresource clinical staff. Dayton, Ohio. October 15, 2010.
<b>Ebert, James</b> "Population-Based Approaches to Understanding Cardiovascular Risk Reduction." Poster presentation: annual meeting of Consortium for Southeastern Hypertension Control. Charleston, South Carolina. October 28, 2010.
<b>Ebert, James</b> "The Art and Science of Quality Improvement." Workshop co-presented at Society for Adolescent Health and Medicine, annual meeting. Toronto, Canada. April 10, 2010.
<b>Ebert, James</b> "Update on Childhood Obesity." Presented to Dayton Chapter, American Heart Association at fundraising event. Dayton, Ohio. January 21, 2010.
<b>Ebert, James</b> "Anthropometric Parameters of a Population of Uninsured and Underinsured Persons". Annual Consortium for Southeastern Hypertension Control (COSEHC) Meeting. Kingsport, Tennessee. October 23, 2009.
<b>Ebert, James</b> "Comorbidities of Childhood Obesity." Interdisciplinary session presented at Care Source. Dayton, OH, December 2008.
<b>Ebert, James</b> "Childhood Metabolic Syndrome." Workshop presented at the Consortium on Southeast Hypertension Control Annual Meeting. Baltimore, MD, August 2008.
<b>Eddy, Christopher</b> "Bed Bugs and Social Justice." National Environmental Health Association Annual Education Conference. Albuquerque, New Mexico. June 2010.
<b>Eddy, Christopher</b> "Bed Bugs and Social Justice." Ohio Environmental Health Association Annual Education Conference. Dayton, Ohio. October 2010.
<b>Eddy, Christopher</b> "Bed Bugs, Public Health, and Social Justice." Southwest Ohio Council on Aging Annual Meeting. March 2010.

Table 3.1.a-4 MPH faculty scholarly presentations (Cont'd)

<b>Eddy, Christopher</b> "Ohio Bed Bug Task Force." Ohio Environmental Health Association Annual Education Conference. Dayton, Ohio. October 2010.
<b>Eddy, Christopher</b> "Bedbugs." Ohio Environmental Health Association, Spring Conference. Dublin, Ohio. April 21, 2009.
<b>Eddy, Christopher</b> Ohio Representative Dale Mallory's Bedbug Town Meeting. Cincinnati, Ohio. June 29, 2009.
<b>Eddy, Christopher</b> "The Global Bedbug Crisis." Mid-Ohio BedBug Summit. Columbus, Ohio. November 11, 2009.
<b>Eddy, Christopher</b> "Zoonosis and All-hazards Preparation." Public Health Combined Conference. Columbus, Ohio. May 12, 2009.
<b>Eddy, Christopher</b> "Zoonosis and All-hazards Preparedness." National Environmental Health Association Annual Education Conference. Atlanta, Georgia. June 22, 2009.
<b>Eddy, Christopher</b> "Zoonotic Disease & the Future of Environmental Health." Association of Ohio Health Commissioners Fall Conference. Dublin, Ohio. September 30, 2009.
<b>Ellison, Sylvia</b> "Demographic Factors that Predict Cervical Cancer Screenings in Ohio Women with Disabilities." APHA. Denver, Colorado. November 2010. (Martin, Orłowski).
