

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

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

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## Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Master of Public Health Program (MPH) at Wayne State University (WSU). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. 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 May 2016 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 in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Founded in 1868, WSU is a public university in Detroit's Midtown neighborhood. Designated with the Carnegie classification of "doctoral university: highest research activity," WSU generated over \$150 million in research award dollars in 2014. The university's primary revenue source is tuition and fees, bringing in nearly \$350 million in 2014. The university offers 380 undergraduate, graduate and professional programs across its 13 schools and colleges. Student enrollment exceeds 27,000, and nearly 3,000 faculty are appointed.

The WSU School of Medicine enrolls more than 1,000 students and offers the MD, PhD, MS and MPH degrees. Through its 25 departments, the school seeks to educate a diverse group of physicians and biomedical scientists in an urban setting. The school's Department of Family Medicine and Public Health Sciences houses the MPH program.

The MPH program enrolled its first cohort in fall 2005 and received initial accreditation from CEPH in spring 2011. CEPH granted the program a five-year accreditation term for its initial accreditation and required the program to submit an interim report in spring 2012 on matters related to student diversity; evaluation and planning; faculty policies and procedures; assessment procedures; and student recruitment and admissions. The Council accepted the program's interim report as evidence of compliance with the criteria. The current accreditation review constitutes 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 or its equivalent in other countries.
- b. The program and its faculty and students 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 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. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional 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 MPH program at WSU. The MPH program is a part of a regionally accredited institution; WSU has held accreditation with the Higher Learning Commission since 1915. The mission of the MPH program aligns with those of the School of Medicine and university; all have a shared focus on preparing a diverse student body that impacts its local community. The program maintains an organizational culture that embraces the vision and goals common to public health. The program's curricula promote a broad intellectual framework for problem solving and foster the development of professional public health values. The program plans, develops and evaluates 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.

## **1.0 THE PUBLIC HEALTH PROGRAM.**

### **1.1 Mission.**

**The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.**

This criterion is met. The MPH program has a clearly formulated mission statement, supported by values, goals and objectives. Across the past two academic years, the program engaged in iterative and inclusive processes to review its guiding statements. In 2014, MPH program leaders, faculty and internal and external stakeholders engaged in a review of the program's mission. This collaborative review process revealed a need for the guiding statements to reflect the urban setting of the program. In May 2015, MPH program faculty approved a new mission statement reflecting the urban setting. The program's mission statement is as follows:

The MPH Program at WSU educates and engages students in theory, practice and interdisciplinary research focused on understanding and improving the public health of urban and underserved communities on a local, national and global scale.

Following adoption of the revised mission statement, MPH faculty reviewed and reaffirmed the program's core values in June 2015. The program's six core values are captured in the mnemonic "RISE" – respect, responsibility, integrity, innovation, social justice and excellence. The values reflect the program's mission, goals and objectives.

An MPH program workgroup, consisting of the program director, the department's vice chair of public health sciences and MPH faculty representatives, was formed to review and revise the goals and objectives. The workgroup modified the goals and objectives through iterative drafts circulated among members. The final version of the goal statements and objectives were approved in fall 2015.

The program established six goal statements to support its mission across the domains of instruction, research, service and resources. Each goal statement has two to three quantitative objectives with one to four sub-objectives. Site visitors note clear relationships between the mission and goals and between the goals and objectives.

The MPH faculty will engage in review of the mission, values, goals and objectives on a two-year cycle. The mission, values, goals and objectives are publicized on the program's website and in the MPH Student Handbook.

## 1.2 Evaluation and Planning.

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

This criterion is met. The program has defined processes for monitoring and evaluating its overall efforts against its mission, goals and objectives. The MPH program director has primary responsibility for monitoring student and program progress against objectives. The program director is assisted with data collection efforts by the department's vice chair, the associate chair for research and the MPH program manager. These individuals collect outcome data on the curriculum, student academic progress, diversity, teaching quality, research activity and community engagement, to name a few.

Standing program committees participate in the evaluation process by "actively working to accelerate the achievement and sustainability of goals" through discussions at committee meetings. The program director, responsible for leading data collection efforts, routinely generates reports for review by the MPH Curriculum Committee and the MPH faculty at large. Administrators and faculty use the information as a basis for program revisions aimed at quality improvement. For example, discussion of a course outcome report and realignment of course competencies and learning objectives led to revisions in the Applied Epidemiology course.

MPH administrators and faculty were involved in the self-study process, as validated during the site visit. MPH faculty were responsible for drafting sections of the document based on areas of expertise. Faculty reported meeting often to develop strategies and to refine the metrics. Student representatives to the Curriculum Committee served as a part of the review process. The External Advisory Committee, program alumni and employers also provided input through surveys and meetings. For example, program representatives presented information to the External Advisory Committee, who then provided feedback and suggestions to the program. This feedback loop was validated during the site visit meeting with community partners.

The evaluation framework in the self-study document includes strategic goals and objectives with indicators, data sources, methods of collection and responsible parties. The program, in most cases, presents three years of performance data for each objective (most data that are unavailable are for newly established objectives). All objectives have clearly defined targets and serve as useful measures for assessing the program's effectiveness in serving its constituencies and achieving its mission and goals. The program's overall performance against objectives has fluctuated across the last three-year period. Objectives that have been consistently or generally met over this period include those related to the

number of financial donors; admittance of students with public health-related experience; student graduation within six years; alumni employment as public health practitioners within one year of graduation; alumni involvement in professional public health organizations; the length of practice experience held by practitioners serving as preceptors; instructor quality and practice experience; primary faculty research publications; and student volunteerism with urban health events. Objectives that were generally unmet without positive trends across the last three years relate to incoming student GRE scores; student diversity; student engagement in faculty research; student engagement in public health research; faculty participation in community-engaged research; and faculty contributions to improving urban health.

Site visitors' discussions with faculty and administrators provided a broader context when considering the program's performance on objectives that were generally unmet. Some of these objectives relate to the quantitative qualifications of incoming students. Program constituents explained to site visitors that they are shifting their reliance on quantitative measures as indicators of a student's potential for success and are adopting a more holistic approach to the application review process. Other unmet objectives that relate to fiscal resources, diversity and student and faculty engagement in public health and community-based research are addressed later in this report (see Criteria 1.6, 1.8, 3.1).

### **1.3 Institutional Environment.**

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

This criterion is met. WSU's administrative structure consists of a Board of Governors as its chief governing body. The university president reports to this Board. The president has a 10-member cabinet consisting of vice presidents and the provost/senior vice president for academic affairs. Deans of the university's 13 schools and colleges report to the provost.

WSU is regionally accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. The university responds to a number of specialized accrediting agencies, in addition to CEPH, including the Accreditation Board of Engineering & Technology, the Council on Social Work Education and the Liaison Committee on Medical Education.

The MPH program is an 11-year-old program functioning as an entity within the well-established School of Medicine. Through on-site discussions, site visitors learned that many prospective MPH students learn of the program while pursuing acceptance into the MD or medical residency programs. During the site visit, School of Medicine leaders described the visionary role of public health education as an integral component of medical education. This vision for public health includes offering a public health track within the MD program.

The School of Medicine is led by the dean, to whom six vice deans report. The school has 25 basic and clinical science departments – each led by a chair who reports to the dean. The Department of Family Medicine and Public Health Sciences, a clinical science department in the School of Medicine, houses the MPH program as its only degree. It also houses the family medicine year-three clerkship, the family medicine residency program, the transitional year residency program, the family medicine year-four electives and the family medicine year-four sub-internship.

