REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT

WAYNE STATE UNIVERSITY

SITE VISIT DATES:
November 18-19, 2010

SITE VISIT TEAM:
Cynthia M. Harris, PhD, DABT, Chair
Steven J. Ward, MA, MPH

SITE VISIT COORDINATOR:
Kristen S. Force, MPH, CHES
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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Wayne State University. The report assesses the program’s compliance with the Accreditation Criteria for Programs of Public Health, amended June 2005. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in November 2010 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The public health program is housed in the Department of Family Medicine and Public Health Sciences (DFMPHS) in the Wayne State University (WSU) School of Medicine. WSU is located on a 200-acre campus in Detroit, Michigan. The university offers 126 undergraduate, 139 masters and 60 doctoral degrees through 13 colleges and schools. More than 33,000 students attend WSU. The School of Medicine was founded in 1868 and enrolls more than 1,000 medical students in six basic science and 19 clinical science departments. The school also offers masters and doctoral degrees to about 400 students.

The MPH program was approved by the WSU Board of Governors in 2004 and was originally housed in the Department of Community Medicine. The first cohort of students enrolled in 2005 and the program became part of the DFMPHS in 2006 when the Department of Community Medicine merged with the Department of Family Medicine. This is the program’s first review for accreditation.
Characteristics of a Public Health Program

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

a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.

b. The program and its faculty shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the program’s activities.

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the program shall offer the Master of Public Health (MPH) degree.

f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the WSU public health program. The program is located in an institution that is regionally accredited by the North Central Association of Colleges and Schools. The program’s structure is similar to that of other degree programs in the department, and the faculty’s rights, privileges and status are equivalent to those of other professional preparation programs. The program functions as a collaboration of disciplines: faculty are trained in a variety of public health areas, and many have significant public health experience. The environment encourages, and often requires, interdisciplinary teaching, research and service and fosters the development of public health values.

The program’s activities are organized around its public health goals, objectives and values, and the organizational culture, particularly its emphasis on community-based research, supports the infusion of public health values and goals into program activities. The program offers all of the coursework and other experiences required to support an MPH degree. As the program continues to establish itself within the school and the university, program leaders are committed to developing more comprehensive
assessment tools and continually evaluating and improving the program's ability to deliver educational excellence that is applicable to 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 and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.

This criterion is met. The program has a mission statement encompassing three aspects of public health education: instruction, practice and research.

The program’s mission statement is as follows: The program at Wayne State University (WSU) educates and engages students in public health theory, practice and research to understand and improve the health of urban and diverse populations.

After the program was established in 2004, the faculty met as a whole to discuss the program's mission, goals and values and decided that the mission statement should reflect the diverse, urban population the program is intended to serve. In 2008, the program faculty developed a new mission statement and identified five goals to support the program’s mission. The program director and graduate officer drafted the program objectives. The MPH faculty reviewed and finalized the objectives in 2009. A review of the mission, goals and objectives will be conducted by a working group of three to four faculty every other year beginning in 2011. The program makes this information available to the public through its website and newsletters to alumni and other constituents. Upon enrollment, new students receive an updated student handbook.

The mission, goals and objectives are appropriate, descriptive and consistent. Broad goal statements relate to the major functions of instruction, research and service. These goals provide a context for the program’s activities. Measurable objectives and targets are used to monitor each goal, and outcome measure data are available for the last three years.

The program has adopted the core values of respect, responsibility, integrity, innovation, social justice and excellence from the DFMPHS. The program’s values will be reviewed by a working group of three to four faculty every other year beginning in 2011 and will be presented at a faculty meeting.

1.2 Evaluation and Planning.

The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.
This criterion is partially met. The program has established ongoing efforts to achieve its mission, goals and objectives. Processes to evaluate the program's efforts in achieving its mission, goals and objectives include annual faculty meetings, standing committees, student meetings for academic advising and surveys of program graduates. Many of these processes are still in the formative stage.

Faculty discuss evaluation and planning at scheduled meetings. When issues and/or problems arise, a working group of three to five faculty convenes to offer recommendations. These recommendations are reviewed and revised as needed by the standing committee and then presented to all program faculty. Students complete standardized student evaluation of teaching (SET) forms at the conclusion of each course. These forms are used by the program faculty and director to improve each course and are regularly used in promotion, tenure and salary decisions within the department. Students evaluate their practicum and culminating projects including the contributions provided by the preceptor or research advisor.

Evaluation and planning activities are reviewed by the chair and the Internal Advisory Committee with subsequent recommendations to the director, graduate student officer and program faculty. Recommendations include, but are not limited to, program policies and new additions to program classes. The self-study process identified the need for course instructors to link learning objectives to the competencies for their courses. As a result, instructors will link learning objectives to specific outcome measures such as exam performance and final grade point average and the length of time for students to complete requirements for graduation. In addition, outcome assessment reports can include student evaluation of teaching and reflective surveys designed to evaluate attainment of competencies associated with the course.

Members of the External Advisory Committee assist the program in evaluating public health trends, employer needs and potential changes to the program. This committee serves as an advisory group to the department chair and the program director.

The mission of the program is evaluated, in large part, by the outcome measures and targets that are identified for each goal. Data on outcome measures and targets have identified areas where objectives are achieved and a few target areas that need further attention such as increasing the number of project opportunities available for students and increasing the number of students who present their findings at scientific meetings. In addition, objectives indicate the intent to increase elective course choices, service, collaborations, publications and new research projects.

The concern relates to the limited involvement of program constituents beyond institutional officers, administrative staff and teaching faculty in the development of the self-study document. The role of
representatives from the public health community and the External Advisory Committee are only briefly mentioned. The External Advisory Committee’s first meeting was held on October 15, 2010. It will be important to review and disseminate the findings of this meeting to effectively begin the process of evaluating the public health trends, the needs of employers and any needed program changes. The self-study process identified a need for more project documentation. Program project sites, topics and documentation will develop once External Advisory Committee members and preceptors from practicum site are able to give their input into project development and program evaluation.

The second concern relates to the lack of full implementation and testing of the strategic plan that outlines how often data are collected and analyzed and by whom. The self-study lacks qualitative data regarding its research and service goals. No data exist about the number of SET form evaluations used in the promotion, tenure and salary/merit decisions for faculty. Further, there are no data from student exit interviews and alumni survey instruments are still under development.

1.3 Institutional Environment.

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

This criterion is met. The university is located on a 200-acre campus in the city of Detroit, which is a major urban center in Michigan. WSU is accredited as a doctoral degree-granting institution by the Higher Learning Commission of the North Central Association of Colleges and Schools.

