

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
WRIGHT STATE UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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SITE VISIT TEAM:

Christopher G. Atchison, MPA, Chair
Steven J. Ward, MA, MPH

SITE VISIT COORDINATOR:

Maraquita L. Hollman, MPH

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Public Health Program at Wright State University (WSU). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2005*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in April 2012 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

WSU traces its beginnings to 1964 when it began as the Dayton campus of Miami University and Ohio State University with 3,203 students registered for classes and 55 faculty members. The campus at that time consisted of a general college, a science and engineering college, the Dayton academic center of Miami University and the graduate center of Ohio State University. A year later the Ohio state legislature passed legislation to create WSU as an independent state university, contingent upon enrollment totals. A public contest occurred in order to find a name for the new university. The Ohio General Assembly approved the name Wright State to honor Dayton's aviation pioneers, Orville and Wilbur Wright. WSU received independent university status in 1967 when total enrollment reached 5,704 students. WSU held its first commencement of students in 1968. Today the institution offers 110 associate and baccalaureate degree programs and 76 graduate and professional programs with an enrollment of nearly 20,000 students. WSU is made up of seven colleges (business, education and human services, engineering and computer science, liberal arts, nursing and health, sciences and mathematics and the university college) three schools (graduate, medicine and professional psychology) and the Lake Campus.

The MPH program is housed in the Center for Global Health (CGH). The CGH is housed within the Department of Community Health (DCH), which is located within the WSU Boonshoft School of Medicine (BSOM). The CGH was formally known as the Center for Global Health Systems, Management and Policy; the name was shortened to the CGH in 2011 to reflect the merger with the WSU Center for Health Communities.

The MPH degree program admitted its inaugural class in 2004. The program was created and still remains a partnership between the WSU and southwestern Ohio's public health professionals.

The MPH program was first accredited by CEPH in 2007 for a five year term with interim reporting due in spring 2009. The interim report was accepted, and this is the program's second review for accreditation.

Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.**
- b. The program and its faculty shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.**
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.**
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.**
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the program shall offer the Master of Public Health (MPH) degree.**
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.**

These characteristics are evident in the WSU MPH program. WSU is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. WSU has been accredited since 1968. The MPH program has the same rights, privileges and status as other professional programs in the university. All MPH degrees offered by the program are structured with an ecological perspective. The association with the local health departments, multidisciplinary faculty and the residency in aerospace medicine program at Wright Patterson Air Force Base are evidence of the program's aims to promote collaboration and foster professional public health values. The program's funding consists of tuition and fees, state subsidy dollars, BSOM funding, grants/contracts and endowments. The program continues to develop and implement new evaluation methods to ensure the professional preparation of its graduates. The program faculty and WSU leadership emphasize that the MPH program provides value to the community and is a partner

for improving community health. Trusting relationships exist between the MPH program and local organizations and agencies.

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.

This criterion is met. The WSU MPH program has been designed in partnership with numerous health districts throughout western Ohio to meet the educational needs of public health service professionals living in western Ohio. The program has a mission statement that includes three aspects of public health: education, research and service. The mission statement of the MPH program is:

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

The program was originally established in 2004 to support the public health workforce needs of the region. The current mission, vision and values were updated in 2011. Faculty, students and alumni acknowledged that the 2011 change in the mission statement language did not alter the WSU MPH program's focus on providing educational advancement for the county public health workforce, but rather increased the scope of the program mission to address the academic and professional needs of a broad and ever-changing student base. The mission is clear and concise and compliments the program's vision in that the program is designed for professionals who are committed to community and global health leadership.

The program has seven goal statements for instruction, research and service. Each goal statement is supported by one or more objectives. A set of measureable objectives relating to instruction, research and service is provided. The program is designed to provide MPH students with graduate-level education through core courses, concentration courses and applied research; foster requisite skills necessary for students to successfully engage in applied public health research; encourage faculty research; and provide community based service learning activities for faculty and students aimed at meeting the needs of the public health workforce. Limited class size, course flexibility, course schedule and minimum GPA requirements assist faculty in achieving learning objectives. Specific research and service objectives for faculty and students are tracked against established benchmarks.

The review process for mission, goals and objectives is conducted by MPH program staff faculty at bi-annual strategic planning meetings. In addition, subcommittees periodically consider objective and goal

changes under the categories of instruction, research and service. The mission and vision are available on the WSU website and the MPH student handbook.

The program lists nine values that are determined and “operationalized” by core faculty and students. The revision of two original values reflects high quality instruction, research and service and team-based approaches to address public health challenges. The values are succinct and specific in nature and are reflected in faculty and students instruction, service and learning. These revisions are in concert with the mission of the MPH program. The values are:

1. Core Tier 1 public health competencies as enumerated by the Council on Linkages between academia and public health practice.
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, services and practice.
9. Promotion of population health approaches in the medical care system.

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.

This criterion is met with commentary. The program has established a permanent committee charged with the oversight of program planning and evaluation as well as accreditation monitoring and reporting. The Program Evaluation and Accreditation Committee meets at least annually and provides information to program leadership and other permanent committees. The Faculty Committee, Curriculum Committee and Public Member Advisory Board may receive reports from the Program Evaluation and Accreditation Committee and undertake changes in program policy and practice.

These committees, as well as the MPH directors and the program coordinator, are also supported by information compiled in four databases (MPH applications, MPH students, MPH culminating experiences and MPH practice placements). This information enables the program to identify and address problems or issues. This includes the identification and tracking of “instructional measures” such as class size, frequency of course offerings, evidence that core courses require students to demonstrate an applied or analytical skill, the percent of students who maintain a 3.0 GPA, documentation that at least two health commissioners make presentations in core courses and that faculty representing at least five academic disciplines or professions contribute to academic offerings throughout the program.

Evidence from these data streams has been used by faculty committees and leadership to adjust programming. For example, concerns about student performance led to a refinement in admissions decision making. Interestingly, the committee structure has also provided information to central administration regarding data sufficiency with consequent changes in the data being collected so that student performance can better be tracked. The program has formally identified committee slots for constituent groups (current students, alumni, members of the community as well as other faculty at WSU) to contribute to program monitoring and evaluation.

The preparation of the program's self-study utilized this committee structure as well as an accreditation team formed in the spring of 2011. Members of the team included core faculty, administration, staff and a student. Two committee members were assigned to each criterion. Weekly meetings were held and members coordinated developments with the MPH committees through additional meetings, e-mail and a work folder on the center's server. As elements were developed they were shared with the faculty, alumni and the program's advisory board. In site visit meetings with alumni and community members, all indicated familiarity with the report and the opportunity to provide input. All material was also shared with the student body at a full meeting in November 2011, and eight students subsequently provided feedback.

The commentary relates to the need for refinement of the program's metrics. Tracking information is primarily summative and limited to process measures. Given the complexity of the public health agenda in the face of limited and/or changing resources, the program would benefit from greater attention to formative inquiry as well as outcome and impact assessment. While program metrics are accurate, they are generally restricted to summative documentation of processes. As the program continues to evolve, it would be well served to increase the comprehensiveness and sophistication of these measures to enable greater analytical capabilities of program operations, impact and outcomes.

The second point of commentary refers to the need to increase response rates from students, alumni and community members. The program should explore opportunities to improve input which might include activities such as exit surveys for graduating students.

1.3 Institutional Environment.

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

This criterion is met. WSU is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. WSU has been accredited since 1968. WSU's most recent review, in 2006, resulted in a 10-year accreditation term.

The MPH program is housed in the Center for Global Health (CGH). The CGH is housed within the Department of Community Health (DCH), which is located within the WSU Boonshoft School of Medicine (BSOM). The CGH was formally known as the Center for Global Health Systems, Management and Policy; the name was shortened to the CGH in 2011 to reflect the merger with the WSU Center for Health Communities. The BSOM is accredited by the Liaison Committee on Medical Education. The DCH also contains 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 (Research Out Montgomery County). Figure 1 presents the WSU organizational structure and Figure 2 presents the DCH organizational structure.

The MPH degree program admitted its inaugural class in 2004. The program was created and remains a partnership between WSU and southwestern Ohio's public health professionals.

The MPH program is governed by the policies and procedures of the WSU Graduate School. The Graduate School is responsible for all graduate programs at WSU except for students enrolled in the MD and PsyD degree programs.