The department's vice chair of public health sciences and the MPH program director together exercise oversight of the MPH program's operations. These individuals manage the program's budget and resource allocation, with participatory input from the department chair, department administrator and department analyst in the program's annual budget review. The program's budgetary requests are included in the department's annual budget submitted to the dean for approval, followed by final approval from the provost. After the department's budget is approved, the department chair provides the program with its annual allocation. The vice chair of public health sciences is responsible for monitoring program expenditures.

The MPH program director and vice chair of public health sciences have input regarding personnel recruitment and selection through participation on search committees. Tenure and promotion decisions are made at the department level and involve the vice chair of public health sciences.

Though housed in the Department of Family Medicine and Public Health Sciences, the MPH is one of several graduate programs administered by the Graduate School. As such, the MPH program has dual reporting lines: to the Graduate School dean and the School of Medicine dean. The Graduate School sets policies and academic standards and ensures that MPH degree requirements are met for degree conferral. MPH program administrators and faculty have oversight of curricula. The Graduate School must approve substantive curricular changes.

#### **1.4 Organization and Administration.**

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

This criterion is met. The MPH program has a clearly delineated organizational structure that effectively supports the work of its constituents. The Department of Family Medicine and Public Health Sciences' vice chair is responsible for leadership of the MPH program and its faculty. The MPH program director is responsible for administration and maintenance of the MPH program. The director, with assistance from the program manager, oversees daily operations related to program communication, data collection and student information.

The program provides an organizational setting that is conducive to learning, research and service. The program's focus on interdisciplinary collaboration is clear and includes collaborations with cross-disciplinary institutes, centers and training grant initiatives. Interdisciplinary research collaborations occur through faculty involvement in projects through the university's Center for Urban Responses to Environmental Stressors. Interdisciplinary projects with this center are both community oriented and laboratory based. MPH faculty have also submitted training grants in collaboration with faculty of the university's Institute of Gerontology, in addition to collaborating on studies with WSU's Center for Molecular Medicine and Genetics. A number of MPH faculty are members of the Karmanos Cancer Institute's Population Studies and Disparities Research Program.

Interdisciplinary service collaborations occur primarily through students. MPH students have collaborated with nursing, urban studies and nutrition students to participate in initiatives such as the SEED Wayne project (through the College of Liberal Arts and Sciences) and community-based, heart disease-reduction activities through the College of Nursing's grant from the Detroit Medical Center Foundation.

Interdisciplinary collaboration in the areas of education and learning occur through the use of MPH course instructors from the Institute of Gerontology; an impending certificate in advanced public health nursing offered in collaboration with the College of Nursing; and the Bridges to Equity interprofessional training grant, which fosters interdisciplinary coordination with the School of Medicine. Other examples of interdisciplinary collaboration in the realm of education and learning include the program's joint degree offerings with the School of Medicine and the College of Liberal Arts and Sciences. Other departments also require their students to take biostatistics courses offered by the MPH program, creating opportunities for interdisciplinary discussions in these courses.

### **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 the conduct of program evaluation procedures, policy setting and decision making.**

This criterion is met. The program's inclusive governance model successfully facilitates input from faculty, administrators and students. Primary and secondary faculty representing each concentration have participatory roles in program governance. Through on-site meetings, site visitors confirmed that primary faculty especially are thoroughly engaged in program governance. Student participation in program governance is ensured through representation on three program-level committees, in addition to leadership roles in the Public Health Student Organization.

The following committees have responsibilities concerning program governance: the MPH Faculty Committee, Admissions Committee, Curriculum Committee, Biostatistics Curriculum Sub-Committee, Public Health Practice Curriculum Sub-Committee, Internal Advisory Committee, External Advisory Committee and the Waller Scholarship Committee.

The MPH Faculty Committee meets monthly and involves all program faculty. This committee serves as the decision-making body for academic policies and standards, curricular decisions and strategic plans. This committee handles general program policy development, with leadership from the program director and vice chair of public health sciences. These program leaders also oversee budget and resource allocation at the program level.

The Admissions Committee meets annually and includes department leaders, program faculty and student representatives. This committee reviews and makes recommendations for admission into the MPH program. At program completion, the award of students' degrees involves input from the program director, the School of Medicine's Office of Biomedical Graduate Programs and the Graduate School.

The Curriculum Committee oversees the development and review of the program's curriculum to ensure overall effectiveness. This committee and its two sub-committees (the Public Health Practice Curriculum Sub-Committee and the Biostatistics Sub-Committee) carry out program planning and evaluation activities related to the curriculum. The Curriculum Committee meets at least four times per year and includes the program director, program faculty and student representatives. The sub-committees meet at least once per year and include MPH faculty from the program's concentrations.

The Internal Advisory Committee serves as a means for the program to gain support and advice from administrators, faculty and staff from across the university. This committee advises program leaders on administrative, education and research functions, as well as resources available within the university. This 22-member committee meets annually and consists of MPH program and department leaders, deans and associate deans from colleges across the university, directors of WSU centers and institutes and an MPH student and alumnus.

The External Advisory Committee serves as a means for the program to gain strategic direction and insight from stakeholders external to the university. This committee meets annually and consists of individuals representing local hospitals, health departments, insurance companies, universities, government organizations and non-profit organizations.

The Waller Scholarship Committee meets annually and is composed of four program faculty who select students to receive the program's endowed tuition scholarship. Committee meeting minutes show that awards were given in AY 2013-2014.

The program establishes ad hoc committees on an as-needed basis and currently has two ad hoc workgroups to oversee the CEPH self-study process and student recruitment initiatives.

Faculty recruitment, retention, promotion and tenure are managed at the department level. Though department initiated, the program director and vice chair of public health sciences have involvement in faculty recruitment activities. Research and service expectations and policies, which affect tenure and promotion decisions, are managed at the department and school levels. The vice chair of public health sciences has input into the annual departmental review of MPH faculty.

In addition to program-specific committees, MPH faculty have participatory roles in governance at the department, school and university levels. Committees on which MPH faculty have served include the School of Medicine Graduate Directors Committee, Department Chair Search Committee, School of Medicine strategic planning workgroups and the Clinical and Translation Research Advisory Committee to the provost.

#### **1.6 Fiscal Resources.**

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

This criterion is met with commentary. The MPH program's budget is part of the larger Department of Family Medicine and Public Health Sciences budget. The program undergoes an annual budget review to identify financial needs and available resources for the upcoming year. The program director and the vice chair of public health sciences provide input to the department chair regarding budget priorities. The department chair prepares a proposed budget and presents it to the School of Medicine dean during the budget retreat. Once approved by the dean, the budget is submitted to the provost for approval.

The MPH program's budget is composed of university funds and differential tuition assessed by the program. The program's budget allocation does not include a direct return on the tuition it generates but does include 85% of differential tuition fees paid by MPH students. In 2014, the university implemented a new formula for differential tuition return to program. The differential tuition is now assessed as \$162.05 per credit hour. Though student enrollment in the MPH program has increased since FY 2014, the new return rate has caused a decrease in the differential tuition allocation to the program. However, funding from the university has increased in each of the last five years, with a more than 20% increase from FY 2011 to FY 2015.

Table 1 shows the program's budget for FY 2011 through FY 2015.