WSU is made up of 13 colleges and schools, including the School of Business Administration, College of Education, College of Engineering, College of Fine, Performing & Communication Arts, Graduate School, Honors College, Law School, College of Liberal Arts and Sciences, Library and Information Science, School of Medicine, College of Nursing, College of Pharmacy and Health Sciences and School of Social Work. WSU is also home to 12 university-level centers and institutes.

The WSU School of Medicine, in which the MPH program is housed, was founded in 1868 and has more than 1,000 medical students, making it one of the largest in the nation. The school also offers masters and PhD degrees to about 400 students and includes six basic science and 19 clinical science departments. The School of Medicine is accredited by the Liaison Committee on Medical Education.

The organizational structure of WSU is depicted in Figure 1. The MPH program director reports to the chair of the department. The chair reports to the dean of the School of Medicine, who reports to the provost/senior vice president for academic affairs, who reports to the president. The Board of Governors elects the president and controls all university expenditures, enacts laws and regulations, sets tuition and confers degrees. In fall 2010, the university hired a new provost. The provost told site visitors he
supports the program while recognizing the difficult economic challenges currently facing the university and envisions the program someday becoming a school of public health.

The MPH program is recognized by WSU, the Graduate School and the School of Medicine. The MPH program director, in consultation with MPH program faculty, is responsible for the internal organization of the program. Names and titles are determined at the department level and approved by school and university committees.

**Figure 1. Wayne State University Organizational Structure**

The Academic Senate at WSU has authority and responsibility for the formulation and review of educational policies. Oversight of graduate curricula at WSU, including the MPH program, is the
responsibility of the Graduate School. The Graduate Council is responsible for the development and review of policies for the graduate education system throughout WSU, as well as the approval of new courses, curricula and programs.

In general, WSU and the School of Medicine are fully accredited and have well-defined policies and procedures that apply to all academic units. The MPH program is an integral part of the school and university, with clear reporting lines extending from the program up to the Board of Governors.

1.4 Organization and Administration.

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

This criterion is met. The program is administratively located in the DFMPHS, which is located in the School of Medicine. The graduate student officer reports to the program director and the program director reports to the department chair. The graduate student officer is responsible for the day-to-day running of the MPH program. This faculty member serves as the initial contact for all prospective students and serves as the advisor to all graduate certificate students. The program director is responsible for the overall operations of the MPH program and provides leadership to the MPH faculty. Figure 2 shows the organization of the department. In addition to the MPH program, medical residencies (eg, family medicine, transitional year) are offered through the department.

The program's interdisciplinary coordination and collaboration are supported by the university, school and department. The Office of the Vice President of Research coordinates numerous internal funding opportunities that are offered on an annual basis to encourage interdisciplinary research and collaboration. An example of this collaborative research involves internal research funding in urban public health, which is the focus of the president’s research enhancement program for 2010. Several program faculty members have joint appointments with the population studies and prevention program of the Barbara Ann Karmanos Cancer Institute. Another example of interdisciplinary collaboration between faculty from the Institute of Gerontology and the program involves a graduate certificate in gerontology, which is a multi-disciplinary program administered through the School of Social Work. The self-study detailed additional research and collaborative educational programs with other academic partners such as the College of Nursing.

The program has a formal procedure for student grievances and reports no written student complaints or grievances since 2006. The program has a formal policy on grade appeals. Students and faculty are expected to abide by the public health code of ethics as identified in the student handbook and on the Dean of Students Office website.
1.5 Governance.

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

This criterion is met with commentary. The program has an effective system of governance that vests committees and programmatic leaders (department chair and program director) with decision-making authority. The MPH faculty develop program policies and processes with leadership from the program director. The director meets with the chair weekly to discuss the MPH program and the chair reports to the dean of the School of Medicine.

The program has six standing committees: Admissions Committee, Curriculum Committee, Practicum Advisory Committee, John B. Waller, Jr. Student Achievement Award Committee, Internal Advisory Committee and External Advisory Committee; and one ad hoc committee: CEPH Self-Study Committee. Students serve on the Curriculum Committee, the Admissions Committee and the Internal Advisory Committee. Non-faculty constituents comprise the External Advisory Committee. The program director
and graduate student officer invite new members and select which longer-serving members to rotate off each committee annually. Issues within the program are initially considered by a small ad hoc working group of faculty from the relevant committee and other program faculty as appropriate. The working group’s recommendations are presented in a briefing paper to the standing committee, and the recommendations of the committee are discussed with the entire MPH faculty at semi-annual meetings. The MPH faculty make a final decision and provide direction to the program director.

The program’s governance structure allows for faculty to be involved in many aspects of the program. Faculty can serve on multiple committees at once, but to date, no new member of a committee has served on that committee before. MPH faculty also hold membership on university committees, including the Human Investigation Committee, the Faculty Senate, the Deans’ Council and the President’s Commission on the Status of Women.

Constituents from outside of the program serve on the Internal and External Advisory Committees. Faculty, administrators and students from other colleges and departments at WSU comprise the Internal Advisory Committee. This group provides advice, guidance and support to the chair regarding the administrative, educational and research programs within the MPH program. The External Advisory Committee reviews the progress of the MPH program related to its mission and goals and includes local public health practitioners, community representatives and faculty from other universities in the state. Community representatives told site visitors that the program’s leaders are receptive to feedback about student and program development.

All students within the School of Medicine have access to the Board of Student Organizations (BSO), which promotes inter-group cooperation and serves as a liaison to the Student Senate. The Student Senate is the representative body for all WSU students. Medical students serve in both of these organizations. More than 40 student-run activities and programs within the School of Medicine are available to MPH students. Students have the opportunity to participate in community health and well-being programs, learn about internships and jobs and develop interests through co-curricular programs.

The commentary relates to the lack of student participation in student-led organizations. MPH students do not have a formal student organization, although faculty said they have plans to work with students to develop one. Students who met with the site visit team acknowledged the challenges of creating a viable student organization given the part-time status of most students. They said they feel comfortable with the amount of student representation on standing committees and felt able to discuss issues with the appropriate faculty on an as-needed basis. No MPH students serve on the BSO or the Student Senate.
1.6 Resources.