<b>Gebhart, Mark</b> Advanced Disaster Life Support, University of Toledo, Toledo, OH March 2008
<b>Gebhart, Mark</b> Physiology of Traumatic Death, Critical Thinking in EMS 2008, Kettering Medical Center Dayton, OH, April 2008
<b>Gebhart, Mark</b> Medical Contingency Planning, USAF Air Force Institute of Technology CBRNE Symposium September 2008
<b>Gebhart, Mark</b> CBRNE Contingency Planning, Ohio Valley Chapter, American Society of Toxicology, November 2008
<b>Gebhart, Mark</b> Basic Life Support Interventions in Cardiovascular Care, Premiere Health Partners Dayton Heart Center, September 2010
<b>Gebhart, Mark</b> Emergency Medical Systems Operations, WSU Boonshoft School of Medicine, June 2010
<b>Lee, Miryoung</b> "Arterial stiffness and its relationship to oxidized LDL and cardiovascular disease risk factors", American Heart Association/Wright State University BSOM Donor Event, White Hall Atrium/Gandhi Auditorium. June 17, 2010.
<b>Lee, Miryoung</b> "Mothers' persistent depressive symptoms and their preschool children's math and literacy skills: A national study." Oral presentation, Pediatric Academy Societies 2010 Annual Meeting. Vancouver, British Columbia, Canada. May 2010.
<b>Lee, Miryoung</b> "Pediatric Academic Societies, 2010 Update." Grand Rounds, Children's Medical Center. Dayton, Ohio. June 2, 2010.
<b>Lee, Miryoung</b> "Significant quantitative trait loci of chromosomes 3 and 16 linked to proximal hip geometry in the Fels Longitudinal Study." Poster presentation, American Society of Bone and Mineral Research 2010 Annual Meeting. Toronto, Ontario, Canada. October 2010.
<b>Lee, Miryoung</b> "Significant quantitative trait loci of chromosomes 3 and 16 linked to proximal hip geometry in the Fels Longitudinal Study." BSOM Central Research Forum, Wright State University/Student Union. October 26, 2010.
<b>Lee, Miryoung</b> "Southwestern Ohio Ambulatory Research Network (SOAR-Net): Translational Research". Medical Student Research Club. Wright State University/120 White Hall. Apr 22, 2010.
<b>Lee, Miryoung</b> "Southwestern Ohio Ambulatory Research Network (SOAR-Net): An Update." BSOM Frontiers in Medicines Seminar Series, Children's Medical Center Development Conference Room. Dayton, Ohio. September 16, 2010.
<b>Lee, Miryoung</b> "Southwestern Ohio Ambulatory Research Network (SOAR-Net)." BSOM Central Research Forum, Wright State University/Student Union. October 26, 2010.
<b>Lee, Miryoung</b> "Biomedical Science (BMS) annual retreat: A session for New BMS Faculty Quick Bit. May 27, 2009.
<b>Lee, Miryoung</b> "Genetic epidemiology of Sarcopenia risk." XIX <sup>th</sup> World Congress of Gerontology and Geriatrics. Paris, France. July 5-9, 2009.