<b>Table 1. Sources of Funds and Expenditures by Major Category, Fiscal Year 2011-2015</b>					
	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
<b>Source of Funds</b>					
Differential Tuition*	\$70,900	\$106,635	\$119,666	\$83,610	\$67,088
General Funds	\$427,312	\$461,890	\$507,037	\$511,654	\$533,587
<b>Total</b>	<b>\$498,212</b>	<b>\$568,525</b>	<b>\$626,703</b>	<b>\$595,264</b>	<b>\$600,675</b>
<b>Expenditures</b>					
Faculty Salaries and Benefits**	\$404,958	\$497,610	\$548,485	\$484,942	\$497,658
Staff Salaries & Benefits	\$56,340	\$57,301	\$57,345	\$56,800	\$57,345
Operations	\$35,237	\$35,236	\$17,415	\$39,316	\$50,910
<b>Total</b>	<b>\$496,535</b>	<b>\$590,147</b>	<b>\$623,845</b>	<b>\$581,058</b>	<b>\$605,913</b>

\*In 2014, WSU changed the formula for providing differential tuition to a flat rate of \$162.05 per credit hour for all graduate programs. Eighty-five percent of this allocated amount is returned to the MPH program.

\*\* Salary and fringe benefits vary due to personnel changes.

The MPH program may also benefit from indirect cost recovery from faculty grants and contracts, which has a fixed distribution rate of 5% to the college, 8% to the department and 5% to the faculty member. Other possible sources of funds for the program include funds from development efforts, which are managed at the department level by the vice chair of public health sciences, at the school level by the Office of Development and Alumni Affairs and at the university level by the Division of Development and Alumni Affairs.

The MPH program's budget allocation provides for faculty and staff salaries and benefits, as well as program operations. The program's largest expenditure is faculty salaries and benefits. MPH faculty are compensated at 20% FTE for each three-credit-hour course taught. Revenue from grants and contracts covers a portion of faculty salaries and, in some cases, pays for student research assistants. Funded service activities and gifts also provide additional discretionary resources. All MPH faculty complete appropriate forms to request funds for discretionary spending. The forms detail item costs and account numbers. The department's vice chair and associate chair for research have the authority to approve requests.

The program has identified four objectives to assess the adequacy of its fiscal resources. Two objectives relate to increasing financial support for students, which includes maintaining more than one donor per year and having the resources to provide at least five monetary student awards each year. The program had eight to 11 donors in the last two years, and it has reached its goal pertaining to monetary student awards in the last three years. Other objectives relate to maintaining and/or decreasing the student/faculty ratio (SFR) and program expenditures per student headcount. The program has met or exceeded these two objectives in each of the last three years.

During the site visit, School of Medicine and Graduate School leaders voiced strong support of the MPH program's growth. Operating in a climate in which the School of Medicine is under serious financial constraints, leaders discussed the program's "dilemma of success." More students mean more resources are needed. However, despite the influx of new students, increased demand for the program does not necessarily translate into additional fiscal support. Leaders acknowledged that the current system of budget allocation may lack responsivity to program needs. The School of Medicine's vice dean for medical education is charged with bringing transformation and has suggested mission-based budgeting as a possible solution.

The commentary is that the budgetary and resource allocation process lacks responsivity to important MPH program needs. Resources requested in the department's annual budget to support the MPH program are not always granted. Recent budgetary requests for additional resources to recruit an additional faculty member with expertise in environmental health have not been allocated. Although the initial request was denied, the department chair plans to continue to advocate for this needed resource. In the interim, the program has hired a part-time adjunct instructor with doctoral training in molecular biology to teach the environmental health core course.

### **1.7 Faculty and Other Resources.**

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

This criterion is met. The program meets the full-time quantitative faculty requirements for its concentrations in biostatistics and public health practice. The biostatistics concentration has been supported by three primary faculty since its inception in fall 2014. Though primary faculty headcount for this concentration has remained consistent, FTE contributions have increased from 1.95 to 2.46. Similar to the primary faculty FTE, secondary faculty FTE for this concentration has increased from 0.38 to 0.75, and secondary faculty headcount increased from three to five. As a concentration with stringent admission requirements, the biostatistics concentration started with four students in 2014. In AY 2015-2016, student headcount increased to seven. SFRs for the biostatistics concentration have been lower than 3:1 in the last two years based on primary faculty.

The public health practice concentration was supported by nine primary faculty from fall 2012 to fall 2014, with the FTE ranging from 7.34 to 7.49. In fall 2015, primary faculty for this concentration decreased to six, with an FTE contribution of 5.35. Secondary faculty headcount and FTE have ranged from seven to nine and 1.21 to 1.60, respectively, across the last four years. Student headcount in this concentration has increased gradually across the last four years, with 65 students in fall 2012 and 92 in fall 2015. From 2012 to 2014, SFR by total faculty FTE ranged from 4:1 to 5:1; in fall 2015, the SFR rose to 9:1.

Through analysis of the self-study and on-site validations, site visitors concluded that the program's staff resources are adequate. Administrative, day-to-day program management is overseen by the program director and a full-time program manager. A primary faculty member also supports the program as the practicum director, contributing .80 FTE to the program. Students who met with site visitors spoke of regular interactions with these personnel as resources for addressing student concerns and receiving academic and career counseling. Students and alumni spoke favorably regarding the program manager and director's efforts at keeping them abreast of employment, research and scholarship opportunities. Faculty also spoke of the program director as a resource for navigating and resolving course management issues. Further, through on-site discussions with preceptors, site visitors gathered that the practicum director has served as an invaluable resource in forging relationships with local organizations to build the cadre of field placement opportunities available to students.

As the program continues to increase its student body, it may need additional administrative support to maintain the level of quality and rigor in its assessment processes. The program has been proactive in preparing for the potential growth by exploring and testing a new competency monitoring system that would allow the program to transition to automated/electronic methods for tracking data that can inform instruction.

MPH administrative offices are located in the independently-owned Woodward Gardens building in the Midtown neighborhood of Detroit, a short distance from WSU's main campus and School of Medicine building. MPH classes are primarily held in the School of Medicine building, with some classes held in the Woodward Gardens building. Program constituents affirmed that School of Medicine classrooms are technology-equipped, permitting live streaming and video recording of lectures.

Students expressed satisfaction with the physical facilities and level of IT resources available. MPH students needing SAS can use the computer lab in Scott Hall, where computers are equipped with statistical analysis software.

The program has established three objectives to assess the adequacy of its personnel and other resources. One objective is new as of AY 2014-2015 and relates to students' access to scholarly resources. This objective aims for 100% of library requests to be fulfilled. This objective was met for AY 2014-2015. A second objective aims for 90% or more of graduating students to rate their satisfaction with information technology and computer services as good or excellent. The program has not met this objective over the three-year data collection period, as 64%-88% of graduating students rated these resources as good or excellent. The third objective is that SFRs will remain at 10:1 or less, and the program has met this target for SFRs by total faculty for the last three years.

## 1.8 Diversity.

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

This criterion is met with commentary. In alignment with the WSU Office of Equal Opportunity, the MPH program and Department of Family Medicine and Public Health Sciences are committed to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin. Several affirmative action and equal employment opportunity policies are in place, as well as other policies to promote a diverse and open learning environment.

The MPH program's curricula and extra-curricular experiences include opportunities to address and build competency in diversity and cultural considerations. Three of six program competencies directly or indirectly address cultural competence, human relationships, equity and social justice. Student practica show placement in diverse settings and populations. The program has set a goal for 100% of teaching faculty to have community affiliations through teaching, service and/or research projects. These community affiliations are intended to provide exposure and training in cultural competence. Over the past four years, the program has achieved a high of 62% of teaching faculty with community affiliations.

The MPH program seeks to enroll a student body that reflects the demographics of its local context and has thus identified African American enrollment and retention as a diversity priority. The MPH program's African American population has been 4%-7% lower than that of the university and 2%-4% higher than the School of Medicine over the last three years. The program has set two goals to increase the percentage of active students and primary faculty who identify as non-Hispanic African American/Black. The program's goal for students is 25%, but it has not reached this goal in the last three years, with performance ranging from 6%-9%. The goal for faculty is 30%, and the program has likewise not reached this goal in the last three years, with performance ranging from 0%-11%.