The president is the university's chief executive officer and has responsibility for the operation of the university in conformity with the purposes and policies determined by the Board of Trustees. The provost, who reports to the president, is the university's chief academic officer. The MPH program director reports directly to the chair of the DCH, but for program-specific issues the MPH program director reports to the dean of the graduate school. The MPH program director also serves as the Oscar Boonshoft Chair and director of the CGH. The director of the CGH manages the CGH's educational programs and assigns responsibilities to faculty and staff members. The director also establishes teams, committees and titles for CGH staff and faculty. All budget, resource allocation and indirect cost recovery decisions are made by the director of the CGH in collaboration with the chair of the DCH and the associate dean for fiscal affairs of the BSOM. The MPH program director is responsible for recruiting and evaluating program faculty; faculty may be located within WSU's schools and colleges or may have primary appointments in the CGH and, thus, in the DCH. All faculty with primary appointments in the CGH report directly to the director of the CGH. Faculty with other appointments in WSU's schools and colleges receive formal evaluation and promotion through their primary department chairs, but the MPH program director provides feedback to the department chairs regarding faculty performance in the MPH program. The faculty with secondary appointments in the CGH receive permission and support from their primary school or college to teach or perform research in the CGH. The CGH pays the primary school or college the portion of their salaries based upon the level of support they provide to the CGH. At certain times this is done via grant funding. A multi-level system regarding MPH curriculum design, course additions,

deletions and modifications is utilized since the MPH program must meet standards and policies with the WSU Graduate School.

Figure 1. Wright State University Organizational Structure

Organizational Chart – Wright State University

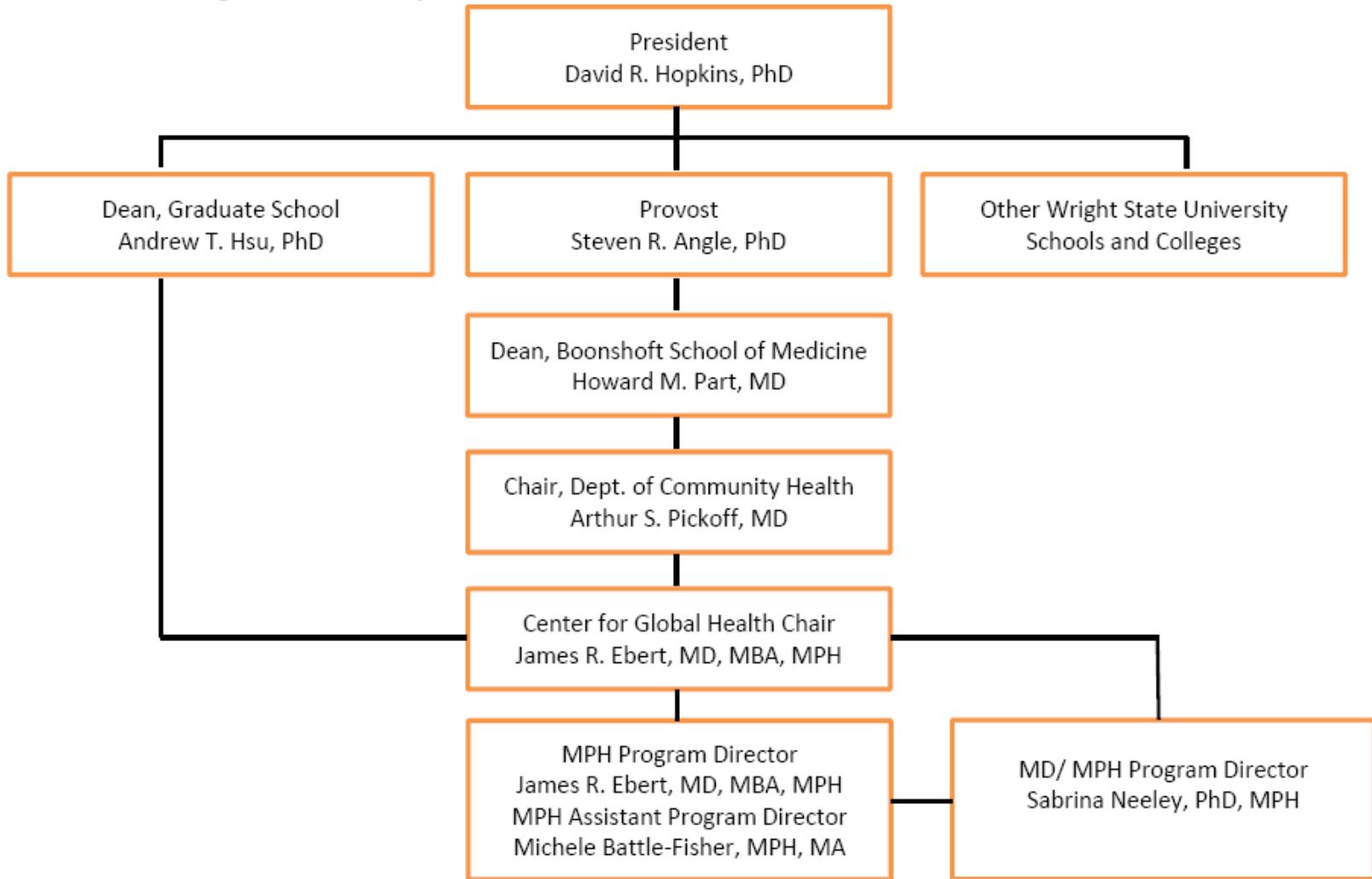
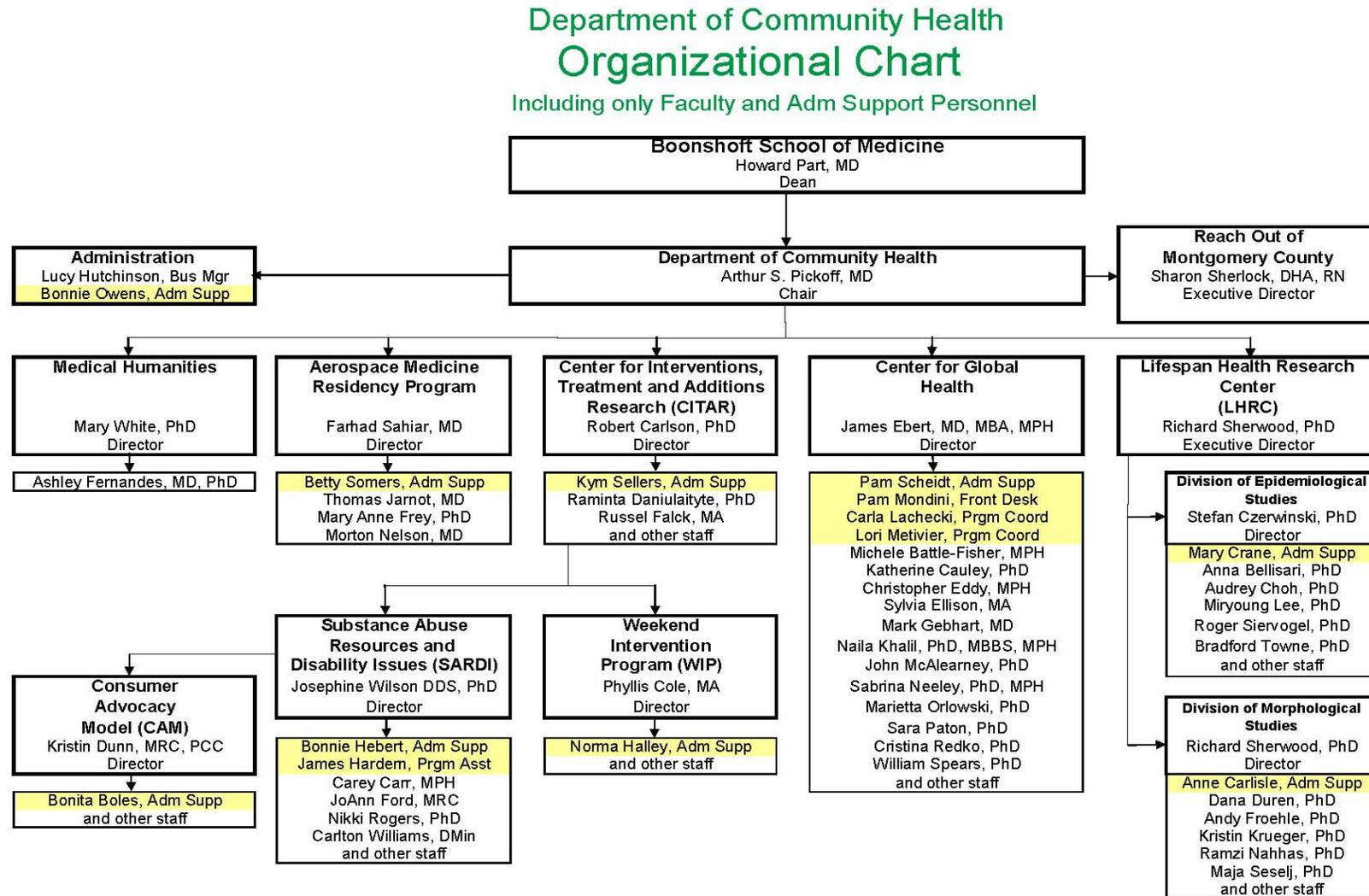