Table 3.1.a-4 MPH faculty scholarly presentations (Cont'd)

<b>Lee, Miryoung</b> "Increased arterial stiffness with high-sensitivity C-reactive proteins levels in women, but not in men. Annual American Heart Association, Epidemiology Council Meeting. Tampa, Florida. March 11-14, 2009.
<b>Lee, Miryoung</b> "Longitudinal analysis of calcaneal quantitative ultrasound measures during childhood." The central research forum, Wright State University Boonshoft School of Medicine. Dayton, Ohio. March 10, 2009.
<b>Lee, Miryoung</b> "Longitudinal Analysis of Calcaneal Quantitative Ultrasound Measures During Childhood." Poster presentation at the American Society of Bone and Mineral Research Annual Meeting. Montreal, Canada, September 2008.
<b>Lee, Miryoung</b> "Inflammatory and Oxidative Stress Markers: Cardiovascular Disease." Presentation at the Department of Community Health Brown Bag Seminar. Kettering, OH, September 2008.
<b>Lee, Miryoung</b> "Sex-Specific Relationship Between Apolipoprotein B/Apolipoprotein AI and Metabolic Syndrome." Poster presentation at the American Diabetes Association 68 <sup>th</sup> Scientific Sessions. San Francisco, CA, June 2008.
<b>Lee, Miryoung</b> "Telomere Length and Adiposity: The Fels Longitudinal Study." Podium presentation at the American Heart Association Arteriosclerosis, Thrombosis and Vascular Biology Annual Conference. Atlanta, GA, April 2008.
<b>McAlearney, John</b> "Constant Change: Recent Economic Influences Impacting Plans and Providers?" Annual Ohio Association of Health Plans Conference. Columbus, Ohio. May 2009.
<b>McAlearney, John</b> "Preliminary Findings from the Safety Net Snapshot Project" Annual Health Policy Institute of Ohio Research Conference. The Ohio State University. Columbus, Ohio. December 2009.
<b>McAlearney, John</b> "Assessing the Impact of Statewide Coverage Initiative (Task Force) Policy Options on Ohio's Economy, Businesses, Labor, and Uninsured." Presentation at the Health Policy Institute of Ohio Annual Research Conference, The Ohio State University. Columbus, OH, December 2008.
<b>McAlearney, John</b> "Assessing the Impact of Statewide Coverage Initiative (Task Force) Policy Options on Ohio's Economy, Businesses, Labor, and Uninsured." Presentation at the Governor's SCI Task Force, Department of Insurance. Columbus, OH, June 2008.
<b>McAlearney, John</b> "The Rising Costs of Health Care: Will the Debate Have an Impact on Costs?" Presentation at the Ohio Association of Health Plans Annual Conference. Columbus, OH, May 2008.
<b>McAlearney, John</b> "The Elephant in the Room: Covering the Nation's Uninsured." Covering the Uninsured Week, Boonshoft School of Medicine Lecture Series, Wright State University. Fairborn, OH, April 2008.
<b>Neeley, Sabrina</b> "Human Development to Health Across the Lifespan: Using Team-Based Learning (TBL) to Integrate Population Health and Prevention in a Medical School Curriculum." Poster presentation, Association for Prevention Teaching and Research Annual Meeting. Washington, D.C., March 2011.
<b>Neeley, Sabrina</b> "Living with EDS: Developing an Effective Self-Management Strategy to Maximize Your Health and Quality of Life." Ehlers-Danlos National Foundation Learning Conference. Baltimore, MD, July 2011.
Martin, S., <b>Orlowski, M.</b> & <b>Ellison, S.</b> (2010, November). <i>Sociodemographic Factors that Predict Cervical Cancer Screenings in Ohio Women with a Medical Disability</i> . American Public Health Association. Denver, CO.
<b>Orlowski, M.</b> , Hallam, J., & Wonders, K. (2010, November). Physical Activity in an Organized After School Program: A Pilot Study. <i>American Public Health Association</i> . Denver, CO.
<b>(Orlowski) Langlois, M.</b> & Hallam J. (2009, April). <i>Create a Moving Classroom: Using Lines to Teach about Movement</i> . American Association for Health Education's 2009 Annual Convention, Tampa, FL.
Jagger-Mescher, J. & <b>(Orlowski) Langlois, M.</b> (2008, December). <i>National Health Education Standards: Shaping Health Behaviors</i> . Ohio Association for Health, Physical Education, Recreation & Dance Pre-Conference Workshop. Columbus, OH
<b>Paton, Sara</b> "Suicide rates in the United States and Ohio by level of urbanization." Ohio Public Health Conference Proceedings. 2010. (Adkins).
<b>Paton, Sara</b> "Infant feeding choices and maternal infant interactions of low income, nurse home visited women." 19 <sup>th</sup> Annual City Match Urban Maternal and Child Health (MCH) Leadership Conference. New Orleans, Louisiana. August 24, 2009.
<b>Paton, Sara</b> "Establishment of a Low Birth Weight Registry and Initial Outcomes." Presentation at the Maternal Child Health Epidemiology Conference. Atlanta, GA, December 2008. (Eisenhauer, Uddin, Alberts, Stoughton).