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

This criterion is met. The program has sufficient resources for its instructional, research and service objectives. The program undergoes a sufficient budgetary determination and sequential allocation process. Budget requests include funds for faculty teaching, student instructional assistants, staff support and other expenses (e.g., CEPH fees). The program's budget request is prepared by the program director and submitted to the department for inclusion in the DFMPHS budget request to the dean. The entire school's request is submitted to the provost for review. The Office of Budget, Planning, and Analysis then allocates funds to the School of Medicine. Funds for tenured and tenure-track faculty are covered by the department. In addition, it is the policy of the program to cover 20% of other WSU faculty members' salaries for teaching a three-credit class if that faculty member also serves as an academic advisor to MPH students and serves on appropriate program committees. If the WSU faculty member has an appointment outside of the program and only teaches a three-credit course, it is program policy to pay these faculty members $5,000 per three-credit class. A baseline funding commitment from the department covers course instructors' salaries, faculty and administrative salaries and the operational costs of the program.

Funding at WSU comes from three main funding streams: state appropriations, tuition and grants/contracts. Each year, funding is provided to the dean of the School of Medicine based on a budget submitted to the WSU administration. The dean provides support to the DFMPHS based on a budget submitted by the department chair. Funding for the MPH program is included as a specific part of the department’s annual budget. While the program does not directly access any of the tuition dollars it generates, all MPH students pay a differential tuition. Ninety percent of these funds are returned directly to the program, and 10% go to the provost. WSU shares the facilities and administrative (indirect) funds that it collects on grants and contracts: 7% to the principal investigator, 11.5% to the department, 7.5% to the school and 74% to the central administration. Fundraising is directed by the Division of Development and Alumni Affairs at the university level and by the Office of Development and Alumni Affairs within the School of Medicine. The MPH program has a specific fund that is used to support its annual John B. Waller Student Achievement Award, and it is funded continually by his widow.

Over the last five years, expenditures for faculty salaries have increased. Staff salaries have decreased with the exception of a substantial increase in 2009-2010. Operations costs decreased slightly within the last three years. These expense dollars may be augmented from other sources including grants and contracts. Table 1 presents the program's budget for the five-year period from AY2005-06 to AY2009-10.
Table 1. Sources of Expenditures

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</thead>
<tbody>
<tr>
<td>Faculty Salaries &amp; Benefits</td>
<td>294,230</td>
<td>434,816</td>
<td>419,452</td>
<td>502,758</td>
<td>733,737</td>
</tr>
<tr>
<td>Staff Salaries &amp; Benefits</td>
<td>70,915</td>
<td>53,918</td>
<td>51,251</td>
<td>57,854</td>
<td>83,375</td>
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<td>Operations</td>
<td>4,500</td>
<td>4,500</td>
<td>4,500</td>
<td>3,000</td>
<td>3,462</td>
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<tr>
<td><strong>Total</strong></td>
<td>369,645</td>
<td>493,234</td>
<td>475,203</td>
<td>563,612</td>
<td>820,574</td>
</tr>
</tbody>
</table>

The program’s single concentration in public health practice is supported by 12 full-time faculty who contribute at least 50% effort to the program. Given the number of students enrolled, there is a sufficient number of faculty dedicated to the program. Core faculty increased 50% from 2008-2009 to 2009-2010. The program also has a sufficient number of support staff. A program specialist, a systems administrator, a grant/contract administrator and an administrative assistant support the program. In addition, several instructional assistants are employed by the program. Administratively, the program is also supported by the department chair, the associate chair for research, the associate chair for program development (same as the MPH program director), the Office of Graduate and Postdoctoral Scholars and the Office of Faculty Affairs, Human Resources and Professional Development.

The entire department recently moved to a newly constructed three-story building. This allocation of space meets the needs of the program. The department occupies the second and third floors of the building (12,500 square feet total: 6,400 square feet for faculty and staff offices, 170 square feet for student use and 850 square feet for conference use for up to 50 people with state-of-the-art audiovisual equipment). The program also has access to several well-equipped classrooms on the health sciences campus, as well as classrooms, a library, conference center, computer laboratories and meeting areas in the centralized Mazurek Medical Education Commons.

All program faculty and staff are provided personal computers and have access to several high-speed printers and most faculty have printers in their offices. Faculty and staff have access to software updates and have continuous IT support within the department. Three computer labs with 155 stations are available in the Mazurek Medical Education Commons for student use.

The program has access to the WSU Library System that contains more than 3.6 million volumes and purchases more than 44,000 journals with total expenditures for 2009 over $21 million. The Shiffman Medical Library is housed in the Mazurek Medical Education Commons and contains 5,113 health-related e-journals, of which 316 are public health-related.
A wealth of community resources are available for instruction, research and service. Student practica and culminating projects are often conducted at health departments and community centers throughout the Detroit metropolitan area and beyond. Students have access to several databases (e.g., Detroit SEER Registry). Guest lectures are conducted by community practitioners on topics such as women’s health and public health perspectives on infectious diseases. In-kind support for the program is provided by several mechanisms: additional School of Medicine classroom space upon availability; and externally funded research grants and contracts.

Institutional expenditures per FTE MPH student have increased over the last three years, and total research dollars have increased (with the exception of the ending of a research grant in 2009-2010). The student/faculty ratio is less than 10.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met with commentary. Table 2 presents the program’s degree offerings. The program offers a single MPH degree with a public health practice focus and will begin enrolling students in a joint MPH-MD degree in fall 2011. The MPH degree requires 16 credits of core coursework.

<table>
<thead>
<tr>
<th>Table 2. Degrees Offered</th>
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<tbody>
<tr>
<td>Masters Degrees</td>
</tr>
<tr>
<td>Public Health Practice</td>
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<tr>
<td></td>
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<tr>
<td>Joint Degrees</td>
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<tr>
<td>Medicine</td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Academic</td>
</tr>
<tr>
<td>Professional</td>
</tr>
<tr>
<td>MPH</td>
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<tr>
<td>MD-MPH</td>
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</tbody>
</table>

A public health seminar, an applied epidemiology course, and courses in program evaluation and research methods comprise 11 credits of concentration-specific coursework. Electives are available to students in several areas of public health practice including management, health promotion and education, occupational and environmental health and social justice.

The commentary relates to the reference to multiple concentrations in some program documentation. Site visitors were told that the university’s Board of Governors has approved three MPH concentrations (i.e., public health practice, occupational and environmental health and quantitative health sciences), but only public health practice is offered and actively marketed to students. While students and faculty
consistently agreed that one concentration is available, documents reviewed on-site referenced additional concentrations. Site visitors learned that this documentation was drafted early in the development of the program and was thought to have been updated. As the program evolves, there are intentions to develop more tracks as resources permit.