Figure 2. Wright State University Department of Community Health Organizational Structure



As of January 10, 2012

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.

This criterion is met. The DCH provides much of the core faculty for the MPH program, but the MPH program is governed by the policies and procedures of the WSU Graduate School. The MPH program is led by the MPH program director who also is the Oscar Boonshoft Chair and director of the CGH. The component parts of the MPH program are illustrated in Figure 3.

The MPH program has historically divided management responsibility between its MPH program director and a peer director of the MPH/MD joint degree program (the Boonshoft Physician Leadership Development Program). However, in current practice the MD/MPH director also reports to the MPH program director.

Within the program there are four concentrations: emergency preparedness, global health, health promotion and education, and public health management. Each concentration has a director who is responsible for curriculum review and approval and for applicant review, including service on the MPH program's Admissions Committee.

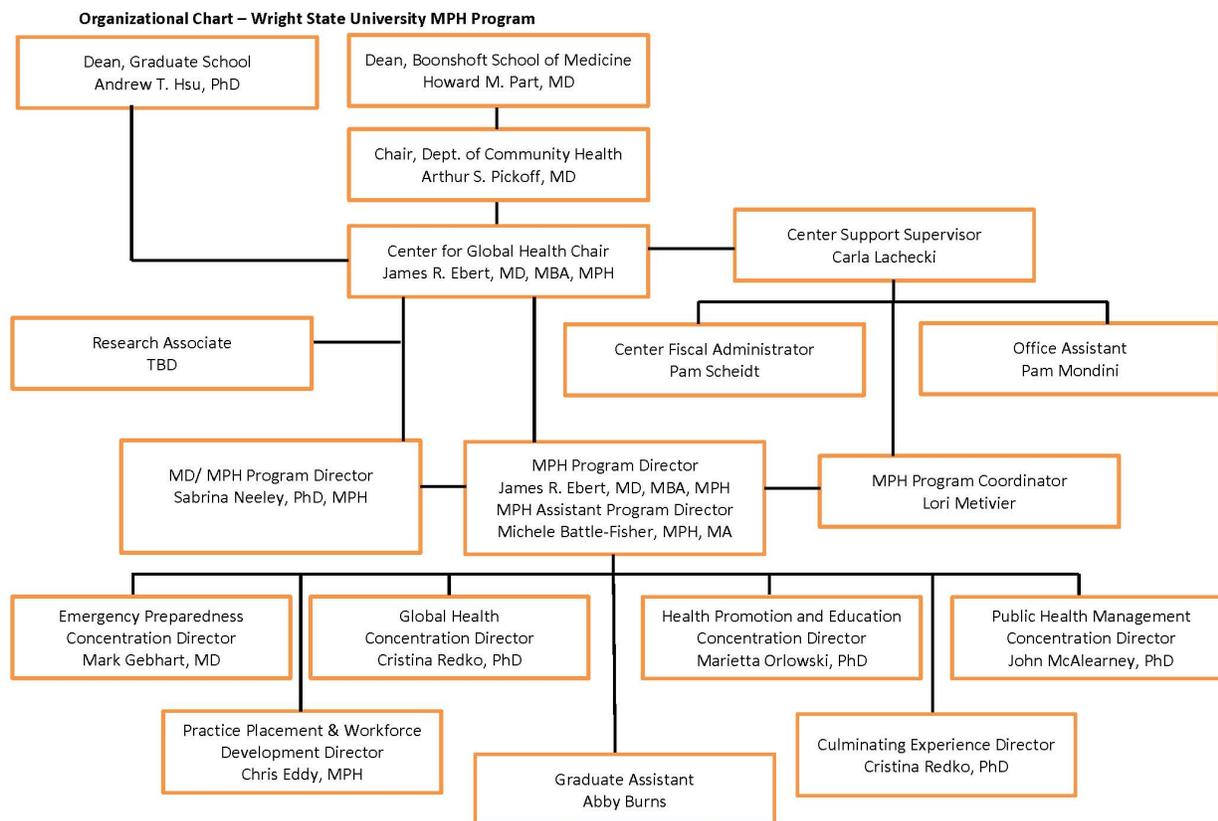
Academic standards are proposed at the concentration level. Curricula to meet those requirements are developed through the appropriate departments of WSU, primarily the DCH. DCH courses are approved by the BSOM liaison to the WSU Graduate School. The School of Medicine Graduate Studies Committee was replaced by having a faculty member appointed as a School of Medicine liaison to the WSU Graduate School. Courses supplied by other departments or WSU schools are similarly routed through their respective graduate studies committees and all to the WSU Graduate School.

The MPH program is further guided by an advisory board consisting of representatives from the academic programs in medicine, business, nursing, science and math, liberal arts, education, professional psychology and engineering.

The program has an administrative support structure including an assistant director for the MPH program, a culminating experience director, a director of practice placements and workforce development, directors of each MPH concentration, a center support supervisor, an MPH program coordinator, a center fiscal administrator as well as office assistants, research associates and graduate assistants.

The MPH program operates under university guidelines for faculty, staff and students. These guidelines are available to all through the university's website. The program is prepared to collect and maintain record of student complaints pursuant to the student handbook. However, the program has not received any complaints since its founding in 2004.

Figure 3. Wright State University MPH Program Organizational Structure



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.

This criterion is met with commentary. The BSOM is the primary academic home for the MPH program, and program academic requirements require approval through the BSOM's Graduate Affairs Committee. Members of this committee are appointed by the dean of the BSOM and the current program director is a member of the BSOM's Graduate Affairs Committee. All degrees are awarded by the Graduate School based on recommendations from the program director or assistant program director.

The CGH, a unit of the BSOM within the DCH, is the administrative home for the program. The current director of the center is also the MPH program director. This individual is responsible for budget and resource allocation subject to the approval of the DCH's chair as well as the BSOM's associate dean for fiscal affairs.

Faculty are appointed and achieve promotion through policies established at the university level. In addition, any BSOM appointed faculty must also adhere to BSOM faculty policies and procedures. For example, the director of the center is responsible for annual reviews and faculty evaluations.

Basic academic standards are established and governed by the university. The MPH program has a governance structure that is understood by faculty. The MPH program has four committees and an advisory board that govern its activities. Faculty members are appointed to these committees. The primary functions of the committees that govern the MPH program are as follows:

1. The Program Evaluation and Accreditation Committee is responsible for overall program planning, assessment and evaluation as well as accreditation activities such as the self-study. All core faculty members, including the MPH program director participate and the committee includes a community representative and student representative.
2. The Admissions Committee meets semi-annually to establish policies and procedures regarding admissions as well as to review and advise on operational decisions made within the program between formal meetings. Membership includes program leadership as well as a community representative and two student representatives.
3. The Faculty Committee is the main administrative body responsible for daily operations of the MPH program. The committee meets quarterly with occasional ad-hoc meetings by phone or in person. It is chaired by a faculty member, and membership includes program leadership and core course faculty. No student or community representative is on the committee.
4. The Curriculum Committee meets quarterly to address issues pertaining to concentration and course content, competencies, their development, modification and quality. The membership includes program leadership as well as core faculty and two student representatives. The committee does not include a community representative.