**Table 3.1.a-4 MPH faculty scholarly presentations (Cont'd)**

Duncan-Alexander T, <b>Rogers NL</b> , Ford JA (2011) Sisterline: Prevention Services for African-American Women Living in Public Housing Neighborhoods in Dayton, Ohio. SAMHSA Center for Substance Abuse Prevention HIV National Prevention Network Annual Meeting, September 2011, Atlanta, GA.
Frasier D, Duncan-Alexander T, Ford JA, <b>Rogers NL</b> (2011) HIV Risk Comparisons of Women Enrolled and Not Enrolled in Sisterline (Substance Abuse and HIV Intervention Program). STREAMS Summer Program Poster Session, Wright State University Boonshoft School of Medicine. (2 <sup>nd</sup> Place Award)
Moore D, <b>Rogers NL</b> , Wilson J, Taakilo M (2009) The Nature and Action of Khat (2009) Multiethnic Advocates for Cultural Competence (MACC) Annual Meeting and Statewide Training Conference. New Shores: Health and Social Service Messages for Emerging Populations. Oct 1-2, Columbus, Ohio.
Richlen W, Carr C, <b>Rogers NL</b> , Moore D, Williams C (2009) Does test site matter? A comparison of mobile van and traditional health clinic use among first time HIV testers. US Conference on AIDS, San Francisco, CA. Oct 30. <a href="http://www.nmac.org/index/posters">http://www.nmac.org/index/posters</a>
Toure N, Ndiang'ui S, Williams C, Moore D, <b>Rogers NL</b> (2009) Characteristics associated with Hepatitis C knowledge in at-risk African Americans. STREAMS Summer Program Poster Session, Wright State University Boonshoft School of Medicine. (3 <sup>rd</sup> Place Award)
<b>Rogers, NL</b> (2009) Financial bailout carries legislation mandating insurance coverage for mental health, substance abuse and chemical dependency problems. <i>The Vintage</i> : Newsletter of the Miami Valley Gerontology Council, Winter.
Bradshaw M, Eustace R, Duncan-Alexander T, Moore D, <b>Rogers NL</b> (2008) Poverty indicators and HIV risk in African-American women. STREAMS Summer Program Poster Session, Wright State University Boonshoft School of Medicine.
Odigie M, <b>Rogers NL</b> , Moore D, Embree JA, McAweeney M (2008) The congruency of consumer and counselor diagnosis in vocational rehabilitation agencies. STREAMS Summer Program Poster Session, Wright State University Boonshoft School of Medicine.
<b>Sase, Eriko</b> "Health and Human Rights: International Framework and Implementations." Lecture at the Department of International Community Health, Graduate School of Medicine, The University of Tokyo. Tokyo, Japan, November 2008.
<b>Sherlock, Sharon</b> "Ethics." Cedarville Nursing College. September 2010.
<b>Sherlock, Sharon</b> "Health Systems." Indiana Wesleyan. December 2010.
<b>Sherlock, Sharon</b> "Improving Health Through Community Engaged Research." Poster Presentation: "Gender Differences in Risk Behaviors of Adolescents Enrolled in an Inner City Charter High School." with MPH student. Ann Arbor, Michigan. April 2010.
<b>Sherlock, Sharon</b> "Kettering Network Integrated Case Management: Access for the Uninsured." August 2010.
<b>Sherlock, Sharon</b> OAFCA Annual State Conference." September 2010.
<b>Sherlock, Sharon</b> "UD Health Consortium." Dayton, Ohio. March 2010.
<b>Spears, William</b> "National Collaboration to Develop Best Practices for Recruiting Ethnically Diverse Patients into PBRN Studies: A PRIME Net Report." Presented: AHRQ Practice Based Research Network Research Conference. Bethesda, Maryland. June 17, 2010. (Neale, Campbell-Voytal, Potter, Tsoh, Sussman, Brown, Albrecht, Getrich, McPherson, Pascoe, Schwartz, Weller, Williams).
<b>Spears, William</b> "Parents' Perspectives on their Children's Health Insurance: Plight of the Underinsured." Presented: AHRQ Practice Based Research Network Research Conference. Bethesda, Maryland. June 16, 2010. (Pascoe, McNicholas, Zagory, Pakvasa).
<b>Spears, William</b> "Parents' Perspectives on their Children's Health Insurance: Plight of the Underinsured." Presented: AHRQ Practice Based Research Network Research Conference. Bethesda, Maryland. June 16, 2010. (Pascoe, McNicholas, Zagory, Pakvasa).
<b>Spears, William</b> Survey Design for PBRNs. Presented: AHRQ Practice Based Research Network Research Conference. Bethesda, Maryland. June 16, 2010. (Pascoe).