2.2 Program Length.

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

This criterion is met. The MPH degree requires 42 credit hours of course work. One credit hour of graduate coursework is equivalent to one classroom/contact hour per week during a 15-week semester. Most core and required courses for the MPH degree are three or four credit hours for a total of 45 or 60 classroom/contact hours, respectively. Most elective courses are offered as two or three credit hours. No students have been awarded the MPH degree for fewer than 42 credit hours.

2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students are required to complete courses in the five core areas of public health knowledge. Table 3 lists the required core courses. Site visitors reviewed the content of these courses on-site and determined their breadth and depth are appropriate for graduate-level study.

<table>
<thead>
<tr>
<th>Area of Knowledge</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>FPH 7015</td>
<td>Biostatistics I</td>
<td>4</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>FPH 7240</td>
<td>Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>FPH 7320</td>
<td>Social Basis of Health Care</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>OEH 7420</td>
<td>Principles of Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>FPH 7100</td>
<td>Health Care Organization &amp; Administration</td>
<td>3</td>
</tr>
</tbody>
</table>

A joint-degree student involved in the pilot test of the MPH-MD program told site visitors that the acquisition of core public health knowledge is assured for joint-degree students. Other MPH students interviewed on-site said they are aware of the core knowledge areas and the competencies the program has defined for them.

2.4 Practical Skills.

All professional degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to the students’ areas of specialization.
This criterion is met. All MPH students are required to complete a 135-hour practical experience equivalent to three credit hours of coursework. This requirement is the same for students in the joint MPH-MD program. No medical residents have been associated with the program in the last three years.

The practical experience provides students with an opportunity to be exposed to a wide variety of health care organizations while using a service-learning model that fosters learning about oneself, one’s community and the public health profession. The practicum is designed to help students integrate concepts introduced in the classroom with real-world experiences while fostering confidence, competence and satisfaction in completing individual projects. Students, faculty, advisors, representatives of host agencies and preceptors all told site visitors that student practicum and culminating projects are vital components of the program and are highly valued by host agencies and other community partners.

The practicum service learning model requires a three-way partnership including the establishment of a learning contract between the student, the practicum director and the site preceptor of the sponsoring agency/organization. Students first discuss potential ideas and scope for a practicum experience with their academic advisors. Practicum site selection for the student involves the identification of public health learning objectives, including associated competencies, based on the student’s career needs and characteristics of the practicum placement. The practicum director, a faculty member, works with the student to identify appropriate practicum sites.

Courses in epidemiology, biostatistics, the social basis of health care and health care organization must be completed before students begin their practicum experience. Completion of the core environmental health course is encouraged prior to the beginning of the practicum. Upon completion of the practicum experience, students are required to submit an evaluation of the practicum course, its 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.

Qualified preceptors must possess a graduate degree in public health or a health-related discipline or have extensive professional public health experience in lieu of an appropriate degree. In addition, preceptors must have a minimum of three years experience in public or community health and have experience supervising students.

Development of the learning contract is a central component of the practicum experience. The student, site preceptor and the practicum director develop a set of learning objectives guided by the student’s career objectives that are consistent with specific program competencies. The practicum guidebook outlines each party’s responsibilities, functions and the accrued benefits of the practicum experience. Students must complete online institutional training, submit health and immunization forms and attend a
pre-practicum training one semester before a planned practicum begins. The preceptor orients the student to the site, conducts regular meetings with the student, maintains regular contact with the practicum director and provides final evaluation of the project.

Student practicum experiences are either graded as satisfactory (pass) or unsatisfactory (fail). 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. Students must submit a final report that includes the significance of the experience, a description of the practicum site, the activities conducted and the outcomes achieved and their relevance to public health practice. In addition, students give a 15-minute presentation to a public audience that includes faculty, preceptors and students.

All students are required to complete the practicum course and no waivers have been granted in the last three years. A review of selected practicum projects showed that the topics and organizations provided a good learning experience for the students. Practicum placement sites have included the Wayne County Jail, the Jefferson Addictions Research Clinic, the Wayne County Health Department, the Detroit Community Health Connection and the City of Detroit Health Department. Students with whom the site visit team met related that the practicum was a positive hands-on experience through which they felt supported by faculty and staff. All were familiar with the program core and concentration competencies.

2.5 Culminating Experience.

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

This criterion is met with commentary. The program's culminating experience is the completion of a research project. The overall objective of the project is to provide students with the opportunity to apply theory, principles, academic knowledge and skills gained in their didactic coursework and practicum to the conduct of a scholarly project of investigation. These objectives are consistent with the overall objectives and competencies of the program and may involve studies that include secondary analysis, qualitative analysis, survey research, needs assessments, program evaluation, experimental studies and case studies. The student handbook states that all MPH core courses and major coursework for the student's area of concentration must be completed before enrolling in the MPH culminating project course (FPH 8990). However, due to scheduling, a few students enroll concurrently in Principles of Environmental Health (OEH 7420), the core environmental health course, and the culminating project.

Students work with their academic advisors to develop a suitable research project. Projects can result from the practicum experience but usually involve other data-rich resources with public health relevance. The practicum and the culminating project are distinctly separate learning experiences. Each student has
an academic advisor; however, the scientific advisor (on the culminating project) may not be the same. If a research question is identified from the student's current employment, the project can be developed as long as it is outside normal work responsibilities. The research project is three credit hours accrued in two semesters: the first semester involves the conduct of a literature search, development of the proposal, approval by academic and scientific advisors and ethics/human subjects approval (one credit hour), while the second semester involves data collection, collation, analyses and oral and written presentations (two credit hours). Formative and summative evaluations are conducted to assess student performance. The research advisor and a second member of the MPH faculty (reader of the report) prepare a written critique of the report that is the basis for the assigned grade in determining the competencies gained.

The commentary relates to the fact that students are allowed to take a core course after registering for the culminating experience course. A culminating experience is meant to integrate all learned core and concentration-specific competencies. Thus, matriculation into the core environmental health course, concurrently or after the course representing the culminating experience, may compromise the purpose of the culminating experience: a synthesis, integration and demonstration of all core public health competencies. During the site visit, program administrators and faculty explained that enrollment in the culminating experience before or at the same time as the core environmental health course is a rare and known scheduling dilemma. Because the culminating experience spans two semesters, program faculty indicated that the collection of data and data analysis always occur after the student has completed the core course (i.e., during the second semester); it is only the initial literature search and proposal development that occur before completion of the environmental health course.

2.6 Required Competencies.

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

This criterion is met with commentary. Measurable core and concentration-specific competencies have been identified by the program for the MPH degree. The program has successfully linked all required courses to the competencies they address. The competencies are appropriate to a graduate level public health degree with a practice focus.