The Advisory Board meets at least once per year. This group guides the community engagement of the program. Members include program leadership, faculty representatives from seven supporting colleges and schools, two student and alumni representatives and five community-based practitioners.

The program also hosts an ad-hoc Research Working Group which provides a forum for faculty and students to share information on research efforts and presentation of research findings. The group is open to all faculty, students and alumni. MPH students are encouraged to use meetings of this group to present their culminating experiences to faculty, staff and other MPH students.

Six faculty have served on various university committees including the Faculty Senate, as well as the university's Research Committee, the Internal Review Board, the Service Learning Advisory Committee, the Center for Internal Education Development Committee, the Community Civic Engagement Task Force

and the Academic Integrity Hearing Panel as well as the Promotion and Tenure Appeals Committee. Additionally, several faculty have provided leadership to these committees.

Students serve on the program's Advisory Board (two members), Accreditation Committee (one member), the Admissions Committee (one member) and Curriculum Committee (one member). However the program has no formal student organization and expresses the need to continue to recruit greater student involvement.

The comment refers to an issue the program has acknowledged, the need to actively engage more students in program processes. Although the student body does consist of many working professionals, alternative strategies might be explored. Students suggested that holding meetings at different times of the day or making greater use of electronic technology might improve participation.

1.6 Resources.

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

This criterion is met. The program has multiple revenue sources. Per a signed agreement between the university and the BSOM, all tuition paid by MPH students is remitted to the program. The program receives state funding called State Share of Instruction (SSI), on an annual formula applied to tuition paid per student. This formula varies year to year based on economic decisions at the state level. Support from this source has ranged from 31% to 54% of the program's budget over the last four fiscal years. Additionally, the program has established a program fee, currently set at 28% of tuition, and contracts and grants add approximately \$100,000 in revenue to the MPH budget. A percentage of any research awards indirect costs are provided to the university, but 20% of the indirect costs are returned to the CGH to support infrastructure costs. The program also has an established account with the university foundation.

From these revenues the program develops its budget including faculty salaries, instructional costs and other costs including travel. The program also is responsible for ongoing expenses such as space, communications and materials. For example, the BSOM 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 direct cost. The BSOM contributes to capital improvements such as new computers and in the past has assisted with construction improvements. The program has shown a net positive balance in its budget each of the last two academic years. The program's budget is shown in Table 1.

The program has a strong faculty with at least three core faculty in each of the concentration areas with the exception of global health. However an additional faculty member has been identified and attended the site visit and expects to begin employment on July 1, 2012. This core faculty is further supported by

32 faculty from other programs. This resource enables a core faculty/student ratio of less than six to one in all concentrations and an overall ratio of no greater than 4.44 to one when all faculty are included.

Table 1. Sources of Funds and Expenditures by Major Category FY 2008-2011			
	2008-2009	2009-2010	2010-2011
Source of Funds			
Tuition & Fees	\$ 666,332	\$ 804,922	\$ 747,971
State Subsidy* (SSI)	\$ 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
Total Revenue	\$ 2,211,581	\$ 1,950,906	\$ 1,884,833
Expenditures			
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
Total Expenditures	\$ 2,268,572	\$ 1,561,560	\$ 1,600,911
Net	\$ (56,991.78)	\$ 389,346.00	\$283,922.00

* The formula for SSI funds is complex, and changing in the face of state budget challenges.

The MPH program is supported by 4.5 FTE staff located in the CGH. Additionally, the program has 2 FTE support staff in the DCH and receives direct support in the university library through a dedicated librarian.

The program's physical location is on a research park campus 10 miles from the main campus. Within this location the program occupies approximately 9,000 sq. ft. with several conference rooms, 18 offices and other amenities.

Though the program does not offer laboratory-based courses, any needs for such resources may be available through WSU.

The CGH provides four locations with university networked and web accessible PCs for the students. Additionally the CGH has free Wi-Fi for students, faculty and visitors. WSU provides ten 24-hour

computer labs and 16 additional labs with varied hours. This resource appears adequate especially since the student body consists of many professionals with outside resources.

Library resources are provided through WSU, and the library has assigned a specific librarian to the MPH program. Through this resource the library provides reference service and consultation, instruction, and collection development designed for the MPH faculty, staff and students. This individual has created a public health research guide with databases and websites identified in part by suggestions from the MPH faculty.

The MPH program was established through collaboration with the surrounding public health practice community, and community participation in the program includes collaboration on teaching and service opportunities. Adjunct appointments are offered to community professionals who provide support to the program’s needs. However, there are no formal agreements between the community and the program beyond general agreements between the community and the university.

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 master’s 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.

This criterion is met. The program currently offers four MPH concentrations. Table 2 presents the program’s degree offerings. The program of study for all four concentrations requires the completion of 56 quarter hours of coursework. The curricular requirements include: 28 quarter hours of core public health courses, 16 quarter hours of concentration-specific courses, four quarter hours of practicum experience and eight quarter hours of culminating experience. A review of the curricular requirements shows a sufficient depth and level of required coursework for each concentration. The program offers one joint degree further described in Criterion 2.10.

Table 2. Degrees Offered		
	Academic	Professional
Masters Degrees		
Emergency Preparedness		MPH
Global Health		MPH
Health Promotion and Education		MPH
Public Health Management		MPH
Joint Degrees		
School of Medicine		MPH/MD

2.2 Program Length.

An MPH degree program or equivalent professional master's degree must be at least 42 semester credit units in length.

This criterion is met. The program of study for all MPH concentrations requires the completion of 56 quarter credit hours. Over the last three years, no MPH degrees were awarded for less than 56 quarter credit hours of coursework.

The MPH program operates on a quarter system. One four quarter credit hour class is the equivalent of 40 contact hours.

The MPH program allows students to transfer up to three graduate-level courses. Transfer credit requires approval from the WSU MPH faculty director for the course under transfer review. Students must have attained a grade of an A or B for transfer credit to be granted. In the last three years, three students have transferred five classes.

2.3 Public Health Core Knowledge.

All professional degree students must demonstrate an understanding of the public health core knowledge.

This criterion is met. All MPH students are required to complete seven core courses. The core courses address core knowledge in public health and total 28 quarter hours of credit. The site visit team reviewed the syllabi of the core courses and agreed that they are appropriate for master's level coursework. These courses are the following:

- CMH 620 – Introduction to Biostatistics
- CMH 623 – Epidemiology
- CMH 640 – Environmental Health
- CMH 705 – Introduction to Public Health and Health Policy
- CMH 734 – Health Systems Management
- CMH 770 – Social and Behavioral Determinants of Health
- EC 755 – Economics of Health and Health Policy

Students may petition to waive a core course. Waivers are subjected to a careful approval process. The WSU MPH faculty director of the core course under petition to waive reviews the syllabus of the class to be waived to ensure the competencies of the core course have been met and the student has completed the course and achieved a grade of an A or B. In the last three years six students have waived a core course.

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.

This criterion is met with commentary. The MPH program requires a practicum experience that includes a combination of classroom instruction in research design and methodology and a field experience that places students in a practice-based situation. Sites for practicum experiences include hospitals, health departments, government agencies, military installations, community organizations, advocacy and policy programs and private institutions. Field placement sites may be located in Ohio, other states in the United States and globally. Students, in consultation with the director of practice placements and workforce development, are responsible for finding and arranging a practicum site. Students have several resources to locate a practicum site: MPH faculty members, the director of practice placements and workforce development, alumni and specific requests from local health department and community-based organizations.

Working students may complete their practicum in their primary place of employment, although this is not recommended and even discouraged. The practicum must be above and beyond their normal work duties. Permission to do so is given by the preceptor and MPH program director and director of practice placements and workforce development.

The practicum experience consists of a total of 120 hours (90 hours of onsite practice placement and 30 hours of classroom time in research design and methodology). The 30 classroom hours consist of five separate seminar sessions focusing on the following topics:

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

The purpose of these five seminars is to provide students with an understanding of the thesis/dissertation model and to develop literature review skills and qualitative and quantitative analyses skills.