The MPH program's overall minority student enrollment has been equivalent to or greater than the university's and School of Medicine's minority enrollment. The program has a goal that 40% of admitted students will identify with a racial/ethnic minority group. The program initially met this goal in AY 2012-2013 and AY 2013-2014 but has seen a gradual decrease in AY 2014-2015 and AY 2015-2016.

The program has exceeded its parent entities in Latino student enrollment over the last three years, ranging from 3%-8% of the student body. Asian/Pacific Islander student enrollment in the program has ranged from 8%-34% over the last three years. Enrollment of international students has generally exceeded the university and School of Medicine over the last three years, ranging from 12%-32%. The program has set a goal that 30% of its students will be international scholars. The program met this goal

in AY 2013-2014, with 32%, but performance has gradually decreased in the two subsequent academic years.

The commentary relates to the translation of diversity efforts at the program, school and university levels into increased faculty and student diversity to meet MPH program diversity goals. A goal is to increase the number and percent of African American faculty and students in the program. The current efforts described at the university, school and department levels have not yet yielded an increase in minority faculty or students. The program's diversity goals are supported by WSU's strategic plan and student diversity report, which were influential in the university's decision to make investments in diversity efforts. Program constituents told site visitors that they have seen recent evidence of the university and School of Medicine's commitment to diversity. The School of Medicine has a vice dean for diversity and inclusion who oversees the school's Office of Diversity and Inclusion, and the university recently hired an associate provost for diversity and inclusion/chief diversity officer. During the site visit, program faculty and administrators described the new associate provost's role in attracting diverse faculty candidates to the institution. One action taken by the associate provost has been the modification of faculty job postings to include welcoming and inclusive language. Program administrators and faculty likewise described a number of long-term activities aimed at increasing enrollment of minority students. Long-term plans described on site included tapping into pipeline and feeder programs such as WSU's REBUILD Detroit student program, the Building Infrastructure Leading to Diversity program and the McNair Scholars Program.

## **2.0 INSTRUCTIONAL PROGRAMS.**

### **2.1 Degree Offerings.**

**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 and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.**

This criterion is met. The program's degree offerings are consistent with its mission and faculty expertise and research interests. Curricula for its two MPH concentrations (public health practice and biostatistics) provide sufficient depth of training in the specialization areas through required coursework and non-didactic experiences. The program also offers two joint degree programs: an MA/MPH (beginning in fall 2016) and an MD/MPH.

Requirements include courses in the five core areas of public health, concentration-specific courses, a practicum and a culminating experience. Beyond these standard expectations, all students are required to complete a one-credit-hour Public Health Seminar. Offered every fall semester, this seminar provides students with a foundation in public health concepts and special topics in the field.

Table 2 presents the program's degree offerings.

<b>Table 2. Instructional Matrix – Degrees &amp; Specializations</b>		
	Academic	Professional
<b>Master's Degrees</b>		
Public Health Practice		MPH
Biostatistics		MPH
<b>Joint Degrees</b>		
Medicine		MD/MPH
Nutrition and Food Science		MA/MPH

The public health practice concentration delivers general public health knowledge akin to a generalist MPH degree. It requires three prescribed concentration-specific courses, which train students in basic qualitative research and program evaluation methods. To supplement knowledge in these fundamental concepts, students are required to complete nine credit hours of electives from a list of nearly 40 courses (within and external to the department) that have been pre-approved by the MPH program director. Upon review of a sample of syllabi and/or course descriptions for more than half of the approved elective courses, site visitors concluded that elective offerings are thoughtfully selected and appropriate to support preparation for professional public health practice. The program's elective curriculum is thoughtfully structured and guided. Through elective courses, students can choose to sub-specialize in a topic area of interest. While students can choose individual elective courses from the program director's pre-approved list, the program has assembled course "clusters," which group three to four similar elective courses under a broader topic area. The program's four cluster areas are urban health determinants; urban planning and public health; methods in public health; and nutritional public health.

No elective courses are offered in the biostatistics concentration, as the curriculum requires five concentration-specific courses. This concentration provides advanced training in biostatistics methods specifically relevant to topics in public health research. Through the biostatistics concentration curricula, students are trained in the use of methods and models routinely used in modern studies. Students examine logistic regression and other analytical models; identify underlying experimental designs of studies; understand parametric and nonparametric methods in survival analysis; and conduct analysis using statistical software such as SAS, SPSS and STATA.

The program's website is a comprehensive resource for curricular requirements, as it provides easily accessible information on degree requirements, course descriptions and course prerequisites. Additionally, the website contains a schedule of course offerings, a listing of approved elective courses and the MPH Student Handbook.

## 2.2 Program Length.

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

This criterion is met. The MPH program requires 42 semester-credit hours for degree completion. No degrees have been awarded for fewer than 42 credit hours. The program provides flexibility in completion of degree requirements. Designed as a part-time evening program to accommodate an employed student population, students are given six years to complete the program but can opt for an accelerated six-semester completion schedule.

WSU's academic year consists of 16-week fall and winter semesters and a 12-week spring/summer semester. In lieu of the 12-week spring/summer term, students can opt to take courses during an abbreviated eight-week spring semester and an eight-week summer semester. In the MPH program, courses are generally offered in the fall and winter semesters. Given the academic year, the program may offer courses during the 12-week spring/summer semester or the eight-week spring term.

Per university policy, one credit hour requires one hour of class time and two hours of out-of-class work per week. Most courses in the MPH program are three credit hours, with a small number of one-, two- and four-credit-hour courses. In the eight-week accelerated spring semester, a three-credit-hour course requires six hours of class time per week. During the 12-week spring/summer semester, a three-credit-hour course requires 3.5 hours of class time per week. In the 16-week fall and winter semester, a three-credit-hour course requires three hours of class time per week.

## 2.3 Public Health Core Knowledge.

**All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.**

This criterion is met. All MPH students are required to complete courses in the five core areas of public health knowledge, as shown in Table 3.

<b>Core Knowledge Area</b>	<b>Course Number &amp; Title</b>	<b>Credits</b>
Biostatistics	FPH 7015 Biostatistics*	4
Epidemiology	FPH 7240 Epidemiology	3
Environmental Health Sciences	FPH 7420 Principles of Environmental Health	3
Social & Behavioral Sciences	FPH 7320 Social Basis of Health Care	3
Health Services Administration	FPH 7100 Health Care Organization & Administration	3

\*Only students in the public health practice concentration take this course. Students in the biostatistics concentration take two concentration-specific courses (FPH 7150: Probability & Inference and FPH 7160: Linear Regression & ANOVA) to fulfill the biostatistics core knowledge requirement.

Students in both joint-degree programs must take all the required courses. No waivers are permitted for core courses. A review of the syllabi for core courses indicate sufficient coverage of core content. Students who met with site visitors expressed an overall satisfaction with the adequacy of course content in delivering core competencies. Faculty and students on site indicated that there were challenges with the instructional delivery of the environmental health core course offered in the recent academic year. Positively, students said that the course instructor solicited feedback from students at various points throughout the semester and that program leaders were particularly attentive to students' needs and responded by providing support as needed.

On-site discussions revealed the program's need to hire a faculty member with expertise in environmental health to teach the core course, as the faculty member with this expertise recently retired. As discussed in Criterion 1.6, the department chair advocated for a faculty line for this position but was denied. An adjunct faculty member has been hired to teach the course in the interim.

#### **2.4 Practical Skills.**

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

This criterion is met. All MPH students are required to complete a 135-hour practical experience equivalent to three credit hours of coursework. Students enroll in FPH 7440: Practicum in Public Health to complete the practicum. The practicum requirement is the same for standalone MPH students and those in the joint degree programs. No waivers are granted for the practicum experience.