Table 3.1.a-4 MPH faculty scholarly presentations (Cont'd)

<b>Spears, William</b> Community Wellness for the Westside of San Antonio, TX: A Community Based Participatory Research Approach. Wright State University Boonshoft School of Medicine, Department of Community Health. January 26, 2009.
<b>Ten Eyck, Ray</b> It's About the Science: The Art and Science of Using Human Patient Simulators to Enhance Basic Science Education; International Meeting on Simulation in Healthcare, January, 2011.
<b>Ten Eyck, Ray</b> Bringing Simulation into Your Clerkship: Does it work? Is it Worth It? Council of Emergency Medicine Residency Directors Academic Assembly, Orlando, FL, March 3, 2010.
<b>Ten Eyck, Ray</b> Simulation Curriculum Development: Association of Hospital Medical Educators 2009 Spring Educational Institute; Savannah, GA, April 2009.
<b>Ten Eyck, Ray</b> Simulation in EM – The WSU Experience: Curriculum, Reality, and Research: Proceedings of the 20 <sup>th</sup> Annual Midwest Regional SAEM Meeting, Boonshoft School of Medicine, Dayton, OH, November 8, 2010.
<b>Ten Eyck, Ray</b> Student Satisfaction with Simulation to Support a Second-Year Medical Student Respiratory Disorders Module: Proceedings of the 20 <sup>th</sup> Annual Midwest Regional SAEM Meeting, Boonshoft School of Medicine, Dayton, OH, November 8, 2010.
<b>Ten Eyck, Ray</b> Simulation in Healthcare Education: Simulation User Network Conference, Good Samaritan Hospital, Dayton, Ohio, March 2, 2010.
<b>Ten Eyck, Ray</b> Multidisciplinary Medical Simulation: Ohio Nurses Association Evidence-Based Medicine Conference, Kettering Medical Center, Kettering, Ohio, October, 27, 2009.
<b>Ten Eyck, Ray</b> Simulation in Medical Education: Dayton Area Graduate Medical Education Consortium Workshop, Dayton, Ohio, March 2009.
<b>Ten Eyck, Ray</b> CBIRF Medical Team Simulation Briefing; Navy Chemical, Biological, Radiologic Incident Response Team Training, Kettering, Ohio, December 2008.
<b>Ten Eyck, Ray</b> Simulation Center Start-Up Briefing; Presented to the Southeast Ohio Air Ambulance Management team; Kettering, Ohio, November 2008.
<b>White, Mary T</b> Community Water Fluoridation in Yellow Springs: How We Decide. Community Forum. Yellow Springs, Ohio. November 2010.
<b>White, Mary T</b> Professional Identity Development and Specialty Choice: Promoting Purposeful Reflection. AAMC. November 2010. (Borges, Reddy, Mechaber).
<b>White, Mary T</b> "An Agricultural Renaissance in Northern Vermont: Searchers in Action." Association for Practical and Professional Ethics, National Conference. Cincinnati, Ohio. March 7, 2009.
<b>White, Mary T</b> Conscience and Cognition: Rethinking Moral Authority. Cleveland Clinic, Bioethics Grand Rounds. Cleveland, Ohio. June 2009
<b>White, Mary T</b> Ethics in Palliative Care. Panel facilitator at the VA Palliative Care Conference. Dayton, Ohio. November 19, 2009.
<b>White, Mary T</b> Managing Uncertainty: Music, the Brain, and Ethics. Boonshoft School of Medicine, Music and Medicine Conference. June 2009.
<b>White, Mary T</b> Religion and Spirituality as Heuristics: Implications for Health Care Providers. Annual American Society for Bioethics and Humanities. Washington DC. October 2009.
<b>White, Mary T</b> Religion and Spirituality as Heuristics: Implications for Health Care Providers. European Association of Centres of Medical Ethics (EACME) Conference. Venice, Italy. September 2009.
<b>White, Mary T</b> Why Teach Ethics in Medical School. University of Gondar, Ethiopia, MPH students. May 2009.
<b>White, Mary T</b> Medical Education and Environmental Health: A Cognitive Disconnect. Panel convener and moderator at the American Society of Bioethics and Humanities Annual Meeting. Cleveland, OH, October 2008.
<b>White, Mary T</b> Future Tense: Professional Advancement, Creative Initiatives, and the Academic Career Trajectory. Panel convener and moderator at the American Society of Bioethics and Humanities Annual Meeting. Cleveland, OH, October 2008.
<b>White, Mary T</b> Integrity and Genetic Responsibility When Facts are Uncertain: What Does This Mean and What is Required? Presentation at the Bioethics Network of Ohio (BENO) Annual Conference. Cleveland, OH, May 2008.