The director of practice placements and workforce development is the practice placement course director. All MPH students nearing the completion of core coursework are required to meet with the director of practice placements and workforce development to discuss their field placement. Students must base their practicum experience on an area of interest outside of their usual public health knowledge, skills and abilities. This varies slightly from other practicum procedures where the field experience reinforces students' public health knowledge in a specific concentration area. However, given the number of working professionals in the WSU MPH program, this is a program strength that encourages students to expand their public health knowledge and competency attainment. The director of practice placements

and workforce development approves the area of interest and students are required to formulate and propose a minimum of three specific learning objectives for the practicum experience. The learning objectives are reviewed and discussed with the student and consensus between the director of practice placements and workforce development, preceptor and student must occur to finalize objectives for the practicum experience. All objectives must be specific with regard to applicability to the area of interest and must be measurable.

The MPH program has not granted any practicum waivers throughout its history. Site visitors learned that the MPH program faculty feel strongly that the practicum should not be waived and that waiving of field placement would not be an option for MPH students.

Practicum preceptors should possess the following: (1) an MPH degree or substantial public health experience; (2) the ability to work collaboratively with representatives of the MPH program in developing a suitable educational experience with students; (3) willingness to provide field instruction and supervision; (4) the ability to assist students in identifying relevant issues and possible approaches to a problem; (5) the ability to assist students in applying newly learned knowledge in the community and (6) the ability to assess students' performance which includes ongoing feedback and the final project. These characteristics are verified by the practice placement course director.

The director of practice placements and workforce development and the preceptor work closely to evaluate student performance of the practicum. This evaluation process includes: a practice placement application form (which includes the three learning objectives), a comprehensive journal of daily placement activities, a midpoint check-in, a five page student summary documenting how the learning objectives were met or not met as a result of the practicum, a practice placement evaluation completed by the student, a practice placement evaluation completed by the preceptor and a practice placement evaluation completed by the director of practice placements and workforce development. The director of practice placements and workforce development submits a grade of P (pass) or U (unsatisfactory) to the Registrar's Office for student completion of the practicum.

In academic years 2009-2011, 54 students completed practice experiences at 50 practicum sites.

The self-study notes and the site visit team confirmed that as of the fall 2012 semester the practicum experience will consist of 200 hours. Site visitors learned that with this change in hours, the 30 classroom hour seminar requirement will cease and students will complete only one seminar class; the decrease in classroom hours will allow more hours in field experience. Site visitors heard from alumni that this increased hour requirement may be difficult for working students who need to take vacation time to complete their field experience.

Preceptors spoke very positively about student field experiences and the high degree of professionalism, knowledge and dedication of students. Site visitors learned from students and alumni that their practice experiences reinforced their knowledge of public health and expanded their knowledge and abilities to work in the field of public health.

The comment refers to the completion of core and concentration-specific courses before a student enrolls in the practicum experience. Students do not need to complete concentration-specific courses and core courses before commencing their fieldwork, and there is no minimum number of credits that students must complete before registering for the practicum. This class structure may prevent students from applying competencies, skills and knowledge in their fieldwork since practicum experiences occur at various points in academic study instead of when students have completed core and concentration-specific courses.

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.

This criterion is met. All MPH students are required to complete a culminating experience. This experience is an applied research question and consists of eight credit hours involving two consecutive four credit hour courses (CMH 820 and CMH 821). Students are encouraged to develop their research question from their practicum experience and to frame their research question in their concentration area. The most common culminating experience options are the following:

- 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

CMH 820 and CMH 821 do not involve students meeting in a classroom setting but instead the development and implementation of the project (CMH 820) and the preparation of the project manuscript and an oral presentation (CMH 821).

The MPH program has developed and implemented Culminating Experience Guidelines, which are utilized by students, the culminating experience course director and MPH faculty. The guidelines clearly define the expectations and requirements of a culminating experience, the responsibilities of the student, culminating experience course director and Faculty Project Guidance Committee. The Faculty Project Guidance Committee consists of two or three members who are selected according to specific

procedures and who each serve a specific purpose regarding the completion of a student's culminating experience.

Students meet with the culminating experience course director at least 90 days prior to registering for CMH 820 to review possible research topics. Students are required to complete a brief concept paper that provides a description of the proposed project, objective of the research, data sources and methodology, timeline and anticipated results of the project. Students review their concept paper with the culminating experience course director and receive feedback before their project is approved and they are permitted to register for CMH 820.

The culminating experience has four components: (1) project proposal; (2) progress report; (3) final manuscript; and (4) oral presentation.

The project proposal (CMH 820) is a detailed document 15 to 30 pages in length that is submitted to the chair of the Faculty Guidance Committee. The document contains a description of the project, objective of the research, data sources and methodology, timeline and anticipated results of the project. Students are required to meet with their Faculty Guidance Committee to discuss the proposal before it is approved for implementation. The Guidance Committee may require several drafts of the research proposal prior to approval. Students must provide an in-person progress report to the culminating experience course director that describes their accomplishments in CMH 820 prior to registering for CMH 821. Students are required to follow a prescribed format for their final manuscript (CMH 821). Students meet with their Guidance Committee during the preparation of their manuscripts and submit their final manuscripts to the chair of their guidance committee. Several drafts may be required by the committee prior to final approval. Once committee approval is received students submit their manuscripts to the culminating experience course director for final approval and to the MPH program coordinator for binding and archiving. Students 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. Students present to their Guidance Committee, other faculty members and potentially to community groups or professional organizations. The presentation should be of professional quality and include PowerPoint slides.

Once students successfully complete all parts of the culminating experience, the Guidance Committee completes the culminating experience score sheet and culminating experience final grade form which are submitted to the culminating experience course director for final approval and signature. The culminating experience is graded as a pass/fail.

All MPH students as part of the culminating experience must identify the specific Tier 1 public health competencies they achieved during the completion of their project. Students are required to identify 16 public health competencies within a minimum of four different domains. Students participate in a final meeting with their Guidance Committee to examine the public health competencies checklist to identify the competencies applied during the culminating experience. A copy of the checklist is signed by the students and the Guidance Committee members. In addition to the checklist the culminating experience portfolio includes the following: (1) printed and electronic copies of the final manuscript with all appendices: the printed copy must contain the signatures of the Guidance Committee; (2) IRB approval forms and CITI program certificate; (3) culminating experience score sheets and culminating experience final grade form signed by the Guidance Committee and (4) printed and electronic copies of the oral student presentation. All items must be completed for the final grade to be given for the culminating experience.

Site visitors reviewed several culminating experiences and they showed scholarship, professionalism and creativity. Students and alumni shared positive feedback regarding the culminating experience process and its completion. Site visitors learned of the great variation in culminating experiences that students complete in the MPH program.

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.

This criterion is partially met. The program utilizes the core competencies for public health professionals identified by the Council on Linkages between Academia and Public Health Practice (COL) to develop the curriculum for the core courses. The Tier 1 competencies are used to establish learning objectives for classes in the core curriculum. The COL lists eight domains, each with skills, knowledge and areas of comprehension. The eight domains include: analytic assessment skills; policy development/program planning; communication skills; cultural competency skills; community dimensions of practice skills; basic public health science skills; financial planning and management skills; and leadership systems/thinking skills. Faculty subcommittees review the core competencies to ensure that the MPH program students acquire the necessary skill sets to be successful in the public health workforce. Upon completion of the culminating experience students are required to identify competencies that were used to conduct their individual project or team based project.

Course learning objectives, which are derived from competencies, are discussed in class. Concentration directors develop concentration-specific competencies utilizing specific criteria from professional organizations.

The program has listed competencies for each of the four concentration areas. The global health and emergency preparedness concentrations utilized the COL competencies in the development of competencies, while the health promotion and education concentration relies on documents from the American Association of Health Education (AAHE) and the Society for Public Health Education (SOPHE) to develop concentration competencies. Appropriate competencies are periodically assessed as a result of changing public health practice needs.

Program leaders and faculty have instituted a thorough review process for course learning objectives and competencies. The Curriculum Committee, Faculty Committee and the Advisory Board monitor change and recommend updates to program competencies and scope of instruction. Students are made aware of core and concentration-specific competencies throughout their course of study.