The practical experience provides students with an opportunity to gain exposure to a wide variety of organizations while using a service-learning model. The practicum is designed to help students integrate concepts introduced in the classroom with real-world experiences while fostering confidence and competence in completing individual projects. Students, faculty, alumni, representatives of host agencies and preceptors all told site visitors that student practica and culminating projects are vital components of the program and are highly valued by host agencies and other community partners.

The practicum director works with students to identify appropriate practicum sites. All potential placement agencies must complete and submit a practicum site placement application. After the site is approved, a practicum preceptor application is completed, in which the site preceptor must demonstrate that he/she is qualified to oversee the student and provide an experience that approximates professional public health practice. New preceptors are provided with practicum overview documents and a Preceptor Guidebook, which orients them to their role, practicum objectives and student assessment requirements. The preceptor orients the student to the site, conducts regular meetings with the student, maintains regular contact with the practicum director and evaluates the student's final project.

The practicum's service-learning model requires the establishment of a learning contract between the student, the practicum director and the site preceptor. Students first discuss potential ideas and scope for a practicum experience with their academic advisors. The student, site preceptor and the practicum director then develop a set of learning objectives guided by the student's career objectives that are consistent with specific program competencies. The Student Guidebook outlines each party's responsibilities and functions.

Students must complete the required core courses before beginning the practicum experience. Upon completion of the practicum, students are required to submit an evaluation of the practicum course, the practicum director, the preceptor and the site, including an assessment of resources and opportunities for learning. Students also self-assess whether the learning objectives outlined in the learning contract were met. Students must submit a final executive report/data summary report and give a poster presentation.

The preceptor and practicum director assess student competency performance. The assessment process consists of an evaluation by the preceptor of the student's performance and an evaluation by the practicum director based on the student's overall performance in satisfying practicum requirements. Practicum experiences are graded as either satisfactory (pass) or unsatisfactory (fail).

### **2.5 Culminating Experience.**

**All graduate 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 with commentary. The culminating experience is completed through enrollment in the FPH 8990: Master's Project course. Students may enroll in the Master's Project course after successfully completing all core courses and the practicum. The Master's Project is a scholarly effort designed to allow students to demonstrate the application of theory, academic knowledge and skills gained through courses and practical experiences. Projects vary based on student interests. Recent examples of topics include infectious disease, immigrant and refugee health, long-term care and maternal and child health. Activities include secondary analysis, needs assessments, program evaluations and policy analysis.

All students, regardless of program concentration or joint degree status, must follow the same requirements for the Master's Project. There is a comprehensive guide (Master's Project Guidelines) available to all students. It is the student's responsibility to identify a project and recruit a project advisor. The course director provides oversight, while project advisors and academic advisors provide a range of support. The student develops a project proposal that must be approved by the project advisor, academic advisor and the course director.

One deliverable of the project must be a professional document such as a scientific report, a literature review or a policy analysis. Students must also give an oral presentation on the project. All students are required to identify competency attainment on the competency reflection form. During the site visit, students and alumni commented on the comprehensive nature of the experience.

The project is evaluated by the project advisor and an independent reader (faculty member). The course director determines the final grade.

The commentary relates to the need for the Master's Project Guidelines and related documentation to align with program practices of assessing both core and concentration competencies. Guidelines and documentation indicate that the experience is solely focused on core competencies. Site visitors learned that, in practice, students must address both core and concentration competencies through the project, as expected by CEPH criteria.

## **2.6 Required Competencies.**

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

This criterion is met. Six programmatic core competencies are identified in the self-study, and all MPH graduates are expected to attain them regardless of concentration. In addition, five concentration-specific competencies are identified for the public health practice concentration and eight for the biostatistics concentration. Program competencies are listed in the Student Handbook and on course syllabi.

MPH faculty developed the program's competencies based on those promulgated by the Association of Schools and Programs of Public Health and the Council on Linkages, as well the Ten Essential Public Health Services. The Public Health Practice and Biostatistics Curriculum Sub-Committees used an inductive process to specify the requisite knowledge and behaviors associated with developing competencies. Program faculty used matrices to map competencies to courses, learning objectives and course activities.

Evaluation of competencies occurs annually at the course level through Course Outcome Reports, which use aggregated metrics to report evidence of student achievement. This information is used to improve the curriculum. Course Outcome Reports also assess course strengths and weaknesses and evaluate content alignment, gaps and overlaps in the curriculum. During the site visit, faculty and students reported that competency evaluation also occurs in the practicum and culminating experience. Students are

required to complete a competency reflection form in the Master's Project. Each student is required to demonstrate achievement in all competencies through curricular components.

The program relies on the feedback of its Internal and External Advisory Committees, employers and alumni to ensure that competencies remain relevant to current practice and research needs. Members of the Internal and External Advisory Committees annually review the program's core and concentration curricula and discuss trends in public health careers and research opportunities. The program uses alumni and employer surveys as additional means of ensuring that the curricula and competencies remain applicable to practice needs.

### **2.7 Assessment Procedures.**

**There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.**

This criterion is partially met. The program uses course, practicum and capstone deliverables to assess and document the extent to which each student has demonstrated achievement of competencies. Successful completion of these didactic and non-didactic curricular elements demonstrates that a student has achieved core and concentration-specific competencies.

Site visit discussions revealed the rigor of the program's competency assessment processes, which ensure that all students receive a thorough appraisal regarding competency attainment by the faculty.

To monitor class-wide competency attainment, teaching faculty prepare a Course Outcome Report, which summarizes class-wide achievement of learning objectives as they relate to competencies attained in the course. The report includes summative qualitative data from student course evaluations; faculty commentary on students' course evaluation responses; quantitative data on mean student performance for course assignments; and a reflection from the faculty member on areas for course improvements based on the data. In the report, faculty list the percentage of students who achieved the maximum points possible on course assessment activities (eg, exam, quiz, etc.), which is then linked to an assessment of whether the class as a whole achieved the learning objective(s) linked to a particular assignment. Based on the assessment of learning objective attainment, faculty determine whether the competencies tied to the learning objectives have been achieved through the course as a whole.

For the practicum experience, students complete a practicum scope-of-work chart on which they identify at least two core and two concentration competencies to align with practicum objectives, activities and deliverables (prior to fall 2015, student were only required to identify core competencies). Students must describe how they plan to achieve the identified core and concentration competencies through specific practicum activities. Students are referred to the MPH Student Handbook for a listing of program

competencies to select from. Site visitors confirmed that students complete the scope-of-work chart and identify program competencies. Student attainment of these competencies is evaluated by the preceptor. Preceptors rate the students on a Likert scale of 1 (unsatisfactory) to 5 (exceptional) and provide an assessment of the students' overall strengths and areas for continued development. The MPH practicum director keeps a record of each student's competency attainment and, at the conclusion of the experience, has in-person discussions with students about their perceptions on competency attainment.

For the culminating experience (Master's Project), the project advisor evaluates the student's deliverables in the following areas: development of research questions; literature review; study design; data analysis; writing skills; and ability to work independently and assume responsibility. The independent reader evaluates the student on many categories – one being the student's discussion of the public health implications of the study. Site visitors' review of culminating deliverables showed that projects are research intensive, and while there is not a direct evaluation of core competencies, deliverables do demonstrate integration of core competencies. The Master's Project documentation indicates that students describe how their projects will address four prescribed core competencies. At the conclusion of the culminating experience, students provide a reflection on their entire public education experience (ie, classes, practicum and Master's Project) and a description of their perceptions of achievement of core competencies, but not necessarily of concentration-specific competencies. Although concentration-specific competencies are not written about in the competency reflection form or explicitly identified in the learning contract, during on-site discussions, students corroborated that core and concentration competencies are addressed through the Master's Project. Students and some faculty explained that the remaining core and concentration competencies that were not addressed/achieved in the practicum must be addressed by the student in the Master's Project. Other faculty indicated that only the core competencies were required to be addressed in the Master's Project.