The MPH program’s core competencies address the five areas of public health knowledge as well as communication and informatics, diversity and culture, leadership, public health biology, professionalism, program planning and systems thinking. These competencies are drawn directly from the ASPH Education Committee Master’s Degree in Public Health Core Competency Development Project (version 2.3). Concentration-specific competencies were established by a committee of the faculty after
considering competencies put forth by the Council on Linkages between Academia and Public Health Practice and ASPH.

The didactic courses of the MPH program were adapted from MS degree programs in community medicine and occupational and environmental medicine. A working group of the MPH Curriculum Committee reviewed and updated the syllabi when the MPH program began in 2005. Course instructors were asked to assess how well their learning objectives met the MPH program objectives and core and concentration-specific competencies and to revise as appropriate.

Beginning in fall 2010, the program implemented a policy that all syllabi of required MPH courses must include the competencies that have been mapped to the course and a table identifying how these competencies are represented by each learning objective. On-site review of course syllabi found that the competencies and learning objectives are clearly stated and linked.

The Curriculum Committee works with course instructors and uses documents developed by the Council on Linkages between Academia and Public Health Practice and the National Public Health Performance Standards Program to review and update the curriculum and its associated competencies. Documents generated by these agencies examine educational competencies needed to sustain the public health workforce. The recently formed External Advisory Committee, which includes representation from several current and potential employers of MPH graduates, will review the curriculum at least annually to ensure that competencies remain relevant to the projected needs of local agencies.

The program’s competencies are introduced during new student orientation, listed in the student handbook, included in course syllabi and reviewed at the beginning of each semester. Students reported familiarity with competencies and said they critically consider them during the planning of the practicum and culminating project experiences.

The commentary relates to the developmental stage of the process to evaluate competencies on an ongoing basis. As will be discussed in Criterion 2.7, instructors’ outcome assessment reports intended to provide recommendations for changes to competencies are still in the pilot stage. MPH faculty told site visitors they plan to create annual survey briefing papers based on outcome assessment reports that will be used by the Curriculum Committee and the MPH faculty as a whole. Further, the External Advisory Committee was recently formed and, at the time of the site visit, had met once.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.
This criterion is partially met. The program has linked its required courses to competencies, and all students must complete required courses with a grade of B or better. Students must maintain a 3.0 or higher average GPA in elective courses. The planning processes for both the practicum and the final culminating project require students to identify specific competencies that they will address, and preceptors and faculty assess students in these experiences by rating the extent to which each student demonstrated the identified competencies.

All students in the program are assigned an academic advisor who meets with them, at a minimum, twice a year. These meetings allow advisors and program administrators to track student progress. The program stays in contact with program graduates by mailing surveys and newsletters. Exit interviews will commence at the end of the fall 2010 semester for graduating students. Every spring/summer semester, the faculty review overall and individual student progress. These assessments allow faculty to identify problems that students are having and discuss remedial actions with each student’s advisor.

The program is currently developing an outcomes assessment report that will be prepared by the course instructor at the completion of a required course. The report will include student performance data based on indicators such as quizzes, exams, term papers and presentations for each learning objective. Outcomes reports can also include student evaluations of teaching and student self-assessments of competency attainment. These reports will allow instructors to evaluate students and the overall performance of the course, and ultimately to identify recommendations for improvement.

In addition to course grades, students’ attainment of competencies is assessed as part of the practicum and culminating project evaluations. Practicum preceptors and the practicum director evaluate student performance based on expectations detailed in the learning contract. Faculty also evaluate students’ written research reports, which are a component of the culminating project, based on students’ use of expected knowledge and competencies in the execution of the project.

As a relatively young program with small cohorts of predominantly part-time students, trends in graduation rates over time are still difficult to analyze. The program was first offered to 34 students who transferred from MS degree programs in Community Medicine and Occupational and Environmental Medicine. Of these students, 32 graduated and two withdrew after earning the certificate in public health practice. Since fall 2005, 71 students have entered the MPH program, 11 have graduated and 14 have withdrawn. Reasons for withdrawal include academic failure, transfer to a different graduate program, acceptance into a medical residency program and job relocation. The program clearly tracks student progress and has an understanding of student attrition, which the Admissions Committee said is used in the ongoing refinement of the admissions process. Since the program allows students six years to
graduate, it is not possible to calculate a graduation rate yet, but the level of attrition suggests potential for concern.

MPH graduates report employment in health care, private practice, university/research, further education and non-profit sectors. The first alumni survey yielded a response rate of just over 50% and indicated that respondents’ major areas of work included epidemiology and biostatistics, health education and promotion, health and/or clinical research and occupational health and safety management. The program determined that additional questions in the survey related to graduates’ acquisition of competencies and suggestions for course and program improvement contributed to the low response rate. These questions will be administered as a separate, anonymous survey in the future: first within six months of graduation and every three years following. After modifying the survey to only address education and employment activities, the program achieved a response rate of 86%. Program faculty told site visitors the survey and its administration will continue to be improved to collect more complete data on alumni, particularly those who relocate soon after graduation. An exit survey of graduating students will be implemented in December 2010.

In addition to graduation and job placement rates, the program monitors student grades by course and the percentage of students maintaining a GPA greater than 3.5. However, this outcome measure does not include any targets, making it difficult for site visitors to determine whether the program is satisfied with the current data.

The area of concern relates to the lack of implementation of many assessment processes. The outcomes assessment report has been piloted in three core courses to date and will be implemented in all required courses starting in fall 2011. Although the program has improved its strategy for tracking alumni to more effectively survey their career progress, assessment of how their experiences in the program helped them is still under development. In addition, a survey of employers and related stakeholders is planned but has yet to be developed.

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

This criterion is not applicable.

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

This criterion is not applicable.
2.10 Joint Degrees.
If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

This criterion is met. The WSU Board of Governors approved a joint MPH-MD degree during the 2009-2010 academic year and the first cohort is expected to enroll in fall 2011. Applicants must meet the admission requirements of both the MD and MPH programs. After an applicant has been offered a position in the MD program, he or she may apply to the joint MPH-MD program. Program leaders told site visitors they expect up to five students in the first cohort. The MPH curriculum for joint-degree students is identical to the curriculum followed by students earning a standalone MPH degree.