The first concern relates to the lack of clarity regarding the development of competencies for the health promotion and education and public health management concentrations. In each concentration seven clear and distinct competencies are listed. Program leaders and faculty state that the health promotion and education concentration use the standards established by the American Association of Health Education. It is unclear how these competencies are derived, since no reference documentation is listed in the self-study document. In addition, the derivation of competencies for the public health management concentration is unclear since these competencies are gleaned from “other programs” with similar concentrations that follow general management competencies that are appropriate for the public health workforce.

Moreover, the competencies listed for each concentration identify a scope of learning sufficient to guide a graduate level curriculum in that concentration. Competencies list knowledge and skill sets reflective of graduate level work such as assessment, implementation and application. Students can access this information in the self-study and the WSU Master of Public Health website. However, a review of concentration competencies revealed that the concentration competencies enumerated in the self-study and student handbook are different from the concentration competencies listed on the WSU MPH website.

Additional concern relates to the inability of students to articulate concentration-specific competencies utilized in their culminating experience. Students acknowledged the need to list four domains and sixteen competencies as part of their culminating experience, but site visitors could not verify a consistent process to ensure that competencies are truly integrated into the culminating experience. Several faculty members agreed that core and concentration competencies integration is needed to achieve a true culminating experience.

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.

This criterion is partially met. The program uses various methods of assessing student performance: exams, quizzes, oral presentations, research papers, class participation, group projects, practicum and culminating experience. MPH students are required to maintain an overall grade point average of 3.00 (on a four-point scale). This requirement is common to all concentrations. Students who receive less than a B grade in any core course have a Concern Conference with the Assistant Program Director and faculty for the course involved. If a student's overall GPA falls below 3.0, WSU places the student on academic probation. Students on academic probation meet with the Assistant Program Director to review the student's record, make recommendations and prepare an improvement plan for the student. Students on academic probation have 12 quarter hours (transitioning to nine semester hours as of fall 2012) to bring their overall GPA to a minimum 3.0. If this is not accomplished, the student is at risk of expulsion from the MPH program. Site visitors learned that in the last three years, six students have been placed on academic probation. Site visitors learned that in the last three years, zero students have been expelled from the program.

The program assesses student progress in achieving competencies during core and concentration coursework and the culminating experience.

The self-study provides degree completion rates for academic years 2008-2009, 2009-2010 and 2010-2011. The graduation rates per academic year were the following: 91.3% (2008-2009), 82.6% (2009-2010) and 70.3% (2010-2011). Students in the MPH program have seven years to complete their course requirements. The majority of the students in the MPH program enroll on a part-time basis.

The self-study presents summaries of data on graduate employment per MPH concentration for the years 2008-2011. The top three destinations for MPH graduates during this time period were health care, further education and government.

MPH students are not required to take national examinations. The MPH program does email students to inquire if they have passed the Certified Health Education Specialist (CHES), Certification in Public Health (CPH), the Registered Environmental Sanitarian (REHS/RS) or other national exams. The self-study provides national examination data for WSU MPH students for 2008-2011 which shows that two students successfully completed the CHES, two students successfully completed the CPH and one student successfully completed the REHS/RS.

The MPH program assessed employers of graduates in 2011 via a web-based survey that asked them to rate WSU MPH graduates' level of proficiency and competency in performing tasks for which they were trained in the MPH program. The survey was sent to 21 employers and included follow-up phone calls. The response rate was 33% (seven respondents out of 21 employers contacted). Survey results showed that 67% of employers reported that MPH graduates were proficient in biostatistics, 75% reported graduates' proficiency in epidemiology and health services administration and 100% reported that MPH graduates were prepared in social and behavioral health sciences.

The MPH program assesses its alumni by a web-based survey. The most recent assessment occurred in 2011 where 18 out of 32 alumni (56% response rate) responded to the survey. 72.2% of responses showed that the primary objective in earning the MPH was to increase skills in public health and 52.9% of responses showed that alumni have worked in the public health field 10 or more years. Survey results showed satisfaction in eleven areas regarding the MPH program.

The concern relates to the program's failure to develop standard procedures to assess students' progress against concentration-specific competencies in the culminating experience. Currently students may complete a culminating experience that is not in their concentration which site visitors heard has been beneficial to some alumni to widen their public health knowledge and experience. However, in cases like this, students have no assessment of concentration-specific competencies at the conclusion of their program of study. Also, a comprehensive assessment of concentration-specific competencies does not exist for students who complete their culminating experience in their concentration areas that they have studied for several years in the MPH program. It is key that the MPH program develop an assessment mechanism for concentration-specific competencies in the culminating experience given the wide variety of projects undertaken by students, importance of concentration-specific reinforcement and future growth in enrollment of the MPH program and transition to more enrollment of students straight from undergraduate studies.

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.

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

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.

This criterion is met. The program currently offers one joint degree a Master of Public Health and Doctor of Medicine (MPH/MD). The joint degree is offered through the Boonshoft Physician Leadership Development Program (BPLDP). The BPLDP also offers an MD/MBA degree, which is not part of the CEPH accreditation unit. Students enrolled in the joint program prior to academic year 2010-2011 were required to enroll and complete the MPH public health management concentration. As of 2010-2011 students may enroll and complete any of the four MPH concentrations. All MPH/MD students must first apply and be accepted to the BSOM. Applicants are then required to meet admission and application requirements for the graduate school and the BPLDP program. In the event that an applicant is accepted by one program and not the other, the applicant has the option to pursue the program to which they were accepted. Joint degree students receive advising from the MPH program coordinator and the BPLDP coordinator. MPH/MD students, in collaboration and dialogue with their two academic advisors complete a planned program of study (PPOS) before the end of the first semester of study. This PPOS is reviewed throughout the course of study and may be revised with the approval of both advisors. Joint degree students receive faculty advisement and guidance in course selection to ensure competency attainment, completion of course credit and MPH concentration and student interest in particular areas of public health.

Ten students have completed the MPH/MD degree. The MPH/MD degree requires five years of full-time study to complete the requirements of both programs. MPH/MD joint degree students are required to complete the 56 quarter credit hour MPH curricular requirements. Joint degree students participate in monthly leadership seminars designed as separate sections of the MPH core course CMH 734 Health Systems Management and the elective course in Strategic Leadership in Health Care (CMH 754). During the last year of study joint students complete a course in Health Systems Communication (CMH 828). The five year study does not include a "year out," and students are continuously exposed to both public health education in the monthly seminars and go back and forth between the medical school and MPH curriculum. The self-study notes that in the 2011-2012 academic year there are 15 students in the MPH/MD joint program. Six students are in their fifth year, five students are in their fourth year, two students are in their third year, one student is in their second year and one student is in their first year. No waivers for the field experience or culminating experience are permitted for joint degree students.

Site visitors learned that the low enrollment in the joint degree program is caused by funding. The BPLDP exhausted its original funding in 2009, and students entering the joint program in 2010-2011 received no funding for tuition remission or stipends. Site visitors verified that no new funding sources

have been located for joint students, which means that potential joint students must accept larger financial loans and additional time if they desire to complete the joint MPH/MD program.

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.

This criterion is not applicable.

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.

This criterion is partially met. The MPH program is located in the CGH in the BSOM and enjoys the benefits of well-established research enterprise including both a funding history as well as an infrastructure to assure integrity. The merger into the center of a previously existing Center for Healthy Communities in 2011 is anticipated to further increase the research opportunities for the program. In addition, the university provides a Department of Research and Sponsored Programs, which works with faculty to identify external funding sources, liaison with sponsors, assist with proposal development, preparation and budgeting as well as other administrative aspects of grant submission.

The program also has opportunities to develop community-based and systems research grants due to a strong relationship with the practice community in the region. Community members attending the site visit commented on the value of faculty and student contributions to their efforts. However, they also confirmed the site visitors' observations that these relationships are informally established and variable over time. The program identified a dozen projects with community participation, of which seven included student participation. Partners included the state health department, multiple local agencies and other community based organizations such as schools.

In fact, in general the program does have a significant, if declining, research-based enterprise with revenues \$1,295,201 in 2008, \$725,778 in 2009 and \$ 773,237 in 2010.

The concern relates to an issue previously identified in the 2007 accreditation report which observed that the majority of externally funded research was completed by one individual. The 2012 site visit reveals the same observation. The program has also again identified the need to further develop new faculty in research. In support of this intention the availability of “seed grants” through the BSOM to support the development of junior faculty in their research efforts is cited. When asked about this opportunity, faculty acknowledged knowing of the program, but they also indicated that no public health faculty had yet received one of these grants.