The program collects qualitative and quantitative data on graduates' achievement of core competencies. Alumni who met with site visitors validated receipt of alumni surveys from the program. Alumni responding to surveys have ranked themselves highly in core competency achievement. The program's most recent employer survey had 12 respondents, whose mean ranking on graduates' abilities to perform core competencies indicated that employers were satisfied with graduates' level of competency attainment. Alumni and employer surveys do not explicitly solicit assessments on concentration-specific competencies.

The program collects data on two outcomes measures as additional means of evaluating student achievement. In these outcome measures, the program aims for at least 50% of its employed graduates to gain employment as a public health practitioner. The program met this target for two of the last three years, with the average performance across the last three years at 50%. The second outcome measure is

for at least 50% of known alumni to be members of professional public health organizations. The program has exceeded this target in each of the last three years.

The program also monitors graduation and job placement rates. The program has maintained a job placement rate of 80%-88% over the last three years, which meets CEPH's threshold of 80%.

The concern relates to graduation rates that fall below the 70% threshold for two cohorts that have reached the maximum allowable time to graduate: the cohorts entering in AY 2007-2008 and AY 2010-2011. The 2007-2008 cohort began with 11 students and has a graduation rate of 64% (there are no students remaining in this cohort). The 2010-2011 cohort began with 16 students and had a 44% attrition rate at the time of the site visit. The cohort has four students remaining and has a 31% graduation rate to date. Site visitors learned from discussions with School of Medicine and Graduate School leaders that the graduation rates of these two cohorts are lower than the graduation rates typically seen of other master's programs across the institution, which typically range from 70%-80%.

An examination of the program's degree completion rates across the last six years shows that most withdrawals occur within the first and second years of the program. Cohorts entering the program after AY 2010-2011 that have had at least two years in the program have increasingly improved attrition rates overall, and the program is poised to reach the graduation threshold for these cohorts. Unlike the 44% attrition rate of the 2010-2011 cohort, the 2011-2012 cohort only has a 14% attrition rate, the 2012-2013 cohort a 10% attrition rate, the 2013-2014 cohort a 0% attrition rate and the 2014-2015 cohort a 6% attrition rate.

Upon hearing explanations from MPH program leadership regarding the attrition rate, site visitors determined that withdrawal rates are not attributed to program deficiencies in student support or the ability to attract qualified students who demonstrate the ability to succeed in the program. Per site visitors' discussion with School of Medicine and Graduate School leaders, these withdrawals appear to be driven by factors that have also been experienced by other biomedical and health sciences master's program – chiefly, students enrolling in master's programs until they gain acceptance to the MD or a medical residency program. MPH program leadership also explained that the high attrition rate was due to international medical students enrolling in the program while they are in limbo for gaining placement in a medical residency. If and when students gain a residency placement, they withdraw from the MPH program. As a solution to combat this issue, the program has identified such students during the admissions process and – rather than allowing them to enroll in the MPH degree – the public health graduate certificate program is recommended as a viable option. Recognizing this issue across other graduate programs, the Graduate School has also instituted competitive student retention scholarships as a tool to limit withdrawals. School leaders stated that because other biomedical and health sciences

master's programs have higher enrollment than the MPH program, a small number of withdrawals would not necessarily reduce the graduation rates of these programs to below 70%.

## **2.8 Bachelor's Degrees in Public Health.**

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

**Required Coursework in Public Health Core Knowledge:** students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

**Elective Public Health Coursework:** in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

**Public health-related courses** may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

**Capstone Experience:** students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

**The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.**

This criterion is not applicable.

## **2.9 Academic Degrees.**

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

This criterion is not applicable.

## **2.10 Doctoral Degrees.**

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

This criterion is not applicable.

## 2.11 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 a joint MD/MPH with WSU's School of Medicine. A second joint degree, the MA/MPH in nutrition and food science, will begin in fall 2016. The MA/MPH is offered with the Department of Nutrition and Food Science within WSU's College of Literature, Arts and Sciences. Curricula for joint degree programs are equivalent to those of the standalone MPH program.

The MD/MPH program enrolled its first students in fall 2011. Since its inception, six students have enrolled: two students graduated, and four remain in the program. Students enroll in the MD and MPH programs simultaneously and have flexibility in the sequencing of degree requirements. Students may elect to complete all didactic MPH coursework in one year (before beginning the medical school curriculum). Students also have the option of taking a one-year break from their medical school curriculum to complete MPH didactic courses. In either option, students complete the MPH practicum during a summer semester and complete the MPH culminating experience during year four of the medical program. The MPH culminating experience is the only course in which credits are double counted toward both degrees. The culminating experience counts as elective credit hours in the MD program. No MD courses or clinical experience are counted as credit toward the MPH degree.

In the MA/MPH program, three courses (nine credits) from the MA nutrition and food science program will count as electives in the MPH program. The three MA courses that are double counted are Microbiological Safety of Food (NFS 6030), Nutrition Through the Life Cycle (NFS 6210) and Nutritional Epidemiology (NFS 7240). These courses are part of the MPH program's pre-approved list of electives that can be taken by any MPH student. Site visitors' review of course syllabi for the three MA courses showed that they support training in public health and have a population orientation. Through these courses, students design studies to explore associations between diet and disease; critique methods and interpretations of epidemiologic studies; understand statistical processes used in nutritional epidemiologic studies; study the epidemiology of foodborne diseases; and learn principles of food safety control and food outbreak investigations. Leaders from the MA program who met with site visitors stated that they were eager to form this relationship with the MPH program because the MPH degree was in high demand by MA students.

## 2.12 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 learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.**

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 met. All MPH primary faculty have funded research, with a percentage of salary (0%-40%) offset by grant dollars. The faculty boast a robust array of research projects and are successful in securing research funding from organizations such as NIH, AHRQ, PCORI and HSRA. Funding totaled more than \$15 million over the past five years. Faculty research activities focus on topics that include clinical and translational sciences, cancer epidemiology, urban environmental stress, health equity and disparities, health decision-making and practice-based research.

The MPH program is engaged in research with local, state and national agencies. The program is currently engaged with the City of Detroit Health and Human Services in a research project studying the association between stress and performance among Detroit law enforcement officials. MPH faculty have also led a national effort to develop resources to support the quality of research conducted in ambulatory primary care settings.

The Department of Family Medicine and Public Health Sciences supports faculty research, and this is demonstrated by 5% indirect cost recovery from external funding and a research incentive bonus that allows 20% of the externally funded salary to be used for future scholarly work or as a salary bonus.

The MPH program has four outcome measures to evaluate the success of its research activities. One measure is for primary faculty to average at least two publications annually. The program has met this goal, with faculty averaging three to four publications per year from 2012 to 2014. A second measure is for at least 50% of primary faculty to participate in community-engaged research. The program has not met this target over the three-year period, with performance ranging from 42%-44%. A similar outcome measure is for 50% of faculty to engage students in public health research. The program has not met this target over the three-year period, with performance ranging from 26%-30%. The fourth objective also

relates to students, with a target for 25% of students to be involved in faculty research. The program has not met this objective over the three-year period, with performance ranging from 14%-21%.