# WRIGHT STATE UNIVERSITY

## Student Evaluation of Instruction

### MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Fill response completely.
- Erase marks you wish to change cleanly.
- Make no stray marks on this form.

CORRECT: ● INCORRECT: ○

### To Students:

Your responses are voluntary and anonymous. Responses from these forms are used both by your instructors in improving their teaching and by departments when making personnel decisions concerning salary increases, promotion and tenure.

The instructor must NOT be present as you complete this form.

**Please complete both sides.** Thank you.

### II. Numeric Responses

- A = Strongly Agree
- B = Somewhat Agree
- C = Neutral
- D = Somewhat Disagree
- E = Strongly Disagree

- The instructor was available for consultation. (A) (B) (C) (D) (E)
- Student responsibilities for this course were well defined. (A) (B) (C) (D) (E)
- Class time was well spent. (A) (B) (C) (D) (E)
- I learned a lot from the instructor in this course. (A) (B) (C) (D) (E)
- Course materials contributed to my learning. (A) (B) (C) (D) (E)
- I was challenged in this course. (A) (B) (C) (D) (E)
- Coming into this course I was motivated to learn the subject. (A) (B) (C) (D) (E)

### I. Demographic Information

Course number / Title:

Instructor:

Your registration is:

- (F) Freshman
- (S) Sophomore
- (J) Junior
- (R) Senior
- (G) Graduate
- (N) Non-degree

Your college/school is:

- (A) University College
- (B) Business
- (C) Engineering & Computer Science
- (D) Education and Human Services
- (E) Liberal Arts
- (F) Nursing and Health
- (G) Science and Mathematics
- (H) School of Medicine
- (I) School of Professional Psychology
- (J) Lake Campus

You are taking this course as a(n)

- (A) General Education requirement
- (B) Major/minor requirement
- (C) College requirement
- (D) Elective

The grade you expect to get in this course is:

- (A) (B) (C) (D) (F)



1. Please comment on aspects of the instructor's teaching, such as clarity of explanations and examples, handling of questions, stimulation of thinking, and respect for individuals and their differences.



2. Did the instructor aid in your understanding of this subject? Please give specific examples consistent with your response.



3. Please comment further on any of the items which you were asked about in this evaluation.



**III. Extended Response**

Please respond to these three items in the area provided. Additional comments may be submitted on paper. Thank you.

1. The instructor was clear in his/her explanations and examples.

2. The instructor was respectful of individuals and their differences.

3. The instructor was helpful in my learning.

4. The instructor was stimulating in my learning.

5. The instructor was helpful in my learning.

6. The instructor was helpful in my learning.

7. The instructor was helpful in my learning.

8. The instructor was helpful in my learning.

9. The instructor was helpful in my learning.

10. The instructor was helpful in my learning.

Please do not write in the shaded area on this side of the evaluation.



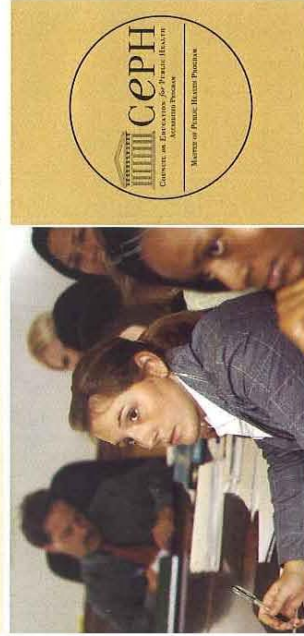


## Why an M.P.H.?

- Prepares students to address community and public health needs
- Promotes students understanding of health issues at national and global levels
- Provides an extensive base of knowledge and skills
- Provides students with experience in the application of knowledge
- Promotes professional advancement and leadership development