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.

This criterion is met. All faculty, professional staff and students are expected to participate in service that directly benefits the community. The program’s commitment to service is evidenced by the fact that faculty are allowed to participate in service activities as university employees. Program faculty are required to report service activities, teaching and research in their annual academic report. Service is a criterion used to determine eligibility for promotion. The program offers students community service opportunities through their practice placements and culminating experiences. Students become aware of additional series opportunities through postings on bulletin boards, consultation with faculty, social media and a student listserv.

Faculty outlined their involvement in an array of local, state and national activities of service. Examples of faculty community activity and service included participation on community health boards and on an infant mortality task force, as well as participation in an oral health community assessment. Over 87% of the faculty report service related activities at the local, state and national level. The self-study reflects the fact that the vast majority of the faculty maintains active membership in professional associations which reflect both general and specific interest in public health, law and medicine. Students and faculty consultations with community agencies revealed several partnerships ranging from county child fatality analysis to a community-based child obesity prevention initiative. Faculty acknowledge that it is not uncommon for students to work on projects outside their proscribed practice placement and culminating experience and that students often introduce faculty to research, service and grant opportunities. In fact, the director of a local community health center outlined several examples of essential projects that were completed by students that would have not been completed without student involvement.

The program identified four main service goals by which the program measures success of its service efforts. While most of these goals have been met (number of continuing education programs per year for

members of the community and public health workforce), others, such as tracking student service activities have not yet been achieved.

3.3 Workforce Development.

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

This criterion is partially met. The program's continuing education activities reinforce the community-oriented nature of the program with particular emphasis on assisting local public health practitioners' interaction with the local public health community. The program's Advisory Board plays a key role in linking local leaders to the needs of the public health workforce through attendance at bi-monthly meetings and faculty community health activities.

A major strength of the program's workforce development is rooted in the fact that the director of workforce development and practice placements is a WSU MPH alumnus. The director discusses innovative public health strategies with several organizations including but not limited to Ohio Public Health Council, Ohio State University, Environmental Health Advocacy Council and the National Environmental Health Association. These organizations focus on the development of innovative strategies tailored to meet the needs of an evolving public health workforce. The Ohio Public Health Association sponsors an annual conference at which faculty and students participate as presenters of educational sessions and poster presentations. The Advisory Board helps to foster insight and identify the needs of the local public health workforce.

The program has established a track record of offering an annual health conference on healthcare and public health-related topics to the medical and public health communities. The addition of the "public health grand rounds" program allows students to attend lectures given by public health leaders in subject matter areas ranging from prevention strategies to infant feeding in emergencies. The RAPHI/Robert Wood Johnson Project fosters educational collaboration between several Ohio universities, public health MPH consortia and an academic center for public health preparedness.

Site visitors noted the changing relationship between the program and its educational focus on the development of the local public health practitioner workforce. The self-study outlined a possible shift in program recruitment to attract undergraduates to the program, as a result of a shrinking enrollment of public health practitioners. One county health commissioner stated that while some of the declining enrollment may be due to the economy, the WSU MPH trend away from the development of the local public health workforce is partially a result of not maintaining the past strong relationship with the program. Other county commissioners, community representatives, faculty and program leaders recognize the trend toward recruiting traditional undergraduate students does not impede the commitment

the program made to maintain the existing strong relationship with the practice community. Students, community representative and preceptors praise program leaders and the faculty for their unending support and advocacy for students and the practice committee. Site visitors recognize that limited financial and faculty resources will, out of necessity, impede the ability of the program to maintain an ever increasing demand for instruction and service. The development of a strategic plan to address these issues is warranted.

The concern refers to the need to design and implement a workforce development survey to measure the current status of workforce development needs in Dayton and the surrounding area which will allow the program to further develop curriculum offerings that will assist the program in better aligning the curriculum with workforce needs.

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.

This criterion is met. The program maintains a core faculty of 13 individuals distributed across four concentrations. In sum and in each concentration the faculty has both the requisite academic preparation as well as a range of the disciplines necessary to have a broad program.

The program has also taken steps to address issues raised in the last review. In 2007 the program reported 17 core faculty seven with an MD, two with a JD and six with a PhD. Only two were identified as holding a professional public health graduate degree. In the current report, though the number of core faculty has declined to 13 the members of the faculty reflect a more broadly based academic background. For example, the program reports a reduction from seven to two individuals on the core faculty with the professional degree of MD and an increase in PhD faculty from six to 10 faculty members. This adjustment in the academic base for the program has the potential to cause a significant change in the focus of teaching and research.

The 2007 report also observed a lack in faculty with formal public health training. The program has dramatically addressed this comment and recruited a number of new faculty in order to attain this goal: six of the 13 core faculty have the MPH degree and 15 of the total faculty complement of 40 have this degree.

The program notes that this conversion has caused some disruption in a number of areas. Established research expertise is still being developed by the new faculty, and only 80% of the faculty have attained

terminal degree status which is 10% below the programs target measure and the first time the program has fallen below the target in the three years covered by the review.

The program utilizes faculty from across the campus as well as practitioners and retired faculty to complete its complement of 40 faculty. This includes individuals in both the core faculty and other faculty categories who have had active practice careers.

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.

This criterion is met. Faculty are appointed and promoted according to policies and procedures of the university or, if they are appointed in the BSOM, as established and published by the BSOM. These policies are available via either the university or BSOM websites. The program has not developed its own faculty handbook.

The program recognizes four faculty ranks: instructor, assistant professor, associate professor and professor. Promotion decisions are informed by a descriptive matrix of criteria defining academic achievement necessary for promotion. This matrix has major focus on teaching, service and research and scholarly activity. Each of those dimensions is further defined by upper, middle and lower tiers of performance. Service is a clearly identified component of the appointment, promotion and tenure process. The BSOM has identified elements for teaching, research and service. Basic requirements in service include community involvement. Greater significance is given to the “development of innovative programs or policies broadly impacting public health.”

WSU has established a Center for Teaching and Learning which provides training and resources for all faculty. In addition, the BSOM has a Department of Faculty Development which aims to improve teaching performance through instructional advice and resources as well as lectures and a faculty development day. The program provides further information about conferences and public health related programming. The program also supports faculty participation in conferences and workshops and notes that more than \$10,000 was provided during the period of review for faculty attendance at professional meetings.

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.

This criterion is met with commentary. In 2007 the program was advised that faculty and staff diversity were a concern. During the current review period, the program did make progress with faculty diversity

by increasing both female and minority membership. The site team notes that the university and BSOM have processes and resources to support minority faculty and staff. Site visit meetings with university and BSOM leadership demonstrated leadership agreement that diversity is a concern and a focus for development. It was also previously noted that the program's public health research agenda should be attractive for minority faculty recruitment. Given the demographics of the region and the development of greater focus on community interventions to address chronic disease, there is no reason to believe this attraction will diminish.

The first comment relates to the observation that the program has achieved only modest progress in improving the diversity of its faculty. Of the 13 core faculty, 10 are Caucasian with one Asian, one African-American and one Latina. Additionally, 34 of the other faculty supporting the program are Caucasian with two African-Americans and no more than one individual of any other ethnicity. In addition, the program extended offers to minority candidates in 2010 and 2012, though those offers were declined by minority candidates.

The second comment relates to a need by the program to understand and address any of the reasons, if known, why those minority candidates declined their offers and develop a comprehensive recruiting strategy that will complement the WSU processes and resources to support minority faculty and will ensure success during the next faculty hiring round.

The final comment relates to the fact that the program has lost any non-white membership on its staff, and there is no clear process for the program to address this disparity.

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.

This criterion is met. The program was created at the request of a group of Southwest Ohio health commissioners. The recruitment strategy targets the current public health workforce. The MPH website offers a complete overview of the program including the application process, procedures, required course and relevant information. The program brochure is mailed out to the local health departments and other health related agencies. Program administration and faculty actively market the program at state and national conferences in addition to utilizing the MPH website for recruitment purposes.