The program anticipates that joint-degree students will defer the start of their MD program for one year to complete the required courses and some electives for the MPH program. Students will complete their practicum experience between years one and two of medical school and their MPH culminating experience will count as elective credit toward the MD degree during the fourth year of medical school. The three-credit culminating experience and the one-credit public health seminar will count for both programs. No medical school courses will count toward the MPH degree. All MPH-MD students will complete the 42 credits required for the MPH degree and the 200 credits required for the MD degree.

2.11 Distance Education or Executive Degree Programs.
If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these 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 program and university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication, and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess teaching and learning methodologies and to systematically use this information to stimulate program improvements.

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The Carnegie Foundation for the Advancement of Teaching recognizes WSU as a Research University/Very High (RU/VH). WSU research expenditures exceed $253 million annually. Additionally, WSU has received 63 stimulus awards totaling over $31.5 million. The School of Medicine has also successfully competed for several large centers and programs. The School of Medicine ranks
65th out of 130 schools of medicine with funding from the National Institutes of Health (NIH). The Barbara Ann Karmanos Cancer Institute is one of 40 National Cancer Institute-designated Comprehensive Cancer Centers. WSU has several NIH-funded extramural research and service networks that include such centers and networks as the Center for Urban African American Health, Maternal Fetal Medicine Unit Network and the Department of Defense Breast Cancer Center of Excellence (one of eight), and houses the Perinatology Research Branch of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the largest NIH intramural branch outside the Bethesda campus. The infrastructure for research administration is through WSU's Division of Research, which includes a Sponsored Programs Administration for managing all pre- and post-awards and an Office for Research Compliance.

MPH program faculty participate in many research programs, including those with the Karmanos Cancer Institute and the SEER Cancer Registry. The faculty’s focus on public health research gives students many opportunities to engage in research under the tutelage of faculty members. Internal funding streams include the president’s Research Enhancement Program (REP) and the joint WSU and Henry Ford Health System Institute for Population Studies, Health Assessment, Administration, Services and Economics program. A number of MPH faculty have successfully competed for these awards in recent years. In addition, the department ranks seventh out of the 45 departments of family medicine with NIH funding and much of these federal research dollars are awarded to MPH program faculty.

Students work with public health researchers, participate in research in public health departments, access a wide range of databases, present and write research findings in refereed journals and are employed by public health researchers. A number of students interviewed on-site have been authors of peer-reviewed journal articles and said faculty actively help students find research projects and venues for dissemination of the results.

Community-based research, by program faculty, is a significant aspect of public health research within the program and students are exposed to a wide variety of community-based research activities, agencies and organizations (eg, local health departments, Detroit Community Health Connection and the Arab American Chaldean Council). Examples of research activities include the Hispanic Community Health Study and Reducing Obesity in African American Youth.

Primary and secondary program faculty have substantial international, national and state funding with a wealth of expertise particularly in racial and ethnic health disparities, occupational and environmental health, and life course as an organizing framework (eg, perinatal effects on later life). More than $1.5 million has been awarded from international organizations, predominantly from the United Kingdom and Sweden. Ten of the 12 primary faculty have been involved in funded research projects over the last three
years. In addition, four primary faculty members serve as principal investigators on projects funded beyond 2010.

In most instances, outcome measures (eg, merit-based evaluations, number of publications per FTE MPH core faculty, number of student presentations at scientific meetings annually and number of student publications per year) were exceeded. Student involvement in faculty-funded research is noted and students have gained experience through such projects as conducting a health and wellness survey on the needs of senior citizens in southwest Detroit, HIV risk behaviors and perceptions of risk and domestic violence among Iraqi immigrant women. Several student projects have resulted in abstracts, presentations and posters at meetings as well as peer-reviewed publications.

Program faculty are productive in securing and executing funded research, publishing in refereed journals and providing opportunities for student involvement in research. Community-based research is a strength of the program.

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. Faculty engagement includes service activities at the local, regional, national and international levels. Local service activities include leadership on community and professional boards and involvement in community groups aimed at addressing the health needs of minority populations and health disparities in local and regional populations.

In addition, faculty and staff support the Mercy Primary Care Center (MPCC) with monetary donations and goods. The center operates a personal assistance program that addresses needs related to the personal growth and improved health of homeless men and women in the community.

Service is required for promotion and tenure. Service may take many forms including academic, professional or community service. Program faculty are expected to participate in at least one service activity that benefits public health practice each year.

The first point of commentary relates to the broad nature of faculty involvement in community service. The data provided for faculty service activities do not list service activity by year. In addition, little data exists regarding personal service to the community. The self-study outlines the laudable faculty goal of pursuing community activities that involve both students and faculty. Personal service to the community is recognized by faculty and host agencies as a mechanism to advance public health practice and to potentially attract students to the program. Most faculty members serve on boards and committees;
however, fewer than one third of the faculty volunteer their service to non-profits or other community organizations.

The second point of commentary relates to the identification of the student practicum experience as the primary venue for student service to the community. The 135-hour (three credit course) practicum satisfies an academic requirement of the program. Student participation in service activities would be expected to go beyond that required for academic credit.

3.3 Workforce Development.

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

This criterion is met with commentary. For the last three years the program has been active in several areas of workforce development activities. Through the department, the program supports a variety of continuing education and workforce development opportunities. The department’s continuing education focuses on training the health and health support workforce to better meet the needs of a low income, minority status population. The program assesses the educational needs of primary care physicians through formal and informal surveys. Education programs are developed based on identified needs. Individual faculty involvement in support of continuing public health workforce education activities is assessed as part of each faculty member’s annual review.

Clinical MPH faculty are required to be engaged in continuing education of family medicine residents, medical education for post-graduate physicians, nurses and others health professionals. These programs include resident and non-resident continuing educations programs. Attendees in both continuing education in occupational and environmental health and the resident training in occupational and environmental medicine have given favorable evaluations. The one-month resident training program enrollment over the last three years averaged nine attendees per course for a total of 110 students.

Assessment of the department’s practice community involves formal and informal surveys of primary care physicians, direct contact with city and county health departments, professional organizations and private agencies and industries to assess specific education and training needs. The department’s budget provides funding to support the salaries of administrative and professional staff in assisting the clinical faculty in providing continuing education for the clinical public health workforce. Examples of recent continuing education activities involve emerging issues in public health emergency preparedness for public health administrators and community and public health outreach worker staff meetings and evaluation. Approximately 69 attendees participated in these educational activities.

The program offers a graduate certificate in public health practice that is designed for individuals with an interest in public health. The certificate program requires the completion of 15 credit hours with the same
admissions requirements as those for the MPH degree. Within the last three years, nine students have enrolled in the certificate program and three have transferred to the MPH program. Other graduate certificate programs include clinical and translational science offered by the School of Medicine and a graduate certificate in gerontology offered by the School of Social Work.