Program administrators and faculty told site visitors that the community-engaged research targets are aspirational. Site visitors concluded that the targets are appropriate, and though targets have not been met, the current climate concedes attainment of aspirational research goals. Three faculty members have an established track record in community-engaged research. Constituents expressed to site visitors that they are optimistic about opportunities for community-based projects with the Detroit Health Department, given that it reopened last year after the city's budget crisis forced its closure.

During the site visit, students reported having research opportunities that they found beneficial. Students are given opportunities to collaborate on faculty research projects, as evidenced by student graduate assistantships and authorship on publications.

### **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 with commentary. The program's faculty and students contribute to the overall mission of the program through numerous service activities. Service may take many forms including university, professional or community service. Faculty are involved in both funded and unfunded faculty service activities. Local service activities include leadership on community and professional boards (five MPH faculty serve on 11 boards) and involvement in community groups aimed at addressing the health needs of minority populations and health disparities. Faculty provide service to organizations such as the Michigan Journal of Public Health, the Michigan Health Council and the Tennessee Connections for Better Birth Outcomes, among others. There are numerous examples of local and state contracts and agreements with external agencies. Non-instructional service is required for promotion and tenure.

Students are involved in service activities outside of the required practicum. During the site visit, students and alumni said that the program provided adequate opportunities to engage in service-related activities. Students have participated in events such as the Annual Gospel & AIDS Concert and the Gift of Life Organ Donation Discussion & Drive. Students on site described their involvement in local initiatives to train Detroit residents on healthy eating options through a partnership with Detroit's Eastern Market.

The program identified three outcome measures to evaluate the success of its service efforts. One measure is for MPH students to volunteer at five or more urban health community events each year. The program has seen a gradual increase in performance across the three-year data collection period, meeting its target in the latter two years with student participation in eight and 16 events, respectively. Two outcome measures relate to faculty contributions to improving urban health: one measure is for

faculty to conduct at least three professional training seminars annual for public health professionals, and the second is for at least 75% of faculty to provide professional service to public health organizations. The program has gradually increased its performance on the first measure over the three-year data collection period, reaching the target in AY 2014-2015. For the second measure, the program has not met its target across the three-year period, with 64%-67% of faculty providing service to public health organizations across the period.

The commentary relates to the program's engagement in community-based service activities that embrace and take advantage of the program's urban context. The program's mission has a focus on improving the public health of urban and underserved communities. Though program faculty and staff are engaged in urban public health service, site visitors concluded that urban-focused service is an area in need of strengthening.

### **3.3 Workforce Development.**

**The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.**

This criterion is met with commentary. The program has assessed continuing education needs of the public health workforce through an employer survey in 2013 and the Employer/Preceptor Survey that is administered each year. MPH faculty are often requested to provide outside presentations related to their areas of expertise. Faculty are involved in several funded workforce development/continuing education activities, such as the prostate cancer survivorship continuing medical education module; the Metropolitan Detroit Practice-based Research Network; the Practice-based Research Network Research Methods Certificate Program; and the HRSA-funded Bridges to Equity interprofessional training grant. One faculty member has a HRSA grant with the Michigan AHEC to focus on inter-professional education. Faculty who met with site visitors described providing introductory public health lectures to the Detroit Revitalization Fellows Program, a program that invites master's-trained individuals to "live, work and play" in Detroit.

The Bridges to Equity grant, operated specifically by faculty of the Department of Family Medicine and Public Health Sciences, is an educational program for medical students to engage in public health learning. The grant involves interprofessional collaboration with public health students and faculty in the classroom and community to reduce health disparities.

Site visitors learned of the program's workforce development scholarship for Wayne County Health Department employees, which in AY 2015-2016 provided a full tuition scholarship for one employee.

The program offers a graduate certificate in public health practice that is designed for individuals with an interest in public health. The certificate program is for practicing primary care and public health professionals and provides a basic foundation in biostatistics, epidemiology and environmental health, as

well as exposure to current public health issues in a seminar format. In the latest academic year for which data are provided (AY 2015-2016), 65% of certificate enrollees chose to pursue the full MPH degree.

Workforce development needs identified by the local public health workforce reveal the need for training in data use and communication, technology and cultural competency.

The commentary relates to the program's need to respond to emerging local workforce needs in addition to its engagement in established workforce development efforts.

#### **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, practice experience and research and instructional competence, is able to fully support the program's mission, goals and objectives.**

This criterion is met. All primary faculty have terminal degrees in wide-ranging disciplines such as anthropology, curriculum and instruction, social psychology, epidemiology, public health, social and behavioral health and biostatistics. All of the secondary faculty have terminal degrees in disciplines including public health, biostatistics, medicine, healthcare administration and epidemiology. A number of secondary faculty are described as having significant practice experience and provide perspectives from the field of practice in the classroom and expose students to current realities in the field.

The program uses its four research outcome measures and two instructional outcome measures to assess the qualifications of its faculty complement. The instructional objectives relate to faculty teaching competence. The first outcome measure is that at least 80% of primary faculty will receive a ranking of 'competent' or 'completely competent' on teaching skills in their annual merit evaluations. The program has exceeded this target in each of the three data collection years, with performance ranging from 83%-100% of primary faculty. The second measure is that at least 50% of teaching faculty will have experience as public health practitioners. The program has met this goal in each of the past three years, with 52%-56% of faculty having practice experience.

##### **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. The Department of Family Medicine and Public Health Sciences offers a comprehensive Faculty Handbook to all faculty members. The handbook is available on the department's share drive and the department's website. The handbook contains pertinent policies, procedures and guidelines necessary for a successful work experience. The promotion and tenure process is detailed in

several places including the Faculty Handbook and the Faculty Affairs website. Faculty who met with site visitors indicated that they do receive training on how to get promoted within their assigned track. Various tools, including a video and PowerPoint presentation, provide assistance to faculty members regarding the process.

School of Medicine faculty can be ranked as assistant professor, associate professor or professor in the following tracks: research educator, clinical educator, clinical scholar and researcher. Teaching, research and service expectations vary by track. For example, the faculty on the research educator track are expected to devote 40% of their time to research, 40% to teaching and 20% to service.

The formal procedures for specifically evaluating MPH faculty competence and performance is governed by the American Association of University Professors American Federation of Teachers WSU Chapter. Faculty are evaluated annually by a working group comprising tenured faculty and elected faculty reviewers. The workgroup reviews each faculty member's teaching, research and service activities annually. Student course evaluations are also used to evaluate MPH faculty. Students complete a 22-item questionnaire at the end of each semester that allows assessment of course clarity and organization, instructor enthusiasm, examinations and grading. Responses to questions are used in the promotion and tenure assessment.

The department's Promotion and Tenure Committee reviews the dossier of tenure-eligible faculty and makes recommendations to the department chair. This committee also determines promotions and salary and merit pay increases. The committee assigns scores to faculty based on their teaching, research and service activities.

The program and university offer opportunities for faculty development, which have included peer teaching evaluations, academic advisor orientation, research skill development training and seminars on "Using Blackboard Collaborate to Engage Student Learning" and "Developing Courses for Significant Learning: Developing & Integrating Active Learning." The School of Medicine offers multiple faculty development opportunities that are available to MPH faculty. Some of these opportunities include Faculty Development for Educators (an online continuing education program), academic career development seminars and internal funding opportunities.

#### **4.3 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 seeks to enroll students with the following quantitative prerequisites: an undergraduate GPA of at least 3.0; a verbal GRE score at least in the 60<sup>th</sup> percentile; a quantitative GRE score at least in the 55<sup>th</sup> percentile; and at least one year of public health or related experience. In an effort to enhance program diversity, the program has adopted a more holistic approach to student admissions, giving considerable weight to qualitative indicators for success such as motivations for pursuing public health, public health career goals and prior enrollment in public health-relevant coursework.