## Professionals Who Can Benefit From an M.P.H.

- Physicians and dentists
- Registered sanitarians
- Public and community health nurses
- Public health employees
- Emergency response workers
- Hospital and health care administrators
- Managed care employees
- Epidemiologists
- Behavioral health professionals
- Clinical care workers
- State, county, and city employees



## Need More Information?

Call (937) 258-5547

or visit [www.med.wright.edu/mph/](http://www.med.wright.edu/mph/)

Master of Public Health Program  
3123 Research Boulevard  
Suite 200  
Kettering, OH 45420-4006



# MASTER OF PUBLIC HEALTH



Appendix 12



## About the M.P.H. Program

The Wright State University Master of Public Health degree program is the first in the nation to incorporate a community-based, interdisciplinary educational program in public health with this particular combination of colleges and schools. It has been designed to meet the educational needs of public health and other health services professionals living in southwest Ohio. The M.P.H. program is operated in partnership with 28 health districts throughout southwest Ohio and seven academic divisions within Wright State University.

**Students will select one of four concentrations:**

**Health Promotion and Education**—Students are prepared to assist communities, organizations, and individuals in working toward a healthier society by using appropriate educational, behavioral, and social change strategies.

**Public Health Management**—Students are prepared to assume or further enhance administrative leadership roles in government and community agencies, health care facilities, and private industry by developing advanced skills in the management of health care organizations.

**Emergency Preparedness**—Students are prepared to approach disasters utilizing the all-hazards concept with emphasis placed on integration of public health into incident management organizational structure. Students are prepared to assume leadership roles with federal, state, local, and private response agencies.

**Global Health**—Students learn to approach health issues with in depth understanding of the causes and possible measures to improve health outcomes and health care systems of the United States and the world. Students are prepared to assume roles as local or global leaders in interdisciplinary settings.

## Curriculum

The program has been designed for in-career professionals. A minimum of 56 credit hours is required for completion. The core curriculum is grounded in traditional classroom instruction, enhanced by Web-based learning. Courses are offered in the evenings in an executive format. The program can be completed in two years on an 8-credit-hours-per-quarter basis.

### CORE COURSES (28 credit hours)

- Introduction to Public Health
- Health Systems Management
- Biostatistics for Health Professionals
- Public Health Epidemiology
- Environmental Health
- Social and Behavioral Sciences—Determinants of Health
- Economics of Health and Health Policy

### APPLIED RESEARCH (12 credit hours)

- Practice Placement
- Culminating Experience

### CONCENTRATION COURSES (16 credit hours)

#### Health Promotion and Education:

- Research Methods and Program Evaluation
- Application of Research in Health Seminar
- Electives

#### Public Health Management:

- Strategic Leadership in Health Care
- Population-Based Management
- Electives

#### Emergency Preparedness:

- Public Health Aspects of Disasters
- Interagency Disaster Response Seminar
- Electives

#### Global Health:

- Global Health: Issues in Developing Countries
- Global Health Systems: Understanding Successful Health Systems
- Electives

## Admission Criteria

Admission to the program is competitive with preference given to applicants with clearly identified public health career goals.

Students must be admitted to both the School of Graduate Studies and the Master of Public Health Program.

Admission guidelines can be found online for the School of Graduate Studies at <http://www.wright.edu/academics/catalog/grad/admission/> and for the Master of Public Health at <http://www.med.wright.edu/mp/h/>.

International students should refer to <http://www.wright.edu/academics/catalog/grad/admissions/international.html> for admissions guidelines.



**WRIGHT STATE UNIVERSITY**  
**Boonshoft School of Medicine**  
**Master of Public Health**  
**PROGRAM OF STUDY**

Name	UID #
Address	
City, State, Zip	
Home Phone Number	
MPH	
Degree	Concentration
Master of Public Health	
Program Name	

A student's program of study is administered by the department and is subject to approval by the School of Graduate Studies. Program requirements vary by department and college/school; therefore, it is important for students to become acquainted with specific requirements.