The commentary relates to the assessment of practice community needs. While formal and informal surveys are used to assess the educational needs of physicians, there is no formal survey or needs assessment tool used to gauge the training and continuing educational needs of the workforce of city and county health departments, professional organizations and industries. Currently, educational initiatives and workshops at community-based organizations, schools and other professional health agencies are given only when requested. The self-study identifies this as an area for improvement. Administration recognizes the need for program faculty to be proactive in community engagement and needs assessment activities. In addition, the administration envisions the development of a professions pipeline, via implementation of the AHEC grant, which has a multi-year statewide strategy that will further develop and support workforce development.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program has qualified primary and secondary faculty with diverse public health training and experience. Twelve faculty members contribute more than 50% of their effort to the program. All primary faculty have PhD degrees; areas of expertise include occupational and environmental medicine, epidemiology, biochemistry, education psychology, anthropology and clinical psychology.

Program faculty have expertise in a large number of disciplines and several have joint appointments with other departments at WSU. Faculty also interact with community practitioners through the student practicum and culminating project. Program faculty secure externally funded community intervention projects, serve on boards for regional and national public health agencies, serve as editors and editorial advisory board members for several journals and are active in national organizations (eg, American Public Health Association).

The program uses the following outcome measures to evaluate the qualifications of its faculty: student/faculty ratios (less than 10), merit evaluations for faculty teaching, recognition for teaching excellence, meritorious research (as evaluated by peers), average number of publications per FTE core
faculty and significant faculty service as evaluated by faculty peers. Outcomes have exceeded the established targets for the last three years for all measures.

No faculty member has failed to be reappointed on an annual basis and none has been denied promotion or tenure in the last five years.

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 partially met. Faculty policies and procedures are well documented at the university, school and department levels. The department provides a comprehensive faculty handbook to all departmental faculty members. The handbook includes career development information and faculty evaluation materials. The School of Medicine has a faculty affairs and professional development website devoted to information about faculty annual reviews, promotion and tenure, faculty awards, developmental resources and other policies and procedures, the academic calendar, teaching and computing resources. The faculty union also has a website. The MPH program is working on a faculty handbook that will be specific to the program, modeled after the current student handbook.

MPH faculty are provided a number of opportunities for professional development. New faculty orientations are provided by the department, school and university. An MPH Faculty Development working group provides periodic seminars on the fundamentals of the program, writing an effective syllabus and conducting an effective advising relationship. Faculty development in teaching is provided by the university’s Teaching Academy and the Office of Teaching and Learning. Professional academic development seminars are also sponsored by the School of Medicine and the department.

Most MPH faculty are full-time, experienced faculty who have worked in the MPH program for several years. Faculty are evaluated annually. Each member is considered for a merit raise for teaching excellence every year and for a teaching award as often as every three years. If desired, junior faculty or others can receive a mid-year developmental review. Promotion and tenure guidelines in the School of Medicine are currently being revised to better align with careers in the academic medical environment. The development of a mentoring program is underway to provide assistance to junior faculty. Topics will include how to develop into an independent researcher, how to become an effective instructor, the promotion and tenure process and service to the program, department, school, university and health professions.

Students submit anonymous written course evaluations at the end of each semester. The information (quantitative and qualitative) is retained by the university and returned to the course instructor for review.
Faculty can add their own questions to the form. Faculty provide a summary of the quantitative results, as a teaching grid, as part of their annual review documentation. Department chairs receive a summary report for each faculty member and these reports are used in the faculty member’s evaluation.

Service is a requirement for promotion and tenure. This may include academic, professional and/or community service. Departments are reviewed every five years for achievements in outreach or community service.

The concern is based on site visitors’ noted lack of documentation concerning the requirements for promotion and tenure. The self-study identifies service as a requirement for promotion and tenure; while academic service to the community is encouraged by the department, community service is not specifically required. It was unclear to site visitors what community service entails. For example, community service may include the provision of clothing for those in need or the collation of survey data aimed at assessing a specific community need. Increased participation in community service projects by faculty will enhance networking opportunities needed to identify potential practicum and project sites for students while at the same time providing an opportunity to further develop community data collection methods.

Program leaders recognize the importance of community service and have developed tenure-track options in community service in areas that have not been traditionally recognized. In addition, as part of an Area Health Education Center (AHEC) grant, community needs assessments will be performed on an ongoing basis to assist with the creation of workforce development activities.

4.3 Faculty and Staff Diversity.

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

This criterion is partially met. The program and department are committed to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin. All regular full-time faculty and staff positions must be officially approved through university channels. Faculty positions must be approved by the provost and positions involve a national search with advertisements in prominent journals. Professional and academic staff are governed by the agreement between WSU and the American Association of University Professors (AAUP) WSU Chapter.

An ad hoc search committee is designated by the department chair to develop a position description and place advertisements in specialty journals and websites. Advertisements encourage applications from females and minority groups. Applicants are initially reviewed at the department level by the Promotion & Tenure (P&T) Committee, and the committee makes a recommendation. This recommendation is
forwarded through the university’s chain of command, ultimately reaching the Board of Governors for a final decision. Due to financial conditions in the state of Michigan, opportunities and support for the recruitment of new faculty have been minimal. Since 2008, one new faculty member was hired for the MPH program (white, non-Hispanic female epidemiologist). With differential tuition dollars, the program hopes to recruit another public health faculty member within the next two years and plans to invest in recruiting a minority faculty member through targeted advertising and networking.

The concern relates to the lack of diversity of the faculty with respect to race and ethnicity. While the program has a balanced core faculty in terms of gender, with six males and six females, 11 of the 12 core faculty are Caucasian. In particular, the population of the city of Detroit is predominantly African American and there are no African American primary or secondary faculty in the MPH program. The secondary faculty, overall, shows the same limited diversity as the primary faculty.

Given the mission of the program, the focus on health disparities research and the demographics of the surrounding area, this lack of faculty diversity was acknowledged in the self-study and by current program administration and faculty. During the site visit, program leaders spoke of deficiencies in the public school system, retention concerns in the baccalaureate degree programs, the need for proactive outreach to other internal health science (e.g., nursing) and graduate (e.g., social work) programs, and the opportunities that can be pursued with the diverse workforce in the surrounding metro area. In meetings with the site visit team, the provost and the dean acknowledged the concern and indicated a commitment to increase diversity in the public health faculty complement by considering new lines during faculty recruitment and hiring.