The program typically reviews applicants for fall and spring for admission; however applicants may be admitted on a rolling basis during any quarter. Admission deadlines are clearly stated and the composition of the admissions committee and procedure are well documented. Minimum criteria for

admission guidelines can be found on the school of graduate studies website. The graduate school scholarship program will be used to attract strong applicants to the MPH program. The program coordinator stated that admission standards have increased as the program has evolved and the Admissions Committee has become more discriminating regarding the student admissions process as the quality of the applicant pool improved. The BPDLDP MD/MPH review process is unique in that it selects applicants from the first-year class of medical students.

The program provided data on applicants, acceptances and enrollments by programs for 2008 to 2011 and additional data for students enrolled in specialty areas. Enrollment outcome measures have not achieved targets for international students and public health workforce students. The program has achieved its goal for the number of students accepted and the percent yield of students enrolled. The concentration with the largest enrollment is public health management, followed by health promotion and education and emergency preparedness. The global health concentration is relatively new and enrollment patterns will be tracked with an eye to attracting a more diverse student population.

Program leaders have recognized a transition from the education of local public health practitioners to a more traditional undergraduate applicant. The program plans to use testimonials from recent graduates to speak at health fairs and other events to assist in recruitment of potential MPH students. Faculty, staff and program leaders understand the need for job fairs and a robust career services department in order to successfully market the MPH program to potential applicants.

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.

This criterion is partially met. The program has a comprehensive list of policies, procedures and plans to achieve a diverse student population. While the current student population reflects relatively low representation in minority students, it has improved since the 2007. Among the 34 students who enrolled in 2010 – 2011 academic year, 18 students identified as Caucasian; eight students identified as African American (five male and three female); one student identified as Asian Pacific Islander; and two students identified as International (one male and one female). Program officials reference the voluntary self-reporting nature of student body demographics.

The program submitted an interim report in May 2009 that revealed the ratio of male to female students is 23/64 or 40%. The interim report also revealed that 29% of the student population identified as African American, with 13% defined as “other.” 2009 data reveals that MPH students are 54% Caucasian and 42% minority; this is an increase of 25% since the first self-study. The interim report reveals that MPH

and MD/MPH programs combined are 57% Caucasian and 39% minority with a total of 109 students of which 71% are female and 29% male.

The program has demonstrated success and commitment in achieving a more diverse student body by increasing diversity by race and gender. WSU has been designated a military friendly university and maintains a close relationship with Wright Patterson Air Force Base, thereby reflecting the program's commitment to diversity in life experience. Program leaders have identified the need for a more sophisticated analysis to ascertain specific demographics of minority, refugee and international students. Data from 2005-2009 revealed that only 15.6% of African Americans in the Dayton, Ohio area hold bachelor's degrees, reflecting the lack of an academic pipeline for this cohort. Faculty believes the addition of the global health concentration may be a vehicle for attracting international students.

The concern relates to the lack of a cohesive strategy to identify, attract, retain and track students that reflect the diversity of the Dayton community. Program leaders discussed the university's commitment to diversity through a number of university-wide initiatives aimed at enhancing diversity throughout all academic programs. The president of WSU outlined the importance of the STEM program in attracting future students from the Dayton area. This program was discussed in the context of developing a "pipeline" strategy aimed at attracting students from underrepresented populations. The president, the associate vice president for public affairs and the vice president for multicultural affairs and community engagement spoke to the need to market the entire program to the community as this is central to the mission of the university to serve the needs of the broader community. The dean of the graduate program outlined the concept of developing an undergraduate public health program that would be designed to allow students to transition to the WSU MPH program and complete their undergraduate to graduate study within five years. The university also provides scholarships for minority students to assist in attracting students from diverse backgrounds. Program leaders recognize the importance of developing a strategic plan to attract underrepresented students from the community.

The program has demonstrated improvement in increasing student diversity since 2007; however the program lacks a targeted strategy to identify, attract, recruit and maintain a more diverse student population. The establishment of diversity objectives and goals is warranted. The program might find it beneficial to track program measures for the last three years utilizing a system of measures, outcomes and an action plan.

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.

This criterion is met. The program provides new student orientations in the fall and spring semesters. The associate program director meets with each student to discuss career goals and concentration

selection. During the first year the student's career choice is further honed and discussed with the practice placement director. In the second year, the concentration director and the culmination chair are closely involved with student academic development and career aspirations. Faculty and program administrators are available to address students' questions or concerns. Program leaders state that student advising, via faculty, is enhanced by the small class size. During site visit meetings, students and alumni expressed satisfaction with faculty involvement in their academic and professional aspirations.

The program maintains an active listserv, Facebook page and bulletin board for posting job opportunities. Numerous alumni continue to use the program's listserv and Facebook page to interface with faculty and students. Faculty referenced the importance of the WSU career advising department as a central component to career identification for students and for career enhancement and promotion opportunities for employed students.

The student handbook outlines the procedure for handling students' complaints and concerns. At the first stage of the complaint, the students are encouraged to voice their concerns to involved faculty. There have been no formal complaints within the last three years.

A recent alumni survey revealed room for improvement within career development and job assistance. Recent data reveals that the program has been useful in positioning graduates for promotion in government and non government organizations. Many of the students come to the MPH program already employed.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Wright State University MPH Program

April 19-20, 2012

Thursday, April 19, 2012

- 8:00 am Site Visit Team Pick-Up from Hotel
Sylvia Ellison
- 8:30 am Site Visit Team Request for Additional Documents
Sylvia Ellison
Lori Metivier
- 9:00 am Team Resource File Review
- 9:30 am Break
- 9:45 am Meeting with Program and Department Administration
Arthur Pickoff
James Ebert
Michele Battle-Fisher
Lori Metivier
Carla Lachecki
Sabrina Neeley
John McAlearney
Marietta Orłowski
Mark Gebhart
Cristina Redko
Chris Eddy
- 11:15 am Break
- 11:30 am Meeting with Faculty Related to Curriculum and Degree Programs
John McAlearney
Sabrina Neeley
Bill Spears
Marietta Orłowski
Michele Battle-Fisher
Sylvia Ellison
Mark Gebhart
Chris Eddy
Sara Paton
Naila Khalil
Cristina Redko
Katherine Cauley
Harry Khamis
Ken Dahms
Nikki Rogers
- 12:30 pm Break
- 12:45 pm Lunch with Students
Frank Catrone
Betty Cheney
Shaun Hamilton
Mark Feighery
Kathleen Henschel
Michael Jacobson

Javier Nieves
Robert Sarlay
Lynda Vu
Robert Eick
Laura Ann Previll

1:30 pm

Break

1:45 pm

Meeting with Faculty Related to Research, Service, Faculty Issues

James Ebert
John McAlearney
Sabrina Neeley
Bill Spears
Marietta Orłowski
Michele Battle-Fisher
Sylvia Ellison
Mark Gebhart
Chris Eddy
Sara Paton
Naila Khalil
Cristina Redko
Katherine Cauley
Harry Khamis

2:30 pm

Break

2:45 pm

Meeting with Alumni

Dawn Ebron
Danial Jilani
Shari Martin
Leah Sabato
Connie M. Freese
Laura Ann Previll
Jennifer Wentzel

3:30 pm

Break

3:45 pm

Meeting with Community Representatives and Preceptors

Tom Herchline
Edward Syron
Jim Gross
Duane Stansbury
Mark McDonnell
Pamela Jacques
Bruce Barcelo
Cassandra Ways
Richard Allnutt
William Mase
Sharon Sherlock
Jackie Phillips

4:45 pm

Resource File Review and Executive Session

5:30 pm

Adjourn

Friday, April 20, 2012

8:00 am

Site Visit Team Pick-Up from Hotel
Sylvia Ellison

8:30 am

Meeting with Institutional Academic Leadership/University Officials

David Hopkins
Howard Part
Andrew Hsu
William Ayres
Bob Hickey, Jr.
Gary LeRoy
Arthur Pickoff

9:15 am Break

9:30 am Executive Session and Report Preparation

11:30 am Working Lunch, Executive Session and Report Preparation

12:30 pm Exit Interview
James Ebert
John McAlearney
Sabrina Neeley
Bill Spears
Marietta Orłowski
Michele Battle-Fisher
Sylvia Ellison
Mark Gebhart
Chris Eddy
Sara Paton
Naila Khalil
Cristina Redko
Katherine Cauley
Lori Metivier
Carla Lachecki
Nikki Rogers