Listed below is a summary of the requirements graduate students must complete to earn a master's degree at Wright State University.

1. Completed Program of Study
2. Completed graduate program requirements within seven calendar years.
3. Achieve a cumulative grade point average of at least a 3.0 and no more than nine hours of C (a course taken for graduate credit in which a D is received may not be applied toward degree).
4. Completed all culminating experience requirements.
5. Completed no more than half of the total required hours as non-degree and transferred no more than twelve hours of graduate work from another academic program.

Department Name	Course	Credit Hours	Course Title	Req.	Elec.	Trans.	Qtr/Yr	Grade
CMH	620	4	Biostatistics	X				
CMH	623	4	Epidemiology	X				
CMH	640	4	Environmental Health	X				
CMH	705	4	Introduction to Public Health	X				
CMH	734	4	Health Systems Management	X				
CMH	770	4	Social & Behavioral Determinants of Health	X				
EC	755	4	Economics of Health & Health Policy	X				
TBA		4			X			
TBA		4			X			
TBA		4			X			
TBA		4			X			
CMH	810	4	Practice Placement	X				
CMH	820	4	Culminating Experience I	X				
CMH	821	4	Culminating Experience II	X				

The following seven core courses must be completed by all students admitted to the program.

CMH 620 Biostatistics

CMH 623 Epidemiology

CMH 640 Environmental Health

CMH 705 Introduction to Public Health

CMH 734 Health Systems Management

CMH 770 Social and Behavioral Determinants of Health

EC 755 Health Economics & Health Policy

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

( ) Original Program of Study

( ) Revised Program of Study

\_\_\_\_\_  
 MPH Associate Director

\_\_\_\_\_  
 Date

**Master of Public Health Program**  
 3123 Research Boulevard, Suite 200  
 Kettering, OH 45420  
 (937) 258-5555  
 FAX: (937) 258-5544



## Concern Conference Record

<b>Date of Conference</b>	<b>Student</b>
<b>Initiator of Conference</b>	<b>Telephone</b>
<b>Other Faculty/Staff Present</b>	<b>Address</b>

**I. Areas of Concern** (Please circle appropriate areas and provide explanations/description of behavior.)

- |   |   |  |  |
|---|---|--|--|
| <p><b>A. Language Skills</b></p> <ol style="list-style-type: none"> <li>1. oral expression</li> <li>2. written expression</li> <li>3. reading skills</li> <li>4. other</li> </ol> | <p><b>B. Professional Relationships</b></p> <ol style="list-style-type: none"> <li>1. student-faculty</li> <li>2. student-staff</li> <li>3. student-peer</li> <li>4. student-preceptor</li> <li>5. other</li> </ol> | <p><b>C. Professional Responsibilities/Ethics</b></p> <ol style="list-style-type: none"> <li>1. meeting obligations</li> <li>2. student advocacy</li> <li>3. class attendance</li> <li>4. grade point average</li> <li>5. other</li> </ol> | <p><b>D. Professional Competency</b></p> <ol style="list-style-type: none"> <li>1. knowledge</li> <li>2. skills</li> <li>3. clinical experience</li> <li>4. other</li> </ol> |
|---|---|--|--|

**Explanation/Description**

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**II. Planning and Progress**

Objectives (including quarter in which each objective is to be met if applicable).

1. \_\_\_\_\_  
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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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4. \_\_\_\_\_  
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<b>Student</b>	<b>Date</b>
<b>Program Director</b>	<b>Date</b>
<b>Associate Director</b>	<b>Date</b>
<b>Faculty/Staff Present</b>	<b>Date</b>

**III. College Policies**

- A. This record is confidential to the faculty and staff associated with the Master of Public Health Program
- B. Continued concerns or failure to meet objectives may result in:
  1. Course enrollment restrictions/exclusion
  2. Participation restriction/exclusion
  3. Recommendation for dismissal

## **Appendix 15 – MPH Student Handbook**

MPH Student Handbook can be viewed on the MPH website at:

<http://www.med.wright.edu/sites/default/files/mph/StudentHandbook-4-3-12.pdf>