4.4 Student Recruitment and Admissions.

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

This criterion is met. The university’s policy of non-discrimination and equal opportunity is consistent with the goals of the program to recruit students from a diverse population with high academic credentials who are committed to careers in public health. The Graduate School and the MPH program market their recruitment and admissions policies and procedures through university publications, websites, school fairs, current students and alumni. Data for the last three years show that the majority of applicants find out about the program through the university website. In addition, applicants’ discussions with faculty advisors/counselors, current students and alumni are important for marketing the program to prospective students.

Admission requirements and expectations are clearly stated in documents published by the program and university. Prospective applicants must have an undergraduate grade point average of at least 3.0 (on a
scale of 4.0), which must include coursework in mathematics, social sciences and natural sciences. Graduate Record Examination (GRE) and English proficiency requirements are also outlined in the program’s admissions requirements. The program requires students to apply online to the Graduate School. Over the last three years, applications to the program have increased from 52 to 70 to 76. Of these applications, 15, 18 and 33 students were accepted and 11, 14 and 25 students, respectively, enrolled.

Data collected for the last three years show success in attracting greater numbers of students with qualified admission status into the program. Qualified status indicates that the Admissions Committee has some concerns regarding the student’s potential to succeed in passing the core courses. The majority of students admitted with qualified admission status have maintained passing grades for all core courses. It will be important to monitor this data given that more than 30% of matriculated students in academic years 2008-2009 and 2009-2010 were admitted with qualified status. The majority of students in the program attend part time.

4.5 Student Diversity.

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

This criterion is partially met. The program is committed to recruiting and retaining a diverse student body that reflects the Detroit metropolitan area and promotes access to international students. The program successfully recruits students with advanced degrees such as MD, PharmD, MBA, MPA, MS and PhD and has a significant number of international students, primarily from the Middle East and South Asia. Students, faculty and external stakeholders told site visitors that they view the diversity of the student body as a strength of the program.

The Arab and Chaldean population of southeast Michigan is estimated to be over 400,000 and the university and the MPH program have had success recruiting students from this demographic. The university offers activities and diversity assistance programs through the Office of Equal Opportunity, the Office of International Students and Scholars, the WSU Alliance for Graduate Education and the Professoriate Program and the English Language Institute.

Although scholarships are not available to MPH students on the basis of minority status, the MPH program is listed with the Michigan No Worker Left Behind Program, which provides funding to eligible students. The program sees this as a way to help members of the community transition to a more knowledge-based economy. Several minority students in the program have successfully obtained merit-based privately funded scholarships and WSU graduate/professional tuition scholarships.
The concern relates to the program’s inability to reflect the ethnic minority of WSU’s undergraduate population and the Detroit metropolitan area. African Americans make up more than 80% of Detroit’s population and 45% of WSU undergraduates, yet they only represent 4% of MPH students in the most recent academic year. The program acknowledges this imbalance and has increased its efforts to promote the MPH degree to undergraduate students at the university. Further, faculty have identified health department employees and other local public health practitioners as potential pools of students that would more accurately reflect the community.

4.6 Advising and Career Counseling.

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

This criterion is met with commentary. Upon admission, MPH students meet with the graduate student officer to discuss their interests and career goals. Subsequently, the program director and graduate student officer assign an initial academic advisor for the first semester who is available to answer questions, discuss course choices and facilitate interactions with other faculty. Students can request to change 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 project proposals. Students are required to meet with their academic advisor at least twice a year to review their progress and to identify any administrative actions that need to be taken on the part of the student, advisor or the MPH office. Students interviewed on-site reported high satisfaction with the academic advising they receive and noted that their academic advisors and other faculty consider each individual student’s career goals as they make recommendations.

The commentary relates to the limited breadth of career counseling available. The self-study acknowledges that students primarily receive advice and counseling about career opportunities during the practicum experience and the Seminar in Public Health course. While the next step for many of the early program graduates was to complete a medical residency, the career paths of current students are more varied. Faculty recognize the need to strengthen the career and professional development services the program offers and are discussing development strategies. The program plans to use its website to disseminate information about public health organizations and potential employment opportunities. Faculty told site visitors that these plans are still being discussed and a work group will soon be formed. In addition, the program is developing an exit interview and survey, as well as an improved strategy to survey alumni, to address these deficiencies.
While faculty indicate a desire to bolster career counseling services, students and alumni who met with site visitors said the faculty are a helpful resource and reported satisfaction with the assistance they have received.
Agenda
COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT
Wayne State University
Public Health Program
November 18-19, 2010

Thursday, November 18, 2010

8:45 am – 9:15 am  Meeting with University Leadership
Ronald Brown

9:15 am – 9:30 am  Break

9:30 am – 10:30 am  Meeting with Program Leaders
Kendra Schwartz
Richard Severson
David Bassett

10:30 am – 10:45 am  Break

10:45 am – 12:00 pm  Meeting with MPH Program Committee Members
Bengt Arnetz
Judy Arnetz
David Bassett
Juliann Binienda
Kim Campbell-Voytal
Dawn Misra
Victoria Neale
Linda Roth
Maryjean Schenk
Rosalie Young
Karen Wells
Felita Wilson
Phyllis Ivory Vroom

12:00 pm – 12:15 pm  Break

12:15 pm – 1:30 pm  Lunch with Students
Teena Chopra
Vicki Collins
Andy Prout
Yoasif Rofa
Amy Stolinski

1:30 pm – 1:45 pm  Break

1:45 pm – 2:45 pm  Meeting with Alumni, Preceptors and Employers
Shatha Alkatib
Evone Barkho
James Blessman
Monty Fakhouri
Sukanya Pranathajeswaran
Julie Rutterbusch
Shawnita Sealy-Jefferson
Jeff Taylor

2:45 pm – 3:00 pm  Break

3:00 pm – 4:00 pm  Meeting with MPH Program Faculty
Bengt Arnetz
Judy Arnetz
Juliann Binienda
Cathryn Bock
Kim Campbell-Voital
Julie Gleason-Comstock
Michele Cote
James Janisse
Todd Lucas
Dawn Misra
Victoria Neale
Laila Poisson
Linda Roth
Maryjean Schenk
Eugene Schoener
Rosalie Young

4:00 pm – 5:00 pm  Executive Session/Review Resource Files

Friday, November 19, 2010

8:30 am – 9:30 am  Meeting with School of Medicine Leadership
Valerie Parisi
Maryjean Schenk
Kendra Schwartz

9:30 am – 12:30 pm  Executive Session

12:30 pm – 1:30 pm  Exit Interview