Mechanisms to recruit students have included participation in Blue Cross Blue Shield of Michigan recruitment fairs and advertisement with the Michigan Undergraduate Math Conference, APHA and WSU's Black Medical Student Association. The program also relies on its redesigned website as a mechanism for marketing and recruiting.

The program has had an increased number of applicants across each of the last four years, which program constituents attribute to persistent, widespread recruitment efforts and an increasing interest in the MPH program among undergraduate students. From AY 2012-2013 to AY 2015-2016, the program has seen a more than 90% increase in the number of applicants to its public health practice concentration. The program accepted 47%-69% of applicants across this same four-year period. The trend overall appears to indicate that the program has been increasingly selective in program admittance, as it accepted 69% of applicants in AY 2012-2013 and 47% of applicants in AY 2015-2016. Applications to the biostatistics concentration have been more modest, with six students applying in each of the last two years; three students enrolled in each of these years. The program projected that six to ten students would enroll in the concentration annually, but this goal has not been achieved. The program identified its stringent admission requirements to the concentration as barriers to reaching enrollment goals. For the MD/MPH program, a total of four students applied across the last four years and all four students were accepted into the program; two enrolled.

The program uses its instructional objectives to evaluate its success in enrolling a qualified student body. Objectives relate to three categories: ensuring admission of qualified students, maintaining a diverse student body and retaining students in the program. The program has had fluctuations in its success at using qualitative means of ensuring a qualified student body and has thus begun to embrace a more holistic approach to student qualifications. The program has also had varying success in meeting its student diversity goals but has engaged in outreach efforts to diversity pipeline programs such as the McNair Scholars Program. The program met its student retention outcome measure in all but one of the three data collection years.

#### 4.4 Advising and Career Counseling.

**There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.**

This criterion is met. Upon admission, the MPH program director assigns each student a faculty academic advisor based on the student's career goals and interests. The academic advisor initiates contact with the student before the fall semester. Students attend a day-long orientation at the beginning of each fall semester. At the end of their first semester in the program, students meet with their faculty advisor to develop a plan of work that will outline their future course of study. It is possible for the student to change academic advisors after they become familiar with the interests of each faculty member.

MPH faculty who serve as advisors are responsible for approving students' plan of work and providing academic oversight to directed studies and MPH culminating experience proposals. Students are encouraged to meet with their academic advisors each semester to review their progress and to identify any administrative actions that need to be taken. Advisors attend an annual student review where they summarize each advisee's academic progress with other academic advisors and identify additional support for students, if needed. Students and alumni who met with site visitors reported high satisfaction with academic advising and noted that their faculty advisors were considerate of their career goals when giving advice.

In addition to faculty advisors, MPH administrators are involved in supporting student professional development and career counseling. The MPH program manager notifies students and alumni of job and volunteer opportunities and internships, including an MPH LinkedIn group page. During initial orientation, students are also made aware of the WSU Office of Career Services. In 2015, the MPH program initiated a greater strategic collaboration with the Office of Career Services so that students could more readily take advantage of its training seminars and other offerings. Students and alumni interviewed by the site team said that they used the office's services.

The program maintains annual data on graduates' satisfaction with academic advising, career counseling and other advising resources (such as the MPH Student Handbook and new student orientation) when they were enrolled in the program. Assessments of graduates' perceptions across the last four years reveal an overall satisfaction with all aspects of advising and counseling. From AY 2012-2013 to AY 2015-2016, all categories received an average ranking of "good" or "very good." Specifically, academic advising received overall rating of 4.4 (very good), other advising resources received an overall rating of 4.53 (very good) and career counseling received an overall rating of 3.45 (good).

Students have readily available informal and formal avenues to address concerns. In 2016, the program hosted an MPH Student Forum to allow students to share their concerns. In the past three years, one student code of conduct complaint and one grade appeal were formally initiated by students.

## Agenda

### COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

#### Wayne State University Public Health Program

May 16-17, 2016

#### Monday, May 16, 2016

- 8:30 am Site Visit Team Request for Additional Documents  
Kimberly Campbell-Voytal, PhD, RN, Director, MPH Program
- 8:45 am Executive Session
- 9:30 am Break
- 9:45 am Meeting with Program and Department Administration  
Tsveti Markova, MD, Chair, Department of Family Medicine & Public Health Sciences  
Victoria Neale, PhD, MPH, Vice Chair, Public Health Sciences  
Kimberly Campbell-Voytal, PhD, RN, Director, MPH Program  
Dawn Misra, PhD, Associate Chair for Research  
Aleksandra Sporysz, MBA, Department Administrator  
Elissa Firestone, MA, Program Manager
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs  
Juliann Binienda, PhD, Public Health Practice Concentration Lead  
Talat Danish, MD, MPH, Medical Director, Detroit Department of Health and Wellness; Adjunct Faculty, Public Health Practice  
James Janisse, PhD, Biostatistics Concentration Lead  
Robert Podolsky, PhD, Biostatistics  
Samiran Ghosh, PhD, Biostatistics  
Dana Rice, DrPH, Practicum Director  
Ahmad Reza Heydari, PhD, Director, MA Nutrition Food Science/MPH joint degree
- 12:00 pm Break
- 12:15 pm Lunch with Students  
Elyse Schultz, MD/MPH, joint degree  
Elyse Reamer, Biostatistics Yr2  
William Costello, Biostatistics Yr1  
Bhavyata Patel, Public Health Practice Yr2  
Jisha Titus, Public Health Practice Yr2  
Scott McPherson, Public Health Practice Yr1  
Amanda Karnes, Public Health Practice Yr1
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues  
Samiran Ghosh, PhD, Assistant Professor  
James Janisse, PhD, Assistant Professor  
Dana Rice, DrPH, Practicum Director  
Todd Lucas, PhD, Associate Professor  
Gregory Dyson, PhD, Assistant Professor; Karmanos Cancer Institute  
Julie Gleason-Comstock, PhD, CHES, Assistant Professor; Cardiovascular Research Institute; Center for Urban Studies  
Sudha Sadasivan, PhD, MPH, Adjunct Assistant Professor  
Dennis Tsilimingras, MD, MPH, Assistant Professor; Co-Director, Michigan Area Health Education Center
- 2:30 pm Executive Session

4:00 pm Meeting with Alumni, Community Representatives, Preceptors  
Alumni:  
Adam Hart, MPH, 2015  
Samantha Iovan, MPH, 2015  
Lynette Essenmacher, MPH, 2009  
Raenita Glover, MPH, 2013  
  
Community Representatives:  
Mouhanad Hammami, MD, MPH, Director & Health Officer, Wayne County Health Department  
Leseliey Welch, MPH, MBA, Deputy Director, Detroit Health Department at City of Detroit  
William Ridella, MPH, MBA, Director, Health Officer, Macomb County Health Department  
  
Preceptors:  
Grenae Dudley, PhD, Director, Youth Connection  
Jennifer Floyd, MPH, MSW, Public Health Analyst, Detroit Health Department  
Denise White-Perkins, MD, MPH, Director, Institute on Multicultural Health, Henry Ford Health System

5:00 pm Adjourn

**Tuesday, May 17, 2016**

8:30 am Meeting with Institutional Academic Leadership/University Officials  
Richard Baker, MD, MPH, Vice Dean, Medical Education  
Annmarie Cano, PhD, Associate Dean of Student Services, WSU Graduate School  
Stanley Terlecky, PhD, Associate Dean of Graduate Programs, School of Medicine; Associate Professor,  
Pharmacology  
  
9:15 am Executive Session and Report Preparation  
  
12:30 pm Exit Interview